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**Institute for Reproductive Health
Georgetown University Medical Center**

Work in Progress

This progress report covers the work
completed by the Institute during the first two years of
implementation of the AWARENSSS Project under USAID
Cooperative Agreement HRN-A-00-97-00011-00
July 1, 1997 - June 30, 1999

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ABBREVIATIONS

AWARENESS	Advancing Worldwide Access to Reproductive Health and Natural Family Planning
CA	Cooperating Agency
CEMOPLAF	Centro Médico de Orientación y Planificación Familiar
COCEMOB	Comisión de Países Centroamericanos que Promueven el Método de Ovulación BILLINGS
CRS	Catholic Relief Services
DOH	Department of Health
FA	Fertility Awareness
LAM	Lactational Amenorrhea Method
MOH	Ministry of Health
NFP	Natural Family Planning
NGO	Non-Governmental Organization
PCI	Project Concern International
PFNFP	The Philippine Federation of Natural Family Planning
RHA	Reproductive Health Awareness
SACOA	Servicios de Asesoría a Comunidades Agrarias
USAID	United States Agency for International Development
WHO	World Health Organization

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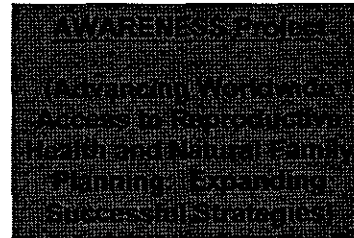
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1. Introduction

The Institute for Reproductive Health is dedicated to the investigation and advancement of Natural Family Planning (NFP) as a viable, effective family planning option. As part of Georgetown University's Medical Center, the Institute benefits from its close affiliation with the University's School of Medicine and Department of Obstetrics and Gynecology with their solid foundation in medical and scientific research.

The Institute has over 14 years of international experience working with NFP methods, researchers, and programs. This work has ranged from assisting private voluntary organizations that focus on NFP, to working with comprehensive government programs to integrate natural methods, to using the latest advances in scientific knowledge to develop new, simplified NFP options. This work helps the reproductive health community recognize the important contribution that NFP makes in improving the health of women and families, and it increases the availability of effective natural methods to women and men throughout the world.

The United States Agency for International Development (USAID) funds the Institute's current work through the AWARENESS Project. A five-year initiative that started in July 1997, the AWARENESS Project will lead natural methods into the next century. It is the only global program of its nature, focusing on NFP methods; integrating NFP into service delivery, training and education; and operations research to improve the effectiveness, efficiency, and availability of NFP. The AWARENESS project is designed to address the needs of the millions of people who use or would like to use natural methods, and the many who lack the information and skills to do so effectively.¹ The project centers its education and information activities on empowering women and men to manage their own reproductive health. The AWARENESS project has identified several key areas that guide its program activities:



- *Investigating and developing new NFP approaches that are effective, yet simple to provide and use—setting the stage for easier and broader access to NFP methods.*
- *Improving and streamlining service delivery systems for NFP methods—ensuring that programs and users worldwide can benefit from the latest information and service protocols.*
- *Assisting in the integration of NFP into family planning, reproductive health, and other development programs.*

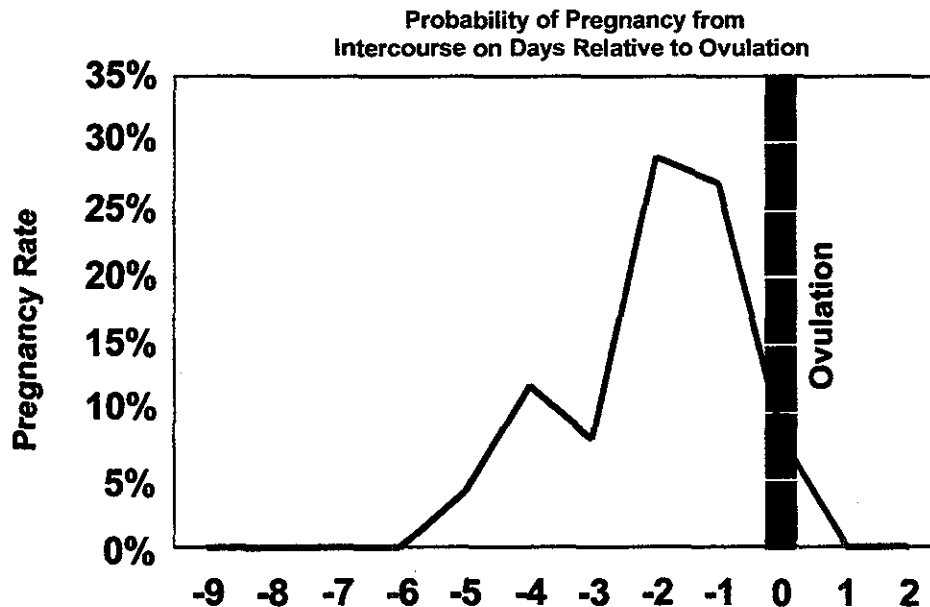
¹ L. Curtis, K. Neitzel. Demographic and health survey, comparative studies no. 19. Contraceptive knowledge, use, and sources. Macro International, Inc., 1996.

- *Testing and expanding the application of reproductive health and fertility awareness tools into a wide variety of programs.*

2. Simplifying Natural Family Planning

The Institute is making important strides in exploring newer and simplified NFP methods. Because programs, providers, and potential users have expressed the concern that current NFP methods are complex and time consuming to learn, the AWARENESS Project's objective is to expand availability of NFP by making it easier to teach and use. At the same time, these alternatives must also be effective and acceptable to women and men and feasible for programs to offer.

Much of the Institute's work is based on the scientific information available regarding the days of a woman's menstrual cycle during which she is likely to become pregnant. A 1998 article in the *Journal of Human Reproduction*² reports that there is a window of only a few days during the menstrual cycle when a woman can become pregnant. From the beginning of the cycle until 5 days before ovulation, there is an extremely low possibility of pregnancy from unprotected intercourse, because of the life span of sperm. The likelihood that unprotected intercourse five days prior to ovulation will result in pregnancy is about 4%. It increases progressively to 29% two days and 27% one day before ovulation, declining to 8% from intercourse occurring on the day of ovulation. Twenty-four hours after ovulation, the chance of pregnancy is virtually zero, due to the limited life span of the ovum.



There is a fertile window of six days, but pregnancy is more likely to occur from intercourse on the two days prior to ovulation.

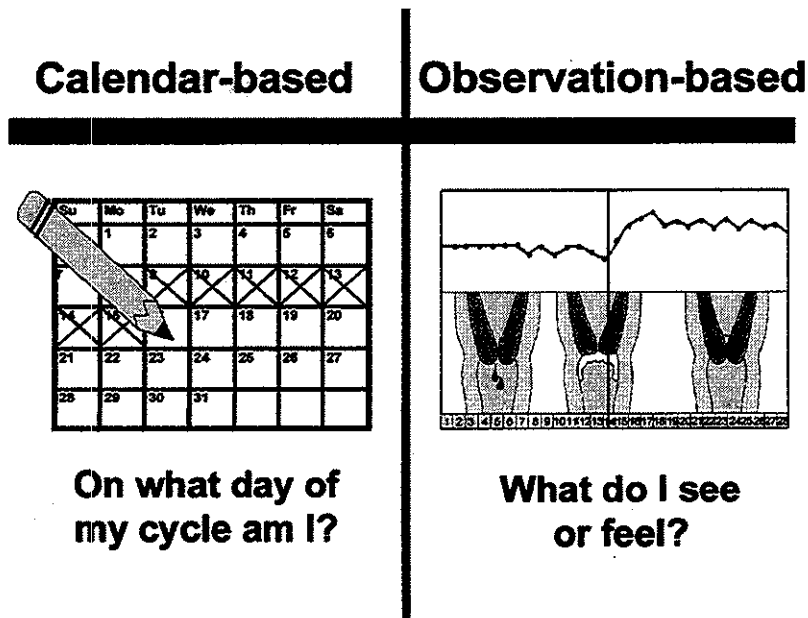
² A. Wilcox, C. Weinberg, and D. Baird. Post-ovulatory aging of the human oocyte and embryo failure. *Human Reproduction*, Vol 13, no.2, pp. 396-397, 1998.

There is a fertile window of six days, but pregnancy is more likely to occur from intercourse on the two days prior to ovulation.

Helping women identify this fertile window with simple, accurate methodologies can provide them with a viable and effective method to avoid an unplanned pregnancy. Conversely, these methodologies also can help women achieve pregnancy when they and their partner choose to do so.

In its efforts to simplify NFP methods, the Institute has focused on approaches that retain the core principles of NFP, which are well-grounded scientifically, while changing the aspects that make NFP difficult for many programs, providers, and potential users.

There are basically two different approaches for determining a woman's fertile period. One approach uses calendar-based techniques and formulae based on the length of a woman's cycle to determine her fertile period. The other approach utilizes observations of signs and symptoms to monitor the woman's fertility status as it changes during her cycle. The Institute has developed and is testing two simple methods, one based on each of these approaches.



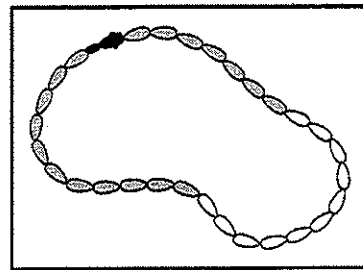
Standard Rule Method

While calendar-based methods are widely used, they can be complicated for some users due to the calculations and formulae that are involved. They also require precise information about the length of previous cycles. The Institute is currently testing the Standard Rule Method, a simple calendar-based approach. This method is based on the concept that a "standard-rule"—or a fixed number of days—would help women identify and monitor their fertile window. The development of the Standard Rule Method resulted from the analysis of a large data set of women's menstrual cycles obtained from the World Health

Organization (WHO) study of the Ovulation Method³. The analysis revealed that a fixed period of abstinence from day 8 to 19 (a total of 12 days) resulted in a high degree of coverage of fertile days – that is, the fertile window of most menstrual cycles falls within the day 8 to 19 period.⁴ This will result in reduced probability of conception in cycles where women follow method rules.

The Institute also is testing a mnemonic device for teaching the Standard Days method. The device is a necklace (or “collar” in Spanish or Portuguese) with 32 plastic beads of different colors.⁵ The necklace represents a woman’s cycle, with colored beads representing different days of the cycle. The necklace, which can be provided at low cost, is designed to make it very easy for women to know exactly which day of their cycles they are on—without having to write or record any information. When a woman uses the “collar”, illustrated below, she places a rubber ring on the red bead on the first day of her menstrual bleeding. She moves the ring one bead each day. The brown beads represent her infertile days, and the white beads represent her fertile days. The “collar” is not meant to be worn. Rather it is a tool, which the woman keeps in a private, secure place, that she can use to help her identify the days of her cycle. It may also facilitate partner communication about fertility.

Critical to the development of this easy-to-use, calendar-based method is the testing of its efficacy in actual use. After pilot testing on a small scale, the Institute is beginning a multi-center study to further test the efficacy of the method. This is a prospective, multi-site study that includes ongoing testing in Bolivia and the Philippines that will expand to other sites. Results to date have been excellent, and demand for the Standard Days method is high in the sites in which it is being tested. Projected output will be a program-ready method that can be used by women with menstrual cycles between 26-32 days.



The “Collar”

Two-Day Method

Other new NFP alternatives being explored by the Institute are based on observation of signs and symptoms of ovulation. Considering the high correlation between ovulation and observable cervical secretions, the Institute has developed an algorithm that could be used by women to determine if they are approaching ovulation and when ovulation has occurred. The method is based on a simple decision-tree whereby the woman feels or observes if she has

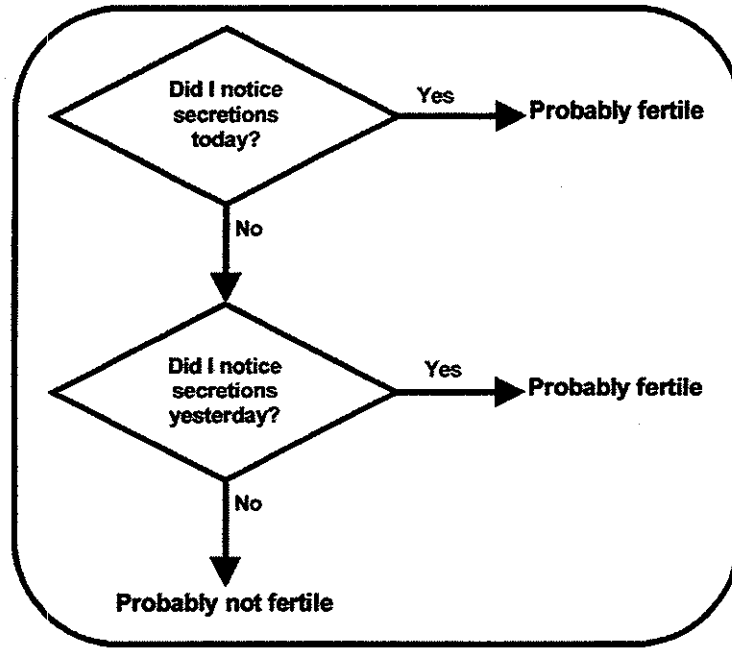
³ World Health Organization: A Prospective Multicentre Trial of the Ovulation Method of Natural Family Planning. II. Characteristics of the menstrual cycle. *Fertility and Sterility* 1983; 40: 773-8.

⁴ M. Arevalo, I. Sinai, V. Jennings, A Standard Rule to Identify the Fertile Window of the Menstrual Cycle, submitted for publication, 1999.

⁵ A previous version of the “collar” was tested by CEMICAMP and the Pastoral da Crianza in Curitiba, Brazil. This study was supported by the Institute and the Population Council.

unprotected intercourse is likely to result in pregnancy. Preliminary examination in which the algorithm was tested on over 7500 cycles collected by the World Health Organization and 183 cycles from current NFP users, suggests that this will be a highly effective method.⁶

The TwoDay Algorithm



The Institute is developing and testing various visual tools to help women easily track these observations and determine if they are fertile, such as the one below in which a woman can monitor her daily observations of the presence or absence of cervical secretions and focus on the two days, "today" and "yesterday", that define whether or not she is fertile.

TwoDay

×	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
✓	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo			

⁶ I. Sinai, V. Jennings, M. Arevalo. "The TwoDay Algorithm: A New Algorithm to Identify the Fertile Time of the Menstrual Cycle", accepted for publication by Contraception (forthcoming), 1999.

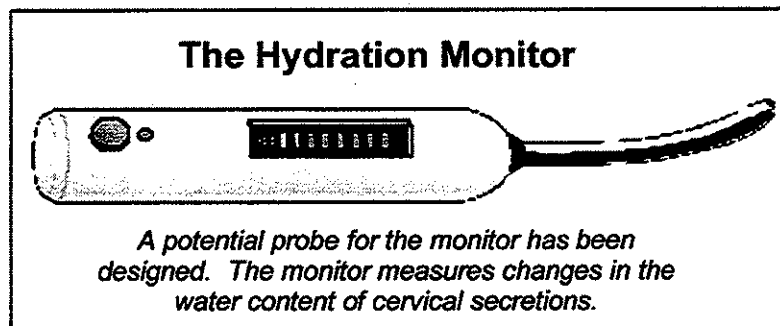
Field-testing of the method is currently being planned with potential users and providers on-going in several possible field-testing sites. It is anticipated that the TwoDay method will be appropriate for women regardless of their cycle lengths, and it has potential applicability for breastfeeding women.

Ovulation Prediction Device

The Institute also is working with industry professionals and applied researchers in the development of a home test kit designed to predict and detect ovulation. The goal is to develop and validate a simple, inexpensive device that a woman can use to identify her fertile window with a high degree of accuracy. This promising new device, developed by researchers from Duke University with support from the Institute, is designed to measure changes in the water content of cervical secretions. Laboratory tests have shown a high correlation between the water content of cervical secretions and the fertile window, with the water content increasing significantly beginning 4-5 days before ovulation and decreasing rapidly following ovulation. The device's hydration sensors have been tested in laboratory settings, and the Institute is now gathering information on design features that would make the device easy and acceptable for women to use. The next steps are to begin clinical trials and efficacy studies.

These newer and simplified options have been the primary focus of the Institute's work in the development of simpler methods during the first two years of the AWARENESS project. This work has been advancing quickly,

although additional time will be required before the actual effectiveness of these methods is established and they can be made widely available.



3. Streamlining Service Delivery in Existing NFP Programs

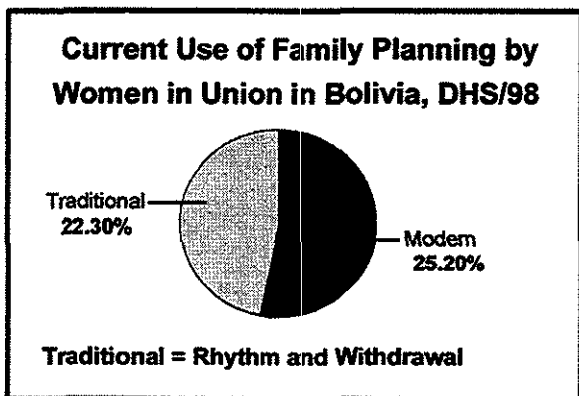
Through the AWARENESS project, the Institute is improving and streamlining NFP service delivery strategies and protocols to assist family planning programs that provide NFP. The goal of streamlining is to make existing methods of NFP easier to teach, learn, and use. The need to streamline NFP services stems from the constraints reported by providers and clients themselves. Many providers report that NFP methods are difficult and time consuming to teach. Users and potential acceptors often report that NFP methods are complicated. The Institute's goal is to assist programs in making

NFP more successful in meeting the needs of providers and clients. This work is being done through diverse activities, including the development of improved training materials and job aids for providers and simple take-home guides for clients.

Developing Competency-Based Training for Service Providers

A competency, or skills-based, curriculum has been developed for training multi-method service providers in NFP. The curriculum stemmed from the Institute's work with the Philippine Department of Health, which is establishing a skills-based approach for its Family Planning and Reproductive Health Training System. NFP lends itself well to a competency-based training approach since the method's success and effectiveness are ultimately based on the client's own competency. A competency-based approach offers the potential of reducing the time needed to train providers without compromising quality. As part of the curriculum package, the Institute will develop a companion curriculum for training of trainers and evaluate the effectiveness of the curriculum for public sector settings and non-governmental organizations. The Institute will also test a variety of tools to streamline the teaching and practice of NFP. These tools include job aids for providers and simplified charts for clients.

Streamlining Service Delivery Approaches in Bolivia



In Bolivia where use of traditional methods is high at 22.3% percent⁷ —the Institute is working with four multi-method family planning programs to assess their existing services and help them design and incorporate improved service protocols and monitoring systems for natural methods.

A diagnostic assessment of the current provision of NFP methods showed that most service providers lacked the training and tools required to offer counseling on natural methods. The Institute assisted in the development of formal training curricula for healthcare providers, provider counseling job aids, and materials to help clients learn and use the methods. The Institute also assisted the various service delivery institutions in analyzing existing formulae for the calendar rhythm method and standardizing the most effective ones for use in service delivery programs.

⁷ Demographic & Health Survey, 1998.

The incorporation of these new training and education materials is being evaluated through an on-going operations research study in collaboration with the Caja Nacional de Salud, Ministry of Health, Fundación San Gabriel, and Prosalud in eight peri-urban and urban health centers. The study evaluates two different service delivery approaches for helping clients become autonomous users of calendar-based methods. The first requires a minimum of two follow-up visits, while the second approach tests an assessment tool with which healthcare providers determine the client's ability to correctly use a calendar-based method after one visit.

CARNET DE PLANIFICACION FAMILIAR NATURAL

Ritmo Calendario Tradicional

M	M	J	V	S
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21

Example entry on Client card

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	X
X	X	X	X	X	X	X
X	X	X	23	24	25	26
27	28	29	30			

To avoid pregnancy, DO NOT have unprotected intercourse on the ELEVEN days marked with an X.

Days of possible pregnancy

This research will provide important insights for programs already offering natural methods as well as those that want to provide quality services for clients choosing natural methods. It also will determine if this new approach will make it easier for providers to teach a calendar-based method and for clients to learn to use it.

4. Mainstreaming NFP Methods into Reproductive Health Programs and Other Services

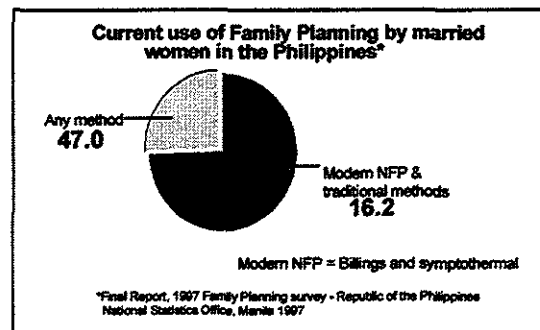
Through the AWARENESS project, the Institute is carrying out activities to integrate NFP methods into family planning, reproductive health, and other development programs. This work helps public and private organizations look strategically at how integration can be best achieved. Mainstreaming activities include capacity building, installation of NFP services, institutionalization of NFP training and service delivery protocols, and testing service delivery models. In fact, much of the Institute's work incorporates elements of mainstreaming activities. These activities are helping to ensure that NFP methods and services will be more broadly accessible to those women and men who choose to use them.

Small Grants Program to Test the Introduction of NFP Services

To test the introduction of NFP services in a variety of settings, the Institute has developed a small grants program to assist organizations interested in integrating NFP, and in developing and testing new strategies for providing it. The Institute has received proposals from a variety of institutions in 15 countries in Africa, Asia, and Central America, including Ministries of Health, family planning associations, universities and research institutes, non-governmental organizations (NGOs), and NFP organizations. The proposals currently under consideration include partnerships between NFP/NGOs and multi-method providers, using radio and other IEC approaches to promote and teach simple NFP methods with follow-up by community health workers, adding NFP services to community development NGOs, and incorporating fertility awareness into family planning programs. These activities are critical to helping organizations that have not previously offered NFP test new ways of integrating services. They also can help organizations that focus on NFP to expand their services.

Mainstreaming NFP Services in the Philippines

The Institute's recent work in the Philippines is another example of mainstreaming and of multi-sector collaboration designed to assist the overall integration of NFP methods. The demand for NFP in the Philippines is among the highest in the world.⁸



The Philippine Government and Department of Health (DOH) recognizes the importance of modern, natural methods and the need to strengthen its own service delivery systems to better provide these methods. To increase the DOH's capacity in natural methods, the Institute hired and placed a Natural Family Planning Advisor within the DOH's Office of Family Planning Services. This advisor provides assistance to the DOH in developing capacity in NFP at central, regional, and local levels, in developing competency-based curriculum for NFP methods, developing operational guidelines, and developing information, education, and communication materials on NFP.

The Institute also has supported the conduct of several studies analyzing NFP training and service delivery in the Philippines. These studies were conducted by the The Philippine Federation of Natural Family Planning (PFNFP), the largest NGO provider of NFP. A study examining services provided by PFNFP teachers showed that many providers modified PFNFP's service protocol

⁸ Philippine DHS. Final Report, 1997 Family Planning survey – Republic of the Philippines National Statistics Office, Manila 1997.

to include fewer client visits. The reduction in visits did not affect the client's ability to learn NFP. These findings suggest that it may be feasible to modify existing protocols, requiring less provider/client contacts, while obtaining similar results.

Teachers Application of Protocol

PFNFP Teaching Protocol		Actual Practice
(month)	(visits)	(average visits)
First	4	2.4
Second	2	1.5
	Husband's session	69% husband's attended
Third	2	1
	Couples' session	52% couples' attended
		Overall Average of Visits – 4.9

Another study examined the effect of training government health providers in NFP. The analysis showed that although over 90 percent of the trained providers initiated services after training, less than half were able to sustain these services for an extended period of time. The study found that training was not accompanied by adequate plans or resources to support NFP services on a sustained basis.

The technical assistance and research support being provided to Philippine institutions has provided invaluable insights on the successful integration of NFP into large, multi-method programs for the Philippines and for family planning programs worldwide.

Using a Diagnostic Study to Understand Service Delivery Models in Honduras

In Honduras, the Institute conducted a retrospective study of multi-sector partnerships involving the Ministry of Health (MOH), RENAFE, (a church-based provider of NFP and family life education) and Save the Children (an international NGO). The purpose of this study was to identify both factors which support and those which constrain the integration of NFP information and services into multi-method family planning programs in order to inform the design of future interventions. The diagnostic study examined the service delivery models that evolved from the collaboration of these three organizations. Four models of NFP instruction were compared: 1) NFP-only services provided by RENAFE volunteer instructors; 2) NFP services provided by paid RENAFE instructors in MOH centers; 3) NFP services provided by Auxiliary Nurses in Ministry of Health centers; and 4) NFP services provided by volunteer community health workers affiliated with Save the Children.

The diagnostic study concluded that the provision of NFP services by auxiliary nurses in MOH centers is likely to be the most cost-effective and sustainable model. The study also identified the need to develop strategies that enable the MOH to effectively supervise providers and follow-up new NFP users.

The study conclusions suggest that collaboration between a private NFP organization such as RENAFE and a public sector program can be effective if the MOH is committed to providing natural methods and if the NFP organization is an effective partner.

Initiatives in Central America

In El Salvador, a project is being developed with Project Concern to test strategies to integrate family planning education into water and sanitation projects. MOH promoters and community volunteers will provide general information about family planning, in particular, natural methods, and refer interested couples to services. This project will test IE&C Strategies to determine the most effective strategies for reaching men.

In Honduras, a diagnostic study is being carried out with the Commission of Central American organizations that promote the Billings Ovulation Method (COCEMOB) to guide the selection of appropriate strategies and sites for integrating the Ovulation Method into public services in Central America.

Promoting Informed Choice

In an effort to expand the availability and accessibility of NFP, the Institute is developing operations research studies to provide information on how family planning programs can help clients make an informed choice about the use of a natural method. Two parallel studies will be conducted; one among NFP-specific organizations and another among multi-method family planning organizations. Each study will attempt to identify the factors which influence a couple's decision about whether or not to use a natural method, including: personal and community values and norms; the thoroughness and quality of information received; the attitude and competence of service providers; and institutional culture and policies.

As a result of these studies, IRH expects to learn how knowledge is transmitted and attitudes are shaped at the individual, community, service provider, and institutional levels. This information will guide the development of practical, proactive strategies to help providers of family planning and other reproductive health services to improve informed choice about natural methods. A second phase of these studies will test strategies to promote informed choice.

IRH is currently selecting sites for both of these studies, which will begin in the next few months.

Strengthening Collaboration with other Cooperating Agencies and PVOs

The Institute continues to use a collaborative approach to maximize the impact of its NFP efforts worldwide and integrate the Fertility Awareness and Reproductive Health Awareness approaches into existing family planning and other reproductive health programs.

To carry out its research agenda, the Institute has established partnerships with several organizations. With FHI collaborations the Institute has developed protocols for the Standard Days method efficacy study. And implementation of various field studies is being done through partnerships with CARE International in Bolivia, The Population Council in the Philippines, Population Concern International in El Salvador and Catholic Relief Services in Bolivia and El Salvador.

Meetings have been held with AVSC, Pathfinder, FHI, CEDPA and the Frontiers Project, to present the different research initiatives currently underway for the Standard Rule and the TwoDay methods and share applications for the Fertility Awareness approach in youth programs. Additional meetings have been scheduled with PATH and the PCS Project. In addition to sharing the Institute's new developments in NFP and exploring opportunities for collaboration in the field, these sessions have proven helpful for obtaining input about training and service delivery issues as well as identifying appropriate testing sites.

The Institute will continue to undertake a variety of activities to disseminate information and results to family planning, reproductive health, and other development organizations.

5. Using Fertility Awareness and the Reproductive Health Approach to Meet the Needs of Broader Audiences

Natural Family Planning is based on:

- a woman's understanding and knowledge of her own normal fertility signs and patterns;
- a couple's understanding of the man's role in fertility;
- their ability to communicate with each other and with their service provider about related issues; and
- their ability to modify their sexual behavior to achieve their goals.

These skills are fundamental to practicing NFP, but also critical to the reproductive health of individuals. They are the foundation of Reproductive Health Awareness (RHA) and Fertility Awareness (FA) educational approaches that the Institute has pioneered. The Institute's work in RHA was stimulated by

the Cairo and Beijing conferences which paved the way for broader applications of the RHA approach. The Institute is helping organizations adapt and utilize RHA principles to meet the needs of broader audiences, including special target groups, such as adolescents and men.

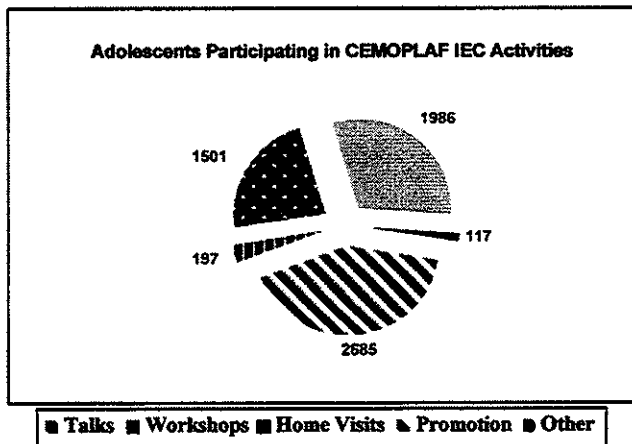
“Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.”

Source: Reproductive Rights, Cairo Consensus Agenda, ICPD Report, 1998.

Using RHA to Improve Services for Adolescents in Ecuador

In Ecuador, the Institute is assisting the Centro Médico de Orientación y Planificación Familiar (CEMOPLAF) expand its current services to better meet the needs of adolescents. Approximately, 12 percent of CEMOPLAF's new clients for all services are under 20 years of age. Nevertheless, prior to this project, CEMOPLAF had no special services to meet the unique needs of their young clients.

The Institute is collaborating with CEMOPLAF to develop and test a service delivery model for young people. In four CEMOPLAF clinics, the RHA approach is being tailored and tested to meet the specific needs of adolescents in an environment that provides access to appropriate counseling, services and education.



An operations research study is being conducted to test the effectiveness of this model and the service delivery modifications implemented by CEMOPLAF. The study hypothesizes that this model will improve quality of care for adolescents and that client knowledge and practices will improve as a result. In addition, the study will examine whether these improved services result in an increase in the number of new adolescent clients as well as the proportion of adolescent clients who continue to use CEMOPLAF's services. The service delivery intervention is underway, and baseline data from the four experimental and four control centers has been analyzed.

The Institute's work in Ecuador is an example of the benefits of a broad application of the RHA model.

Using the RHA Approach to Increase Male Involvement in the Philippines

In collaboration with The Population Council and KAANIB, a federation of people's organizations working in agriculture, the Institute is testing a community-based RHA intervention in the Philippines. This project is seeking to increase male support and involvement in family planning and reproductive health.

As a first step in developing the RHA intervention for men, the Population Council collected baseline data from KAANIB members and staff and health providers. The study revealed a number of problems related to family planning and reproductive health knowledge and practices among the target population. The study found that approximately 50 percent of the respondents were not achieving their reproductive goals, and between 40 to 50 percent reported unintended pregnancies. A large percentage (40 to 50 percent) of husbands and wives did not discuss important family issues, including family planning, on a regular basis. In addition, approximately 30 percent of respondents were relying on rhythm, NFP, abstinence, and withdrawal—yet more than half of respondents (both husbands and wives) indicated they did not know how to identify the woman's fertile window.

The RHA intervention includes two major components: 1) providing community education to members of the KAANIB agricultural cooperatives through volunteer couple educators and health providers, and 2) establishing linkages and referrals between KAANIB technical staff, members, and health services. The couple educators will teach the basics of fertility awareness, family planning, STD prevention, and communication about sexuality. While the intervention focuses on the couple in order to strengthen skills and knowledge of both partners, the model places a strong emphasis on men by incorporating male providers and educators and tailoring educational and advocacy efforts to include information and services that are particularly relevant for men. This male-oriented educational model has already been field-tested in the community, in preparation for the upcoming training of KAANIB staff.

Reproductive Health Awareness: A Wellness Self-Care Approach for the Entire Life Cycle

Reproductive Health Awareness: A Wellness Self-Care Approach for the Entire Life Cycle is a resource manual to help programs integrate the Reproductive Health Awareness (RHA) educational approach into training programs for health providers, educators and other service providers. This manual contains a detailed training package that can be adapted to a variety of settings.

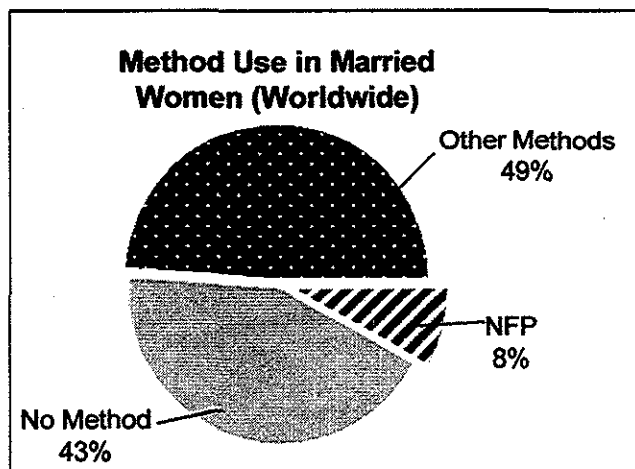
The *Reproductive Health Awareness* manual includes chapters on the four key elements of the RHA approach: 1) Gender; 2) Body Awareness and Self-Care; 3) Sexuality; and 4) Interpersonal Communication. In addition, there are chapters on conducting RHA provider training in other important areas of reproductive health. These include family planning, pregnancy, male involvement, and selected reproductive health topics specifically relevant to individuals throughout the life cycle. Each chapter of the manual includes basic content information, detailed training activities, handouts for participants, specific tools for trainers and other resources. The final two chapters address the implementation and evaluation of RHA training programs.

The RHA approach to provider training and the specific training activities described in this manual have been used and tested in a variety of countries in Latin America and Asia. Currently, the manual is being reviewed and finalized. Publication of *Reproductive Health Awareness: A Wellness Self-Care Approach for the Entire Life Cycle* is expected towards the latter part of the year 2000.

6. Challenges Facing Natural Family Planning

Despite significant advancements, there are still many challenges facing NFP. With over 15 percent of all family planning users worldwide reporting use of "periodic abstinence" to avoid pregnancy and over 43 percent of women in union worldwide not using *any* family planning method, increasing awareness and knowledge of modern NFP methods is paramount.

Modern natural methods are an important option for those couples who are currently practicing "periodic abstinence", many of whom have little knowledge of when they are fertile. They are also the preferred method for some couples due to their religious or cultural beliefs. NFP can help women and men better understand their own bodies. NFP can empower women and couples by increasing their body awareness and communication skills, ultimately helping to improve their overall reproductive health.



There are a number of challenges, however, that must be addressed in order for programs and providers to better serve current and potential NFP users.

Lack of Correct Information

Increased use of modern natural methods is constrained by a lack of accurate knowledge about available options. The many men and women around the world who use “periodic abstinence” are potential candidates for NFP, yet most do not have accurate information on how to use these methods. In fact, many users of natural methods use “periodic abstinence” without correct knowledge about when during their menstrual cycles they could become pregnant.

In countries, such as Bolivia, where reported use of natural methods is high, the most recent prevalence survey indicates that most users have received no formal instruction on natural methods, and one out of four women has no understanding of her fertile period.⁹ Data from other countries as well as the Institute’s experience confirm that this is a common occurrence. The teaching of NFP methods is often only available through a small group of organizations or individuals in any given country—limiting access to formal teaching of NFP.

To overcome this barrier, the Institute is working to improve correct knowledge of existing NFP methods, while also striving to make natural methods easier to teach and learn so that they may be made easily available in a broad variety of community and health organizations.

Misperceptions about Efficacy

Another challenge facing NFP is the common perception that it is ineffective. Some of the misinformation about the low efficacy of NFP is based on the incorrect assumption that practicing “periodic abstinence” is the same as using a natural method. In discussions of effectiveness rates, often no distinction is made between methods like withdrawal, periodic abstinence, and modern NFP. In addition, the quoted efficacy rates for NFP vary widely in available literature. This is due in part to the fact that there are many different NFP methods being practiced today. These methods use different indicators to monitor and identify fertile periods—and as a result, their efficacy rates must be considered separately. Furthermore, comparison is difficult because no consistent techniques have been used to determine efficacy rates.¹⁰

Studies conducted by the World Health Organization and others suggest that modern NFP methods, when used correctly, can result in pregnancy rates of approximately 3 percent, although pregnancy rates during “typical use” are considerably higher, since couples may use the method incorrectly, i.e., have intercourse when the woman is fertile.

⁹ Contraceptive Knowledge and Prevalence Survey for all Women of Reproductive Age (15-49) ENDSA, 1998.

¹⁰ V. Lamprecht and J. Trussel, Natural family planning effectiveness: evaluating published reports, *Advances in Contraception*, Vol. 13, Nos. 2/3, June/September 1997, pp. 155-156.

The Institute is addressing concerns about efficacy through a number of initiatives including: on-going reviews of studies conducted by other researchers; carefully-designed research on new, simple NFP methods; developing user-friendly materials to ensure that providers and clients have a clear understanding of how to use *natural methods correctly*; and by emphasizing the importance of counseling to increase effective use.

Programmatic Barriers

There are also programmatic barriers to including NFP in broader family planning programs to be overcome. Program managers and policy makers do not always see the relationship between including NFP in the programs as a viable option and the global mandate of expanding family planning options. In addition, service providers themselves may represent a barrier to NFP service delivery. In a study conducted among service providers in the Philippines who had been trained in NFP, approximately 30 percent found it hard to explain NFP, felt they lacked the time to provide it, and/or felt that clients had difficulty in devoting the time to learn it properly. Service providers who had not received training in NFP felt even more strongly that NFP methods were difficult and time consuming to teach.¹¹ Other studies suggest similar provider attitudes in a wide variety of settings.^{12 13}

In order to overcome these barriers, the Institute conducts activities to inform program planners, managers, and policy makers of the importance of integrating NFP into comprehensive programs, while exploring strategies to make NFP easier and less time consuming to teach and learn.

The Institute has identified the need to address these challenges in order to advance and improve access to NFP methods and programs worldwide and is currently addressing these issues in the AWARENESS project.

Natural Family Planning: A Vision for the 21st Century

All of us working in the family planning field are challenged to offer clients real choices in family planning methods, to make the methods more widely available and accessible, to offer them in a sensitive and caring way, and in conformance with the best knowledge available on their advantages and disadvantages. If we do so, we can each have an important impact on the family planning and reproductive health field in the next century. Imagine the profound

¹¹ PAA Panel on Simplified NFP Methods, March 23-24, 1999, New York City.

¹² M. Arevalo. Expanding the availability and improving delivery of natural family planning services and fertility awareness education: providers' perspectives. *Advances in Contraception*, Vol 13, no. 2-3, pp.275-281, 1995.

¹³ R. Snowden, et al. Physicians' views of periodic abstinence methods: a study in four countries. *Studies in Family Planning*. Vol 19, no. 4, pp.215-216, 1988.

impact that natural methods can have for poor illiterate village woman who can't make the monthly trip to a distant health center, but who can use the Standard Rule "Collar" to help her prevent an unwanted pregnancy. Imagine the future of family planning when a woman can use the ovulation detection device to identify her fertile time. Imagine the future of family planning when teens and young adults are provided with reproductive health and fertility awareness information and services as part of their education, and they develop the skills to successfully negotiate and manage their reproductive lives.

To achieve this vision and to dramatically change the nature of family planning for next century, collaboration with all types of programs is mandatory. Providers, program managers, and policy makers must look openly and objectively at the potential of all methods. NFP methods most viewed as an integral part of any comprehensive family planning program. The Institute for Reproductive Health looks forward to collaborating with its colleagues in a global initiative to reproductive health and family planning in the next millennium.

**Appendix 1: The AWARENESS Project
Papers and Presentations (July 1997 – June 1999)**

Title/Presenter	Event/Publication
Family Planning Use by Women with Unintended Pregnancies: Results from Latin America <i>Victoria Jennings</i>	European Institute of Family Life Education, England, September 1997
Unintended Pregnancies: Their Implications for Future Research and Service Delivery <i>Victoria Jennings</i> A Reliable, Inexpensive, User Friendly Ovulation Prediction Device, Poster Presentation <i>Marcos Arévalo</i> The Role of a Management Information System on Program Improvement <i>Victoria Jennings</i>	American Academy of NFP Annual Meeting, Michigan, July 1998
Communicating about NFP: Teaching and Promotion <i>Cecilia Pyper</i>	Eastern European NFP Human Life and Dignity Congress, Czech Republic, September 1998
Mainstreaming NFP in the Public Sector: Facilitating and Constraining Factors <i>Myrna Seidman</i>	126 th American Public Health Association Annual Meeting, Washington, DC, November 1998
IRH AWARENESS Project Workplan Presentation <i>Victoria Jennings, Marcos Arévalo, Rebecka Lundgren, Myrna Seidman</i>	USAID, Washington, DC., December 1998
Communication Strategies for NFP <i>Victoria Jennings</i>	VI International Symposium on Recent Advances on Fertility Awareness and NFP, Islas Canarias, December 1998
Fertility Awareness and Sexuality Education for High School Students <i>Jeannette Cachan, Francisco Sevilla, Teresa de Vargas</i>	Article published in FOCUS Project Highlights, December 1998
Simplifying NFP: New Approaches <i>Victoria Jennings, Marcos Arévalo, Rebecka Lundgren</i>	AVSC, New York, February 1999

<p>Presentation on IRH Strategies to Incorporate Simplified NFP Methods into DOH Services <i>Marcos Arévalo</i></p>		<p>Secretary of Health and DOH Officials, Philippines, February 1999</p>
<p>MIS, a tool for improving NFP programs efficiency <i>Jeannette Cachan</i></p>		<p>Episcopal Convocation Meeting, Washington, DC, March 1999</p>
<p>Empowering Adolescents through Reproductive Health Awareness <i>Jeannette Cachan</i></p>		<p>Congress on Adolescents, CORA, Mexico City, March 1999</p>
<p>Panel Presentations on Testing Simplified Natural Family Planning Methods:</p> <p>Simplified natural methods as a response to client and provider needs <i>Marcos Arévalo</i></p> <p>Standard Rule Method <i>Marcos Arévalo</i></p> <p>Client demand for NFP and provider views of natural methods <i>Myrna Seidman</i></p> <p>TwoDay Method <i>Irit Sinai</i></p> <p>The Response of Providers and Clients <i>Rebecka Lundgren</i></p>		<p>Psychosocial Workshop of the Population Association of America, New York, March 1999</p>
<p>Incorporating a Simple Method of Natural Family Planning <i>Marcos Arévalo</i></p>		<p>Psychosocial Workshop of the Population Association of America, New York, March 1999</p>
<p>Family Planning Counseling for Youth: An Empowering Experience? <i>Rebecka Lundgren</i></p>		
<p>Provider Adherence to NFP Teaching Protocol: Findings and Implications <i>Myrna Seidman</i></p>		
<p>Incorporating Reproductive Health Awareness into FP Services for Youth: Training Counselors and Clinicians <i>Rebecka Lundgren</i></p>		<p>Ad Hoc Training and Evaluation Group, March 1999</p>

<i>Simplifying NFP: New Approaches</i> <i>Victoria Jennings, Marcos Arévalo, Irit Sinai</i>		FHI, Research Triangle Park, NC, March 1999
<i>Advances in Simplifying NFP</i> <i>Marcos Arévalo</i>		Advisory Committee on Reproductive Health, MOH, Paraguay, March 1999
<i>Simplifying NFP: New Approaches</i> <i>Victoria Jennings, Marcos Arévalo</i>		PATHFINDER, Boston, April 1999
<i>Incorporating NFP Methods into Existing Programs</i> <i>Marcos Arévalo</i>		Reproductive Health Working Group, La Libertad Department, MOH, El Salvador, May 1999
<i>Promoting Adolescents' Reproductive Health through Fertility Awareness</i> <i>Jeannette Cachan, Rebecka Lundgren</i>		FRONTIERS Youth Meeting, Washington, D.C. May 1999
<i>Simplifying NFP Methods</i> <i>Marcos Arévalo</i>		Research Subcommittee of National Reproductive Health Commission, Bolivia, May 1999
<i>The TwoDay Algorithm: A New Algorithm to Identify the Fertile Time of the Menstrual Cycle</i> <i>Irit Sinai, Victoria Jennings, Marcos Arévalo</i>		Article submitted and accepted for publication in Advances in Contraception, June 1999
<i>Presentation on IRH's NFP Strategy in Bolivia</i> <i>Victoria Jennings, Jeannette Cachan</i>		USAID Washington, June 1999

Appendix 2: The AWARENESS Project
 Current and Planned Country Projects

AFRICA	
<i>Senegal</i>	Enhancing access to NFP by promoting informed choice regarding natural methods among multi-method family planning organizations, as well as exploring the process of decision-making regarding choice of family planning method among clients of both NFP and multi-method providers.

ASIA	
<i>Philippines</i>	Expansion of NFP options through testing of the Standard Rule. Using a mnemonic device, low literate tribal populations are able to learn the use of a calendar-based method to identify the woman's fertile days. The standard rule method eliminates the need for monthly calculations making it easier for couples and women to use.
	Development of a competency based training (CBT) and teaching package for the ovulation method. The package includes training curricula for trainers and service providers, and a resource manual for service providers to use during training and service provision. Checklists are also included to guide provider-client visits and to assess provider competency in ovulation method service delivery.
	Completion, documentation and dissemination of three studies on NFP training and service delivery. One study conducted in the public sector examined the effect on NFP service delivery of training DOH nurses and midwives in NFP. Two studies conducted with The Philippine Federation of Natural Family Planning (PFNFP), an NFP NGO examined provider adherence to the service protocol and its relationship to overall performance.
	Conduct of a policy review to identify factors that support as well as constrain the development and implementation of NFP programs in the public sector. Perspectives of different stakeholders including donors, government officials, religious leaders, NGOs and the couples themselves are being examined.

ASIA	
<i>Philippines (cont.)</i>	Expansion of NFP capability in the public sector by training regional trainers and service providers in local government units.
	Development of a project with an agricultural cooperative (KAANIB) to increase reproductive health awareness and male involvement. Project will include training of staff and couple educators to conduct reproductive health training of KAAANIB member couples; training of health providers and improved linkages between KAAANIB and community health services.

LATIN AMERICA	
<i>Bolivia</i>	Integration of NFP into in-service training within CARE and the MOH's reproductive health training program. Providers and extension agents trained in the use of service delivery protocols and job aids assist reach out to traditional populations with family planning methods that harmonize with their cultural practices and beliefs.
	Development and testing of simple approaches for improving method mix in four clinic-based programs. Client eligibility criteria and user-friendly job aids offer providers clear parameters to provide counseling in the calendar-rhythm method. And simple client take-home materials reinforce the counseling and support the effective use of the method.
	Integration of NFP service delivery into community-based programs with CRS and SACOA.
	Improving the quality of national service statistics collected on NFP users by identifying and adopting standardize definitions for new and continuing NFP users.
	Expansion of NFP options through testing of simplified NFP methods, in particular the Standard Rule Method. With the use of a mnemonic device, low literate populations are able to learn the use of a calendar-based method with a formula more reliable than other traditional methods currently in use.

<i>Ecuador</i>	Development and testing of clinic-based services for adolescents based on the Reproductive Health Awareness approach. Education, counseling and services are specifically tailored by CEMOPLAF's clinic personnel, to increase access for adolescents in four sites.
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<i>El Salvador</i>	Integration of NFP into community health programs with PCI. Testing simplified methods of NFP, including the Standard Rule Method with PCI.
<i>Guatemala</i>	Expanding access to NFP by testing, mainstreaming, and streamlining simplified methods (especially the TwoDay method), in partnership with NFP and multi-method organizations.
<i>Honduras</i>	Increasing access to NFP by identifying and implementing strategies to mainstream existing methods (Billings) into public services throughout the country.
<i>Nicaragua</i>	Potential increased availability of NFP through mainstreaming of existing methods of FP (Billings), involving both public and private collaborating agencies, NFP and multi-method providers.