

Natural Family Planning



Diocesan Activity Report

Vol. 2, No. 4 Fall 1991

Trail Blazers—Diocesan NFP Teachers Awarded DDP Certification

On September 14, 1991 the first group of diocesan NFP teachers were awarded DDP Certification. The awards were announced at the Fall '91 NFP Teacher Training Institute of the diocese of Cleveland (see p.4. for names of pioneer group).

As a member of the NFP National Advisory Board, Cleveland's diocesan NFP coordinator, Mary Ann Stanton, along with four other Board members volunteered to take part in the testing of the implementation process (see **Diocesan Activity Report—NFP**, Summer 1991, p.7). While working on evaluating their diocesan programs, these Board members were also asked to invite their teachers to take part in the certification process. Both components of the implementation process could be attended to simultaneously; however, certification of the diocesan NFP teacher could only take place *after* the Endorsement of the diocesan NFP program. The rationale for the sequence was that a teacher needed to be supported and nurtured by an established, mature program.

As one of the oldest diocesan NFP programs in the U.S.A., Cleveland provided the DDP with the perfect event in which to announce the first awards. We are proud of the pioneer group of DDP certified diocesan NFP teachers. These dedicated individuals have taken yet another step toward claiming a place in public ministry for the NFP apostolate. Congratulations!

Regional & State Diocesan Program Meetings

Since the launching of the implementation process of the Standards at the Fifth Biennial National Conference of Diocesan NFP Coordinators (June 26-29, 1991) in Washington, D.C., NFP Coordinators are asking for regional consultation meetings.

The purpose of a regional meeting is simple: for a DDP Representative to meet with the diocesan NFP coordinators of a region or state, in order to discuss how diocesan NFP programs can be strengthened; and to clarify any questions with regard to the implementation of the Standards. The agenda is simple: a brief introduction, followed by diocesan NFP program descriptions (given by each representative of a diocese); next, a description of the services the DDP can offer to assist the dioceses; an open discussion of basic

needs of the dioceses and expectations of assistance from the DDP; finally, discussion of the importance of creating NFP regional networks.

Currently two such meetings have taken place. One in region 6 (OH & MI) which met on 14 September 1991 in Cleveland; and a second in the form of a state-wide meeting held in Florida (21 September 1991). Because distance is always a problem for holding regional meetings, both of the above groups took advantage of an established event. In Florida, the event was the annual diocesan Pro-Life Coordinators Conference held in Sarasota. Region 6 chose the Cleveland diocesan NFP teacher training institute's Fall '91 meeting.

The most basic needs expressed during these meetings were: 1) an annual diocesan

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NFP budget which could sustain a small staff and provide for periodic training of teachers; 2) the support of the Family Life office through ensuring NFP presence in marriage preparation programs; and 3) more systematic and aggressive outreach to adolescents. On this last point, it was agreed that adolescents are being targeted by less noble groups who do not believe that teens need to be chaste. Teenagers need to hear and understand the Church's teachings on sexuality, conjugal love, and responsible parenthood.

(Continued on p. 2)

DDP special assistant, Theresa Notare, was impressed with the commitment and pastoral acumen which the coordinators demonstrated. Discussions were characterized by an air of support, honesty, and humor. Gratitude must be expressed to all participants, especially those who drove great distances in order to attend. The DDP extends a special note of thanks to Florida Catholic Confer-

ence Director, Tom Horkan, who took time from his busy schedule to attend the Florida meeting.

Upcoming meetings are scheduled for region 11 (CA, NV, and HI), in San Jose, CA on 23 November 1991; and Illinois in March 1992. *[If you are interested in hosting a regional meeting, contact the DDP for further information.]* ■

Government Funding for NFP Providers?

Many diocesan NFP programs periodically ask the DDP where they can find outside funding for their programs. One source may be the national family planning program which provides Federal government funding for comprehensive family planning services, training, and research.

Known as Title X, this categorical grant program (Public Health Service Act in 1970) requires funded projects to provide a "broad range of acceptable and effective family planning methods and services (including natural family planning methods, infertility services, and services for adolescents)." NFP providers have traditionally been cautious with regard to this grant due to the federal government's requirement for grantees to "refer" clients to other methods of family planning. In reality however, NFP providers should know some facts about Title X, and investigate it anew because there may be a way to tap into this source of funding without compromising our values.

Title X serves an estimated 4 million individuals. Approximately one-third of the clients are adolescents. A large percentage of Title X clients are low-income women, with a sliding fee schedule for other clients. The Title X program is administered by the Office of Population Affairs in the Public Health Service (PHS), Department of Health and Human Services. The Deputy Assistant Secretary for Population Affairs is William R. Archer, M.D., F.A.C.O.G., and the Director of the Office of Family Planning is Mara R. Duffy. Authority for reviewing and monitoring Title X family planning service grants is delegated to the ten PHS Regional Offices. The Fiscal Year 1991 budget for the pro-

gram is approximately \$144 million, and supports 85 grantees with 4,000 clinics. Although the Title X clinics must provide NFP services, not all of the clinics offer NFP on-site. This last point is where NFP providers may be able to find the crack in the door. You may want to find out who the grantee of Title X is in your region. Once doing so, consider paying a visit to them and ask for NFP. You may be surprised as to what you find, or don't find.

NFP has had a place in the Title X program since it was amended in 1975. Recognized by the enacting legislation as an effective family planning method, NFP is a required element of service provision in Title X clinics. Because not all clinics have the staff capability for NFP provision, clinics can establish a referral relationship to another facility for NFP services. For example, individual clinics can be direct Title X "grantees", but many receive their funding from other grantee organizations, and are called their "delegates". If a grantee does not provide NFP services itself, it can establish a "sub-delegate" arrangement with another entity, to pay for NFP services. Typical referral facilities for NFP services are hospitals that do not have a Title X clinic. Theoretically, a diocesan NFP program could become the "NFP delegate" of a Title X grantee and not be faced with the problem of referral. There would be no reason for referral due to the fact that the NFP provider would be filling one of the requirements of the grantee organization who has the responsibility to refer.

The Title X program is operated on a regional basis. Inquiries about grantees, clinics, the provision of NFP services, and development of a sub-delegate relationship in a particular area

should be directed to the PHS regional offices. Similar inquiries about NFP services and development of a sub-delegate arrangement can also be made to local Title X clinics, or to the grantee that supports the clinic.

The Office of Population Affairs has sponsored research, conferences and publications on NFP in recent years. It is committed to improving all aspects of service delivery in its programs.

If you would like to explore this further, the PHS regions, Regional Program Consultants (regional program contact persons) and office telephones are:

Region I:

Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island; James Sliker, 617-565-1452.

Region II:

New York, New Jersey, Puerto Rico, Virgin Islands; Eileen Connolly, 212-264-3939.

Region III:

Pennsylvania, Maryland, Delaware, Virginia, West Virginia, District of Columbia; Elizabeth Reed, 215-596-6686.

Region IV:

Kentucky, Tennessee, North Carolina, South Carolina, Georgia, Alabama, Mississippi, Florida; Patricia Riley, 404-331-5316.

Region V:

Ohio, Indiana, Michigan, Illinois, Wisconsin, Minnesota; George Hockenberry, 312-353-1700.

Region VI:

Louisiana, Arkansas, Oklahoma, Texas, New Mexico; Paul Smith, 214-767-3072

Region VII:

Missouri, Iowa, Kansas, Nebraska; Susan Moskosky, 816-426-2924.

Region VIII:

Colorado, Utah, Wyoming, Montana, South Dakota, North Dakota; John J. McCarthy, Jr., 303-844-5955.

Region IX:

California, Nevada, Arizona, Hawaii, American Samoa, Guam, Trust Territory of the Pacific Islands; James Hauser, 415-556-7117.

Region X:

Idaho, Oregon, Washington, Alaska; Vivian Lee, 206-553-1020.

[If you find this a source of funding, please share your experiences with us. Ed.] ■

"Insight—Overcoming Stereotypes"

Regine Kemmner and Theresa Notare

Regine Kemmner is a fifth-year medical student at the Freie Universitat in Berlin and a practicum student with the NFP working group at the University of Dusseldorf, Germany. I first heard of Regine from Dr. Claude Lanctot (International Federation for Family Life Promotion, W.D.C.) when he called one day asking if I would meet with a German student of NFP who would be in the country for several weeks. Of course, I agreed to meet with Regine, and thought nothing more of it.

When Regine showed up at the door of the NCCB, I must confess that I had forgotten about our meeting. It was one of those days where a tiny storm cloud took up residence over my desk. Well, to my delight Regine burst into the office like a ray of sunshine piercing a gloomy sky.

As a woman who recently discovered the blessings of NFP, Regine Kemmner was refreshingly enthusiastic, optimistic, intelligent, and inquiring. I had thought our conversation would be typical, i.e., I would explain to her how the DDP operates and what NFP activities were like in this country, etc. What I had thought was going to be one sided, "my gift to her", was a mutual exchange of interest, hope, and sharing of simple faith.

Regine had much to say of the problems in medical school about the lack of NFP information. She saw great prejudice directed toward women in her lectures on contraceptives. She noted that women's bodies were viewed as something to be manipulated and even mutilated in the name of reproductive control. In her aspirations to be a good doctor she was not content with this information. She wanted to care for the lives that she would be serving.

Our conversation did cover my usual overview of diocesan NFP activities in this country, but I had to offer much more to Regine. Regine told me she was not Catholic, so I had to do a great deal explaining of what we were about as a Church as well as an office of the Catholic bishops. Regine told me that she had no previous contact with the Church, and that her image of Catholics

had been given to her mostly through negative stereotypes which people in her world had passed down to her. Regine had never given much thought to the Church and now, due to her discovery of NFP, many questions about the Church and specifically its teachings on conjugal love and responsible parenthood multiplied in her mind and challenged her life.

"Meeting a person like Regine. . . is important for us. It reminds us of the treasure of our Church, the value of NFP, and how easy it is to forget these things."

Attempting to answer Regine's probing questions about our beliefs was difficult, yet, she was willing to break stereotypes. This she gave witness to at the end of her stay in the U.S. when she tearfully spoke of the importance of the relational elements which NFP helps to underscore in the lives of couples who use it at the diocese of Cleveland's Teacher Training Institute. (Sept. 14, 1991).

Meeting a person like Regine who had to face stereotypes in the medical world, as well as in her own world is important for us. It reminds us of the treasure of our Church, the value of NFP, and how easy it is to forget these things. But enough of my perception, I will let Regine speak for herself:

As a medical student, and a woman I was interested in effective methods for birth control without harmful side effects to women's health. From my physician and in medical school, my initial information about NFP was that it was not effective. Professionals told me that NFP might be something for very restrictive people who had no pleasure in

having sex. Some even called it "Vatican Roulette". Most of my textbooks did not distinguish between calendar rhythm and the modern methods of NFP. The overall prejudice conveyed to me was that for most people "NFP does not work". Yet, I was curious to learn more, and became a student in a NFP teacher course.

Sharing my experience with friends at the Freie Universitat Berlin, there seems to be ample demand for more information about simple methods to detect fertile days in the cycle. I chose NFP for my thesis and this brought me to America for six weeks during the Summer of 1991. I spent four weeks at the Institute for Reproductive Health at Georgetown University, where much research and promotion for NFP and breastfeeding in developing countries is done. Dr. Claude Lanctot (IFFLP) had arranged for me to meet NFP-users, teachers, diocesan coordinators, and academics interested in and/or working with NFP. It was an overwhelming and interesting learning experience!

First of all, I have no doubt about the effectiveness of the modern methods of NFP. I am delighted that it has no harmful side effects for women's health. But I see a more important benefit; i.e., understanding the dynamics of the body has a positive effect on the person and relationship between the sexes.

As I see it, men like NFP because they know better where babies come from, and they can share the knowledge and responsibility of how to postpone or achieve the pregnancy. They discover much more about the personality of their spouses as they become able to love each other. In addition, they can better deal with the changes in mood and behavior of their partner.

Women enjoy NFP because the knowledge about their cycle gives them an understanding of their fertility. Being loved and respected as a whole person, with the body and the cycle, is a great experience. It demands and improves communication and is therefore very helpful for a good relationship. It may even help to keep a long-lasting relationship. NFP can stand on its own feet, and I have great respect for the Catholic Church realizing this truth and supporting NFP! ■

REVIEW/POPULATION STUDIES

Family Planning and Population Control: The Challenges of a Successful Movement.

Kurt W. Back

Reviewer: Robert T. Kambic, M.S.H.

From antiquity, methods for limiting births have been known, but the understanding of the implications of population issues for society began only 200 years ago with Thomas Malthus. Population issues encompass much more than family planning; they include the sociology of why people have children, the demography of the causes of death, and the study of population size. Since the time of Malthus, concerns about population and family planning have become an accepted part of modern life and are considered to be the same issue. In his book, *Family Planning and Population Control: The Challenges of a Successful Movement*, Kurt Back, a social psychologist at Duke University tells how this came to be. His stated objective is to examine the relationship between society, family planning, and population.

Back's major theme is that family planning and population was first heralded by liberal social reformers, subsequently funded and studied by more cautious politicians and scientists, and finally publicly accepted. Back shows how scientific studies, by breaking the social bonds that restrict the discussion of taboo topics, are the first step to a change in social values. Beginning with Kinsey, and thereafter repeatedly, surveys about sexuality and contraception allowed individuals to articulate views which could then be publicly discussed. Back thinks that individually, people were ready and willing to discuss these topics, but until science allowed it such discussion was not permissible. Once issues are socially acceptable, they become institutionalized and are studied by academics. Our studies of NFP at Johns Hopkins are a part of this movement.

A recurring minor theme in the book is the consistent opposition of the Catholic Church to family planning and population programs. For example in the early 1900's, the Church instigated local politicians and police to disrupt Margaret Sanger's birth control movement in

New York. Later in the 1950's, the Church took strong stands against the adoption of a family planning program in Puerto Rico, and against the Rockefeller commission studying population issues in Asia. While painting the Church as a major obstacle to family planning and population issues, Back never explores the reasons why this is so. This is a major gap in the book.

Back's thesis is that the family planning and population control movement flourished because it responded to two needs of contemporary society. First, the need for smaller families, and second the need to balance human population size with resources and the environment. The Church's teaching of responsible parenthood does not argue with either end, but questions means for family limitation and judgments about the relative impact of population versus social and economic issues on the environment. The Church states that NFP is the only means of family planning which respects human dignity and suggests that unjust economic systems have played a large part in environmental disruption with the negative aspects of population growth being over-emphasized. In recent years, some population experts have come to agree with the Church on at least the second point.

This book gives a sense of how reproductive health issues have become an accepted part of our contemporary life. NFP has not benefitted from this acceptance because being associated with the Church it is an outcast in the field of population. Back, as with others in this field, sets the Church as straw man without exploring the Church's viewpoint. To counter the inaccurate views of population advocates, those in NFP should know the teaching of the Church about family planning, and also about the larger issues related to population and the environment. (In this regard see Bishop McHugh's article "Stewards of Life, Stewards of Nature" in the 1990 Respect Life Manual).

At Johns Hopkins I work with population and family planning advocates. I provide them with factual ideas of the

teaching of the Church regarding human dignity and how it is translated directly into health and welfare advocacy (such as in the U.S. Bishops Economic Pastoral). It is my experience that once they have that knowledge, they better appreciate what the Church is saying about all areas of human welfare, including NFP. Facts and logical arguments will never completely remove the bias against the Church and NFP in these forums, but they are lamps in what was previously darkness. ■



Michael and LuAnn Ashby, Diocese of Cleveland, were the first to be awarded DDP/NFP Teacher Certification. A proud Diocesan Coordinator, Mary Ann Stanton (center), and DDP Special Assistant, Theresa Notare, look on.

Congratulations to

Diocese of Cleveland, OH:

Michael and LuAnn Ashby

Diocese of Springfield, IL:

Donna Dausman

Diocese of Memphis, TN:

Mary Pat Van Epps

Diocese of Sioux Falls, S.D.:

Jay and Mary Ann Paulukonis

Barbara and Elmer Brinkman

Harley and Marilyn Petersen

Bob and Jean Kehrwald

Archdiocese of Portland, OR:

Louise Bernards

Gail Hitchcock

Holly and Richard Denman

Denise and John Gende

Rose and Mike Fuller

Catherine and James Hansen

Katie and Michael Jaeger

For achieving DDP Certification.

**May God continue to Bless
you in your ministry!**

Coordinator's Corner

Statewide NFP teacher Training Program Grows in New Jersey

Steve and Rosemary Kern, Diocese of Metuchen; Martin and Kathy Dolly, Diocese of Trenton; and Kevin and Karen Doyle, Archdiocese of Newark.

On February 23 and 24, 1991 couples from each of the five dioceses in New Jersey participated in the first statewide NFP Update/Teacher Training Program. The goal of the program was to provide a core of knowledge about the spiritual, physical, and relational components of NFP for all the current and prospective NFP teachers in the state. The weekend was the culmination of months of planning and sharing of ideas by the Family Life Directors and Diocesan NFP Coordinators from the (Arch) dioceses of Newark, Metuchen, Paterson, Trenton, and Camden.

When the diocesan NFP coordinating couples first met to discuss the possibility of a statewide teacher training program the advantages of combining our efforts and pooling our resources quickly became apparent:

- Only two of the dioceses had access to doctors, clergy, and other professionals who could serve as the faculty of a teacher training program. By combining with the other dioceses, more NFP teachers would gain access to these professionals. In addition, the speakers would be given a larger audience with whom to speak.
- Each diocesan NFP program in New Jersey teaches Sympto-Thermal Method. In addition, NFP is taught as a way of life which promotes the growth of love in marriage. The similarities among the programs made it relatively easy to develop a combined teacher training program.
- Some of the dioceses have many NFP teacher couples while others are just getting started with one or two teacher couples. By bringing all of the teacher couples as well as the newly recruited potential teacher couples together, more insights and experience

could be shared. Also, the couples teaching alone or with one or two other teachers could receive support and encouragement from the other teacher couples in the State.

- Teacher couples occasionally move from one diocese to another within the State. A combined teacher training program ensures that all NFP teaching couples have the same basic level of knowledge.
- By combining resources, each diocese could take on part of the expense in providing teacher training without the full burden falling on any one diocese. The Family Life Directors worked hard to arrange for the teaching couples to be able to attend the weekend at no charge.
- Given the size of New Jersey, a central location for the training could be chosen which would keep the travel time for each couple to a minimum. A large retreat house on the Jersey shore was chosen as the site for the training program.

As the planning for the statewide Teacher Update/Training Program progressed, we were able to draw on the special resources each diocese had to offer. We joined the New Jersey Family Life Directors at two of their monthly meetings and were encouraged by their interest and support.

The weekend itself was a combination of open group discussions, presentations on topics of particular interest, times for socializing, and opportunities to share prayer. Group discussions centered around commonly encountered teaching and follow-up problems, special fertility situations, and techniques for recruiting couples to learn NFP.

Among the main speakers were: Dr. Robert Braebe, a reproductive endocrinologist from the Diocese of Trenton, who discussed procreative anatomy and physiology, special fertility situations, and infertility problems; and Dr. James Fox, an obstetrician/gynecologist from the Archdiocese of Newark, who addressed the integration of NFP

into a couple's marriage relationship and the interpretation of difficult charts. Fr. Robert Fuhrman, Director of Formation at Immaculate Conception Seminary at Seton Hall University, spoke regarding the Church teachings which support Natural Family Planning and the need to better convey the message of these teachings to the laity and to those studying for priesthood. Dr. Zeni Fox, also on the faculty of Seton Hall University, gave the teachers insights into the special needs and concerns of adult learners and how to adjust our teaching techniques to make our classes more effective.

Once the weekend was over, each new teacher couple continued teacher training within their own diocesan NFP program. Each diocese uses a comprehensive set of teaching guidelines for the classes which are taught. These guidelines vary slightly from diocese to diocese. It became obvious that each diocese would need to cover this part of teacher training on its own. Besides the Teacher Training/Update weekend every new teacher couple participated in at least 10 hours of guideline review and then was scheduled to team teach with an experienced NFP teacher couple from their diocese.

Although we developed the content of the weekend based upon the needs and concerns expressed by the NFP teacher couples from each of our dioceses, we were pleased to receive a copy of the DDP's National Standards for NFP teacher training a few days before the February weekend and to find that our program met most of the requirements found there.

The evaluations of the weekend by the thirty couples who attended were extremely enthusiastic. Their comments regarding the first-time effort reflect its success: "Great for morale to see and meet more people doing this teaching." "Great job!" "Looking forward to next year." "This weekend really energized me!"

For more information about the New Jersey NFP Teacher Training/Update weekend contact: Rosemary Kern, St. Peter's Medical Center, Rm. 5070 MOB, 254 Easton Ave., New Brunswick, N.J. 08901. ■

SCIENCE NOTES

Hanna Klaus, M.D.

Oral Magnesium Successfully Relieves Premenstrual Mood Changes. F. Facchinetti, et al. *Obstetrics & Gynecology* August 1991 78:177-181.

A well designed, double-blind, randomized study of the effect of oral magnesium on premenstrual syndrome is reported. Diagnosis of premenstrual syndrome of at least two years duration was confirmed through the Moos Menstrual Distress Questionnaire. Subjects were randomly assigned to receive either placebo or magnesium for two cycles. Magnesium levels were obtained from lymphocytes (white blood cells) since plasma magnesium does not reflect the changes adequately. Psychiatric illness, kidney and liver disease had been ruled out before the study. Improvement on the Menstrual Distress Questionnaire was significantly different for the cycles treated with magnesium vs. placebo even though premenstrual pain was improved in both groups. The reason for the improvement with magnesium is still under investigation, but the authors conclude that if further studies confirm their results, magnesium supplementation could represent an effective treatment of the premenstrual mood problems.

An Evaluation of the Bioself 110 Electronic Fertility Indicator as a Contraceptive Aid. A. Flynn, J. Pulcrano, P. Royston, and J. Spieler. *Contraception* August 1991 44:125-139.

The Bioself 110 is a hand-held electronic device which combines BBT and calendar methods to delineate the fertile phase of the cycle. It was tested in three centers in England. One hundred thirty-one (131) women contributed 1238 use cycles. Subjects were women of known fertility who were not using any hormonal contraception or an IUD and were willing to have "unprotected intercourse" during the infertile days. The volunteers self-selected themselves into one of three groups. Group 1 agreed to practice sexual abstinence during the fertile days as indicated by the device. Group 2 chose to use barriers or withdrawal during the fertile days, and Group 3 were NFP users who would compare the NFP signs with the Bioself data, but would depend on NFP to de-

termine their fertile and infertile phases. Groups 1 and 2 are reported in this paper. There was one method-related unplanned pregnancy, one teaching related, while 11 occurred due to failures of the barriers and 11 resulted from knowingly having unprotected intercourse during the fertile phase. There were 5 planned pregnancies. Altogether, the Bioself was used correctly in 71% of the cycles; 84% of the users indicated that they were satisfied with it after 6-12 cycles of use. The results of Group 3 have are not yet available. Twelve month pregnancy rates were for limiters - 10.8%, spacers 32.8%. There were technical problems with the device. In 42% of the cycles the BBT rise was not reflected by a change from the red to the green light either due to insufficient temperature readings during the first half of the cycle (at least twice!) or disturbances or the device was programmed so conservatively that it could not identify a shift.

Use-Effectiveness Among Users of the Symptothermal Method of Family Planning. R.T. Kambic, R.H. Gray, R. St.Mart, C.A. Lanctot and M.C. Martin. *International Family Planning Perspectives* 17:96-99 September 1991.

A retrospective study of symptothermal method users in Mauritius utilized the life table method to determine the effectiveness of the symptothermal method among spacers and limiters to prevent pregnancy. Five hundred seven (507) autonomous users were interviewed 24 months after reaching autonomy. The Mauritius Program considers the first 12 months as learning months. Accidental pregnancy was essentially the same for both limiters and spacers - 12% at 24 months, half at 12 months. The life table does not count people who resume the use of the method after interruption, for instance, for a planned or unplanned pregnancy. Continuation was, understandably, higher among limiters (80% at 2 years) than spacers (51% at 2 years). Of the 186 women who had discontinued use at some point, 42% had returned to the method.

The authors comment on the 12-month long learning time of the Mauritius ST program compared to the three months which were adequate in the 1981 WHO Survey, without averting to the fact that the WHO trial used only the Billings Ovulation Method. [The paper states that the symptothermal method has been shown to be more ef-

fective than other methods of Natural Family Planning, while Kambic's most recent survey, circulated at the June 1991 DDP meeting, shows comparable ST & OM effectiveness. Ed.]

Home monitoring of gonadotropin ovulation induction using the Ovarian Monitor. S.J. Thornton, R.J. Pepperell, and J.B. Brown. *Fertility and Sterility* (December 1990) 54:1076-1082.

Dr. Brown's home monitor was used by 24 patients in 57 cycles to time the HCG injection used in inducing ovulation. Comparison of the results with the home monitor and standard laboratory tests of the urine for Estrone-3-glucuronide and Pregnanediol-3-glucuronide found almost identical outcomes. The home monitor is as safe and effective as laboratory monitoring and offers significant social benefits.

Principles of Behavior Change. T. Coates. *Network FHI* June 1991 12:1:3-5.

Synthesis by Dr. Thomas Coates based on principles from behavior change models developed by the US National Academy of Sciences.

- 1) Information is a necessary starting point.
- 2) Fear messages have limited use in motivating behavior change. The level of fear must not be so high that people are paralyzed by it or deny the risk. If fear is used, it must be balanced by means of empowering people to overcome it. Attention must be drawn to the positive consequences of engaging in healthy behavior.
- 3) People are more likely to try behaviors if they feel capable of performing them.
 - a) They must be taught skills for engaging in the desired behavior.
 - b) They need to see examples of people engaging in healthy behavior so that they can believe that they too can engage in this behavior.
 - c) It's often easier to encourage people to substitute a behavior than to eliminate an unhealthy behavior altogether.
- 4) Individuals are more likely to adopt a new behavior if they're offered choices among alternatives.
- 5) Campaigns should create environments that encourage change.
- 6) Change is more likely to occur if influential people in a community adopt change.
- 7) Relapse is expected. ■

NEWS BRIEFS

DDP ANNOUNCEMENTS

Confused about information inserts which accompany the **Diocesan Activity Report**? The DDP from its inception has been concerned about NFP information dissemination. Although our readership is limited, we know that we are the only NFP communications network which includes NFP teachers of all methods. As an office of the Catholic Church in America, this means that we are supportive of all the natural methods of family planning (OM, ST, BBT, and others). NFP providers, teachers, or supporters who would like to communicate relevant information to our readers are encouraged to contact us. It is the DDP's policy to request a copy of the material to be included in a mailing before consent is given. Once the material has been approved, it is the responsibility of the requesting party to send the DDP enough copies for the mailing. There is no fee for this service; however, due to the number of requests which the DDP receives, not all materials can be included in the mailings.

Vatican asks DDP Data Consultant, Robert Kambic to join population commission. Robert Kambic was asked to take part in a series of meetings in Rome (Nov. 1991) to study and make recommendations on a Vatican paper on population. The DDP is proud of this honor given to Bob!

Pro-Life Annual Vigil at the National Shrine of the Immaculate Conception will be held January 21-22, 1992. The DDP as a member of the Pro-Life Secretariat is on the planning board. Please mark your calendars and try to be with us during this night of prayer. If you can't attend in person, please join

us spiritually. A schedule of prayer intentions will be sent to you.



UPCOMING EVENTS

Winter Cruise with Clayton Barbeau, is set for Jan. 25 - Feb. 1, 1992. Barbeau, noted author and family therapist, will focus this year on "Creative Living". *Contact: Kay Ek, 1402 Kilian Blvd., St. Cloud, MN 56304; 612-252-7719.*

Northwest Family Services will hold a Teacher Training and Certification Program in the ST method of NFP on March 13-16, 1992. The education programs will be held in Wisconsin and hosted by the Family Life Secretariat, Diocese of LaCrosse. *Contact: Rose Fuller, Executive Director, NWFS, Providence Medical Center, 4805 N.E. Glisan St., Portland, OR 97213; 503-230-6377; or Barbara Johnson, Diocese of LaCrosse, 3710 East Avenue South, P.O. Box 4004, LaCrosse, WI 54602; 608-788-7700.*



ANNOUNCEMENTS

The Archdiocese of Newark, N.J. wishes to express its gratitude to Dr. James Fox, M.D., F.A.C.O.G. upon his retirement. Since 1973 Dr. Fox has served the Archdiocesan NFP program. As staff person Pat Eitner noted, "Dr. Fox is responsible for NFP in New Jersey."

Included among Dr. Fox's activities in the Archdiocese were: membership on the "Responsible Christian Parenthood" commission (1950-mid'60s); advisor on Sexuality Education (1965-72); and medical speaker for the Marriage Preparation Program (1966-83). In 1986

Pope John Paul II conferred the title Knighthood of St. Gregory the Great on Dr. Fox.

NFP Talks Given in Pulpit on the weekend before the Feast of the Annunciation in Malaysia. With permission from the National Conference of Catholic Bishops of Malaysia, NFP couples and supporters spoke from the pulpit after thanksgiving at all the Masses. In addition, priests included NFP in their homilies.

The DDP would like to welcome the following diocesan NFP programs who have applied for Endorsement . . .

California: Archdiocese of Los Angeles, San Jose, & Santa Rosa
District of Columbia: Archdiocese of Washington, D.C.

Florida: St. Petersburg
Georgia: Archdiocese of Atlanta
Illinois: Joliet, Peoria & Rockford
Iowa: Archdiocese of Dubuque
Kansas: Wichita

Louisiana: Archdiocese of New Orleans

Michigan: Kalamazoo
Minnesota: St. Cloud
Missouri: Kansas City-St. Joseph
Montana: Helena

Nebraska: Archdiocese of Omaha

New Jersey: Archdiocese of Newark & Trenton

New York: Archdiocese of New York & Albany

Pennsylvania: Harrisburg

South Carolina: Charleston

South Dakota: Rapid City

Texas: Corpus Christi & Galveston-Houston

Vermont: Burlington

Wisconsin: LaCrosse

Virgin Islands: St. Thomas

Talks were given at a total of 87 Masses, with 36 given by NFP teachers, 33 by NFP users, and 7 by priests. This was a significant effort in a country which is smaller than the State of Montana and where the Catholics are a small but vibrant minority.

[Reported by M. Shivanandan]



MATERIALS

A Diocesan Newspaper Column on NFP is currently being written by Mary Shivanandan for the **Catholic Standard**, Archdiocese of Washington, D.C. Running 500 words, the column covers various aspects of NFP and features interviews with NFP users, teachers and experts. For those of you not familiar with

Mary's work, she is the author of **Challenge to Love**, and numerous articles on NFP. An adjunct faculty member at the John Paul II Institute for Studies on Marriage and the Family, Mary is also a certified family life educator with the National Council on Family Relations. The monthly column is available for use in diocesan newspapers. *Contact: Mary Shivanandan, 4711 Overbrook Road, Bethesda, MD 20816; 301-652-4536.*

The Diocese of St. Cloud has for purchase a video entitled "**The Truth Will Set You Free**". The video discusses the Church's teachings on human sexuality and marriage. It is designed for use in marriage preparation and also adolescent and adult education. A study guide accompanies it. *Contact: Family Life Bureau, Diocese of St. Cloud, 305 North*

Seventh Avenue, Suite 102, St. Cloud, MN 56303; 612-252-4721.

Pope Paul VI Institute Press has available *The Medical Applications of Natural Family Planning*. This book, written by Dr. Thomas Hilgers, M.D., Dip. ABOG, ABLS, SRS, introduces the new science of NaProTechnology. This science takes into account the knowledge of the naturally occurring phases of fertility and infertility and shows how they can be used effectively from a family planning point of view. The book is a physician's guide to NaPro Technology. It is recommended especially for pro-life physicians. *Contact: Pope Paul VI Institute Press, 6901 Mercy Road, Omaha, NE 68106-2604; 402-390-6600. ■*



NATURAL FAMILY PLANNING Diocesan Activity Report



Vol. 2/No. 4
Fall 1991

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A program of the NCCB Committee for Pro-Life Activities

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The **Natural Family Planning Diocesan Activity Report** is published quarterly. Its purpose is to serve the Roman Catholic diocesan NFP programs of the United States through offering: national and international news of NFP activity; articles on significant Church teachings, NFP methodology and related topics; and by providing a forum for sharing strategies in program development. Contributions are welcomed. All articles may be reproduced unless otherwise noted. For more information contact the editor.

The activities of the DDP for NFP are generously funded by a grant from the Knights of Columbus