

**MEETING THE FELT NEEDS OF THE COUPLES
IN THE IPIL PRELATURE OF ZAMBOANGA, SIBUGAY:
AN ASSESSMENT OF THE
ALL NFP
PROGRAM**



Table of Contents	ii
List of Tables	iv
Acknowledgement	vi
Executive Summary	vii

INTRODUCTION **1**

Objectives	3
1. General Objective	3
2. Specific Objectives	3

RESEARCH METHODOLOGY **4**

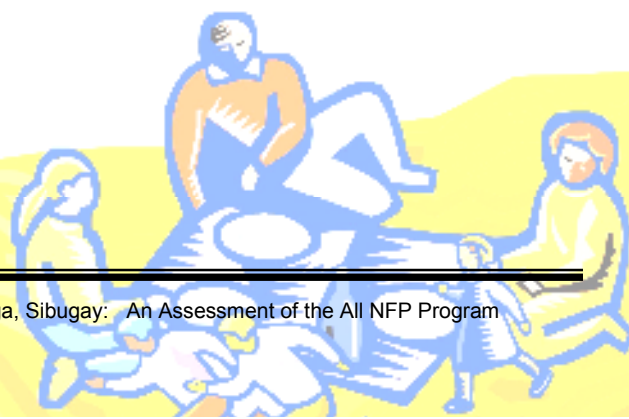
FINDINGS **6**

A. SOCIO-DEMOGRAPHIC CHARACTERISTICS OF PARTICIPANTS AND RESPONDENTS **6**

Socio-Demographics of FGD Participants: Phase 1	7
Socio-Demographics of Respondents: Phase 2	8
<i>Age of Respondents</i>	8
<i>Educational Attainment of Respondents</i>	9
<i>Main Occupation of Respondents</i>	10
<i>Pregnancy Experience of Women</i>	11

B. IMPLEMENTATION GUIDELINES **12**

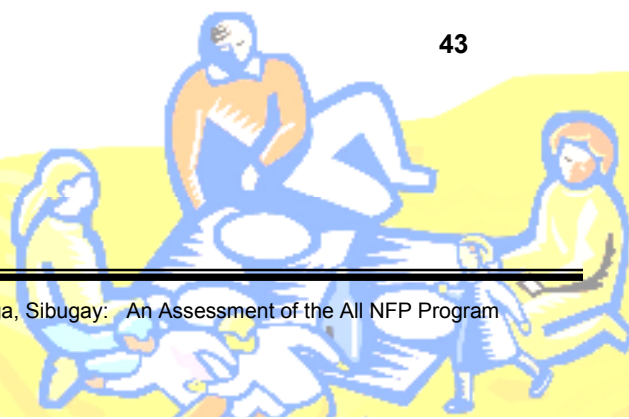
1. How was the NFP in the Ipil Prelature Introduced: Beginnings, Process and Approach	12
a). Pro-Active Pastoral Approach	13
b.) Availability in Information of All Modern Scientific NFP Methods of the All-NFP Program of the Ipil Prelature	14
c.) Did the All-NFP Program Promote Value Formation that is Integral to the Family Life Apostolate	16



C. THE USE OF ALL FP METHODS (AFP AND NFP) AMONG THE ALL-NFP COUPLE ACCEPTORS BEFORE AND AFTER THE INTRODUCTION OF THE ALL-NFP PROGRAM IN THE IPIL PRELATURE	18
1. Wives who are NFP Acceptors and Wives who are Non-NFP Acceptors: Test of Difference	18
Reason for Not Continuing the Use of the Method	22
Reason for Continuing the Use of the Method	23
Reasons for use and non-use of NFP Methods from the Qualitative Findings of Phase 1	24
Reason for Using the Current Method (Multiple Response)	25
Reason for Not Currently Using the Method	28
Reason for Continuously Using NFP	31
Initial Difficulties in Adopting NFP Method and Overcoming Them	33
Reason for Dropping Out	34
Plan to Use NFP Among Dropouts and Suggestions to Prevent Couples from Dropping Out	35
The Process Involved in Adopting a Particular NFP Method	36
Shifting of FP Methods after the Introduction of the All-NFP Program of the Ipil Prelature	37
The use of “back-ups”	37
Pregnancy while using an NFP Method	37
NFP Coordinators as Promoters	37
Effects of the Adoption of NFP Method on the User and Her Relationship with Spouse	38
Structures formed in the course of the Implementation of the All-NFP by the Ipil Prelature	39
Management Information System: Tracking Couple Acceptors	39
Major Issues that need to be addressed in the All-NFP Program of the Ipil Prelature	40
Specific Issues	40
a. <i>Accusations/Black propaganda that the Prelature promoted only SDM</i>	40
b. <i>Pregnancies and Dropouts</i>	41
c. <i>Abstinence/Waiting Period</i>	41
d. <i>Lack of Financial and Moral Support</i>	41
e. <i>Women’s Health</i>	41
f. <i>Others</i>	41

REFERENCES

43



List of Tables

Table 1	FGDs Conducted by Area, Type and No. of Participants by NFP Classification, Ipil Prelature, 2007-08. Phase 1.	4
Table 2	Municipalities and Total Respondents Covered in the Assessment of the All NFP Programs (Per cent) Ipil Prelature, 2008, Phase 2.	5
Table 3	Survey Samples by Classification, Ipil Prelature, 2008, Phase 2.	6
Table 4.	Profile of the FGD Participants, Ipil Prelature, 2008, Phase 1.	7
Table 5	Respondents' Age at Last Birthday (Per cent) by NFP Classification (Per cent), Ipil Prelature, 2008, Phase 2.	9
Table 6	Educational Attainment of Respondents by NFP Classification (Per cent), Ipil Prelature, 2008, Phase 2.	10
Table 7	Main Occupation of Respondents by NFP Classification (Per cent), Ipil Prelature, 2008, Phase 2.	11
Table 8	Pregnancy Experience of Women by NFP Classification (Per cent), Ipil Prelature, 2008, Phase 2.	12
Table 9	Comparative Analysis of NFP Classification (Wife NFP Acceptor and Wife Non-NFP Acceptor) Relative to Current Use of Any Planning Method, Ipil Prelature, 2008, Phase 2.	18
Table 10	Comparative Analysis of Wives who are NFP Acceptors and Wives who are Non-NFP Acceptors Relative to Family Planning Method Used before and After the All NFP Program, Ipil Prelature, 2008, Phase 2.	19
Table 11	Family Planning Methods Used Before and After the Introduction of the All-NFP Program, Ipil Prelature, 2008, Phase 2.	19
Table 12	FP Methods Used Before the All-NFP Program of the Ipil Prelature, 2008, Phase 1.	21
Table 13	FP Methods used After the Introduction of the All-NFP Program, 2008, Phase 1	22
Table 14	Reason for Not Continuing the Use of the Method by NFP Classification (Per cent), Ipil Prelature, 2008, Phase 2.	23
Table 15	Reason for Continuing the Use of the Method by NFP Classification (Per cent), Ipil Prelature, 2008, Phase 2.	24
Table 16	Reasons for Using a Particular NFP Method, Ipil Prelature, 2008, Phase 1.	25
Table 17	Reason for Using the Current Method (Multiple Response) by NFP Classification (Per cent), Ipil Prelature, 2008, Phase 2.	27
Table 18	Reasons for Continuing Use of FP, Ipil Prelature, 2008, Phase 1.	28

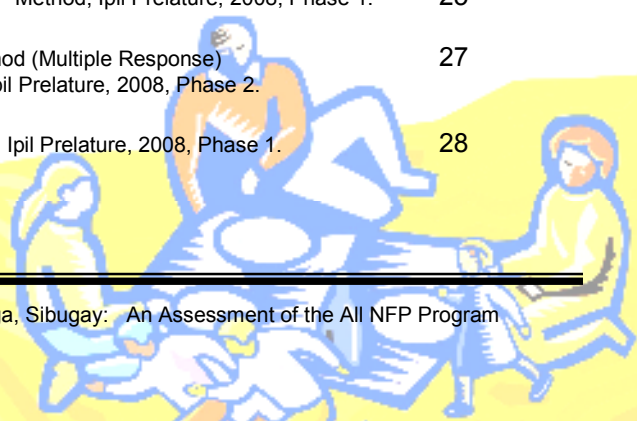
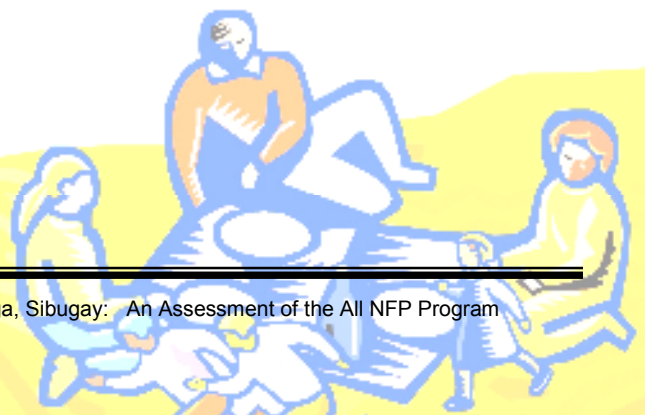


Table 19	Reasons for not using Any FP Method, Ipil Preature, 2008, Phase 1.	29
Table 20	Reasons for Not Currently Using a Method (Multiple Response) by NFP Classification (Per cent), Ipil Prelature, 2008, Phase 2.	30
Table 21	Reasons for Continuously Using NFP Among NFP Acceptors and Husbands (Per cent), Ipil Prelature, 2008, Phase 2.	32
Table 22	Reasons for Dropping Out Among Wives who are NFP Dropouts and Husbands of NFP Dropouts (Per cent), Ipil Prelature, 2008, Phase 2.	34
Table 23	Reason for Dropping Out, Ipil Prelature, 2008, Phase 1.	35
Table 24	ALL-NFP Program Drop-outs Planning to Use NFP in the Future by NFP Classification (Per cent), Ipil Prelature, 2008, Phase 2.	35



Acknowledgement

The following individuals, institutions and organizations made this study possible:

The Local Government Officials in the municipal and barangay levels of the study areas for their openness, cooperation, and support in the course of the study.

The Prelature of Ipil for the help and support in so many ways:

Bishop Julius Tonel, D.D.; Frs. Gilbert Gente, Jose Rapadas III, Elmer Alforque, Laure Helar, Nador Jesulga, Julito Cabanatuan, Ruben Cervantes, Adriano Agustino, Lucresio Paguet, Joel Ramasola, Joseph Glenn Secondes, Joseph Joy Rocamora, Francisco Baguio, Jr., Ramil Lasaca, Jacinto Napiñas, Arnel Demegillo, Jonathan Cabilinga, Eleazar Cielo, Ian Conturno, Rolly Taghap, Robert Brillantes, Obaldo Pagulon, and Roy Barros

Frs. Ilario Trobbiani, Bruno Vanni, James McAuley, Carlos de Rivas, Robertus Sutopo, Joseph Audiencia, Danilo Noval, Stefano Mosca, and Angel Angeles

Nene Yap and the late Lito Yap, Tex-Sol Rocamora, Alex-Merlyn Longcob, Fidel-Luz Castellano, Eugenio P. Balbastro, Anita Presidente, Gloria Guadaloque, Evelyn Zamora, Norma Omamalin, Mary Belma Amahit, Nora T. Siarez, Lorgie R. Lumeran, Lorando Hedalgo, Merly Lantang, Pelagia Sumayang, Helena Butierrez, Mary Rosal, Helena Sumicad, Redemtecia Cacafranca, Sarah Senit, Juliet Caburnay, Ma. Victoria Catian, and All-NFP Counselors and NFP acceptors

The members of the research team from the Research Institute for Mindanao Culture that collected both quantitative and qualitative data of the Research Institute for Mindanao Culture: Rowena Abilija, Alberta Aposakas, Jennefer Lyn Bagaporo, Ryan Barillo, Vergil Boac, Ramonnetto Gervacio, Eugene Leones, Carol Pagtulon-an, Michael Lou Montejo, Vicky B. Regidor, Prospercora S. Vega, Carla Vergara, Roxendo Jason Ucat, Conralin Yap;

Dr. Imelda Pagtulon-an for the technical assistance in the sampling and data processing;

Mr. Ramon Gervacio for the processing of the data;

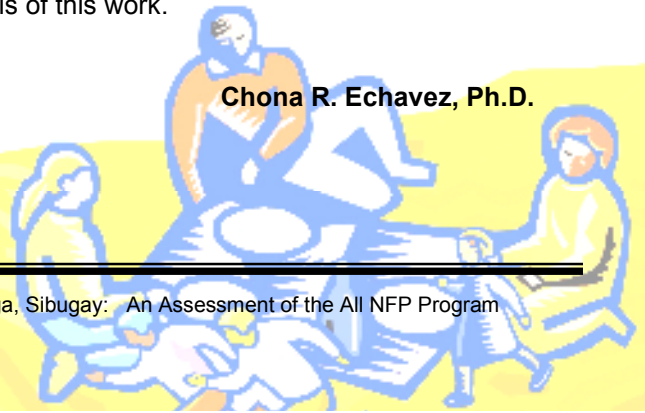
Mr. Michael Lou Montejo, for the lay-out and artwork; and

Archbishop Antonio Ledesma for the inspiration towards scholarship and ethics and for the support to conduct evidenced-based studies to inform policies, programs and projects;

To the Philippine Center for Population and Development for supporting and making this study possible; and above all

The women and men in the various chapels, barangays and municipalities of the Ipil Prelature whose answers formed as the basis of this work.

Chona R. Echavez, Ph.D.



Executive Summary

Both the qualitative and quantitative phases of the study re-affirmed what Bishop Ledesma pointed out from his pastoral experience that in Ipil:

...majority of the couples today have felt needs: 1) They want to plan their families in terms of family size and spacing of births; 2) They prefer natural family planning, if they are given adequate information on fertility awareness and NFP methods; and 3) They want to choose among the NFP methods according to their own circumstances and preference.

The Family Planning Survey conducted in 2006 indicates that almost half of all married women do not use any FP method at all. It further revealed that less than one per cent of currently married women are adopting the modern NFP methods.

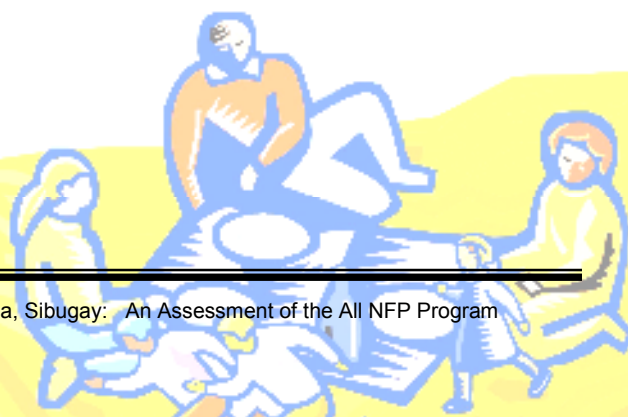
Under this condition, the Ipil Prelature under the leadership of Bishop Ledesma dared to ask the questions: Has the government – as well as the church failed to promote NFP? Or are the earlier NFP methods too difficult to adopt? Initial consultations revealed that couples prefer natural family planning, if given adequate information on fertility awareness and NFP methods; and they want to choose among the NFP methods to suit their own circumstances and preferences.

The All-NFP Program at the Ipil Prelature envisions to mainstream NFP by reaching out to the majority of couples who are looking for a family planning method that is effective, suited to their own circumstances, and in consonance with the Church's moral guidelines.

Questions Asked and Design of the Study

This study employed two phases that adopted both qualitative and quantitative methodologies. For the first phase, a total of 12 Focus Group Discussions (FGDs) was conducted in 12 different municipalities of Zamboanga Sibugay. Nine of these FGDs were done exclusively among NFP method-users, while the remaining sets were conducted among NFP Coordinators, and a combination of NFP users and drop-outs. A total of 77 FGD participants attended the focus group discussions. Phase 1 was conducted from May 2007 to March 2008.

For the second phase, a total of 879 samples was interviewed. The breakdown is as follows: 335 samples were taken from the All-NFP Program acceptors (45 husbands) and 335 for the non-acceptors of the All NFP Program (and 40 husbands); 106 NFP dropouts and 18 husbands of dropouts. This was conducted from April to November 2008.



Findings:

Socio-demographic characteristics of respondents: Phase 1

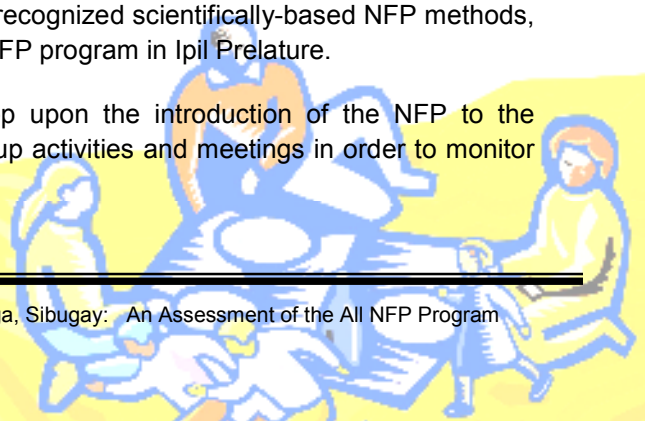
- Thirty out of the 77 participants were 41-50 years old, while 29 of them were between the ages 31-40 years.
- Almost all (74) of the participants were married, with more than one-half having 4-6 children in the family. There were two participants each who had no children and had 10-12 children, respectively.
- Eighteen FGD participants reached high school, while 17 graduated from it. Only 12 out of 77 were able to reach the college level, and only eight graduated from college.
- Of the 77 participants, more than a third (30) were housewives.
- There were 11 BHWs/BNS, and another 11 participants who worked as FLA/NFP/Prelature Coordinator.

Socio-demographic characteristics of respondents: Phase 2

- NFP acceptors (both husband and wife) are relatively older than the couples who are non-NFP acceptors and NFP dropouts
- More NFP acceptors, both husband and wife respondents, attained higher educational level than those in the other classifications
- Women are mostly housewives while men are mostly engaged in agriculture-related occupations
- Wives who are NFP acceptors have the highest mean number of pregnancies and highest mean number of living children compared to wives who are non-NFP acceptors and NFP dropouts. Dropouts have the lowest mean number of living children. They were also the youngest among the women and may not have more children because they are still in their reproductive age. Women who are non-NFP acceptors have the lowest mean number of pregnancies among the three types of women respondents in the study.
- More than two-thirds of the respondents, regardless of classification, have been married for more than 10 years. The mean years of marriage are more or less similar for both NFP and non-NFP acceptors and with the NFP dropouts reporting lesser number of mean years of marriage (a year or two shorter than that of the NFP and non-NFP acceptors)

NFP Implementation

- Ipil Prelature started with just the two NFP methods of BBT and BOM in the mid-70s until the late 1990s. However, today all recognized scientifically-based NFP methods, (including SDM), are offered in the All-NFP program in Ipil Prelature.
- The All-NFP Program did not just stop upon the introduction of the NFP to the acceptors. There were quarterly follow-up activities and meetings in order to monitor

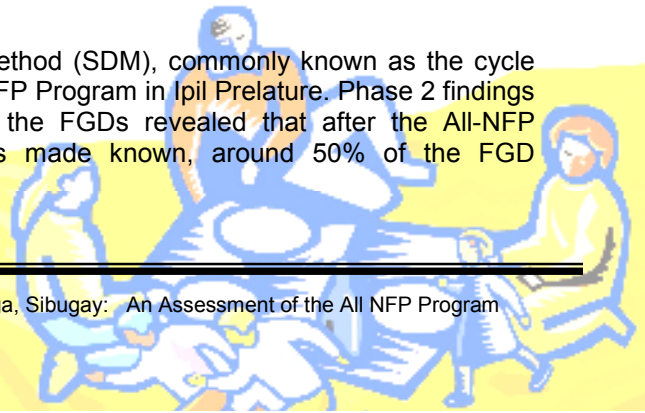


the progress and acceptability of the methods introduced. This was to gauge the efficiency of the “All-NFP” methods and of the program implementation.

- The government introduced the NFP program together with other artificial methods; however, the All-NFP Program of Ipil Prelature never introduced the “back-up method,” i.e., the use of condoms during the infertile period as back-up to the NFP method used. The government program did; this is one of the major differences. During the validation session for this study, the Region 10 PopCom Regional Director noted that the government program no longer introduced a back-up among the NFP users. They only introduced it to users of artificial methods.
- Value formation was an integral part in the introduction of the NFP method in the All-NFP Program in the Ipil Prelature. All the NFP (scientific) methods were introduced. Both the husband and the wife were given the option to choose the method that best suits them.

The use of all FP methods (AFP and NFP) among the All-NFP couple acceptors before and after the introduction of the All NFP Program in the Ipil Prelature

- Among wives who are NFP acceptors, 92.5% are current users of Family Planning method as opposed to wives that are non acceptors of NFP with only 77.6% reporting as current users. The association or correlation between current use of family planning method and NFP classification of wives are significantly correlated.
- There is a substantial decline in family planning use among wives who are non-NFP acceptors and a substantial gain among the wives who are NFP acceptors between the before and after the All-NFP program was introduced in the Ipil Prelature. This means that after the All-NFP program was introduced, many users of artificial and/or traditional family planning methods shifted to NFP family planning method.
- This finding seems to indicate that when women is given a choice of NFP, Artificial Family Planning methods, and the Traditional Methods, they are willing to shift to NFP methods.
- During the All-NFP program in Ipil Prelature, there is a tremendous and very highly significant increase in the practice of Natural Family Planning Methods at the expense of both the Artificial and Traditional Methods of Family Planning as shown by the very highly significant positive t-values for the NFP methods and the significant negative t-values of the artificial and traditional methods of family planning methods.
- The biggest decrease is experienced by pill users when NFP was introduced. Among the traditional methods, the biggest loss was experienced by calendar/rhythm/ periodic abstinence.
- The pill was identified as the artificial family planning method used by women before the introduction of the All-NFP Program in the Ipil Prelature. This answer surfaced in both phases of the study.
- Women adopted the Standard Days Method (SDM), commonly known as the cycle beads, after the introduction of the all-NFP Program in Ipil Prelature. Phase 2 findings validated the Phase 1 findings since the FGDs revealed that after the All-NFP Program of the Prelature of Ipil was made known, around 50% of the FGD



participants reported that they began using the SDM. In Phase 2 more than half (67.4%) of the NFP acceptors used SDM.

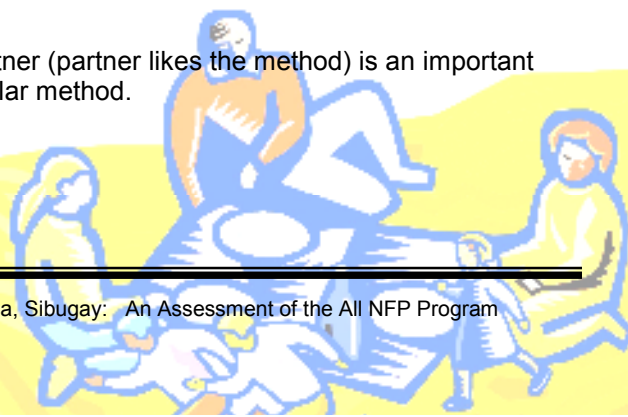
- SDM, as one of the most preferred NFP methods, and convenience/easy to use, as among the reasons for the choice of an NFP method, dovetails with the reflections of Fr John Carroll, SJ, that is “the simplicity of SDM has brought some to give up contraception in its favor.”

Reason for not continuing the use of the method

- Almost two-thirds (63.75%) of the respondents no longer use the same family planning method that they used prior to the introduction of the All-NFP. The top three reasons mentioned for not using the method that they used prior to the introduction of the All-NFP are as follows: 1) felt side-effects (49.3%), 2) no longer suited them to use the previous method (10.2%), and 3) shifted to easy-to- use NFP (9%).
- More than a third (36.2%) of all respondents still continue to use the family method used prior to the introduction of the All NFP. Wives who are NFP users registered the least percentage (3.2%) of respondents who continued using the same FP method prior to the introduction of the All-NFP. Wives who are non-NFP (66.1%) and their husbands (63.2%) both registered high percentages of continuing use of the FP method they used prior to the introduction of the All-NFP.
- It came out in the FGDs conducted in both phases that majority of the participants adopted the method of their choice based on the NFP methods introduced by the Ipil Prelature. Two major factors made this possible: a) the participants’ negative experiences with the use of artificial method; and b) suitability of the adopted NFP method.

Reason for continuing the use of the method

- The top four reasons given by respondents for continuing the methods used are as follows: 1) Like the method (29.5%), 2) Partner likes the method (27.3%), 3) No side effect (18.1%), and 4) Find method effective.
- Reasons given for continuing FP use varied by categories. Among the wives who are NFP acceptors, the top two reasons are: 1) no side effects (50%) and 2) a tie of “partner likes the method” (20%) and “find method effective” (20%). Among the husbands of NFP acceptors, the reasons given were a triple tie of: like the method (33.3%), find method effective (33.3%), and not suited to use other method (33.3%).
- Among the wives who are non-NFP acceptors the number one reason was they like the method (38%) followed by partner likes the method (19.5%). A common answer that registered a high percentage for husbands of non-NFP acceptors (45.8%), wives who are NFP dropouts (62.1%), and husbands of NFP dropouts (71.4%) is “partner likes the method.”
- It seemed that the preference of the partner (partner likes the method) is an important reason in continuing the use of a particular method.



Reason for using the current method

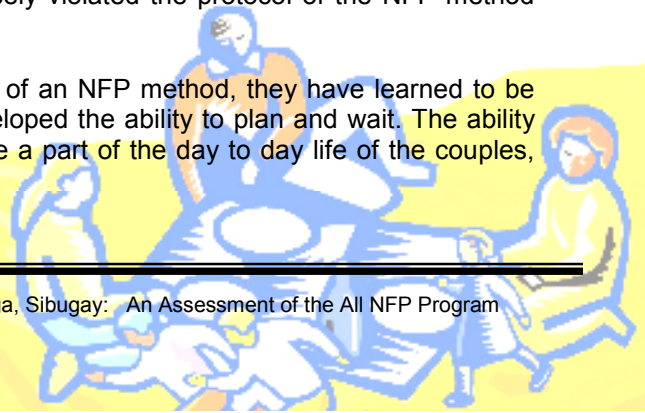
- Various reasons are given by respondents for using the current method. The top three reasons they gave are as follows: 1) because of convenience, 2) because it is the preference of their partner, 3) because of the side effects of other methods.
- Among wives who are NFP acceptors, more than two-fifths (43.2%) use the current method because of convenience while more than a third (34.8%) are using it because of the recommendation of the NFP coordinator. More than a quarter (27.4%) are using it because of side effects of other methods.
- Among the wives who are non-NFP acceptors, more than a third (38.8%) are using the present method because of convenience. Almost a third (31.9%) of wives who are non-NFP acceptors are using the current method because it is the preference of their partner while almost a fifth (19.2%) are using the current method because of side effects of other methods.
- Among wives who are NFP dropouts, more than a third (35.5%) are using their current family planning method because of convenience while more than a quarter (25.8%) are using it because it is the preference of their partner. Slightly more than a fifth (21.0%) said that they chose their current family planning method because they perceived it as a more effective method than other methods.

Reasons for Not Currently Using Any Method

- Respondents who are not currently using any method said that the main reason for not using any method is current pregnancy. There are more than a quarter (26.8%) among respondents across sex and NFP classification who said that pregnancy prevents them from using any method while slightly more than a fifth (22.6%) are not using any method because of recent giving of birth. Less than a fifth (16.5%) said that old age makes using any method unnecessary.
- In Phase 1, there were only a few mentioned reasons for not using any FP method. Four out of seven of these participants said that they were already in their menopausal stage, making it unnecessary to use any FP method.

Reason for Continuously Using NFP

- The top three reasons given by both husbands and wives who are NFP acceptors why they continue using NFP are as follows: no side effects (68.9%), convenient to use (27.7%), and perceived to be more effective (16%).
- In the FGDs conducted, majority of the participants responded that the NFP has worked for them so they have never gotten pregnant as planned. However, there were a few participants who admitted that the methods did not work and resulted to pregnancy. The participants, however, claimed that there was nothing wrong with the method. It was the couple who purposely violated the protocol of the NFP method that made them fail.
- They further revealed that with the use of an NFP method, they have learned to be patient, disciplined, and they have developed the ability to plan and wait. The ability to discipline one's self has also become a part of the day to day life of the couples,



which did not only improve their relationship as husband and wife but also their attitude in other aspects of life.

Reasons for Dropping Out

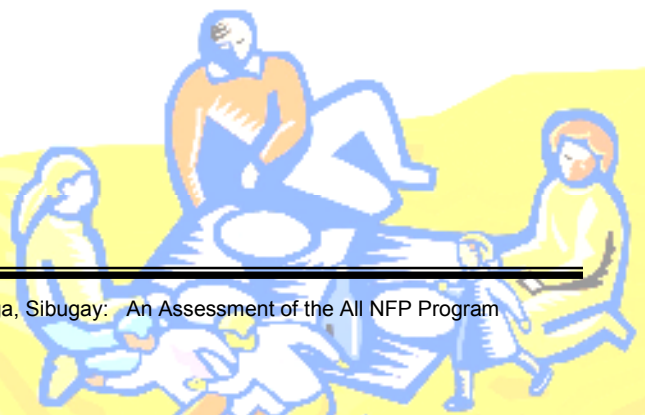
- The top three reasons for both wives and husbands who dropped out from NFP use are as follows: User failure/risk taking behavior (42.7%), incompatible with cycle, and other reasons (16.9%).
- Husbands (50%) reported more user failure/risk taking behavior than wives (41.5%) while more wives (20.8%) reported incompatibility with cycle than that of husbands giving that same response (11.1%). More husbands (16.7%) reported that they dropped out because they wanted their wife to be pregnant compared to the number of wives giving the same answer (0.9%).
- Self-discipline is underscored by NFP dropouts as a very important trait if couples choose to adopt NFP method.

Plan to use NFP among dropouts and suggestions to prevent couples from dropping out

- Slightly more than two-fifths (44.4%) among wives who are NFP dropouts and their husbands are planning to use NFP method.
- Among those who are planning to use NFP methods (for both wives and husbands), more than three-quarters (78.3%) intend use the Standard Day method while less than a fifth (16.4%) intend to use the Billings Method.
- More than a third (36.4%) among NFP dropouts (both husband and wife) suggested having a follow-up seminar in order to prevent dropouts. Less than a fifth (16.4%) suggested that the positive and negative effects of the method have to be explained well.
- NFP dropouts in the FGDs underscored self-discipline as a very important factor if couples choose to adopt NFP method. They also noted that following-up couples who are new NFP adopters after the seminar would be very helpful for them to keep up with the conditions of NFP use.

Shifting of FP Methods after the Introduction of the All-NFP Program of the Ipil Prelature

- Most of the participants in the FGDs for both Phases stated that they did not shift from one NFP method to another, or even to an AFP method, after they have adopted a particular NFP method that is “okay,” “acceptable,” and “works for them”.



The use of “back-ups”

- The use of “back-up” FP methods (like condom) was not introduced in the All-NFP Program of the Ipil Prelature, as claimed by the participants.

Pregnancy while using an NFP Method

- Majority of the participants claimed that NFP worked for them so they never got pregnant as planned by them. However, there were a few participants who admitted that the methods did not work and resulted to pregnancy. But they admitted it was they, the couple who purposely violated the protocol of the NFP method that made them fail:
- The abrupt change in the woman's menstrual cycle while using a particular NFP method was identified by FGD participants as another reason responsible for the failure of the method. .

NFP Coordinators as Promoters

The FGD participants in both phases pointed out the following:

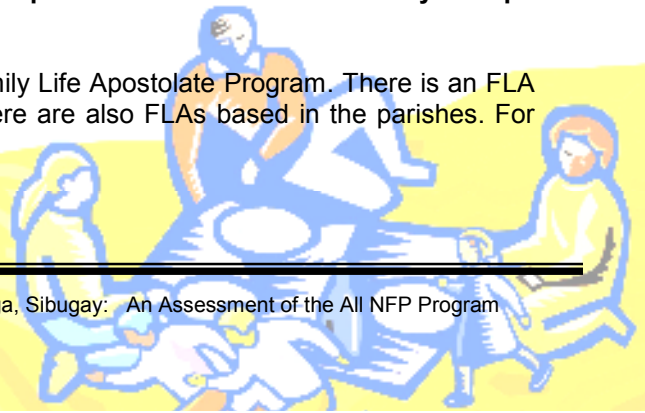
- The Coordinators must be practitioner or user of any of the NFP methods. They must serve as models of how NFP method works for the couple.
- Another factor that affects the credibility of the NFP Coordinators is their knowledge of the NFP methods that they are promoting. Therefore, coordinators and providers should undergo continuous education and training.
- In terms of teaching the NFP methods to the people, some participants suggested that the coordinators/providers should be thematic and orderly. They could also include jokes during the sessions.

Effects of the Adoption of NFP Method on the User and Her Relationship with Spouse

- NFP practitioners claimed that they learned to be patient, disciplined and developed the ability to plan and to wait. The ability to discipline oneself has become a part of the day to day life of the couples, which did not only improve their relationship as husband and wife but also in their attitude in other aspects of life.
- NFP practitioners noted that the adoption of NFP method has improved the communication between husband and wife.

Structures formed in the course of the Implementation of the All-NFP by the Ipil Prelature

- The NFP Program is under the Family Life Apostolate Program. There is an FLA group at the prelature level and there are also FLAs based in the parishes. For



the NFP program, the participants articulated that in some cases the parish priest recruits the parish coordinators and providers.

- Even if there is a general sense that the program is handled by the NFP Coordinator under the FLA, the structure is not very clear to all the participants since it is also highly dependent on the parish's structure and programs. What remains vague to some participants, are the people involved in the program and what comes in between the church hierarchy and the service providers.

Management Information System: Tracking of Couple Acceptors

- The reported number of acceptors did not match with the actual number of NFP acceptors in the field during the conduct of the study. Some areas have over-reported NFP acceptors and interviewers investigated the over-reporting. They found out that some NFP coordinators listed all those who attended in the orientation at the Kapilya (chapel) level as NFP acceptors. A simplified monitoring form need to be designed and installed in the All-NFP Program in the Ipil Prelature.
- This has been brought up at the implementing level and this has been addressed in the All-NFP Program in the Cagayan de Oro Archdiocese even if there is still a need to install a better system to synthesize information from the base of the chapel up to the archdiocese and cascade this information back to the base of the parish and the chapel. The feasibility of using these forms or simplify them for other areas outside Cagayan de Oro (to include the Ipil Prelature where the learning was first captured) could greatly help in the accurate monitoring and reporting process.

Major Issues that need to be addressed in the All-NFP Program of the Ipil Prelature

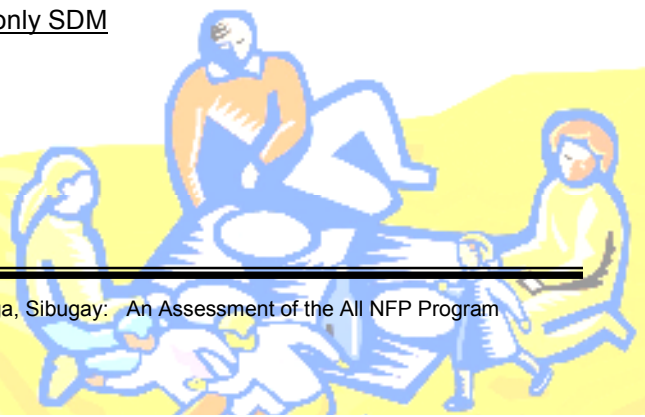
A number of major issues were enumerated by the participants, both coordinators and plain NFP users during the rounds of FGDs conducted in both phases. These were:

- Moral and financial support from the parish priest;
- Meal and transport allowance;
- Thorough knowledge regarding the methods;
- Providers as models;
- Linkaging and networking;
- Church to deal with “guilty conscience”; and
- Spirit of Volunteerism

Specific Issues

Aside from the major issues related to the All-NFP Program, specific issues surfaced during the FGDs.

- a. Accusations that the Prelature promoted only SDM
- b. Pregnancies and Dropouts
- c. Abstinence/Waiting Period
- d. Lack of Financial and Moral Support
- e. Women's Health



f. Others - Other important issues likewise surfaced: 1) Sex Education in schools 2) Lack of coordination with the local officials

Lessons to Share

The lessons that the coordinators and practioners have learned in the course of the implementation of the All-NFP Program are in the following aspects: a) health; b) values; c) economic benefits; d) personal and social development; and e) couple partnership.

Conclusion

The results of the quantitative and qualitative phases of the study among FLA members, NFP Coordinators, NFP users (in comparison with non-NFP users, NFP dropouts and their respective husbands) revealed that the All-NFP Program has answered the felt needs of the couples who adopted the NFP method in the Ipil Prelature such as: having more children, spacing pregnancy, and limiting the number of children. This finding seems to indicate that when women are given a choice of NFP, Artificial Family Planning methods, and the Traditional Methods, they are willing to shift to NFP methods.

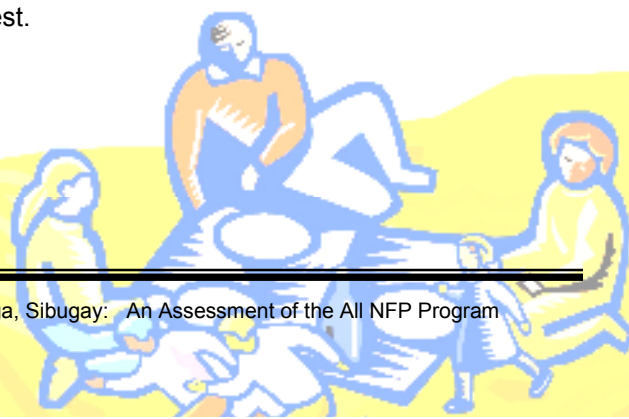
The answers of the participants showed that values formation was integral in the introduction of the program. This encompasses fertility awareness and following the pastoral guidelines. The value of having children and the pro-life teaching were also both underscored by respondents in the FGDs. Among the Catholic believers, this is mattered since they no longer feel that “guilt feeling” of not following the teachings of the Church. This is an area where both belief and practice matched.

In terms of issues related to the methods, the answers of the participants showed that the issue on “back-up contraceptive” was proven to be unfounded. It was not also true that the All-NFP Program introduced just one method, which is SDM. The answers of the participants revealed that all the NFP methods were introduced to the couples in the Prelature. However, many chose SDM (for those who qualified –regular cycle, 26-32 days) because the method suits them and they are comfortable with it.

Among the major effects of the All NFP methods are the following: 1) Improvement in the relationship between husband and wife; 2) Better understanding of family planning and responsible parenthood emanating from the collaborative efforts between the father and the mother; 3) Enhancement of the couple’s attitude towards marriage and the family; and 4) Realization that sex is not everything in marriage. Sexual intimacy only prepares them for life-long companionship, beyond reproductive age, until the time when they are no longer sexually active but are still happy together.

For the All-NFP Program’s sustainability, the following areas are vital:

- 1) Credibility of coordinators and providers;
- 2) Development of monitoring tools;
- 3) Management of knowledge and data generated of acceptors and dropouts;
- 4) Monitoring and follow-up; and
- 5) Support of the parish and the parish priest.



Meeting the Felt Needs of the Couples in the Ipil Prelature of Zamboanga, Sibugay: An Assessment of the All NFP Program

INTRODUCTION

It is too easy to drift into heated debate when the issue of population growth in the Philippines is introduced (Achacoso-Sevilla, 2004:xi). With our current population growth, the following questions are being posed: Can we feed ourselves, clothe and educate our young and provide a safe abode for our family? The age-old issue of questioning whether population growth or the inequitable distribution of wealth is the culprit of the existing poverty is still very much alive. The use and non-use of modern contraceptives under the family planning program is another highly contentious issue between the Catholic Church and the government.

Bishop Ledesma (2006) highlighted that the pastoral experience of Ipil noted the following needs of the women:

They want family planning – i.e., to plan the size of their family and to space births;

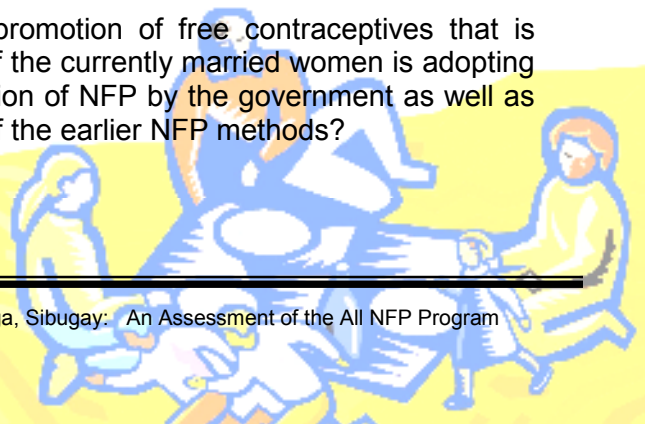
They prefer natural family planning, if given adequate information on fertility awareness and NFP methods; and

They want to choose among NFP methods – to suit their own circumstances and preference.

On a national perspective, the Family Planning Survey conducted in 2006 indicates that 50.6 % of currently married women are using any family planning method. Of the total number, 35.9% are using what are called modern FP methods, whereas less than one per cent (0.3%) is adopting modern natural FP methods. The remaining 14.8% of these currently married women who are using any FP method are known to be using traditional FP methods. Conversely, 49.4% of all couples do not have any family planning method at all. Almost half of all married women do not use any FP method at all. There is this dissonance of meeting the need as expressed by the women since the figures show that they are unmet.

Bishop Ledesma (2006) further noted that despite more than three decades of government-sponsored promotion of contraceptives, practically free, the question can then be raised why only slightly more than a third (35.8%) of all couples have accepted contraceptive use. Is it because the other two-thirds of Filipino couples are still looking for a family planning method that is safe, reliable — and natural?

However, it is not only the government-sponsored promotion of free contraceptives that is having problems with takers. Less than one per cent of the currently married women is adopting modern NFP methods. Is there a failure in the promotion of NFP by the government as well as by the Church? Or is there a problem in the adoption of the earlier NFP methods?



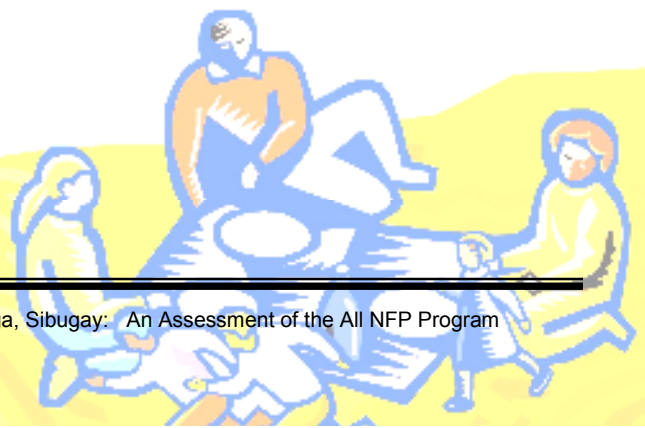
The Ipil Prelature with its All-NFP Program attempted to address the felt needs of married couples in the rural and urban poor neighborhoods. For the most part, these are couples who are looking for and are ready to adopt any of the NFP methods that can be shown to them as safe, reliable, inexpensive, and practicable.

This research directly addressed population and development (albeit on a micro level), as it focuses the mainstreaming of the All-NFP Program in a Church Prelature. The results of this research presents empirical evidence on what can be done, what cannot be done and what else can be done in mainstreaming the NFP program in localities. Thus, the findings can be used to support (or debunk) the hypothesis that the All-NFP Program can work in a community setting.

It further examines through an evidence-based approach whether the pastoral experience of the All-NFP Program in the Ipil Prelature is a valid, viable, and vital option for a growing number of couples who wish to adopt a family planning method that is in consonance with their beliefs and values. In a country that is predominantly Catholic the result of the assessment of the Ipil Prelature experience can strengthen the use of a method that is sensitive to their belief and values. With the evidence whether it works or not and what can be done, much can be gained if both this church and the government can enter into a working relationship to promote a comprehensive NFP program that no one is against – but apparently no one else has tried out either.

Finally, the research results are intended to guide the local government units in their NFP Program as well as that of the Department of Health for the policy formulation of an NFP Program that is responsive to the needs of the people regardless of religion and among Catholics, specifically, that what they are practicing and adhering to is not contrary to the Catholic teaching.

In order to achieve these outputs, the research project collaborated with the Prelature of Ipil and all NFP Coordinators as well as all the NFP Sites of the All NFP Program of the Ipil Prelature in Zamboanga Sibugay Province. The local NFP Coordinators enabled the research team to coordinate with the local leaders in the chapel and help identify all the NFP practitioners including those who stopped practicing any of the All NFP Method.



OBJECTIVES

1. General Objective

The 7-month study intended to gather empirical evidence on the operationalization of the All-NFP Program in the Ipil Prelature. The study attempted to answer the main question: Is the All-NFP Program at the Ipil Prelature meeting the FP needs of couples in the study areas?

2. Specific Objectives

The proposed research intends to achieve the following specific objectives:

A) Implementation Guidelines

- 1) To assess if the Ipil Prelature All-NFP Program adopted a proactive pastoral approach to address the felt needs of couples for family planning;
- 2) To determine if the Ipil Prelature All-NFP Program made available information on all modern, scientific NFP methods; and
- 3) To examine if the Ipil Prelature All-NFP Program promoted the value formation that is integral to the Family Life Apostolate that enabled couples to make an informed and responsible choice, based on the formation of a right conscience.

B) The use of all FP methods (AFP and NFP) among the All-NFP couple acceptors before and after the introduction of the All NFP Program in the Ipil Prelature

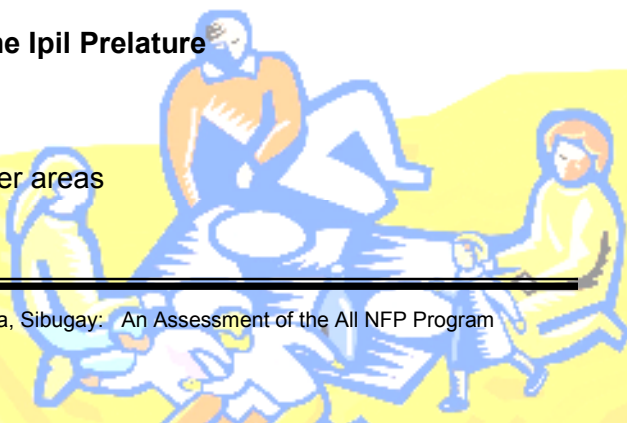
- 1) To determine the use of all FP methods by type among the All-NFP couple acceptors (before the introduction of the All NFP Program);
- 2) To determine the Artificial Contraceptive Use by Method among the All NFP Program acceptors (after the introduction of the All-NFP Program for back-up).

C) Reasons for dropping out or discontinuance of use of NFP method/Reasons for the continuing use of the NFP method

- 1) To determine the reasons why users discontinue the use or drop out from using the NFP method;
- 2) To determine the reasons for continued use among continuing NFP users.

D) Recommendations for the All-NFP Program at the Ipil Prelature

- 1) Propose improvements to the IPIL NFP Program
- 2) Identify elements for successful replication in other areas



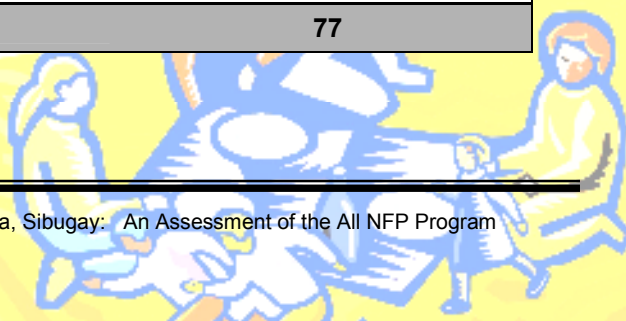
RESEARCH METHODOLOGY

The assessment of the All-NFP Program in Ipil Prelature, Zamboanga Sibugay was conducted in two phases. The first phase adopted a purely qualitative technique while the second phase adopted both qualitative and quantitative methodologies. For the first phase, a total of 12 FGDs was conducted in 12 different municipalities of Zamboanga Sibugay. Nine of these FGDs were done exclusively among natural family planning method (NFP) users, while the remaining sets were conducted among NFP Coordinators, and a combination of NFP users and drop-outs. A total of 77 FGD participants attended in the focus group discussions. Only nine out of 77 participants are males, and the rest are females. The FGDs among the Coordinators were well attended with 11 participants each of the two FGDs conducted. Phase 1 was conducted from May 2007 to March 2008.

The first phase of the study asked the following questions: Was value formation a part of the Program? Was the use of Artificial Family Planning (AFP) 'back-up' introduced by the providers? What are the reasons for adoption (and non-adoption) of NFP methods? What are the top three issues that need to be addressed in the All-NFP Program introduced by the Ipil Prelature? What are the lessons that can be shared in the course of the implementation of the All-NFP as introduced by the Ipil Prelature to other church workers who are interested to introduce All-NFP in their own diocese/prelature?

Table 1. FGDs Conducted by Area, Type and No. of Participants, by NFP Classification, Ipil Prelature, 2008, Phase 1.

Name of Area	Type of FGD Participants	Number of Participants
1. Ipil	SDM Coordinators	11
2. Culasian, Titay	NFP users	5
3. Ipil	NFP users	4
4. Songcuya, Daplihan	NFP users	7
5. Ipil	FLA coordinators	5
6. Alicia	NFP users	7
7. Imelda	NFP users and drop-outs	5
8. Imelda	NFP users	2
9. Lakewood	NFP users	11
10. Titay, Zamboanga	NFP users	7
11. Poblacion, Diplahan	NFP users	6
12. Bululawan, Lakewood	NFP users	7
Total =12		77



For the second phase, the study adopted both quantitative and qualitative methodologies. The wives interviewed involved: NFP acceptors, Non-NFP acceptors and NFP dropouts. Bishop Tony Ledesma reported a total of 2,460 All-NFP Program acceptors in the Ipil Prelature. A total of 335 samples was taken from the All-NFP Program acceptors (45 husbands) and 335 for the non-acceptors of the All NFP Program (and 40 husbands). The total sample for both All-NFP Acceptors and Non-Acceptors was 670 and their husbands, 85 plus a sample of 106 NFP dropouts and 18 husbands of dropouts. The overall total was 879. Probability Proportionate to Size (PPS) was adopted in distributing the sample to the All-NFP Program acceptors in the various barangays of the Ipil Prelature. In the end, almost a complete enumeration was made in the selection of respondents in the area. This happened because the reported number of acceptors did not match with the actual number of NFP acceptors in the field during the conduct of the study. From the same area where the all NFP Program Acceptors were chosen, the same number of non-acceptors was also correspondingly chosen. This was conducted from April to November 2008.

For the qualitative method, Focus Group Discussions were conducted to describe the implementation guidelines as well as the reasons for continuing or discontinuing the use of NFP. The qualitative questions validated the questions asked during the phase 1 of this study.

Table 2. Municipalities and Total Respondents Covered in the Assessment of the All NFP-Program, Ipil Prelature, 2008, Phase 2.

Municipality	Number of Respondents	Per cent (%)
Alicia	34	3.9
Buug	60	6.8
Diplahan	68	7.7
Imelda	40	4.6
Ipil	49	5.6
Kabasalan	116	13.2
Kumalarang	58	6.6
Lakewood	126	14.4
Naga	51	5.8
Payao	6	0.7
R.T. Lim	47	5.4
Siay	48	5.5
Subanipa	75	8.5
Titay	101	11.5
Total = 14	879	100.0

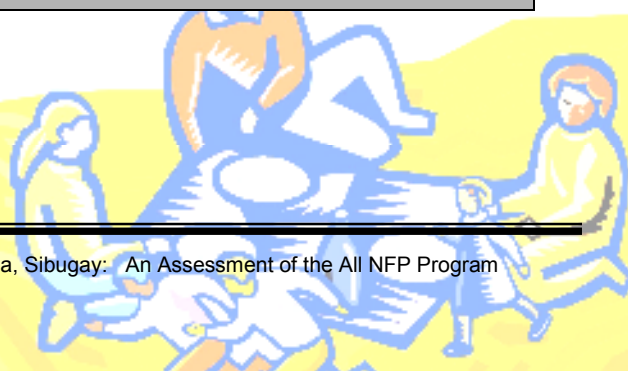
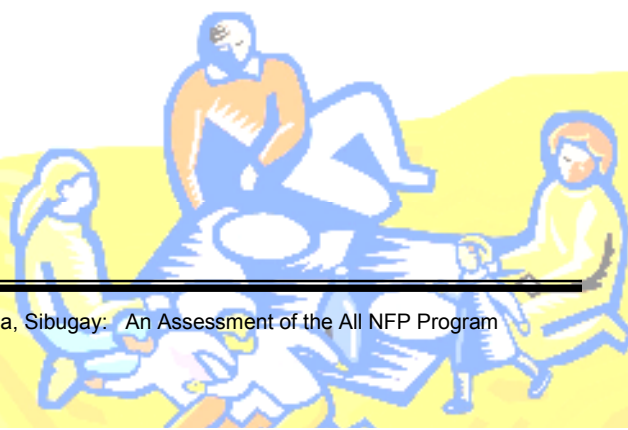


Table 3. Survey Samples by Classification, Ipil Prelature, 2008, Phase 2.

Category	Wife	Husband	Total
NFP acceptor	335	45	380
Non-acceptor	335	40	375
NFP drop-out	106	18	124
Total	776	103	879

The Survey Questionnaire Tool was prepared and it underwent several rounds of pre-testing before being finalized and used as the survey instrument in the field.

This study also drew out from the findings of the purely qualitative study conducted as an earlier phase of this study.



FINDINGS

A. SOCIO-DEMOGRAPHIC CHARACTERISTICS OF PARTICIPANTS AND RESPONDENTS

Socio-demographics of FGD Participants: Phase 1

The socio-demographic profile of the FGD participants includes their age, marital status, number of children, occupation, and educational attainment. Thirty out of the 77 participants were 41-50 years old, while 29 of them were between the ages 31-40 years. Almost all (74) of the participants were married, with more than one-half having 4-6 children in the family. There were two participants each who had no children and had 10-12 children, respectively.

Eighteen FGD participants reached high school, while 17 graduated from it. Only 12 out of 77 were able to reach the college level, and only eight graduated from college. Of the 77 participants, more than a third (30) were housewives. There were also 11 BHWs/BNS, and another 11 participants who worked as FLA/NFP/Prelature Coordinator.

Table 4. Profile of the FGD Participants, Ipil Prelature, 2008, Phase 1.

Characteristics	Total	Percentage
<u>Age</u>		
20-30	7	9
31-40	29	37.3
41-50	30	39
51-60	7	9.1
61-70	4	5.2
Total	77	100
<u>Marital Status</u>		
Married	74	96.1
Single	2	11.8
Separated	1	1.3
Total	77	100
<u>Number of children</u>		
0	2	11.8
1-3	24	31.2
4-6	39	50.6
7-9	10	13
10-12	2	11.8
Total	77	100

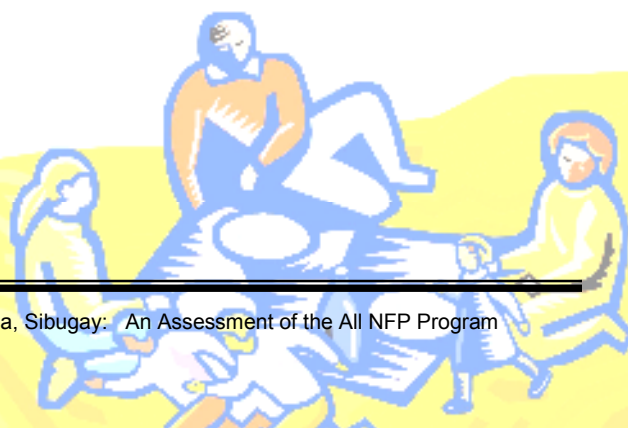


Table 4. Profile of the FGD Participants, Ipil Prelature, 2008, Phase 1. (continuation)

Occupation of the FGD Participants		
Housewife	30	39
BHW/BNS	11	14.3
FLA/NFP/Prelature coordinator	11	14.3
Farmer-owner	6	7.8
Livestock raising	1	1.3
Businessmen (Avon dealer, vegetable vendor, sari-sari store owner)	4	5.2
Barangay official	3	3.9
Government employee	2	2.6
Fisherman/Seaweeds planter	2	2.6
Teacher	2	2.6
Farm worker	2	2.6
Cooperative manager	1	1.3
Livestock raising	1	1.3
Farm tenant	1	1.3
Catechist	1	1.3
Total	77	100
Educational attainment		
Elementary level	7	9.1
Elementary graduate	8	10.4
High school level	18	23.4
High school graduate	17	22.1
College level	12	15.6
College graduate	8	10.4
Vocational	5	6.5
No schooling	1	1.3
No answer	1	1.3
Total	77	100

Socio-demographics of Respondents: Phase 2

Age of Respondents

The age of the respondents covered in the study ranges from 15-64 for husbands and for wives the age range is within the reproductive age of 15-49 years. Almost half (49.7%) of the respondents under all classifications are within the 35-44 age group while more than a fourth (29.8%) are within the 25-34 age group. Only less than 10 per cent (6.6%) are within the 15-24 age groups. The mean age of all respondents regardless of classification is 36.7. The wives who are NFP dropouts (with mean age of 34.8) are the youngest among the women followed by wives who are non-NFP acceptors (36.4). The oldest are wives who are NFP acceptors (36.6). The same age pattern is observable among the husbands, with husbands of NFP dropouts as youngest and husbands of NFP acceptors as the eldest among the male respondents.

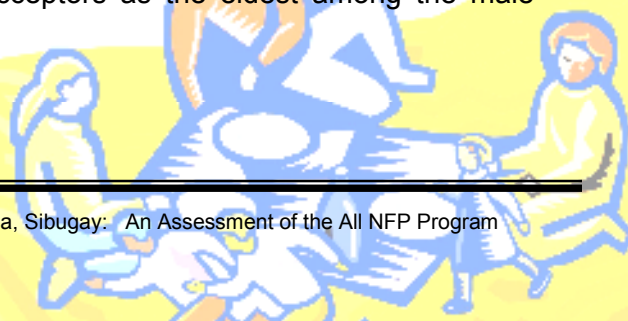


Table 5. Respondents' Age at Last Birthday by NFP Classification (Per cent), Ipil Prelature, 2008, Phase 2.

Age at last birthday	Classification						Total
	Wife: NFP Accept or	Husband of NFP Acceptor	Wife: Non-NFP Acceptor	Husband of Non-NFP acceptor	Wife: NFP Dropout	Husband of NFP Dropout	
15 to 19	1.2	0.0	0.6	0.0	0.9	0.0	0.8
20 to 24	5.1	2.2	6.0	2.6	10.4	5.6	5.8
25 to 29	12.2	4.3	13.4	17.9	13.2	16.7	12.7
30 to 34	17.0	13.0	17.0	7.7	21.7	22.2	17.1
35 to 39	24.8	19.6	23.0	20.5	28.3	27.8	24.1
40 to 44	27.5	26.1	28.1	20.5	15.1	16.7	25.6
45 to 49 for wives (& above for husbands)	12.2	34.8	11.9	30.8	10.4	11.1	13.9
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total Number of Respondents	335	46	335	39	106	18	879
Mean age in years	36.6	41.0	36.4	39.6	34.8	35.4	36.7

More than a quarter (27.5%) of the wives who are NFP acceptors are in the 40-44 age bracket while almost a quarter (24.8%) are in the 35-39 years old age group.

Generally, husbands are relatively older than their wives. The husbands of NFP acceptors are also older than the husbands of NFP non-acceptors and NFP drop outs. More than half of the husbands of NFP acceptors (56.5%) fall within the 40-49 age group. Only less than 10 per cent (4.4%) are 50 years old and above, while more than a third (39.1%) are within the 15-39 age group. Two out of five (41.0%) of the wives who are non-NFP acceptors fall within the 35-44 age group while less than a third (30.8%) are 40 years old and above. Husbands of NFP dropouts are younger than those in the other classification. Half of them are within the 30-39 age groups. Almost a quarter (24.8%) is within the 15-29 age groups while more than a quarter (25.5%) is within 40 and above age groups.

The mean age of the husbands of NFP acceptors is 41.0, very close to the 39.6 of the husbands of non-NFP acceptors. Again, the husbands of NFP dropouts are younger in mean age (35.4) than the other two classifications.

Educational Attainment of Respondents

Almost half (46.6%) of the respondents across all classifications completed high school while a quarter completed elementary education. The table shows that more NFP acceptors, both husband and wife respondents, attained a higher educational level than those in other classifications. More than 10 per cent (14.0%) among wives who are NFP acceptors and 10.9 % among husbands of NFP acceptors completed college education. The women are relatively more educated than their male counterparts.

Table 6. Educational Attainment of Respondents by NFP Classification (Per cent), Ipil Prelature, 2008, Phase 2.

Highest Grade Completed	Classification						Total
	Wife: NFP Acceptor	Husband of NFP Acceptor	Wife: Non-NFP acceptor	Husband of Non-NFP acceptor	Wife NFP Dropout	Husband of NFP Dropout	
no grade	1.2	0.0	0.9	0.0	0.9	0.0	0.9
elementary grade	23.6	39.1	23.6	30.8	25.5	33.3	25.1
high school	44.2	34.8	49.0	48.7	52.8	38.9	46.6
vocational educ.	2.1	4.3	1.8	7.7	2.8	11.1	2.6
some college	13.7	8.7	13.7	10.3	9.4	16.7	12.9
College graduate	14.0	10.9	11.0	2.6	8.5	0.0	11.3
post-graduate	1.2	2.2	0.0	0.0	0.0	0.0	0.6
Total Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total Number of Respondents	335	46	335	39	106	18	879
Mean No. of Years of Education	10.0	9.4	9.6	8.7	9.2	9.0	9.6

The husbands of NFP acceptors generally attained higher educational level than those husbands of non-acceptors and dropouts. College graduates among husbands of NFP acceptors are higher at 10.9% than the husbands of non-NFP acceptors with only 2.6%. None among husbands of NFP dropouts completed college education. A little over a third (34.8%) of the husbands of NFP acceptors graduated from high school while 39.1% are elementary graduate. Those who completed high school education among husbands of non-NFP acceptors are higher at 48.7% than the husbands of NFP acceptors. Elementary graduates among husbands of non-NFP acceptors are fewer at 30.8% than those in other two classifications. The percentage of high school graduates among husbands of NFP dropouts (38.9%) is lower than the percentage of husbands of NFP non-acceptor (48.7%) but higher than the husbands of NFP acceptors (34.8%). A third among husbands of NFP dropouts are elementary graduates.

Main Occupation of Respondents

Almost half of the respondents (49.8%) in all classifications take care or keep house. More than 10 per cent (12.3%) of the overall respondents have farm related occupations such as farm owner/livestock producer and agricultural workers. This is generally true across classifications.

Agriculture related occupations are most common among the husbands-respondents. Majority (52.2%) of the husbands of NFP acceptors, almost half (43.6%) of the husbands of non-NFP acceptors and more than half (55.6%) of the husbands of NFP dropouts are farm owner/livestock producer and agricultural workers. The second most common occupation among husband respondents is driving. There are 10.9% among husbands of NFP acceptors, 10.3% among husbands of non-NFP acceptors and 16.7% among husbands of NFP dropouts indicated driving as their occupation.

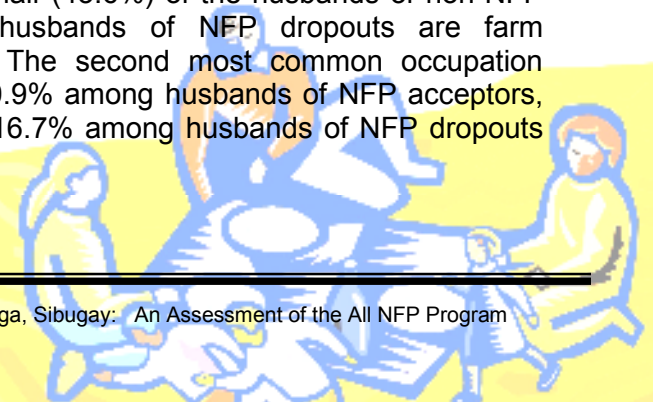
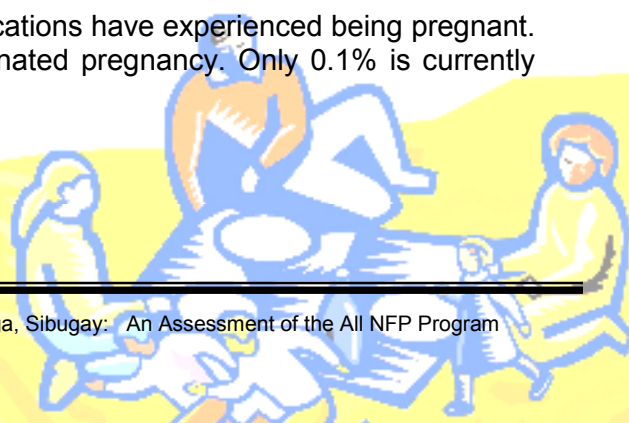


Table 7. Main Occupation of Respondents by NFP Classification (Per cent), Ipil Prelature, 2008, Phase 2.

What is your main job?	NFP Classification						Total
	Wife: NFP Acceptor	Husband of NFP Acceptor	Wife: Non-NFP acceptor	Husband of Non-NFP acceptor	Wife NFP Dropout	Husband of NFP Dropout	
None	0.3	0.0	0.0	2.6	0.0	0.0	0.2
Sari-sari store owner	6.6	8.7	10.7	12.8	6.6	11.1	8.6
Farm owner ex. livestock producer	3.3	26.1	3.0	41.0	4.7	38.9	6.9
Other farm/ agricultural workers	2.4	8.7	4.5	0.0	3.8	16.7	3.9
LGU officials and government employees	3.6	6.5	3.9	2.6	1.9	0.0	3.5
Market and sidewalk vendors	6.3	0.0	5.1	2.6	5.7	0.0	5.1
BHW/BNS	4.2	0.0	0.9	0.0	2.8	0.0	2.3
Housewife/Takes care of the house	53.4	0.0	57.9	0.0	61.3	0.0	49.8
Driver	0.0	10.9	0.0	10.3	0.0	16.7	1.4
Utility/delivery Workers	0.3	2.2	0.0	0.0	0.9	0.0	0.3
Rubber plantation Workers	0.9	17.4	0.3	2.6	0.0	0.0	1.5
Teacher	5.7	4.3	3.9	2.6	4.7	0.0	4.6
Other business Operators	3.3	0.0	1.8	2.6	0.9	0.0	2.2
Sales Persons	1.2	0.0	0.6	0.0	0.9	0.0	0.8
Others	8.7	15.2	7.5	20.5	5.7	16.7	8.9
Total Per cent	100.0	100.0	100.0	100.0	100.	100.0	100.0
Total Number of Respondents	335	46	335	39	106	18	879

Pregnancy Experience of Women

Almost three fourths (73.1) of the wives across classifications have experienced being pregnant. More than a quarter (26.2%) have experienced terminated pregnancy. Only 0.1% is currently pregnant and 0.6% was never pregnant.



Two thirds of the wives who are NFP acceptors have been pregnant while more than three fourths among the wives who are non-NFP acceptors (78.5) and NFP dropouts (76.4) have also experienced being pregnant. Almost a third (32.5) of the wives who are NFP acceptors experienced terminated pregnancy, while only 21.2% and 21.7 per cent among wives who are non-NFP acceptors and NFP dropouts experienced such, respectively.

Table 8. Pregnancy Experience of Women by NFP Classification (Per cent), Ipil Prelature, 2008.

Have you ever been pregnant?	NFP Classification			Total
	Wife: NFP Acceptor	Wife: Non-NFP acceptor	Wife NFP Dropout	
Yes	66.6	78.5	76.4	73.1
Yes, with terminated pregnancy	32.5	21.2	21.7	26.2
No, but currently pregnant	0.0	0.0	0.9	0.1
No, never got pregnant	0.9	0.3	0.9	0.6
Total Per cent	100.0	100.0	100.0	100.0
Total Number of Women	335	335	106	776

B. IMPLEMENTATION GUIDELINES

One of the major objections leveled against some groups in the All-NFP Program in Ipil revolve around implementation issues that it did not adhere to the teachings of the Catholic Church. The issue was further broken down into: Beginnings, process and approach with the following components: a) Pro-active pastoral approach; b) Availability of information of all modern scientific NFP methods of the All-NFP Program of the Ipil Prelature; and c) Promotion of value formation of the All-NFP Program that is integral to Family Life Apostolate. Thus, the purely qualitative study (first phase) examined this issue and was then followed up in the second phase that adopted both quantitative and qualitative and quantitative methodologies. In the first phase, 12 FGDs were conducted among coordinators and NFP practitioners. In the second phase, a select group also shared how the All-NFP program was introduced in the Ipil Prelature and these were the coordinators who attended the FGD during the orientation of the second phase.

1. How was the NFP in the Ipil Prelature introduced: Beginnings, process and approach

The participants in both phases (purely qualitative and the quanti-quali mix) narrated that as early as the mid 70s, the Prelature of Ipil has already been a pilot area for the earlier NFP methods, such as the Basal Body Temperature method (BBT) and the Billings Ovulation Method (BOM). After these two methods were introduced, the later years saw their introduction to the various areas covered by the prelature. In between the years 1989-1990, the NFP was then presented to the Family Life Apostolate (FLA), with Nene Yap (one of the forerunners of NFP in the Ipil Prelature) inviting a speaker from Manila to talk about NFP methods. The Prelature of Ipil at that time was still under Bishop Federico Escaler.

By 2001, the workers of the prelature visited Impasugong, Bukidnon to learn about the new NFP method, called the Standard Days Method (SDM) or commonly known as the “cycle beads”. From then on, SDM has been introduced together with the array of recognized scientifically-based NFP methods.

One coordinator recalled that in February 2003, the prelature formally launched its NFP-SDM program. In July 2003, the plenary assembly of the Catholic Bishops Conference of the Philippines (CBCP) passed a consensus vote recognizing SDM as an NFP method provide that it was not combined with contraceptives (Ledesma, 2004).

The introduction of these types of method was carried out throughout the prelature even up to the present. Thus, from just the two methods introduced in the mid-70s until the late 1990s, the program has expanded its coverage by including all those recognized scientifically-based NFP methods today.

The coordinators further recalled that in September 2004, they underwent a four-day refresher course on all NFP methods given by the IRH staff. From then on, this has been the content of the providers’ training seminars given at the parish level (Ledesma, 2005).

Nevertheless, the scope of the All-NFP Program did not cease with the introduction of the methods in the community. After presenting the methods, there were quarterly follow up activities and meetings conducted to monitor the progress and acceptability of the methods introduced. These activities were done to gauge the efficiency, not only of the All-NFP methods, but also the program implementation.

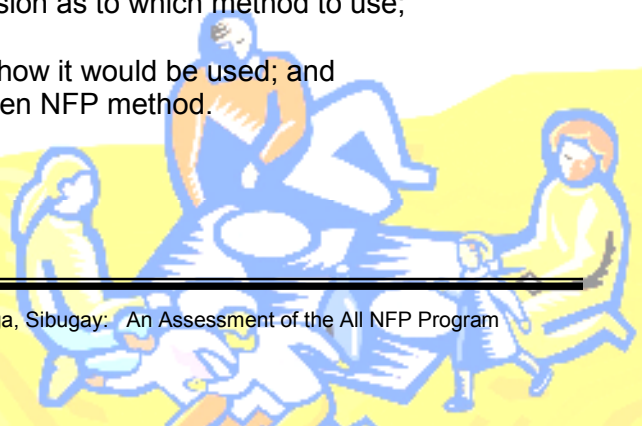
Moreover, it also came out during the discussion about the variation in the time the All-NFP Program was introduced at the municipal or barangay level. It emerged in the FGDs that the government also introduced the NFP program, together with other artificial methods. However, in the case of the All-NFP Program of the Ipil Prelature, the program never introduced the “back-up method.” The non-introduction of the so called “back-up method,” sets the difference between the All-NFP Program of the Ipil Prelature and the government’s program.

Still in the FGDs conducted during the purely qualitative phase, someone from the group emphasized that the All-NFP program discourages the use of a back-up method. Unless the acceptors follow this rule, they will be considered as drop-outs. “If the government is the one giving the SDM, they advise a back-up. For us we don’t include a back-up.” (Eugenio, 56)

a) Pro-active pastoral approach

In the quanti-quali mix in phase 2, in an FGD of eight female and two male participants, the common answer that they gave when they were asked to define proactive pastoral approach was the effort they put into to make the couples understand matters related to NFP. The reasons that they claimed for doing so are as follows:

1. To make the couples arrive at an informed decision as to which method to use;
2. To make the couples appreciate the method;
3. To familiarize the couples with the method and how it would be used; and
4. To make the couples confident about their chosen NFP method.



The women participants emphasized that they adhered to the four pastoral guidelines set for the All-NFP Program. They claimed to have taken time to explain to couples, the NFP methods that they are promoting.

“...if they could not choose because they are still a bit confused, we give them a brief explanation about each of the [NFP] methods. But that is only a brief explanation and sometimes we suggest some methods that would fit them based on their cycle. If ever they still find it hard to understand, we offer to come back and explain again to them the methods, or we tell them that they can approach us. That is what we usually do.” (Merly, 44, F)

The discussants explained the approach they are using to bring the All-NFP Program down to the parishes. A composite description of the steps they have undergone is as follows:

The first step is the orientation and training of the NFP Coordinators by the IRH Representative in the Philippines and a local resource person who is well-versed in NFP Methods vis-à-vis the teachings of the Church. After the Coordinators have been equipped with the necessary knowledge and skills on how to conduct training on NFP, they take charge of giving the orientation to the NFP Providers. The NFP Provider on the other hand, relates what s/he learned from the orientation given by the NFP Coordinators and some members of the Ipil Prelature, to the people in the community.

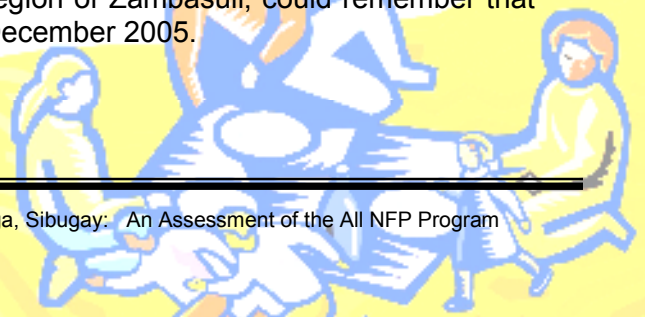
The above findings, validated what surfaced during the purely qualitative phase whereby coordinators claimed that they adhered to the four pastoral guidelines set for the All-NFP Program; they took time to explain the NFP methods that they are promoting to the couples.

They (clients) will... choose... after they listen (to the explanation/orientation), they will then decide (on what to adopt). First is to introduce the values. Then, the methods. (39-year old female NFP coordinator, married with two children, NFP user)

During the coordinators' training, there were five steps that were introduced to us that we need to follow. After the training, the first step that we should do is to hold an orientation in the parish level like staff meeting, convening with the KRISKA (members) and the catechists and share with them what we know about Natural Family Planning and about the program. After that, the prelature team or the NFP coordinators provided training to the NFP providers. The providers were tasked to disseminate the information to their parish. When there are couples who are interested to adopt/use any of the method, it is also the task of the provider to explain about the methods but it is the couple who should choose the method that they want to use. Not the provider. The providers will monitor their clients. They follow-up and ask if there are problems with the method. (38-year old female NFP coordinator, married with five children, NFP user)

b) Availability of information of all modern scientific NFP methods of the All-NFP Program of the Ipil Prelature

All the discussants in both in the purely qualitative study and the mix of quantitative and qualitative methodologies said that since 2003, the All-NFP Program of the Ipil Prelature already introduced five NFP methods, namely: BOM, BBT, STM, LAM, and SDM. As for the new method, which is the two-day method (TDM), only Sr. Ann, who served both as FLA Coordinator in Ipil Prelature and as FLA Coordinator for the Sub-region of Zambasuli, could remember that this method was introduced as part of the program in December 2005.



People in the parishes were informed of the several NFP methods through the half-day orientations given to possible NFP method acceptors. According to the discussants, the team that provides the orientation at the parish level is composed of the NFP Coordinator, NFP Providers, and some members of the Ipil Prelature. Before any orientation is conducted, the NFP Coordinator in a specific parish coordinates with the parish priest. The NFP Provider in the area, on the other hand, schedules the training and prepares the venue.

The providers are the ones who are left in the area to deal with the questions and clarifications of the people in the community. Given this setting, the NFP Coordinator of Imelda, claimed that NFP Providers are provided with manuals that they can refer to for inquiries on the NFP methods promoted by the Prelature.

In terms of the content of the orientation, the NFP Coordinator of Buug, said that there are modifications in order to suit the needs of the people in the parish. This was also done to make it easy for the provider to explain to the people in the community.

"In order to make it easier for the providers at the parish level to give the orientation, among the six methods, we just selected a few of these methods to teach at the parish level. This in return will be the methods that they will teach their users. The methods [I am referring to] are BOM, SDM, LAM and TDM. Those are the methods that we put emphasis on because they are easier to use unlike that of BBT." (Redena, 44, F)

The statement above also tells that in some areas, only certain NFP methods are discussed given that it is much easier to use as perceived by the providers. Another similar justification was given out by the NFP Coordinator of Ipil.

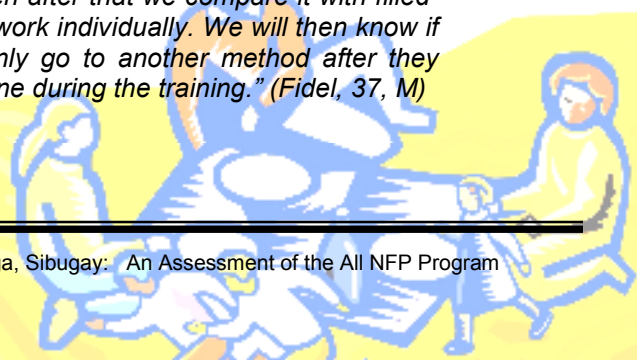
"We place emphasis on those methods because in the barrios, if they will be using thermometers that will mean that they have to buy one. If ever [the thermometer] gets broken, that would also affect their recording. That is the reason why most of the time we encourage them to use the ovulation method. Of course, we do not give these methods to them right away. We still observe the menstrual cycle of would-be acceptors." (Selmo, 58, M)

This was further supported by the new FLA-NFP Coordinator.

"Referring to what Selmo said pertaining to the people living in far flung areas, there is a possibility that they have low educational attainment, they do not know how to count, and they can not see the small numbers in the thermometer. So as not to waste time, there are certain methods that are stressed to the participants [in the orientation] which [they can understand and picture out easily]. But the six methods have already been introduced to the majority. Whoever is willing to learn more and asks questions on a particular method, is accommodated." (Maria, F)

There are two ways mentioned in order to gauge if the would-be acceptors of the NFP methods have understood what is taught them. The first one is that an activity is done during the orientation to immediately see what they have understood from the lecture.

"What we do is that for every method that is introduced, the participants are given exercises. For example, if they need to fill-up charts, they are individually asked to fill up the charts. We give them first a blank chart, and then after that we compare it with filled-up charts. That is how we see and check how they work individually. We will then know if they have understood what we are saying. We only go to another method after they understood the previous method. All of these are done during the training." (Fidel, 37, M)



The NFP Coordinator of Lakewood has another mechanism to check if the people have understood what their provider has taught them.

“What I do is that we have a meeting and demonstration every month with the providers and users to check if they really understand what the method is all about. During demonstrations, there are really those who commit mistakes and those who do them right. It only means that it is only good to have this meeting so that those who have misconceptions and employ the method incorrectly will be guided to do it the right way. We have those instances, wherein the user experienced unplanned pregnancies. It only means that they have not understood the method well. Through the provider-user demonstration, they can also reflect on how they used the method.” (Victoria, 48, F)

c) Did the All-NFP Program promote value formation that is integral to the Family Life Apostolate?

Values formation is an integral part in the introduction of NFP methods in the All-NFP Program in Ipil Prelature. This was a theme that surfaced in the discussions, both from the purely qualitative phase and that of the FGD conducted during the second phase of the assessment study. Furthermore, participants noted that all the scientific NFP methods are introduced. The husband and the wife are given the option to choose the method that best suits them.

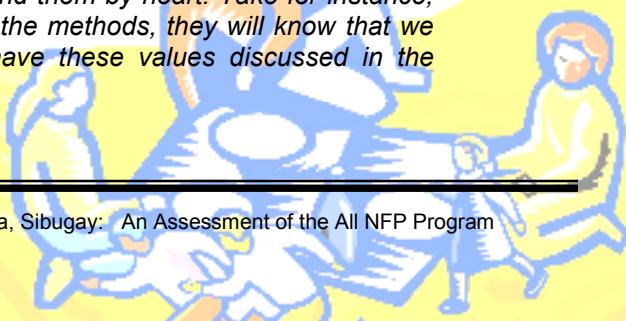
The well-being of a person, be it the mother, the children, or the father, is the main aspect looked into when the participants are asked regarding the values being promoted by the All-NFP Program of the Ipil Prelature. Instead of specifying values, the Coordinators mentioned instead that the aspect of life is being looked into and given importance by the program. Among the things they mentioned are: i) giving importance to the health, or life of the person, in general; ii) valuing education of children; iii) making children feel that they are loved; and iv) respect among couples for each other. Below are some of the responses made by the participants.

According to the discussants, emphasis on these values is made during the earlier part of the training. Values formation is incorporated in the orientation as this serves as the basis and foundation why, in the first place, there is a need to adopt a family planning method. *“What [and who is] a human being, what are the inherent abilities of a human being, how valuable s/he is.”* (a 49-year old female NFP coordinator, married with two children].

For the Coordinators, for instance, values are discussed with them after the five-step approach in promoting the program is discussed. As for the NFP Providers, the discussion is made before any NFP method is presented.

When the participants were asked of their opinions why values are presented before the NFP methods are discussed, the 39-year old Coordinator of Kumalarang said that it is intended so that would-be users will be interested in the program and will take all discussions by heart.

“For me the reason why the values are discussed first before the method is that the participants become more interested to listen [to what the program is all about] until the end [of the discussion]. For me, values are important. If there is no discussion about it and you directly teach them the scientific methods for [natural] family planning, they will not appreciate the methods that much and understand them by heart. Take for instance, being pro-life. If we discuss this and then we go to the methods, they will know that we are really pro-life. So it is really better that we have these values discussed in the beginning.”



The Coordinator of Kabasalan, on the one hand, sees the discussion on the values before the method to be essential to inform the would-be users that the Catholic Church approves of NFP methods. NFP methods according to this 60-year old participant have no side effects and value the human body as a temple of God.

Four of the women Coordinators gave some reasons why values formation is considered important in the All-NFP Program. For one, the introduction of values somehow prepares and reminds the couples of the responsibilities that they have over each other and over their children.

"[Value formation is essential] so that they will be prepared in taking on their responsibilities. They will be encouraged and be confident of the natural family planning method that they will be using..." (Anita, 59, F)

"[It is essential to the All-NFP program so that] the husbands and the wives realize that they could not have any child that they want without thinking of the responsibilities that they have towards their children. They are made to realize that it is also our responsibility to God to attend to the needs of the children. We cannot say that they should not give in to their physical needs, because we do not want to judge them. What we can only say is that the will of God is that the size of each family is enough that they can provide for the needs of the children, such as... enough food and send them to school, among others." (Mary, 60, F)

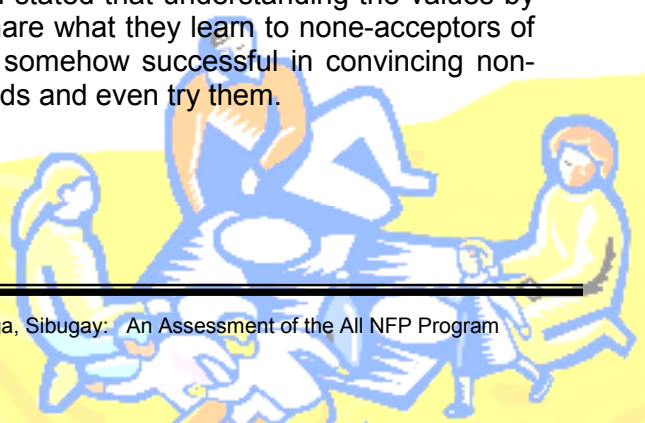
Second, it is seen that values formation is of help, especially to men, in understanding the necessity of abstaining from sex in some instances.

"Those values are also important to help the men during the time of abstinence from sex. In the values discussion given, they are made to realize that abstinence is really a part of [their] life as husband and wife." (Merly, 44, F)

The FLA-NFP Coordinator also cited that values formation is not only for the users or acceptors of the NFP methods. She spoke that it is also meant to target non-NFP users.

"... As for those non-NFP users, they can also learn from the experiences of the users and be encouraged to adopt [an NFP method]. That is the reason why we find it important for [values formation] to be given by the providers to the people."

The personal statements of some NFP acceptors as well as the change in the family's economic status, for instance being able to send their children, were some items mentioned by the participants to be signs of the positive changes brought about by understanding the values stressed in the All-NFP Program and putting them into practice, through family planning. The NFP Coordinator of Buug shared that some of the acceptors in her community had informed her how they (couple) and their children have become close with each other inside the family. Mary, the 60-year old NFP Coordinator in Kabasalan, cited a family in her community was were able to send its children to school and made them finish college. She said that the couples are both NFP Providers. Moreover, 59-year old Anita of RT Lim stated that understanding the values by heart was signified, as the believers of the program share what they learn to none-acceptors of the NFP methods. In the end, they felt that they are somehow successful in convincing non-acceptors to ask specific matters about the NFP methods and even try them.



C. THE USE OF ALL FP METHODS (AFP and NFP) AMONG THE ALL-NFP COUPLE ACCEPTORS BEFORE AND AFTER THE INTRODUCTION OF THE ALL NFP PROGRAM IN THE IPIL PRELATURE

1. Wives who are NFP Acceptors and Wives who are Non-NFP Acceptors: Test of Difference

Among wives who are NFP acceptors, 92.5% are current users of Family Planning method as opposed to wives that are non acceptors of NFP with only 77.6% reporting as current users. This difference is very highly significant as shown by the χ^2 value of 29.4 with an $\alpha = 0.000$.

Likewise, the odds ratio of 1.76 is very highly significant indicating that wife NFP acceptors are 1.76 times more likely to be currently using a family planning method than their counterparts, the wife non-NFP acceptors. On the other hand, the Φ coefficient and the contingency coefficient C which are both very highly significant, indicate that association or correlation between current use of family planning method and NFP classification of wives is weak.

Table 9. Comparative Analysis of NFP Classification (Wife NFP Acceptor and Wife Non-NFP Acceptor) Relative to Current Use of Any Planning Method, Ipil Prelature, 2008, Phase 2.

Are you/your spouse currently using any FP method?	NFP Classification				Total	
	Wife: NFP non-Acceptor		Wife: NFP Acceptor		Number	Percent
	Number	Percent	Number	Percent		
No	75	22.4	25	7.5	100	14.9
Yes	260	77.6	310	92.5	570	85.1
Total	335	100.0	335	100.0	670	100.0
$\chi^2 = 29.4^{***}$						
Odds Ratio = 1.76 ^{***}						
Phi (Φ) = 0.21 ^{***}						
Contingency Coefficient C = 0.21 ^{***}						

*** Very Highly Significant Difference in current use of Family Planning Method between wives who are NFP acceptors and wives who are non-NFP acceptors.

There is a substantial decline in family planning use among wives who are non-NFP acceptors and a substantial gain among the wives who are NFP acceptors between the before and after the All-NFP program was introduced in the Ipil Prelature. This means that after the All-NFP program was introduced, many users of artificial and/or traditional family planning methods shifted to NFP family planning method. The decline in family planning use among non-NFP acceptors between before and after the introduction of NFP program was very highly significant at $\alpha = 0.000$ while the increase among acceptor of family planning practice was also very highly significant at $\alpha = 0.000$. The biggest gain is achieved by the standard days methods with more than 674% change from before NFP to during NFP program.

This finding seems to indicate that when women is given a choice of NFP, Artificial Family Planning methods, and the Traditional Methods, they are willing to shift to NFP methods.

Table 10 Comparative Analysis of Wives who are NFP Acceptors and Wives who are Non-NFP Acceptors Relative to Family Planning Method Used before and After the All NFP Program, Ipil Prelature, 2008, Phase 2.

Family Planning Used?	NFP Classification				Total	
	wife-non-acceptor		wife-acceptor		Before NFP	After NFP
	Before NFP Program	After NFP Program	Before NFP Program	After NFP Program		
No	7.5	22.4	17.0	7.5	12.2	14.9
Yes	92.5	77.6	83.0	92.5	87.8	85.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Total number of women	335	335	335	335	335	335
Difference of Proportion	t= -5.53***		t = 3.8***		t = -1.0	

*** very highly significant at $\alpha = 0.000$

During the All-NFP program in Ipil Prelature, there is a tremendous and very highly significant increase in the practice of Natural Family Planning Methods at the expense of both the Artificial and Traditional Methods of Family Planning as shown by the very highly significant positive t-values for the NFP methods and the significant negative t-values of the artificial and traditional methods of family planning methods. This finding is true when you are comparing women acceptors and non-acceptors as well as when you are comparing before and after the All-NFP Program was introduced for acceptors and non-acceptors. The biggest decrease is experienced by pill users when NFP was introduced. The t-value is -7.7 which is very highly significant at $\alpha = 0.000$. Among the traditional methods, the biggest loss was experienced by calendar/rhythm/periodic abstinence with a t = value of - 6.8 which is also very highly significant at $\alpha = 0.000$

Table 11. Family Planning Methods Used Before and After the Introduction of the All-NFP Program, Ipil Prelature, 2008, Phase 2.

Family Planning Methods	Wife – Acceptor		Wife – Nona-acceptor		t-values	
	Before NFP	After NFP	Before NFP	After NFP	Before NFP	After NFP
Pill	29.8	0.0	35.9	38.8	t = -0.90	t = -7.7***
IUD	10.4	0.0	11.7	10.8		
Injectible/DMPA	10.0	0.0	10.3	3.8		
Condom	8.6	0.0	6.6	3.5		
Ligation/Female Sterilization	0.0	0.0	0.7	2.7		
Subtotal AFP Methods	58.7	0.0	65.4	59.6	t= -1.2	t= -14.4***
t-values	t= -19.9***		t = -1.49		1.9	

Table 11. Family Planning Methods Used Before and After the Introduction of the All-NFP Program, Ipil Prelature, 2008, Phase 2. (continuation)

Sympto-thermal Method (STM)	0.0	1.9	0.0	0.0		
Basal Body Temperature	0.0	0.6	0.2	0.0		
Lactational Amenorrhea Method	0.3	5.5	0.2	0.0		
Standard Days Method	0.2	67.4	0.0	0.0		t = 90.0***
Billings Method	2.5	22.3	0.2	0.0		
Two-day Method	0.0	1.6	0.0	0.0		
SDM and BOM	0.0	0.3	0.0	0.0		
Subtotal NFP methods	3.0	99.7	0.4	0.0	t = 1.91	t = 91.0***
t-values	t = 90.0***		t = 0.0		0.3	
Withdrawal	15.3	0.0	14.3	10.8		
Calendar/rhythm/periodic abstinence	20.9	0.3	17.0	25.4		t = 6.8***
Herbal/Hilot	2.1	0.0	2.9	3.1		
Cortal with Coke	0.0	0.0	0.0	0.4		
Condom and Rhythm	0.0	0.0	0.0	0.4		
Withdrawal and Calendar	0.0	0.0	0.0	0.4		
Subtotal TFP Methods	38.3	0.3	34.2	40.4	t = 0.59	t = -7.8***
t-values	t = -12.9***		t = 1.6			
Total Percent	100.0	100.0	100.0	100.0		
Total Respondents	278	310	310	310		

*** Very Highly Significant at $\alpha = 0.000$

The pill was the artificial family planning method used by women before the introduction of the All-NFP Program in the Ipil Prelature. This answer surfaced in both phases of the study. During Phase 1 of the study, there were 17 participants (22.1%) in the FGDs conducted who used pills as a family planning method, 22 participants (37.31%) have used several types, while 15 (19.5%) have used a combination of FP methods before they knew or heard of the All-NFP Program of the Prelature of Ipil. For instance, five of the participants have used pills and injectables before. Two others adopted the rhythm and withdrawal method, while another two have used a combination of IUD and pills. Two participants have used three different types of FP methods before being introduced to the All-NFP Program of the Prelature of Ipil. They used IUD, depo, and pills. Moreover, two other participants have used more than three types of FP methods before the All-NFP Program. One of them had used the rhythm method, depo, pills, and even herbs to space pregnancy. The other participant, who has tried more than three types of FP methods, used NFP methods such as BOM, SDM, BBT, and LAM.

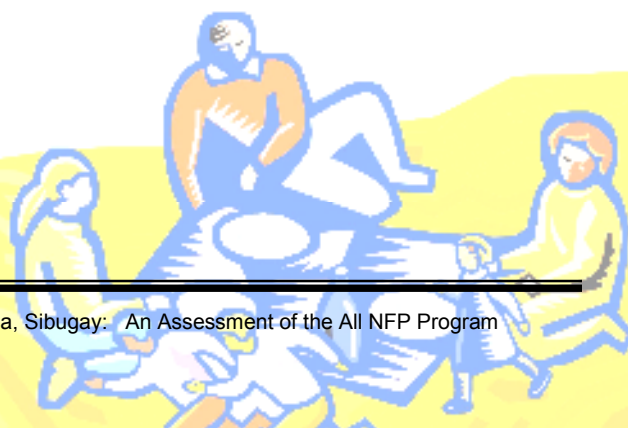


Table 12. FP Methods Used Before the All-NFP Program of the Ipil Prelature, 2008, Phase 1.

FP Methods	Total	Percentage
Pills	17	22.1
IUD	7	9.1
Depo	6	7.8
Pills & depo	5	6.5
BOM	4	5.2
Rhythm	2	2.6
Rhythm & withdrawal	2	2.6
IUD & pills	2	2.6
IUD, depo, pills	2	2.6
Condom	2	2.6
Withdrawal	1	1.3
Rhythm, depo, pills, herbal	1	1.3
Withdrawal, depo, rhythm	1	1.3
Condom & depo	1	1.3
Depo & IUD	1	1.3

In Phase 2, calendar/rhythm/periodic abstinence among the traditional or non-scientific FP methods, were the ones identified as number one method used by women respondents.

Again, the Phase 2 findings validated the Phase 1 findings since the FGDs revealed that after the All-NFP Program of the Prelature of Ipil was made known, around 50% of the FGD participants revealed that they began using the Standard Days Method (SDM) commonly known as the cycle beads. In Phase 2 more than half (67.4%) of the NFP acceptors used SDM.

It came out in the FGDs conducted in both phases that majority of the participants adopted the method of their choice based on the NFP methods introduced by the Ipil Prelature. Two major factors made this possible: a) the participants' negative experiences with the use of artificial method; and b) suitability of the adopted NFP method.

"Some used SDM. These are for women who have an average menstrual cycle. This is the easiest method for this kind of women. Other women used TDM or the two days method and BOM. TDM could be used by those who do not have regular menstrual cycle. All she had to do was check her mucus."(Liling, Tata)

"We are using SDM because it also suits us and we don't feel anything strange with our bodies. It is also easy to use. (Annabel)

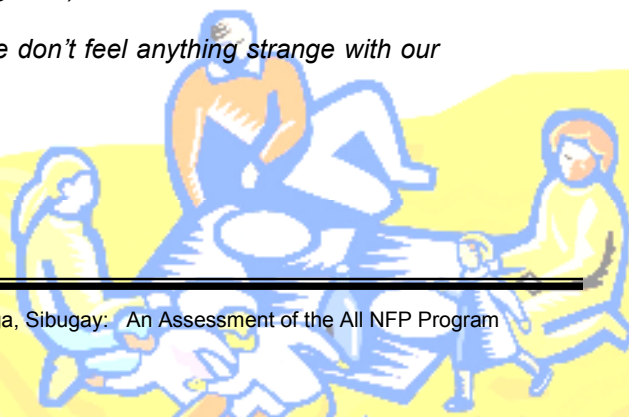


Table 13. FP Methods used After the Introduction of the All-NFP Program, 2008, Phase 1

FP Methods	Total	Percentage
SDM	38	49.3
BOM	11	14.3
None	8	10.4
IUD, Depo & Pills	5	6.5
TDM & SDM	2	2.6
TDM	2	2.6
BOM & SDM	2	2.6
Calendar	1	1.3
No answer	5	6.5
NA	2	2.6
Total	77	100

Reason for not continuing the use of the method

Almost two-thirds (63.75%) of the respondents no longer use the family planning method that they used prior to the introduction of All-NFP. Almost all (96.06%) wives who are NFP acceptors and a third (33.87%) of wives who are non-NFP acceptors no longer use the same method that they used prior to the All-NFP while more than two-thirds of the number of wives who are NFP dropouts and a third of the number of wives who are non-NFP acceptors are no longer using the same FP method prior to the introduction of the All-NFP in Ipil.

The top three reasons mentioned for not using the method that they used prior to the introduction of the All-NFP are as follows: 1) felt side-effects (49.3%), 2) no longer suited them to use the previous method (10.2%), and 3) shifted to easy-to- use NFP (9%).

Among the wives who are NFP acceptors, more than half (53.7%) no longer use the previous method because of the felt side-effects while 14.2% did not use the previous method because they shifted to easy-to-use NFP method. Less than 10 per cent (8.6%) shifted to what they feel are more effective methods.

Among wives who are non-NFP acceptors, more than a third (38.1%) shifted because they felt some side effects. Almost a quarter (23.8%) stopped using the previous method because they are no longer suited to their present condition while slightly more than a fifth (21.0%) are currently pregnant or had just given birth. Majority (59.3%) of the wives who are NFP dropouts stopped using the previous method of family planning due to felt side effects. Another 15.3% are currently pregnant or had just given birth and 10.2% consider themselves as no longer suited to use the previous method.

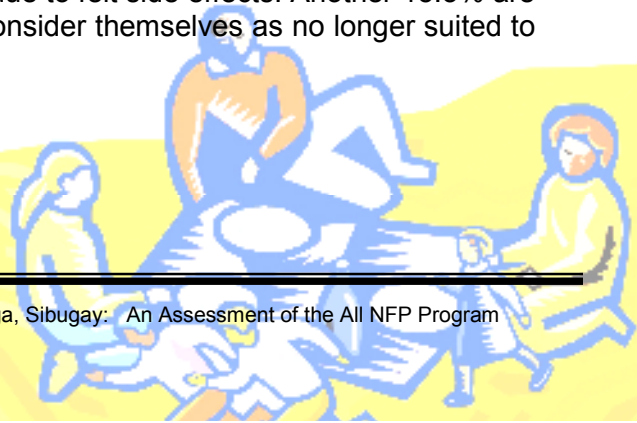


Table 14. Reason for Not Continuing the Use of the Method by NFP Classification (Per cent), Ipil Prelature, 2008, Phase 2.

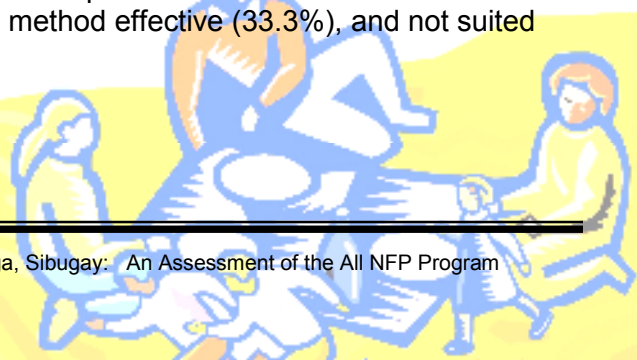
	Wife: NFP Acceptor	Husband of NFP Acceptor	Wife: Non-NFP Acceptor	Husband of Non- NFP acceptor	Wife: NFP Dropout	Husband of NFP Dropout	Total
Number using a method before the All-NFP program	278	38	310	38	88	15	767
Number who are no longer using the same method used before the introduction of the all-NFP Program	268 (96.06)	35 (92.10)	105 (33.87)	14 (36.42)	59 (67.04)	8 (53.33)	489 (63.75)
Reason for discontinuance							
Felt side-effects	53.7	40.0	38.1	21.4	59.3	62.5	49.3
Shifted to easy-to-use NFP	14.2	14.3	1.0	0.0	0.0	.0	9.0
Currently pregnant/had just given birth/postpartum amenorrhea	3.0	0.0	21.0	35.7	15.3	25.0	9.4
Shifted to safer methods/method with less side-effects	7.5	20.0	1.0	0.0	3.4	0.0	6.1
Tried another method	2.6	20.0	.0	0.0	0.0	0.0	2.9
No longer suited to use previous Method	5.2	0.0	23.8	28.6	10.2	12.5	10.2
Shifted to more effective method	8.6	2.9	3.8	7.1	5.1	0.0	6.5
Too much hassle	1.1	0.0	1.9	0.0	0.0	0.0	1.0
Shifted to method approved by Religion	3.4	2.9	0.0	0.0	0.0	0.0	2.0
Others	0.7	0.0	9.5	7.1	6.8	0.0	3.5

Reason for continuing the use of the method

More than a third (36.2%) of all respondents still continue to use the family method used prior to the introduction of the All NFP. Wives who are practicing NFP registered the least percentage (3.2%) of respondents who continued using the same FP method prior to the introduction of the All-NFP. Wives who are non-NFP users (66.1%) and their husbands (63.2%) both registered high percentages of continuing use of the FP method they used prior to the introduction of the All-NFP.

The top four reasons given by respondents for continuing the method used are as follows: 1) liked the method (29.5%), 2) partner likes the method (27.3%), 3) no side effect (18.1%), and 4) find the method effective.

Reasons given for continuing FP use varied by categories. Among the wives who are NFP acceptors the top two reasons are: 1) no side effects (50%) and 2) a tie in the number of those who answered of “partner liked the method” (20%) and “find method effective” (20%). Among the husbands of NFP acceptors, the reasons given were a triple tie in the number of those who answered the following: liked the method (33.3%), find method effective (33.3%), and not suited to use other method (33.3%).



Among the wives who are non-NFP acceptors the number one reason given was that they like the method (38%) followed by partner likes the method (19.5%).

A common answer that registered a high percentage among husbands of non-NFP acceptors (45.8%), wives who are NFP dropouts (62.1%), and husbands of NFP dropouts (71.4%) is that “partner likes the method.” It seems that a primary consideration whether to continue or discontinue use is whether the partner likes the method or not.

Table 15. Reason for Continuing the Use of the Method by NFP Classification (Per cent), Ipil Prelature, 2008, Phase 2.

	Wife: NFP Acceptor	Husband of NFP Acceptor	Wife: Non-NFP Acceptor	Husband of Non- NFP acceptor	Wife: NFP Dropout	Husband of NFP Dropout	Total
Number using a method before the all-NFP program	278	38	310	38	88	15	767
Number who are using the same method used before the introduction of the all-NFP program	10 (3.6)	3 (7.9)	205 (66.1)	24 (63.2)	29 (33.0)	7 (46.7)	278 (36.2)
Reason for continuance							
Liked the method	0.0	33.3	38.0	8.3	3.4	0.0	29.5
Partner liked the method	20.0	0.0	19.5	45.8	62.1	71.4	27.3
No side-effects	50.0	0.0	19.0	25.0	0.0	0.0	18.0
Find method effective	20.0	33.3	9.8	4.2	24.1	14.3	11.5
Prefer permanent method	0.0	0.0	2.0	0.0	3.4	0.0	1.8
Not suited to use other Method	0.0	33.3	5.9	12.5	3.4	0.0	6.1
No expense	0.0	0.0	4.4	4.2	0.0	.0	3.6
Others	10.0	0.0	1.5	0.0	3.4	14.3	2.2

Reasons for use and non-use of NFP Methods from the Qualitative Findings of Phase 1

Several reasons were cited why participants opted for an NFP method over that of an AFP method. The three most common reasons were: a) the NFP method they have selected is easy to use/compatible with cycle/suitable (27); b) AFP methods have negative side effects on the users, while NFP methods do not have side effects (16); and c) the chosen NFP method is compatible with their menstrual cycle (9). SDM, as one of the most preferred NFP methods, and convenience/easy to use, as among the reasons for the choice of an NFP method, dovetails with the reflections of Fr John Carrol, SJ, that is “the simplicity of SDM has brought some to give up contraception in its favor.” He adds that “the simplicity of the method and the ease with which it can be taught, as one of a battery of NFP methods, offer the possibility of offering assistance to the ...women...”

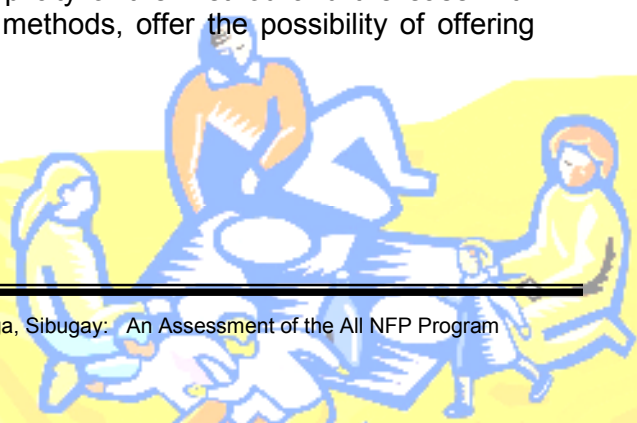


Table 16. Reasons for Using a Particular NFP Method, Ipil Prelature, 2008, Phase 1.

Reasons	Total	Percentage
Easy to use/Compatible with cycle/Suitable	27	31.3
Artificial methods have side-effects/NFP has no side-effects	16	19.3
Effective/like it	8	9.6
Used for Spacing	8	9.6
First to be introduced	4	4.8
Worked for Sex selection	2	2.4
To have a child	1	1.2
Knowledgeable of the method	1	1.2
No more pills available	1	1.2
Just tried it	1	1.2
No answer	3	3.6
NA (not using the NFP method)	11	13.3
Total	83	

* Multiple responses

Reason for using the current method (Multiple Response)

Various reasons are given by respondents for using the current method. The top three reasons they gave are as follows: 1) because of convenience (39.2%), 2) because it is the preference of their partner, 3) because of the side effects of other methods.

From the wives who are NFP acceptors, it was found out that more than two-fifths (43.2%) use the current method because of convenience while more than a third (34.8%) are using it because of the recommendation of the NFP coordinator. More than a quarter (27.4%) are using it because of the side effects of other methods. Among the wives who are non-NFP acceptors, more than a third (38.8%) are using the present method because of convenience. Almost a third (31.9%) of wives who are non-NFP acceptors are using the current method because it is the preference of their partner while almost a fifth (19.2%) are using the current method because of side effects of other methods. Among wives who are NFP dropouts, more than a third (35.5%) are using their current family planning method because of convenience while more than a quarter (25.8%) are using it because it is the preference of their partner. Slightly more than a fifth (21.0%) said that they chose their current family planning method because they perceive it as a more effective method than other methods.

Among the husbands of NFP acceptors, slightly more than half (51.2%) said that they are using the current method because they perceive it as effective. Slightly more than two-fifths (41.5%) use the current method because it is the recommendation of the NFP coordinator. More than a fifth (22.0%) are using the current method because it is the preference of their partner.

More than two-fifths (43.8%) of the husbands of non-NFP acceptors said that they use the current method because it is the preference of their partner. More than a third (37.5%) use the current method because of convenience while a quarter are using it because they perceive it as effective. Among the husbands of NFP dropouts, four out of ten respondents reported that they are using the current method because of convenience and because it is the preference of their partner while less than a third (30.0%) are using the current method because they perceive it as effective.

Two of the reasons identified by FGD participants in Phase 1 were complemented by the wife-NFP acceptors of the survey participants: a) convenience/easy to use (43.2%); b) recommendation of the NFP coordinator; and c) side effects. There is a slight difference on the reasons given by the husband- NFP acceptors, as follows: a) perceived as more effective; b) recommendation of the NFP coordinator; and c) preference of the partner

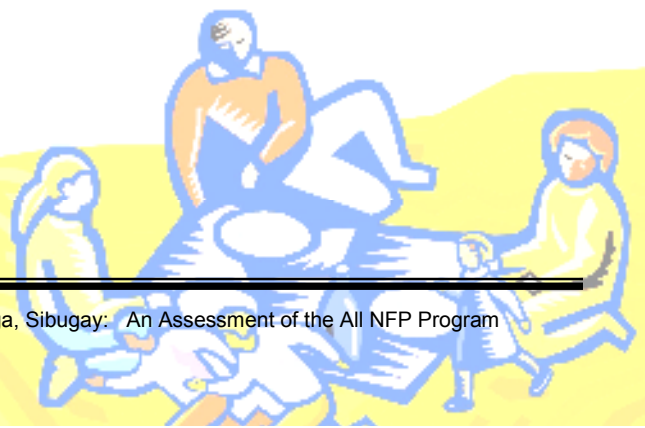
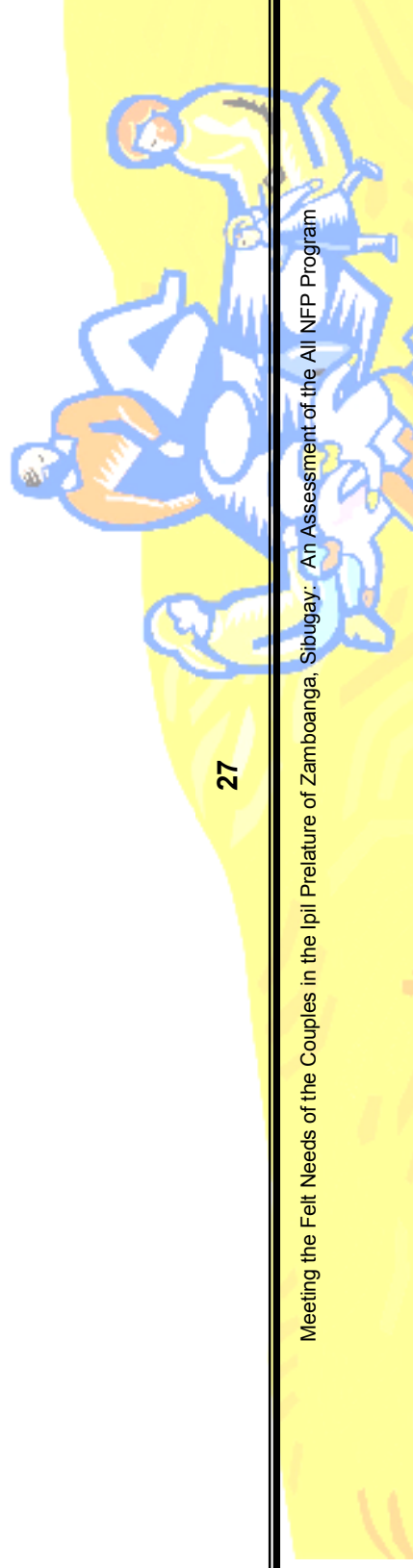


Table 17. Reason for Using the Current Method (Multiple Response) by NFP Classification (Per cent), Ipil Prelature, 2008.

	Wife: NFP Acceptor	Husband of NFP Acceptor	Wife: Non- NFP Acceptor	Husband of Non-NFP acceptor	Wife: NFP Dropout	Husband of NFP Dropout	Total
Number of those currently using a method	310	41	260	32	62	10	715
Reason for choosing method							
Recommendation of FP Worker	2.3	2.4	8.8	6.3	8.1	0.0	5.3
Recommendation of the NFP Coordinator	34.8	41.5	1.9	.0	1.6	0.0	18.3
Recommendation of friends/relatives	3.9	2.4	14.6	0.0	9.7	0.0	8.0
Side effects of other methods	27.4	7.3	19.2	12.5	9.7	0.0	20.7
Convenience	43.2	17.1	38.8	37.5	35.5	40.0	39.2
Access/Accessibility	1.3	0.0	4.6	3.1	3.2	0.0	2.7
Affordability	6.1	0.0	4.6	3.1	3.2	0.0	4.8
Wanted a permanent method	0.0	0.0	6.9	0.0	4.8	0.0	3.5
Preference of husband/wife/partner	15.8	22.0	31.9	43.8	25.8	40.0	24.5
Perceived as more effective	17.7	51.2	16.2	25.0	21.0	30.0	19.9
Religion	7.1	9.8	3.1	3.1	1.6	0.0	5.0
Recommended by Doctor	4.2	0.0	1.9	0.0	4.8	0.0	2.9
Others	3.5	0.0	1.9	0.0	0.0	0.0	2.2



In Phase 1, when FGD participants were asked for their reasons for continuing the use of FP method they adopted, the top three answers they gave were: 1) effective/suitable/compatible with cycle/Easy to use; 2) (effective for) spacing; and 3) No side-effects.

Table 18. Reasons for Continuing Use of FP, Ipil Prelature, 2008, Phase 1.

Educational attainment	Total	Percentage
Effective/suitable/ Compatible with cycle/Easy to use	26	49.1
(Effective for Spacing	12	22.6
No side-effects	9	17.0
Strengthens relationships	3	5.7
Has many clients who use the same method	1	1.9
Total	51	

* Multiple responses

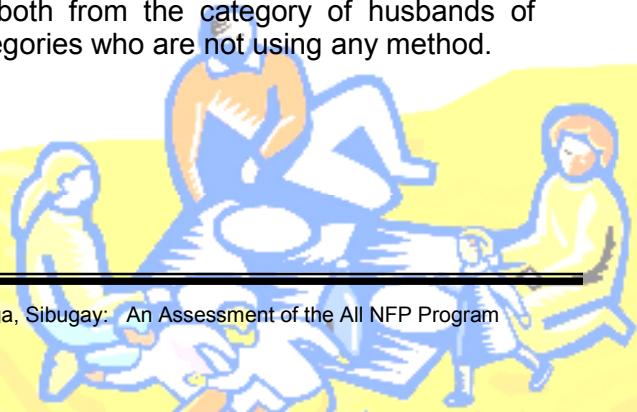
Reasons for Not Currently Using Any Method

Respondents, in Phase 2, who are not currently using any method said that the main reason for not using any method is current pregnancy. There are more than a quarter (26.8%) among respondents across sex and NFP classification who said that pregnancy prevents them from using any method while slightly more than a fifth (22.6%) are not using any method because of recent giving of birth. Less than a fifth (16.5%) said that old age makes using any method unnecessary.

There are 25 respondents among wives who are NFP acceptors who are not currently using any method while 75 respondents among wives who are non-NFP acceptors and 44 among wives of NFP dropouts are not currently using any method.

Among the wives who are NFP acceptors, almost two-thirds (60.0%) of those who are not currently using any method said that they did so because of current pregnancy while more than a quarter had just given birth. There are more than 10 per cent (12.0%) who said that they are not currently using any method because they want to be pregnant. Among wives who are non-NFP acceptors who are not currently using any method, less than a quarter (22.7%) are not using any method because of old age while 17.3% has just given birth. Another 17.3% said that fear of side-effects prevents them from using any method. Among those who are not currently using any method among the wife NFP dropouts, more than a quarter (29.5%) are currently pregnant and (27.3%) or had just given birth making it a most common reason for not using any method. More than 10 per cent (13.6%) are not currently using any method because of old age.

There are only four respondents among husbands of NFP acceptors who are not currently using any FP method while there are eight respondents both from the category of husbands of non-NFP acceptors and husbands of NFP dropout categories who are not using any method.



Half of the number of husbands of NFP acceptors who are not currently using any method do so because their spouses are pregnant. A quarter are currently not using any method because they want their spouses to be pregnant while another quarter said that old age made it unnecessary to use any method. Among husbands of non-NFP acceptors who are currently not using any method, more than a third (37.5%) said that their spouses are pregnant while a quarter said that their spouses had just given birth. More than a third (37.5%) among the husbands of NFP dropout who are not currently using any method said that it is because their spouses had just given birth while a quarter said that they wanted their spouses to be pregnant.

In the Phase 1, as compared to the enumerated reasons for using NFP methods, there were only a few mentioned reasons for not using any of it . Four out of seven of these participants said that they were already in their menopausal stage, making it unnecessary to use any FP method.

For the survey participants as discussed above, many of the wife acceptors said that they are either currently pregnant (60.0%) or had just given birth (28.0%). Other reasons included wanting to get pregnant (12.0%), fear of side effects (4.0%) and old age (4.0%).

Table 19. Reasons for not using Any FP Method, Ipil Prelature, 2008, Phase 1.

Reasons	Total	Percentage
Menopausal stage	4	57.1
Had undergone radiotherapy/cobalt)	1	14.3
Still observing as to what method is suitable	1	14.3
NFP methods - not effective	1	14.3
Total	7	

* Multiple responses

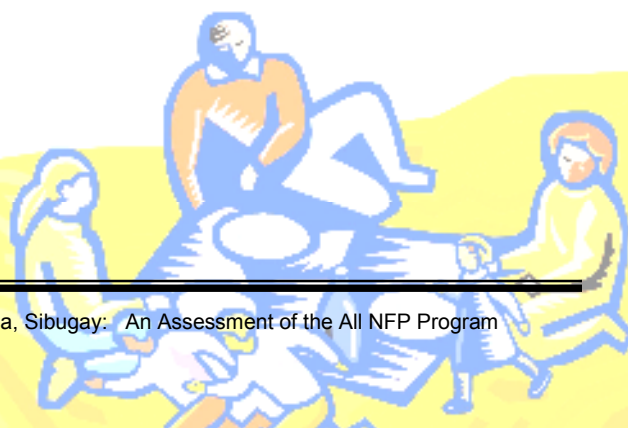
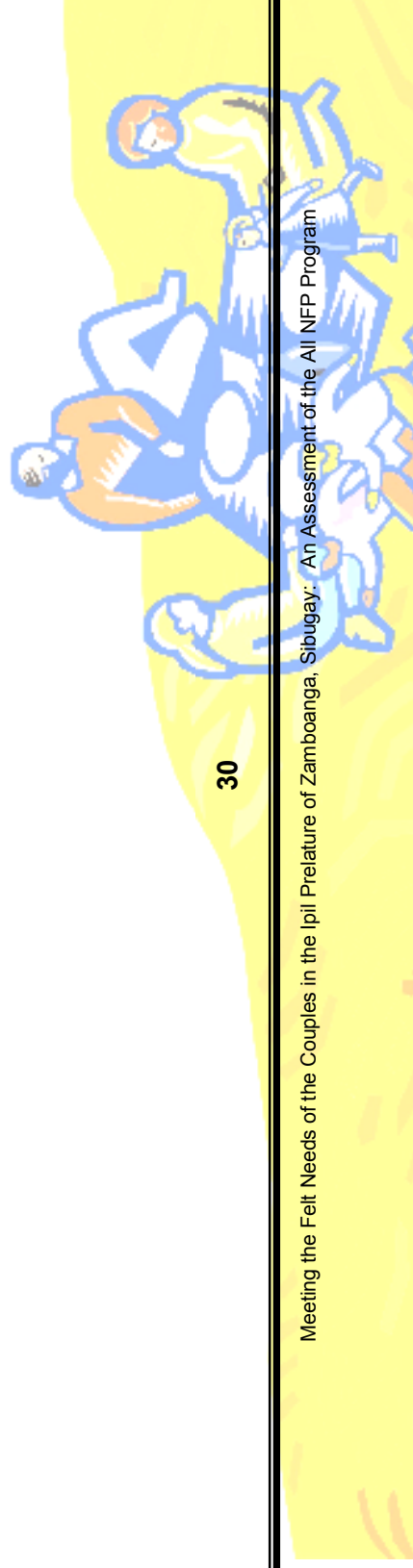


Table 20. Reasons for Not Currently Using a Method (Multiple Response) by NFP Classification (Per cent), Ipil Prelature, 2008, Phase 2.

Method Shifting	NFP Classification						Total
	Wife: NFP Acceptor	Husband of NFP Acceptor	Wife: Non-NFP Acceptor	Husband of Non-NFP acceptor	Wife: NFP Dropout	Husband of NFP Dropout	
Number not currently using a method	25	4	75	8	44	8	164
Reasons for not using a method							
Had just given birth	28.0	0.0	17.3	25.0	27.3	37.5	22.6
Currently pregnant	60.0	50.0	13.3	37.5	29.5	12.5	26.8
Want to get pregnant	12.0	25.0	9.3	0.0	4.5	25.0	9.1
Fear of side-effects	4.0	0.0	17.3	0.0	6.8	0.0	10.4
Old-age	4.0	25.0	22.7	12.5	13.6	12.5	16.5
Cannot easily get pregnant	0.0	0.0	8.0	12.5	9.1	0.0	6.7
Bead was lost	0.0	0.0	0.0	0.0	4.5	0.0	1.2
Prohibited by religion	0.0	0.0	2.7	0.0	2.3	0.0	1.8
Infrequent sex	0.0	0.0	8.0	0.0	2.3	0.0	4.3
Fatalism	0.0	0.0	0.0	0.0	2.3	0.0	0.6
Just stopped	0.0	0.0	2.7	12.5	0.0	12.5	2.4



Reason for Continuously Using NFP

The top three reasons given by both husbands and wives in Phase 2 who are NFP acceptors why they continue using NFP are as follows: no side effects (68.9%), convenient to use (27.7%), and perceived to be more effective (16%).

During the FGDs that were conducted in the first phase of the study, majority of the participants responded that NFP works for them so that the wives never got pregnant as had been planned. However, there are a few participants who admitted that the methods did not work and resulted in pregnancy. The participants, however, added that there was nothing wrong with the method. In such instances, it was the couple who purposely violated the protocol of the NFP method that made them fail.

The participants revealed that with the use of an NFP method, they have learned to be patient, and disciplined, and they have developed the ability to plan and wait. The ability to discipline one's self has also become a part of the day-to-day life of the couple, which not only improves their relationship as husband and wife but also their attitude towards other aspects of life.



Basta bana ug asawa gani ang magkasinabot wala gyuy problema. Kung maglantaw pud ta sa kahintang, kalisud ug kaugmaon sa mga bata mahimo gyud. Kay kung magpadala pud ka sa pagbati ang imong gitan-aw ang karon lang gyud, magpasagad lang pud ka. (When husband and wife understand each other, there will be no problem. If we only try to look at the situation, hardships in life and future of the children, NFP is possible. If it happens that you just go along with your feelings and you only look at the now then you allow things to just flow and do not bother any more about the consequences.)

Adelaida (45) and Eulalio (58) Polinar are married for 23 years. They have been SDM users for the past eight years. They have three children. Both reached high school level. They both belong to Kapilya Sto. Niño, Our Lady of Lourdes Parish, Kabasalan, Zamboanga Sibugay.

The top three reasons were lumped into one that is suitability as the primary reason why the participants adopted an NFP method (BOM or SDM in particular) during the FGDs conducted at the first phase.

"I am using BOM because it suits me. BOM means Billing Ovulation Method. I do not have a regular menstrual cycle so I am using it. I also find it effective because I never got pregnant since I started using it." (Josefina, 40)

"We are using SDM because it also suits us and we don't feel anything strange with our bodies. It is also easy to use." (Anabel, 36)

For husbands and wives who are NFP acceptors, the same pattern of reasoning is observable among the wives, except that the third reason given is that they want to space the birth of their children. The fourth reason for using NFP method is that it is perceived to be more effective.

Among the husbands of NFP acceptors, almost all (90.0%) continue to use the NFP method because it has no side effect. Among the husbands, the second reason they gave was they perceived it to be more effective (40%) and the third reason they gave was because it is convenient to use (30%).

Table 21. Reasons for Continuously Using NFP among NFP Acceptors and Husbands of NFP Acceptors (Per cent), Ipil Prelature, 2008, Phase 2.

	Wife: NFP Acceptor	Husband of NFP Acceptor	Total
Total Number of respondents	335	45	380
Number who continuously used NFP	109 (32.5)	10 (22.2)	119 (31.3)
Reasons for continuously using NFP			
Perceived to be more effective	13.8	40.0	16.0
No side-effects	67.0	90.0	68.9
Method compatible with menstrual cycle	6.4	10.0	6.7
Convenient to use	27.5	30.0	27.7
Accessible	4.6	0.0	4.2
Do not cost anything	9.2	0.0	8.4
Want to space children	14.7	0.0	13.4
Strengthens relationship among couples	4.6	10.0	5.0
Want to avoid pregnancy	0.9	0.0	0.8
Approved by the church	1.8	0.0	1.7

Initial Difficulties in Adopting NFP Method and Overcoming Them

Resistance and control against sexual urges especially if the woman is fertile is the most difficult part experienced by most couples who are adopting a particular NFP method. In the case of Gemma (42), one of her ways to avoid sexual contact when she is fertile, is to go back and remember the very reason why they had to do it--to postpone pregnancy. In that way, she will come to her senses and will not give in to temptation.

"At times when we are fertile, that is also the time when we want to make love [with our partners]. So we really think closely that if we engage in the act, we will really get pregnant. So we bear with it. We try hard to stop ourselves from doing it and be firm with it. You should also avoid wearing lipstick and any form of make-up because if your husband sees you in that state, he might be thinking that you are enticing him. You should not show-off your legs because that will really entice him. It is quite difficult. Even my husband is having difficulty but I just tell him that I am fertile and if we do it, I will really get pregnant. I have been using the NFP since 2002 until the present. I have become used to it now. Before, I was a bit confused on whether to go back to the artificial method or remain using the natural methods. But I thought of God and asked Him to guide me so that I would no longer go back to using the artificial [methods]."

The men in the group also shared what they know about what men do to resist temptation and to control themselves from having sexual contact when their wife is fertile. The following are statements from Efren and Eugenio:

"For some of the husbands, what they do is that they either leave the house or go somewhere else or they take a bath to take away body heat. His aggressiveness which brings about higher body temperature is lowered." (Efren, 45)

"In my experience I would attest that it is really difficult. What we do is that when we sleep both of us would wear long pants and hug each other tightly. Since both of us are wearing pants, the urge to do it is somehow limited. It is quite tiring to do this so we end up sleeping and not making love. We have gotten used to that. As long as no one among our children is sick, we never sleep apart. As long as I am in the house my wife and I never sleep apart from each other. We have been like that even when our children were still small." (Eugenio, 56)

Some other strategies were enumerated by the participants in the following statements:

"Having children sleeping in between me and my husband is also another way to prevent us from making love. But there are times that my child would really beg to stay with her sister so we just agree that nothing should happen between me and my husband. You just have to agree about it." (Gemma, 42)

"Understanding between the couples is really be help. But if that still won't work, the husband has to tire himself at work so that when he comes home, he directly goes to sleep." (Efren 45)

Reasons for Dropping Out

The top three reasons given by both wives and husbands in Phase 2 are as follows: User failure/risk taking behavior (42.7%), incompatible with cycle, and other reasons (16.9%).

Husbands (50%) reported more user failure/risk taking behavior than wives (41.5%) while more wives (20.8%) reported incompatibility with cycle than that of husbands giving that same response (11.1%). More husbands (16.7%) reported that they dropped out because they wanted their wife to be pregnant compared to the number of wives giving the same answer (0.9%).

In retrospect, the husband of an NFP dropout underscored self-discipline as a very important factor if couples choose to adopt NFP method. He noted that self-discipline was what they did not do or exercise to postpone pregnancy. He made it clear that there is nothing wrong with the method they used, rather it was they who lacked the determination and patience in adhering to the nature of natural family planning.

Table 22. Reasons for Dropping Out among Wives who are NFP Dropouts and Husbands of NFP Dropouts (Per cent), Ipil Prelature, 2008, Phase 2.

Why did you drop-out?	Respondent n (%)		Total
	Wife: NFP Dropout	Husband of NFP Dropout	
User Failure/Risk-taking behavior	41.5	50.0	42.7
Too much hassle	9.4	11.1	9.7
Incompatible with sex life	8.5	.0	7.3
Opposition by spouse	.9	.0	.8
Incompatible with cycle	20.8	11.1	24.0
Pregnant/want to get pregnant	.9	16.7	3.2
Others	17.9	11.1	16.9
Total %	100.0	100.0	100.0
Total n	106	18	124

Under Phase 1, the answers given in an FGD conducted by those who dropped out are as follows: because of old age(5), lack of discipline(2), wanted to get pregnant (2), false pregnancy signs (1) and one gave her beads to a relative.

Both the qualitative and quantitative data show that one of the main reasons why respondents use NFP or shift from AFP to NFP is because it is safe, there are no side effects, and they are easy to use. The reason for dropping out or for not using any family planning method is primarily due to either age or present condition of wife (pregnant or had just given birth) and not necessarily due to the failure of a method.

Table 23. Reason for Dropping Out, Ipil Prelature, 2008, Phase 1.

Educational attainment	Total	Percentage
Old age/menopausal stage	5	45.5
Lack of discipline	2	18.2
Wants to get pregnant	2	18.2
False pregnancy	1	9.1
Gave the beads to a relative	1	9.1
Total	11	

* Multiple responses

Plan to use NFP among dropouts and suggestions to prevent couples from dropping out

Slightly more than two-fifths (44.4%) among wives and half of husbands who are NFP dropouts are planning to use NFP method.

Among those who are planning to use NFP methods (for both wives and husbands), more than three-quarters (78.3%) intend use the Standard Day method while less than a fifth (16.4%) intend to use the Billings Method. The same pattern is observable as answers are further classified, separating the responses of husbands and those of wives.

In the FGDs conducted during Phase 1, the SDM was also preferred by most of the wives (78.3%) and husbands (77.8%) who dropped out from other NFP methods but expressed desire to adopt other NFP methods in the future other than what was previously used. Eleven out of 77 also tried the Billings Ovulation Method (BOM).

More than a third (36.4%) among NFP dropouts (both husband and wife) suggested having a follow-up seminar in order to prevent dropouts. Less than a fifth (16.4%) suggested that the positive and negative effects of the method have to be explained well.

Table 24. ALL-NFP Program Drop-outs Planning to Use NFP in the Future by NFP Classification (Per cent), Ipil Prelature, 2008, Phase 2.

	Wife: NFP Dropout	Husband of NFP Dropout	Total
Total Number of Respondents	335	45	380
Number who intend to use NFP	46 (43.4)	9 (50.0)	55 (44.4)
Method Intended to Use			
Basal Body Temperature	2.2	0.0	1.8
Lactational Amenorrhea Method	2.2	0.0	1.8
Standard Days Method	78.3	77.8	78.2
Billings Method	15.2	22.2	16.4
Two-Day Method	2.2	0.0	1.8

Table 24. ALL-NFP Program Drop-outs Planning to Use NFP in the Future by NFP Classification (Per cent), Ipil Prelature, 2008, Phase 2. (continuation)

Suggestion to Prevent Dropping-out from the All-NFP Program			
Nothing to suggest	17.4	22.2	18.2
NFP providers should serve as model of method success	4.3	0.0	3.6
Follow-up seminar	39.1	22.2	36.4
Encourage couples to participate	8.7	11.1	9.1
Explain pros and cons of the method	10.9	44.4	16.4
More supplies of beads	2.2	0.0	1.8
Others	17.4	0.0	14.5

The Process Involved in Adopting a Particular NFP Method

Most of the participants, either male or female, attested that the adoption of the NFP method was not that easy. Most of them admitted that they encountered some difficulties, such as misunderstanding between husband and wife. Some recalled that most of the participants in the seminar that discussed the NFP methods were women. They concluded that if the husbands were only present in the discussion, they would have better understanding about the reason why most women decided to shift to NFP. This would have lessened the occurrences of arguments between husband and wife.

Nonetheless, the FGD participants admitted that their husbands eventually understood and accepted the decision that they made regarding the use of NFP methods. The female participants revealed that the tool on why they were able to manage to overcome the difficulties they encountered is a complete and proper understanding of the whole NFP method. The FGD participants also emphasized that self-control is a major attitude that the husband should possess especially in times of abstinence. They cited that men should learn to adjust to different situations. A male participant shared some husbands' strategies order to control their sexual urges: *"Some husbands either leave the house and go somewhere else or take a bath"*

Shifting of FP Methods after the Introduction of the All-NFP Program of the Ipil Prelature

Most of the participants stated that they did not shift from one NFP method to another, or even to an AFP method, after they have adopted a particular NFP method that is "okay," "acceptable," and "works for them". They said that the possibility of changing to another method or even stopping use of any NFP method, would only happen if the method is not working. For instance, the change of menstrual cycle, from 26-32 to a longer cycle, prompts a user to shift into a more appropriate FP method.

The use of “back-ups”

It has already been stated earlier that the use of “back-up” FP methods (like condom) was not introduced in the All-NFP Program of the Ipil Prelature, as claimed by the participants. Once more, it was the government’s FP Program that introduced the “back up method”.

Pregnancy while using an NFP Method

Participants were asked if they ever experienced becoming pregnant while using an NFP method. Majority of the participants responded that the NFP worked for them so they never got pregnant as planned by them. However, there were a few participants who admitted that the methods did not work and resulted to pregnancy. The participants, however, claimed that there was nothing wrong with the method. It was the couple who purposely violated the protocol of the NFP method that made them fail:

“They were aware that it was still fertile period but they just went ahead and tested whether their wives will get pregnant or not.”

On the other hand, the abrupt change in the woman's menstrual cycle while using a particular NFP method was responsible for the failure of the method. .

NFP Coordinators as Promoters

The factors that affect the credibility of the NFP Coordinators in promoting a particular NFP method were also tackled in the FGDs. The participants suggested that the Coordinators must be practitioner or user of any of the NFP methods. They must serve as models of how NFP method works for the couple.

Another factor that affects the credibility of the NFP Coordinators is their knowledge of the NFP methods that they are promoting. The participants recognized that being a coordinator takes a lot of responsibility, as they are tasked to convince couples in the community to join the NFP seminar. Nevertheless, it could not be avoided that there are couples who have doubts of how credible a provider is. This is where being knowledgeable and well-versed of the methods come in as an essential factor. As one participant stressed,

The only key to being a credible and effective coordinator is to be “equipped with the necessary information on what they are preaching as well as to be prepared and experienced enough in carrying out their duties.”(Rolando).

Knowledge of the NFP methods and in dealing with clients, were perceived by participants as essential qualities of coordinators/providers. Therefore the participants proposed that coordinators and providers should undergo continuous education and training.

Other participants pointed out that if coordinators have a first hand experience with the NFP method, it would then be easier for them to convince clients. Credibility of the coordinators or providers does not look at “who” he or she is, but more on “what” the coordinator/provider

gives/talks about the NFP methods since these methods have been acknowledged already as effective and helpful to couples and families. Commitment of promoting and teaching others about NFP methods was also regarded by the participants as a vital trait of a coordinator/provider. According to the participants, while some very committed advocates could never be users, they have studied about the NFP methods and passed on the work of promoting and teaching to other people in the Prelature of Ipil.

In terms of teaching the NFP methods to the people, some participants suggested that the coordinators/providers should be thematic and orderly. They could also include jokes during the sessions.

Several other issues surfaced as the discussion on the NFP Coordinators/Providers continued. The participants mentioned that the client looks at the relationship of the couple and so it is important that both the husband and wife should work as NFP providers themselves. The couples are considered as models of effectiveness of the method in their relationship as a couple. This is probably one reason why questions on the effectiveness of the method, as well as on the credibility of provider/coordinator were raised, especially when the coordinator herself gets pregnant.

Effects of the Adoption of NFP Method on the User and Her Relationship with Spouse

"I can say that the natural family planning suits me very much. I have been using these for almost 3 years already. So far, I have never experienced any negative side effects. ."
(Rogelyn)

The statement above is just one of those affirmations made by the participants with regard to the effect of using an NFP method after its introduction by the Prelature of Ipil. Apart from the good effect it has on the user, the participants also claimed that it has enhanced their relationships with their husbands.

"Aside from the experience of having a good health, the relationship I now have with my husband is getting healthier than ever." (Geronmia)

The participants revealed that with the use of NFP method, they learned to be patient, disciplined and developed the ability to plan and to wait. The ability to discipline oneself has become a part of the day to day life of the couples, which did not only improve their relationship as husband and wife but also in their attitude in other aspects of life.

"Now they (husbands) understand and participate in the process by counting and reminding us that the days are already safe for making love. Their husbands' lack of understanding of the NFP process then became a major source of their misunderstanding- especially when their husbands would demand to have sexual intimacy during their "unsafe periods". (Elvie)

Moreover, the participants shared that the NFP method has improved the communication between husband and wife.

"We communicate more often now than before. When I was using the artificial method, my husband would only tap my back to signal that he wanted to make love with me.."

With the NFP method, my husband and I have the chance to talk to each other and discuss the process. My husband cooperates.” (Rose)

Structures formed in the course of the Implementation of the All-NFP by the Ipil Prelature

The NFP Program is under the Family Life Apostolate Program. There is an FLA group at the prelature level and there are also FLAs based in the parishes. For the NFP program, the participants articulated that in some cases the parish priest recruits the parish coordinators and providers.

At the NFP Program level, there is an NFP Coordinator in the prelature, as there are also coordinators in the parishes who supervise the service providers. The parish coordinators take care of the recruitment and training of providers, while the service providers take care of recruitment and training of the reproductive women and their spouses. In one of the FGDs, the participants also mentioned that there were cases where the barangay health worker (BHW) takes care of a *Purok*, or the program is anchored on other church-based organizations (e.g. KRISKA).

It was clear from the responses given during the FGDs that some participants could not articulate the structure as well as the manner by which the NFP program is carried down to the parishes, or to the *purok*. They could not miss, however, the names of Sr. Anne and Bishop Ledesma as advocates and supporters of the program. Even if there is a general sense that the program is handled by the NFP Coordinator under the FLA, the structure is not very clear to all the participants since it is also highly dependent on the parish's structure and programs. What is apparent is that the NFP is a program of the Ipil Prelature under the leadership of Bishop Ledesma. What remains vague to some participants, are the people involved in the program and what comes in between the church hierarchy and the service providers.

Management Information System: Tracking of Couple Acceptors

Bishop Tony Ledesma reported a total of 2,460 All-NFP Program acceptors in the Ipil Prelature. Probability Proportionate to Size (PPS) was adopted in distributing the sample to the All-NFP Program acceptors in the various barangays of the Ipil Prelature. In the end, almost a complete enumeration was made in the selection of respondents in the area. This happened because the reported number of acceptors did not match with the actual number of NFP acceptors in the field during the conduct of the study. Some areas have over-reported NFP acceptors and interviewers investigated the over-reporting. They found out that some NFP coordinators listed all those who attended in the orientation at the Kapilya (chapel) level as NFP acceptors. Two coordinators admitted that she listed everyone who attended the orientation and she promised to rectify the listing. This was also brought up at the meeting among the coordinators and everyone promised to review and update the list and reflect the actual NFP acceptors in their respective areas. Hence, a simplified monitoring form need to be designed and installed in the All-NFP Program in the Ipil Prelature.

This has been brought up at the implementing level and this has been addressed in the All-NFP Program in the Cagayan de Oro Archdiocese even if there is still a need to install a better system to synthesize information from the base of the chapel up to the archdiocese and cascade this information back to the base of the parish and the chapel. Seven monitoring forms designed by the Archdiocese of Cagayan de Oro with the Institute for Reproductive Health

Philippines (IRH) are being used by the following: (a) chapel counselor-providers, to record information on the couple users, (b) parish coordinators, to summarize the chapel counselors' reports, and (c) NFP project staff at the archdiocesan level, to synthesize the various reports. The feasibility of using these forms or simplify them for other areas outside Cagayan de Oro (to include the Ipil Prelature where the learning was first captured) could greatly help in the accurate monitoring and reporting process.

Major Issues that need to be addressed in the All-NFP Program of the Ipil Prelature

A number of major issues were enumerated by the participants, both coordinators and plain NFP users during the rounds of FGDs conducted in both phases. These were:

- Moral and financial support from the parish priest;
- Meal and transport allowance;
- Thorough knowledge regarding the methods;
- Providers as models;
- Linkaging and networking;
- Church to deal with "guilty conscience"; and
- Spirit of Volunteerism

Specific Issues

Aside from the major issues related to the All-NFP Program, specific issues surfaced during the FGDs.

a. Accusations/Black propaganda that the Prelature promoted only SDM

Rumors spread in the communities that there was a big funding to promote SDM, and that somebody was making money out of this. There was also an issue that the NFP methods promoted by the Prelature of Ipil also encouraged "back-up" methods.

Nonetheless, the participants themselves clarified these issues. They said that the Ipil Prelature, was not only promoting SDM, but also other NFP methods as well. They said the clients were given the option to choose the method that best suits them.

With regard to the issue of funding, the participants said they were not aware of any funding. Besides, even before Bishop Ledesma was assigned to Ipil, the NFP program was already established in the Ipil Prelature. They said they do not believe in the issue that NFP was used for money-making.

Regarding the use of "back-up" methods, the participants made it clear that the Prelature of Ipil's NFP Program never introduced "back up contraceptives" to the NFP method. However, they suspect that such allegation is confused with the program of the Department of Health (DOH) which promotes NFP but allows contraceptive back-up. In general, people cannot distinguish which one is the NFP Program of the Church or the DOH. They just lump the two together. .

b. Pregnancies and Dropouts

The participants elucidated that the perceived failure of the NFP methods is actually caused by the following: i) breaking of the NFP method protocol and ii) the couple decided to have children.

Among those who dropped out from SDM, the following reasons were enumerated: i) the woman is in menopausal period already; and ii) lack of knowledge of one's cycle. The second reason pertains to the ineffectiveness of SDM as a method when used by women with irregular cycle or the cycle has changed due to other factors. SDM is only applicable to women who have menstrual cycle of 26-32 days.

c. Abstinence/Waiting Period

It was raised during the discussions that the use of NFP methods requires periodic abstinence. This demands self-control, especially on the part of the husband. The couple has to wait until the woman is no longer fertile before having sexual contact. Surprisingly, some participants expressed that sexual abstinence during the fertile period is unfair to women because sexual fulfillment is more intense during fertile period. Abstaining during fertile period to avoid pregnancy is kind of off-beat as far as the natural biological flow of the body is concerned.

Some participants still have to deal with their husbands who cannot resist their sexual urges, rendering their NFP methods futile. On the other hand, some participants find the SDM the easiest method to use, but because their menstrual cycle cannot qualify for the method, therefore, they have to resort to a more difficult NFP method.

d. Lack of Financial and Moral Support

The participants said that in terms of support, the coordinators and providers need financial support for food and transportation allowance. They also need updating or more knowledge on the NFP methods they are promoting. The participants cited that additional information or knowledge could be acquired through training. They said coordinators/providers need kits containing updated information of the various NFP methods.

The participants said that moral support was lacking, especially from some Parish Priests. They suggested that priests should announce the All-NFP Program in masses to recruit more and inform more potential clients.

e. Women's Health

Women bear the brunt in family planning practices, especially when something foreign enter their bodies and are used in the process. Due consideration should be given to the health and safety of women in the choice of a family planning method. Women should be properly informed on the health implications of any method.

f. Others

Other important issues likewise surfaced: 1) Sex Education in schools – One participant said that there is something wrong in the way sex education is handled in schools. For example, the

teachers name the sexual organs differently in their lectures that are offensive to children and adults; 2) Lack of coordination with the local officials. The participants stressed that as a sign of respect to the community leaders, NFP educators/ providers should coordinate first with barangay officials before any educational activities should be held in the locality. .

Many of the issues, be it major or specific, actually revolve around misconceptions and the lack of proper and correct information.

Overall, it could be gleaned that the lessons that the participants enumerated are very telling of the benefits that the All-NFP program has provided to both client (user) and service provider. The benefits can even extend to the bigger community and society with regard to promoting the right values necessary in family and community/nation-building (i.e. respect, love, discipline, and responsibility).

In conclusion, the results of the FGD among FLA members, NFP Coordinators, and users as well as the quantitative survey revealed that the All-NFP program has answered the felt needs of many couples in Ipil Prelature such as: having more children, spacing pregnancy, and limiting the number of children. This finding seems to indicate that when women is given a choice of NFP, Artificial Family Planning methods, and the Traditional Methods, they are willing to shift to NFP methods

The answers of the survey respondents and FGD participants showed that values formation was integral in the introduction of the program. This encompasses fertility awareness and following the pastoral guidelines. The value of having children and the pro-life teaching were also both underscored in the FGDs. Among the Catholic believers, this is mattered since they no longer feel that “guilt feeling” of not following the teachings of the Church. This is an area where both belief and practice matched.

Among the major effects of the All-NFP methods are the following: 1) improvement in the relationship between husband and wife; 2) better understanding of family planning and responsible parenthood emanating from the collaborative efforts between the father and the mother; 3) enhancement of couples’ attitudes towards marriage and the family; and 4) realization that sex is not everything in marriage. Sexual intimacy only prepares them for life-long companionship, even beyond the reproductive age, until the time when they are no longer sexually active but are still happy together.

For the All-NFP Program’s sustainability, the following areas are vital:

- 1) Credibility of coordinators and providers;
- 2) Development of monitoring tools;
- 3) Management of knowledge;
- 4) Monitoring and follow-up; and
- 5) Support of the parish and the parish priest.

REFERENCES

Achacoso-Sevilla, L. 2004. "A Framework for Analysis: Broadening the Population Debate, ix-xxi" in *The Ties that Bind: Population and Development in the Philippines*. Ed. Luningning Achacoso-Sevilla. AIM Policy Center: Makati City.

Ledesma, A. 2004. Natural Family Planning and SDM in the Local Church, Retrieved October 6, 2008, from Pro-life Philippines web site: <http://forums.prolife.org.ph/yabbse/index.php?action=profile;u=311;sa=showPosts>

Ledesma, A. 2005. Natural Family Planning-the Untried Option?, Pamphlet, Bishop's Residence, Ipil, Zamboanga Sibugay.

Ledesma, Antonio. Mainstreaming Natural Family Planning in Ipil Prelature. Cagayan de Oro City: Archbishop's House, 2006.

Ledesma, Antonio. Three Challenges of *Humanae Vitae*, Pastoral Letter. Cagayan de Oro City: Office of the Archbishop, 2008.

National Statistics Office. Prevalence Rate for Modern Methods Unchanged at 36 Per cent (Results from the 2006 Family Planning Survey). (2007). 7 February 2009 < <http://www.census.gov.ph/data/pressrelease/2007/pr0730tx.html>.

National Statistics Office (NSO) Philippines and ORC Macro. Philippines National Demographic and Health Survey 2003. Calverton, Maryland: NSO and ORC Macro, 2004.

#