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Comparing a public and private sector NFP program: implications for NFP expansion

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Abstract

This paper synthesizes a six year collaboration between a natural family planning (NFP) non-governmental organization (NGO) and the National Health Service of the Emilia Romagna region in Italy. It also compares the public program experience with NFP services provided in the private sector in the adjacent region of Veneto. Midwives provided NFP services in government family health clinics while in the private sector NFP was taught by non-health laypersons in a church-based facility. The populations served by these two programs were different. Women in the public sector were slightly older and two-thirds were married. Forty percent of the clients had chosen to use NFP to achieve a pregnancy. The private sector client, recruited in part through pre-marriage counseling programs, was equally divided between married and single women, though the majority came for advice on avoiding or spacing pregnancies. In both regions NFP users were more highly educated than the general population.

Introduction

In the social, cultural and scientific environment of the 1990s there are new requirements for family planning providers which they must consider when providing services. First, they must recognize the problems of human fertility and its biological, medical, demographic, sociological, psychological, cultural and ethical implications. They cannot ignore the sexual dimension of the couple's relationship, and the reality that the choice of family planning method has behavioral implications. The advice they provide must be personalized and tailored to the particular requirements of their clients. This is not only a woman's right but it guarantees greater effectiveness in

fertility control and in preventing abortion. It is therefore necessary for the provider in the public sector to acquire the necessary knowledge to provide full information and support to couples who want to use natural methods.

The NFP services

The two NFP services which are compared in this paper were carried out in the Emilia Romagna and the adjacent Veneto, regions of Italy. The public sector collaboration was conducted in Emilia Romagna, while private sector services were conducted in the Veneto region, two areas with similarities and differences.

The Emilia Romagna region is one of the most advanced in Italy. Its standard of living is among the highest, and it has a well-developed social and health services network that exists in few other regions of Italy [1].

A 1989 survey of contraceptive use in the Emilia Romagna region showed that 16.3% of the couples in the region used periodic abstinence (14.3% Ogino–Knaus method). Coitus interruptus, however, was the most widely used method; used by 44% of the couples. Condoms and the IUD were each used by 20% of the population, while pills were used by 18% [2]. In a 1979 national survey of contraceptive use, 7% (6.8% Ogino–Knaus) were using periodic abstinence, and 48% used coitus interruptus, 10% pill, 10% condom and 18% did not use any method. Thus the profile of contraceptive use in the Emilia Romagna region showed a use of periodic abstinence more than twice that of the country as a whole [3].

Timing and services

Providers in both sectors received essentially the same training. It consisted of 50–70 h of instruction followed by a practical session in which trainees taught other couples. Trainees also did self-observations of fertility signs and symptoms as part of their training and demonstrated their ability to distinguish the fertile and infertile periods. The courses in both the public and private sectors are of two years' duration to permit good self-observation in the first year and good practical training thereafter. Attendance at classes was regular, and trainees needed to pass both a written and oral examination to be certified as NFP teachers. They also needed to demonstrate competency in the method, in instruction and in organizing and managing an NFP service.

In the public sector, the trainees were midwives who were selected because of the important role they play in family planning services. No other selection criteria such as knowledge, use of NFP or their ethical religious beliefs were used. Thirty-six midwives started the course and thirty-one completed. In the private sector the trainees were for the most part non-health professionals.

Services in the public sector were provided in public health facilities during 2–3 h sessions per week totally dedicated to NFP (referred to as NFP space). These centers were under the regional health authority, while private sector services were provided in a diocesan-based facility. The services provided, however, were the same.

The public sector services were promoted through conferences and media publicity, while the private sector services were promoted through programs for engaged and married women and couples.

Data collection

The data reported in this study were collected in the public sector by 27 midwives between 1993 and 1996. In the private sector systematic data collection using WHO forms, as in public sector, began in 1988, and data were collected through 1996 by about 50 teachers [4]. Data are based on a registration form completed by NFP teachers at the time of registration, follow-up forms which recorded each cycle and a discontinuation form.

Results

Table 1 compares NFP users in the public and private programs. From the table we can observe some salient similarities and differences between the two user groups.

The public sector users were on average slightly older than the private sector clients. Two-thirds were married and almost two-thirds had no children. Slightly more than 80% were either currently using contraceptives or had in the past, and 20% had used NFP sometime in the past. Ten percent had had an abortion. Forty percent were using NFP to achieve a pregnancy. Sixty percent cited medical and ecological reasons for using NFP.

The private sector clients were more equally divided between married and single women; 80% had no children, and two-thirds were interested in using NFP to avoid pregnancy. For almost half, their primary reasons for using NFP was ethical/religious. Less than 1% had experienced an abortion. A third were current or previous users of contraception and 19% had used NFP, a proportion that was similar to public sector clients.

The data recorded from the public sector midwives also reported on client discontinuation. Twenty-six percent discontinued, almost one-third of whom were lost to follow-up. Other reasons included planned pregnancy (16%), method too complicated (12%), health problems (9%), and change to other method (9%). Table 2 provides data on discontinuation.

Discussion and conclusions

Most of the experience of NFP service delivery has been gained in the private sector, as only a few public programs have offered NFP, as was discussed at an Institute Conference on Public–Private Partnerships in NFP [5].

The first observation we can make is that it is feasible to provide NFP services in the government sector. In the Emilia Romagna experience, 889 women were seen by

Table 1. Comparisons between public/private NFP users

	Public (%) *n = 889*	*Private (%)* *n = 998*
Mean age (years)	29.38 ± 5.95	26.73 ± 4.73
Civil status		
Married	66.4	46.2
Single	30.2	53.5
Educational level		
University	15.2	9.7
S.L. certificate	59.8	65.1
Middle	21.2	23.7
Primary	3.7	1.5
None	0.1	0
Job		
Clerk	30.6	33.3
Housewife	13.7	10.3
Student	12.7	7.5
Worker	11.2	14.3
Teacher	9.5	14.1
Nurse	5.8	10.3
Children		
0	65.7	79.8
1	21.4	8.9
2	8.9	8.0
Induced abortion	10	0.5
NFP in the past	20.1	18.9
Contraception past/present	82.7	34.9
Reasons for NFP choice		
Medical	42.7	4.5
Ecological	20.8	4.0
Ethical/religious	16.4	45.8
Psycho–sexual	7.4	6.9
Multiple answers	12.7	38.7
NFP in order to		
Achieve pregnancy	40.7	10.9
Avoid pregnancy	35.1	12.9
Space pregnancy	20.3	66.7
Increase fertility awareness	3.8	9.5

Table 2. Public users drop-out rates (%)

Number			
225 (26% of total)	1993		9.8
	1994		35.0
	1995		36.0
	1996		19.2
Reasons			
Lost to follow-up		36.9	
Moved away		4.2	
Menopause		1.0	
Diseases interfering with observation		1.4	
Health problems		9.3	
Privacy		1.4	
Family problem		1.4	
Too complicated method		12.1	
Too much abstinence		0.5	
Other methods		8.9	
No longer useful		3.3	
Unplanned pregnancy		0.5	
Planned pregnancy		16.8	
Autonomy		2.3	

27 midwives over a four-year period, providing an average of eight to nine new users per midwife per year. Productivity of the midwives, however, varied widely from one user per midwife to as many as 120 users per midwife.

NFP users in the public sector had well defined characteristics. For example, a large percentage used NFP for medical/ecological reasons and a large number sought to achieve a pregnancy. Analyzing this further we found medical reasons were given mostly by women with less education (62% low education vs. 36% medium/high education). Ecological motivation was found among the more highly educated group (22% medium/high compared to 16% low education). A similar pattern was found for ethical/religious motivations (18% medium/high as compared to 9% low education).

It could be that women with less education have more concerns about their health and seek NFP because it is free of side-effects. A higher percentage of women with less education also came to achieve a pregnancy (50% vs. 37% among those whose education was medium-high).

In comparing NFP users in both the public and private sector to the general populations in the Emilia Romagna and Veneto regions we found that NFP users were more highly educated than the general populations. In Emilia Romagna (where the public program took place) 75% of the NFP users had either a university education or had completed secondary school. This compared to 37% in the general population. A similar pattern was found in Veneto region (Table 3).

We also found that the public and private sectors appeal to and serve different

Table 3. Comparisons with general population (same age) (Census 1991) (%)

	Emilia Romagna region		*Veneto region*	
	General	*NFP users (public)*	*General*	*NFP users (private)*
Educational level				
University	5.41	15.1	3.64	9.5
S.L. certificate	32.13	60.3	25.29	65.2
Middle	37.67	20.8	43.43	23.7
Primary	22.61	3.8	26.02	1.6
None	2.19	0.1	1.62	0.0
Civil status				
Single	38.4	29.7	38.41	53.3
Married	55.26	67.0	57.91	46.4
Divorced	5.18	3.3	2.45	0.1
Widow	1.17	0.0	1.23	0.2

groups. The public user tends to be married (66%), seeking advice on how to achieve a pregnancy (40%). Among the private user group which was equally divided between married and single, the majority sought advice on avoiding or spacing pregnancy.

The differences in the service settings, and the ways in which users learn about services, probably explain a large part of the client differences observed. In the public sector, services are provided in a health clinic and clients learn about the services through education and promotion carried out by health workers. The private sector promotes its services largely through pre-marriage courses and services are provided in a private facility that is part of a church complex. In both settings, services are provided without cost.

This comparison of the two programs indicates that different groups were reached by the services. This finding underscores the need for expanded services in the government sector and for a partnership between the government and non-government organization sectors because most of the knowledge of how to provide NFP currently is found in private sector NFP groups.

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