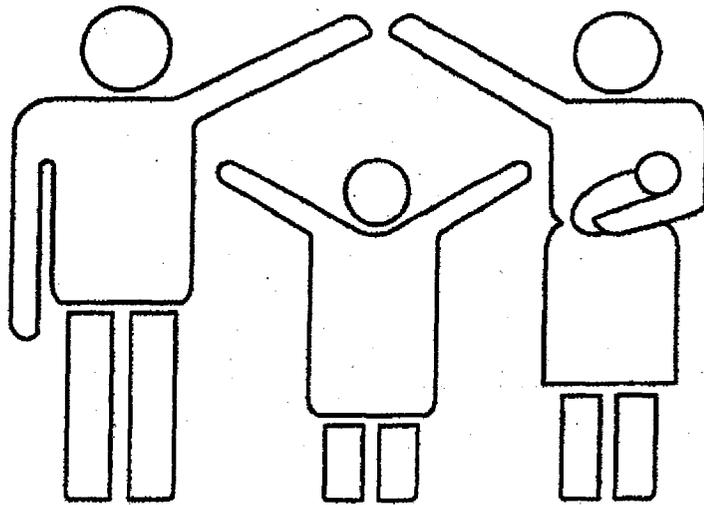


PN-ARN-756

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# *Natural Family Planning*

EXPANDING  
OPTIONS



**INSTITUTE FOR REPRODUCTIVE HEALTH**

*Division of Natural Family Planning  
and Fertility Awareness*

GEORGETOWN UNIVERSITY

**AGENCY FOR INTERNATIONAL DEVELOPMENT  
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9. Sponsoring A.I.D. Office

10. Abstract (optional - 250 word limit)

Slide Presentation - provides an excellent overview of the field of Natural Family Planning for policy makers family planning personnel, students of health and human services, and teachers. The presentation's 94 slides and script cover the physiological basis of Natural Family Planning, an overview of the different Natural Family Planning methods, the demand for NFP services worldwide, service delivery issues, effective use of Natural Family Planning methods, and what Fertility Awareness has to offer non-NFP users. The Guide provides the presenter with segments that may be best suited to the interest and needs of a particular audience. This presentation is not intended to teach all the details of practicing natural methods; rather, it explains how Natural Family Planning is an effective, viable choice for many couples around the world, and it encourages people to consider NFP as an integral part of family planning services.

11. Subject Keywords (optional)

1. Natural Family Planning  
2. Institute for Reproductive Health  
3. Fertility Awareness

12. Supplementary Notes

Available in English, Spanish and French

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## THE INSTITUTE FOR REPRODUCTIVE HEALTH

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The Institute for Reproductive Health is part of the Department of Obstetrics and Gynecology at the Georgetown University Medical Center in Washington, D.C. Originally named the Institute for International Studies in Natural Family Planning, it was established in 1985 with the goal of promoting fertility awareness and natural family planning worldwide.

Since its inception, the Institute has conducted research, provided technical assistance, and published scientific and educational materials in the areas of Natural Family Planning (NFP), fertility awareness, the Lactational Amenorrhea Method, and maternal and child health. A cooperating agency of the United States Agency for International Development (USAID), Office of Population, the Institute works throughout the world with governmental and non-governmental organizations, public and private health institutions, and professionals in the field of reproductive health and family planning.

This slide presentation was developed by the Institute for Reproductive Health to meet the need of organizations and individuals who wish to offer audiences simple but comprehensive information regarding natural family planning. This information includes the theoretical basis for natural family planning, descriptions of the various NFP methods, the demand for NFP services, and issues involving service delivery.

The Institute wishes to thank USAID, Georgetown University, and the many organizations and individuals from around the world who have contributed to the development of *Natural Family Planning: Expanding Options*.

Comments, inquiries, or requests for more sets may be addressed to:

*Natural Family Planning: Expanding Options*  
Institute for Reproductive Health  
Division of Fertility Awareness and Natural Family Planning  
Georgetown University Medical Center  
2115 Wisconsin Avenue, NW, Suite 602  
Washington, D.C. 20007  
USA

# **SUGGESTIONS FOR USING NATURAL FAMILY PLANNING: EXPANDING OPTIONS**

## **AUDIENCE**

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*Natural Family Planning: Expanding Options* is intended for a wide variety of audiences who wish to know more about Natural Family Planning (NFP). These groups may include policy makers in the public or private sectors, program directors and managers, health care professionals, students in the fields of health and human services, family planning service providers, teachers and trainers -- anyone who seeks a basic knowledge of Natural Family Planning methods and the field of natural family planning. It is not intended as a tool for actually teaching natural methods. Rather, its purpose is to encourage people to consider NFP as an important and integral part of family planning services and as a viable choice for many couples.

## **PRESENTATION**

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Please read the script and review the slides before you present them. Both the text and the images have been carefully developed and tested with a variety of audiences. Because the set is intended to be used with different types of audiences, you may wish to adjust it to fit the needs of your particular group. Most likely, you will want to select the modules, or sections, of the presentation that will meet the needs and interests of your audience. The more familiar the presenter is with *Natural Family Planning: Expanding Options*, the better he or she will be able to interpret the script and pace the presentation. By becoming familiar with the entire set, you will be able to choose the modules most appropriate for your audiences. You will also be able to measure the time it will take to present your particular version.

## **ADAPTATIONS**

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In producing this presentation, the Institute for Reproductive Health varied the photographic images and the data it included to represent a worldwide viewpoint. You may prefer to use photographs of people from a particular region or country as substitutes for some of the photographs included here. You may wish to add data from a particular country or region to make the presentations more relevant to your audience. You may also wish to simplify or translate the script. However, if any variation in the text is made, or if any slides are substituted, we urge you to carefully consider the messages you are communicating to ensure they are consistent with the content of the overall presentation.

d

## MODULARITY

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Not every part of *Natural Family Planning: Expanding Options* will be interesting or appropriate for every group. It is not intended to be shown in its entirety to every audience. Rather, the set consists of **modules**, or sections, which can be shown alone or in combination with one another. The seven modular components of the set are:

- I. Introduction
- II. Worldwide Use of Natural Family Planning
- III. Why Use NFP?
- IV. Fertility Awareness
- V. Methods of Natural Family Planning
- VI. Effective Use of Natural Family Planning Methods
- VII. NFP Service Delivery
- VIII. Conclusion

A **USER'S GUIDE** is included below which offers suggestions for selecting modules to use with different audiences. The list of audiences is not intended to be exhaustive, but rather are simply suggestions. Each user is encouraged to use the set in parts to meet the needs of his or her own particular situation.

## ALTERNATE SLIDES

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Field testing has indicated that some audiences may not be comfortable with the portrayal of cervical mucus stretched between fingers, images of which are used in Module 5, "Methods of Natural Family Planning." Four alternate slides are provided showing cervical mucus stretched between a microscope slide and a stick. These images are not intended to suggest that cervical mucus is actually observed in this manner; rather, they are meant to illustrate the changing characteristics of cervical mucus in different phases of the menstrual cycle. These slides may be substituted for slides 49, 50, 51 and 54.

## USER'S GUIDE FOR MODULE USE

AUDIENCE  MODULES	Policy or Program Decision Makers	Health or Human Service Profes- sionals	Students: Health or Service Fields	Family Planning Program Managers	Trainers & Supervisors of Health Workers	Health Workers
Introduction	+	+	+	+	+	+
Worldwide Use	+	+				
Why Use NFP	+	+	+	+	+	+
Fertility Awareness		+	+	+	+	+
Methods of NFP		+	+	+	+	+
Effective Use	+	+	+	+	+	+
Services	+	+		+	+	
Conclusion	+	+	+	+	+	+

*Natural Family Planning: Expanding Options* was produced by the Institute for Reproductive Health of Georgetown University under a cooperative agreement (DPE-3061-A-00-1029-00) with the United States Agency for International Development. The contents do not necessarily reflect the views or policies of the Agency for International Development or Georgetown University.

The slides in this set are for educational purposes only and may not be duplicated without permission. For information on slide reproduction, please contact the Institute for Reproductive Health.

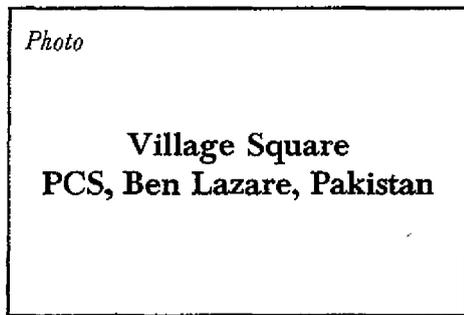
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# I. INTRODUCTION

1

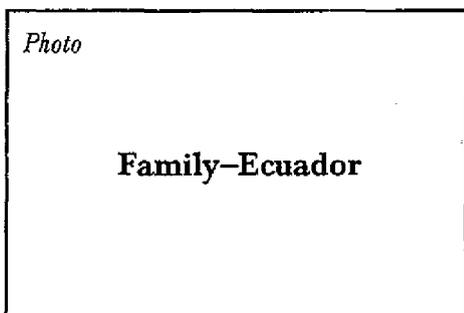


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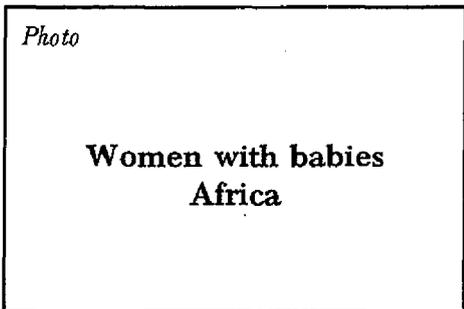
People vary in their family planning needs and preferences:

3



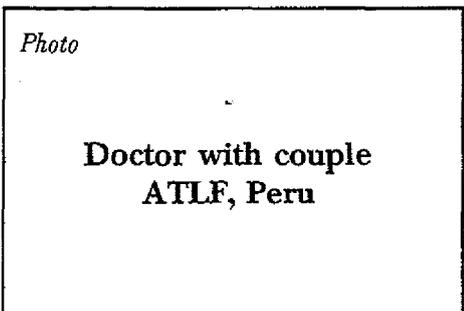
- People in different cultures...
- People in different times in their reproductive lives...

4



- People with different health concerns.

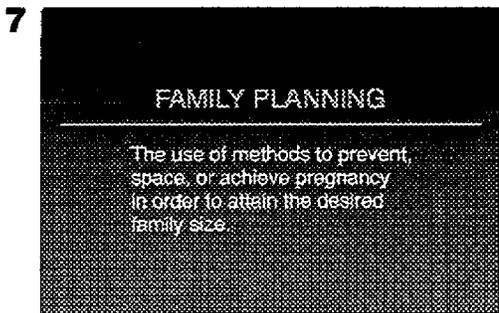
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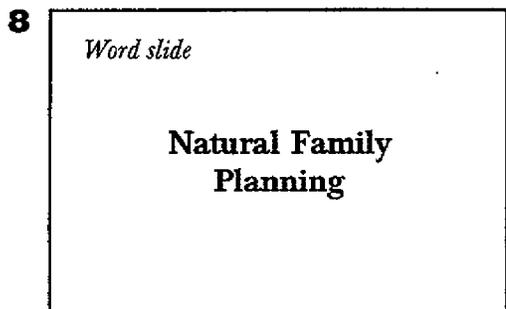
To make their family planning choices wisely, and to implement their choices effectively, people need to understand all of their options. Programs that serve individuals and families can play a key role in their clients' family planning success by offering information about all family planning options.



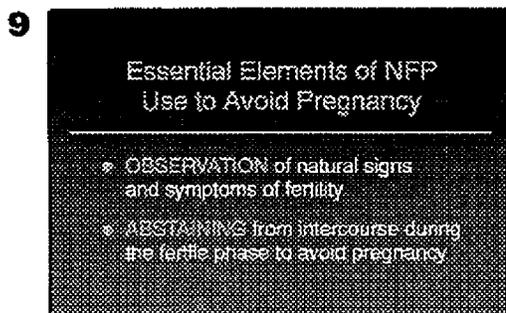
And natural family planning, or NFP for short, is an important option to be included among the variety of family planning methods available to clients.



**Family planning** is the use of methods to prevent, space or achieve pregnancy in order to attain the desired family size. Most emphasis by family planning programs is given to limiting and spacing births.



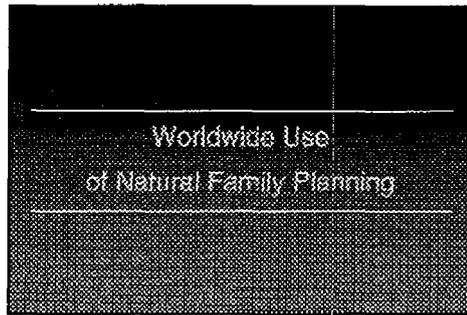
**Natural family planning** is the use of methods based on observations of naturally occurring signs and symptoms of the menstrual cycle. When signs indicate a woman is in the fertile phase of her cycle, a couple abstains from intercourse if they wish to prevent pregnancy. To try to achieve pregnancy, they have intercourse when fertility is indicated.



Two essential features of NFP for pregnancy prevention are 1) **observation** of naturally occurring signs and symptoms of fertility and 2) **abstaining** from intercourse to avoid pregnancy when the signs and symptoms indicate the fertile phase.

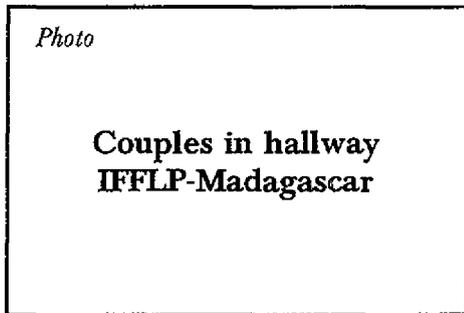
## II. WORLDWIDE USE OF NFP

10



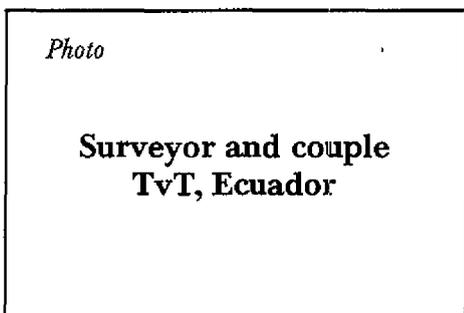
**Worldwide use of natural family planning** is difficult to determine. How many couples currently use the various methods of natural family planning?

11



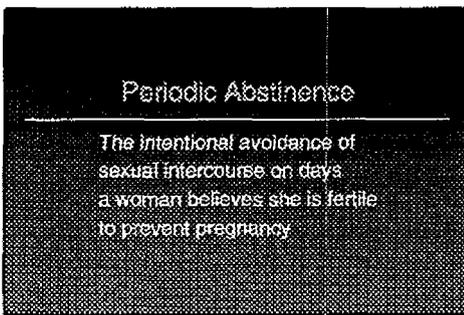
And how many would be interested in NFP if it were offered?

12

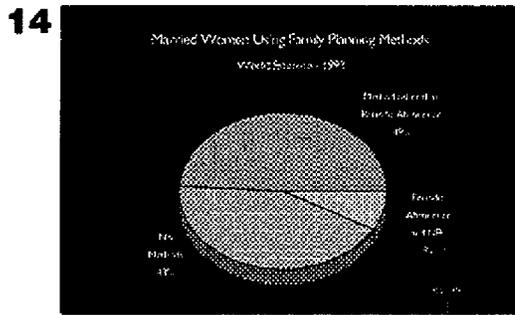


Data about the use of modern natural family planning methods are rarely collected in surveys, and information from programs that provide NFP services is scarce. However, surveys, including the Demographic and Health Surveys, do give us information about the use of **periodic abstinence**.

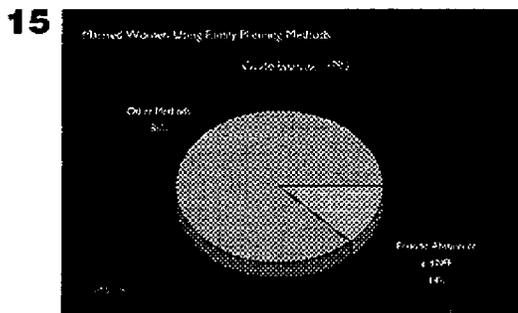
13



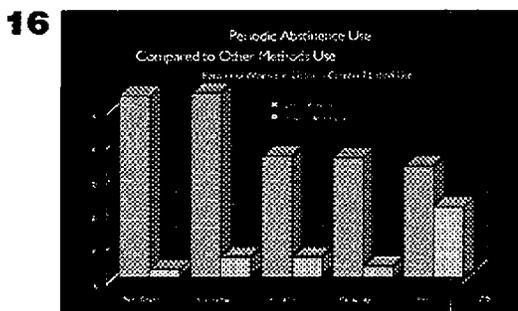
**Periodic abstinence** is the intentional avoidance of sexual intercourse on certain days of the woman's menstrual cycle for the purpose of preventing pregnancy. Periodic abstinence is **not** the same as natural family planning. While it does involve abstaining from intercourse to avoid pregnancy, people who use this approach do not necessarily have any understanding of when the woman is fertile and when she is not. Nevertheless, studies of the use of periodic abstinence can give us information on the number of people who are willing to abstain from intercourse when they **believe** they are fertile. Many of these people may want to learn to **better** identify their fertile time and become NFP users.



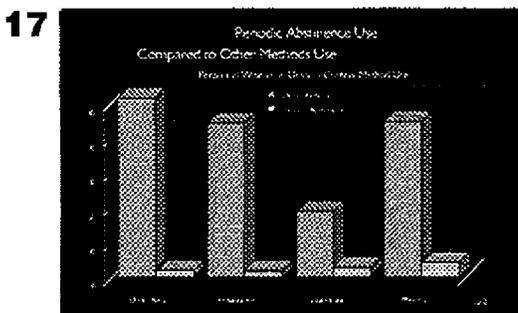
As you see here, 43 percent of married women use **no** method of family planning, 8 percent claim some form of periodic abstinence as their family planning method, and 49 percent use other methods.



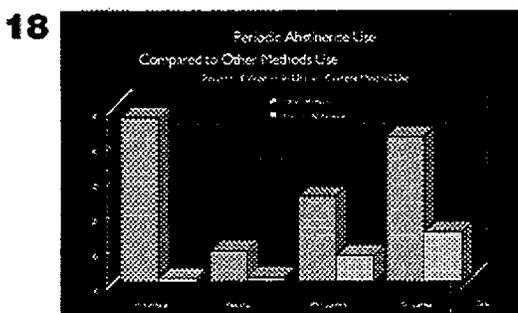
Among all married women worldwide using some method of family planning, 14 percent claim to use a form of periodic abstinence. The percentage of those women using NFP methods is unknown. However, the statistics indicate that in many countries of the world, periodic abstinence and NFP play a major role in people's efforts to control their fertility.



Looking at survey results for individual countries, you can compare the percent of women who **currently use** periodic abstinence (shown by the yellow bars) and the percent who use other family planning methods (shown by the green bars). **Latin American** countries show significant use of periodic abstinence as we see here for North-east Brazil, Colombia, Ecuador, Paraguay and Peru.

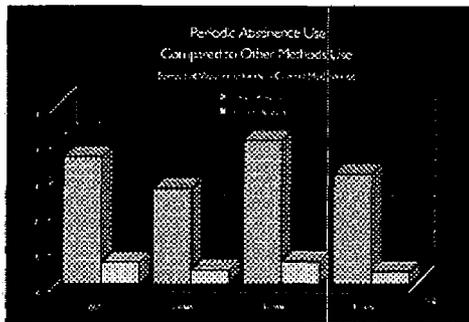


Periodic abstinence also plays a role in the Dominican Republic, El Salvador, Guatemala and Mexico.



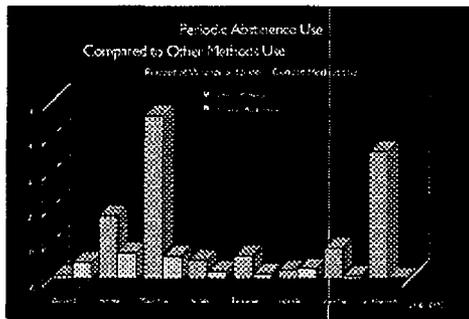
**Asian** statistics indicate significant use in Indonesia, Pakistan, the Philippines and Sri Lanka.

19



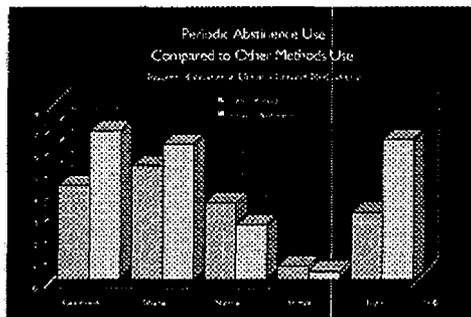
... As is true for countries of the **Near East**, including Egypt, Jordan, Tunisia and Turkey.

20



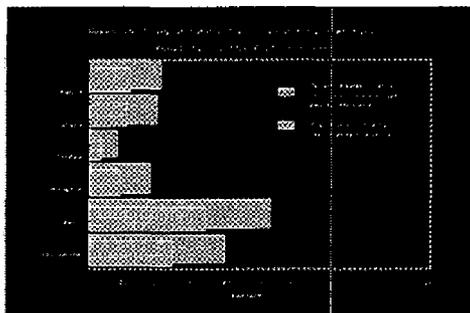
**East and South African** surveys indicate the prominence of periodic abstinence in several countries, especially where other methods are not widely used or available. Here we have Burundi, Kenya, Mauritius, Sudan, Tanzania, Uganda, Zambia and Zimbabwe.

21



**West and Central African** countries show a similar prominence of periodic abstinence for family planning. Notice, however, that in these countries the **overall** use of family planning methods is much lower, and the scale used on the Y-axis, along the left-hand column, has been decreased. The countries here are Cameroon, Ghana, Nigeria, Senegal and Togo.

22



From the same surveys, we've learned that the majority of women using periodic abstinence are not aware of their fertile days and have never received formal instruction about natural methods. For example, in Kenya, Ghana, Zambia, Ecuador, Peru and Sri Lanka, the percent of women in union who have ever used periodic abstinence is reflected here in the pink bars, and the percent who correctly state that they are most fertile during the middle part of their menstrual cycles is shown in the green bars. Only in Peru and Sri Lanka, where the number of ever-users of periodic abstinence is quite high, does more than half of the ever-users of periodic abstinence have correct knowledge of mid-cycle fertility.

23

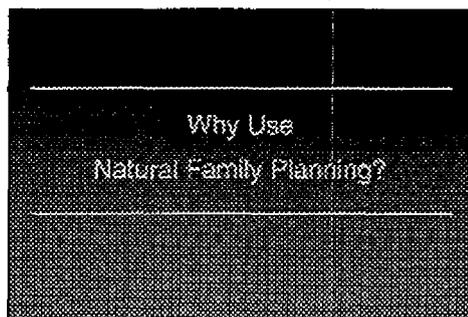
*Photo*

**Teacher with couples  
Catholic Health Secretariat,  
Ghana**

Clearly, for women who practice periodic abstinence without understanding their fertility, even their sincere efforts to plan their families may easily fail. If women were taught to identify when they are fertile - that is, if they were taught natural family planning - they could be much more successful in avoiding pregnancy.

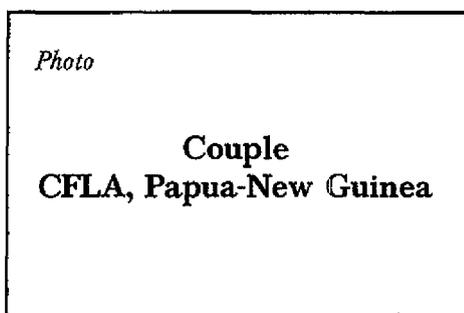
### III. WHY USE NATURAL FAMILY PLANNING?

24



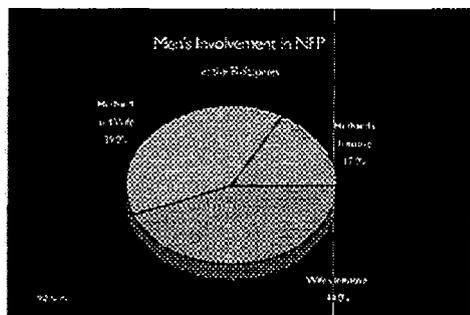
**Why use natural family planning?** From among the many methods often available, why do couples choose a method of family planning which relies on the observation of naturally occurring signs of fertility to determine when a woman may or may not become pregnant? There are several reasons.

25



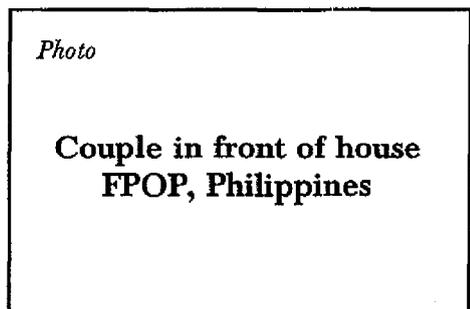
Both the man and the woman may want to be involved in the methods of family planning. Frequently cited advantages of NFP are the increased self-awareness and knowledge a couple experiences.

26



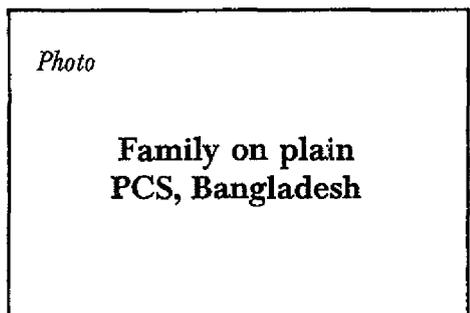
For example, in the Philippines, survey respondents indicated the importance and positive aspects of the man's role in the use of NFP. The husband was involved in the decision to adopt the method along with his wife 39 percent of the time (shown in green), and alone 17 percent (shown in blue), for a total of 56 percent of all couples using NFP.

27



Between 50 and 60 percent of the respondents also reported that their husbands played an active role in practicing the method... particularly with record-keeping.

28



Some couples need to minimize the financial costs of their dependence on distant medical services.

29

*Photo*

**Couple working in field  
Ecuador**

Others want to rely on their own resources rather than a family planning program or other source of contraceptives.

30

*Photo*

**Couples at table  
Catholic Health Services  
Ghana**

Friends or family members who are happy using natural family planning often recommend it.

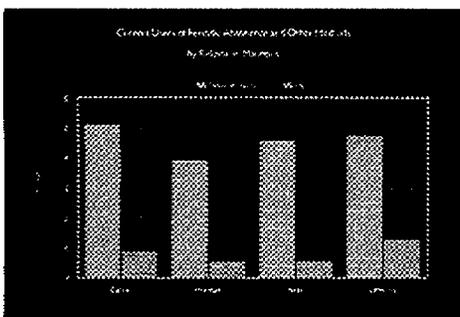
31

*Photo*

**Woman with doctor  
ATLF, Peru**

Women may wish to avoid artificial substances in their bodies or the side effects or potential medical risks of other methods. In countries around the world, women state that their primary reason for not using other family planning methods is their fear of side effects. While efforts certainly must be made to assure them that the actual medical risks are extremely small, particularly in comparison to pregnancy, it is important for family planning programs to offer a method that is free of physical side effects.

32



In addition, some religions and cultures permit natural family planning but not other methods. However, couples of **all** religions find advantages to using natural family planning. In Mauritius, where data are available on this topic, we see several religions identified along the bottom axis. The pink bars show the users of periodic abstinence and its appeal regardless of religion or the availability of other family planning methods (the green bars).

33

*Photo*

**Woman and three children  
TvT, Africa**

And couples can use NFP to help **plan** a pregnancy by having intercourse when they are most likely to be fertile.

34

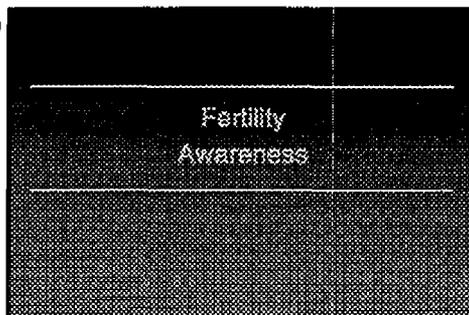
*Photo*

**Young couple  
ATLF, Peru**

For whatever reason, a woman and man with a knowledge of their fertility and of a natural family planning method have this method available throughout their reproductive lives.

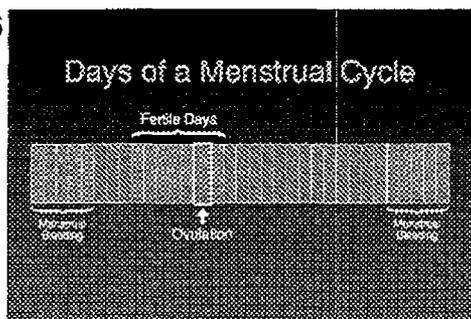
## IV. FERTILITY AWARENESS

35



**Fertility Awareness** is basic to natural family planning. It involves the awareness that a healthy man is always fertile, and that there are days when a healthy woman is fertile, days when she is not fertile, and some days when fertility is unlikely, but possible. By being aware of when a woman is fertile, a couple can time their intercourse to either achieve pregnancy or avoid it.

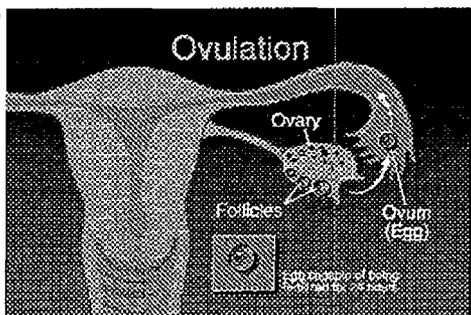
36



In total, a woman may become pregnant from unprotected intercourse during approximately seven days of her menstrual cycle:

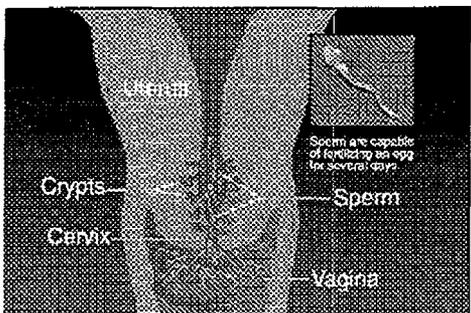
- as many as five days before ovulation,
- the day of ovulation, and
- up to one day following ovulation.

37



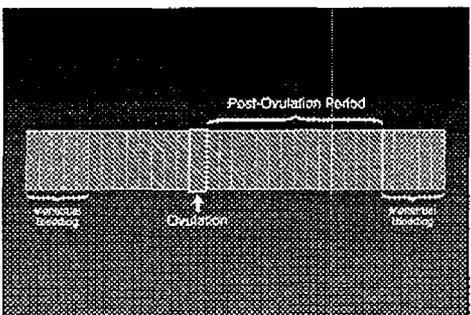
A woman is fertile only when an egg is present and the egg is capable of being fertilized for only 24 hours.

38



The fertile days before and after ovulation are due to the fact that, after sexual intercourse, sperm can remain in a woman and are capable of fertilizing an egg for several days.

39



Ovulation typically occurs 12 to 16 days before the end of the woman's menstrual cycle and the beginning of menstrual bleeding. The length of this post-ovulation period remains fairly constant. But natural variations in the overall length of a woman's cycle are common.

40

*Photo*

**Woman with  
thermometer**

Many women can recognize changes in their temperature, cervical mucus and other natural signs and symptoms they experience before, during and after ovulation. It is natural for signs to vary from one cycle to another and different women will experience different symptoms, but each woman **can** increase her awareness and learn to recognize her **own** signs of fertility. This is the basis for natural family planning methods.

## V. METHODS OF NATURAL FAMILY PLANNING

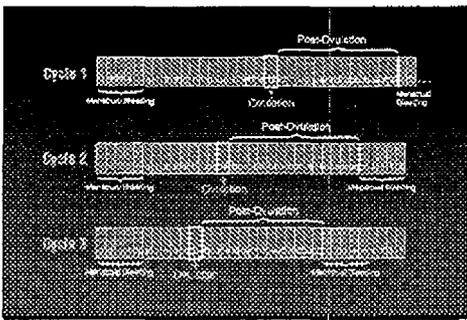
41

Methods of NFP

- Calendar or Rhythm Method
- Basal Body Temperature Method
- Cervical Mucus Method
- Symptothermal Method

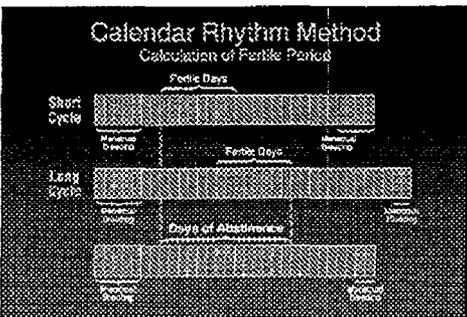
**Methods of Natural Family Planning** include: Calendar or Rhythm Method, Basal Body Temperature Method, Cervical Mucus Method, and Symptothermal Method.

42



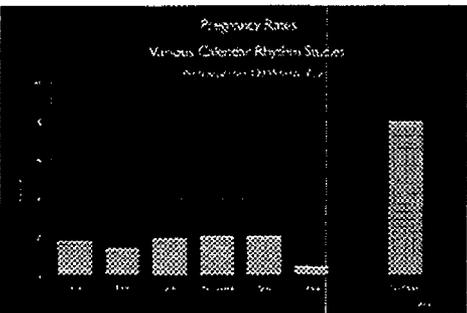
The **Calendar or Rhythm Method** is based on the fact that 12-16 days after ovulation a woman menstruates. The fertile and infertile times of a woman's cycle are calculated based solely on the length of previous menstrual cycles.

43



Since calculations, as illustrated here, rely on previous cycle lengths **and** cycles often vary, women with irregular cycles may find this method requires a relatively long period of abstinence and has a high failure rate.

44



Only a few reliable studies have been conducted on the effectiveness of the calendar method, several of which are shown here. In these studies, the number of pregnancies with correct use has been shown to be less than 20 per 100 women years. In other words, the calendar or rhythm method is more than 80 percent effective, or has a failure rate of about 20 percent. This is especially significant when compared to the risk of pregnancy with **no** method being used for family planning (shown by the far right column). A fertile couple having regular intercourse has an 80 percent or greater chance of achieving a pregnancy in one year.

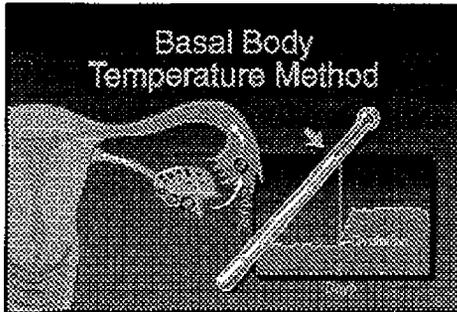
45

*Photo*

**Instructor with charts  
FPOP, Philippines**

Fortunately, improved awareness of the signs of fertility other than cycle length have led to the development of several, more effective, scientifically-based, natural family planning methods that are available today.

46



**The Basal Body Temperature Method** is based on the pattern of the body's temperature at rest: the basal body temperature. A woman's temperature rises slightly after ovulation and remains elevated during the rest of her cycle. This makes it possible to determine when she has ovulated and her fertile days have passed.

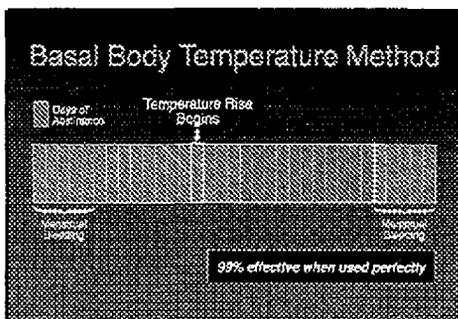
47

*Photo*

**Woman discussing chart  
with instructor**

A woman who uses this method takes her temperature every day before she rises in the morning and carefully records her temperature on a chart. She learns how to determine when the thermal shift has occurred.

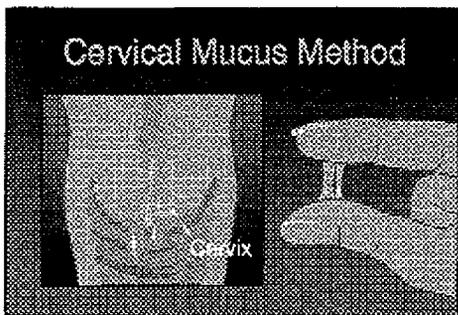
48



If a couple is using only temperature to determine fertility and avoid pregnancy, they abstain from intercourse from the beginning of the woman's menstrual bleeding until the third day after her temperature rises (the days shown in purple). If a couple follows this pattern consistently and correctly, it is estimated to have a failure rate of 1 percent, or, in other words, to be 99 percent effective.

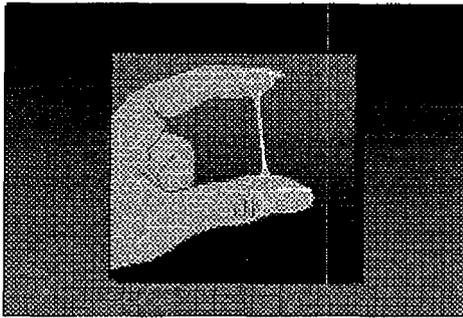
Because this method requires extended periods of abstinence, it is rarely the only method taught by most NFP programs.

49



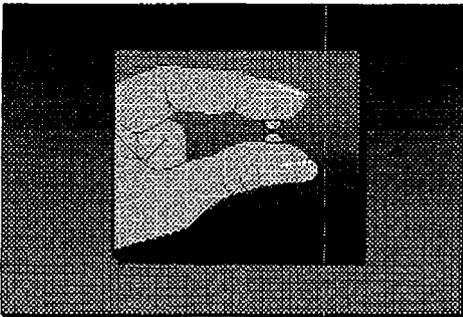
**The Cervical Mucus Method**, developed by John and Evelyn Billings, is based on the recognizable changes in the cervical mucus secretion and vaginal sensations that occur during the menstrual cycle.

50



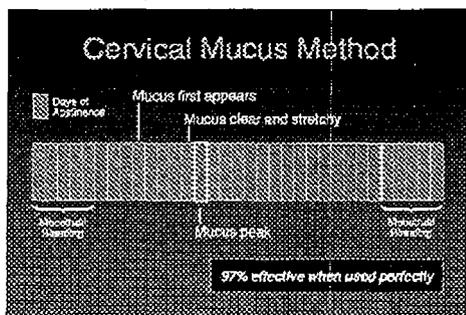
**Before** ovulation, a woman's body prepares for fertilization by producing slippery, stretchy mucus in the cervix, the passageway from the vagina to the uterus (or the womb). This mucus reaches its highest level of lubrication around the time of ovulation and needs to be present for the sperm to travel to the egg.

51



**After** ovulation, cervical mucus rapidly changes to become thick, or it may not be perceived at all.

52



A couple using the cervical mucus method to avoid pregnancy abstains from intercourse on the days of the woman's cycle when her mucus indicates that she is fertile. They also abstain on days when the woman is menstruating and on alternating days prior to the appearance of cervical mucus. This is because menstrual and seminal fluid may mask the presence of mucus. If a couple follows this pattern consistently and correctly, it has been estimated to have a failure rate of 3 percent, or be 97 percent effective.

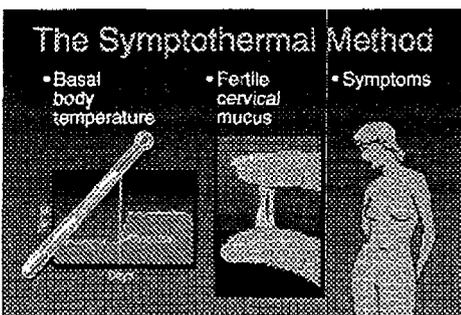
53

*Photo*

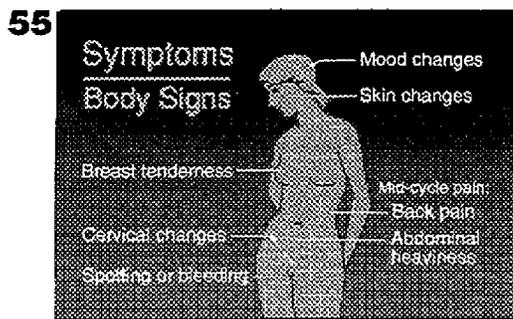
**Instructor with picture of sperm  
FPOP, Philippines**

Specially trained NFP teachers are needed to instruct users in the correct interpretation of the mucus changes. Adaptations of this method and rules for observing the mucus and practicing the method have been developed by many programs.

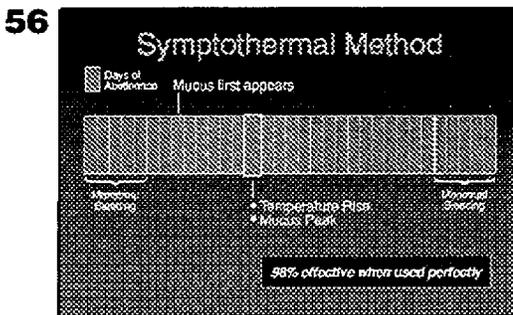
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**The Symptothermal Method** combines recording of the basal body temperature with the observation of cervical mucus and other physical signs of ovulation.



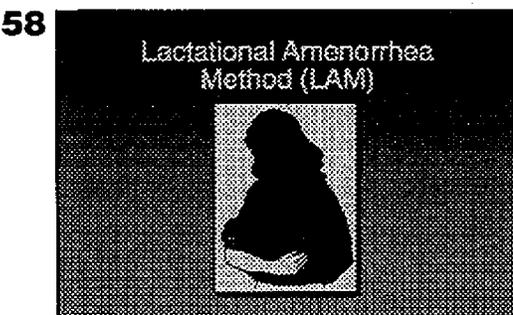
These signs may include mood changes, skin changes, breast tenderness, mid-cycle pain in the back or abdominal heaviness, cervical changes, and spotting or bleeding.



When a couple is using the symptothermal method to avoid pregnancy, they abstain from intercourse (the days shown in purple) from the first appearance or sensation of wet cervical mucus until after ovulation has been confirmed by three days of elevated temperature or the four days of peak-mucus symptoms. If a couple follows this pattern consistently and correctly, it has been estimated to have a failure rate of 2 percent, or be 98 percent effective.

- 57**
- Methods of NFP**
- Calendar or Rhythm Method
  - Basal Body Temperature Method
  - Cervical Mucus Method
  - Symptothermal Method

These are the methods of natural family planning most widely used. Combinations and adaptations of these have been successful in many programs. More detailed instructions for method use are available from a variety of excellent resources.



**The Lactational Amenorrhea Method, or LAM,** is a method of family planning that is based on the natural fertility effects of breastfeeding. However, it is not usually included in the list of natural family planning methods because, unlike them, effective use of LAM does not require periodic abstinence.

**59**

**LAM Algorithm**

LAM is an effective method of family planning. There are three criteria for its use: 1) the mother has not yet resumed menstrual bleeding, 2) the mother is fully or nearly fully breastfeeding the baby, and 3) the baby is less than 6 months old. A fourth essential part of LAM is that when any one of the three criteria changes, it is time to start another family planning method.

60

*Photo*

**Breastfeeding mother**

LAM users should fully or nearly fully breastfeed. This means that there should be no interval between feeds of more than four hours during the day or six hours at night. If given, supplemental feeding of the baby (which is not recommended prior to six months) should be in small amounts and should never replace a breastfeed.

61

**LACTATIONAL AMENORRHEA METHOD (LAM)**

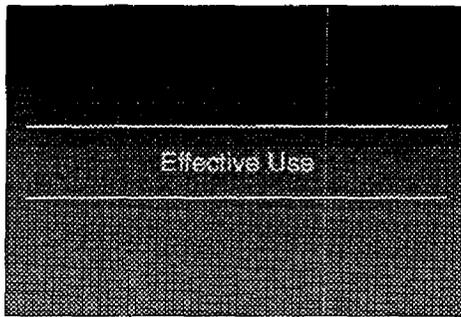
An effective postpartum method of family planning

- Supports healthy breastfeeding practices
- Promotes timely introduction of family planning postpartum

Studies show LAM to be more than 98 percent effective. It both supports breastfeeding practices that are beneficial to the health of mother and child and it promotes timely introduction of family planning to insure adequate child spacing.

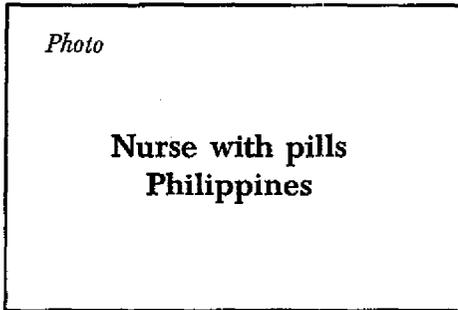
## VI. EFFECTIVE USE

62



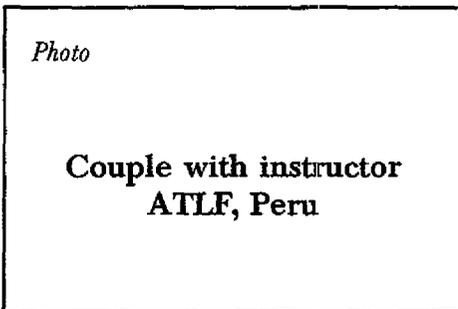
**Effective Use** of most methods of family planning depends on their user's behavior.

63



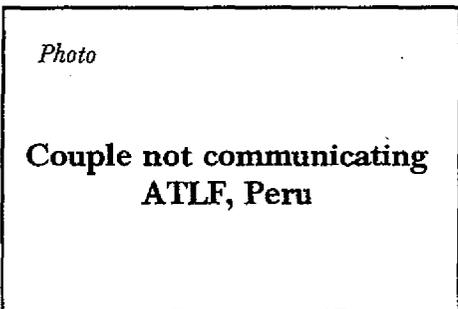
For example, oral contraceptives must be taken daily and condoms must be used properly during every sexual encounter. Each can be very effective if used perfectly, but their actual use effectiveness is reduced when people do not understand how to use them or have difficulty using them correctly.

64



Natural family planning is no exception. A couple's sexual behavior is at the heart of making NFP work. The chance of using NFP successfully increases if they are well-informed, highly motivated, and enjoy mutual understanding and good communication.

65



However, couples throughout the world often lack this level of dialogue and motivation, and so find the use of NFP methods to be difficult.

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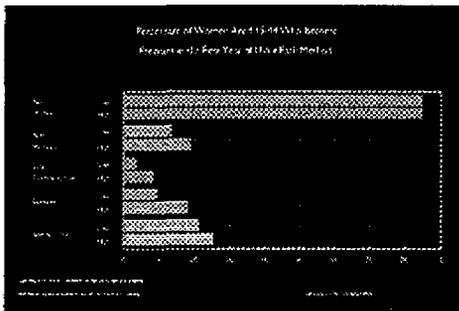
Photo

### Woman in market PCS, Egypt

It is possible to misinterpret the fertility signals or miss them all together if a woman is under stress, ill, approaching menopause, or affected by medications. And, as is true with other user-dependent methods, if errors are made, a pregnancy is more likely to result. So couples who choose to use a natural method of family planning should understand that only if they use the method consistently and correctly will it be effective.

For women who have difficulty interpreting their own signs and symptoms of fertility, and for couples who do not have a sufficient level of communication or motivation, the use of other family planning methods may be indicated.

67



A frequently voiced concern among family planning service providers is the use-effectiveness of natural family planning methods.

A comparison of failure rates for typical use of a method shows that NFP methods are less effective than some other user-dependent methods, and more effective than others. Here we see the average range of failure rates for NFP methods compared to the failure rates of oral contraceptives, male condoms, and spermicides, as reported by the Alan Guttmacher Institute. The first bar in each category represents the relatively lower failure rates among those who are more likely than average to use the methods correctly and consistently. The second bar in each category represents the relatively higher failure rates among those less likely than average to use the methods consistently and correctly. We see that the failure rates for NFP methods are much higher than for oral contraceptives, somewhat higher than for male condoms, and lower than for spermicides.

68

### Method Continuation

Research has revealed the strength of natural family planning in a key area of contraceptive effectiveness, **method continuation**. Women using natural family planning always have access to their method.

69

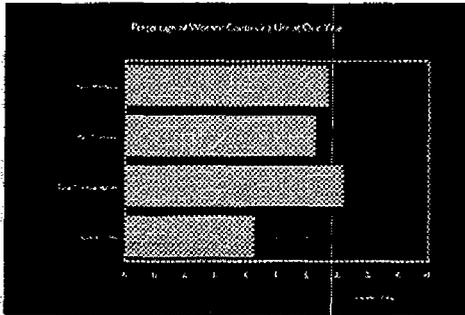
Annual Continuation and Pregnancy Rates by Method (Philippines)

Method	Annual Continuation Rate	Pregnancy Rate
OC	42	19
IUD	70	4
Condoms	10	60
Calendar Rhythm	51	30

Source: Lopez, J.P. Last, P. National Demographic Survey

So while the use-effectiveness of NFP, as we have seen, is less than some methods, the fact that users continue practicing NFP **longer** results in a lower risk of pregnancy over time. Here we see data from the Philippines that compare the continuation rate of NFP to other methods. The continuation rate of calendar rhythm, generally the least effective NFP method, is shown to be 5 times greater than that of condoms. Hence, calendar rhythm users have a significantly lower pregnancy rate over time than condom users.

70



*Contraceptive Technology* similarly reports that continuation rates for NFP methods are relatively high. Here we see the percentage of women continuing use of NFP methods after one year is 67 percent, compared to 63 percent for the male condom, 72 percent for oral contraceptives and 43 percent for spermicides.

71

Photo

Variety of contraceptive methods

It is common for a woman to switch from the use of one method to another over time, depending on her life situation and beliefs. Method switching may leave the woman vulnerable to pregnancy during intervals between method use. But women familiar with natural family planning have access to a method at all times.

72

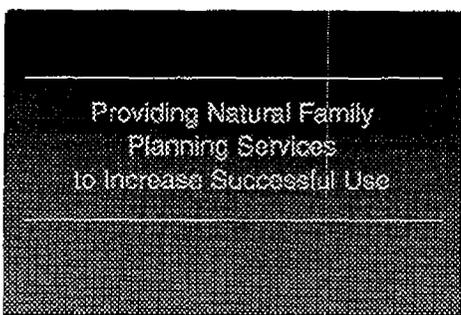
Photo

Teacher with two women  
TvT, Indonesia

The basis for effective use of any form of user-dependent family planning depends on the method being well-taught, well-understood and well-applied. Because natural methods require self-observation and self-understanding, this is especially important for natural family planning [and leads us to a look at the provision of NFP services].

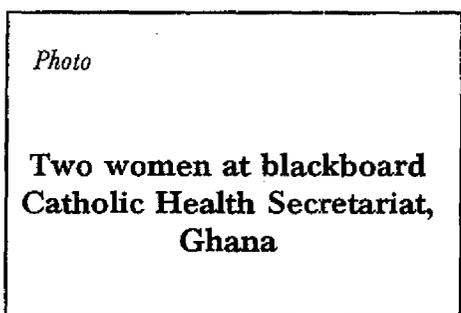
## VII. PROVIDING NFP SERVICES TO INCREASE SUCCESSFUL USE

73



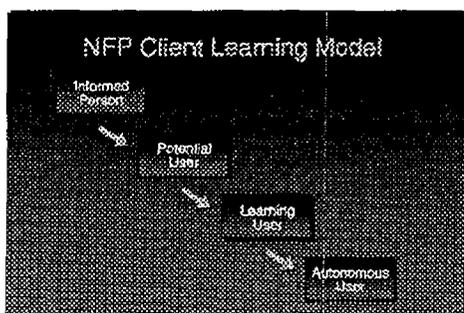
**Providing NFP Services to Increase Successful Use** is grounded by the fact that NFP is an “education-based” method of family planning. Service providers need to ensure the availability of accurate information, help the client use it correctly, and provide sufficient follow-up.

74



Providing instruction in natural family planning methods takes time. And teachers need to be well-trained, but need not be highly skilled medical personnel.

75



When considering what is needed to help the client go from simply knowing of the existence of NFP to actually being able to use it effectively, we look to the **NFP Client Learning Model**.

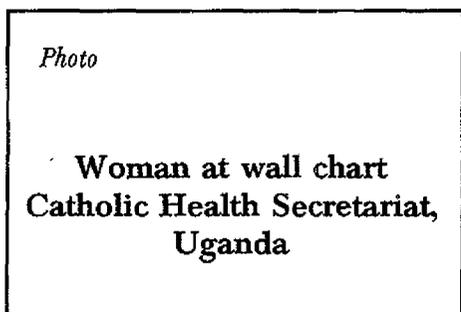
The first step is to interest clients by giving basic information about NFP methods. They become **informed persons**.

Persons seeking more information and expressing an intention to use an NFP method are **potential users**. They need information and instructions for its use.

Programs need to provide a **learning user** with more detailed information about the method, along with assistance in using it correctly.

When a client can use the method correctly, unassisted by the provider, she becomes an **autonomous user**.

76



Up to this time, NFP services have been provided primarily by private organizations, alone or in collaboration with government agencies. Most NFP teachers are volunteers who frequently are NFP users themselves. Despite their excellent efforts, existing services and teachers have only been able to reach a fraction of the men and women claiming they practice periodic abstinence and who may wish to learn an NFP method.

## VII. PROVIDING NFP SERVICES TO INCREASE SUCCESSFUL USE

77

*Photo*

**Outreach worker at doorway  
FPOP, Philippines**

Depending on the local circumstances, any potential NFP service provider will have to answer questions including: What outreach is needed to inform and recruit prospective clients? What should be the outreach messages? How can consistency of messages be assured?

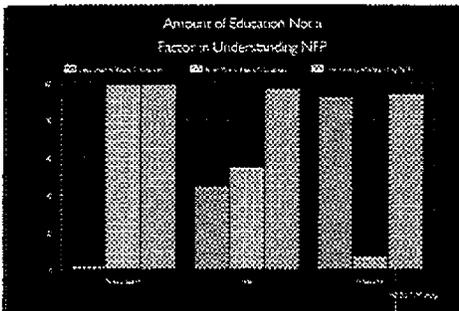
78

*Photo*

**Teacher at blackboard  
Catholic Health Secretariat,  
Ghana**

What kind of teaching program is needed to provide quality NFP services to potential and learning users? Are adequate personnel available to staff the program? How will they be supervised? What follow-up services will be needed? Although answers will differ from place to place, useful information related to successful service delivery is available.

79



For example, a WHO study shows that the level of formal education does not appear to be a factor in a person's ability to learn NFP. Here we have data from three countries: New Zealand, India, and El Salvador. Each country has different education levels (as shown by the red and blue colored bars), but there is a consistently high level of understanding among women of their ovulatory pattern (shown by the green bar) after just 3 cycles using the cervical mucus method. In other words, non-literate and highly educated women have been equally successful in learning to use NFP.

80

*Photo*

**Couple with teacher**

And although the ability to learn NFP does not depend on levels of education, Demographic and Health Surveys have shown that NFP use increases among women who have higher levels of education. NFP use is thus usually highest among those with the highest levels of education. This is the pattern for oral contraceptive use, as well.

## VII. PROVIDING NFP SERVICES TO INCREASE SUCCESSFUL USE

81

*Photo*

**Group teaching**

Experience shows that it is possible to teach NFP to a group of clients, although individual follow-up is often needed. Utilizing this teaching approach will help providers to serve much larger numbers of people.

82

*Photo*

**Couple with instructor**

Experience shows that optimum success is achieved if couples are taught together, rather than directing sessions solely to the woman. However, men need not be present for all the sessions.

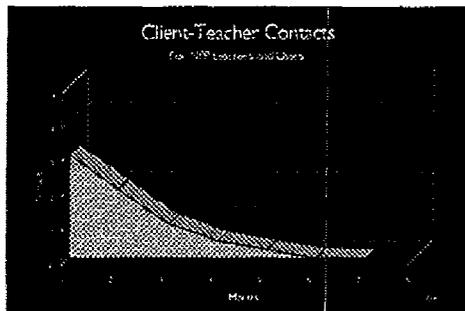
83

*Photo*

**Teacher with client  
ATLF, Peru**

In settings where literacy is high and clients are motivated, written materials can supplement provider-client contact and reduce the provider's instructional time.

84



In terms of cost, the first year of NFP learning may be expensive relative to the cost of some other family planning methods. Several client-teacher contacts are needed when learning the method. Typically, there are two to three contacts during the first month. Additional follow-up contacts are important to ensure that the couple is using the method correctly. But over several months and years, when NFP users are autonomous and require no further teaching or supplies, NFP becomes clearly cost-beneficial.

85

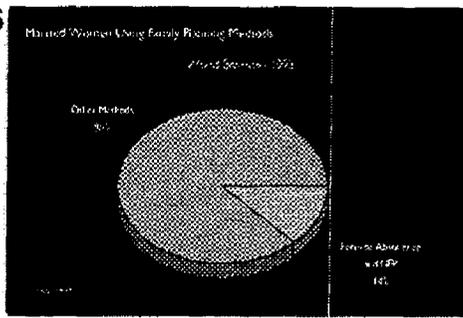
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**Workshop group  
Catholic Health Secretariat,  
Ghana**

With planning and appropriate support, groups have succeeded in the provision of natural family planning services. Resource materials and NFP advisors are available from NFP organizations worldwide to assist with planning, implementation, expansion and evaluation aspects of NFP services.

## VIII. CONCLUSION

86



To summarize, when we look at the worldwide interest in NFP we find millions of women claim some form of periodic abstinence as their method of avoiding pregnancy. But their success is impaired by a lack of understanding of fertility and effective use of natural family planning methods.

87

*Photo*

**Group on benches  
IFFLP, Africa**

We know an individual's preference for methods of family planning often changes with time, with new options, with relationships, and with age. Still, natural family planning methods remain consistently popular for many couples.

88

*Photo*

**Couple with nurse  
Catholic U. of Chile**

Observing the naturally-occurring signs and symptoms of fertility can be the key to successful family planning for millions of couples throughout the world. To reach these couples, services must be expanded.

89

*Photo*

**Group with educators  
PCS, Africa**

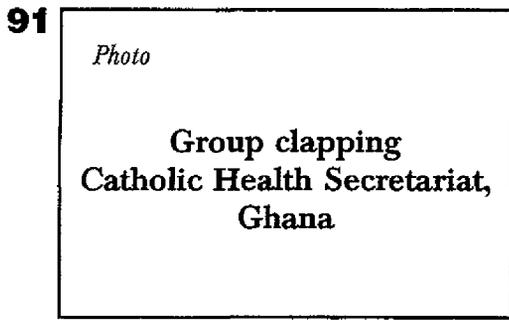
Educators, community workers, family planning providers, and anyone helping women and couples make family planning-related decisions will benefit from learning about fertility awareness and the natural methods of family planning, in addition to the many other family planning methods available. Adding NFP services to an existing community program, health care clinic, or family planning service enhances the ability of the program to meet the diverse needs of the people it serves.

90

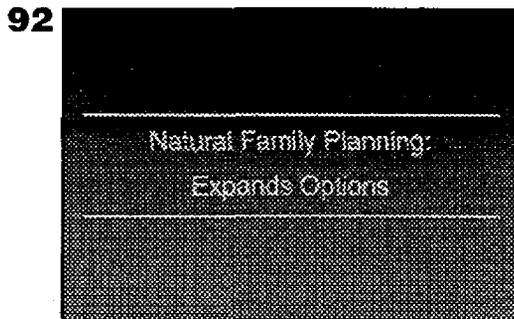
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**Woman charting**

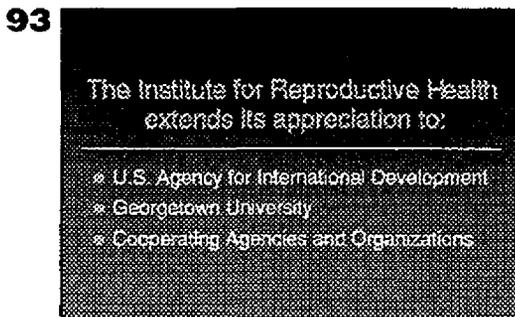
NFP's many advantages, and manageable disadvantages, make it a valuable family planning option and a very practical alternative when professional health care resources are limited, and equipment or contraceptive supplies are unavailable.



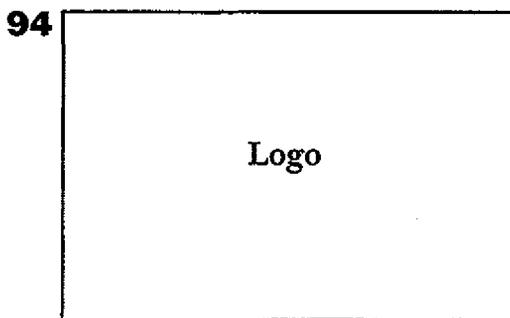
Please accept the challenge to look for innovative ways to incorporate NFP into your policies, programs, and services.



Natural family planning expands options!



The Institute for Reproductive Health appreciates the help it received for this slide presentation from the U.S. Agency for International Development, Georgetown University, and the many cooperating organizations that strive to improve reproductive health worldwide. We also appreciate the contributions of the many groups around the world who provided us with slides.



The Institute for Reproductive Health is a project within Georgetown University in Washington, D.C.

**THE END**