A One-Sided View of Natural Family Planning

Catholic Physicians' Guild
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The December, 1981 issue of the International Federation for Family Life Promotion Asia-Oceania Region Newsletter was devoted to an analysis of the Population Reports on natural family planning issued by the Population Information Program of The Johns Hopkins University in Baltimore. That analysis was continued in subsequent issues and is being reprinted herewith in Linacre Quarterly.

Dr. Ramon C. Ruiz, acting editor of the IFFLP newsletter wrote that “a great deal of thought, time and energy has been spent on this analysis. It was motivated by the fact that the authors appeared to be subtly aiming to discredit the NFP movement.” He noted that this movement has been gaining worldwide momentum as the truth about natural family planning becomes known and despite the total lack of support from some who claim to be interested in the control of population growth.

A Criticism of “Periodic Abstinence: How Well Do New Approaches Work?”

The Population Information Program of The Johns Hopkins University, Baltimore, has published another issue of Population Reports on natural family planning. It is entitled Periodic Abstinence: How Well Do New Approaches Work? The report covers all aspects of NFP—the different methods and their effectiveness, discontinuity rates, acceptability, complications and the extent to which they are used throughout the world. New research projects to provide an easy method of identifying the fertile phase of the menstrual cycle are described. And there is a bibliography of 578 items. It is the most complete survey of NFP to be published in recent years.

The answer to the question posed in the title, “How well do new approaches work?,” is a simple one. The new approaches do not work well. They are less effective than any other method of family planning. Pregnancy rates are high, discontinuity rates are high, the methods are generally unacceptable and the use of natural methods throughout the world has declined drastically in the past decades. The picture that is painted of NFP in the modern world is a sombre one. It is worth taking a closer look at it.

The introductory summary—At the outset, it is stated that the relatively ineffective calendar method remains the most widely used method of periodic abstinence. This claim is not substantiated in the rest of the report. Indeed no such categorical claim is made anywhere else. We are told that the calendar method “appears to be” (I-59) or
that it is "probably" (I-60) the most widely used natural method. Six countries, including Malta, are mentioned as having a majority of users of this method. There are, however, national NFP programs in over 30 countries, and natural methods are being used in many more. Though many of these programs are new, some of them have been in existence for over twenty years. It is an unfortunate characteristic of this report that it makes general statements about various aspects of NFP but often fails to substantiate them.

Though no study of modern methods of NFP has yielded a use rate of 40 pregnancies per 100 woman-years, the report tells us that pregnancy rates with the new techniques have been high, "generally (our emphasis) ranging from about 5 to 40 per 100 woman-years of use" (I-33). The report gives the results of 17 studies of over 30 different groups. Of the latter, only one group, 191 women using the ovulation method (OM) had an unplanned pregnancy rate of P. 39.7. This was the rate for the year that began with the end of the year of training. The overall pregnancy rate for that group, P. 32 (Flynn, 1981, p. 85), is not mentioned. Three other groups mentioned in the report had pregnancy rates between P. 30 and P. 35.

"Recent published studies of the newer methods... report pregnancy rates ranging from a low of 4.9 pregnancies per 100 woman-years of use (Pearl formula) to a high of 39.7" (I-38). In fact, the study by Bernard (1980), quoted on p. I-42, yielded a rate of 0.4. Other modern studies by Roetzer, Ghosh and Dorairaj yielded rates of under 1.5; these studies are not mentioned in the report. The authors find it necessary to refer five times in the report to the very unrepresentative high pregnancy rate of 39.7, while they simply ignore rates that are low (I-33, I-38, I-43, I-47, I-50).

It is said that recent major studies have shown that about 15 percent of women using the ST and about 25 percent using the CM (cervical mucus) methods became pregnant while less than 5 percent of those using the pill and the IUD did so. In a critical review of recent studies of natural methods P. Gross puts the use-effectiveness of the STM between 6 and 22 with the mean around 10 pregnancies per 100 woman-years while that of the OM lies between 15 and 30 (Gross, 1979, p. 293). R. Hatcher puts the UER of the combined pill at P. 10 while that of the IUD is P. 6-10 (Hatcher, Contraceptive Technology, 1978-1979, pp. 20, 38, 63). According to T. Hilgers, all NFP use-effectiveness rates are in fact extended use-effectiveness rates or a modification of them (Hilgers, in Seminar, p. 98). He points out that the extended use-effectiveness of the pill is quoted as 8.4 — 24.3 pregnancies per 100 woman-years in the first year of use or non-use (ibid., p. 96).

Effectiveness issues—Much attention is given to the question of the effectiveness of the different methods. Yet no criteria are established for the selection of the studies that are quoted and no
assessment is made of the validity of the results or whether they are applicable to other groups especially in those of different cultures. A critical evaluation of the Wade and Medina studies has been reported (Flynn, 1981, pp. 84-86) and T. Hilgers subjected the Johnson study to critical scrutiny in the IRNFP 1979 (3). These criticisms are ignored. In assessing the effectiveness of modern methods of NFP, Population Reports leans heavily on the Wade and Medina studies. In his evaluation of them, H. Campbell concluded that these studies did not necessarily establish use-effectiveness under controlled conditions (Flynn, loc. cit.). Of modern studies on the effectiveness of NFP methods, Hilgers has this to say: "In general, these studies agree that the method effectiveness of modern methods of NFP as methods to avoid pregnancy is very high. However, basic methodological differences in study design make appraisals beyond that difficult, if not impossible (Seminar, p. 96).

The Calendar Method — In a report that purports to deal specifically with modern methods of NFP one would expect that a clear distinction would be made between these methods and the old calendar method. However, this is not always done. Two diagrams are presented (I-37, I-38) to show the relative ineffectiveness of natural methods when compared with the contraceptives and the IUD. All natural methods collectively are compared with the contraceptive methods taken individually. One might question whether this is a fair comparison. Moreover, on further examination one discovers that the natural methods in question are mainly one method — the calendar method. It is important to remember that when the report states, for example, "In general use, periodic abstinence methods are less effective in preventing pregnancy than are other methods of family planning" (I-38), it is speaking chiefly of the calendar method. It is not clear what method or methods it is referring to when it says, "About 15 percent of periodic abstinence users become pregnant within one year, compared with less than 5 percent of pill and IUD users" (I-51). We learn on p. I-47 that about 16 percent of the users of the STM become pregnant. Is it being suggested that a combination of the least effective methods of NFP yields a lower mean pregnancy rate than does one of the most effective methods taken alone? The figures quoted in these diagrams for the use-effectiveness rates of contraceptives and the IUD are relatively low. According to other authorities the difference in effectiveness between the condom, the diaphragm, spermicides and the calendar method is not great. (See, for example, Hatcher, op. cit., pp. 20, 80, 85, 89.) The condom and the diaphragm, unreliable as they are, were recommended in Population Reports in 1979 (with abortion as a back-up) as the safest methods for women in developed countries who had not completed their families (A-170). "The use effectiveness of combined oral contraceptives is difficult to evaluate as it depends on numerous patient and program variables"
(Hatcher, op. cit., p. 38). Those familiar with the variations in rates given by different authors will agree. Hatcher says that they vary between 2 and 16 pregnancies per hundred years of pill use with the mean at 10 pregnancies (ibid.). This contrasts with Population Reports's reiterated claim that the pregnancy rate for the pill is less than 5 percent per year (I-33, I-51).

The temperature method — Three paragraphs (I-39) are devoted to the difficulties and uncertainties of the temperature method. Studies are quoted uncritically and little effort is made to distinguish between difficulties that are common and those that are rare. It is claimed that the temperature method is more effective for those who abstain regularly for more than half the cycle than other periodic abstinence techniques. Reference is made to the study by G. K. Doring. No allusion is made to the effectiveness rates which Doring gave for those who followed the combined temperature method (I-11), i.e., those who used both the post-menstrual and the pre-menstrual infertile phases of the cycle. This was p. 3.10. “The major drawback of the temperature method is that abstinence is necessary for the entire pre-ovulatory period” (I-39). This is true only of the strict temperature method. Population Reports ignores the combined method in 1981.

The cervical mucus method — This method is treated in Population Reports in considerable detail. Six of the studies quoted record 20 or more pregnancies per 100 woman-years, six record fewer. Reference is made to 11 other studies in developing countries and six of them are mentioned specifically. The study of T. W. Hilgers in the U.S. which yielded a use-effectiveness rate (UER) of p. 5.40 is overlooked (Hilgers, 1980). K. Dorairaj reported that the UER of two CM methods used in five programs in India were under p. 1.5 (Dorairaj, 1981, p. 15). In this section, the 39.7 pregnancies per 100 woman-years of the Los Angeles women during the year after training is mentioned again. In a research project in India, the control group of 500 women (who were not trying to avoid pregnancy) had a pregnancy rate of 31.7 percent (Zimmerman, op. cit., p. 71). One might ask whether the experience of 191 women in Los Angeles has any relevance to India. It is certainly not a matter of universal significance. It is worth noting that some programs in India and South America have given up the more complicated STM in favor of the CM method (Zimmerman, 1980, pp. 69, 70).

The sympto-thermal method — The report quotes seven studies which involved 11 different groups. Pregnancy rates ranged from 4.9 to 34.4 per 100 woman-years. The studies of J. Roetzer (1978) and A. K. Ghosh et al. (Zimmerman, op. cit., p. 71) yielded a UER of less than p. 1.0. R. F. Vollman reported an unplanned pregnancy rate of less than 3.0 per 100 woman-years for the BBT-calendar method (Human Life Center Newsletter, Aug. 20, 1979, p. 4). These results are not mentioned.
Continuation — Continuation rates with natural methods, *Population Reports* tells us, are lower than continuation rates with the pill or the IUD. The main evidence in support of this statement seems to be the oft-quoted studies of Wade and Medina. The discontinuation rates in the other studies quoted range from 0.5 to 50 percent per year. Authors do not agree on the discontinuation rates for the pill. Hatcher (*op. cit.*, p. 38) puts them between 45 and 75 percent in the first year. *Population Reports* puts the figure at a more modest 30-50 percent using life table calculations. Hatcher (*op. cit.*, p. 70) puts the discontinuation rate for the IUD between 20 and 40 percent. “Specific physical side effects are not a major reason for discontinuing periodic abstinence” (I-51). We are not told what side effects, physical or psychic, are minor reasons for discontinuation.

Acceptability — The most successful NFP promotional work in India was carried out in Patna in 1980. In that year about 10,000 acceptors enrolled in an NFP program. The dropout rate was under 5 percent. At the end of 1980, less than one percent of those who had enrolled in the program and wished to avoid pregnancy had become pregnant. *Population Reports* is silent about the success of this program. But it does not ignore the program completely. It tells its readers that an “Indian program encourages acceptance with the payment of a modest incentive to users . . .” (I-54). *Population Reports* fails to add that this “modest incentive” was paid for just over one year and was discontinued at the end of 1979 (cf. Gallagher, 1981, pp. 20-23; Kumar, *A Case Study on the Patna NFP Program*). Instead of providing information about recruitment to service programs, *Population Reports* gives a detailed description of the difficulties that were encountered in recruiting acceptors for the WHO Trial in Colombia and this in spite of the fact that no firm conclusions can be drawn about the general acceptability of a method from the reluctance of people to take part in a prospective trial. Another example of difficulty in recruitment is drawn from a report by K. Dorairaj. To recruit 200 women for the Billings method it was necessary to instruct 2,000, but the difficulty was overcome when the rules were modified. In the same report we are told that 11 field-workers, working part-time, recruited 3,362 acceptors in 24 months and that many more could have been recruited but the numbers were restricted in order to ensure high quality work and because it was a research program (Dorairaj, 1981, p. 17). *Population Reports* ignores this example of successful recruitment in recent years but goes back to the 1960s to find another illustration of lack of interest in NFP.

Problems of abstinence — *Population Reports* devotes about 45 lines to an uncritical review of the difficulties of abstinence while 14 lines are given to describing some of the benefits “attributed” to periodic abstinence by satisfied users. “Not all users,” we are told, “are dissatisfied.” However, a final paragraph is added which calls in ques-
tion the good judgment of satisfied users. In this section, the authors fail to distinguish clearly between difficulty and dissatisfaction. People are satisfied if they know what they are doing is worthwhile, whether it be difficult or not. This point seems to have escaped the authors. No reference is made, unfortunately to the perceptive articles on the "Psychological Aspects of Natural Family Planning" by Mr. Ronald Conway (Conway, 1980).

Complications — Pregnancy, we are told, is the major health hazard of natural birth control. More than half a page is devoted to the "possible" but hitherto unproven dangers of spontaneous abortion and birth defects in children as a result of using NFP. The severe criticisms of these hypotheses by Roetzer, Vollman (quoted in Newsletter of the Human Life Center, June 1, 1976, p. 5; NFP Reader, p. 117 ff.) and Hilgers (IRNFP, Summer, 1977, pp. 105 ff.) are ignored. Couples, Population Reports admonishes us, "are to be informed of these potential problems" (I-56).

Use — In the last few decades, Population Reports informs us, the use of periodic abstinence had declined markedly throughout the world, even in Catholic countries. An apparent increase in the U.S. between 1973 and 1976 is due to differences in surveys and sampling variations. The growth in interest in NFP in the U.S. in the past few years and the rise in the number of NFP programs from 40 to over 400 is overlooked. So also is the fact that many of the new programs mentioned in Population Reports, especially those in India and Africa, are well supported. Although NFP programs face many challenges in all parts of the world, Population Reports's picture of continual and universal decline is not one that cannot be substantiated (see Lancottot, Seminar, p. 172.

Correct usage — Though the IFFLP has tried to introduce some clarity and coherence into NFP terminology, its efforts have been wasted on the authors of Population Reports. In the introductory summary we are told that "the new methods are often called 'Natural Family Planning' " and are referred to the IFFLP definition. On p. 47 we learn that the STM is sometimes referred to as NFP. In fact, the IFFLP definition of NFP applies to all methods of natural birth control: calendar, temperature, cervical mucus and sympto-thermal. Again, the report variously describes natural methods as methods of avoiding or methods of preventing pregnancy. It is one thing to avoid something; it is another to prevent it. By using natural methods a woman can avoid pregnancy, by using contraceptives she can prevent it, and by using the IUD and other abortifacients she can terminate it.

Money matters — The authors of Population Reports repeatedly make comparisons between NFP and other forms of family planning, always to the advantage of the latter. About one point, however, they are silent — the enormous superiority in resources of the promoters of
contraceptive methods. *Population Reports* notes that in the U.S., Catholic organizations provided the U.S. $10 million for services, research and publications since 1968. One might compare this figure with the U.S. $165 million spent on the promotion of contraception in Pakistan between 1965 and 1980 — spent on a program which was an abysmal failure (Robinson et al., p. 85). (Contraceptive failures of this magnitude are not mentioned by our authors.) Nowhere is it suggested by *Population Reports* that some of the deficiencies of NFP might be due to lack of funds. Nor does it advert to the possibility that money is more easily available for the spread of the relatively harmful pill or other, but less effective, contraceptives because money so employed brings no small return to the investor.

A comparison — C. Lancot has pointed out that promoters of contraceptives overemphasize the apparent shortcomings of NFP — especially its low effectiveness rates and the difficulties of abstinence (*Seminar*, p. 173). From what has been said above it can be seen how just this observation is in the case of *Population Reports*. It is instructive to compare the treatment of NFP in this issue of *Population Reports* with the approach to contraceptive methods which can be found in earlier issues of the same publication. It will be remembered that *Population Reports* considers natural methods, with a mean pregnancy rate of 15 per 100 woman-years, to be less effective than other contraceptive methods. *Population Reports* (H-21) introduces the condom as a “highly effective contraceptive product” and regrets that only recently (i.e., 1974) has it been recognized as “the effective means of contraception that it is.” Later, in the same issue, we learn that it has a use-effectiveness rate ranging between 3 and 36 pregnancies per 100 woman-years (H-32). (Hatcher puts the figure between 15 and 20 [Hatcher, *op. cit.*, p. 85]). The diaphragm, though not widely used, is “an excellent alternative for women” who should not or do not wish to use the pill or the IUD (H-57). The use-effectiveness rate is reported to be P.19 (H-65). Spermicides are introduced with the information that, if properly used, they can be 95 percent effective. Even if not properly used, they are 85 percent effective and meet important needs that others may not (H-77). Later, we learn that failure rates range from between 0.3 and almost 40, depending on the products used, etc. (H-87). Minipills, which are not popular, and which are neither particularly effective nor especially safe, “do have advantages which make them especially suitable for certain women” (A-54). And, say the authors, with a verbal skill that is as rare as it is delightful, “they, like IUDs, are less effective in preventing ectopic pregnancy than they are in preventing uterine pregnancy” (A-55). *Population Reports* does not ignore the deficiencies of the different methods of contraception. But in commending these methods to its readers it displays an enthusiasm and an invincible optimism that are sadly lacking when it turns its attention to NFP.
And while *Population Reports*'s writers show an admirable, not to say scrupulous, concern that potential users of NFP be informed about its deficiencies, both real and hypothetical (I-56, I-63, I-65), they show no such solicitude for those who depend on contraceptives for “protection.” The methods of what they euphemistically call “social marketing” demand that retailers and customers be informed of the advantages of these products (J-413). It is the users of what is admitted to be the safest method of family planning, NFP, who need to be told about disadvantages and dangers.

**Conclusion**—This issue of *Population Reports* contains much information about modern methods of NFP and this should be of interest to those who promote them. But it is vitiated by serious defects. It draws general conclusions about effectiveness and continuation rates from a very few instances. It introduces irrelevant and confusing information about the calendar method to show the superiority of contraceptives and the IUD over natural methods. It draws conclusions about the general acceptability of NFP from a small number of cases while it ignores contrary instances. It emphasizes the difficulties of NFP while it passes lightly over its advantages. It suggests, without a shred of evidence, that the majority of users of NFP are dissatisfied with it. It repeats uncritically and at length speculation about complications from the use of natural methods. It stresses NFP’s reverses after the advent of the pill but ignores its revival with the pill’s decline. Finally, while it makes repeated comparisons between natural methods and contraceptive ones, always to the advantage of the latter, it ignores completely the enormous disparity between the resources available for research into and promotion of contraception, sterilization and abortion and those available to those engaged in NFP work. Contraception is a big business; NFP is not. This report contains a wealth of material that is of interest and may be helpful to those engaged in promoting natural methods of birth control. It is not, however, a reliable and objective account of the state of NFP at the present time.

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IRNFP, International Review of Natural Family Planning, Minnesota.

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