Natural Family Planning
Diocesan Activity Report

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1991 Annual Diocesan NFP Program Profile

Summary

In the Fall of 1990, the Diocesan Development Program (DDP) initiated an annual national survey. Diocesan NFP coordinators or contact persons were asked to complete a "Profile Sheet" that would:

1) provide the DDP with a clearer understanding of diocesan NFP efforts, by focusing on the unique needs of individual dioceses, and

2) enable the DDP to provide the diocesan bishops and NFP coordinators with a national "picture" of diocesan NFP program activity.

The following information is a summary of the 1991 Diocesan NFP program activity.

In January 1992 **187** Profile Sheets were mailed to the dioceses. **Ninety-seven** or **52%** completed and returned their Profile Sheets. Some critical trends continue to hold constant when we compare the 1991 survey to the 1990 survey. These include:

a) The majority of dioceses do not have a full time NFP coordinator.

In the majority of dioceses coordinating NFP activities is one of many other responsibilities held by one person; e.g., the Family Life director.

b) Few NFP programs receive adequate financial support from their dioceses.

A common financial arrangement is for the NFP program to "share" the resources of its umbrella department; e.g., the budget of Family Life; or the facilities of the education department of a Catholic Hospital.

c) The majority of the diocesan NFP teachers are volunteers.

d) Although NFP is officially supported in diocesan marriage preparation programs, it is given limited attention.

The average time allotted for NFP education in marriage preparation in 1990 was 10 - 30 min. This average holds true for 1991.

Due to additions in the 1991 Profile Sheet, we have new pieces of information. Among them are:

a) Forty-nine percent of the responding dioceses indicated that up to 25% of their clients were non-Catholics. Twenty-eight percent indicated that up to 50% of their clients were non-Catholic.

b) The majority of the responding dioceses have indicated that they have had some type of NFP program for ten years or more.

c) Both the Ovulation Method and the Sympto-thermal Method of NFP are evenly distributed among the majority of the responding dioceses. ■

In This Issue . . .

we have the second in our series on the history of the various NFP pioneers in the country. Also included in this issue are selections from the Institute for Reproductive Health's (formerly the Georgetown University Institute for International Studies in NFP) ***NFP: Current Knowledge and New Strategies for the 1990s****. This publication offers abstracts from the papers presented at the 1990 Georgetown international conference on NFP. The various articles in that volume should be of interest to all who are engaged in NFP education and programming.*

Due to the length of these articles ***Coordinators' Corner*** *will not appear in this issue.*

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NFP PIONEERS: History of the Billings Ovulation Method in the United States

Hanna Klaus, M.D.

In the late 1960's, Msgr. Robert E. Deegan, Director of Health and Hospitals of the Archdiocese of Los Angeles, invited the Drs. Billings to the United States. He facilitated the first American publication of the Drs. Billings' book ***The Ovulation Method.***

It wasn't until the Airlie House Conference, convened by the Human Life Foundation in 1972, that the Billings became known more widely in the United States. Mercedes Wilson of Covington, Louisiana had introduced color stamp charting into the Billings Method after she learned the method in Australia and brought it back to her native Guatemala. She travelled extensively in the U.S. to introduce the method and offered teacher training in New Orleans. Many Billings teachers had their first training in 1972-74 there. Ms. Wilson came to St. Louis in May 1973 and met with those of us who had already read Dr. Billings' book and who had begun to form the teaching center which was later called the **Aware Center.** Kay and Dave Ek began to teach NFP for the St. Cloud, Minnesota Diocese in 1972. Marge Harrigan began to teach in Corpus Christi in 1973, and many of the other Centers began in 1974-5.

The St. Louis Aware Center was founded in May 1973 by Margaret McGauley, the late Mary Frances Reed, Hanna Klaus, M.D., and Sr. Natalie Elder, D.C., CNM. Some time later, Merrilee Underhill, Mary Gayle Doyle, the late Ann O'Donnell, and Sr. Ursula Fagan joined them. In 1973, Dr. Klaus was Assistant Professor of Obstetrics and Gynecology at St. Louis University Medical Center. Dr. Klaus was sent by her department to Sydney, Australia to attend a Congress on the Billings Method in July and August of that year. Following the Congress, she went to Melbourne to meet with the Drs. Billings, Dr. Brown, and Kathy Smythe. On return, she began to train the others to teach the Ovulation Method.

At the 1973 Meeting in Sydney between two and three hundred enthusiastic users of the Billings Method were present as "walking statistics." However, use effectiveness data were very thin, and the contribution of the US Centers was prospective record keeping of sufficiently high quality to permit evaluation of the use effectiveness of the method.

The first U.S. use effectiveness study of the Billings Method was presented at the International Congress for Psychosomatic Obstetrics and Gynecology in Tel Aviv in 1974. Two years later, a collaborative study was initiated with the B.O.M. Centers of St. Louis; Kansas City, Missouri; Wichita, Kansas; St. Cloud Minnesota; Lincoln, Nebraska; and Joliet, Illinois. This study was published in ***Contraception*** June 1979.

(Left to right) Dr. Hanna Klaus, the Drs. Billings, and Dr. Eric Odeblad.

The St. Louis Center had begun to train teachers as early as autumn of 1973. Formal teacher training was begun in 1974, and included Joliet, Illinois; Lincoln, Nebraska; Kansas City, Missouri; and establishment of the Aware Center in Wichita, Kansas.

Msgr. John B. Seli, formerly director of the Family Life Center, Pittsburgh, PA came to Washington in 1974 to found the Natural Family Planning Federation. Kay Ek, John Brennan, M.D., and Hanna Klaus, M.D. were the OM providers on the Board who also joined the Human Life Foundation when it merged with the Natural Family Planning Federation. This group sought to serve the entire Natural Family Planning field with educational materials and program resources. By November 1974, the Human Life Foundation had embarked on a project of preparing teaching materials for the OM and STM. Mary Catherine Martin invited two of the Aware teachers to Washington and debriefed them. This was the basis of a series of booklets on NFP. A more sophisticated system of educating trainers was later developed by Mary Catherine Martin and adapted by Hanna Klaus for the Billings OM teachers at the Meeting of WOOMB International in Los Angeles in 1983 hosted by Msgr. Deegan. At that time, a year-long trainer education program was initiated. Faculty included Kay Ek, Marge Harrigan, RN, Director of the Corpus Christi NFP Center, and Hanna Klaus. The Billings teachers had incorporated as WOOMB - USA and elected Mercedes Wilson as the first President in the late 1970's.

In the mid-1980's, Mrs. Wilson reformed her group into the Family of the Americas Foundation and extended her interest beyond Natural Family Planning. Two years ago, the U.S. Billings teachers felt the need for a stronger organization with regular access to Continuing Education and resource materials, and formed the Billings Ovulation Method Association (BOMA). BOMA is currently incorporated and coordinated through the Natural Family Planning Center of Washington, D.C. A bimonthly newsletter is provided, as well as the (sometimes) expanded *Science Notes*, which are also prepared for the Diocesan Development Program.

BOMA has formulated criteria for certification and requires recertification every three years. To maintain active teaching status, teachers must either teach clients or supervise teachers and provide evidence of continuing education. Members of the Association must subscribe to the aims and objects of WOOMB International. Teachers may join as individual teachers at a cost of $25.00 per year, while Agency fee is $50.00 per year. Associate membership is $35.00. All receive copies of: the Bulletin of the Natural Family Planning Council of Victoria four times a year; newsletters; *Science Notes*; and an annual Teachers' Directory with a six-month update. Mrs. Marjorie B. Harrigan, Texas chairs the Education and Certification Committee. More than 70 teachers have been recertified or are in process of recertification. Currently there are 386 active Billings teachers in the United States. ■

Selections from *NFP: Current Knowledge and New Strategies for the 1990s*

The abstracts of papers presented at the NFP international conference held at Georgetown University, December 10-14, 1990, have been published in ***NFP: Current Knowledge and New Strategies for the 1990s****.*

The 1990 conference was important for NFP supporters because of the wide representation of NFP organizations, educators, researchers, and promoters. The papers presented fell into the following divisions:

- *Session I.* *NFP Training Issues and Strategies for the 1990s*
- *Session II.* *Experiences and Trends in NFP Education and Outreach*
- *Session III.* *Training and Educational Materials*
- *Session IV.* *Service Delivery, Part 1—Current Programs and Strategies for Expansion*
- *Session V.* *Service Delivery, Part 2—Elements Necessary for Success*
- *Session VI.* *Policy Issues in NFP*
- *Session VII.* *Social Science NFP Issues*
- *Session VIII.* *Operations Research in NFP—Strategies, Issues, and Research Approaches*
- *Session IX.* *Round Table Discussions*

Although from different countries, cultures, and philosophies, many of the experiences that these experts shared, can be of use to American NFP promoters. The DDP suggests that diocesan NFP coordinators obtain a copy of this resource. Read the abstracts carefully. Consider the information in view of the Church's teachings and individual program philosophy, goals, and objectives.

The 1990 NFP international conference was cosponsored by the Institute for Reproductive Health, the United States Agency for International Development, and the World Health Organization. Part I of the proceedings was published as a supplement to ***The American Journal of Obstetrics and Gynecology*** *(December 1991). Copies of this publication and of Part 1 of the proceedings, are available from the Institute (see* ***NEWS BRIEFS*** *for details).*

The Institute for Reproductive Health has graciously given the DDP permission to reproduce the following articles.

Session III. Training and Educational Materials

"Client Teaching Materials for Francophone Africa"

Isabelle Ecochard, M.D.

One of the main objectives when working with nonliterate or semiliterate populations is to keep the learning process as visual as possible. Although it may be impossible to eliminate all written text, pictures and other visual cues, frequently in the form of flash cards, are associated with the words to improve comprehension. Often this helps the teachers as well, because in these populations NFP teachers themselves may not have achieved a high level of literacy. An example of how this concept can be used effectively is the comparison of a woman's fertility cycle to the seasons—a comparison that is widely used in Africa.

The visual aids used may change depending upon the level of sophistication of both the groups being taught and the materials themselves. However, the same materials should be used consistently with a group. The same pictures should be used for the same events or concepts to keep from confusing the learner. Posters should match overhead transparencies, and so on. Certain symbols or drawings used on posters could also be used on the woman's charting record to remind her of what she has already learned, for example.

There are two main teaching tools that are widely used in Francophone Africa. The first is a "crochetogram" that consists of a board with a series of hooks upon which sets of flash cards, representing different phases of the fertility cycle, can be hung. There is a set of flash cards for the woman's mucus observations and another for ovarian, uterine, and cervical changes during the cycle. In a teaching situation, these sets can be used independently or together. For example, the instructor may choose one of the mucus observation cards and ask the client to match the appropriate card(s) representing physical changes with it and to explain what is happening to the woman's fertility at that moment. Using a set of flash cards representing male fertility together with the female cycle cards is a clear and easily understood way to teach fertility to a couple. The crochetogram is particularly effective for group teaching.

The second tool is used to teach nonliterate individuals how to read a thermometer. A large thermometer is constructed out of wood, paper, or cloth; the column that marks the temperature is a separate movable part in a bright color. Using this display, it takes about an hour to teach clients how to read the thermometer, and then another hour to teach accurate charting of the temperature.

The goal of these materials is to keep the teaching/training process as visual as possible, with a minimum of written text, as the population has a very low literacy level. Materials are also easy to make and use, thereby increasing the confidence and receptivity of both teacher and learner.

Frequent team meetings should focus on enhancing self-esteem, problem-solving skills, and solidarity.

Session V. Service Delivery, Part 2—*Elements Necessary for Success*

"The Effect of Supervision on Program Development and Quality of Services"

Richard St. Mart, BSc
Rose-Hill, Mauritius

Supervision is a vital component of successful NFP programs because it is the central link between creative, people-oriented directorship and dedicated, client-oriented NFP education. A client data system is a key element in a good supervisory system, but some NFP supervisors spend too much time doing clerical data processing to the detriment of more important tasks. Instead, supervisors should devote their time to quality and cost control; personnel development and team building; the promotion of factors that produce satisfied clients; and proper communication and liaison between directors and operators.

Quality and cost-effectiveness control

Because of their limited resources, NFP organizations must constantly endeavor to reduce operational costs, but never to the detriment of quality of service and care to clients. Appropriate in-service data collection and analysis will help the teams focus their targets, actions, and expenses in a cost-effective manner.

Systematic NFP chart reviews for all clients as well as focus discussions on problematic cases will do much to ensure proper intervention when it is needed. Support visits to clients facing difficulties as well as random visits to regular clients will maximize accuracy and integrity of service. Constructive criticism when targets are not met must be fact-based, performance-oriented, and geared toward establishing future goals and standards.

Personnel development and team building

Supervision provides a training reinforcement tool and a team-building opportunity. It should never be viewed as strict control with heavy task-and-result-oriented rules and regulations. Creative group facilitation and democratic leadership should foster a sense of group-belonging, personal usefulness, and unity within the team. Frequent team meetings should focus on enhancing self-esteem, problem-solving skills, and solidarity. Without these factors, no long-term commitment to the often strenuous task of NFP teaching will be developed, turnover rates will be high, and training funds will be wasted. Roles, perceptions, and values clarification must be brought into open discussions and turned into group norms. Otherwise they may undermine the group's cohesion.

Table I
Results of Action Familiale's three phases of Supervision

Phases	1	2	3
Couples achieving autonomy	801	1,404	1,496
Dropout rates	27.6%	19.8%	15.9%
Number of teachers	150	110	100

Supervision in NFP organizations

Many NFP organizations view themselves as "friendly societies" and find a hierarchical structure difficult to integrate among "friends." Consequently, too many NFP organizations have a weak, haphazard supervisory structure. This is often aggravated by the fact that their directors sacrifice supervision when funds are scarce. Many have not yet realized that money spent on a strong supervisory system is a wise investment in long-term success, especially for large, nationwide organizations.

First, directors must become sensitive to this issue and be trained in supervisory skills. They must support their supervisory teams, and they must agree on the supervisory style. A flexible, adaptive style that integrates job requirements, personnel development, and organization strengthening—basically a situational approach—is most likely to succeed in the long run.

Second, the frequency and principles of supervision must be established and communicated to the educators. Erratic supervision will communicate the impression that it is not an essential component of excellent service delivery and will not be respected.

Third, the organization's commitment to strong supervision must be promoted at all levels. To cultivate excellence, supervisors must be trained and supported by directors.

The Action Familiale experience

Action Familiale has experienced three distinct phases during its supervision history (See Table I). Phase 1 (1963-1974) provided no supervision at all, while phase 2 (1974-1980) included a results-oriented supervision structure. When Action Familiale's current supervision system was established phase 3 (1980-present), semivolunteers were expected to offer professional services in a very explicit manner. Higher-level supervision was developed to offer support to the front-line supervisor.

Over the last ten years, Action Familiale has developed a supervisory approach that produced the following results:

- Teaching techniques have improved.
- Dropouts have decreased.
- The lengths of time clients need to reach autonomy has been shortened.
- More couples achieve autonomy as a result of shorter but more efficient follow-up.

NFP effectiveness depends on the quality of the teaching and reinforcement of the couples' motivation.

Without constant appropriate supervision, no quality of service can be guaranteed. Without directors' support, no supervisor can maintain the pressure of liaising between operators and directors. ■

SCIENCE NOTES

Hanna Klaus, M.D.

Practical Management of HPV. William T. Creasman. Annual Clinical Meeting, American College of Obstetricians and Gynecologists, Las Vegas, April 27, 1992.

Dr. Creasman, professor and Chairman, OB/GYN, Medical University of South Carolina, Charleston, presented an overview of developments in human papiloma virus infection. As recently as two years ago, it was claimed that cancer of the cervix was a sexually transmitted disease usually mediated by human papiloma virus (HPV), Type 16 and 18. Since then, it was found that cancer of the cervix was just as frequently associated with HPV, Type 6 and 11, while a number of Type 16 and 18 infections were not associated with cancer of the cervix. It appears there may ***not*** be a relationship between HPV infection and cervical cancer.

Cancer of the cervix accounts for 1,350 deaths per year in the United States, which is 10% of the annual deaths from breast cancer. While serotyping for HPV has enjoyed great popularity the last few years, Creasman believes it adds nothing to the management of an abnormal pap smear, except expense, and that the treatment of choice is a careful pap smear done annually and pursued in responsible clinical fashion.

Abstracts from a Conference "A New Look at IUDs - Advancing Contraceptive Choices." Sponsored by the Population Council, March 27-28, 1992. *Contraception* March 1992, 45:273-298.

Most papers advocated IUD use. For example, in "Designing IUD Service Programs with Users in Mind, etc." D.B. Rogow, (p. 298) Rogow refers to the quality care framework of Bruce to evaluate how programs can respond to particular needs of IUD users. A chief concern is screening for risk of infections that can lead to PID. To identify such women who are at risk, the interviewer must know not only the clients' but also her partners' sexual behavior. Testing and treatment for STDs must be provided. Where this is not possible, countries can evaluate the appropriateness of IUD use on a population-wide basis and provide the method in those countries with low rates of chlamydia and gonorrhea.

Postpartum IUDS: Keys for Success. K. O'Hanley and D.H. Huber. *Contraception* April 1992, 45:351-361.

Postpartum insertion of the IUD is advocated, especially with a copper-T device. The authors advocate insertion immediately after delivery or at most 48 hours later. If an experienced operator inserts the IUD, expulsion rates of 7-15/100 users at six months can be expected and users must be cautioned to check for expulsion. While the expulsion rate is higher postpartum than with interval insertion, removals for bleeding and cramps are lower and perforation rates have been extremely low - 1 in 3800 post placental insertions compared with 1 in 2000 for interval insertions.

An Indian study identified one perforation among 1,150 insertions. Post placental insertion adds almost no cost to the woman's health care and is advocated by the authors. They do caution about disadvantages: higher expulsion rates, slighter lower continuation rates, higher rates of missing strings, and the possibility that women may not have made a free, unpressured, well-informed decision if the IUD is offered during labor. The authors cite studies in China and Belgium where the IUD has been left in place after Cesarian section. When IUDs were inserted after first trimester pregnancy termination or after evacuation for incomplete spontaneous abortion, infection rates were no higher than for interval insertions.

Depot-Medroxyprogesterone Acetate (DMPA) and Risk of Invasive Squamous Cell Cervical Cancer. The WHO Collaborative Study of Neoplasia and Steroid Contraceptives. *Contraception* April 1992, 45:299-312.

The World Health Organization sponsored a Collaborative Study of Neoplasia and Steroid Contraceptives. This study reports the risk of cervical cancer in women who had used DMPA for five years in Kenya, Mexico, and Thailand.

Over 4,000 cases and 12,000 controls were accrued from 5 Centers. Ninety-five percent of these cases were interviewed. Subjects had used DMPA from 1979-1988 in Thailand; 17 years in Mexico City, and 5 years in Nairobi, Kenya. Human papiloma virus (HPV) infections were not recognized as possible risk factors for cervical cancer when the study began. From mid-1983 on, serum samples were analyzed for antibodies against cytomegalovirus and herpes simplex virus as well as HPV. From 1986 on, husbands in Thailand were also interviewed for sexual history including STDs, number of partners, visits to prostitutes at various ages, and condom use.

Two thousand-nine (2,009) cases of invasive cervical cancer were analyzed and compared with 9,500 controls: 16.8% of cancer cases had a history of DMPA use and 14.8% of the controls. The risk of invasive cervical cancer was associated with having more than one sexual partner, early age at first intercourse, and a variety of STDs. Risk was also related to the use of alcohol and history of induced abortion. The relative risk of contracting invasive cervical cancer after DMPA was 1.11 which is not statistically different from a risk of zero. *[The FDA Advisory panel has recommended that DMPA be permitted for contraceptive use in the U.S. Ed.]*

The Long-Term Growth and Development of Children Exposed to Depo-provera during Pregnancy or Lactation. T. Pardthaisong, C. Yenchit, and R. Gray. *Contraception* April 1992, 45:313-324.

Children who were exposed to depo-provera (DMPA) during pregnancy and/or during breastfeeding were assessed at puberty. There was no risk of impaired growth among the DMPA exposed children. Puberty was not delayed but there was slight delay in reported pubic hair growth among the DMPA-exposed girls. It is concluded that DMPA use during pregnancy and lactation does not have untoward effects on the offspring.

Comparison of Condom Breakage During Human Use with Performance in Laboratory Testing. P. Russell-Brown, C. Piedrahita, R. Foldesy, M. Steiner, and J. Townsend. *Contraception* May 1992, 45:429-437.

The Population Council studied condom quality and use in the United States and in two countries in the Caribbean. The studies were conducted two years apart and compared the breakage rate of condoms from the same lot during human use with their performance in laboratory test results.

During use, breakage rates were 12.9% for Barbados, 10.5% for St. Lucia, and 6.7% for the United States. These condoms had passed laboratory tests for tensile strength, air burst, and water leaks. User factors were also implicated as causes of the breakage. They conclude that "if the condom is to be an effective method against unplanned pregnancy and STD/HIV infection, breakage during intercourse must be reduced."

Contraceptive Efficacy of Polyester-Induced Azoospermia in Normal Men. A. Shafik. *Contraception* May 1992, 45:439-451.

The contraceptive effect of a polyester sling applied to the scrotum was studied in 14 Egyptian men. Polyester is known to create an electrostatic field across the scrotal structures, and to cause disorder in the regulation of scrotal temperature.

Fourteen volunteers wore the suspensor for 12 months during which all men became azoospermic after a mean of 139+/- 21 days. They experienced decrease in testicular volume and in rectal-testicular temperature difference while their reproductive hormones were unchanged. Seminiferous tubules revealed degenerative changes. There were no pregnancies during this period. Once the suspensor was no longer used, sperm concentration returned to pre-test level in a mean period of 156 +/- 15 days. Testicular volume and rectal-testicular differences temperatures returned to normal. Five couples who planned to become pregnant succeeded. They conclude that this procedure may be a safe, reversible, acceptable and inexpensive method of contraception for men.

Acceptability of Norplant-2 Rods as a Method of Family Planning. K. Singh, O.A.C. Viegas, and S.S. Ratnam. *Contraception* May 1992, 45:453-461.

A newer delivery system for Norplant has been developed. It consists of two rods, which each contains 70 mm of levonorgestrel in silastic. The rods are 1/3 longer and almost the same diameter than the earlier system, which required 6 rods for a 5-year implant. It is suggested that they would be easier to remove when removal is desired.

In the 100 women, there were no accidental pregnancies in the five years' observation of the Norplant-2 rods. Of the 38 removals, 24 were in women planning pregnancy, 8 for menstrual disturbances, 5 for non-menstrual medical problems and one for personal reasons. Fifty-three (53) women planned to use contraception after the rods were removed. Among those desiring pregnancy after removal, the cumulative pregnancy rate was 77.7% at 3, 6 and 12 months, 94.4% at 24 months. Eighty-six percent (86%) of these planned to use the implants again.

Population Reports, Series D, No. 5, March 1992. Population Information Program, Johns Hopkins University, Baltimore, MD.

Vasectomy is being marketed very aggressively in the developing world. *Population Reports* records the efforts at publicizing vasectomy and recruiting males through a variety of public relations and technological approaches. Currently 23% (42/182 million) sterilized couples rely on vasectomy for infertility. Vasectomy is a major family planning method in the U.S., New Zealand, Australia, Great Britain, Canada, the Nether- lands, China, India, and South Korea, while it is hardly used in other countries.

China originated the technique of no-scalpel vasectomy. This technique uses a tiny puncture. With good practice, it is easier to perform resulting in fewer infections, hematomas, and less post-operative pain. More than 9 million of these procedures have been performed in China. High profile campaigns, such as Brazil's Pro-Pater Program, are stressed. While the report mentions studies that found an increase in prostatic cancer risk, this did not dampen the advocacy of vasectomy. ■

Congratulations!

The DDP wishes to congratulate the "What Every Woman Should Know Outreach Program—USA" for meeting the **National Standards** and achieving Approval as a Comprehensive NFP Teacher Training Program.

Program coordinators, Roy and June Frakes are to be commended for their long standing hard work and commitment in the NFP apostolate.

May the Lord continue to bless your efforts!

NEWS BRIEFS

DDP ANNOUNCEMENTS

1993—25th Anniversary of Humanae Vitae. As you know 1993 is an important year for us. If your diocese or NFP organization is planning special events during 1993 to celebrate the anniversary of the encyclical, please notify the DDP. We will publicize all special events in the newsletter.

UPCOMING EVENTS

Teen STAR 1992 Workshops will be held:

Bethesda, MD. .... August 3-6

Minneapolis, MN ...... August 8-11

Philadelphia, PA ..... August 17-20

Providence, RI. .... August 28-31

Contact: Hanna Klaus, M.D., Director, Teen STAR program, P.O. Box 30239, Bethesda, MD 20824-0239, Tel. & FAX 301-897-9323.

Northwest Family Services will be conducting a teacher training program in the Sympto-Thermal method of NFP on August 21-24, 1992 in Orange, California. Co-sponsored by the Diocese of Orange, this program will provide the necessary skills enabling participants to teach NFP according to Dr. Roetzer's STM model as well as use the curriculum of the NWFS. *Contact: Mary Dausch, NFP Coordinator, Diocese of Orange, 2811 E. Villa Real Dr., Orange, CA 92667, 714-974-7120; Rose Fuller, Executive Director, Northwest Family Services, Providence Medical Center, 4805 N.E. Glisan Street, Portland, OR 97213; 503-230-6377, FAX 503-232-5967.*

The Creighton Model of NFP will be offering education programs for teachers, doctors, and priests. The dates for the beginning educational phases are Oct. 17-25, 1992. *Contact: Creighton Model NFP Education Programs, Pope Paul VI Institute, 6901 Mercy Road, Omaha, NE 68106-2604; 402-390-6600.*

MATERIALS

The Diocese of Fort Wayne-South Bend, IN through a grant from Our Sunday Visitor Institute, produced a four part video series for marriage preparation. Entitled ***"Christian Married Love,"*** this video series is composed of four half-hour programs each of which takes up two different topics. Of particular interest to NFP supporters is the segment on the "Gift of Sexuality" and the "Gift of Children." *Contact: Office of Family Life, Diocese of Fort Wayne-South Bend, 114 West Wayne St., South Bend, IN, 46601:219-272-7423.*

The 1992 Respect Life Manual produced by the Secretariat for Pro-Life Activities is now available. The cost is $2.95 per single copy, discounts available for purchases of 11 copies of more. *Contact: Pro-Life Secretariat, 3211 4th St., N.E., Washington, D.C., 20017; 202-541-3070.*

The Institute for Reproductive Health has published part two of the proceedings of the conference **"NFP: Current Knowledge and New Strategies for the 1990's."** The cost is free for

WELCOME!

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

Arizona,
Diocese of Phoenix

Massachusetts,
Archdiocese of Boston

New Jersey,
Diocese of Paterson

copies being sent to or used in conjunction with work in developing countries, otherwise a fee of $3.50 per copy is requested. *Contact: Resource Center Coordinator, Institute for Reproductive Health, Georgetown University Medical Center, Dept. Ob/Gyn, 3800 Reservoir Road, N.W., Washington, D.C. 20007.*

Family Time, A Special Hour at Home by Fr. Joseph T. Sullivan is a new publication that follows the Church calendar year and the Sunday Gospel readings. **Family Time** invites family members to enjoy one another's company while reflecting on the lectionary Gospel readings throughout the week. There are practical suggestions on things to do at home during Advent, Lent and throughout the year. Currently, Cycle C is available, cycles A and B will be forthcoming. *Contact: Rev. Joseph T. Sullivan, St. Luke's Church, P.O. Box 7, Fairfax, Vermont, 05454.* ■

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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.

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