

“Helping Couples Choose an NFP Method”—Two approaches

Point—Joe DeVet, Archdiocese of Galveston-Houston

How do we help potential NFP learners to choose which method would be best for them?

In a large archdiocese with multiple NFP methods available, I’m often asked the above question. Here’s my belief: the more method details we communicate to couples about the various NFP methods, the less likely they will attend a class. In other words, the less we tell them the better!

Why is it better for NFP educators to keep it simple with regard to NFP methodology? Because we know that the majority of couples have only just heard of NFP “5 minutes” before they ask the question. They do not have a conceptual framework in which to hear and understand whatever we might say about mucus-only methods, or Sympto-Thermal, or Creighton Model v. Billings, etc. Thus, the more they hear about NFP method details, the more unintelligible the information becomes. In fact, I would bet that it gets piled up in their minds, with no place to go! A couple could feel more and more inadequate to the task of making an informed decision. And, in today’s world where information is a click away, a couple may think that they will need to do more research in order to be knowledgeable enough to make this difficult decision. In the event that they postpone their investigation, they may never get around to it. As a result, no decision is made and our NFP classes remain empty.

What’s the answer? My approach is simple. Send interested couples the diocesan NFP class schedule with all the local methods listed. Tell couples that the NFP methods are all good and effective. All NFP methods are based on extensive scientific research, and taught by people who have been thoroughly trained and certified to teach. Unless a couple has a reason to prefer one NFP method over the others, they should just choose the one most convenient.

Here’s some basic information to consider: all the NFP methods have method effectiveness rates which range from 97-99% ; and the user effectiveness rates range in the 80%’s to mid-90%’s. The key for effectiveness for pregnancy avoidance is not so much to pick a particular method, but whether the method is taught with skill and pastoral sensitivity, and particularly, whether the couple is motivated to use the method correctly according to their family planning intention.

For the few clients who know something already, and ask specific questions, we answer their questions. A common question is: What’s the difference between the “Ovulation Method” and the “ST” methods? I answer that people who prefer the cervical mucus approach like the simplicity of observing just one sign. Those who prefer STM are more comfortable with more data. But, most people don’t know what questions to ask. In charity, my feeling is that we should not burden them with information they can’t handle.

God willing, the minority of people who find themselves in a method which doesn't suit their temperament will remember that there are other options and will switch. My belief is that this is a small (though real) minority.

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Counter Point: *Mary Finnegan, Archdiocese of Boston*

How do we help potential NFP learners to choose which method would best suit them?

Offer competent NFP instruction and match individual couples with the appropriate NFP method!

Competent NFP instruction is essential to help married couples to be confident, satisfied, long term users of NFP. I believe another factor that contributes to the realization of this goal is the best possible match between a couple's needs, preferences etc. and their chosen NFP method.

Here is how I view the challenge: Not every NFP method suits every couple. I believe one of my roles as diocesan NFP coordinator is to help couples understand the differences between the various methods and to help them discern the best NFP "fit" for them. This also ensures that if they are "unsatisfied" with their first choice they will know that there are other NFP options.

The differences between NFP methods are real. Some of the method differences include: the number of biological markers observed; rules used to pinpoint the window of fertility; number of days of typical sexual abstinence; and method efficacy for avoiding pregnancy. There are also differences in the manner in which methods are taught: in person; online; small group; private instruction; number of sessions; length of time to learn; and, in our archdiocese, cost to learn. Of course, there are other unique factors that couples may bring to instruction, for example, infertility or reproductive disorders, ending a hormonal contraceptive, breastfeeding, prior NFP experience, and so forth.

The diocesan NFP coordinator is uniquely equipped to help potential NFP learners choose the most suitable NFP method. In my experience, individual NFP teachers are often "experts" in their own methodology and can be ignorant of the particulars of other methods. At the same time, when we do know about the differences, care must be taken to not overwhelm couples with data. In Boston we provide a simple "spreadsheet" online that identifies method details such as: class fee; number of instructional sessions and follow-ups; fertility indicators used; instructional options; and efficacy rates.

When couples call the office I ask some simple questions that include: “Have you reviewed the NFP pages of the diocesan web site?”; “Do you know about the different methods and NFP programs in the Archdiocese?”; “Are you familiar with a particular method?”; “Do you have any medical issues or concerns?”; and “Do you have any preferences in terms of instruction?” This conversation enables me to get a sense of the caller and explain about the available methods and programs. I find that couples appreciate both the effort made to tailor NFP to their needs and the diversity of NFP methods available to them.

The challenges for diocesan coordinators are real. Ideally, we should make available a variety of NFP methods in the diocese, have a strong working knowledge of all NFP methods, and have the time to spend in conversation with couples. I believe addressing these challenges brings me one step closer to my desire for having married couples be confident, satisfied and long term users of NFP.

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