

Simple, Effective Fertility Awareness-Based Methods

Standard Days Method®

(SDM) identifies a fixed fertile window in the menstrual cycle when pregnancy is most likely and is typically used with CycleBeads®, a visual tool that helps women track their cycle to know when they are fertile. Results of an efficacy trial showed SDM to be more than 95% effective with correct use and 88% effective with typical use, well within range of other user dependent methods.

Lactational Amenorrhea

Method (LAM) is based on post-partum infecundity and is highly effective if three specific criteria are met: breastfeeding only, no menses, and the baby is less than six months. LAM is more than 99% effective with correct use and 98% effective with typical use.

TwoDay Method® (TDM) relies on cervical secretions as the fertility indicator. Results of the efficacy trial, published in 2004, showed TDM to be 96% effective with correct use and 86% effective with typical use.

Partnerships with Faith-Based Organizations to Expand Access to Family Planning

Expanding family planning options for couples requires commitment from all sectors of society, including faith-based groups. Faith-based organizations (FBO) and religious leaders play an important role in meeting the needs of their communities and in turn are trusted by their followers. Georgetown University's Institute for Reproductive Health (IRH) collaborates with Catholic, Protestant and Muslim FBOs to expand family planning options to underserved populations while helping FBOs increase services to their communities.



A Muslim couple learns SDM with the visual tool CycleBeads®

How fertility awareness-based methods (FAM) benefit FBOs

In many places, particularly in rural, poor and underserved communities, FBOs play a major role in providing health services. In some countries, up to half of all health care services are offered by faith-based groups. A trusted FBO provides a safe and comfortable entrée to family planning for community members who might not normally seek such services from other sources. IRH and FBOs engage in dialogue about their shared goals and values and forge strong partnerships to provide the benefits of reproductive health education and expanded family planning options for the FBOs' communities.

Collaboration with IRH has led some FBOs to offer family planning for the first time because FAM are an acceptable way to promote healthy timing and spacing of births. These methods are culturally appropriate in numerous settings and consistent with religious beliefs favoring natural family planning (NFP). FAM are easy to offer and can be provided by non-clinically-trained staff, particularly community health workers and religious leaders. These methods are modern and effective knowledge-based methods and do not require special equipment, facilities or costly commodities.

Partnerships

IRH provides training and other assistance to FBOs seeking to expand the fam

“Our work with IRH helped cement CEVIFA as a national training resource in natural methods of family planning and an equal partner in decision-making forums where reproductive health strategies are defined.”

-Maria Elena de Quan, Director, CEVIFA Honduras

ily planning options they currently offer or to integrate family planning into their services for the first time. IRH assistance focuses on three fertility awareness-based methods: the Standard Days Method® (SDM), the TwoDay Method® (TDM), and the Lactational Amenorrhea Method (LAM) (see first page for descriptions). As a result of these partnerships, FBOs have gone on to provide training in these methods to their networks and in some instances have helped integrate them into public sector programs.

Democratic Republic of Congo (DRC)

IRH has begun a collaboration to integrate SDM and LAM into existing networks of the Mamans AN’SAR, a group of Muslim women seeking to improve the status and well-being of women in DRC. Through this partnership, the Mamans AN’SAR convened Muslim religious leaders to develop a consensus on family planning in the Islamic faith. Subsequently, the religious leaders signed a declaration endorsing the acceptability and necessity of family planning for Muslims, supported by relevant citations from the Quran.

Conduite de la Fécondité (CF), a Catholic NGO specializing in NFP, provides training to couples wishing to use a natural method and refers couples wanting other family planning methods to the appropriate service providers. Through collaboration with IRH, CF was able to expand their method mix to offer SDM, TDM and LAM. CF now provides technical assistance to other organizations in DRC and other African countries in the integration of these methods.

Honduras

In partnership with local public and private sector organizations, CEVIFA—a Catholic-based organization—participated in IRH-led research studies in Honduras. As a result of this collaboration, CEVIFA has established itself as a national resource for the Ministry of Health (MOH) and other organizations in the area of NFP. Their credentials helped them secure UNFPA’s support to expand services to additional sites. CEVIFA continues to train staff of other NGOs and church-based groups as well as MOH personnel in SDM, thus expanding the number of natural method options.

India

World Vision, an ecumenical Christian humanitarian organization, has integrated SDM and LAM into their child survival and birth spacing project in Uttar Pradesh with technical assistance from IRH. IRH research yielded positive results regarding the feasibility of integrating FAM through this outlet, and IRH provided training and

other assistance for their implementation. World Vision continues to offer SDM and LAM to women in project areas through community health workers.

IRH has a longstanding partnership with the Catholic Bishops Conference of India (CBCI). Catholic health facilities account for over 22% of health facilities in India, most serving rural, hard-to-reach areas. IRH was invited to participate in six regional health seminars organized by CBCI across the country to share information about SDM and family planning, engage in national and community-level advocacy efforts, develop IEC materials and train providers in offering SDM. IRH and CBCI are in discussions about a distance-learning course to prepare providers to offer SDM in very rural areas of India.

Kenya

With a contraceptive prevalence rate of less than 2% in the rural Northeastern province of Kenya, the MOH with Pathfinder's ESD project recognized a need for improved family planning programs. SDM was identified as a culturally appropriate method for this context, and IRH assisted in training and sensitizing Muslim religious leaders, Imams, in the method. Through partnership with the Imams, the community saw SDM as a credible method, and its uptake by new family planning users was remarkable. Initially, nearly 300 couples began using SDM, 92% of whom had never used a family planning method. Acceptance of SDM further opened doors to the community's acceptance of other family planning methods.

Mali

In Mali, where cultural tradition and religion are strongly linked, religious leaders are in a position to be strong champions in improving their community's health by promoting healthy timing and spacing of pregnancies. IRH partnered with the Futures Group Health Policy Initiative to train Muslim religious leaders in family planning methods with the goal of strengthening their policymaking and advocacy role in reproductive health. Imams across Mali are now speaking out publicly to their communities about the importance of family planning.

Rwanda

CARITAS, a Catholic development organization, provides over 40% of the health services in Rwanda, including family planning. IRH worked with CARITAS to integrate SDM into their wide-reaching health services by training providers and equipping nearly 600 community health workers with skills to sensitize their communities about SDM.



Catholic health workers in India learn to use CycleBeads®

Timor-Leste

The MOH and Catholic Relief Services (CRS) recognized the need for improved family planning services in Timor-Leste (East Timor), a country plagued by decades of conflict, and partnered with IRH to strengthen SDM and LAM implementation. This partnership represented one of the first instances in which a CRS program specifically focused on offering family planning methods. IRH assisted CRS and the MOH in the assessment, implementation, monitoring and evaluation of the project. Both the public and private sector are now beginning to offer SDM and LAM, and a variety of providers teach these methods at the clinic and community level.

IRH stands ready to help

These collaborative experiences have helped to reduce barriers to accessing high-quality reproductive health services globally. IRH has helped FBOs reach couples with improved reproductive health services in some of the most isolated places in the world, and FBOs have expanded their mission to serve their communities, meeting not only spiritual needs but physical needs as well.

For further information, contact IRH at irhinfo@georgetown.edu or visit our website at www.irh.org.

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The Institute for Reproductive Health at Georgetown University contributes to a range of health initiatives and is dedicated to helping women and men make informed choices about family planning and providing them with simple and effective natural options. For more information about the Institute, please see www.irh.org.

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