



IMPLEMENTING A NATURAL FAMILY PLANNING PROGRAM: THE CASE OF THE METROPOLITAN ARCHDIOCESE OF CAGAYAN DE ORO

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This single and critical case study evaluated a faith-based natural family planning program's salient features using a framework on implementation fidelity. Multiple focus group discussions were conducted, with three groups of stakeholders (n=100), to gather qualitative data on their knowledge and experience of the program. Overall, the findings showed that the program primarily adhered to the essential elements of implementation fidelity, such as content, frequency, duration, and coverage prescribed by its designers. Three lessons were drawn to address some issues that have influenced the degree of fidelity in which the program was implemented. The first is the need to secure adequate and sustained human and financial resources. The second is the need to strengthen its partnership with government and non-government organizations that have provided them with much-needed assistance. Finally, there is also the need to provide extensive training, materials, and support to its service providers to preserve their morale and interest. Other faith-based organizations may hold this case as an indicator of how and why an NFP program works and the extent to which the need for family planning can be met adapted to their local conditions and needs.

Keywords: case study, faith-based organizations, implementation fidelity, natural family planning program.

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1.0 BACKGROUND

Natural Family Planning (NFP) Programs implemented by faith-based organizations (FBOs) play an invaluable role in helping couples access quality family planning information and services worldwide¹. NFP Program is defined as the scientific, natural, and modern family planning method designed to help couples anticipate and attain the desired number, spacing, and children². Its methods are based on observing the naturally occurring signs and symptoms of a woman's fertility cycle and infertile phases³. Unlike artificial contraceptives, it does not use drugs, devices, or surgical procedures to avoid pregnancy⁴.

Modern contraceptive prevalence among married women of reproductive age (MWRA) increased globally between 2000 and 2019 by 2.1 percentage points from 55.0 percent to 57.1 percent⁵. In the Philippines, 54.8 percent (up from 23.2 percent) of MWRA reported using contraceptives compared to 0.3 percent of NFP methods⁶. It is unclear whether this tiny percentage of NFP users is due to a lack of access to available information and services, or women's lack of interest, or men's lack of cooperation, or other hidden psychosocial and economic factors⁷. Interestingly, the studies seemed

focused on contributory factors rather than on the FBOs' and other groups' collective response to the low prevalence of NFP. Notwithstanding, the numbers suggest that the ongoing efforts to expand access to NFP services and fertility awareness campaigns still leave much to be desired in this country. There also seems to be a need to demonstrate the FBOs' role in promoting and delivering them to the couples⁸.

Studies examining the contribution of NFP programs worldwide have raised concerns about their implementation and impact⁹. For example, Lundgren et al. observed that the mere availability of family planning (FP) services is insufficient to improve reproductive health; services must also be of adequate quality¹⁰. Many non-governmental organizations that provide only NFP reach a tiny percentage of the potential NFP users in the areas they serve¹¹. In addition to these consequences, it also appears that its most vocal advocates have not

¹ Janine Barden-O'Fallon, "Availability of family planning services and quality of counseling by faith-based organizations: a three-country comparative analysis." *Reproductive health*, 14, no. 1 (2017): 57. Gary Bandy, Alan Crouch, Claudine Haenni, et al. "Building from common foundations: The World Health Organization and faith-based organizations in primary healthcare." Geneva: World Health Organization (2008).

² United States Conference of Catholic Bishops, "Natural Family Planning" (1997). Accessed July 25, 2019, from <https://www.usccb.org/issues-and-action/marriage-and-family/natural-family-planning/catholic-teaching/upload/Natural-Family-Planning-2.pdf>

³ World Health Organization (1988). Health topics: family planning. Accessed September 24, 2020, from http://www.who.int/topics/family_planning/en/.

⁴ Brian A. Smoley & Christa M. Robinson, "Natural family planning," *American family physician* 86, no. 10 (2012): 924-928.

⁵ World Health Organization, "Family Planning Contraception Methods," June 22, 2020. Accessed August 08, 2020, from <https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception>.

⁶ Authority, P. S. ICF Philippines national demographic and health survey 2017. Quezon City, Philippines, and Rockville, Maryland, USA: PSA and ICF, 2018.

⁷ Clarissa David, Erika Fille, et al., "News frames of the population

issue in the Philippines," *International Journal of Communication* 8 (2014): 21; Marilou Costello & John B. Casterline, "Fertility decline in the Philippines: current status, prospects." *asdf* (2009): 479; Irit Sinai, Rebecka Lundgren, Marcos Arévalo, & Victoria Jennings, "Fertility awareness-based methods of family planning: predictors of correct use." *International family planning perspectives* (2006): 94-100; Rafael Mikolajczyk; Joseph B. Stanford, & Martina Rauchfuss, "Factors influencing the choice to use modern natural family planning," *Contraception* 67, no. 4 (2003): 253-258; James Gribble, "The standard day's method of family planning: a response to Cairo." *International family planning perspectives* 29, no. 4 (2003): 188-191; Joseph Stanford, Janis C. Lemaire, & Poppy B. Thurman, "Women's interest in natural family planning." *Journal of Family Practice* 46 (1998): 65-72; John Casterline, Aurora E. Perez, & Ann E. Biddlecom, "Factors underlying unmet need for family planning in the Philippines." *Studies in family planning* (1997): 173-191.

⁸ Barden-O'Fallon, availability of family planning services; R.B. Infantado, "Main-streaming NFP into the Department of Health of the Philippines: opportunities and challenges," *Advances in Contraception* 13, no. 2-3 (1997): 249-254.

⁹ Gillian B. Schivone & Paul D. Blumenthal, "Contraception in the developing world: special considerations," In *Seminars in reproductive medicine*, vol. 34, no. 03, pp. 168-174. Thieme Medical Publishers, 2016; Karra Lundgren, Mihira V. Karra, & Eileen A. Yam, "The role of the Standard Days Method in modern family planning services in developing countries," *The European Journal of Contraception & Reproductive Health Care* 17, no. 4 (2012): 254-259; Richard Fehring, Jerome, Mary Schneider, & Kathleen Raviele, "Pilot evaluation of an Internet-based natural family planning education and service program," *Journal of Obstetric, Gynecologic & Neonatal Nursing* 40, no. 3 (2011): 281-291; Giovanni Tommaselli, Maurizio Guida, Stefano Palomba, et al., "Using complete breastfeeding and lactational amenorrhea as birth spacing methods," *Contraception* 61, no. 4 (2000): 253-257.

¹⁰ Lundgren et al. The role of the Standard Days Method.

¹¹ Marcos Arévalo, "Expanding the availability and improving the delivery of natural family planning services and fertility awareness education: providers' perspectives," *Advances in Contraception* 13, no. 2-3 (1997): 275-281.





significantly invested the energy and resources needed to achieve a credible NFP program, which may not be well-understood by those who have been paying attention¹². Finally, it has mostly relied on volunteer service providers with expectedly limited results. Relative to expectations, failure to enact concrete support and practices that can help families flourish could also have unintended negative consequences, such as loss of credibility and authenticity¹³. If an organization, as represented by its leaders, is perceived as halfheartedly committed to an intervention, then its members' responsiveness may be affected¹⁴.

To prevent potentially inaccurate conclusions drawn about their efforts and effectiveness, there appears to be a need for more empirical data on implementing church-based NFP programs. In this view, this study was conducted in an ecclesiastical territory where an FBO has implemented the Responsible Parenthood-All Natural Family Planning Programs (RP-ANFP Program, henceforth, the program) since 2006. It aimed to explore its salient features to understand the implementation process and identify underlying issues and challenges to program impact. Successful program implementation requires understanding factors influencing program effectiveness¹⁵. Examining its stakeholders' knowledge and experience would have several beneficial effects and significance

for groups engaged in family-oriented advocacy. Firstly, the program managers can use its findings and lessons as an external reference point to understand organizational performance and the extent to which its desired goals can be better achieved¹⁶. Second, its critics, skeptics, and detractors may be better informed about what has happened to the program over time¹⁷. Third, the research participants may also benefit by gaining an in-depth and reflexive understanding of their lived experiences of NFP¹⁸.

FRAMEWORK FOR THE STUDY

The single case study utilized implementation fidelity to understand better how and why an intervention works and how outcomes can be improved¹⁹. Implementation fidelity refers to the degree to which an intervention is delivered as intended. It is a measurement of adherence to the program's plan as intended by its designers. Adherence relates to the intervention's content and dose, *i.e.*, the intervention's content – its 'active ingredients' – been received by the participants as often and for as long as it should have been. However, the degree to which full adherence, *i.e.*, high implementation fidelity, is achieved may be moderated by factors affecting the delivery process, such as facilitation strategies, quality of delivery, and participant responsiveness. To capture a complete picture of the process, the study added the capacity to network because

¹² Jose Mario C. Francisco, "Letting the Texts on RH Speak for Themselves (Dis) Continuity and (Counter) Point in CBCP Statements," *Philippine Studies Historical & Ethnographic Viewpoints* (2015): 223-246; Aries Rufo, "Church pays lip service to natural family planning" (2011). Accessed October 01, 2019, from <https://news.abs-cbn.com/depth/12/04/11/church-pays-lip-service-natural-family-planning>; Eric Marcelo O. Genilo, S.J., "The Catholic Church and the Reproductive Health Bill Debate: The Philippine Experience," *HeyJ LV* (2014), pp. 1044-1055: 1044-1048.

¹³ Annie Selak, "What the Church Owes Families," *La Croix International*, (October 21, 2020). Accessed October 24, 2020, from <https://www.commonwealmagazine.org/what-church-owes-families>.

¹⁴ Dane A. Schneider B: Program integrity in primary and early secondary prevention: Are implementation effects out of control. *Clin Psychol Rev*. 1998, 18: 23-45. 10.1016/S0272-7358(97)00043-3, as cited in Carrol et al.

¹⁵ Catherine D'Arcy, Ann Taket, & Lisa Hanna, "Implementing empowerment-based Lay Health Worker programs: a preliminary study." *Health promotion international* 34, no. 4 (2019): 726-734.

¹⁶ Louis Beaubien & Daphne Rixon, "Key performance indicators in co-operatives: directions and principles," *Journal of Co-operative Studies* 45, no. 2 (2012): 5-15; Elizabeth Weldon, Karen A. Jehn, and Priti Pradhan, "Processes that mediate the relationship between a group goal and improved group performance," *Journal of personality and social psychology* 61, no. 4 (1991): 555.

¹⁷ Rufo, the church pays lip service to natural family planning: 1.

¹⁸ Anthony J. Onwuegbuzie, "Introduction: Putting the MIXED back into quantitative and qualitative research in educational research and beyond: Moving toward the radical middle," *International Journal of Multiple Research Approaches* 6, no. 3 (2012): 192-219.

¹⁹ Christopher Carroll, Malcolm Patterson, Stephen Wood, et al., "A conceptual framework for implementation fidelity," *Implementation Science* 2, no. 1 (2007): 40; Susan M. Breitenstein, Deborah Gross, Christine A. Garvey, et al., "Implementation fidelity in community based interventions," *Research in nursing & health* 33, no. 2 (2010): 164-173.





of its widespread acceptance as a requisite of successful community development²⁰. The paper does not aim to find out how many unplanned pregnancies occurred among the couples who participated in the program and whether NFP was more effective than artificial methods in preventing unplanned pregnancies.

2.0 METHODOLOGY

This paper employed a thematic analysis of data from a single case study of an NFP program implemented by an FBO located in Cagayan de Oro. Baskarada described the methodology in detail in qualitative case study guidelines²¹. It is also an intrinsic case study because it aimed at acquiring an extensive and in-depth analysis of its implementation fidelity as a tool for evaluation and organizational learning²². Finally, it is a critical case study because it carries strategic importance to the opportunities and challenges besetting FBOs' NFP programs.

THE RESEARCH SITE

The study was conducted in the Metropolitan Archdiocese of Cagayan de Oro (CDO), located in Region X, Northern Mindanao, Philippines. The region comprises the civil provinces of Misamis Oriental and Camiguin and the suffragan dioceses of Butuan, Malaybalay, Surigao, and Tandag. As of 2018, it has a Catholic population of 1,128,800 (75.0%) distributed in 68 parishes²³.

²⁰ Avis C. Vidal, "Faith-based organizations in Community Development," (2001) Accessed January 28, 2020, from www.huduser.org/publications/pdf/faith-based.pdf; Christopher Walker & Mark Weinheimer, "The performance of community development systems: A report to the National Community Development Initiative," Washington, DC: Urban Institute (1996); John Bamber, Stella Owens, Heino Schonfeld, Deborah Ghate, and Deirdre Fullerton. "Effective Community Development Programs: a review of the international evidence base," (2010).

²¹ Sasa Baskarada, "Qualitative case study guidelines," *The Qualitative Report* 19, no. 40 (2014): 1-25.

²² Baskarada, *Qualitative Case*, 1.

²³ Accessed July 25, 2019, from <http://www.catholic-hierarchy.org/diocese/ceado.html>.

Figure 1: Jurisdiction of the Archdiocese of Cagayan de Oro within the Philippines



(Source: Wikipedia)

Unequal distribution of wealth and widespread incidence of poverty are deep-seated issues in the Philippines. For example, the national poverty incidence among Filipino families in the first semester of 2018 was 16.1 percent.²⁴ Poverty incidence among families is defined as the proportion of families whose income is below the poverty line to the total number of families (PSA, 2018). Given the national total of 20.2 million families, those numbers translate to around 3.7 million families. In Region X, poverty incidence among families was 17.2 percent, or 17 out of 100 families.²⁵ In Misamis Oriental, where the research site belongs, the poverty incidence among families was 11.4 percent with CDO (down from 16.4 percent in 2015). In CDO, the provincial capital, the poverty incidence among families was only 6.2 percent. However, without CDO, the poverty incidence among families would climb to 15.7 percent (down from 21.2% in 2015). The NFP

²⁴ Authority, P. S. (2018). Philippine statistics authority. Accessed October 18, 2019, from <https://psa.gov.ph/vegetable-root-crops-main/tomato>.

²⁵ Authority PS Statistics.



program managers believed that helping low-income families achieve through NFP their desired number of children can be a first step in alleviating their poverty situation while at the same time enabling them to become genuinely responsible parents. Family planning programs could boost efforts to lessen poverty incidence.²⁶ On average, poor women give birth to 5.2 children.²⁷

Interestingly, the region's contraceptive prevalence rate is 53.5 percent, reflecting the national rate.²⁸ Also, the percentage of currently married women aged 15-49 with unmet need for family planning is 18 percent (compared with NCR at 12 percent, which is the lowest among all the regions and 25 percent in the Zamboanga Peninsula, which is the highest). Modern contraceptive use is 45 percent (57 percent in Cagayan Valley, which is the highest). NFP used is also 0.3 percent, which is reflective of the national prevalence rate.

RESEARCH PARTICIPANTS

The participants ($n=100$) were selected based on the study's inclusion criteria. In general, the participants must provide valid informed consent before any study procedure. Per group, the requirements include the following: 1) the couples must be NFP acceptors-users of reproductive age (21-49 years); (2) the service providers must be involved in the program for

at least three years; and (3) the members of the clergy must have participated in the program as parish priests.

The first group of participants ($n=60$) composed of couples were 46 females and 14 males. The former were mostly housewives, while the latter worked either as overseas workers, seamen, factory workers, drivers, or vendors. The average number of years of their marriage was 12, and the average number of children per household was four. Most had at least a secondary education and belonged to the low resource sector, somewhat representing a particular demographic segment for whom economic opportunities are scarce and where alternative options are few.²⁹ The majority reported that they had used both NFP and artificial methods during their marriage or cohabitation. Except for a few, all of them were affiliated with the Roman Catholic Church.

The second group ($n=20$) was composed of volunteer service providers (15 females and five males). Their age ranged from 35-65 years. A few were still working in the private or government sectors, but most are retired or out of work. Eight were members of the Couples for Christ (CFC) movement before becoming involved in the program. Finally, the third group ($n=20$) was composed of the clergy members, who were also stakeholders because it was mainly implemented in their assigned parishes.

PROCEDURES

The research team collected data using non-participant observation and semi-structured focus group discussions (FGDs) with the program's stakeholders. The data were collected between June 12-19 and July 10-14, 2019, by six

²⁶ Fernanda Ewerling, Cesar G. Victora, Anita Raj, et al., "Demand for family planning satisfied with modern methods among sexually active women in low and middle-income countries: who is lagging?" *Reproductive health* 15, no. 1 (2018): 42; John Cleland & Kazuyo Machiyama, "Unmet need for family planning: past achievements and remaining challenges," In *Seminars in reproductive medicine*, vol. 33, no. 01, pp. 011-016. Thieme Medical Publishers, 2015; Aniceto Orbeta Jr. & Ernesto M. Pernia. *Population Growth and Economic Development in the Philippines: What Has Been the Experience and What Must Be Done?* No. 1999-22. PIDS Discussion Paper Series, 1999.

²⁷ Rachel A.G. Reyes, "Who will tackle our population growth?" *The Manila Times* (March 14, 2016). Accessed October 15, 2019, from <https://www.manilatimes.net/>.

²⁸ National Demographic Health Survey, 2017.

²⁹ Benjamin Franta, Hilly Ann Roa-Quiaoit, Dexter Lo, et al., "Climate Disasters in the Philippines" (2016).



trained facilitators who spent two weeks at the research site. The field observations and FGDs were supplemented with a desk review of a range of available documents such as operational and financial reports, instructional materials, and media articles. Multiple sources of evidence allow for data triangulation and the development of converging lines of inquiry.³⁰

After establishing rapport with them, the facilitators encouraged the participants to feel free to express their thoughts and were told that negative comments are just as valuable as positive ones. Following the interview protocol, the facilitators informed the participant of the study's nature and purpose and the importance of their free and honest answers. They were also told that there are no right or wrong answers and that their answers shall be treated with strict confidentiality and shall be used only for the study's expressed purpose. Structured around the elements of implementation fidelity, the FGDs elicited their knowledge and experience of the program. Each of the ten FGDs, which lasted between 40 and 60 minutes, was audio-recorded, transcribed verbatim, and coded for analysis.

METHOD OF ANALYSIS

The study used a computer-based tool to count the snippets, code, and categorize the large amounts of narrative text collected through the FGDs and desk review of program documents. It adopted the explanation-building technique to make sense of the multiple words collected from the select groups of participants regarding their knowledge and experience of the program. Explanation building is a particular type of pattern matching aiming to analyze the case study

data by explaining the case.³¹ The theoretical framework of implementation fidelity helped the researchers organize the data and develop a storyline.³²

3.0 FINDINGS

3.1 PROGRAM PROFILE

Shortly after his installation as the fourth Archbishop of the Archdiocese of Cagayan de Oro in 2006, Antonio J. Ledesma, S.J. started to implement the program, modeled from the same NFP program of the Prelature of Ipil which he implemented while he was still its local ordinary. According to Ledesma, it aimed to systematically promote NFP to reach more remote areas where low-income and low-educated families live. Towards this end, one of the things Ledesma did was to create a separate office from the Christian Family and Life Apostolate (CFLA). More interestingly, he organized a team of lay volunteers to manage and implement the program with its own office and resources. He pointed out that the one or two hours allotted on NFP in Pre-Cana seminars to prepare Catholic couples for married and family life are not sufficient to enable them to understand, much less adopt NFP as a way of family life. Interestingly, while Pre-Cana was exclusive to Catholics who are planning to marry, the program was open to non-Catholics and cohabiting couples alike.

As a faith-based program, it claimed to be rooted in four core values: 1) it is pro-life, 2) it aims at the exercise of *Responsible Parenthood* for its All-NFP programs, 3) *NFP* is the means considered consistent with the moral norms taught by the Church and, 4) it enables couples to make an *informed and morally responsible*

³⁰ Baskarada, *Qualitative Case*, 10-11.

³¹ Robert K. Yin, "Case study research: Design and methods 4th edition." In the *United States: Library of Congress Cataloguing-in-Publication Data*, (2009).

³² : Yin, *Case study research*.





choice according to the dictates of a right conscience. It also has four main features: 1) it includes all six modern scientific NFP methods; 2) it reaches out to all parishes and barangays; 3) it promotes NFP all the way, without backup contraceptives; and 4) it engages with all family-oriented organizations to promote NFP as their right and responsibility.³³ It has a clear organizational strategy to implement the program. These are (1) parish orientation of key leaders; (2) training of NFP service providers; (3) chapel community orientation; (4) counseling of individual couples; (5) monitoring and tabulation; and (6) constant values formation.³⁴ Records also showed that the program had trained some 4,102 volunteer service providers recruited from their villages to promote and share NFP to 21,660 couple-acceptors from nearly all Archdioceses' 68 parishes. Its managers reported that it operated on an annual budget of Php 300,000.00 (around \$6,000.00) used mainly for its logistical and operational expenses while earning an estimated similar amount made from the training seminars given to other church-based NFP programs nationwide. The managers collaborated with their service providers and NFP users to periodically monitor individuals and parish-wide the quality and quantity of service delivery through common assessments and standards. Based on their performance assessment and evaluation, awards and recognitions are given yearly to best-performing service providers and parishes.

3.2 ADHERENCE (37 SNIPPETS)

Adherence is defined as whether a program was delivered as it was designed or written.³⁵ It is

³³ Antonio J. Ledesma, S.J., "All-NFP: A Way Forward," *Philippine Daily Inquirer* (August 31, 2012). Accessed August 04, 2019, from <https://opinion.inquirer.net/35848/all-nfp-a-way-forward#ixzz5zAroo0oo>

³⁴ Antonio J. Ledesma, S.J., "All-Natural Family Planning: Going Beyond the RH Bill" (July 2011). Accessed April 15, 2019, from <https://archdo.wordpress.com/>

³⁵ Mihalic S. The importance of implementation fidelity. *Emotional & Behavioral Disorders in Youth*. 2004, 4: 83-86 and 99-105, as quoted in

considered the most vital element of a program's implementation process.³⁶ A high adherence program will yield better outputs and outcomes than one with low commitment to its plans. However, the degree to which full adherence, *i.e.*, high implementation fidelity, is achieved may be moderated by factors affecting the delivery process, such as facilitation strategies, quality of delivery, and participant responsiveness.³⁷

The program was hounded by a perceived lack or absence of adherence to its plan at its outset. It was partly due to its managers' strategy to engage with local government units (LGUs) and national government agencies mandated by law to focus more on promoting contraceptives. There were two sides to this issue. On the one hand, several participants from among the clergy expressed reservations about this engagement due to a perceived potential conflict of interest. As verbalized:

In the other priests' opinion, the partnership between the church and the government is not acceptable.

Personally, when I learned that the program partnered with the Department of Health, I was surprised. I asked, "Why partner with them when they do not want natural methods?" It is artificial that they promote when they have the local seminar, and they do not teach naturally. So, I said to myself that the partnership is not fair.

On the other hand, the service providers maintained that the partnership with the LGUs is acceptable. They even felt that its benefits far outweighed the risks. As verbalized:

I think the cooperation is good. It is better when the local government and the church work together. Nevertheless, the problem is that the government's

Carrol et al. *A conceptual framework for implementation fidelity*.

³⁶ Henna Hasson, et al., "Systematic evaluation of implementation fidelity of complex interventions in health and social care." *Implementation Science* 5, no. 1 (2010): 67. Carrol et al. consider it the bottom-line measurement of implementation fidelity.

³⁷ Hasson et al., *implementation*.





methods are different from ours. It is a choice between natural and artificial methods, which are more convenient to use than natural. As the father said, we need to have help from the government for NFP methods in the budget.

It is okay to collaborate with the government. However, they should promote both natural and artificial. Then the couples will let the couples decide what they are going to use. It is unfair if they will only teach and promote artificial methods.

3.3 CONTENT (28 SNIPPETS)

Content has the active ingredients, namely, the values, the methods, the knowledge, and the skills that the intervention seeks to deliver to its recipients and service providers. In contrast to the CFLA program, the new program included all six modern scientific NFP methods. The underlying objective was to increase informed choice by expanding the existing method mix. However, the Standard Days Method (SDM) and Two-Day Method (TDM) addition caused another stir. Critics alleged that the SDM is not scientific, unreliable for women with irregular menstruation, and includes backup contraceptives. As verbalized:

When the bishop arrived, he introduced RP-ANFP and SDM. It created tension because of SDM. There was a priest who worked in Serve Life who did not want SDM.

Why SDM? Because there was an existence at that time, a group of lay individuals also pushed NFP, but they were more focused on Billings Ovulation Method (BOM). So they do not want SDM because, for them, it was supported by the government.

The service providers belied the allegations against the program. First, they maintained that it did not promote artificial methods despite a “critical partnership” with the LGUs. Second, it did not promote backup plans when or if the couples, typically the husband, could not wait for any for the wife’s infertile days. As verbalized:

Backup? No, we do not advise our acceptors to have backups. What we teach them is not to have sex when they are fertile (everyone in the group laughed).

It is the first time that we have heard about this. We do not know anything about it. Besides, it is the couples who will decide if they will use backups. However, we never told them at all to resort to artificial when the natural method fails.

No Sir. We do not tell them to use artificial backups when SDM fails. We never mention backup, which I often hear from among the priests who do not like SDM. These priests prefer BOM. But backup? We honestly never advise our acceptors. Backups are just fantasy.

3.4 DOSE (57 SNIPPETS)

The frequency of dosage refers to the amount of service that the program delivered to its recipients. As an element of implementation fidelity, it can influence comprehension and competence in using and promoting the NFP methods. In turn, understanding and competence can affect users’ commitment. Ideally, the initial training for acceptor-users would require a minimum of three sessions. As verbalized:

We conducted house-to-house visits to recruit acceptors. We make follow-ups, call, and text them to help them train. The couples do not quickly learn the methods.

We also conducted orientations in the chapels, aside from house-to-house visits. We also provided Pre-Cana seminars once a month, where I teach natural family planning methods. It is there where they get to know about NFP.

Besides the challenge of traveling to remote villages, the service providers also reported many obstacles that prevented the program from gaining a more frequent dose of its services to the couples. As expressed:

Some couples do not have time to attend our fertility awareness information campaigns.





Yes, it is tough to approach them (couples) during working days like today. They wash their clothes, take care of the children, and clean the house. They still have to take care of their husbands. It is hard.

Some do not understand and are afraid they might still get pregnant. That is why I give the couples review sessions. They need to provide me with their cell phone number so we will stay connected.

On the other hand, the program also provided needed skill-trainings for its volunteer service providers. As verbalized:

They first give us orientation for three days during weekends. On the first day, they trained us on how to be a service provider. There are pre-test, post-test, and hands-on demonstrations. Upon its completion, we are called NFP service providers.

Given the delicate nature of NFP methods, there remains a need for adequate ongoing training and a sufficient number of service providers to serve the couples.³⁸ The service providers know that the credibility and competitiveness of the NFP methods would hinge on their competence and trustworthiness. As many of them expressed:

Yes, I feel the need to be trained in the seminar to be updated about NFP as a counselor. There should be more training, follow-ups, refresher training. Both the service providers and the acceptors need to be informed. There must also be follow-ups in the parish so that the program will improve.

3.5 RECEPTIVENESS (56 SNIPPETS)

This moderator of implementation fidelity refers to the program's acceptance by and acceptability to the intended recipients. It includes the couples as primary beneficiaries of the NFP intervention, the volunteer service providers, and the parish priests. Carrol et al. observed that higher levels

of implementation fidelity were achieved when those responsible for delivering an intervention were enthusiastic about it.³⁹ The factors that may influence reception include beliefs concerning the intervention itself, whether they liked it or not, the training and support that the program provides.

First, there were the couples who initially accepted the program but not without reservations. Although they were known to be safe from side effects, the common perception was that the NFP methods are not as effective as the contraceptives, which most of them have already used. As verbalized:

I do not want to have children anymore. When I used Depo-Provera, I felt something terrible. I tried Intrauterine Device (IUD), but my uterus suffered scratches. Finally, I told myself: I want to try natural methods.

It was not easy to abstain from sex by observing the mucus. My husband sometimes would strongly insist (laughing) even on my fertile days. If I say no, he will stamp his feet. However, I try to make him understand that I am fertile. However, he does not listen at times. Moreover, later he would resort to withdrawal.

Second, there were the service providers who used and volunteered to promote the NFP methods. As verbalized:

I volunteered to help other people, so they could limit their children and not use artificial.

We do not get paid. However, we are happy to share our knowledge with the needy.

Third, there were the priests among whom the acceptance of the program was also mixed. As verbalized:

I see the good in this program. It can help. At least the couples have many options because they will decide which method they want to use it.

³⁸ Maurizio Guida, Giovanni A. Tommaselli, Massimiliano Pellicano, et al., "An overview on the effectiveness of natural family planning," *Gynecological Endocrinology* 11, no. 3 (1997): 203-219.

³⁹ Carrol et al. *A conceptual framework for implementation.*





I heard about the RP-ANFP. Moreover, I understood that this is good. The Archbishop's aim and goal are good, especially for the family, the couples, and their children. However, the problem is – ANFP has a competitor, which is easier to do than natural family planning: artificial.

Some priests are quite hesitant; they do not seem to like the SDM. NFP equals SDM.

The program's mixed acceptance was not surprising given that, as one of the participants put it, "This is a democratic country." However, the program's public image seems low compared with that of the government's reproductive health program. Also, as mentioned above, the environment in which the NFP was introduced was not conducive to a completely favorable response from all the participants.

3.6 QUALITY OF DELIVERY (28 SNIPPETS)

This moderator of implementation fidelity concerns whether the program was delivered appropriately to achieve what was intended. The six elements of quality of care in the Bruce-Jain framework are choice of methods, user information, provider competence, interpersonal relations, recontact and follow-up mechanisms, and appropriate services constellation.⁴⁰ Service quality contributes to several outcomes, including changes in perceived value, customer satisfaction, and loyalty intentions with clients.⁴¹ As the program's primary beneficiary, the couples expressed satisfaction with the "customer care" that the program had given them across time. The services included house visitations, couple counseling, and outreach activities that

⁴⁰ Liz C. Creel, Justine V. Sass, & Nancy V. Yinger, "Overview of quality of care in reproductive health: definitions and measurements of quality," *New Perspectives on Quality of Care* 1 (2002): 1-8.

⁴¹ M. Crous, "Quality service delivery through customer satisfaction," (2006); Joseph J. Cronin Jr, Michael K. Brady, & G. Tomas M. Hult, "Assessing the effects of quality, value, and customer satisfaction on consumer behavioral intentions in service environments," *Journal of Retailing* 76, no. 2 (2000): 193-218.

encouraged both couples to participate in the program.⁴² As expressed:

The program of the Archdiocese is right because it is hands-on. The service providers will visit the acceptors in their houses. They go there personally.

The service providers visit us. (*Claps and laughs*)

Our coordinator also gives us strength. He is the one who has kept us going. He provides us with snacks from his pocket, fetches us in his car, and brings us to the houses. He waits for us. His wife prepares us for free breakfast during our meetings.

The service providers braved difficult and risky conditions to reach the couples in their remote rural villages and households. Although such conditions have not discouraged them, they felt that they undermined their ability to do their jobs more effectively and sustainably. When asked what keeps them going despite the barriers, they answered:

It is because of the Lord who called us.
It is okay. We help each other. It is our mission.

It is not easy to be a counselor, but we will not give up because this will be for the couples' good.

There is no monetary compensation, Sir. I have been saying that I do not want them to suffer the side effects of artificial methods like I do. I want to impart it to them so they will not suffer the same.

Well, for me, my testimony is my way of thanksgiving for the blessings that God gave us to share my knowledge with them.

What I can say is that I am happy I can help in the mission of our Archdiocese. We help many people not to get sick or suffer the side effects. So I am delighted.

⁴² Rebekka Lundgren, Jeannette Cachan, & Victoria Jennings, "Engaging men in family planning services delivery: experiences introducing the Standard Days Method® in four countries," *World health & population* 14, no. 1 (2012): 44; Aniceto A. Orbeta, Jr., "Poverty, Fertility Preferences, and Family Planning Practice in the Philippines," *Philippine Journal of Development*, (2006) 129. Accessed October 25, 2019, from https://ideas.repec.org/p/phd/dpaper/dp_2005-22.html. July





3.7 PROGRAM DIFFERENTIATION (143 SNIPPETS)

This element identifies the program's different components' unique and essential features, without which it will not have its intended effect on the participants. It is concerned with determining those elements that are essential for its success. As verbalized:

Here in our place, more couples are using contraceptives. Most of them only know artificial.

However, in practice, people are looking for a convenient and easy way. In other words, artificial is more comfortable when compared to natural.

Young couples, who are my students, are using natural methods. However, they find natural methods complicated; they want a secure method in family planning; that is why they use artificial methods. In natural methods, they said patience is needed. When they cannot wait, they would stop using natural family planning methods.

Although they are more prevalent than NFP methods, artificial contraceptives were not necessarily the preferred methods. One of their features is the incentives given to the couples if they will use contraceptives. As verbalized:

The members of the 4Ps (financial assistance from the government) are victims. They are forced to use artificial methods because if they do not use them, they will not be given their 4Ps. If they would not take pills, have implants, ligation, or injection, their children's birth certificates will not be released. Until now, I have a cousin who has not claimed the birth certificate of her child because she would not have an IUD implant.

On the other hand, many of the participants reported that they first tried contraceptives but resorted to NFP when they already felt the former's harmful side effects. As expressed:

I can say that NFP is useful because when I was not yet using NFP, I used artificial.

I used IUD and begin to feel pain in my uterus. I lost weight; I became skin and bones. Then I asked the counselor to remove it and started using SDM.

Among the six NFP methods, the SDM and BOM were the most preferred. As expressed:

More are using SDM and BOM because they still have small children. Moreover, they said that there are methods that require them to lie down for three hours. They do not like the Basal Body Temperature (BBT) because of the small children, and they can do a lot in three hours.

Of the six methods presented in our Archdiocese, the easiest for me is the SDM. I will not chart. However, the rest I have to chart. I have used the SDM for more than ten years because it is like the calendar method. Usually, it is the SDM or BOM that is the preferred method around here. Moreover, Lactation Amenorrhea Method (LAM) for those who just gave birth.

Unlike contraceptives, the couples know that NFP methods require communication and cooperation between them to work.

With natural family planning, there is a dialogue about when we can have sex or not. There is an agreement between us. It also depends on our discipline. If my husband does not have discipline, we will just be having children.

The husband sometimes insists (laughing). I told him to cooperate when I am fertile (laughing). Yes, he throws tantrums. (laughed). I try to make him understand when we cannot do it because it is highly probable that I will get pregnant. If he cannot help it, he resorts to withdrawal.

We talk when we cannot do it; then, our intimacy got stronger.

3.8 NETWORKING AND LINKAGES (31 SNIPPETS)

The program managers entered into what they called "critical partnerships" with governmental and non-governmental organizations, faith-based communities, and the academe. While there seems to be none or negligible challenge





partnering with most of them, there was a severe concern regarding its partnership with the LGUs. Based on the perception that it focused more on contraceptives, some church leaders were not comfortable partnering with the government. As verbalized:

Our parish priest was surprised when he first learned about the support and funding that the LGUs provide to the program. He asked why. He knows that they promote artificial methods. Why collaborate? He has not understood it yet. However, when we explained it to him, he was enlightened.

The agreement before was when there would be seminars on family planning at the government; the church will give natural planning while the LGUs will give artificial planning. Other priests thought that is not good because the church is only for natural family planning.

The engagement is a positive way because there is a common understanding that natural family planning is what we promote. However, the negative perception especially comes from the money involved in the government.

However, the partnership proved beneficial to the program. As expressed:

Due to the partnership, we could hasten the program because we already had the support. If we have some plans, we can already call LGUs with all their facilities. We cannot serve many people, but with their help, we can do more. In fact, because of this partnership, we have a good rapport with the LGUs. So it is easy for them to slice up their budget somehow to support the Archdiocese program.

4.0 DISCUSSION

Overall, the findings showed that the program primarily adhered to its designers' content, frequency, duration, and coverage. First, the program had a clear and detailed pastoral plan and simplified strategies to deliver as uniform as possible delivery of training and instructions. Second, it built a robust internal management

and governance system, including a formal program to develop and train emerging leaders and service providers. Third, it had a monitoring and evaluation system that measures the extent to which the program was implemented correctly and provides feedback to the service providers to improve or assure delivery quality. Fourth, it involved an expansive network of relationships with government and non-government organizations, hospitals, and academe. However, it also faced serious challenges and issues regarding implementation fidelity- adherence, structure and governance, and partnership with government units perceived to have a conflict of interest with the program.

USE OF SDM

The first issue emerged when the program "conceived and gave birth to twins," the TDM, especially the SDM. The SDM is a fertility awareness-based method of family planning in which users avoid unprotected intercourse during the cycle.⁴³ Arevalo et al. maintained that the SDM provides significant protection from unplanned pregnancy and is acceptable to couples in a wide range of settings.⁴⁴ This method's failure rate is less than five pregnancies per 100- women-years during the first years of correct use.⁴⁵ Because of its perceived efficacy, safety, cost-effectiveness, acceptability, and accessibility, SDM is an essential addition to the method mix.⁴⁶ On the other hand, its detractors alleged that SDM is ineffective and promotes artificial methods as backups. Some studies also classified the SDM as a new fertility-awareness-based contraceptive method that has been successfully added to reproductive health

⁴³ Lundgren et al., *Engaging Men*; Gribble, *The Standard Days Method*; Arevalo, Jennings & Sinai, *Efficacy of New Method*.

⁴⁴ Arevalo et al., *Efficacy of New Method*.

⁴⁵ Lundgren et al., *Engaging Men*; Gribble, *The Standard Days Method*.

⁴⁶ Gribble, *The Standard Days Method*.





care services worldwide.⁴⁷ The issue is related to the elements of adherence and reception. The program managers' observed default mode was to explain and defend the SDM as a fertility-based method that is simple, safe, and effective. Despite strong resistance from some individuals and groups, the SDM still became the most popular NFP method. According to the women, it was easier to use and best suited to their needs and circumstances, unlike the other methods. The service providers, in particular, maintained that they never told the couples to use contraceptive backups for the SDM.

FORMING A SEPARATE OFFICE

The second issue emerged when the program managers created a separate and autonomous office from the church-mandated CFLA. It is related to the elements of responsiveness and quality of service delivery. In terms of the component of responsiveness, the issue is not surprising but unfortunate. Overt and hidden resistance to change is part and parcel of organizational culture, including FBOs or communities.⁴⁸ Arbuckle noted that resistance is a culturally predictable but theologically unacceptable option.⁴⁹ He explained the need to find and implement new forms of bringing faith-based values to an ever-changing society without at the same time brokering or blowing away the sense of continuity with the past that provides the FBOs identity and purpose. Arguably, creating a separate office for NFP managed by trained lay providers seems one of the main reasons the program could access couples living in remote villages.⁵⁰ The Pre-Cana

seminar on marriage and family is parish-based and caters only to the members of the church.

The volunteers represent more than free labor but are good-hearted, generous, and committed people who come to their volunteer activities with energy and a positive attitude.⁵¹ However, they also often expressed their felt need for moral and financial support from the clergy. Nonetheless, the program facilitated their leadership development and empowerment through experience and training as service providers.⁵² There must come a time when church volunteers like them must receive just financial support, if not regular salaries and benefits from the institutional church. It will do the program much good with full support and assistance if they will not be afraid to empower them to take over the responsibility. Interestingly, the practice also lends evidence that the implementation of NFP would be better off when left mainly to laypersons' care. It can also free the clergy, who were admittedly not comfortable teaching about the NFP, for their administrative and pastoral duties.

NETWORKING WITH THE LGUS

Finally, the third issue emerged due to the program's partnership with the LGUs due to a perceived conflict of interests. Despite its managers' assurance that the program has maintained its autonomy and fidelity to its plan, it caused infighting among its stakeholders. This issue is related to the elements of reception, fidelity, program difference, and networking. Given its managers' decision to partner with them, the strategy broadened the program by giving the couples an alternative to contraceptives, especially those belonging to the lower-income quintiles of

⁴⁷ Lundgren et al., *Engaging Men*; Gribble, *The Standard Days Method*.

⁴⁸ Gerald A. Arbuckle, *Refounding the church: Dissent for leadership* (Orbis Books, 1993): 4.

⁴⁹ Arbuckle, *Refounding the Church*: 5.

⁵⁰ Catherine D'Arcy, Ann Taket, & Lisa Hanna, "Implementing empowerment-based Lay Health Worker programs: a preliminary study," *Health promotion international* 34, no. 4 (2019): 726-734; Gillian B. Schivone & Paul D. Blumenthal, *Contraception in the developing world*.

⁵¹ :Vidal, *Faith-based organizations*.

⁵² Victori K. Booker, June Grube Robinson, Bonnie J. Kay, et al., "Changes in empowerment: Effects of participation in a lay health promotion program." *Health Education & Behavior* 24, no. 4 (1997): 452-464.





families. Moreover, according to Ledesma, the LGUs, although mandated by the law to promote contraceptives, were ready and willing to promote NFP methods. It had also set aside funding and personnel for this purpose, as the law provides. Through the partnership, the program was also able to dialogue with Catholic government workers about the church's NFP program's higher goals.

The strategic partnership between the program and the LGUs was facilitated by emphasizing mutual goals, respecting philosophical differences, and including the FBOs in developing national FP strategies.⁵³ The capacity to network and build a relationship with other entities is also a widely accepted requisite of FBOs' successful implementation.⁵⁴ The program under observation has expanded its availability and improved the delivery of NFP services and fertility awareness education down to the household level.⁵⁵ On the one hand, it gave the program the political capacity to relate both to the government sector and civic organization; on the other hand, it enabled program managers and service providers to network or relate to others involved in the community family planning efforts.⁵⁶ It is safe to say that the program achieved most of its intended goals because it built relationships with both public and private entities inside and outside the community.⁵⁷

5.0 LESSONS LEARNED AND RESEARCH DIRECTION

Using a case study design, this study attempted to evaluate the degree to which its developers

implemented their faith-based NFP program as intended. Implementation fidelity acts as a potential moderator of the relationship between the program and its intended outcomes.⁵⁸ It yielded the enablers and barriers to the program's implementation fidelity. On the one hand, the capacities needed for effective implementation were all in place, including planning, securing resources, developing strong internal management and governance, delivering quality services, and networking.⁵⁹ On the other hand, some barriers hampered a more effective performance and realization of desired objectives.

The study offers three policy directions and measures focused and targeted to address the challenges to program implementation. First, there is its limited capacity to secure much-needed human and financial resources. Its capacity to attract sufficient financial resources and to have a diverse funding base hampered what it could have possibly achieved more effectively and broadly. It undermined its capacity to recruit and retain many service providers and monitor and follow up with the couples. Second, there is the need to gain a more desirable level of support among the clergy, who were highly considered by the service providers and couples as influential and vital to the program's success and sustainability.⁶⁰ Finally, in addition to ensuring that they have adequate capacity to provide competence training and an appropriate constellation of services, there is also a need to provide women with economic opportunities and networks. A robust population program must accompany poverty alleviation efforts.⁶¹

Future research can focus on how the LGUs implemented its reproductive health program in partnership with the FBOs and other family-

⁵³ Institute for Reproductive Health, "Faith-based organizations as partners in family planning: Working together to improve family well-being," Washington, DC: Georgetown University, 2011. Accessed February 11, 2019, from http://www.ccih.org/FBOs_as_Partners_in_FP_Report.pdf.

⁵⁴ Norman J. Glickman & Lisa J. Servon, "More than bricks and sticks: Five components of community development corporation capacity," *Housing Policy Debate* 9, no. 3 (1998): 497-539; Christopher Walker & Mark Weinheimer, "The performance of community development systems: A report to the National Community Development Initiative," Washington, DC: Urban Institute (1996).

⁵⁵ Arevalo, *Family Planning*.

⁵⁶ Walker and Weinheimer, *Community Development*.

⁵⁷ :Vidal, *Faith-Based Organizations*.

⁵⁸ Carrol et al. *A conceptual framework for implementation fidelity*.

⁵⁹ :Vidal, *Faith-Based Organizations*.

⁶⁰ Fausto B. Gomez, O.P., "The Role of Priests in Natural Family Planning," *Boletin Ecclesiastico de Filipinas*, LXXII, 1996: 163.

⁶¹ Orbeta, *Poverty*.





oriented groups. Another avenue lies in exploring men's participation in the NFP program and how to gain their critical cooperation. Finally, there is a need to conduct a national study on how FBOs in the country have implemented their NFP programs over time to determine their collective performance and cumulative impact. The FBOs may hold this critical case as an indicator to understand what it takes to implement a broader, more decisive, and more systematic NFP program that is known, respected, and applied. The institutional church owes it to the families.

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