

ISSUE BRIEF

Expanding Contraceptive Choices: Natural Family Planning

USAID is committed to offering couples in developing countries a wide range of effective contraceptive methods. Since 1985, the Agency has supported the development of modern and effective methods of natural family planning to broaden the mix of methods and to meet the needs of couples who prefer natural methods.

Natural Methods Increase Options for Women and Couples

Natural family planning (NFP) refers to various modern methods used to plan or prevent pregnancy based on determining fertile days or relying on postpartum amenorrhea (the absence of menstrual periods). NFP options are based on sound biological principles and have been tested in scientifically recognized clinical trials. NFP methods developed by USAID educate women to understand fertility, enhance communication with their partners, and be responsible for their own reproductive health. NFP methods do not require contraceptive supplies and are low in cost for continuing users.⁽¹⁾ Natural methods can be provided by a clinic but also at the community level, which makes them more accessible. The effectiveness and significant advantages of NFP address the needs of diverse populations with varied religious and ethical beliefs. They also provide an alternative for women who want to use natural methods for medical or personal reasons.

Standard Days Method (SDM). Developed by the USAID-funded Institute of Reproductive Health (IRH) at Georgetown University, SDM is a new and highly effective natural method of family planning. To help women identify their fertile periods, IRH developed CycleBeads, a color-coded string of beads that represents the days of their cycles and shows when they can get pregnant and when pregnancy is highly unlikely. The string of beads is comprised of three colors – red, brown, and white. The first day of the menstrual cycle is marked by the red bead. The days where pregnancy is unlikely is marked by the brown beads. The highly fertile days are marked by the white beads. During this time, couples are instructed to abstain from intercourse or use back-up contraception. IRH conducted efficacy studies with nearly 500 women in Bolivia, Peru, and the Philippines to test SDM's effectiveness. The results showed that SDM was more than 95 percent effective when used correctly and when women avoided unprotected intercourse during days 8 to 19 of their cycles.⁽⁴⁾ Utilization of SDM increases the overall use of contraception without decreasing the use of other methods. SDM is now being offered in both pilot and more extensive programs in approximately 25 countries.



It is estimated that two thirds of women of reproductive age in sub-Saharan Africa would like to either stop childbearing or delay the birth of their next child, but cannot do so because they have an unmet need for effective contraceptives.⁽²⁾

Demographic and Health Survey data show that 15 percent of family planning users worldwide report using "periodic abstinence" and other traditional methods to avoid pregnancy. The data also shows that the vast majority of those using periodic abstinence do not know on which days of a menstrual cycle pregnancy is most likely.⁽³⁾

UNFPA estimates that three out of 10 pregnancies worldwide are unintended. Many women report that they want to delay or abstain from childbearing but are not using contraception because their partners disapprove.

Lactational Amenorrhea Method (LAM). LAM is based on the natural infertility that results from full-time or nearly full-time breastfeeding in the absence of menstrual periods in the first six months after delivery. This method is effective as long as the woman is amenorrheic, is fully breastfeeding, and the child is less than 6 months old. If any of these three conditions change and the woman wants to avoid another pregnancy, then she must adopt another family planning method in a timely manner. Typically used, LAM is 98 percent effective, has no side effects, can begin immediately after delivery, is cost-effective, and contributes to optimal breastfeeding practices that enhance maternal and infant health.(5)

Two-Day Method (TDM). TDM is a new approach to NFP, helping women identify when they are fertile based on the presence or absence of cervical secretions. When used correctly, the method is 96 percent effective.(6) TDM is considered the simplest NFP method to teach, learn, and use.

USAID Programs Promote Natural Family Planning

Latin America and the Caribbean

In all five Central American/Caribbean countries where Georgetown's IRH is working (El Salvador, Guatemala, Honduras, Haiti, and Nicaragua), the public sector is increasingly assuming "ownership" of SDM. The method has been included in national norms, and government programs are implementing strategies to expand access to SDM despite decreasing resources for family planning in the region. The SDM programs in South America (Bolivia, Ecuador, and Peru) are well on their way to maturity and increased sustainability. National norms and service delivery protocols include SDM, and country activities now focus on national scale-up as well as testing strategies that maybe applicable regionwide. In Ecuador, SDM is being scaled up to all 22 *departments* in the country, and in Peru, SDM is available in 340 Ministry of Health (MOH) facilities in San Martin.

Africa

The African region has experienced the greatest growth of interest in SDM from both USAID Missions and partners. This method expands the response to the high unmet need and low contraceptive prevalence in much of sub-Saharan Africa. USAID's efforts to reposition family planning are also playing an important role in building acceptance for SDM and helping to give it a longer-term programmatic focus. SDM programs in Africa range from large programs working with a number of partners and operating in several regions, as in the Democratic Republic of the Congo (DRC), to a nationwide program in a small country (Rwanda) to a relatively small program operating in a few clinics in one area (Angola). Five USAID Missions (Uganda, Benin, DRC, Kenya, and Rwanda) have included SDM as an essential element in Requests for Applications to partners issued in 2005, representing a new milestone for SDM integration in Africa.(6)

Jordan

USAID partnered with LINKAGES to integrate LAM into Jordan's reproductive health care programs. With the help of the MOH, LINKAGES expanded LAM services to 351 maternal child health (MCH) centers. The MOH/MCH clinics collect LAM use data monthly, as they do for all other modern methods. According to MOH data, the number of women using LAM in the health centers increased from 45 in 1999 to 2,441 in 2002. (7)

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(1) Jennings, V., & Gribble, J. (2003). The Standard Days Method: An Innovative Approach to Family Planning. *Global Health Link*, 119, 12-13. (2) Singh, S., Darrock, J., Vlassoff, M., & Nadaeu, J. (2004). *Adding It Up: The Benefits of Investing in Sexual and Reproductive Health Care*. New York: UNFPA and the Allan Guttmacher Institute. (3) Che, Y., Cleland, J., & Ali, M. (2004). Periodic Abstinence in Developing Countries: An Assessment of Failure Rates and Consequences. *Contraception* 69. (4) IRH. (2003). The Standard Days Method: A New Effective Method of Family Planning. *IRH Field Notes*. (5) The LINKAGES Project. (2001). Lactational Amenorrhea Method (LAM): Frequently Asked Questions. *FAQ Sheet 3*. (6) IRH. (2006). The AWARENESS Project Performance Review. (7) The LINKAGES Project. (2002). Jordan. *World Linkages*.