

Results of the TwoDay Method® Community-Based Study

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The Institute for Reproductive Health (IRH) is part of the Georgetown University Medical Center, an internationally recognized academic medical center with a three-part mission of research, teaching and patient care. IRH is a leading technical resource and learning center committed to developing and increasing the availability of effective, easy-to-use, fertility awareness-based methods (FAM) of family planning.

IRH was awarded the 5-year Fertility Awareness-Based Methods (FAM) Project by the United States Agency for International Development (USAID) in September 2007. This 5-year project aims to increase access and use of FAM within a broad range of service delivery programs using systems-oriented scaling up approaches.

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Acronyms

ABPD	Asociación Berhorst Partners in Development
ASD	Action Santé et Développement
CBO	Community-based organization
DRC	Democratic Republic of Congo (Kinshasa)
FAM	Fertility awareness-based method
FP	Family Planning
IEC	Information, Education, and Communication
IPPF	International Planned Parenthood Federation
IRH	Institute for Reproductive Health
MOH	Ministry of Health
PROCODI	Project Communautaire pour le Développement Intégral
SDM	Standard Days Method ®
STI	Sexually Transmitted Infection
TIPs	Trials of Improved Practices

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Executive Summary

The TwoDay Method® is a fertility awareness method of family planning (FP) that relies on noting the presence or absence of cervical secretions to identify fertile days and avoiding unprotected sex on those days to prevent pregnancy. A multi-country efficacy trial showed TwoDay Method to be more than 96% effective with correct use and 86% effective with typical use, well within range of other user-dependent methods.¹ Women can learn and use the method successfully regardless of when during the menstrual cycle they initiate use.² A counseling protocol and provider and client tools were developed and adapted for use in clinic settings in Peru, Rwanda, the Democratic Republic of Congo, Honduras, and the United States.

Recently, the growing importance of providing health options outside of the formal health system has become increasingly evident. Community-based service provision of health innovations is now recognized by USAID and others in the global health community as a high-impact practice in family planning to expand access and reduce unmet need. Thus, in an effort to support a wide range of family planning options and increase access to TwoDay Method, research was conducted to develop strategies and materials for offering the method at the community level. A simplified tracking tool and accompanying low-literacy teaching materials were developed and tested using TIPs-style research methodology.³ Community-based workers were trained to offer TwoDay Method using these simplified tools.

Formative research was conducted with providers and potential TwoDay Method clients to develop and then pre-test a job aid appropriate for community workers with little or no health background and a client brochure with key instructions about method use appropriate for community members with low literacy. Research also informed the development of several different tracking tools, including a recording card, a calendar, and a container with two found objects. Tracking tools were designed to help method users accurately and consistently record secretions and identify the fertile days. Both the recording card and calendar employed written symbols to represent the menstrual period, days with secretions and days with no secretions, and both required daily notation. The container with found objects required women to place objects in a container only when they observed secretions (i.e., during the fertile days). Of these tools, only the recording card had previously been used successfully in clinic settings.

The study took place in geographically diverse locations in Guatemala and the Democratic Republic of Congo (DRC). The study site in Guatemala was the village of Chichoy, a rural, indigenous village in the department of Chimaltenango. Study participants primarily spoke the local language of Kaqchikel, along with some Spanish. In DRC, the study was based in Mont-Ngafula, a peri-urban neighborhood on the outskirts of Kinshasa, the capital city. Study participants primarily spoke Lingala and some French. All participants in both sites were married, non-pregnant women of reproductive age (18 to 39 years) with healthy secretions, who were not currently using hormonal contraception.

Approaches and tools for offering TwoDay Method in community-based settings were tested using the Trials of Improved Practices (TIPs) methodology. TIPs combines anthropology and commercial marketing research techniques to determine obstacles and motivating factors for trying a new health behavior or practice. In each site, IRH partnered with a community-based organization (CBO) for outreach and method instruction. IRH sought out CBOs that had minimal health counseling experience to determine the feasibility of including TwoDay Method service provision in their portfolio of activities.

¹ Arevalo M, Jennings V, Nikula M, Sinai I. Efficacy of the new TwoDay Method of family planning. *Fertility and Sterility*, 2004; 82(4):885-92.

² Jennings V, Sinai I, Sacieta L, Lundgren R. TwoDay Method: a quick-start approach. *Contraception*, 2011; 84(2):144-9.

³ Trials of Improved Practices (TIPs) is a methodology developed by The Manoff Group.

Five community workers in DRC and five in Guatemala were trained to provide TwoDay Method as part of their regular job responsibilities, without receiving additional remuneration. However, only two of the community workers trained in Guatemala ultimately offered the method as part of this study. All community workers had at least a high school education, though their background in health and counseling skill level varied. Community workers visited study participants five times over 19 weeks in DRC and four times over 11 weeks in Guatemala to gather information on how the tools were being used and their experience providing the method. Potential clients received information on all family planning methods prior to deciding if they wanted to use TwoDay Method. The community worker then counseled interested women and offered them the choice of tracking tools. Women were also given a brochure with key reminders for method use, and condoms, if desired, for managing the fertile days. Since TwoDay Method was offered outside the health system, a thorough assessment of area health services was conducted in each site, in order to equip community workers to appropriately refer clients for other family planning methods, if desired, or for diagnosis and treatment of unhealthy secretions.

Overall, 13 women in Guatemala and 20 in DRC enrolled in the study. Their husbands also were asked to participate. Three men in DRC formally enrolled, and post-study interviews were conducted with two men in Guatemala. Of the 33 women participating in the study, seven were exited for different reasons. One woman in Guatemala and one in DRC became pregnant. In DRC, four more withdrew (moved, method too time-consuming, husband refusal), and two were later determined ineligible, as they found out they were pregnant prior to study enrollment.

The study found that CBOs without health-focused activities were able to integrate TwoDay Method service provision into their portfolio successfully. Community workers with various levels of health knowledge and counseling skills learned and provided TwoDay Method to members of their community. Many clients expressed appreciation for access to a family planning method in their community and preferred counseling from a community worker rather than a clinic-based health service provider. In Guatemala this also increased access to family planning in general as clinic-based services were difficult to reach from the rural areas.

Study participants found TwoDay Method easy and practical to use. All women in DRC and several in Guatemala planned to continue using TwoDay Method after the study ended. Nearly all said they would recommend the method to a friend, and some had already begun talking about it with their friends and neighbors before the end of the testing period. Women were able to learn to check and track secretions with community worker instruction and follow-up. They incorporated checking their secretions into daily activities, such as when going to the bathroom, after daily afternoon prayers, while doing chores, before or after work, or while washing up in the evening. They found the client brochure with method instructions clear and helpful and referred to it frequently.

Women showed a strong preference for written tracking tools for daily use, including both the recording card and the calendar. Women reported selecting these tools because they were easy to use, had clear instructions, and helped them remember to check each day. The recording card was largely preferred in Guatemala. As the study progressed, some women adapted the use of the recording card—instead of marking every day, they marked from the first day of menses until three or four days without secretions, then stopped marking until the onset of a new cycle. The recording card did not survive pre-testing in DRC because participants found the vertical orientation and lack of dates confusing. This tool was not offered in the DRC trial.

Women in DRC strongly preferred the calendar tool, primarily because they were accustomed to using a calendar to track their menstrual cycle. Despite perceived ease of use, some DRC participants still had difficulty determining their risk of pregnancy using the calendar approach, especially on the first day

without secretions. Community workers reviewed and reinforced this during follow-up visits until all women could correctly interpret the calendar symbols.

Only four women (three in DRC; one in Guatemala) chose the container with two found objects. Participants said it was easy to understand and use, but many did not choose it because they expressed concern their children would play with it or they would forget to look at it each day, given that it did not require daily use. Women had the option of switching tracking tools if the one they selected was inconvenient or difficult to use, but none at either site did so at any point during the study.

All women reported that they were able to communicate their fertile days to their husband. Data showed that women's husbands not only accepted the method, but helped their wives remember to check and record secretions. In DRC, all women were able to plan for or negotiate alternate behaviors with their partners on those days, though one woman dropped out of the study because her husband did not want to use the method. In Guatemala, women were able to successfully negotiate alternate behaviors on fertile days during the first months, but this waned by the end of the study, and several felt their husbands were not committed to continue using the method. One of the trained community workers at each site was male, though in Guatemala he was not able to complete the study due to competing agricultural activities. Male participants preferred counseling from male community workers. Though offered, no male or female study participants requested counseling with their partner present.

Study results indicate that learning TwoDay Method helped women better understand their menstrual cycles and the fertile window. It also helped them distinguish unhealthy secretions and learn that healthy secretions are a normal sign of fertility. In DRC, for example, it is commonly believed that all vaginal secretions are dirty or unhealthy. For this reason, as well as to enhance sexual pleasure, some women use products to wash away secretions or dry out the vagina. It is not known what effect these practices have on TwoDay Method effectiveness. If secretions are obscured (dried/washed away), it may impair a woman's ability to accurately assess her fertile days. In order to ensure most effective use of the method, community workers educated women to check for secretions before vaginal washing. They also successfully negotiated with women to modify their use of desiccants or to stop such practices altogether.

Overall, the study demonstrated that CBOs can successfully engage their community workers to offer TwoDay Method through existing activity platforms, even if they are not experienced in health or family planning. The newly designed, low literacy TwoDay Method client education materials were effective, and daily, paper-based approaches were still strongly preferred, despite efforts to move away from text-based tracking tools. TwoDay Method also engaged men as participatory partners in family planning, even when counseling was conducted with women only. Nevertheless, as some men grew tired of using the method, it will be important that couples have access to condoms, or are helped to switch to another method if they prefer, especially in Guatemala. The study also found that TwoDay Method counseling can improve women's knowledge of healthy and unhealthy secretions and increase understanding of the fertile window. Thus, community-based provision of TwoDay Method has the potential to reduce unmet need for family planning by improving access to an acceptable, commodity-free family planning method.

Background

The TwoDay Method® is a simple and effective fertility awareness-based method (FAM) of FP developed and tested by the Institute for Reproductive Health (IRH) at Georgetown University. The method relies on a woman's naturally occurring signs of fertility—the presence or absence of cervical secretions—to identify the days she may become pregnant. A woman using the method checks her cervical secretions on a daily basis and notes her observations on a simple tracking tool. The presence of secretions of any type, color, or consistency on the day the woman checks, or on the preceding day, means she is fertile. To avoid pregnancy using the TwoDay Method, women avoid unprotected sex by abstaining or using a barrier method on fertile days.

The TwoDay Method addresses an existing unmet need for FP by expanding the range of choices and empowering women and girls and their partners with a simple, modern, user-controlled method of FP. It is easy to teach and to learn, especially since most women have noticed their secretions before ever receiving instruction in the method, but have not previously associated them with fertility. It also teaches women about other normal, healthy body changes as well as unhealthy signs and symptoms, like unusual secretions which may indicate sexually transmitted infections. The TwoDay Method can be used by women with any cycle length and can be started or terminated at any point in their menstrual cycle. It is a natural and commodity-free method requiring no devices or medical procedures, which makes it a viable FP option for those who fear side effects or object to hormonal methods, as well as those in resource-constrained or remote areas. In this sense, the TwoDay Method may attract new users to FP and serve as a “gateway” to other methods, ultimately reducing unmet need among a population that is often overlooked.⁴

IRH followed a research-to-practice model to develop the TwoDay Method and test its efficacy and viability as a family planning method. After determining the theoretical efficacy and failure rate of the method,⁵ IRH conducted a multi-country efficacy trial in culturally diverse sites in Guatemala, Peru and the Philippines which indicated that the TwoDay Method is 96% effective with correct use and about 86% in typical use in preventing pregnancy. Facility-based providers reported that the method was easy to learn and to teach, and noted that clients were interested in the method. They also expressed confidence that clients (study participants) could use the method correctly.⁶ Participants likewise described the TwoDay Method as easy-to-use and overwhelmingly approved of it; 99% of women who completed the study planned to continue using it. Overall, the efficacy study demonstrated that the TwoDay Method can be integrated easily into facility-based services, as it can be taught in a single counseling session of approximately 20 minutes.⁷

Following the efficacy study, IRH conducted further market research in preparation for introducing the TwoDay method into regular service delivery protocol. In the efficacy study, clients were required to start the method at the beginning of their cycle, in order to ensure that they were not pregnant. In moving towards a standard protocol, however, this requirement threatened to be a barrier to service delivery since it meant that many women had to wait until their next period to begin using the method. A quick-start

⁴ Mackenzie, H.; Drahota, A.; Pallikadavath, S.; Stones, W.; Dean, T. What is the Impact of Contraceptive Methods and Mixes of Contraceptive Methods on Contraceptive Prevalence, Unmet Need for Family Planning, and, Unwanted and Unintended Pregnancies? An Overview of Systematic Reviews. Portsmouth, UK: University of Portsmouth, 2010

⁵ Theoretical efficacy was calculated by applying the TwoDay protocol of checking for secretions today and yesterday to data sets from the World Health Organization (WHO) and an Ovulation Method center in Vicenza, Italy. Results showed that the highest theoretical probability of pregnancy from intercourse on any day relative to ovulation was 0.025. The failure rate was calculated on the basis of data from a multicenter European study and results indicated that the theoretical first-year pregnancy rate compared favorably with reported rates of other widely used family-planning methods. Arevalo M., Jennings, V., Nikula, M. Sinai, I. Efficacy of the new TwoDay Method of Family Planning. *Fertility and Sterility* 82 (2004): 885–92.

⁶ Institute for Reproductive Health (IRH). Offering the TwoDay Method® Within Family Planning Services in Peru. Washington, D.C.: Institute for Reproductive Health, Georgetown University for the U.S. Agency for International Development (USAID), 2008.

⁷ http://www.usaid.gov/our_work/global_health/pop/news/issue_briefs/natural_fp.pdf

approach was then tested in an operations research study to determine whether women who did not initiate the method during the first seven days of their cycle could use it as effectively as those who initiated use at the beginning of their cycle.

In this study, conducted by the Ministry of Health (MOH) and an International Planned Parenthood Foundation (IPPF) affiliate in Peru, 167 women were counseled in TwoDay Method use and followed for up to seven months. Results revealed no significant differences in correct use, continuation rates, and acceptability of the TwoDay Method between women who were counseled at different points in their menstrual cycles. Providers were equally competent in counseling women at different phases of the cycle. Based on these findings, which suggest that women can be taught and successfully learn to use the method at any time in their menstrual cycle, IRH developed a counseling protocol and provider and client tools for offering the TwoDay Method in clinic-based settings. These materials have been successfully used by providers offering the method in Rwanda, DRC, Guatemala, Honduras, Peru and a number of clinics in the U.S.

In 2009-2010, IRH conducted an additional market assessment to guide strategic planning for introduction and scale up of the TwoDay Method in various locations. Results revealed widespread support for the method among stakeholders, donors and collaborators, but a general lack of awareness about the method in the wider public. One of the assessment's principal recommendations was to explore woman-to-woman networks and direct-to-consumer approaches, building on the successes and lessons learned from previous research on other FAMs. At that time, community-based service provision was also emerging as a high impact practice in family planning to expand access and reduce unmet need; it has since been formally recognized by USAID and others in the global health community as a successful strategy. This endorsement, coupled with IRH's experience in scaling up the Standard Days Method® (SDM) indicated the importance of simplifying method protocols and tools early in the research-to-practice process. Thus, IRH decided to dedicate its efforts to simplifying the TwoDay Method protocol and testing approaches to offer it at the community level and through non-clinical providers.

Purpose and Design

The goal of the TwoDay Method Community-based Study was to evaluate the feasibility, acceptability and effectiveness of offering the method to low-literacy populations through community-based service provision outside of the structured health system. Research was conducted in several phases to develop strategies and materials for offering the method to the target population. First, formative research was undertaken in collaboration with local organizations to ensure all approaches were acceptable within the context of the local norms and values of each study site. Findings from the formative research were used to develop a package of materials, including a standard procedure to help women check their secretions, a simplified tracking tool, and accompanying low-literacy teaching materials, including training for community-based workers not skilled in offering health counseling services. Three different tools for keeping track of secretions and the fertile days were offered to clients to choose from, which allowed for in-use testing of the approach that women in the community considered to be the easiest or most attractive. Finally, the package of materials was tested using TIPs, a research methodology that combines anthropology and commercial marketing research techniques to determine obstacles and motivating factors for trying a new health behavior or practice.

Research questions addressed by the study included:

1. What is women's ability to check their secretions daily, keep track of them and determine their risk of pregnancy on a given day, based on observations (e.g. presence or absence of sections)?
2. What tool or memory aid (if any) does a woman need to begin using and continue using the TwoDay Method correctly, especially during the first few months?

3. What tool or material (if any) does a woman need to facilitate communication with her husband/partner about the management of the fertile days?
4. What tools (if any) do community workers need to explain the TwoDay Method to new users?

Methods

All study protocols and instruments were approved before data collection began by the Georgetown University Institutional Review Board (USA), the National Committee of Ethics seated at the University of Kinshasa School Of Public Health in DRC and the National Committee of Ethics for Health in Guatemala. Protocol for research with human subjects was closely adhered to in the field. Participation in the study was voluntary, and informed consent that covered the entire study period was obtained from each participant prior to beginning the first interview. Oral assent was re-affirmed prior to each follow up interview.

Study Sites

The TwoDay Method Community-based Study took place in geographically diverse locations in Guatemala and DRC. Study sites were selected based on a combination of research and practical considerations, including the presence of IRH field staff and community-based organizations to support implementation of the study, familiarity with local populations and health structures, and feasibility of frequent travel to study sites. In the DRC, the study was conducted in Mont-Ngafula, a densely populated, peri-urban neighborhood on the outskirts of Kinshasa. In Guatemala, the study was conducted in the rural, indigenous village of Chichoy in Chimaltenango, in the Guatemalan central highlands.

Formative Research

Formative research was conducted in both sites in order to develop the simplified approaches (client memory aid, community worker job aid) and the TIPS data collection tools. This included:

- *Desk Review:* A desk review of previous TwoDay Method research results, existing IEC materials for low-literacy populations and community-based programs, and a literature review on FP use, natural FP programs, fertility awareness, secretions, and STIs in each study site.
- *In-depth interviews:* We interviewed 15 women and 15 men in DRC and 20 women and 14 men in Guatemala. All participants lived in the study sites. The objective of this phase of the study was to develop tools and procedures to present the TDM to low-literacy level women at the community level, including tools or procedures to help them remember to keep track of their secretions and to identify their fertile period. Results also helped inform development of the TIPS data collection tools. Interviews explored awareness and understanding of cervical secretions, strategies women use to remember and keep track of recurring events, how couples communicate about sex and family planning, how women could remember/remind themselves of fertile days, and practices for avoiding pregnancy.

In DRC, practices of vaginal washing and drying practices emerged in the initial round of in-depth interviews. Since the TwoDay Method depends on sensing vaginal secretions, it was feared that these practices might interfere with method use. Thus, an additional round of in-depth interviews were later conducted with five women and three men to better understand these practices and their prevalence and to develop guidance for community workers should they encounter a woman who engages in such practices who wishes to use TwoDay Method.

In-depth interviews were also conducted in DRC and Guatemala with educators and female users of the Billings Ovulation Method (BOM), another secretion-based family planning method currently offered in the country. In order to further inform the protocol for offering TwoDay Method at the community level, the goal of these interviews was to learn more about providers' experiences offering BOM and the teaching and/or recording materials used, as well as users' knowledge about secretions and related sexual health practices. Lessons learned from these interviews helped inform development of the more simplified TwoDay Method approaches and tools.

- *Focus group discussions:* One focus group with six female participants was conducted in DRC and one focus group with eight female participants was conducted in Guatemala to obtain feedback on existing images used to illustrate TwoDay Method materials. Findings were used to inform the development of new images and modifications to existing images to accompany the new community TwoDay Method tools. During the iterative materials development process, additional interviews with potential clients and community workers were also conducted to further test and fine-tune the tools as they were developed.

Implementing Partners: Method Provision & Data Collection

At headquarters in Washington, D.C., IRH partnered with the Manoff Group, the developers of the TIPS methodology used in the study, to develop the data collection tools and process.

In each study site, IRH partnered with a CBO for recruitment and method instruction. We particularly sought out CBOs that were not family planning-focused and community workers with minimal health counseling experience in order to determine the feasibility of integrating TwoDay Method service provision into non-health sector activities. In DRC, IRH partnered with Projet Communautaire pour le Développement Integral (PROCODI), a CBO that conducts agriculture and micro-credit training programs. In Guatemala, IRH partnered with Asociación Berhorst Partners for Development (ABPD), a consultancy firm with diverse experience in community development and community mobilization for health. ABPD did have family planning outreach workers who sold subsidized contraceptives and earned a little from each sale; however, this was a small part of the CBO's activity portfolio and the community workers involved in the study were not involved in this activity. In both sites, provision of TwoDay Method was added to their regular job responsibilities, and they collected no additional remuneration for TwoDay Method counseling.

Data collection in the two sites was handled somewhat differently. In DRC, IRH partnered with Action Santé et Développement (ASD), a health-focused research group. Early in the study, ASD researchers assisted with formative research on local beliefs and practices related to sexuality and family planning and local understanding of vaginal secretions to inform development of TwoDay Method reminder approaches ultimately used in the study. Prior to TIPS data collection, ASD researchers were trained at the same time as PROCODI community workers in TwoDay Method instruction. During study implementation, ASD researchers were paired with PROCODI community workers, for a total of four researcher/community worker pairs. In these pairs, PROCODI community workers were responsible for recruiting study participants, counseling them on TwoDay Method and the use of various tracking approaches, and arranging and conducting follow up visits; ASD researchers were responsible for completing the TIPS questionnaires and also sometimes assisted with method instruction. ASD and PROCODI were supported with technical direction from a French-speaking IRH Research Officer and a technical advisor on the TIPS methodology from The Manoff Group.

In Guatemala, a Manoff Group consultant was responsible for data collection. It was originally envisioned that she would accompany the community workers on the visits, similar to the role ASD played in DRC. However, this proved difficult, since the consultant (though Guatemalan) did not speak Kaqchikel.

Furthermore, due to some miscommunications and misunderstandings at the community level, the village committee asked the consultant not to return to the community. Thus, ABPD community workers assumed dual roles—they both provided TwoDay Method to clients and completed the TIPs questionnaires. They would then send the questionnaires to the Manoff consultant, who would review, ask for clarification, and analyze after each round of data collection.

After recruitment, participants were visited five times over 19 weeks in DRC and four times over 11 weeks in Guatemala. In addition to method instruction and reinforcement, an interview guide was used to collect data during each visit. The first visit took approximately one hour, and subsequent visits lasted approximately 30 minutes. The second visit took place about two weeks after the first visit, and subsequent visits happened approximately monthly thereafter.

All visits were conducted in local languages—Lingala in DRC and Kaqchikel in Guatemala. In DRC, these visits took place in women's homes, but in Guatemala, participants preferred to meet community workers at the unused village clinics, a place they considered offered more privacy. The initial counseling visit was provided only to women. Community workers invited women to include their husbands in the second visit, should they so desire. However, all women opted to simply explain the method to their husbands themselves.

Trials of Improved Practices (TIPs)

TIPs is a formative research method created by The Manoff Group that has been used worldwide for program, strategy, or activity development. TIPs combines anthropology and commercial marketing research techniques to test behaviors and/or products with a small sample of intended users who try out the behaviors or products in their daily lives before the behaviors are incorporated into programs. This provides information on whether the behaviors or products are likely to be feasible for this population, the modifications TIPs participants make that would make the behaviors easier, and how best to promote the behaviors or products for this population. TIPs may be conducted with individuals, couples, community workers, and skilled health care providers alike.

True TIPs can be conducted in any situation in which there are choices that will lead to improved health or fertility outcomes. A few examples of the many past TIPs topics include behaviors that lead to meeting fertility goals, behaviors that reduce indoor air pollution, providing nutritious, locally appropriate complementary weaning foods, etc. The key aspects of TIPs are:

1. There must be a choice between at least two behaviors, both of which will improve fertility or health outcomes, although often not equally—usually there is a continuum of 'improved' behaviors.
2. TIPs is iterative, so TIPs researchers must visit participants at least twice.
3. There is a behavioral agreement between researcher and participant: the participant agrees to try a new or modified behavior for a specific, agreed-upon short time.
4. The behavior that the participant chooses is negotiated between the researcher and the research participant; it is never imposed on the participant.
5. There is a menu of behaviors to try for TIPs, which is derived from the formative (often qualitative) research phase. After learning about the health issue and intervention (in this study, family planning and the TwoDay Method), each TIPs participant is asked first to propose her own 'improved' behavior before anything is proposed and negotiated from the menu.

After a series of TIPs visits, results about how to tailor the program to the needs and reality of the community can be directly moved into program design.

Community Worker Training

DRC: These trainings were conducted iteratively over a period of several weeks. The first was a one-day training that consisted of a research project overview and introduction to TwoDay Method. The second, held approximately six weeks later, was a two-day training that covered the full range of family planning methods available in DRC and participant recruitment and informed consent procedures. The third, conducted two weeks after the second, provided in-depth TwoDay Method counseling; orientation to and role plays using the job aids, client brochures, and user tools; orientation to TIPS methodology and data collection tools; group translation of French materials into Lingala; as well as full practice sessions of counseling and data collection in Lingala.

Community workers from PROCODI (four female and one male) and four female researchers from ASD were trained. PROCODI community workers all had at least a high school education; some had a few years of university; one had completed her nursing degree. ASD researchers all had university-level training. All were bilingual in both French and Lingala.

Guatemala: The five-day training consisted of orientation on the TwoDay Method and user materials, an overview of the research protocol, practice administering informed consent, and teaching the method using provider job aids. The training methodology consisted of lecturettes, role plays, games, and other exercises. About a half-day was spent reviewing TIPS methodology. Participants also used the TwoDay Method education and counseling materials in Spanish to practice delivering the entire counseling session to local women from the community with observation and feedback from the instructors. A checklist was used to verify that all content was provided in an accurate and easy to understand manner. One issue was language: The training and all materials were in Spanish, which was the written language with which participants and community members were familiar. However, Kaqchikel is the first language of the community workers as well as the men and women in their community. Although the community workers were bilingual in both Spanish and Kaqchikel, their language of preference and common use was Kaqchikel. Thus, following the initial 5-day training, the community workers met with the Guatemalan research assistant for group translation of the Spanish terms into Kaqchikel and practiced method instruction and data collection in Kaqchikel before offering the method to women in the community.

Six community workers began the training in TwoDay Method counseling and TIPS methodology. Their education levels ranged from a few years of university training to only a few years of primary education; only two had previously conducted research. The participant with the lowest level of education also had no experience as a community worker—she dropped out after three days. Community workers were observed and evaluated during their practice sessions over the course of the training, and in the end, it was decided that one of the female community workers did not have sufficient counseling skills or retention of concepts to participate in the study. As a result two community workers offered TwoDay Method in Chichoy, Guatemala.

Results

Overall, 13 women in Guatemala and 20 in DRC enrolled in the study. Their husbands were also asked to participate. Three men in DRC formally enrolled, and post-study interviews were conducted with two men in Guatemala. Of the 33 women participating in the study, seven were exited for different reasons, including two pregnancies (one in each study site).

Participant Demographics

Slightly more women in DRC agreed to participate in the study than women in Guatemala, but less information was collected about level of education and number and age of children. On average,

participants in DRC were four years older than those in Guatemala. About half of the women in each country were breastfeeding. Women in DRC also had more experience with family planning methods, even though many had only used less effective methods like rhythm and withdrawal.

DRC

Twenty women enrolled in the study (see Table 1). Most of these women were in their twenties or thirties ($x = 28.3$, range = 20-39). About half of the participants were breastfeeding, and the youngest child of a participant was four months old. Many of the women had previous experience with family planning, mostly with condoms or withdrawal; one had used oral contraceptives and one had received Depo-Provera injections. Women were asked if they wanted their husbands to be interviewed for participation in the study, and almost all responded in the affirmative. However, only three men ultimately participated in the DRC study, owing to lack of interest and busy schedules.

In addition to one woman who became pregnant and had to exit the study, four others withdrew—two moved, one felt the method was too time-consuming, and one woman’s husband refused. Furthermore, two other women were later determined ineligible, as they found out they were pregnant prior to study enrollment.

Guatemala

Thirteen women enrolled in the study (see Table 2 below). Most of these women were in their twenties ($x = 24.7$, range = 19-35), and did not finish elementary school ($x = 5.5$ years; only three had post-primary education, one had none). Their husbands were slightly older ($x = 25.7$) and less educated ($x = 5$ years; two had post-primary education). All men were farmers and lived at home. Half of the women had one or two children, but three had seven ($x = 3.5$). The youngest child of a participant was 16.7 months old (range = 7-36 months). Over half of participants were breastfeeding at the time of enrollment. Only two had any previous experience with family planning (injectables and SDM). On average, women had five menstrual cycles since last delivery (range = 0-16), though at the start of the study, three women had not resumed their menses and three had menses for less than four months. One woman became pregnant during the study.

Table 1: Characteristics of female participants, DRC

#	Age	Currently breastfeeding	Prev FPM
1	35	Yes	None
2	26	Yes	None
3	28	Yes	Pill
4	35	Yes	Depo.
5	29	Yes	None
6	39	No	Condom
7	23	No	Withdraw
8	21	Yes	None
9	20	Yes	Withdraw.
10	25	Yes	Condom
11	27	Yes	None
12	32	No	None
13	28	No	None
14	22	Yes	None
15	26	No	None
16	28	No	Rhythm
17	25	Yes	None
18	30	No	Withdraw
19	35	No	None
20	31	No	Withdraw
	28.3	Yes = 11	Yes = 9

Table 2: Characteristics of female participants, Guatemala

#	WOMEN						SPOUSE	
	Age	Schooling	No. children	Age of youngest, months	Currently breastfeeding	Prev FPM	Age	Schooling
1	23	12	1	10	Yes	None	23	6
2	19	6	1	10	Yes	None	20	2
3	24	6	2	14	Yes	None	23	6
4	23	6	2	14	Yes	None	25	2
5	24	6	7	10	Yes	None	23	6
6	24	0	4	18	No	Depo.	30	1
7	23	9	7	30	No	SDM	24	9
8	26	6	4	12	No	None	28	6
9	25	5	2	36	No	None	23	3
10	28	2	7	7	Yes	None	33	6
11	24	1	2	24	No	None	24	6
12	35	4	6	24	No	None	36	6
13	24	9	1	9	Yes	None	23	7
mean	24.7	5.5	3.5	16.7	No = 7		25.7	5

On several occasions, women were asked if their husbands could be interviewed, but they consistently refused, claiming their husbands were either too busy or felt embarrassed talking about sexual matters with strangers. Instead, women preferred to explain TwoDay Method to their husbands themselves. It was only at the end of the study, after asking several women repeatedly if their husbands would be willing to participate in a brief interview, that it was possible to briefly interview two men. Both men were in their early twenties and had incomplete secondary education (younger and with almost three more years of schooling than the mean for this study).

Community-based Provision of the TwoDay Method

Community workers with various levels of health background and counseling skills were all able to learn TwoDay Method and teach it to members of their community. Their rapport with community members enabled them to identify potential method users and broach the sensitive topics of family planning and vaginal secretions with relative ease. Community workers also felt that their close relationships with community members created a sense of accountability that encouraged study participants to practice the method and respect scheduled meetings.

Women in Guatemala were asked whether they preferred receiving TwoDay Method counseling from the community workers or from a trained nurse at the nearby public-run health post. All said they preferred village educators, explaining that nurses have a poor reputation and are considered unsympathetic and even ruthless, in addition to not speaking Kaqchikel. Although study participants in DRC were not asked the same question, community workers agreed that offering community-based provision of the method had several advantages, most notably that women with busy schedules could receive counseling in their homes without having to travel to the health clinic.⁸

⁸ IRH also successfully collaborated with faith-based organization Conduite de la Fecondite from 2009-2012 to train health educators and offer the TwoDay Method to Catholic populations in several dioceses in DRC. Conduite de la Fecondite educators provided in-home counseling for women interested in the method, but also held formal awareness-raising events on the method at health centers.

In order to ensure informed choice, potential participants received information on all family planning methods prior to deciding if they wanted to use TwoDay Method and participate in the study. Of all women who were screened in both sites to participate in the study, only one in DRC chose an alternative method of family planning. Community workers counseled interested women in correct use of the TwoDay Method and then offered them the choice of tracking tools. The first visit ranged from 45 to 75 minutes to explain the method and collect first round data, with an average of 60 minutes. Visits included a condom demonstration and provision of condoms free of charge, if the client desired. Near the end of the first visit, the community worker gave the client a brochure with key reminders for method use, and reviewed it with them before leaving. An appointment for the next visit was always set before leaving.

Since TwoDay Method was offered outside the health system, a thorough assessment of area health services was conducted in each site, in order to equip community workers to appropriately refer clients for other family planning methods, if desired, or for diagnosis and/or treatment of unhealthy secretions. The community worker job aid (described below) clearly indicates when the community worker should provide a woman with a referral for either of these situations.

This study showed that CBOs without health-focused activities were able to integrate TwoDay Method provision into their portfolio of existing activities. Interestingly, in DRC, although community workers wanted to continue offering the method after the study period ended, PROCODI management was not interested. Even though it responded to an expressed community need, as a primarily agricultural-focused organization, they did not see the strategic advantage of offering a family planning method to their clients. It is possible that providing TwoDay Method was seen as onerous and burdensome, given the data collection requirements of the study. Had this not been a study, community workers could have incorporated visits on a less exacting schedule according to their routine outreach work, but without additional time and financial resources to continue, we were unable to explore this.

Materials

Results of the formative research were used to develop the following materials, which community workers and researchers were trained to use during the TIPs trial period.

- **Job aid** for community workers to provide TwoDay Method counseling to community members (see Appendix A)
- **Client brochure** with key instructions about method use, appropriate for low literacy audiences (see Appendix B)
- **Tracking tools** for method users to record secretions and identify the fertile days (see Appendix C)

Job Aid

All community workers agreed that the booklet was an essential counseling tool. They found it attractive and easy to use, and appreciated the large pictures on the left side with explanations and probing questions on the right. They explained that participants were always attentive to their explanations and seemed to understand the accompanying explanations well. Community workers always carried the booklet with them, but only found it necessary to use during the first few visits, as all clarifications about the method had been made by then. In Guatemala, the booklet was used through the second visit, while in DRC it continued to be used through the third or fourth visit for select women. Overall, the community workers said it was a very appropriate tool for counseling, as carrying posters or a flip chart would have been cumbersome.

Client Brochure

Both community workers and participants found the brochure to be a useful tool that briefly provided all key information. Text, images and colors were considered appropriate. Community workers in both countries considered the brochure a key teaching tool, as well as a useful reference for participants and their partners. Community workers used the brochure at each client visit to help reinforce the messages of the job aid, especially those related to practical details of method use and couple communication. Participants said the brochure clearly conveyed the information they had been taught, and felt that the pictures provided a clear visual guide for method use. Most women relied on the brochure to explain the mechanics of TwoDay Method to their husband, and some participants, both women and men, also used it to explain the method to friends or family members. Although the same key messages were included in both the DRC and Guatemalan brochures, the graphics, format, amount of text, and other details were tailored to each local community based on the formative research conducted in the respective country.

In DRC, pre-testing showed it was necessary to design a very low literacy version of the brochure with extremely minimal text. (See Figure 1) Study participants said the resulting document was a useful and reassuring reminder of how to use the method, and noted that the images “spoke” so that messages were clear even with very simple text. Others noted that the brochure’s colors were particularly helpful in linking their observations with risk of pregnancy; the orange color denoted days when a woman had no secretions and was not at risk of becoming pregnant while the blue color denoted the fertile days when a woman had secretions and was at risk of becoming pregnant. One very observant woman even asked about the family pictured on the brochure’s cover, wondering if the image was meant to send a message about ideal family size. Overall, participants were highly satisfied with the brochure and did not offer suggestions for improvements.

Based on results from pre-testing the materials, a slightly more text-heavy version of the brochure was used in Guatemala during TIPs. (See Figure 2) All but four women (9 of 13) said the brochure was used as a memory tool and re-read the whole brochure after the initial counseling. They did not use the brochure to explain the method to any other person, other than their husbands. Only two women suggested any changes: both suggested the drops, showed whenever the woman in the picture was thinking about her secretions, were too subtle and would have preferred a thicker outline.

Figure 1: Low-literacy Two Day Method brochure, DRC

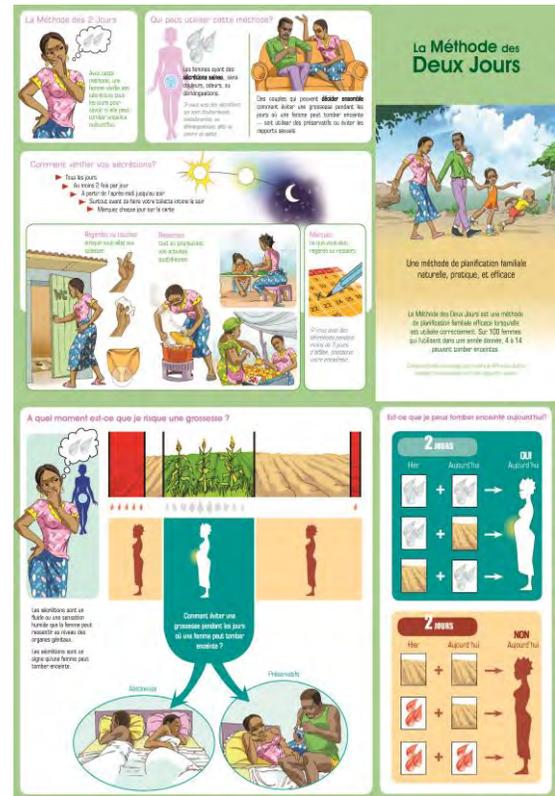
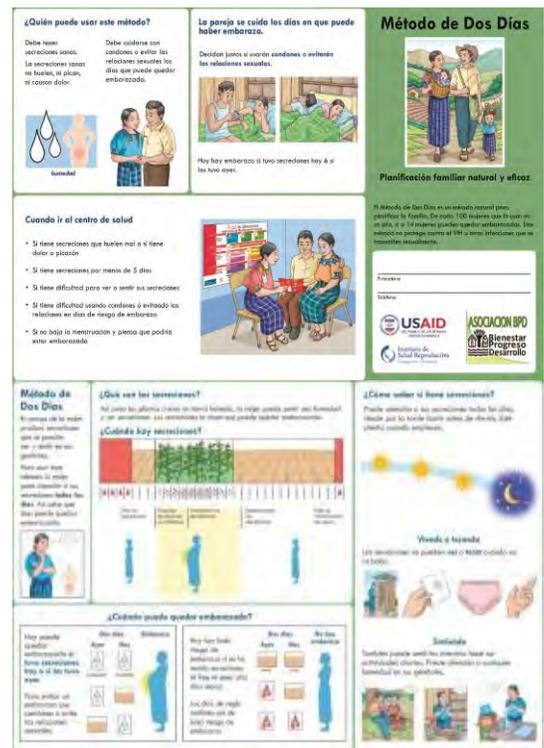


Figure 2: TwoDay Method Brochure, Guatemala



Based on the success of the minimal text/low literacy version of the brochure used in DRC, a similar version of the brochure was drafted and adapted for the Guatemalan context (See Figure 3). Though not tested with participants, community workers were asked to provide their feedback. They liked the new version and thought it was more straight-forward, simpler than the original image. However, since so many women in the Guatemala site used the brochure to explain the method to their husbands, the community workers were concerned the reduction of a written explanation could disadvantage husbands, who might benefit from more written text since they were not present during the initial method instruction.

Figure 3: Revised low-literacy TwoDay Method Brochure, Guatemala



Tracking Tools

In order to answer our research question about what tool or memory aid (if any) a woman needs to begin using and continue using the TwoDay Method correctly in a community setting, we developed and tested three tracking tools—a recording card, a calendar, and a mnemonic device. Despite the option of a tool that required no literacy skills, women still strongly preferred paper-based tools (recording card and calendar) which provided a daily reminder to check and record secretions. The mnemonic device was only used as a memory aid for the fertile window. All women, regardless of the tracking tool they chose, thought the tool was easy to use and claimed not to have any trouble remembering to use it every day. All three tools were equally useful for registering secretions, and very few participants suggested any changes. Women had the option of switching tracking tools if the one they selected was inconvenient or difficult to use, but none at either site did so at any point during the study.

The majority of women kept the tracking tools in the bedroom, usually in an armoire or chest of drawers or by their bed, but some preferred to have the tool with them at all times and carried it in their purse. By the end of the testing period, all women could correctly identify their fertile days. There was no correlation between schooling and choice of reminder approach.

Recording card (Figure 4 below): This tracking tool is a vertical strip of days of the week. Women are instructed to use three different symbols to record on a daily basis whether they have their menstrual period, days with secretions, or days with no secretions. It is the same tool previously developed and used successfully in clinic settings.

This tool was largely preferred in Guatemala, selected by 11 out of 13 participants. Women felt the directions were easy to follow, and the example of the symbols and how to interpret the fertile period made it easy to use. At the fourth and final visit, the community workers asked the women to hand in their filled in recording cards (new recording cards were provided for women to continue using the method). Some women in Guatemala (five) marked the symbols on the recording card from the first day of menses through the days of secretions and then stopped marking until the beginning of the next cycle. Although community workers said they had advised daily marking when using the recording card, the community workers reported that these women indicated they understood the method and their bodies without daily marking of symbols. Most women said it took two to three months to learn, before adapting the use of the recording card.

Two women from the Guatemalan sample suggested changing the colors of the recording card, arguing that they did not like the grey surrounding the instructions. Another woman suggested increasing the size of the letters for the days of the week. All 11 users said they wanted more sheets and said they would be willing to pay around Q1 or \$0.15 for them (range = Q0.50 – Q2.00).

While three women using the recording card in Guatemala had very little schooling (<3 years), the others had 7 years on average—this may be related to their preference of the vertical recording card. The sample in this study is slightly better educated than the national average: indigenous women older than 15 have 4.5 years of schooling (among those 15-24 the average is 6.3 years) and those in the sample had 5.5 years. During the formative research in Guatemala, calendars were noted on the walls of homes in a decorative fashion, not used to mark or record dates. The lack of familiarity and use of a calendar, and reported ease of the vertical nature of the recording card, may also have contributed to preference for the recording card (over the calendar) in Guatemala. It is possible that in a less-educated population that neither the recording card nor the calendar would be the preferred tracking tool.

In DRC, the recording card did not survive pre-testing and was not offered during TIPs. Both community workers and potential participants alike found the vertical orientation and lack of dates (only days of the week) confusing. The latter was also echoed by the women in Guatemala who did not select this tool.

Calendar: This tracking tool uses the same symbols as the recording card, but they are noted on a monthly calendar. Unlike the recording card, the calendar did not include printed instructions or examples of symbols. Instead, the community workers hand-wrote the symbols on the blank calendar while explaining to the woman. Since we were working with a low literate population, this approach was a more appropriate solution than printed instructions, and actively engaged the woman and the community worker as the symbols and markings were explained and written down

Women in DRC strongly preferred the calendar tracking tool, primarily because they were already accustomed to using a calendar to track their menstrual cycle. Nevertheless, despite the perceived ease of use, during the first couple months of method use, some DRC participants had difficulty determining their risk of pregnancy. This was especially true when it came to interpreting the first day without secretions. Community workers reviewed and reinforced interpretation of the symbols during follow-up visits until all women could correctly interpret the calendar symbols (by the third or fourth visit). DRC participants had only one suggestion to improve the tool—they requested that each month of the calendar be printed on a separate 8.5” x 11” sheet of paper instead of four months per page, which made it difficult for them to distinguish which month they should be marking.

**Figure 4:
Recording**

Fecha que vino la regla:

Domingo	
Lunes	
Martes	●
Miércoles	●
Jueves	●
Viernes	●
Sábado	●
Domingo	✓
Lunes	✓
Martes	X
Miércoles	X
Jueves	X
Viernes	X
Sábado	X
Domingo	X
Lunes	X
Martes	X
Miércoles	X
Jueves	X
Viernes	X
Sábado	✓
Domingo	✓
Lunes	✓
Martes	✓
Miércoles	✓
Jueves	✓
Viernes	✓
Sábado	✓
Domingo	✓
Lunes	✓
Martes	✓

Only one woman in Guatemala chose the calendar, stating it was a familiar format that was easy to use. Although she was satisfied with it and had no recommendations for improvements, the others felt it was difficult to remember the symbols and lamented that no instructions were included. They also felt the letters were too small. Researchers noted that the calendar and the recording card were not equally attractive. It is unknown what reception an attractive calendar in full color with instructions printed on glossy paper would have had.

Container with two found objects: This was designed as a mnemonic device that did not require writing or literacy skills of any kind but could help a woman keep track of the beginning and end of her fertile days. To use this mnemonic device a woman places two objects in a container once she notices any secretions. (If there is an object in the container, this is a day she can get pregnant.) The woman keeps the objects in the container for all the days she has secretions. Then, once she notices no secretions day or night, she takes one of the objects out of the container. The next night, if there are still no secretions, she takes the other object out of the container. When there are no objects left in the container, she has entered her infertile time, the days she does not get pregnant. Unlike the recording card and calendar, this tool is only used during the fertile days, rather than daily. In DRC, a small plastic bowl was used with two bottle caps; in Guatemala, a translucent cloth bag was used with two cotton balls. All materials were given to participants for use during TIPs, though it was envisioned that a woman could use any container and two similar objects that were available to her.

This was the least preferred tracking tool—only four women (three in DRC; one in Guatemala) chose it. Although participants said it was easy to understand and use, many declined it because they were concerned their children would play with it or that they would forget to look at it each day, given that it did not require daily use. The single user of this memory aid in Guatemala thought it would have been easier to use a small basket instead of a bag, as the former is sturdier. Participants in DRC did not offer any suggestions for improvement of the tool.

Two bowls and four objects: Like the container with two objects, this reminder tool was also designed as a mnemonic device requiring no writing or literacy skills, but it was meant for daily

use, rather than use during the fertile period only. In both Guatemala and DRC, two bowls and four beans (two light colored beans and two dark colored beans) were used to construct this daily, non-commodity approach for both remembering to check secretions daily and knowing if today was a fertile day or not. The tool was reminiscent of the child’s mancala game: each night the user was to remove the bean from yesterday’s bowl, move over the bean that had been in today’s bowl into the yesterday bowl, and place a new bean into today’s bowl. Light-colored beans denoted that the woman had secretions; dark-colored beans denoted that she did not have secretions. Thus, if there was a light-colored bean in either bowl, it meant that pregnancy could occur.

Figure 5: Rationale for choosing memory tool

Tool	Country	Why liked	Why disliked
Recording Card	Guatemala only (11 women)	Easy to follow directions, pictures and example make it easy to use	Only included days of the week, no dates
Calendar	DRC (17 women) Guatemala (1 woman)	Easy to use, familiar tool for tracking fertility, allows women to track dates and keep notes	No pen to note with, may forget to mark
Basket/Bag	DRC (3 women) Guatemala (1 woman)	Simple, does not require a pen	Too complicated, may forget to move objects, children may play with it

Pretesting results revealed that this approach was difficult to describe in a simple way, both verbally and in writing. Some community workers also had trouble understanding it when demonstrated, and expressed concern at the possibility of confusing or switching the “today” and “yesterday” bowls. The main obstacle to offering this daily tracking mnemonic during the study was that community workers were overwhelmed during training with learning a new FP method (TwoDay Method) and the other three reminder approaches, as well as data collection requirements of the TIPs process. In Guatemala, language issues surrounding Spanish-only materials compounded these challenges. As a result of these difficulties, the two bowls and four objects reminder tool did not survive pre-testing and was not offered in DRC or in Guatemala.

Experiences using TwoDay Method

Overall, participants found TwoDay Method easy and practical to use. Many appreciated that it was natural, requiring no pills or visits to the doctor, and completely free. Nearly all said they would recommend it to a friend, and some were so enthusiastic, they had even begun explaining the method to friends and neighbors before the end of the testing period. In DRC, several participants mentioned that their friends hoped to receive counseling and begin using the method. One couple in the study who lead a couples’ group at their church was interested in obtaining teaching materials to counsel the group.

Checking Secretions

For most participants, learning to check their secretions and remembering to do it every day was not difficult. The first month in the method was the most challenging, but after the second month all were checking their secretions with no apparent trouble. After two to four months, participants in Guatemala were able to identify the sense of wetness produced by secretions and stated they could feel it without going to the toilet. In DRC, women named a number of different circumstances that made it difficult for them to check their secretions regularly during the first two months of the study, including outings, children’s return to school, and excessive housework. Many noted, however, that if they forgot to check their secretions during the day, they were careful to check in the evening before going to bed.

The TwoDay Method is great because it taught me that secretions exist. It’s natural method of family planning that doesn’t require a trip to the hospital. I am becoming the doctor of my own body because I know how my body works now.

-Participant, DRC

By the second month, women in DRC had developed strategies for remembering to check secretions. For example, several women said they checked after lunch when the children were sleeping and they had a momentary break from housework. Others said they checked every time they went to the bathroom, or when they saw their tracking tool. One Muslim woman said she always checked her secretions after the second prayer of the day, around 1pm. Only one woman said she was able to identify her secretions by feeling; most women checked with their fingers or by looking at their underwear.

Days of Secretions

Understanding the number of days identified with secretions is important, given that this (followed by two consecutive days without secretions) represents the number of days a couple must negotiate alternative behaviors (abstinence or condom use) if they wish to avoid a pregnancy. Women’s length of the fertile period varied, with breastfeeding women noting more days of secretions.

In DRC, community workers asked women at each of the last three visits to recall the number of days they identified secretions during the previous menstrual cycle. (See Table 3 below). As expected, the number of self-reported days with secretions varied during the study period (range 3-22 days), with breastfeeding women recording more days with secretions. A few women reported other unusual secretions patterns.

One noted two to three days with secretions then two to three dry days and then several more days with secretions, which can be a typical pattern with breastfeeding women. Others had very short cycles of less than 24 days, though all of these women were ultimately able to identify and record secretions each month. On average, women in DRC had 9.5 days of secretions during each menstrual cycle.

Table 3: Self-reported days of secretions in DRC

Participant #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	Avg
Third visit	6	6	-	14	6	-	12	9	7	17	22	12	10	2	8	6	-	16	5	3	9.4
Fourth visit	8	13	-	5	3	-	-	14	11	14	10	-	4	10	10	11	-	17	-	-	10
Fifth visit	8	15	-	4	8	-	-	13	5	11	13	14	-	3	15	5	-	6	-	-	9.2

In Guatemala, community workers recorded numbers of days of secretions from women’s completed tools in the second, third, and fourth visit. Numbers of days with secretions varied during the study period (range: 7.7-8.5), with an average of 7.8 days of secretions during each menstrual cycle. This is slightly less than DRC. However, the reminder tools had many gaps, including some unmarked or incorrectly marked days during women’s fertile periods. It is unclear whether these days were counted as days of secretions in the table below.

Table 4: Days of secretions in Guatemala

Participant #	1	2	3	4	5	6	7	8	9	10	11	12	13	
Second visit	5	10	5	8	9	10	8	7	4	15	4	10	5	7.7
Third visit	8	8	8	10	7	8	8	8	8	9	10	9	9	8.5
Fourth visit	7	8	-	6	8	8	8	6	8	7	7	6	7	7.2

Managing the Fertile Days

Discussing options for alternative behaviors on fertile days is important, as evidenced by the differences between women’s preferences in the two sites.

All women in DRC were able to successfully manage the fertile days with their partners. This excludes one woman who dropped out of the study because her husband did not want to use the method. Most women chose to manage the fertile period using condoms, or a combination of periodic abstinence and condoms. At the first counseling session, all women said their husbands agreed to use condoms or abstain, or practice a combination of both behaviors, to manage the fertile period. Several participants also wanted to use withdrawal during the fertile period, but after community workers explained how ineffective it can be, chose to switch to condoms.

Interestingly, women in DRC were more resistant to condom use than men. Some, including a few who used condoms, expressed a negative perception of them, saying that they are painful or uncomfortable, or saying simply that married couples do not use condoms. Two women who had initially planned to use condoms and abstinence reported ongoing difficulties with condom use, but only one switched to abstinence only during the fertile period. Three women said their husbands disliked using condoms, but continued to use them anyway

“It’s a bit difficult because I had more than 20 days with secretions and we chose abstinence.”

-Participant, DRC

“My husband buys the condoms- he likes to. He is very pleased with the TwoDay Method, and he has become my teacher and confidant.”

-Participant, DRC

because they were preferable to abstinence. One woman who had planned to abstain began using condoms in the third month, but did not report any difficulties.

Very few couples in DRC chose abstinence as their primary method for managing fertile days, and several of those who did switched to condoms later in the study. Only three women used abstinence to manage the fertile days throughout all five months. For some, this was due to frequent travel by their partners. For others, abstinence was a religious imperative, as their beliefs did not permit condom use. One couple in this situation explained their clever solution for managing the fertile period: the husband doubled his work shifts during his wife's fertile days to make it easier to abstain.

Male participants also reported altering their management behaviors for the fertile period over the course of the study. At the beginning, all had planned to use a combination of abstinence and condoms, and all believed their wives would agree. By the second month, however, two had switched to abstinence only. One simply stated, "We prefer abstinence," but the other specified that he had agreed to abstain after noticing how resistant his wife was to using condoms. One of these men reported an instance of unprotected sex during the fertile period, but said that he used withdrawal to minimize the risk of pregnancy. The third male participant continued to use condoms, even though he knew his wife disliked them.

All women in Guatemala observed abstinence during the fertile days. Although community workers were trained to provide accurate and quality counseling on condom use should women chose to use them, most women were unfamiliar and uncomfortable with condoms. Additionally, none thought their husbands would be interested in using condoms. This is not a surprising finding, as the same was reported in pre-counseling sessions, as well as elsewhere in the country.⁹

Male Engagement/Couple Communication

All women in both study sites reported they were able to communicate their fertile days directly to their husbands. Data showed that women's husbands not only agreed to use the method, but helped their wives remember to check and record secretions. Men in both countries felt empowered by the improved understanding of their wives' menstrual cycle and ability to achieve the couple's fertility desires.

In DRC, direct communication was the norm; women said that indirect communication is "like saying nothing at all," or that it was often too subtle to elicit a response. Women did strategize about the best times to approach their husbands, choosing quieter moments after dinner, after the children were in bed, or before going to bed. Men agreed that direct communication was best, indicating that they speak regularly with their wives about fertility-related topics and are not surprised or unnerved by such conversation. Men expressed appreciation for the opportunity to learn about their wives' cycles and share responsibility for family planning, and none noted any difficulties in communication about method use. One male

"I learned to control myself. When my wife's fertile day arrives I shouldn't have sex with her and now I know when I can have relations. There was a learning curve, and I believe it is very beneficial. This way I can calculate how many children to have. Sometimes you don't know what you are getting yourself into when you are young and times are very difficult. Right now we're not ready to have lots of children."

-Participant, Guatemala

⁹ Only 4.2% of women in union in Chimaltenango use condoms as their primary method of family planning. This rate may be even lower among the study population, which was recruited in a rural village, because family planning is generally lower among couples living in rural versus urban areas. Ministerio de Salud Pública y Asistencia Social (MSPAS). Encuesta Nacional de Salud Materno Infantil 2008 (ENSMI-2008/09). Guatemala: MSPAS/Instituto Nacional de Estadística (INE)/Centros de Control y Prevención de Enfermedades (CDC), December 2010.

participant suggested a collaborative approach to the method: his wife told him each day if she had secretions or not, and he marked the appropriate symbol on the calendar.

Surprisingly, men and women in DRC had slightly different perspectives about how communication between them changed during the study. Women felt it improved markedly, while men did not see a change. One woman said that checking in with her husband each day about her secretions helped create a habit of making deliberate decisions about when to have intercourse, unlike before when they had intercourse whenever they wanted without thinking about the consequences. Another woman said that her husband refused to use condoms before, but now agreed because he saw their value as a family planning tool.

In Guatemala, prior to the initial counseling session, all women had talked to their husbands about using TwoDay Method, and all were confident their spouses would also be committed to using the method. Only one woman stated her husband was willing to receive information from village educators; all others said they would rather explain the method to their husbands themselves.

During the first three visits in Guatemala, women reported they had no difficulty advising their spouses when they were fertile or avoiding sex during their fertile period. At the fourth visit, 11 of 13 women stated that their husbands did not press them for sex during their fertile period. Of the other two participants, one said she and her husband would argue about it, her husband eventually accepting abstinence; the other woman said that when pressed she held her husband responsible for any potential pregnancy and then acquiesced. When the question was asked in a different way (“What does your husband do when he wants to have sex and you are in your fertile period?”), two more women (including the pregnant participant) said men made the final decision about whether to have sex. Thus, while it is possible that husbands and wives effectively agreed on a period of abstinence during the first months of the study, by the end of the study, at least four women (around one third of the sample) were being pressured by their husbands for sex on the fertile days and were not abstaining as planned. One of them eventually got pregnant.

Of the two men interviewed in Guatemala, both thought TwoDay Method was convenient and helped them learn to manage their sexual desires. They were content with abstinence, thinking it was a satisfactory option for both themselves and their wives. If they had sexual desires during the fertile period, rather than using a condom they preferred to resist and say nothing. They echoed what female participants stated, that “the most important [thing] is to keep good communication,” and that their wives accomplished this by telling them directly when they could have intercourse. One man said his wife usually told him at lunchtime, while the other said his wife talked to him at dinner. The latter was upset to find out so late in the day, and expressed a clear preference to communicate about the fertile period in the morning so that he could better support his wife and prepare himself for abstinence. One man thought the method had improved communication with his wife, saying that it was easier and more frequent, and that they no longer felt embarrassed talking about such intimate things. Both men said they were committed to keep using the method as they were serious about spacing pregnancies.

Fertility Awareness and General Vaginal Health

Learning the TwoDay Method helped women better understand their menstrual cycles and the fertile window. TwoDay Method instruction also helped women distinguish unhealthy secretions and learn that healthy secretions are a normal sign of fertility. In DRC, for example, formative research revealed that it is commonly believed that vaginal secretions are dirty or unhealthy; very few women or men recognize that they are the body’s natural sign of fertility. Consequently, vaginal washing and drying have become accepted social norms, and many women use products to wash away secretions or dry out the vagina.

As mentioned earlier, additional in-depth interviews formative research to better understand the vaginal washing and drying practices among women in DRC. Since the TwoDay Method depends on sensing vaginal

secretions, it was felt that these practices might interfere with method use. Respondents of these interviews all stressed that vaginal washing is an obligatory and routine hygiene practice. All women interviewed washed at least twice a day with water, both internally and externally. Men explained that they expect their wives to wash, especially at night in case the couple has intercourse, and one said he would be angry if he found out that his wife had not cleaned herself. Stated advantages included being clean and dry, and avoiding infections. Based on consultations with TwoDay Method experts and DRC gynecologists, it was determined that routine vaginal washing practices using only water would not interfere with method use.

Vaginal drying was practiced less widely, though all but one of the respondents were aware of such practices. Women described a number of ways to dry the vagina: inserting plants or powders into the vagina, dissolving pills into water to wash the vagina, taking pills orally, and wiping the vagina with a cloth. Opinions of the advantages and disadvantages were mixed, with some women claiming that drying practices keep men faithful, regenerate and shrink the vagina (especially after childbirth), and ward off infections. Others pointed out that such practices are not regulated or approved by the doctor and may actually cause infection and harm the body.

In both DRC and Guatemala, community workers educated all women that vaginas are self-cleaning and healthy secretions are a normal sign of fertility. Participants also received information about circumstances that can change the number of days of secretions in a typical cycle, including breastfeeding and use of some hormonal methods of family planning. Women expressed their appreciation for this knowledge, which they felt empowered them to understand and control their fertility without disadvantages.

In DRC, specifically, participants were instructed to check for secretions *before* any routine washing or drying practice, so that secretions would not be washed away before they could be detected. Learning about secretions as a normal and natural part of their menstrual cycle encouraged women to reduce and even completely abandon potentially harmful vaginal drying practices (see TIPs Outcomes below).

TIPs Outcomes

Given the key aspects of TIPs described in the methodology—the most important that there must be a choice between at least two behaviors—the two study sites implemented TIPs testing in slightly different ways.

Full TIPs was conducted in DRC, as there was a negotiable behavior—vaginal drying practices. It was important to encourage women to avoid engaging in such practices, since they could potentially obscure secretions and reduce method effectiveness. Therefore, we used TIPs to negotiate alternate behaviors. The optimal behavior was to abstain from using any drying agents. If women could not commit to that, they were asked to try drying out the vagina using a clean cloth immediately before sex (better but not optimal).

At the beginning of the study, five women said they were currently employing drying practices. All five women agreed to change these behaviors, three by stopping drying practices altogether and two by wiping the vagina with a cloth or tissue before sexual intercourse or after checking secretions. By the third month, all five women had completely stopped drying/wiping practices and did not resume them.

Oddly, three participants who said they did not use drying practices at the beginning of the study responded at the second visit that they were wiping their vagina with a towel or tissue before sex. They continued this behavior through the end of the study. Upon further discussion with ASD researchers about this unexpected change in practices, it became clear that drying is practiced for a variety of reasons—to ease back pain, to dry the vagina for more pleasurable sex, and to shrink the vagina after childbirth—and that it is often practiced for short periods of time, starting and stopping frequently. This may help explain

why some women who responded that they had never practiced drying suddenly began wiping during the study.

In Guatemala, “TIPs-style” research instead of full TIPs was conducted because a negotiable behavior, such as the vaginal drying practices found in DRC, did not exist. Although one of the goals of the study was to test the tracking tools in a real-use setting, there was not a continuum of behaviors, ending in an “ideal” behavior. No negotiation was involved because no tracking tool was better than any other. However, we refer to the Guatemala portion of the study as “TIPs-style” because it was an iterative trial of behaviors, it included supportive counseling during the trial, and it proposed choices of tracking tools that women could switch between, if they desired.

Planned Continuation of the TwoDay Method

Many participants planned to continue using TwoDay Method after the study ended. In DRC, all 13 women who completed the five TIPs visits planned to continue using the method, and believed their husbands would want to continue using it as well. All three male participants planned to continue using the method, although one did mention possibly switching to another method in the future.

In Guatemala, 11 of the 13 women said they would continue using the TwoDay Method, including the pregnant participant. Nevertheless, only three of these 11 felt their husbands were equally committed to continue using the method, three said they seriously doubted it, and the rest, including the pregnant participant, said they were not certain. The two women who said they did not think they would continue using the TwoDay Method also specified that it was because they thought their husbands were unwilling or unhappy with the method. It seems that women consider it a man’s prerogative to have sex when he wishes; they can be expected to control their sexual urges for a short time (e.g., during the study period), but for some not for an extended period of time. Women did not consider condom use during the fertile days an acceptable option.

In both countries, although breastfeeding women tended to have secretions for more days than non-breastfeeding women during each menstrual cycle, this did not affect their willingness to continue using TwoDay Method.

Conclusions

Considerations for Future Community-Based Provision of TwoDay Method

- Breastfeeding women present a special challenge and may require additional counseling and support from community workers. Especially among women who have not yet had four periods post-partum, secretion patterns may be significantly different from those of women who are not breastfeeding. They may have many more days of secretions or non-continuous patterns of secretions that require care and attention to detect, as well as longer identified fertile periods that require negotiation with partners. The reported average number of days with secretions was less than expected, given that over half of women at both sites were breastfeeding (although with varying lengths of months postpartum). Results from other TwoDay Method studies report a range of 10.2 to 12.1 mean number of days of secretions.¹⁰ However, a study which applies TwoDay Method rules to a data set of breastfeeding women reported that in cycles 1 to 4+, the mean number of days per cycle that breastfeeding users of the TwoDay Method would be required to avoid unprotected sex ranged

¹⁰Arevalo M, Jennings V, Nikula M, Sinai I. Efficacy of the new TwoDay Method of family planning. *Fertility and Sterility*, 2004; 82(4):885-92. Also Jennings V, Sinai I, Societa L, Lundgren R. TwoDay Method: a quick-start approach. *Contraception*, 2011;84(2):144-9.

from 17.29 to 21.18.¹¹ Unfortunately, consistent data was not collected in the community-based study on number of days of secretions, number of months postpartum or return of menses among study participants. **Further research on breastfeeding and the use of TwoDay Method, especially during the time from birth until four cycles postpartum is needed.**

- **Community workers with a minimum of a high school education can learn and teach TwoDay Method, regardless of their previous health and counseling background.** However, TwoDay Method must be offered in the context of informed choice and basic counseling skills must be ensured. As such, programs need to assess these basic competencies prior to TwoDay Method training, and add additional training components, as necessary. These competencies include:
 - Basic client education and counseling skills (e.g., GATHER, BERCER, or other locally standard models)
 - Active listening and questioning techniques
 - Nonjudgmental approach and ability to maintain client confidentiality/privacy
 - Knowledge of all available family planning methods, and ability to ensure informed choice, including referral to other methods
 - Data collection for routine program monitoring
- **Community works must be able to refer clients health services for STI testing, in the event they have unhealthy secretions, or to obtain other family planning methods,** if clients should wish to switch to another method. The CBO may need to conduct a rapid assessment of health facilities in the area in which they provide services to determine which ones offer such services.
- **It is important to provide supportive supervision to community workers in offering TwoDay Method, especially for those with minimal health background or experience offering family planning methods.** One way to accomplish this may be to train the community worker supervisor at the same time the community workers are trained. The supervisor will then be able to provide strong mentoring, especially in the beginning of introducing the TwoDay Method. Regular check-ins with individual community workers and group meetings with all community workers providing TwoDay Method will help ensure quality method provision and help address any commonly occurring issues.
- **CBOs are well-placed to offer a commodity-free method, such as TwoDay Method, and they have access to potential users who are typically hard-to-reach and often experience high levels of unmet need.** But even if community workers are capable of learning TwoDay Method, and are motivated to provide it to community members, the CBOs need to see the strategic advantage of including method provision in their portfolio of activities. Government ministries, international donors, and international implementing partners should keep this in mind when approaching and engaging non-health and non-FP CBOs in integrating TwoDay Method into their services.
- **Client follow-up is an important component of successful TwoDay Method when provided at the community level. Women in our study required a minimum of two visits to use the method correctly and consistently;** many benefited from three and four visits before becoming completely confident and competent in method use. The first visit can take 30 to 60 minutes and requires community workers' sole focus (i.e., other services the CBO offers likely could not be provided in the same visit). However, additional follow-up visits and ongoing

¹¹ Arevalo M, Jennings V, Sinai I. Application of simple fertility awareness-based methods of family planning to breastfeeding women. *Fertility and Sterility*, 2003; 80 (5): 1241-1248.

method outreach could probably be integrated into the CBOs' ongoing non-family planning services.

- The TwoDay Method will only be effective if couples avoid unprotected intercourse on the woman's fertile days. Thus, it is important for community workers to screen and counsel couples to make sure the TDM is suitable for them. Community workers must also explore with potential users strategies to handle the fertile days and help couples switch to another method, should they decide TDM is not working for them. **At the program level, efforts are needed to ensure that men receive information about TDM and have access to barrier methods.** Same sex counselors are most appropriate (female counselors for female clients; male counselors for male clients).
- **Careful use of the tracking tool is particularly important during the first few months of method use** when the behaviors around daily checking of secretions and managing fertile days are initially learned, adopted and put into practice.
- **Ideally, formative research should be carried out in each new context in which TwoDay Method is introduced to assess local practices and tailor approaches to ensure cultural relevance and acceptability and to facilitate eventual scale-up.** This research will inform adaptations to the materials (e.g., translating text using appropriate terminology for key words and phrases, revising images to reflect local context, revising symbols for marking tracking tools, etc.). It will also reveal any potential barriers to offering TwoDay Method. For example, formative research revealed desiccant use among women in DRC that guided adaptations of the materials and counseling guidance in that country that was not relevant or necessary in Guatemala. Formative research may also provide important information regarding social taboos about discussing family planning or sex, norms about couple communication, prevalence of alcoholism or gender-based violence that community workers may need to be prepared to address with their clients, prevalence and comfort using condoms, general knowledge among potential client base about fertility awareness, and other issues relevant to method provision. This information should be integrated into community worker training and counseling materials, as necessary.

In multi-cultural, multi-lingual country contexts, various iterations of formative research may be necessary to fine tune materials and method provision for each ethnic or cultural group to whom TwoDay Method is offered. **If the written language is different than the oral language commonly spoken, care should be taken to accurately and consistently convey key terms in the oral language or local dialect spoken in the community.** All adaptations of materials and tools should still adhere to government-established norms for method provision (if they exist).

Final Materials

A complete materials package in French and Spanish, tailored with images relevant to African and Latin American contexts, respectively, has been finalized and is available on IRH's website (www.irh.org) and in Appendices A, B, C, and D.

Future Research Questions

The second phase of this study was intended to assess the feasibility, acceptability, and effectiveness of integrating the tested TwoDay Method approaches and materials into a community-based program. It was

envisioned that additional supervision tools and training materials would be developed and the finalized client tools integrated into programs. As mentioned previously, time and budget were not sufficient to complete Phase 2. This would be important to explore in order to develop a community-based service delivery protocol for TwoDay Method—especially given that the CBO in DRC expressed hesitancy in continuing to offer the method, and experiences in Guatemala indicate a need for supportive supervision of community workers, especially in the area of data collection for monitoring purposes.

Appendices

Appendix A: TwoDay Method Job Aid (French & Spanish)

La Méthode des Deux Jours



Planification familiale naturelle, pratique, et efficace



USAID
DU PEUPLE AMERICAIN



**Institute for
Reproductive Health**
Georgetown University

L'Institut pour la Santé de la Reproduction à l'Université de Georgetown est une institution de premier plan dans le domaine de la planification familiale naturelle et un centre de recherche et apprentissage dédié à développer et accroître la disponibilité des méthodes basées sur la connaissance de la fécondité. La connaissance de la fécondité est la reconnaissance des jours du cycle menstruel de la femme quand elle peut tomber enceinte.

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La Méthode des Deux Jours

Cahier de Conseils pour les Travailleurs Communautaires

Cet outil est conçu pour les travailleurs communautaires d'enseigner aux femmes et aux homes comment utiliser la Méthode des Deux Jours, une méthode simple, naturelle et efficace de planification familiale.

Vous pouvez utiliser cet outil pour aider aux individus dans votre communauté (clients) de savoir si cette méthode est appropriée pour eux, et comment l'utiliser correctement.

Les pages de cet outil sont compilées comme dans un cahier, et elles montrent les informations pertinentes à partager avec les clients. Le cahier montre aussi comment présenter ces informations, comment répondre aux questions, et comment donner les explications claires et succinctes.

Pour utiliser ce cahier, asseyez-vous à côté droit de la personne qui reçoit de l'information. Comme ça, vous pouvez lui montrer la page à gauche avec la grande image et vous pouvez lire les informations sur la page à droit.

Cet outil a été révisé et finalisé avec les contributions de plusieurs autres travailleurs communautaires, comme vous, qui l'avaient utilisé. Nous espérons que ce cahier peut être utile pour vous aussi.

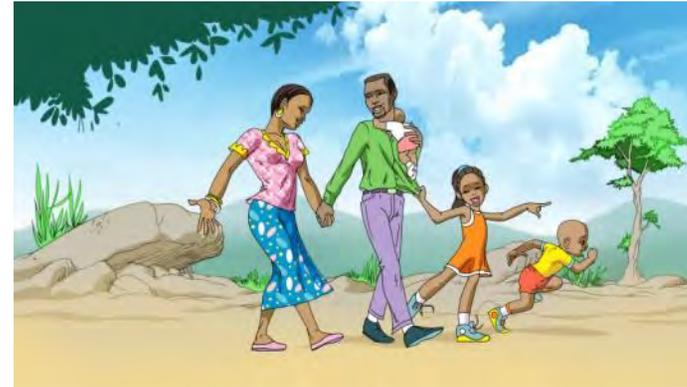
Qu'est-ce que la Méthode des Deux Jours?



Décrivez la Méthode des Deux Jours

Expliquez:

- La Méthode des Deux Jours est une méthode naturelle, pratique, et efficace de planification familiale
- Cette méthode est aussi efficace quand elle est utilisée correctement. Sur 100 femmes qui l'utilisent dans une année donnée, 4 à 14 peuvent tomber enceinte.
- En utilisant cette méthode, une femme fait attention à ses sécrétions. Les sécrétions sont un liquide normal et une sensation d'humidité qu'elle peut voir et sentir dans ses parties génitales pendant quelques jours chaque mois.
- En vérifiant ses sécrétions tous les jours, une femme peut savoir si elle peut tomber enceinte.
- La femme et son partenaire utilisent des préservatifs ou n'ont pas de rapports sexuels les jours où la femme peut tomber enceinte.
- C'est l'une des nombreuses méthodes de planification familiale qu'on peut choisir.



Demandez :

- [Souhaitez-vous connaître cette méthode ?](#)

Si la réponse est « oui », allez à la page suivante pour déterminer si la femme peut utiliser la méthode.

Qui peut utiliser la Méthode des Deux Jours ?



Une femme avec des sécrétions saines



Un couple qui peut décider ensemble comment prévenir les grossesses.

Déterminez si la femme peut utiliser cette méthode



Demandez à la femme :

- Avez-vous remarqué que vous aviez des sécrétions ou un liquide fluide dans vos parties génitales?
- À quoi ressemblent vos sécrétions?
- Avez-vous des sécrétions qui sont malodorantes, démangeaisons ou douloureuses?
- Êtes-vous capable de surveiller vos sécrétions tous les jours?

Si elle a des sécrétions malodorantes, démangeaisons, ou douloureuses elle ne devrait pas utiliser cette méthode maintenant. Elle devrait se rendre au centre de santé – donnez-lui une carte de référence.

Demandez à la femme :

- Pouvez-vous parler ouvertement avec votre partenaire du fait d'éviter d'avoir de relations sexuelles?
- Pouvez-vous éviter les relations sexuelles ou pouvez-vous utiliser des préservatifs les jours où vous pouvez de tomber enceinte?



Si la femme répond « non » à ces questions, elle ne devrait pas utiliser cette méthode. Donnez-lui une carte de référence pour le centre de santé pour obtenir une autre méthode.

Elle devrait également utiliser une autre méthode si son mari/partenaire la frappe ou s'il existe un problème d'alcool qui rend l'utilisation de cette méthode difficile.

Demandez à la femme qui vient d'accoucher ou qui allaite:

- Combien de fois avez-vous vu vos règles depuis l'accouchement de votre dernier enfant?



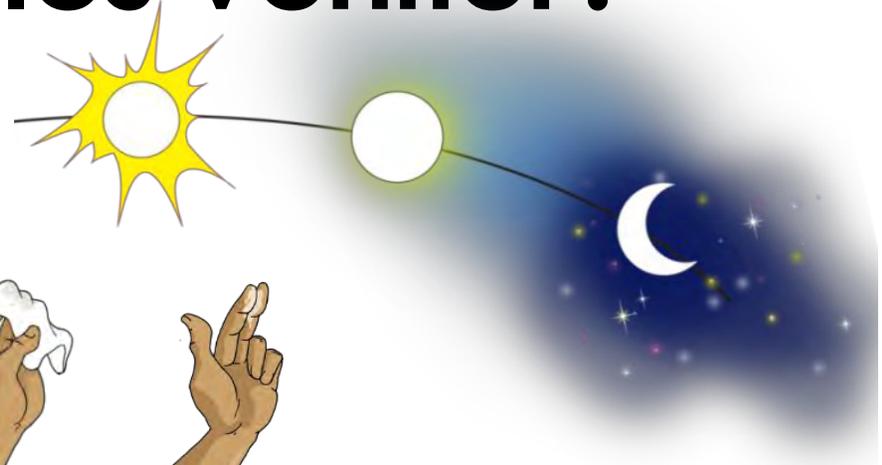
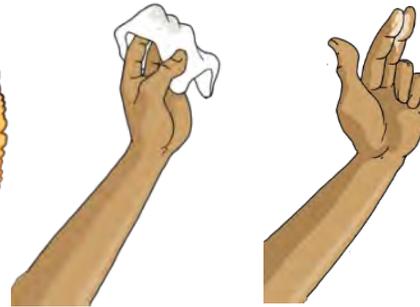
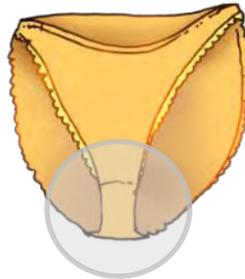
Si la femme n'a pas encore eu ses règles au moins quatre fois, elle pourrait avoir plus de jours d'affilée des sécrétions. A cause de cela, elle doit faire attention pendant une plus longue période où elle peut tomber enceinte. Expliquez ça à la femme. Demandez-lui si elle et son partenaire peuvent supporter plus de jours ou ils doivent éviter les relations sexuelles ou utiliser des préservatifs.

Si elle dit « oui » allez à la page suivante.

Si elle dit « non », donnez-lui une carte de référence pour le centre de santé pour obtenir une autre méthode.

Que sont les sécrétions et comment les vérifier?

Regardez ou Touchez



Ressentez



Expliquez ce que sont les sécrétions et comment elle devrait vérifier ses sécrétions

Expliquez :

- Les sécrétions sont un liquide fluide que vous pouvez voir et sentir dans vos parties génitales pendant quelques jours pendant le mois.
- Vous devez faire attention à vos sécrétions tous les jours.
- Vous pouvez savoir si vous avez des sécrétions en les voyant ou en les touchant tout en poursuivant vos activités quotidiennes.
- Vous pouvez vérifier vos sécrétions lorsque vous allez aux toilettes.
- Vous devez toujours vérifier la présence des sécrétions **à partir de l'après-midi jusqu'avant de se coucher le soir.**
- Vous devez vérifier vos sécrétions au moins deux fois par jour.



Demandez :

- Quel est le moyen le plus facile pour vous de vérifier vos sécrétions ?
 - Vérifier sur le papier toilette ?
 - Vérifier sur vos sous-vêtements ?
 - Vérifier avec vos doigts ?
 - Sentir la présence d'humidité dans vos parties génitales ?
- Quelle est l'activité quotidienne qui peut vous aider à ne pas oublier de vérifier vos sécrétions ?

Que signifient les sécrétions et à quel moment apparaissent-elles?



Expliquez ce que signifient les sécrétions et à quel moment elles apparaissent

Expliquez :

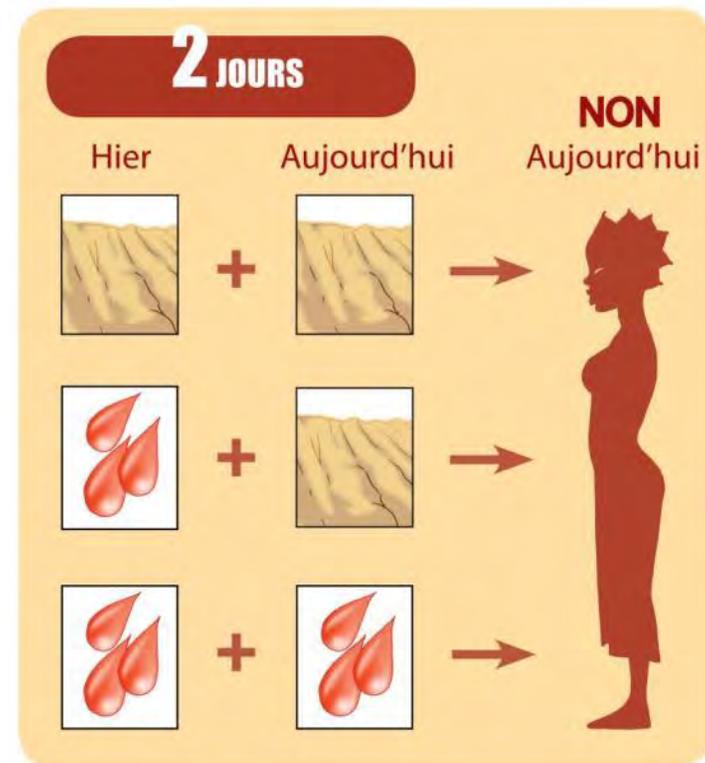
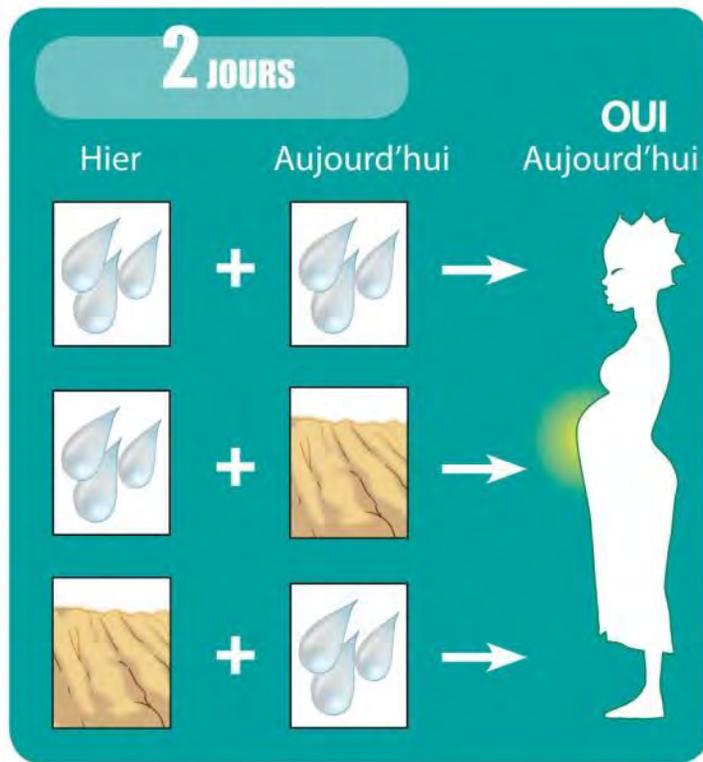
- Les sécrétions sont un signe que le corps de la femme est fertile. C'est-à-dire qu'elle peut tomber enceinte.
- Après la fin de vos règles, vous n'aurez pas de sécrétions pendant quelques jours.
- Ensuite, les sécrétions apparaissent en très petites quantités. Vous devez faire très attention afin de les voir et de les sentir.
- Au fil des jours, la quantité de sécrétions augmente et elles sont plus faciles à voir et sentir.
- Une fois que les sécrétions apparaissent, elles continuent pendant plusieurs jours d'affilée.
- Après, la quantité de sécrétions diminue jusqu'à ce qu'elles disparaissent.
- Puis, vous n'aurez pas de sécrétions pendant quelques jours jusqu'au moment où vous avez vos règles à nouveau.
- Les sécrétions ne se ressemblent systématiquement. Au fil des jours, leur apparence et la sensation sont différentes.
- **AUCUNES sécrétions ne signifient que vous pouvez tomber enceinte.**



Demandez :

- Que signifient les sécrétions ?
- Pourquoi devez-vous faire très attention au début des sécrétions ?

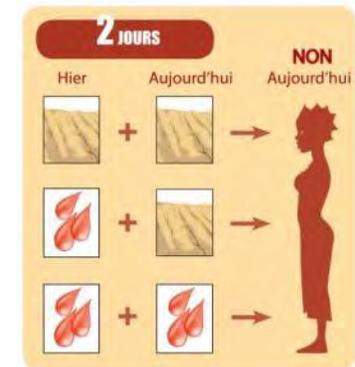
À quel moment pouvez-vous tomber enceinte ?



Expliquez comment faire pour savoir si elle peut tomber enceinte aujourd'hui

Expliquez:

- Pour savoir si vous pouvez tomber enceinte, posez-vous ces questions tous les soirs :
 - Est-ce que j'ai eu des sécrétions aujourd'hui ?*
 - Est-ce que j'ai eu des sécrétions hier ?*
- Si vous répondez « oui » à au moins une question, vous pouvez tomber enceinte aujourd'hui.
- Si vous avez eu des sécrétions aujourd'hui, vous pouvez tomber enceinte.
- Si vous n'avez pas eu de sécrétions aujourd'hui, mais vous avez eu des sécrétions hier, vous pouvez également tomber enceinte.
- Vous ne pouvez pas tomber enceinte si vous n'avez pas eu de sécrétions ni aujourd'hui ni hier (deux jours de suite).
- Vous ne pouvez pas tomber enceinte pendant vos règles.



Demandez:

- Pouvez-vous tomber enceinte si vous avez eu des sécrétions aujourd'hui ?
- Si vous **n'avez** pas eu de sécrétions aujourd'hui, mais que vous en avez eues hier, pouvez-vous tomber enceinte aujourd'hui ?
- Quels sont les jours où vous ne pouvez pas tomber enceinte ?
- Pouvez-vous tomber enceinte lorsque vous avez vos règles ?

Comment utiliser une bande papier ?

Les jours de saignement		notez	
Les jours où vous n'avez pas de sécrétions		notez	
Les jours où vous avez des sécrétions		notez	

ENCEINTE



PAS ENCEINTE



Dimanche	
Lundi	
Mardi	
Mercredi	
Jeudi	
Vendredi	
Samedi	
Dimanche	
Lundi	
Mardi	
Mercredi	
Jeudi	
Vendredi	
Samedi	

Expliquez comment utiliser la bande de papier

Vous pouvez utiliser la bande de papier ou le calendrier pour noter vos sécrétions. (Si la femme préfère utiliser le calendrier, allez à la page 7.)

N'oubliez pas de vérifier vos sécrétions à partir de l'après-midi jusqu'au soir. Chaque soir avant d'aller vous coucher, pensez aux sécrétions que vous avez eues l'après-midi ou le soir et notez-les sur la bande.

Les jours de saignement		notez	
Les jours où vous n'avez pas de sécrétions		notez	
Les jours où vous avez des sécrétions		notez	

Mardi	•
Mercredi	•
Jeudi	•
Vendredi	•
Samedi	•
Dimanche	✓
Lundi	✓
Mardi	X
Mercredi	X
Jeudi	X
Vendredi	X
Samedi	X
Dimanche	X
Lundi	X
Mardi	X
Mercredi	X
Jeudi	X
Vendredi	X
Samedi	✓
Dimanche	✓
Lundi	✓
Mardi	✓
Mercredi	✓
Jeudi	✓
Vendredi	✓
Samedi	✓



Le premier jour où vous commencez à utiliser cette méthode, il faut supposer que vous pouvez tomber enceinte aujourd'hui. Utilisez les préservatifs ou évitez les rapports sexuels pour prévenir une grossesse.

Rappelez-vous que vous pouvez tomber enceinte aujourd'hui si vous avez eu des sécrétions aujourd'hui, ou si vous avez eu des sécrétions hier.

Réviser la bande de papier avec la femme.

Montrez les symboles (X ✓ •) et expliquez-lui ce qu'ils veulent dire.

Montrez et expliquez à la femme comment marquer chaque jour le symbole qui correspond à ce qu'elle a remarqué quand elle a vérifié ses sécrétions.

Demandez à la femme de vous montrer comment faire pour noter les jours sur la bande de papier au fur et à mesure de votre description.

Montrez et expliquez à la femme des combinaisons des symboles et comment interpréter pour connaître si elle peut tomber enceinte aujourd'hui.

Montrez quelques exemples à la femme et demandez-lui si elle peut tomber enceinte ce jour-là.

Clarifiez toutes les incertitudes, puis recommencez la démonstration jusqu'à ce que la femme puisse le faire toute seule.

Demandez :

- Que marquez-vous les jours où vous n'aurez pas de sécrétions ?
- Que marquez-vous lorsque vous aurez des sécrétions, même si ce n'est qu'un petit peu de sécrétions ?

Demandez :

- Comment allez-vous faire pour vous rappeler de vérifier vos sécrétions tous les jours ?
- Comment allez-vous faire pour ne pas oublier de les marquer sur la carte ?

Comment utiliser un calendrier?

Dimanche	Lundi	Mardi	Mercredi	Jeudi	Vendredi	Samedi
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Les jours de saignement  notez 

Les jours où vous n'avez pas de sécrétions  notez 

Les jours où vous avez des sécrétions  notez 

2 JOURS

Hier Aujourd'hui Aujourd'hui **OUI**

 +  → 

 +  → 

 +  → 

2 JOURS

Hier Aujourd'hui Aujourd'hui **NON**

 +  → 

 +  → 

 +  → 

Expliquez comment utiliser un calendrier

Vous pouvez utiliser la bande de papier ou le calendrier pour noter vos sécrétions. (Si la femme préfère utiliser la bande de papier, allez à la page 6.)

N'oubliez pas de vérifier vos sécrétions à partir de l'après-midi jusqu'au soir. Chaque soir avant d'aller vous coucher, pensez aux sécrétions que vous avez eues l'après-midi ou le soir et notez-les sur le calendrier.

Les jours de saignement		notez	
Les jours où vous n'avez pas de sécrétions		notez	
Les jours où vous avez des sécrétions		notez	

Dimanche	Lundi	Mardi	Mercredi	Jeudi	Vendredi	Samedi
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

2 JOURS

Hier	Aujourd'hui	Aujourd'hui
X	+	X
X	+	✓
✓	+	X

OUI



2 JOURS

Hier	Aujourd'hui	Aujourd'hui
✓	+	✓
●	+	✓
●	+	●

NON



Le premier jour où vous commencez à utiliser cette méthode, il faut supposer que vous pouvez tomber enceinte aujourd'hui. Utilisez les préservatifs ou évitez les rapports sexuels pour prévenir une grossesse.

Rappelez-vous que vous pouvez tomber enceinte aujourd'hui si vous avez eu des sécrétions aujourd'hui, ou si vous avez eu des sécrétions hier.

Révisez le calendrier avec la femme.

Montrez les symboles (X ✓ ●) et expliquez-lui ce qu'ils veulent dire.

Montrez et expliquez à la femme comment marquer chaque jour le symbole qui correspond à ce qu'elle a remarqué quand elle a vérifié ses sécrétions.

Demandez à la femme de vous montrer comment faire pour noter les jours sur le calendrier au fur et à mesure de votre description.

Montrez et expliquez à la femme des combinaisons des symboles et comment interpréter pour connaître si elle peut tomber enceinte aujourd'hui.

Montrez quelques exemples à la femme et demandez-lui si elle peut tomber enceinte ce jour-là.

Clarifiez toutes les incertitudes, puis recommencez la démonstration jusqu'à ce que la femme puisse le faire toute seule.

Demandez :

- Que marquez-vous les jours où vous n'aurez pas de sécrétions ?
- Que marquez-vous lorsque vous n'aurez qu'un petit peu de sécrétions ?

Demandez :

- Comment allez-vous faire pour vous rappeler de vérifier vos sécrétions tous les jours ?
- Comment allez-vous faire pour ne pas oublier de les marquer sur la carte ?

Comment parler avec votre mari/partenaire de la Méthode des Deux Jours?



Discutez comment parler avec son mari/partenaire de la Méthode et comment éviter les grossesses



Expliquez:

- Vous deviez expliquer la méthode en général à votre mari/partenaire.
- Vous deviez dire à votre mari/partenaire lorsque vous êtes dans un jour où vous pouvez tomber enceinte.
- Vous deviez décider ensemble d'utiliser des préservatifs ou d'éviter d'avoir des rapports sexuels.

Demandez:

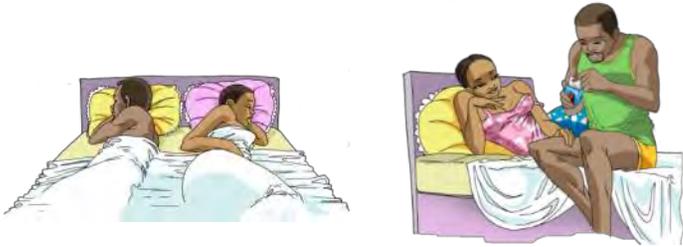
- Comment pensez-vous expliquer cette méthode à votre mari/partenaire ?
- Comment allez-vous dire à votre mari/partenaire que vous êtes dans un jour où vous pouvez tomber enceinte ?
- Quel est le meilleur moment et endroit de lui parler?
- Que pensez-vous qu'il ressentira sur l'utilisation des préservatifs ou le fait d'abstenir ?

*** Si elle répond que son mari risque de réagir violemment lorsqu'elle lui parlera de la méthode, elle doit alors utiliser une autre méthode. Donnez-lui une carte de référence vers le centre de santé.*

Comment éviter une grossesse pendant les jours où la femme peut tomber enceinte ?



Discuter de la manière d'éviter une grossesse pendant les jours où la femme peut tomber enceinte



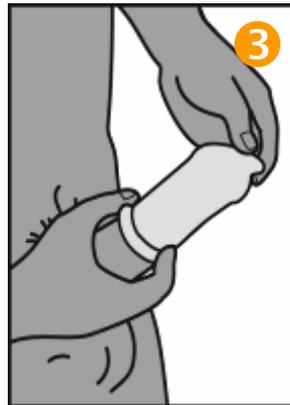
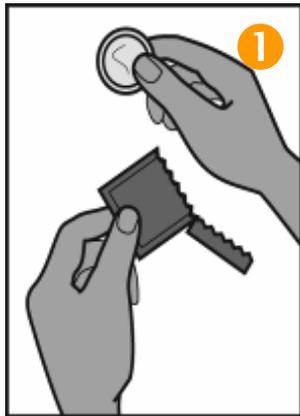
Expliquez :

- Vous pouvez tomber enceinte aujourd'hui si vous avez eu des sécrétions aujourd'hui ou si vous en avez eu hier.
- Vous devez décider avec votre mari/partenaire d'utiliser des préservatifs ou d'éviter d'avoir des rapports sexuels les jours où vous êtes susceptible de tomber enceinte.
- Cette méthode ne protège pas contre les IST ou le VIH.

Demandez :

- Que souhaitez-vous essayer pour éviter une grossesse les jours féconds ?
- Pensez-vous que votre mari/partenaire acceptera cela ?
- Pensez-vous que vous pourrez éviter d'avoir des rapports sexuels (abstinence) pendant plusieurs jours d'affilée? Et votre partenaire?
- Pensez-vous que vous pourrez utiliser des préservatifs ?
- Y a-t-il autre chose que vous pouvez faire pour éviter de tomber enceinte pendant les jours féconds ?
 - Des autres activités qui vous procurent du plaisir mais sans risque de grossesse ?
 - Le retrait – si la femme mentionne le retrait, répondez-lui : Certains couples utilisent le retrait mais l'efficacité de cette méthode n'est pas connue.

Comment utiliser un préservatif ?



Montrez et expliquez comment utiliser un préservatif



1
Utilisez un préservatif neuf lors de chaque rapport sexuel. Vérifier la date d'expiration.



2
Avant tout contact, placez le préservatif sur le bout du pénis en érection, le côté enroulé vers l'extérieur.



3
Serrez le bout du préservatif entre la pouce et l'index, puis déroulez le préservatif jusqu'à la base du pénis.



4
Après l'éjaculation, tenez l'extrémité du préservatif et retirez le pénis pendant qu'il est encore dur.



5
Jetez le préservatif dans un lieu sûr.

Demandez :

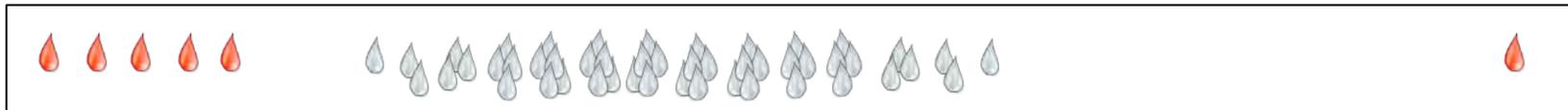
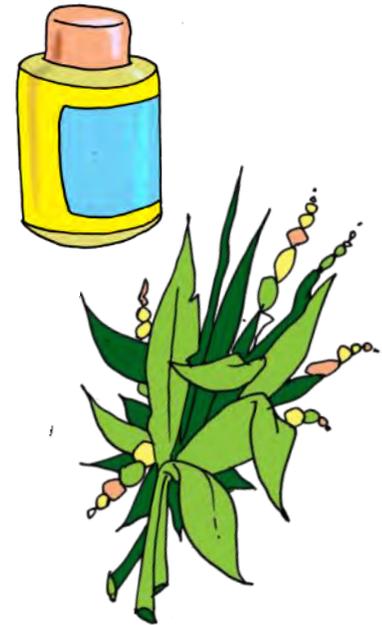
- Avez-vous déjà utilisé des préservatifs ?
- Que pense votre mari/partenaire de l'utilisation des préservatifs ?
- Où pouvez-vous obtenir des préservatifs ?
- Est-il facile ou difficile d'obtenir des préservatifs ?

Si le couple a déjà utilisé des préservatifs, demandez à la femme d'expliquer comment ils les ont utilisés. Corrigez toute mauvaise réponse.

Si le couple n'a jamais utilisé de préservatifs, demandez à la femme si vous pouvez lui montrer comment les utiliser.

Puis, demandez à la femme de vous montrer comment elle devra l'utiliser pour assurer qu'elle a bien compris les instructions.

Qu'est-ce qui peut changer la durée des sécrétions ?



Expliquez ce qui peut changer la durée des sécrétions



Demandez à la femme :

- Avez-vous eu un enfant récemment ou allaitez-vous votre bébé actuellement ?
- Avez-vous utilisé une méthode de contraception comme la pilule ou l'injection au cours de ces derniers mois ?

Si la femme répond « oui », expliquez :

Si vous allaitez votre bébé actuellement ou si vous avez récemment utilisé une méthode hormonale, vos sécrétions peuvent durer plusieurs jours de plus. Cela signifie que vous et votre mari / partenaire devrez utiliser des préservatifs ou éviter d'avoir des rapports sexuels pendant une durée plus longue.



Demandez à la femme :

- Pensez que vous et votre mari/partenaire pouvez éviter les rapports sexuels ou utiliser un préservatif pendant une période de plus de 14 jours ?

Si la femme répond « non », donnez-lui une carte de référence pour le centre de santé pour obtenir une autre méthode.



Demandez à la femme :

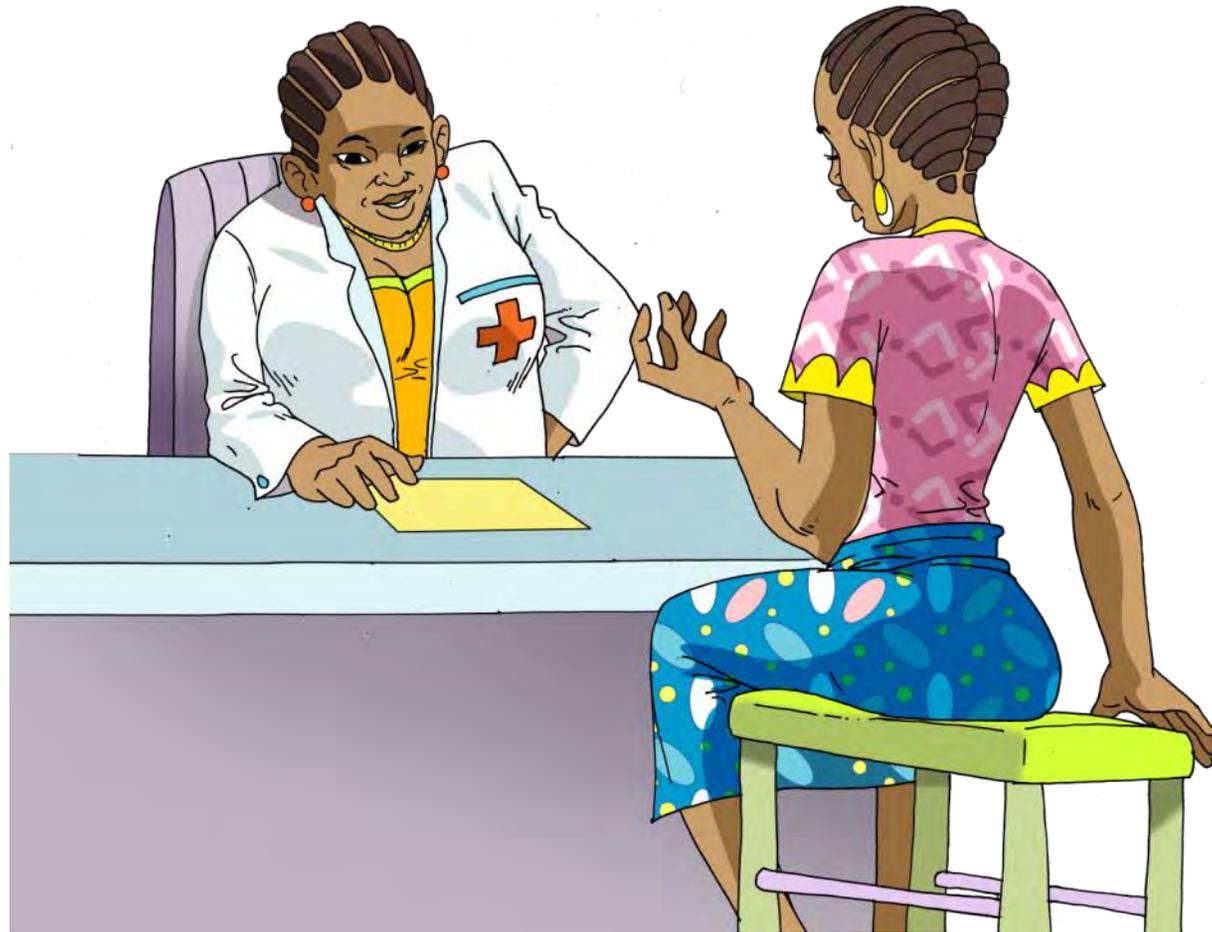
- Utilisez-vous des plantes ou tout autre produit pour sécher votre vagin ?
 - Qu'est-ce que vous utilisez ?
 - Quand et combien de fois ?

Si la femme répond « oui », expliquez :

Si vous utilisez des plantes ou si vous faites d'autres choses pour sécher votre vagin, cela peut rendre plus difficile de voir ou de sentir les sécrétions. Cela rend cette méthode difficile à utiliser. Nous ne savons pas dans quelle mesure cette méthode est efficace pour les femmes qui séchent leurs vagins. Les sécrétions sont normales et le vagin auto-nettoie. C'est mieux d'éviter les pratiques de sécher le vagin.



Quand faut-il aller au centre de santé ?



Expliquez à quel moment il faut aller au centre de santé



Expliquez à quel moment la femme doit se rendre au centre de santé :

- Si vos sécrétions sont malodorantes, démangeaisons ou douloureuses.
- Si vos règles n'ont pas commencé et vous pensez être enceinte.
- Si vous souhaitez utiliser une autre méthode.

Expliquez à quel moment la femme doit vous contacter :

- Si vous avez des questions ou des doutes sur l'utilisation de la Méthode des Deux Jours.
- Si vous avez des sécrétions pendant moins de 5 jours d'affilée.
- Si vous rencontrez des difficultés pour voir vos sécrétions.
- Si vous rencontrez des difficultés pour utiliser le préservatif ou éviter les rapports sexuels pendant les jours où vous pouvez tomber enceinte.

Demandez :

- Avez-vous des questions sur la Méthode des Deux Jours ?
- Où irez-vous si vous avez besoin d'aide ?

Passer en revue le dépliant, puis expliquez les points principaux.

Notez votre numéro de téléphone sur le dépliant puis donnez-le à la femme.

Remettez-lui la carte de référence vers le centre de santé.

Demandez à la femme si elle veut un rendez-vous de suivi. Si oui, fixez une date après 2 à 4 semaines.

Demandez à la femme si elle veut que son mari / partenaire participe au rendez-vous de suivi, si tous les deux sont d'accord.

Método de Dos Días



Planificación familiar natural y eficaz



USAID
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**Institute for
Reproductive Health**
Georgetown University

El Instituto de Salud Reproductiva de la Universidad de Georgetown es una institución líder en el campo de la planificación familiar natural, y un centro de recursos y aprendizaje dedicado a desarrollar y poner al alcance de todos, métodos basados en el conocimiento de la fertilidad. El conocimiento de la fertilidad incluye saber en que días del ciclo menstrual puede haber un embarazo.

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Método de Dos Días

Guía del Trabajador Comunitario

Esta herramienta ha sido diseñada para trabajadores comunitarios para enseñar a mujeres y hombres en su comunidad a usar el Método de Dos Días. Este es un método para planificar la familia que es sencillo de usar, natural y muy eficaz.

Use las páginas en esta herramienta para ayudar a las personas a saber si este método es apropiado para ellas, y cómo usar bien el método para que funcione.

Las páginas se organizan en forma de cuaderno y muestran la información que hay que compartir con las personas en la comunidad. También le muestra como compartir esa información, como hacer preguntas y como dar explicaciones cortas y claras.

Para usar el cuaderno siéntese al lado derecho de la persona que recibe la información. Así puede mostrarle la hoja con la imagen grande a la izquierda y usted va leyendo o referirse a la información que está en la hoja en el lado derecho.

Esta herramienta se elaboró con la ayuda de otros trabajadores comunitarios como usted que también la usaron. Esperamos que pueda ser útil para usted también.

¿Qué es el Método de Dos Días?



Describa qué es el Método de Dos Días

Explique:

- El Método de Dos Días es un método natural, fácil de usar y eficaz para planear la familia.
- Este método funciona bien cuando se usa correctamente. De cada 100 mujeres que lo usan en un año, de 4 a 14 pueden quedar embarazadas.
- Para usar este método usted debe prestar atención a sus secreciones. Estas son un flujo normal y húmedo que puede ver y sentir en sus genitales algunos días del mes.
- Al revisar sus secreciones todos los días, puede saber los días que puede quedar embarazada.
- Para evitar un embarazo usted y su pareja deben usar condones, o evitar tener relaciones sexuales en los días de posible embarazo.
- Este es uno de muchos métodos que puede escoger para planificar la familia.



Pregunte:

- ¿Le interesa saber más sobre este método?

Si la mujer dice que sí, pase a la siguiente página para ver si ella puede usar este método.

¿Quién puede usar este método?



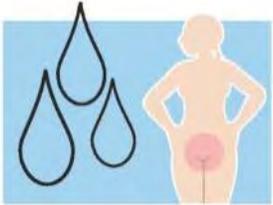
La mujer debe tener secreciones sanas.



La pareja debe estar de acuerdo en como cuidarse.

Determine si la mujer puede usar este método

Pregunte a la mujer:



- ¿Ha notado sus secreciones? Son como un flujo húmedo en sus genitales.
- ¿Cómo son sus secreciones?
- ¿Tiene secreciones que huelen mal, dan picazón o causan dolor?
- ¿Podría prestar atención a sus secreciones todos los días?

Si las secreciones huelen, o pican, o causan dolor, no debe usar este método ahora. Refiérala al servicio de salud para buscar otro método.

Pregunte a la mujer:



- ¿Puede hablar abiertamente con su pareja si no desea tener relaciones sexuales?
- ¿Pueden ustedes cuidarse evitando las relaciones sexuales o usar condones los días que usted puede quedar embarazada?

Si la mujer responde no a estas preguntas, no debe usar este método.

Refiérala al servicio de salud para buscar otro método.

También debe usar otro método si hay violencia familiar o uso de alcohol que hace difícil cuidarse.

Pregunte a la mujer que ha dado a luz o que da pecho:

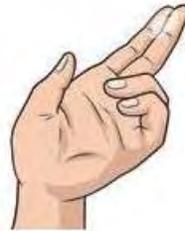
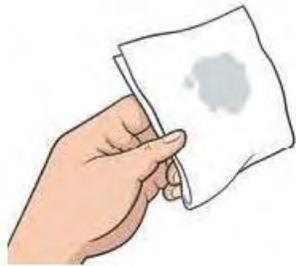


- ¿Cuántas reglas ha tenido después de su último parto?

Si no ha tenido 4 reglas, podría tener más días seguidos con secreciones y por eso tiene que cuidarse por más días.

Pregunte si prefiere otro método y, si lo desea, refiérala al servicio de salud.

¿Qué son las secreciones y cómo revisarlas?



Sintiendo



Explique qué son las secreciones y cómo revisarlas



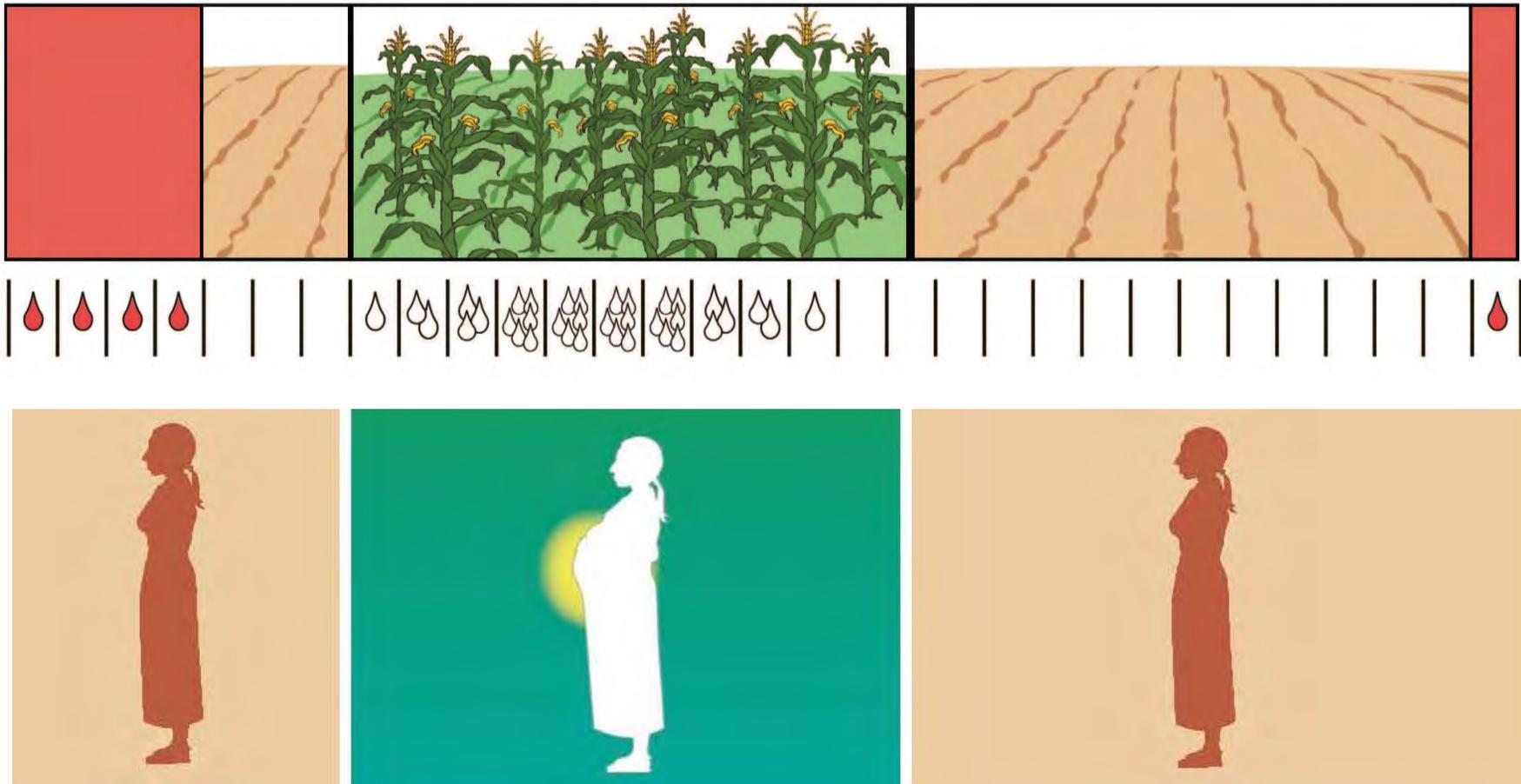
Explique:

- Las secreciones son un flujo normal o humedad que se puede ver o sentir en sus genitales algunos días del mes.
- Preste atención a sus secreciones todos los días.
- Puede verlas en su ropa interior, tocarlas con sus dedos o sentirlas mientras hace sus actividades.
- Puede revisarlas cada vez que va al baño.
- Revíselas por la tarde hasta antes de irse a dormir.
- Revíselas por lo menos dos veces al día.

Pregunte:

- ¿Cómo sería más fácil para usted revisar sus secreciones?
 - ¿Viendo en el papel higiénico?
 - ¿Viendo su bluser?
 - ¿Tocando con sus dedos?
 - ¿Tratando de sentir la humedad en sus genitales?
- ¿Qué actividad diaria podría recordarle revisarlas

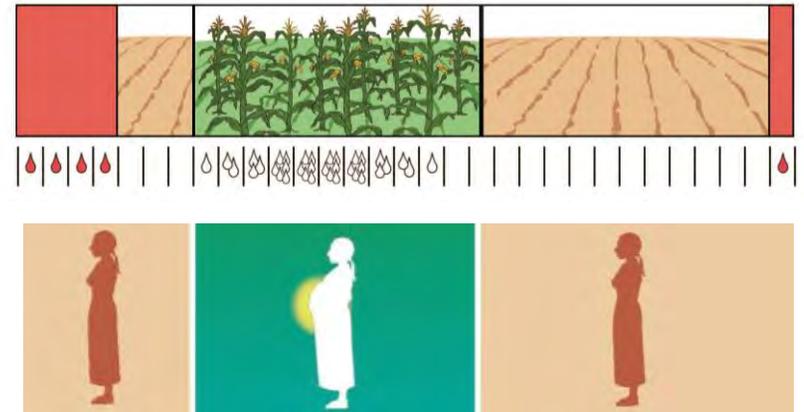
¿Qué significan las secreciones y cuándo aparecen?



Explique qué significan las secreciones y cuándo aparecen

Explique:

- Las secreciones son una señal del cuerpo de la mujer que le indica que está fértil. O sea, que puede quedar embarazada.
- Después de la regla puede haber unos días sin secreciones.
- Luego empiezan a bajar poquitas secreciones. Tiene que prestar atención para poder verlas o sentirlas.
- Después se hacen más abundantes y son más fáciles de ver y sentir.
- Luego se hacen poquitas y desaparecen.
- Después hay varios días sin secreciones hasta que le baje la regla de nuevo.
- Cuando las secreciones empiezan siguen bajando por varios días seguidos.
- No siempre son iguales. Pasando los días se ven y se sienten diferentes.
- **TODAS las secreciones indican que puede quedar embarazada**



Pregunte:

- ¿Qué significan las secreciones?
- ¿Por qué tiene que estar atenta cuando empiecen las secreciones?

¿Cuándo puede quedar embarazada?



Explique cómo saber si puede quedar embarazada

Explique:

- Para saber si puede quedar embarazada, cada noche hágase estas preguntas:
 - ¿Tuve secreciones hoy?
 - ¿Tuve secreciones ayer?
- Si contesta que **si** a alguna de las dos preguntas, puede quedar embarazada hoy.
- Si hoy tiene secreciones puede quedar embarazada.
- Si hoy no tiene secreciones pero si las tuvo ayer, puede quedar embarazada hoy.
- Hay bajo riesgo de embarazo si no ha tenido secreciones ni hoy, ni ayer (dos días secos).
- Los días de regla también son de bajo riesgo de embarazo.

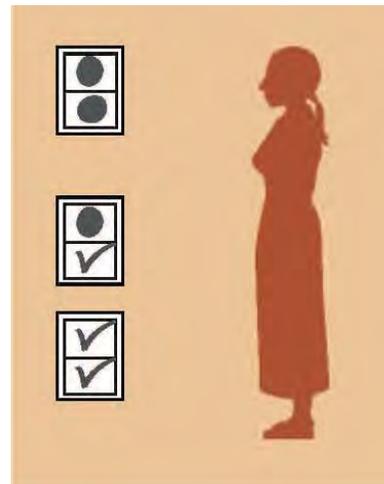
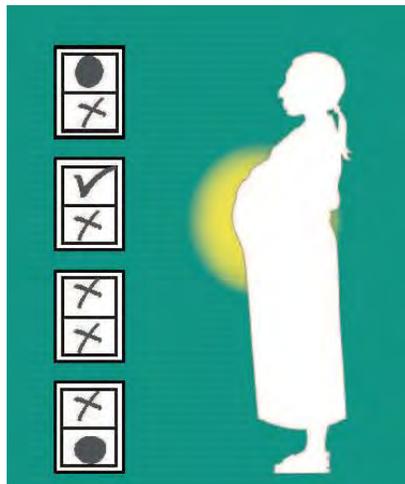


Pregunte:

- Si hoy tiene secreciones, ¿puede quedar embarazada?
- Si hoy no tiene secreciones, pero las tuvo ayer, ¿puede quedar embarazada?
- ¿En qué otros días no puede quedar embarazada?
- ¿Puede quedar embarazada en días de menstruación?

¿Cómo usar la hoja de control de las secreciones?

En días de regla		marque: ●
En días que no hay secreción		marque: ✓
En días de secreciones		marque: ✗



Domingo	
Lunes	
Martes	
Miércoles	
Jueves	
Viernes	
Sábado	
Domingo	
Lunes	
Martes	
Miércoles	
Jueves	
Viernes	
Sábado	
Domingo	
Lunes	
Martes	
Miércoles	
Jueves	
Viernes	

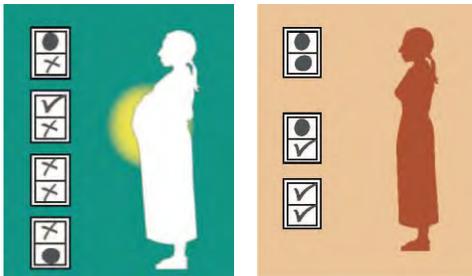
Explique cómo usar la hoja de control de secreciones

Puede usar la hoja de control o un calendario para anotar y recordar sus secreciones. (Si la mujer prefiere usar un calendario pase a la pagina 7.)

Todas las noches recuerde si tuvo o no tuvo secreciones y márkelo en su hoja de control.



Domingo	
Lunes	
Martes	●
Miércoles	●
Jueves	●
Viernes	●
Sábado	●
Domingo	✓
Lunes	✓
Martes	✗
Miércoles	✗
Jueves	✗
Viernes	✗
Sábado	✗
Domingo	✗
Lunes	✗
Martes	✗
Miércoles	✗
Jueves	✗
Viernes	✗
Sábado	✓
Domingo	✓
Lunes	✓
Martes	✓
Miércoles	✓
Jueves	✓
Viernes	✓
Sábado	✓



El día que empiece a usar el método debe cuidarse porque no sabe si ayer tuvo secreciones. Use condones o no tenga relaciones hoy para prevenir un embarazo.

Recuerde que hoy puede quedar embarazada si tuvo secreciones hoy o si las tuvo ayer.

Dele a la mujer una hoja de control.

Muéstrele y explíquele el significado de los símbolos y cómo usarlos en la hoja de control para saber en qué días puede quedar embarazada.

Pídale a la mujer que le muestre como marcará los símbolos en su hoja de control.

Aclare dudas y repita la explicación con ejemplos hasta que ella pueda hacerlo correctamente.

Pregunte:

- ¿Qué marcaría si no tiene secreciones ese día?
- ¿Qué va a marcar si tiene secreciones aunque solo sean poquitas?

De varios ejemplos de lo que la mujer va viendo cada día, y díglele que vaya poniendo la marca en su hoja de control. Vaya preguntándole si es un día que ella puede embarazarse.

Pregunte:

- ¿Qué hará para recordar que debe revisar sus secreciones todos los días?
- ¿Qué hará para recordar que debe marcar la hoja de control cada noche?

¿Cómo marcar en el calendario?

Domingo	Lunes	Martes	Miércoles	Jueves	Viernes	Sábado
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

En días de regla  marque 

En días que no hay secreción  marque 

En días de secreciones  marque 

2 Días

Ayer Hoy

 +  →  Si hay embarazo hoy

 +  → 

 +  → 

2 Días

Ayer Hoy

 +  →  No hay embarazo hoy

 +  → 

 +  → 

Explique como anotar en un calendario si tuvo secreciones

Puede usar la hoja de control o un calendario para anotar y recordar sus secreciones. (Si la mujer prefiere usar la hoja de control pase a la pagina 6.)

Todas las noches recuerde si tuvo o no tuvo secreciones y márauelo en el calendario.

En días de regla  marque: ●

En días que **no** hay secreción  marque: ✓

En días de secreciones  marque: X

Domingo	Lunes	Martes	Miércoles	Jueves	Viernes	Sábado
					●	●
5	●	●	●	✓	✓	X
12	X	X	X	X	X	X
19	X	✓	✓	✓	✓	✓
26	✓	✓	✓	✓	●	●

2 Días

Ayer Hoy

X + X →  Si hay embarazo hoy

X + ✓ →

✓ + X →

2 Días

Ayer Hoy

✓ + ✓ →  No hay embarazo hoy

● + ✓ →

● + ● →

El día que empiece a usar el método debe cuidarse porque no sabe si ayer tuvo secreciones. Use condones o no tenga relaciones hoy para prevenir un embarazo.

Recuerde que hoy puede quedar embarazada si tuvo secreciones hoy o si las tuvo ayer.

Revise un calendario con la mujer. Escriba allí las marcas (X ✓ ●) y su significado.

Muéstrele y explíquele cómo marcar en un calendario para saber en qué días puede quedar embarazada.

Pídale a la mujer que le muestre como marcará en su calendario.

Aclare dudas y repita la explicación con ejemplos hasta que ella pueda hacerlo correctamente.

Pregunte:

- ¿Qué marcaría si no tiene secreciones ese día?
- ¿Qué va a marcar si tiene un poquito de secreciones?

De varios ejemplos de lo que la mujer va viendo cada día, y dígame que vaya poniendo la marca en su calendario. Vaya preguntándole si es un día que ella puede embarazarse.

Pregunte:

- ¿Qué hará para recordar que debe revisar sus secreciones todos los días?
- ¿Qué hará para recordar que debe marcar el calendario cada noche?

¿Cómo hablar con su pareja sobre el Método de Dos Días?



Converse con su pareja sobre el método y cómo cuidarse



Explique:

- Explíquelo el método a su pareja y pregúntele si está de acuerdo en usarlo.
- Decidan juntos si podrán evitar las relaciones o usar condones.
- Avísele cuando esté en un día que puede haber embarazo.

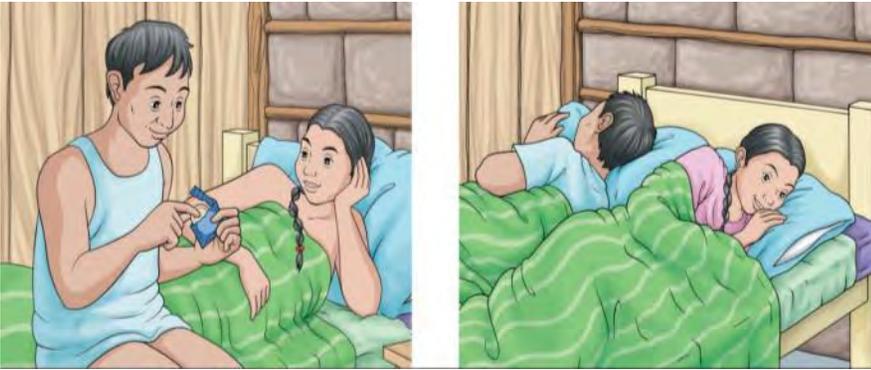
Pregunte:

- ¿Cómo le explicaría el método a su pareja?
- ¿Qué piensa que diría él sobre usar condones o evitar las relaciones en días de embarazo?
- ¿Cómo le avisaría a su pareja que está en días que puede haber embarazo?
- ¿Cuál es el mejor lugar y momento para platicarle a su pareja?
- ¿Sería fácil o difícil hablar con él sobre esto?

¿Cómo cuidarse los días en que puede haber embarazo?



Hable de cómo cuidarse los días que podría haber embarazo



Explique:

- Hoy puede embarazarse si tuvo secreciones hoy **ó** si las tuvo ayer.
- Decidan juntos si usarán condones o si evitarán las relaciones sexuales.
- Pueden disfrutar de otras actividades como prácticas sexuales sin penetración, besos y caricias, o dar un paseo.
- Este método no protege contra las infecciones de transmisión sexual o el VIH.

Pregunte:

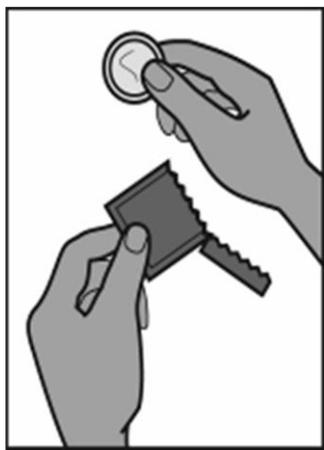
- ¿Cómo piensa que podrán cuidarse los días que puede haber embarazo?
- ¿Cómo creen que se cuidarían, con condones o evitando las relaciones?
- ¿Pienso que su pareja estará de acuerdo?
- ¿Podría evitar las relaciones sexuales durante varios días seguidos? ¿Y su pareja?
- ¿Qué otras actividades pueden disfrutar los días que puede haber un embarazo?

Si la pareja piensa usar condones, vaya a la siguiente página.

Si la pareja decide acabar afuera, dígales que no se sabe que tan efectivo es para evitar un embarazo.

Si la pareja no está de acuerdo, o uno de los dos no quiere usar este método, refiérela al centro de salud para buscar otro método de planificación familiar.

¿Cómo se usan los condones?



Muestre y explique cómo se usan los condones

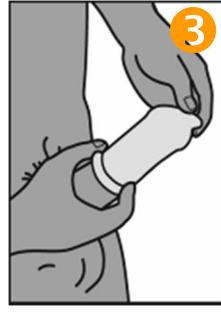


Use un nuevo condón en cada relación sexual. Vea la fecha de vencimiento.

Abra el paquete con cuidado. No use ni dientes ni uñas para abrirlo.



Antes de cualquier contacto ponga el condón en la punta del pene erecto.



Sin soltar la punta del condón, desenróllelo hasta la base del pene.



Retire el condón al terminar la relación sexual (eyaculación) y con el pene todavía duro retírelo.



Envuelva el condón en papel higiénico y bótelo en la basura.

Pregunte:

- ¿Ha utilizado condones alguna vez?
- ¿Qué opina su pareja sobre usar condones?
- ¿Dónde puede conseguir los condones?
- ¿Es fácil o difícil conseguirlos?

Si la pareja ya ha usado condones, pídale a ella que le explique cómo ponerlos. Corrija cualquier error.

Si la pareja nunca ha usado condones, pida su permiso para mostrarle cómo se ponen en un modelo de pene o mostrando los dibujos.

Luego pídale que repita para estar seguros de que comprendió.

Explique lo que puede causar muchos días de secreciones



Explique:

- En general las secreciones duran de 5 a 14 días seguidos.
- En los siguientes casos podría tener secreciones por más de 14 días:
 - si hace poco usted tuvo un bebe
 - si está dando de mamar
 - si ha usado un método hormonal
- También es posible que después de varios días sin secreciones estas vuelven a aparecer.
- Si tiene secreciones por muchos días, tendrá que cuidarse por más días usando condones o evitando las relaciones.
- Algunas mujeres se lavan adentro de su vagina o usan algo para secarla. Esto hace más difícil notar sus secreciones.
- La vagina se limpia por sí sola. No es necesario lavarla adentro, o ponerse hierbas o polvos.

Pregunte:

- ¿Ha tenido un bebé durante los últimos meses?
- ¿Cuántas reglas ha tenido después del parto?
- ¿Está dando pecho?
- ¿Ha utilizado un método como la píldora, inyección o el implante en los últimos meses?
- ¿Cuántas reglas ha tenido después de usar el método hormonal?

Si la mujer responde SI a alguna pregunta, ella podría tener que cuidarse por muchos más días usando condones o evitando las relaciones sexuales.

Si la mujer prefiere otro método refiérela al centro de salud.

Después de haber tenido cuatro reglas, las secreciones volverán a presentarse en forma más pareja cada mes.

¿Cuándo ir al centro de salud?



Explique cuándo ir al centro de salud



Explique cuándo llamarle a usted:

- Si tiene una pregunta o duda.
- Si tiene secreciones por menos de 5 días.
- Si tiene dificultad para ver o sentir sus secreciones.
- Si tiene dificultad en usar condones o evitar las relaciones sexuales en días de riesgo de embarazo.

Explique cuándo ir al centro de salud:

- Si tiene secreciones que huelen mal, dan picazón o causan dolor.
- Si no le baja la menstruación y piensa que podría estar embarazada.
- Si quiere usar otro método.

Pregunte:

- ¿Tiene alguna pregunta sobre el Método de Dos Días?
- ¿Dónde iría para una consulta médica si fuera necesario?

Conteste preguntas y esté segura que la mujer sabe dónde ir para una consulta.

Revise la tarjeta del método y explique los puntos más importantes.

Escriba su número de teléfono en la tarjeta y déselo a la mujer.

Si es necesario, confirme la fecha y hora para la próxima visita de seguimiento.

Invite a la pareja a participar en el seguimiento.

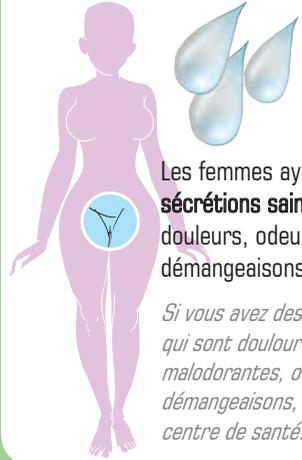
Appendix B: Two Day Method Brochure (French & Spanish)

La Méthode des 2 Jours



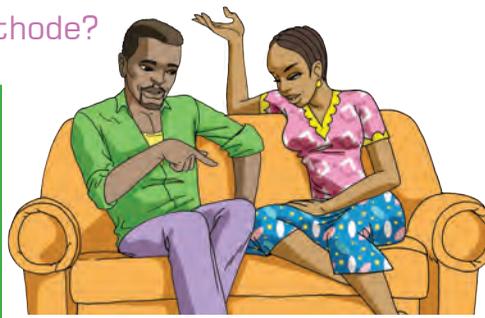
Avec cette méthode, une femme vérifie ses sécrétions tous les jours pour savoir si elle peut tomber enceinte aujourd'hui.

Qui peut utiliser cette méthode?



Les femmes ayant des **sécrétions saines**, sans douleurs, odeurs, ou démangeaisons.

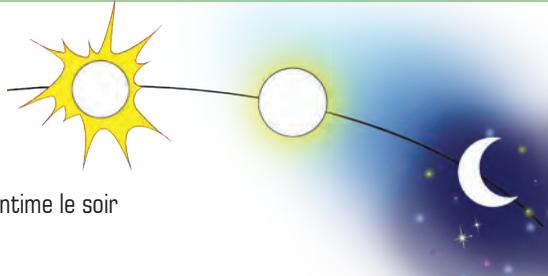
Si vous avez des sécrétions qui sont douloureuses, malodorantes, ou démangeaisons, allez au centre de santé.



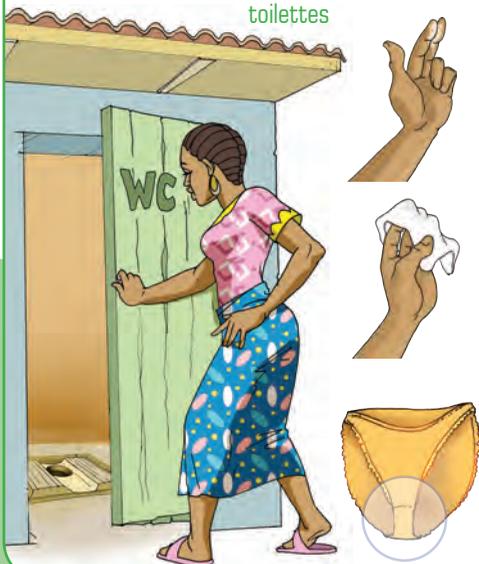
Des couples qui peuvent **décider ensemble** comment éviter une grossesse pendant les jours où une femme peut tomber enceinte — soit utiliser des préservatifs ou éviter les rapports sexuels.

Comment vérifier vos sécrétions?

- ▶ Tous les jours
- ▶ Au moins 2 fois par jour
- ▶ A partir de l'après-midi jusqu'au soir
- ▶ Surtout avant de faire votre toilette intime le soir
- ▶ Marquez chaque jour sur la carte



Regardez ou touchez lorsque vous allez aux toilettes



Ressentez tout en poursuivant vos activités quotidiennes

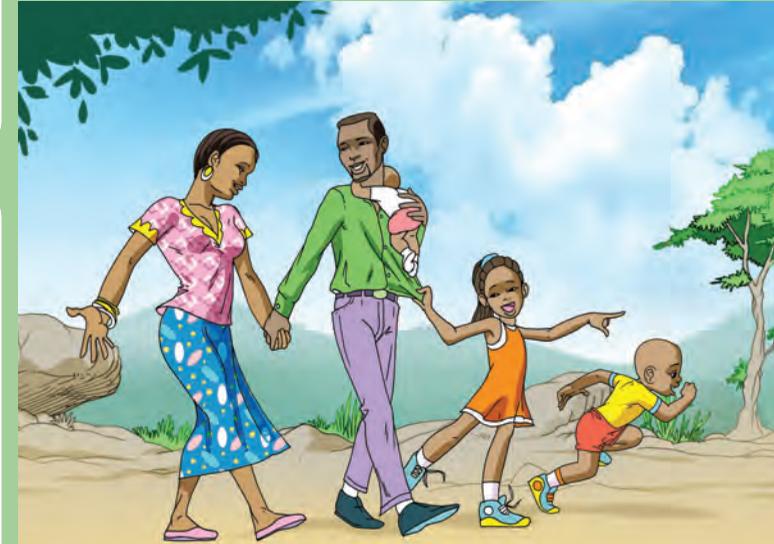


Marquez : ce que vous avez regardé ou senti.



Si vous avez des sécrétions pendant moins de 5 jours d'affilée, contactez votre encadreur.

La Méthode des Deux Jours



Une méthode de planification familiale naturelle, pratique, et efficace

La Méthode des Deux Jours est une méthode de planification familiale efficace lorsqu'elle est utilisée correctement. Sur 100 femmes qui l'utilisent dans une année donnée, 4 à 14 peuvent tomber enceintes.

Cette méthode ne protège pas contre le VIH ni les autres maladies transmissibles lors des rapports sexuels.

A quel moment est-ce que je risque une grossesse ?

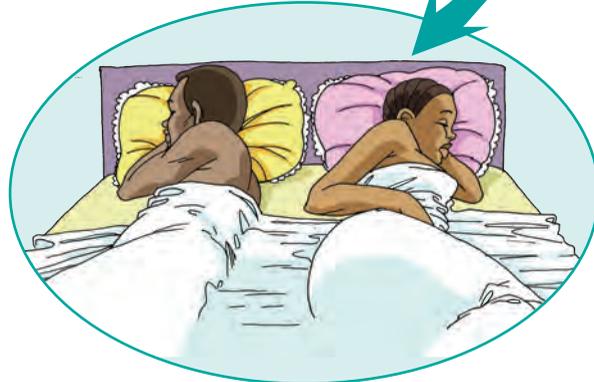


Les sécrétions sont un fluide ou une sensation humide que la femme peut ressentir au niveau des organes génitaux.

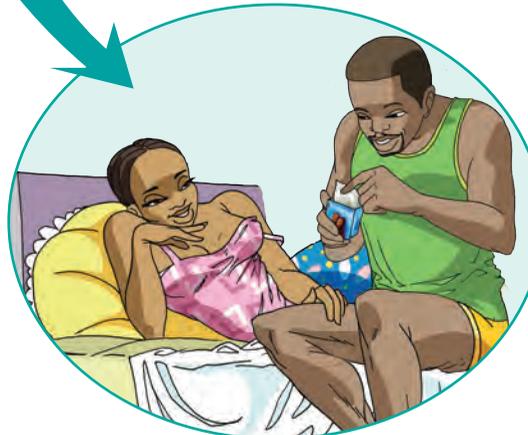
Les sécrétions sont un signe qu'une femme peut tomber enceinte.

Comment éviter une grossesse pendant les jours où une femme peut tomber enceinte ?

Abstinence



Préservatifs



Est-ce que je peux tomber enceinte aujourd'hui?

2 JOURS

Hier



Aujourd'hui



OUI
Aujourd'hui



+

+

+



2 JOURS

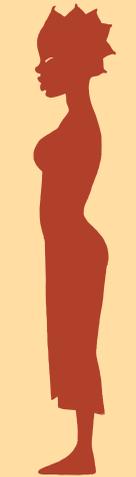
Hier



Aujourd'hui



NON
Aujourd'hui



+

+

+



¿Quién puede usar este método?



Debe tener **secreciones sanas**.
Las secreciones sanas no huelen, ni pican, ni causan dolor.

Si tiene secreciones con mal olor, picazón o con dolor, visite al personal de salud.



Debe cuidarse con condones o evitar las relaciones sexuales los días que puede quedar embarazada.

¿Cómo llevar el control de sus secreciones?

Domingo	
Lunes	
Martes	
Miércoles	
Jueves	
Viernes	
Sábado	
Domingo	
Lunes	
Martes	
Miércoles	
Jueves	
Viernes	
Sábado	
Domingo	
Lunes	

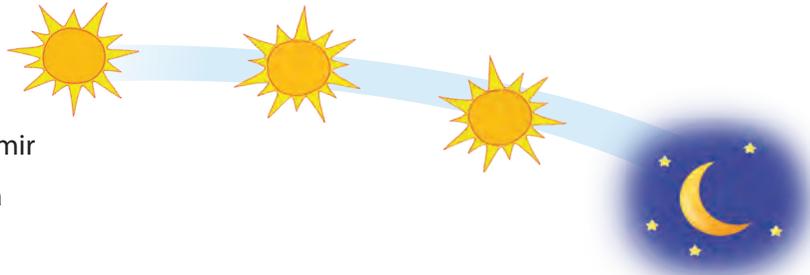


Marque un símbolo cada día.

Si tiene secreciones por menos de 5 días hable con su trabajadora comunitaria.

¿Cómo saber si tiene secreciones?

- ▶ Revise sus secreciones todos los días
- ▶ Desde por la tarde hasta antes de dormir
- ▶ Revise por lo menos dos veces al día
- ▶ Esté muy atenta cuando empiecen



Viendo o tocando

Las secreciones se pueden **ver** o **tocar** cuando va al baño.



Sintiendo

También puede sentir las mientras hace sus actividades diarias.



Método de Dos Días



Planificación familiar natural y eficaz

El Método de Dos Días es un método natural para planificar la familia. De cada 100 mujeres que lo usan en un año, 4 a 14 mujeres pueden quedar embarazadas.

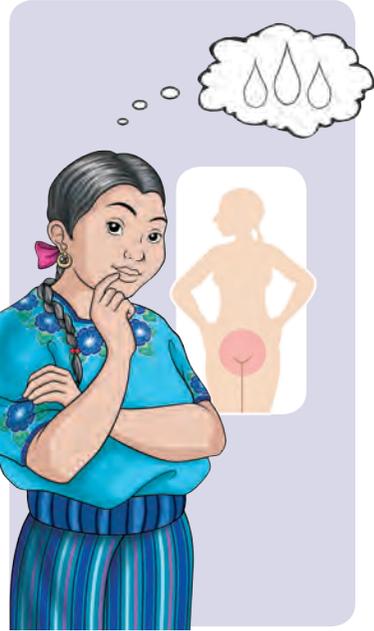
Este método no protege contra el VIH u otras infecciones que se transmiten sexualmente.

Promotora

Teléfono

Método de Dos Días

¿Cómo saber cuándo hay riesgo de embarazo?



¿Cómo cuidarse durante los días que puede quedar embarazada?

El cuerpo de la mujer produce secreciones que se pueden ver y sentir en sus genitales.

Para usar este método la mujer presta atención a sus secreciones todos los días. Así sabe qué días puede quedar embarazada.

Abstinencia



Condomes



¿Cuándo puede quedar embarazada?

2 Días

Ayer

Hoy



+



Sí hay embarazo hoy



+



+



2 Días

Ayer

Hoy



+



No hay embarazo hoy



+



+



Appendix C: TwoDay Method Tracking Tools – Recording Card, Calendar (French & Spanish)

Méthode des Deux Jours

Vérifiez vos sécrétions et notez chaque soir pour savoir si vous pouvez tomber enceinte aujourd'hui.

- 1**
- Notez le premier jour de saignement pendant vos règles.
 - Commencez à noter sur le jour de la semaine dont vous avez commencé à utiliser la méthode
 - Le premier jour où vous commencez à utiliser cette méthode, il faut faire attention parce que vous ne savez pas si vous avez eu des sécrétions hier.

- 2**
- Chaque soir, rappelez-vous si vous avez constaté des sécrétions durant l'après-midi ou la soirée, et prenez des notes.

Les jours de saignement



notez ●

Les jours où vous n'avez pas de sécrétions



notez ✓

Les jours où vous avez des sécrétions

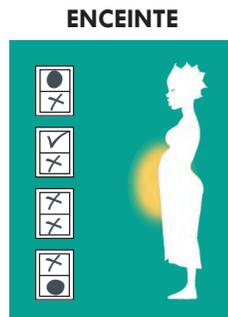


notez ✗

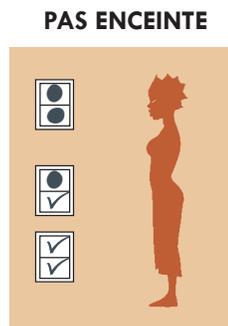
- 3**
- Avant de se coucher, vérifiez si vous pouvez tomber enceinte aujourd'hui.

Si vous avez noté ✗ aujourd'hui ou hier, vous pouvez tomber enceinte.

Utilisez des préservatifs ou évitez les rapports sexuels ces jours-là.



Si vous avez noté ✓ pour pas de sécrétions ou ● pour les jours de saignement pendant deux jours d'affilée, vous n'êtes pas susceptible de tomber enceinte.



Jour où vos règles ont commencé :

Dimanche	
Lundi	
Mardi	●
Mercredi	●
Jeudi	●
Vendredi	●
Samedi	●
Dimanche	✓
Lundi	✓
Mardi	✗
Mercredi	✗
Jeudi	✗
Vendredi	✗
Samedi	✗
Dimanche	✗
Lundi	✗
Mardi	✗
Mercredi	✗
Jeudi	✗
Vendredi	✗
Samedi	✓
Dimanche	✓
Lundi	✓
Mardi	✓
Mercredi	✓
Jeudi	✓
Vendredi	✓
Samedi	✓
Dimanche	✓
Lundi	✓
Mardi	✓
Mercredi	
Jeudi	
Vendredi	
Samedi	
Dimanche	
Lundi	
Mardi	
Mercredi	
Jeudi	
Vendredi	
Samedi	

Cet exemple de la notation des sécrétions n'est pas pareil pour toutes les femmes. Le nombre de jours avec sécrétions varie pour chaque femme.

- 4**
- Continuez à noter dans les boîtes quand les règles reviennent et votre deuxième cycle commence.

Método de Dos Días INSTRUCCIONES

Revise sus secreciones y marque cada noche para saber si puede quedar embarazada hoy.

- Anote el primer día que le baje su regla.
 - Empiece a marcar en el día de la semana que empiece a usar el método.
 - El día que empiece a usar el método debe cuidarse porque no sabe si ayer tuvo secreciones.

Fecha que vino la regla:

- Todas las noches, recuerde si tuvo o no tuvo secreciones y márkelo en el cuadro de ese día.

En días de regla  marque: ●

En días que **no** hay secreción  marque: ✓

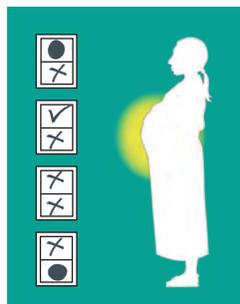
En días de secreciones  marque: ✗

- Antes de acostarse vea si puede quedar embarazada hoy.

Si marca ✗ hoy o ayer, significa usted puede quedar embarazada el día de hoy.

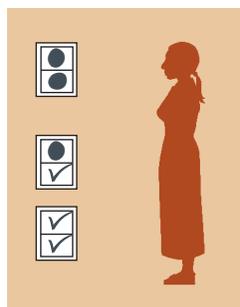
Use condones o no tenga relaciones sexuales en estos días.

EMBARAZO



NO HAY EMBARAZO

Si marca ✓ para secreciones o ● para menstruación dos días seguidos, hoy es un día de bajo riesgo de embarazo.



- Empiece a marcar los cuadros en el siguiente ciclo cuando le venga la regla.

Domingo	
Lunes	
Martes	●
Miércoles	●
Jueves	●
Viernes	●
Sábado	●
Domingo	✓
Lunes	✓
Martes	✗
Miércoles	✗
Jueves	✗
Viernes	✗
Sábado	✗
Domingo	✗
Lunes	✗
Martes	✗
Miércoles	✗
Jueves	✗
Viernes	✗
Sábado	✓
Domingo	✓
Lunes	✓
Martes	✓
Miércoles	✓
Jueves	✓
Viernes	✓
Sábado	✓
Domingo	✓
Lunes	✓
Martes	✓
Miércoles	
Jueves	
Viernes	
Sábado	
Domingo	
Lunes	
Martes	
Miércoles	
Jueves	
Viernes	
Sábado	

Este ejemplo de marcado de las secreciones no es igual para todas las mujeres. Los días de secreciones pueden variar para cada mujer.

Décembre

Dimanche	Lundi	Mardi	Mercredi	Jeudi	Vendredi	Samedi
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Les jours de saignement  notez 

Les jours où vous n'avez pas de sécrétions  notez 

Les jours où vous avez des sécrétions  notez 

2 JOURS

Hier Aujourd'hui Aujourd'hui

 +  → 

 +  → 

 +  → 

OUI

2 JOURS

Hier Aujourd'hui Aujourd'hui

 +  → 

 +  → 

 +  → 

NON

Diciembre

Domingo	Lunes	Martes	Miércoles	Jueves	Viernes	Sábado
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

En días de regla  marque 

En días que no hay secreción  marque 

En días de secreciones  marque 

2 Días

Ayer Hoy

 +  →  Si hay embarazo hoy

 +  → 

 +  → 

2 Días

Ayer Hoy

 +  →  No hay embarazo hoy

 +  → 

 +  → 