Offering the TwoDay Method® Within Family Planning Services in Peru

Submitted by:
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February 2008

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

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The purpose of the AWARENESS Project was to improve contraceptive choices by expanding natural family planning options and developing new strategies and approaches to increase the reproductive health awareness of individuals and communities in developing countries.

This publication was made possible through support provided by the United States Agency for International Development (USAID) under the terms of the Cooperative Agreement No. HRN-A-00-97-00011-00. The contents of this document do not necessarily reflect the views or policies of USAID or Georgetown University.

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EXECUTIVE SUMMARY

This study was the first introducing the TwoDay Method® (TDM) into regular reproductive health service delivery programs. It tested the feasibility of counseling for TDM use later in the menstrual cycle than the first week (the protocol at the time of the study) and determined if this affected correct use, continuation, acceptability, partner participation, user satisfaction, and management of fertile days. It also tested the protocol, training curriculum, and job aids supporting integration of the TDM into diverse settings.

Georgetown University's Institute for Reproductive Health (IRH) collaborated with the Ministry of Health (MOH), the Instituto Peruano de Paternidad Responsable (INPPARES), and the Instituto de Salud Reproductiva (ISR), training providers in existing service delivery channels in Lima and Piura, Peru to offer the method. Clients who chose the TDM from the full array of family planning options at any time during their menstrual cycle were invited to participate in the study, if they met eligibility criteria for method use. A total of 176 clients were admitted to the study and followed for up to seven cycles of method use.

The study used a prospective follow-up design, with the following means of data collection: analysis of service statistics; individual interviews with providers; simulated client visits to providers; admission, follow-up, and study exit interviews with female users; study exit interviews with male partners of participants; and in-depth interviews with female users. Researchers conducted 58 simulated client visits, 630 interviews with 161 female users, interviews with 135 male partners, and in-depth interviews with 17 female users. The study team monitored provider competence at two points during the study. Providers in both sites consistently responded correctly to about two thirds of questions.

Providers did better when counseling women who were later in the cycle in six of the eight competency areas monitored, suggesting little difficulty in counseling these women. When counseling women who were early in their cycles, providers discussed secretions more; when counseling those later in the cycle, they gave more information on follow-up. No clear picture emerges from the data to suggest better counseling occurs at different stages in the cycle, leading to the conclusion that initiating use at any point in the cycle will not affect counseling quality.

During the study period, participating clinics in Lima had a total of 4,848 new users of family planning, with 1.3% selecting the TDM. Those in Piura provided services to 3,902 new family planning users, 2.9% of whom chose the TDM.

About two thirds of participants successfully completed seven cycles of TDM use, with a significantly higher percentage of completers among participants who were counseled later in the cycle. Being counseled in the first seven days—the existing protocol at the time of the study—is not correlated with higher continuation.

Twelve participants became pregnant during the study period, with two of these using the method to become pregnant. The percent of women who had an unplanned pregnancy in the first seven cycles of method use was 6.1%. While it appears that more women counseled later in the cycle became pregnant than those counseled in the first week, for both groups, the rate is lower than the rate for the efficacy study, in which 8% of participants had become pregnant in the first seven cycles (9.85 seven-cycle failure rate).

High continuation in both groups does not suggest a reason to counsel in TDM use only in the first seven cycle days. All participants who discontinued use, or planned to after the study, said they would do something to avoid pregnancy (except for discontinuation due to marital dissolution or planned pregnancy).

In the first cycle of TDM use, more participants counseled in the first seven days of their cycles correctly identified secretions than participants counseled later in the cycle, but the difference was not statistically significant. The groups did equally well in the fourth cycle. National family planning norms require a follow-up visit one month after method initiation. The increase in correctly identifying secretions between the first and fourth cycle suggests that a follow-up visit may contribute to correct use. Anecdotal information from the study team supports this observation.

Most participants reported following instructions well and both avoiding unprotected intercourse and checking for secretions at appropriate times. The differences between participants who received instructions early and later in the cycle are not statistically significant for these issues. Over 90% of all users were very satisfied with the method and would recommend it to others.

At the exit interview, about half of participants said that their relationship with their husband had changed since they started using the TDM, with most saying the relationship improved. Differences between the groups were not statistically significant. Husbands of 121 (74%) respondents exiting the study were also interviewed; most thought highly of the method, with 75% willing to recommend the TDM to other couples. Men also confirmed their wife's perception of the effect of TDM use on the couple's relationship, with 51% of men saying that using the method affected their relationship with their wife; most (88%) thought the effect was positive.

In conclusion, providers can offer the method equally well to clients at any point in their menstrual cycle and clients can use the method correctly, regardless of when they learned to use it. Continuation rates and satisfaction were not affected by the time in their cycle in which women were counseled. Results suggest that providers and clients liked the method. The one-day training workshop was sufficient, and job aids were appropriate.

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ACRONYMS

DHS	Demographic and Health Survey
IEC	Information, Education, and Communication
INPPARES	Instituto Peruano de Paternidad Responsble
IRH	Institute for Reproductive Health
ISR	Instituto de Salud Reproductiva
IUD	Intrauterine Device
KIT	Knowledge Improvement Tool
LAM	Lactational Amenorrhea Method
MOH	Minstery of Health
NFP	Natural Family Planning
NGO	Non-governmental Organization
TDM	TwoDay Method®
USAID	United States Agency for International Development

1. INTRODUCTION

Women requesting a family planning method expect to get it when they request it. Asking them to return when they menstruate is a medical barrier that can result in unwanted pregnancies. The literature demonstrates that a quick start approach to providing oral contraceptives and IUDs - where women receive the method of their choice regardless of timing in the cycle - is feasible, acceptable, and does not reduce method effectiveness.[1,2] This study tested a similar approach to providing the TwoDay Method® (TDM), a new fertility awareness-based method of family planning.

The Institute for Reproductive Health, Georgetown University (IRH) developed the TDM to respond to the need for simple, accurate ways for women to recognize when they should avoid unprotected intercourse to prevent pregnancy. The method relies on noting the presence or absence of cervical secretions to determine whether or not a woman is fertile each day. She should consider herself fertile today if she notices cervical secretions of any type today or she noticed them yesterday. If she noticed no cervical secretions of any type today or yesterday, her probability of getting pregnant from intercourse today is very low.[3]

The current protocol for providing the TDM requires that users be counseled and initiate method use during the first week of their menstrual cycle, before the onset of secretions.

In collaboration with the Ministry of Health (MOH) and the Instituto Peruano de Paternidad Responsble (INPPARES) and Instituto de Salud Reproductiva (ISR), IRH tested the feasibility of counseling TDM use later in the cycle, and determined if this affected correct use and acceptability of the method.

2. BACKGROUND

The TDM is a fertility awareness-based method of family planning that relies on the presence or absence of cervical secretions to determine when in the cycle the woman should avoid unprotected intercourse to prevent pregnancy. Each day the woman asks herself two simple questions: (1) “Did I note any secretions today?”, and (2) “Did I note any secretions yesterday?” She should consider herself fertile today if she notices cervical secretions of any type today or she noticed them yesterday. If she noticed no cervical secretions of any type today and yesterday, her probability of getting pregnant from intercourse today is very low.[4] Figure 1 shows this algorithm.

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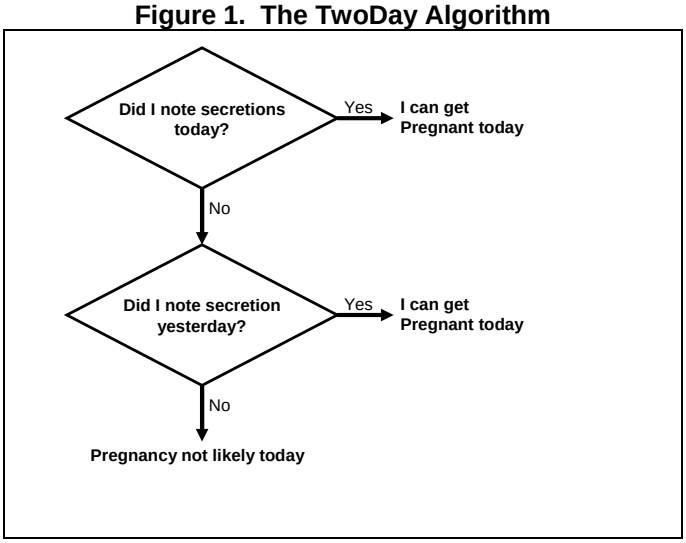
[1] Nelson Al, Katz T, Initiation and continuation rates seen in 2-year experience with Same Day injections of DMPA. Contraception. North America. 2007 75(2): 84-87.
[2] Westhoff C, Heartwell S, Edwards S, Zieman M, Cushman L, Robiloto C, Staurt G, Morroni C, Kalmuss D, Initiation of oral contraceptive using a quick start compared with a conventional start: randomized controlled trial. Department of Obstetrics and Gynecology, Columbia University, New York, New York, USA, Obstetrics & Gynecology. 109 (6):1270-6, 2007 June.
[3] Sinai i, Jennings V, and Arevalo M. (1999). The TwoDay Algorithm: a new algorithm to identify the fertile time on the menstrual cycle. *Contraception* 60:76-70.
[4] IBID

Figure 1. The TwoDay Algorithm



The TDM is simpler than other tested fertility awareness-based methods that rely on the identification of cervical secretions, such as the Billings Ovulation Method, the Symptothermal Method and the Modified Mucus Method. Unlike these methods, the rules of the TDM do not require distinguishing among different types of cervical secretions. Rather, the presence of secretions of any type is considered an indicator of fertility. Secretions are considered any substance that the woman perceives (by observation or sensation) as coming from her vagina, except for menstrual bleeding or semen.

IRH conducted a prospective, non-randomized, multi-center study to test the efficacy of the TDM in five culturally diverse sites in Guatemala, Peru, and the Philippines. A total of 450 women were followed for up to 13 cycles of method use (contributing a total of 3928 cycles). The first-year failure rate was 3.5 with abstinence on the fertile days and 13.7 with typical use.[5]

3. RATIONALE

Results of the efficacy study of the TDM suggest that it has the potential to increase contraceptive choice and may offer a valuable addition to the services that reproductive health and other programs can provide. The method is effective, and is easy to teach, learn, and use.[6]

However, before any new method is offered widely, it is important to collect information that would guide its introduction, expansion and routine provision. Several issues related to service delivery emerged during the efficacy trial, which were not fully explored because of study design and the purpose of the trial. One such issue was whether the method could be taught to women at any time during their menstrual cycle.

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[5] Arevalo M, Jennings V., Nikula M. and Sinai I. (2004). Efficacy of the new TwoDay method of family planning. *Fertility and Sterility* 4(82):885-892.
[6] IBID

Research on offering other contraceptive methods indicates that postponing delivery of the method of her choice because she is beyond the seventh day of her cycle could result in the client not returning to the health services, further delaying initiation of contraceptive protection and increasing her risk of pregnancy.[7]

During the efficacy trial, all study participants received the initial counseling within the first seven days of their menstrual cycle to ensure that they were not pregnant upon entering the study. In the current study IRH tested the need for this requirement, that is, determining if there was a difference in correct use and acceptability of the method between women who received counseling in method use in the first seven days of their cycle, and women who received instruction later in the cycle. The study also determined whether offering the method at any time created a difficulty for providers. Because this was the first time the method was offered outside of the efficacy study, IRH also explored other key issues for program feasibility, such as partner participation, user satisfaction, and how users managed their fertile days.

The study took place in Peru, where natural family planning (NFP) methods are part of the basket of services provided by MOH providers. However provider attitudes and limited knowledge reduce the availability of these methods. Findings from the 2004-2006 Demographic and Health Survey (DHS) indicate that 7 out of 10 women in union (71%) use a contraceptive method. This is a 2% increase in use from that reported in the 2000 DHS, which can be attributed primarily to an increase from 18 to 22% of NFP users (DHS 2004-2006). Use of other methods decreased from 50 to 47% during the same reporting period. NFP users mostly practice a form of periodic abstinence or withdrawal, yet many cannot identify the fertile period correctly. Unmet need for family planning among women in union is about 8%, with a higher rate (15%) among the poor (DHS 2004-2006).

4. RESEARCH QUESTIONS

The general purpose of this study was to collect data to guide the introduction and routine provision of the TDM. In collaboration with the MOT, INPPARES, and ISR, IRH used existing service delivery channels in Lima, and Piura, Peru to conduct research activities.

The primary research question of the study was: Does method use and satisfaction vary depending on whether the woman is taught the method before the onset of secretions or after her secretions began? The study hypothesis posed that there would be no significant difference in correct use and continuation between women who began using the method before the onset of secretions and those who began after the secretions started.

[7] Morroni C, Grams M, Tiezzi L, Westhoff C, (2004). Immediate monthly combination contraception to facilitate of the depot medroxyprogesterone acetate contraceptive injection. Contraception. Jul;70(1):19-23

Specifically, the researches looked at the following questions:

- Does correct use vary between women who receive instruction before the onset of secretions and those who receive instruction after secretions started?
- Is method continuation affected by the timing of TDM instruction? Do reasons for discontinuation vary depending on when the method is taught?
- Does the way the method is used vary depending on the timing of instruction?
- Do the experiences of women and men using the TDM vary depending on the timing of instruction?

The team also tested the protocol, training curriculum and job aids supporting integration of the TDM into reproductive health programs in diverse settings. The following key issues for service delivery were explored as well:

- What are the characteristics of men and women who use the TDM?
- Can midwives offer the TDM competently?
- Is the training that is offered sufficient for providers to learn and teach the method? What level of supervision is required for providers to competently offer the method over time?
- What is the average length of counseling?
- What are the attitudes and intentions of providers regarding the TDM?
- Are the job aides useful for providers to teach the TDM?
- Are the client materials useful for clients to use the method correctly?

5. METHODOLOGY

The study was conducted with the participation of the MOH, and INPPARES a nongovernmental associate that provides family planning services. ISR-Peru, a local research institution, supported implementation of activities. Providers from both service delivery institutions received training and offered the method through their respective health facilities to interested clients regardless of the stage of their menstrual cycle.

Clients who chose to use the TDM were invited to participate in the study. After signing an informed consent form, which had been approved by the Georgetown University Institutional Review Board, they were enrolled and followed for up to seven cycles of method use. A total of 176 clients were admitted to the study.

5.1 Study sites

The study was implemented in two geographical areas, Lima and Piura. In Lima, participating health facilities included the Instituto Nacional Materno Perinatal, the largest national maternal and child care hospital in Peru, and DISA Lima Sur-Red Chorrillos-Barranco-Surco, an MOH network of health centers and posts serving peri-urban communities in the south of Lima. Four centers and five posts were selected to participate based on their volume of family planning users.

In Piura, seven MOH health centers and two posts located in peri-urban areas, and the local INPPARES affiliate clinic participated in the study. The health facilities in Piura previously participated in the efficacy trial for the TDM held from 2002-2003.

5.2 Study design

The study used a prospective follow-up design. The TDM was offered along with other available family planning methods in selected health services by trained providers to eligible women at any time during their menstrual cycle. All participants received standardized counseling; however, the instructions the provider gave a client varied according to where she was in her cycle. A follow-up visit with the provider was scheduled at the end of the counseling session. The visit usually took place one month after receiving the method, in accordance with the national family planning norms.

Providers kept a list of women who accepted the TDM that included their contact information for the follow-up interviews, and the first day of their last menstrual period to determine where they were in their cycle when they received counseling. The list included all users regardless of whether they consented to participate in the study (to determine the total number of new users in the program).

Recruitment for the study took place over a period of seven months with an additional six months of user follow-up.

5.3 Provider training and supervision

Materials for the study were adapted from those used in the efficacy trial. IRH developed and field tested the provider manual and job aids used to train 80 midwives (70 in Lima and 10 in Piura) to offer the TDM. Providers were also trained to obtain informed consent from participants and to properly enroll them in the study. IRH staff facilitated the one-day training. A total of eight workshops were held: five in Lima and three in Piura.

In Lima, an additional 12 in-service training workshops were offered because new providers joined participating health centers and posts in the weeks following the initial training. (Rotation of staff is a frequent practice in the public sector.) In Piura, there was no need for in-service trainings, since no additional staff joined the participating health facilities during the recruitment period.

In both study sites, only select providers were trained in each participating health facility. All other providers and staff were instructed to refer clients interested in natural methods and those unable to use hormonal methods to trained providers. Providers were selected for training based on their role within the facility and their schedule.

The Knowledge Improvement Tool (KIT) - developed and adapted for this study by IRH - was used to measure provider competency in offering the TDM. The KIT consisted of a series of questions categorized into four sections: eligibility, method use, couple

issues, and counseling. The study team applied the KIT twice during the study, first in late September - early October 2006 (approximately four months after the initial training) and then three months later, in February 2007. Table 1 shows the percentage of correct answers. Providers in both sites consistently responded correctly to about two thirds of questions. The drop in correct responses in Lima between the first and second application of the KIT may be attributed to staff rotation. Some of the providers tested in the second round received only in-service training, and were not present in the initial provider training.

Table 1. Application of the KIT

Visit	Lima		Piura	
	Number of providers	% of correct answers	Number of providers	% of correct answers
First (Sept-Oct 2006)	23	71%	10	69%
Second (February 2007)	23	59%	10	71%

The ISR-Peru study team conducted refresher trainings in both sites during follow-up visits. During these visits, the study team reviewed study progress, reinforced the importance of using the provider job aids and providing effective counseling, clarified doubts and misconceptions regarding the TDM, and addressed issues noted during the application of the KIT. The team conducted a total of 90 visits: 60 in Lima and 30 in Piura, although the KIT was applied on two occasions only. Table 2 summarizes the number and type of trainings offered by site.

Table 2. Number and type of trainings conducted in the study sites

Type of training	Number of trainings/visits	
	Lima	Piura
1 day workshop	5	3
In-service	12	0
Refresher (follow up visit)	60	30

5.4 Client counseling

Participating health centers and posts integrated delivery of the TDM into regular services offered. Women seeking family planning services were offered all available family planning methods, including the TDM. Once the client decided that she wanted to use the TDM, the provider asked a series of screening questions to find out if the method would work well for her and her partner. A job aide with a screening checklist assisted the provider to determine if the patient met the biological and behavioral criteria for using the TDM (see Appendix A for screening checklist and Appendix J for the TDM Job Aides Packet). The eligibility criteria included normal secretions (no itch, bad odor, or other symptoms that may suggest pathology), willingness to check for secretions, ability of woman and partner to avoid unprotected sex during fertile days, and perceived low risk for sexually transmitted infections. Also, being less than four menses post-

partum, breastfeeding, or having recently used a hormonal contraceptive method delayed eligibility for method use.

Providers used the job aid and client card to teach the method to clients who met the eligibility criteria. The client card also assisted users to track their cycle, their observations of secretions, and to identify their fertile days (see Appendix B). In accordance with the national norm for all family planning methods, a follow up visit with the provider was scheduled one month after receiving the TDM to verify that the client understood the method and was using it correctly.

5.5 Information, education, and communication (IEC) activities

Since the TDM was new to the study areas, IEC activities were implemented to raise awareness of method availability and to facilitate recruitment of study participants. Hilo Publicidad, a marketing firm based in Nicaragua that had developed previous TDM materials, was contracted to develop messages, logos, and a product placement strategy for the method. The resulting strategy positioned the TDM as a natural and effective option for couples. Marketing research confirmed findings from the efficacy study; many women and their partners prefer to use a method that does not require putting anything in the woman's body. However, the marketing firm identified concerns over the effectiveness of the method that could potentially affect acceptance of the TDM. To increase trust in the method, the strategy and promotional materials emphasize the effectiveness rate, and that Georgetown University had developed and tested the method.

IRH tested and adapted the materials in Lima and Piura. The messages developed by the marketing firm were appropriate for the communities in Lima and Piura, and only a few minor adjustments were made to the images in the materials. Activities to raise awareness in both sites included educational sessions conducted by the study team in waiting rooms and community forums, information provided during consultations, and distribution of informational materials such as posters and brochures. In Lima, clients learned about the method from promotional posters, fliers distributed at the clinic, and from the service providers. In Piura, providers informed about the TDM through their outreach activities, and posters were also posted in the clinics. Two of the providers in Piura regularly offered informational talks in different churches. According to providers, clients, and study interviewers, word-of-mouth was an important source of information in both sites.

5.6 Data collection

Data were collected at the client and provider level, and included several components:

At the provider level:

- simulated client visits
- individual provider interviews

At the client level:

- service statistics
- admission, follow up, and exit interviews with female users of the TDM
- exit interviews with male partners of participants
- in-depth interviews with female users

Service statistics

During the study period, monthly service statistics were collected in the participating clinics on the number of new users of the TDM and other family planning methods. The study team visited providers to review monthly logs and extract information about new users

Simulated clients

IRH used the Service Test methodology to assess provider attitudes and practices while offering the TDM. In this methodology simulated clients request services, while providers believe they are attending real clients. The simulated clients follow specially designed scripts. After each visit, they complete a checklist about their experience. This methodology had been validated in a number of studies, and research in several related fields has shown that it results in unbiased observations.[8, 9]

Several weeks before the simulated client visits providers in the participating clinics signed an informed consent form approved by the Georgetown University Institutional Review Board, agreeing to have simulated clients visit them. However they did not know the times and dates of the visits, and usually did not realize that the visits had taken place until they were told about it after the fact.

ISR-Peru trained the simulated clients. They were dressed to look like local women. They used scripts that included contraceptive history and method preference. Three client profiles were created based on whether the woman was in the beginning, middle, or end of her cycle. The first profile placed the woman on day four of her cycle, clearly before the onset of secretions; the second profile placed her on day 13, so that she was very likely to be experiencing secretions during the consultations; the last profile placed the woman on day 25 of her cycle, after secretions for the cycle are usually finished. The team used three profiles rather than two (before and after day seven), because instructions for the provider were somewhat different on how to counsel women depending on whether they were in the beginning, middle, or end of their cycle.

After each clinic visit, the simulated clients completed a checklist about their experience. The checklist listed the provider behaviors expected in an interaction with a client with the attributes of the given profile. The checklist also contained information about the method that the provider should give the client during the counseling session. A total of

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[8] León, FR, Monge R, Zumarán A, García I, Ríos A. Length of counseling sessions and amount of relevant information exchanged: A study in Peruvian clinics. International Family Planning Perspective. 2001; 27, 1: 28-33 & 46.

[9] Luck J, Peabody JW. Using standardized patients to measure physicians' practice: validation study using audio recorders. British Medical Journal. 2002; 325: 679.

28 simulated client visits were conducted in Lima and 30 in Piura. The client profiles and check lists are attached as Appendix C, D, E.

Each item on the checklist was coded 1 or 0. Most items depicted a desirable outcome. These items were coded 1 Yes (or observed), or 0 No (or unobserved). Some items, such as 'the counseling session was interrupted', related to an outcome that was not desirable. For these items the coding was reversed (0 if observed, 1 otherwise). This coding system allowed the researchers us to calculate scores for the entire checklist or for sub-sets of items, and compare means between profiles.

Individual provider interviews

In-depth interviews with providers were also conducted to obtain information about use and helpfulness of job aides, diffusion of knowledge of the TDM, and attitudes and perceptions regarding method appropriateness. Interviews were conducted in July 2007 with nine midwives in Lima and seven in Piura.

Admission, follow-up, and exit interviews with female users

Providers offered clients the TDM along with other available methods (oral contraceptives. contraceptive injection, IUD, condoms, etc.). Clients who were interested in using the TDM received an explanation of the nature of the study and their participation. Those who agreed to the terms and signed the informed consent form were admitted to the study. Providers then collected contact information from the clients and passed it to an assigned interviewer. Interviewers then visited client's home within seven to ten days to conduct the admission interview. Information on the socio-demographic characteristics and contraceptive history of study participants was collected during the admission interview.

The same interviewer conducted follow-up interviews after one month of use and at four and seven months to obtain information on correct use, continuation, and satisfaction. The type of questionnaire that was administered at four and seven months varied. If the participant was pregnant or discontinued method use, an exit interview was conducted with specific questions appropriate for her situation. A total of 630 interviews with 161 female users were conducted: 219 interviews with 41 users in Lima, and 411 interviews with 114 users in Piura.

Interviewers from both study sites received training on data collection and study procedures from Washington-based IRH staff. The training also allowed the study team to review the forms and make necessary language and content adjustments. A full set of questionnaires is attached as Appendix: admission (F), follow-up (G), pregnancy (H), and exit forms (I).

When administering the questionnaires, if the interviewers detected that users did not have accurate information or were experiencing difficulties understanding how to use the method, the interviewers immediately referred the user to the provider they had seen previously (interviewers were told during training to not give instructions to users

on method use because this could affect study results). Interviewers notified providers by phone or in person.

Interviews with male partners
When women exited the study (completed seven cycles of method use, became pregnant, or left for other reasons), their male partners were interviewed. They were asked about their use of the method and their satisfaction with it. Some 37 male partners were interviewed in Lima and 98 in Piura.

In-depth interviews
The study protocol included focus groups with female and male users. Because of limited funding, in-depth interviews were conducted instead with female users: nine in Lima and eight in Piura. These interviews focused mostly on learning more about the use and helpfulness of client materials, but some limited data on method use and acceptance emerged as well.

6. Data management

Completed questionnaires were copied. The copy remained in country, while the original was sent to IRH's Washington, D.C. office for data entry.

7. RESULTS: PROVIDER PERSPECTIVE

To determine if the quality of counseling was affected by whether the client was in the first seven days of her cycle or later, IRH examined the simulated client checklists. Table 3 shows the mean percentage of providers who responded correctly to the items in each section.

Table 3. Percentage of providers that correctly responded to items in simulated client checklists

Section	Simulated client was on day 4 of her menstrual cycle (n=20)	Simulated client was on day 13 or on day 25 of her menstrual cycle (n=38)
Interpersonal relations	75.6	82.2
Need diagnosis	81.1	85.2
Method options	61.7	62.2
Secretions	80.0	67.4
Contraindications	78.3	70.6
Action mechanisms, advantages and disadvantages	73.3	74.2
Use instructions	84.6	88.8
Follow-up	34.6	42.0

Providers did better when counseling women who were later in the cycle in six of the eight sections, suggesting that providers had no difficulty in counseling these women. This is confirmed by the mean duration of counseling sessions: 32 minutes for clients on day 7 of their cycle compared to only 27 minutes for clients who were on days 13 or 25 of their cycle. We can see that when counseling women who were early in their cycles, providers paid more attention to discussing secretions; when counseling clients who were later in the cycles they gave more information on follow-up.

The section of the simulated client checklist that was expected to show the most difference between the profiles was that of use instructions, because providers were instructed to vary their counseling on these items by the client's menstrual phase. Table 4 shows the percentage of providers who addressed each item in this section, by profile. The first three items in the list varied among the profiles.

Table 4. Percentage of providers responding correctly to items in Use Instructions section of simulated client checklist

Item	Simulated client was on day 4 of her menstrual cycle (n=20)	Simulated client was on day 13 of her menstrual cycle (n=20)	Simulated client was on day 25 of her menstrual cycle (n=18)
Provider told me that I might already be pregnant	Na	90.0	72.2
Told me that I could begin checking for my secretions as soon as my period ends	75.0	NA	83.3
Told me that I should start checking for secretions today	NA	75.0	NA
Told me that I had to check for secretions every day	95.0	100.0	94.4
That secretions will last several consecutive days	85.0	65.0	88.9
That the first day of secretions can begin anytime after my period ends	70.0	90.0	94.4
To check for secretions by looking at underwear, wiping, or sensation	90.0	95.0	94.4
To check for secretions at least twice after noon	85.0	75.0	83.3
To write in the diary card whether I had secretions or not	95.0	100.0	94.4
That I am fertile on the days I notice secretions	100.0	100.0	94.4
That I am fertile if I notice secretions the day before	95.0	100.0	94.4
Emphasized that I am likely to get pregnant if I have unprotected sex on the day I have secretions or the day after I notice secretions	70.0	95.0	94.4
Told me to discuss with my husband how we are going to manage the fertile days	70.0	65.0	94.4

No clear picture emerges from these figures to suggest that providers counsel better clients early in their cycles or clients who are later in the cycles. The research team concludes that a quick-start approach will not affect the quality of counseling providers offer.

Training and supervision

In Lima, the one day training held at the beginning of the study was not sufficient because of frequent rotation of providers. Additional in-service trainings had to be conducted for recently arrived providers in participating clinics. In Piura, there was no need for in-service trainings. Moreover, during supervision visits in both study sites, the study team detected aspects of service delivery that required reinforcement, thus refresher trainings were also conducted to emphasize that:

- women do not have to wait to have their period to begin using the TDM;
- providers should ask women to return for a follow-up visit after one month; and
- given the high incidence of bacterial vaginosis, providers should give consistent information to clients about the need to return to the clinic if they see signs of unhealthy secretions.

Anecdotal information from the study team suggests that supervision visits are a necessary tool to support the development of provider skills and retention of knowledge.

Provider competence

Providers were asked in in-depth interviews to explain how they counseled clients using the provider job aides developed by IRH. With a few minor exceptions, all 15 providers were able to explain the key points about how the method is used. Through follow-up visits with clients, the study team determined that providers were able to screen women well, as only two clients that did not meet the selection criteria were offered the method and enrolled in the study.

Provider bias

Most of the providers interviewed expressed an interest in the method and trust in the woman's ability to use it correctly if she met the eligibility criteria. They viewed the TDM as a tool to empower women to learn about their bodies. Some providers chose to use it themselves. They were all involved in raising awareness about the method at some level, either within the community, or for their clientele, and colleagues. Four of the providers interviewed made reference to the fact that they went beyond recruiting the minimum number of women to enroll in the study as they felt the method was a very valid option for women who couldn't use a hormonal method.

However, some of the trained providers reported that several of their untrained colleagues did not trust the method and therefore did not refer potential clients to them. This was manifested in remarks they made and in barriers they created for clients by asking them to practice observing their secretions and return a month later to get the method. One provider reported that an untrained colleague told her, "I know just by looking at a client whether she'll be able to know how to use it". Several reasons for the untrained providers' lack of trust in the TDM were given: (1) since the TDM is a

relatively new method its effectiveness is questioned; and (2) lack of trust in the client's ability to identify her secretions, particularly in light of the frequency of vaginal discharge among women. These issues were evident in provider interviews, but do not appear to be a significant problem. Still, care must be taken to emphasize these issues in provider training and supervision.

Provider job aids

Providers were given a provider job-aid packet, that included several tools to assist them in screening potential clients and counseling in method use. The packet included a screening checklist, a three-fold laminated cue card, and study materials, such as client registry. (Most provider materials are included in Job Aids Packet in Appendix J – also see Volume IV of AWARENESS Report for more TDM materials).

In general providers found the job aids useful and liked their appearance. They thought it was important to have them available, particularly in the early stages of learning how to provide counseling in this new method.

Providers found the Screening Checklists useful at the start-up, as a tool to remind them what to look for when screening the clients. They all reported that after counseling two or three clients, they no longer used them. When asked about keeping this tool within the providers' job-aid packet rather than providing a separate laminated version, they agreed that would be sufficient.

Providers reported using the three-fold laminated cue card for teaching clients about the method and also relied on it as a tool to help them focus on the key points for counseling. Providers explained that because the cue card is pictographic, it provided "*something to show the client"* in addition to being a step-by-step job aid for a counseling session. However, they all agreed that the laminated client card also offers a good summary of the key points, and that it contains the same information as their cue card. When asked if they could do without the cue card and instead use the client card to do the counseling, they all agreed it was the same thing and felt comfortable using the latter. In fact, some reported using the client card during the counseling when they did not have the cue card at their desk. (Some rotate to different centers and do not carry their materials with them.) They all concurred with adjusting the client card to feature a full menstrual cycle just like it is shown on the provider cue card. The team concludes, therefore, that the provider materials were useful and sufficient. Minor changes in format will be made based on these findings.

8. RESULTS: CLIENT PERSPECTIVE

The participating clinics in Lima had a total of 4,848 new users of family planning during the study period. Some 1.3% of these selected the TDM. During the same period, participating clinics in Piura provided services to 3,902 new family planning users. 2.9% of whom chose to use the TDM. Table 5 shows the distribution of methods chosen.

Table 5. Percentage of new contraceptive users in participating clinic by chosen method.

Site	Method								
	TwoDay	IUD	OC	DMPA	Condoms	Tubal ligation	Vascectomy	LAM	Rhythm
Lima n=4,848	1.3	3.2	33.3	27.3	30.4	2.7	0.8	0.8	0.2
Piura n=3,902	2.9	4.5	35.7	32.8	22.1	0	0	0.7	1.4

IUD Intrauterine device
OC Oral contraceptive pill
DMPA Injectable contraceptive
LAM Lactational amenorrhea method

The demand for the TDM was higher than for permanent methods (tubal ligation and vasectomy), traditional methods (calendar/rhythm), and LAM. The high demand for oral contraceptive pills, injections, and condoms reflect the high prevalence of these methods in Peru.

A total of 176 clients were admitted to the study, and followed up for up to seven cycles of method use. Of these, 113 were in Piura, and 63 in Lima. Some 43 clients (24.4%) received counseling on days 1-7 of their cycles.

8.1 Client profile

Table 6. Client profile

	Lima (n=62)	Piura (n=112)
Mean age	32.7	32.6
Number of children	1.4	2.0
Elementary education or less	0	7.1%
Some secondary education	38.1%	34.5%
Higher education	61.9%	58.4%
Never used family planning	0	0
Had used the Standard Days Method	0	5.4%
Had used periodic abstinence	81.0%	74.3%
Had used condoms	77.8%	84.8%
Had used a hormonal method	74.6%	78.8%

Table 6 shows characteristics of respondents by site. These figures reflect the differences between the Piura and Lima populations. Parity is higher and education lower in Piura. Peru was one of the sites for the Standard Days Method® efficacy study, but Piura was not a study site. However, INPPARES, the organization involved in the TDM efficacy study in Piura, started offering the Standard Days Method on a small scale, as is evident by the six participants in Piura who had previously used the Standard Days Method.

8.2 Continuation

About two thirds of participants successfully completed seven cycles of method use. Table 7 shows the reason for leaving the study according to when in her cycle the woman was counseled in method use.

Table 7. Reasons for leaving the study (%)

	Counseled on days 1-7 n=40	Counseled on days 8+ n=121
Completed 7 cycles of method use	52.5	67.8
Unplanned pregnancy	2.5	7.4
Planned pregnancy	0	1.7
Abnormal secretions	10.0	2.5
She or her husband didn't like or trust the method	2.5	6.6
Other	32.5	14.0

The percentage of participants who successfully completed seven cycles of method use was significantly higher among participants who were counseled later in the cycle, as compared to those counseled in days 1-7. While this could be a function of the small sample size in the latter group, the researchers can at least say that being counseled in the first seven days is not correlated with a higher continuation rate.

Only 12 participants became pregnant during the study period. Two of these used the TDM to become pregnant, and purposefully had unprotected intercourse on days they had secretions. The percent of women who had an unplanned pregnancy in the first seven cycles of method use (6.1%) is consistent with the efficacy study, in which 8% of participants had become pregnant in the first seven cycles (9.85 seven cycle failure rate). While it appears that more women counseled later in the cycle became pregnant than those counseled in the first week, the team expects that the lower rate in the former group is a function of the small sample size in this group. In any case, even the relatively higher figure for women counseled later in the cycle is still lower than the rate for the efficacy study.

Few participants had abnormal secretions – too few or too many days with secretions, or secretions that suggested pathology. This measured the woman's perception of abnormal secretions, and could reflect either physiological problems, or incorrect identification of secretions. While this appears to have happened more to women who were counseled early in the cycle, the numbers are too small to draw conclusions (four women who were counseled on days 1-7; three women who were counseled later in the cycle).

Few women left the study because they or their partner did not like or trust the TDM. Other reasons for leaving the study early included changed fertility intentions, no need

for contraception because of travel or a hysterectomy, and marital dissolution. Some women continued to use the method but wished to leave the study.

Overall, then, the continuation rate was high, and continuation patterns do not suggest a reason to only counsel in TDM use only in the first seven days of the cycle.

About three quarters of respondents who completed seven cycles of method use said they would continue to use the TDM after the study (94.1% of those counseled early; 77.0% of those counseled later in the cycle). Participants who decided to discontinue did so for a variety of reasons, similar to those for early discontinuation.

All participants who discontinued use of the TDM, or indicated that they would discontinue after the study, said they would do something to avoid pregnancy (unless they discontinued because of marital dissolution or planned pregnancy). About a third said they would use a hormonal contraceptive, others chose condoms or traditional methods, but the numbers are too few for analysis.

8.3 Correct use

To use the method correctly, the woman needs to:

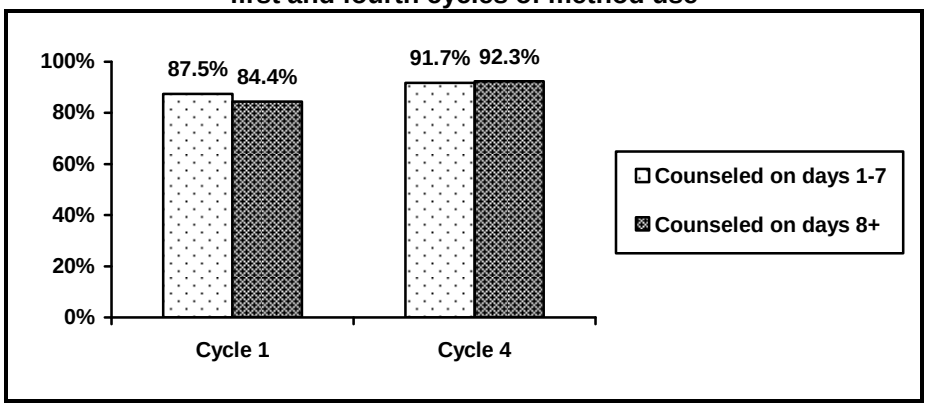
- correctly identify the presence or absence of secretions;
- avoid unprotected intercourse on the days she identifies as fertile.

Identification of secretions

Since no biological specimens were collected, we can only observe the woman's perception of her secretions. We therefore define correct identification of secretions as:

- At least five days with secretions in the cycle;
- The days in which the woman identified secretions were consecutive.

Figure 2. Percentage of respondents who correctly identified secretions in the first and fourth cycles of method use



In the first cycle of method use, more participants who were counseled in the first seven days of their cycles correctly identified secretions than participants who were counseled later, but the difference was small and not statistically significant. The groups did equally well in the fourth cycle of method use. The Peru national family planning norms

require a follow-up visit one month after receiving any method. However, not all clients return for scheduled visits. The increase in correctly identifying secretions between the first and fourth cycle suggests that a follow-up visit may contribute to correct use, by giving the provider the opportunity to identify problems and reinforce key aspects of correct use. Anecdotal information from the study team confirms this observation.

The team also examined the reported first day of secretions, the number of days in the first cycle of method use in which respondents noted secretions, and the number of identified fertile days. These are shown in Table 8. For pregnancy cycles and cycles longer than 45 days, these figures include information on the first 45 days of the cycle.

Table 8. Cycle characteristics (cycle 1)

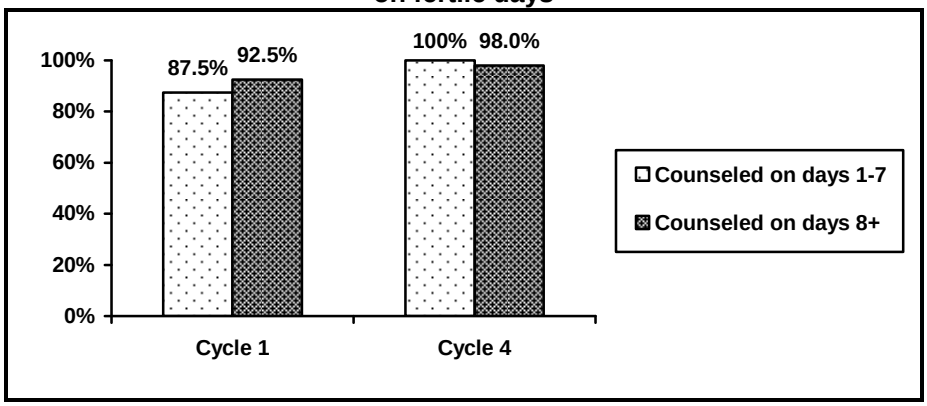
	Counseled on days 1-7 n=40	Counseled on days 8+ n=109
Mean first day of secretions	9.3	9.3
Mean number of days with secretions	11.2	10.2
Mean number of identified fertile days	12.4	11.4

Participants who were counseled early in the cycle identified on average one more day of secretions then other participants, but these differences were not statistically significant.

Management of the fertile days

In the efficacy study participants kept coital logs. In this study the TDM was introduced into regular service delivery, without the intense follow-up of the efficacy study. Participants were therefore not asked to keep coital logs, and the study relied on the accuracy of their recollection when asked if they had always had only protected (or no) intercourse during the fertile period of the previous cycle. This information is shown in Figure 3.

Figure 3. Percentage of participants abstaining or using barrier method on fertile days



As the figure demonstrates, most participants reported following instructions well and avoiding unprotected intercourse. The differences between participants who received

instructions early and later in the cycle are not statistically significant. Table 9 shows the percent of participants who chose to use condoms or withdrawal on the days the TDM identified as fertile. Other participants chose to abstain on these days.

Table 9. Managing the fertile days in the first cycle of method use (%)

	Counseled on days 1-7	Counseled on days 8+
Used condom	52.5	62.1
Used withdrawal	12.5	4.0

8.4 Experience with secretions

To avoid confusion between secretions and semen, it is recommended that women check for secretions in the afternoon and evening. This way if they had sexual intercourse in the evening or early in the morning, the semen will be out of their bodies by the time they check for secretions. Clients are told that they can check for secretions at any time, but that they should check at least twice in the afternoon or evening. Table 10 shows when study participants had checked for secretions during the first cycle of method use.

Table 10. Time checked for secretions during first cycle of method use (%)

	Counseled on days 1-7 n=40	Counseled on days 8+ n=124
In the morning	12.5	8.9
Around noon	42.5	54.0
In the afternoon	70.0	75.8
In the evening	60.0	66.1
Before bed	47.5	61.3

Percentages add to more than 100% because participants could specify all that applied

Clearly, participants followed the instructions well. Some 82.5% of women counseled in days 1-7 and 91.9% of women counseled later in the cycles checked for secretions in the afternoon, evening, or before bed. Since more women who were counseled later in the cycle did so, the analysis can conclude that teaching them to use the method after secretions had started (or even ended) does not confuse them in this regard.

Clients are counseled that they can check for the presence or absence of secretions in several ways – they can look on their underwear or panty liner, wipe themselves, touch themselves, or feel (or sense) the secretions. Table 11 shows how respondents chose to check for secretions during the first cycle.

Table 11. Mode of checking for secretions during the first cycle of method use (%)

	Counseled on days 1-7 n=40	Counseled on days 8+ n=124
Look in underwear	52.5	57.3
Wipe	65.0	77.4
Touch	57.5	58.9
Sense	57.4	58.1

Percentages add to more than 100% because participants could specify all that applied

Other fertility awareness-based methods of family planning that require the identification of secretions, such as the Billings Ovulation Method and the Symptothermal Method, require that users distinguish among different types of secretions. They often describe fertile-type secretions as sticky, elastic, pasty, creamy, slippery, thick and shiny. Users of the TDM are not required to do so, and providers do not describe to them what secretions should look like. It is interesting, therefore, that participants describe their secretions in similar terms. Table 12 shows the percent of participants who noted secretions of certain types in their first cycle of method use.

Table 12. Characteristics of secretions in first cycle (%)

	Counseled on days 1-7 n=40	Counseled on days 8+ n=109
Sticky	37.5	44.4
Elastic	65.0	63.7
Pasty	15.0	19.4
Creamy	20.0	25.0
Slippery	35.0	46.0
Thick	4.0	15.3
Shiny	2.5	2.4
Transparent	87.5	91.9
White	37.5	45.2

Percentages add to more than 100 because participants could specify all that applied. Some participants reported sometimes having trouble identifying their secretions, or being sure whether they had secretions or not. This is shown in Table 13.

Table 13. Percentage reporting occasional trouble identifying secretions

	Counseled on days 1-7	Counseled on days 8+
Cycle 1 (n=154)	19.4	13.6
Cycle 4 (n=120)	12.0	8.2

Again, women who were counseled later in the cycle did somewhat better than women who were counseled early on, but the difference is not statistically significant.

8.5 Acceptability

Most participants were very satisfied with the method. Some 94.7% of participants who were counseled on days 1-7, and 92.7% of those counseled later, said in their exit interview that they would recommend the method to other women. Table 14 shows what participants thought about various aspects of learning and using the method. No differences between the groups were statistically significant.

Table 14. Opinion of the TDM (%)

		Counseled on days 1-7	Counseled on days 8+
Easy to learn	**Easy**	87.2	71.8
	More or less	12.8	27.3
	Not easy	0	0.9
Easy to use	**Easy**	76.9	80.0
	More or less	23.1	19.1
	Not easy	0	0.9
Effective	**Effective**	87.2	86.2
	More or less	10.3	13.8
	Not effective	2.6	0
Safe for user's health	**Safe**	94.9	98.2
	More or less	2.6	1.8
	Unsafe	2.6	0

At the exit interview, about half of participants said that their relationship with their husband had changed since they started using the TDM. Most said the relationship improved, as shown in Table 15. Differences between the groups were not statistically significant.

Table 15. Effect of TDM use on relationship

	Counseled on days 1-7	Counseled on days 8+
Relationship was effected	23 (59.0%)	54 (49.1%)
Affected positively	18 (78.3%)	45 (84.9%)
Better communication	14	36
Shared responsibility	9	30
More respect	6	24
Better understanding of woman's body	9	31
Affected negatively	5 (21.7%)	8 (15.1%)
Husband is upset	2	6
Misunderstanding	2	2
Less spontaneous sex	2	2
Less frequent sex	2	2

Within affected positively and negatively respondents could specify all that applied.

8.6 Client materials

During counseling clients receive a client card that provided key information on the method, how to observe secretions, keep track of them and decide if the woman is

fertile. During in-depth interviews clients said they found the client card useful. They reported relying on this card at some point for reference or showing their partner how the method works. They all agreed that the card is an important tool and should continue to be offered to clients. When asked about changes the card needed, most supported the idea of expanding the graph of the days with secretions to make it a full menstrual cycle. Data collection personnel also confirmed these comments reported by the clients.

In addition, clients received a booklet in which they recorded the days in which they noticed secretions. Clients reported that this was useful and appropriate for this purpose. No changes were suggested for this tool. Half of the clients interviewed reported that they didn't need to record their secretions after several months of use (ranging from three to six months). They felt they were able to know and remember whether they had secretions yesterday when trying to make a decision about whether they were fertile today. The clients reported their commitment to marking the card as part of the study but found it cumbersome and unnecessary to record their secretions for routine use of the method.

The client card and recording booklet, together with a pencil and, in some cases, condoms, were given to the clients inside a small zippered bag. Both clients and data collection staff, mentioned the value of the bag as all elements were kept inside it and nothing was lost or misplaced. The bag was identified closely with the method by clients, as evident in the noted provider and client experiences.

"The zippered bag is important. They (the clients) keep everything in there the carnet, condoms…They wait for me with the zippered bag in their hands." – Provider

"It is considered a personal belonging. Nobody is allowed to take my zippered bag from me."-Client

This finding has implications for method packaging in the future. As IRH moves into integrating the TDM into regular services, it should consider low-cost options for packaging, including packing the pieces together rather than distributing them separately. The packaging also may have implications for recordkeeping if it is determined that women can more easily remember and actually record their secretions if they have their tools handy.

9. RESULTS: PARTNER PERSPECTIVE

The husbands of 121 (74.2%) respondents were interviewed when their wife was exited from the study – regardless of reason for exit (other than pregnancy). Of these, 25 were married to women who were counseled on days 1-7 of their cycle; 95 to women who were counseled later in their cycle. They were asked their opinions regarding the method. Table 16 shows the results.

Table 16. Men's opinion of the TDM (%)

		Wife counseled on days 1-7	Wife counseled on days 8+
Easy to learn	**Easy**	48.0	43.2
	More or less	40.0	44.2
	Not easy	12.0	12.6
Easy to use	**Easy**	64.0	51.6
	More or less	28.0	37.6
	Not easy	8.0	10.5
Effective	**Effective**	69.5	69.5
	More or less	27.4	27.4
	Not effective	3.2	3.2
Safe for user's health	**Safe**	97.8	97.8
	More or less	2.2	2.2
	Unsafe	0	0

Clearly, most men thought highly of the method. This is confirmed by the fact that 74.6% of men said they would recommend the TDM to other couples. Men also confirmed their wives' perception regarding the effect of using the TDM on the couple's relationship. Some 50.8% of men said that using the method affected their relationship with their wife; most (88.1) thought the effect was positive.

Table 17. Effect of TDM use on relationship

	Counseled on days 1-7	Counseled on days 8+
Relationship was effected	23 (59.0%)	54 (49.1%)
Affected positively	18 (78.3%)	45 (84.9%)
Better communication	14	36
Shared responsibility	9	30
More respect	6	24
Better understanding of woman's body	9	31
Affected negatively	5 (21.7%)	8 (15.1%)
Husband is upset	2	6
Misunderstanding	2	2
Less spontaneous sex	2	2
Less frequent sex	2	2

Within the categories affected positively and negatively respondents could specify all that applied.

10. DISCUSSION AND CONCLUSION

The TDM is a promising new fertility awareness-based method of family planning. It is easy to teach, learn, and use, and is effective when used correctly. It is a good option for women who do not wish to (or cannot) use hormonal contraceptives, and for couples who prefer this approach to family planning.

This study was designed to test a quick-start approach to offering the method. In the efficacy study of the TDM women were admitted only if they were in the first seven days of their menstrual cycle. While this was a necessary requirement in the context of an efficacy study, it is a medical barrier. This study tested the option of offering it to women later in the cycle, to determine if they can use it equally well.

Results are very positive. Providers can offer the method equally well to clients who are in the first seven days of their cycle, before the onset of secretions; to clients who are in the middle of their cycle after secretions started; and to clients who are at the end of their cycle, after secretions ended. Similarly, clients can use the method correctly, regardless of when they learned to use it. Continuation rates and satisfaction were also not affected by the time in their cycle in which the women were counseled.

This was the first study introducing the TDM into regular service delivery. The study examined the feasibility of offering the method in these settings, as well as the protocol, training curriculum, and job aids.

Results suggest that providers liked the method and found it to be a good option for their clients. The one-day training workshop was sufficient, and job aids were appropriate. However, given the frequent rotation of providers in all MOH health facilities, additional in-service and refresher trainings may be necessary to ensure adequate number of trained personnel who can offer the TDM. While not all providers in each facility should be trained to offer the method, it is essential that all providers and staff are sensitized to increase their awareness of the method and who can use it, reduce bias, and ensure effective referrals to trained providers.

Two Day Method Checklist – Initial Visit

The Two Day Method is a natural method that helps a woman identify her fertile days by checking her vaginal secretions. This checklist helps the provider determine, along with the client, if the method is appropriate for her and her partner.

The Two Day Method is appropriate for a woman who can pay attention to her secretions daily and, with her partner, avoid unprotected sex on her fertile days.

Healthy Secretions

1. Are the woman's secretions healthy? — no →

   Ask the user:
   - Have you ever noticed secretions? Have you noticed them recently?
   - What do they look like?
   - Have you ever had pelvic pain or foul smelling or itchy secretions?

Daily Observation

2. Will the woman be able to pay attention to her secretions several times a day, everyday? — no →

   Ask the user:
   - Will you remember to check your secretions every day?
   - Will you be able to check several times a day?
   - Will you mark in your client card if you had them or not?

Special Circumstances

Answer only the question that pertains to the woman's circumstance.

Postpartum or Breastfeeding

3. Has she had her period at least 4 times since the baby was born? — no →

Recent use of 3-month injection

4. Have 4 months passed since she received the last injection? and Has she had her period after those 4 months? — no →

Recent use of 1-month injection

5. Has one month passed since her last injection? and Has her period returned after that month? — no →

Recent use of the pill.

6. Has she stopped the method? and Has her period returned after stopping it? — no →

Emergency contraception

7. Has the bleeding associated with the use of emergency contraception stopped? and Has her period returned after using it? — no →

Recent use of an IUD

8. Has the IUD been removed? — no →

Recent miscarriage or abortion

9. Has the bleeding associated with the abortion stopped? and Has her period returned? — no →

If the answer to any of the main questions is NO, the Method may not be appropriate for the woman.

Continue on next page.

Couple in agreement

10 **Does the couple want to avoid pregnancy at this time?** no

Ask the user:

- Are you able to discuss openly with your partner about not getting pregnant at this time?
- Have you agreed that it is important not to get pregnant right now?
- Have you discussed using a family planning method now?
- Have you agreed to use a natural method?

Handling fertile days

11 **Can the couple avoid unprotected sex during the fertile days?** no

Ask the user:

- How would you and your partner feel about not having unprotected sex for several days in a row?
- What do you think you will do to avoid unprotected sex on your fertile days?
- Can you talk openly with your partner about when you want to have sex and when to avoid it?

Risk of STIs, HIV/AIDS

12 **Is the couple free of risk from sexually transmitted infections (STIs) or from HIV/AIDS?** no

Ask the user:

- Is the couple faithful to each other?
- Do you think either of you is at risk of getting an STI?

The Two Day Method may not be appropriate for the couple.

If the answer to any of the main questions is NO, the method may NOT be appropriate for the couple.

If the answer to all the main questions is **YES**, the method is appropriate for this couple.

13 **When did she get her last period?**

a) Less than one week ago

b) More than one week ago

c) More than two weeks ago

Depending where the woman is on her cycle, briefly explain what she may expect regarding her secretions. If 7 days have passed since her last period and she has had unprotected sex, indicate that she may already be pregnant.

TwoDay Method

Client Card

This natural method of family planning helps a woman know the days she can get pregnant by checking for secretions. The client card helps her keep a record of her secretions.

Caution

Visit your health center in the following cases:

- If you have difficulty seeing or feeling secretions
- If you have difficulty avoiding unprotected sex on your fertile days
- If you have secretions for less than 5 days in a row
- If you have secretions for more than 14 days in a row
- If your period has not started and you think you may be pregnant
- If you need a new card

Date your period starts

Look for the day of the week you start using the method and begin marking on that day.

Mark:

- ● the days you have your period
- ○ the days you do not have secretions
- ✗ the days you have secretions

Remember to mark every night before going to bed.

When can you get pregnant?

● ✗	Pregnancy is likely if you had secretions (✗) today OR yesterday.
○ ✗	
✗ ✗	Do not have unprotected sex today.
✗ ○	

When is pregnancy unlikely?

● ●	Pregnancy is unlikely today if you are on your period or if you did not have secretions today AND yesterday.
● ○	
○ ○	

Begin marking a new card when your period returns or you have completed this card.

Mon	
Tues	
Wed	
Thurs	
Fri	
Sat	
Sun	
Mon	
Tues	
Wed	
Thurs	
Fri	
Sat	
Sun	
Mon	
Tues	
Wed	
Thurs	
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Thurs	
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Sun	
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Tues	
Wed	
Thurs	
Fri	
Sat	
Sun	

Service Test: TwoDay Method Client Profile
Beginning of Menstrual Cycle

In training you will learn how to enact the following client profile. According to it, you are:

New in town

Wife of small trader

Can provide address

25 years old, two-children (3 and 2 years-old)

In monogamous relationship

No family violence

Used rhythm method (got pregnant)

Used pill (frequent headaches)

Wish children in the future

Healthy, Pap smear last year

Want to choose a family planning method

Do not have a specific method in mind

Afraid of side effects of hormonal methods

Afraid of inserting anything in any place

Will choose TwoDay Method if given the option

Currently on day 4 of her menstrual cycle (beginning of cycle)

Will reject pelvic exam (ashamed)

When the provider describes the TwoDay Method, ask “How long can I use this method?” and notice whether he/she responds

Would practice abstinence on your fertile days

Husband would be able to abstain from sex on fertile days

Have noticed secretions before but never made the association with fertility

Are able to provide the date of last menstruation

Not breastfeeding

Service Test: TwoDay Method Checklist

Write down the required information below. Assign the corresponding codes.

1	Department/Region			
2	District			
3	Name of Facility:		Code:	
4		1st Visit	2nd Visit	3rd Visit
	▪ Date (year/month/day)			
	▪ Reason for not seeing provider			
5	Duration of counseling: _____ minutes Initiating time:		Ending time:	
6	Observer Name:		Code:	

Instructions for Subsequent Items

For each item, answer the question, Was it present in the consultation? Circle one of the numbers to the right signifying: Yes = 1, No = 0, or Do not remember = 99.

#	**Interpersonal relations**	**Yes**	**No**	**NR**
7	Counseling was individual	1	0	99
8	The counseling session was interrupted	1	0	99
9	There were strangers hearing what I said	1	0	99
10	The provider treated me amiably	1	0	99
11	I felt he/she cared for my health	1	0	99
12	He/she looked annoyed	1	0	99

13	Treated me respectfully	1	0	99
14	Asked me if I had any questions	1	0	99
15	Responded to my questions	1	0	99
#	**Need diagnosis**	**Yes**	**No**	**NR**
16	Asked whether I had children	1	0	99
17	The age of the last child	1	0	99
18	If I wanted to have more children	1	0	99
19	If I was using a family planning method	1	0	99
20	About methods used in the past	1	0	99
21	If I already had a specific method in mind	1	0	99
22	Whether I could be pregnant (menstruation, others)	1	0	99
23	Whether husband cooperated in family planning	1	0	99

#	Method options	Yes	No	NR
24	That TwoDay Method users rely on identifying their secretions to determine their fertile days	1	0	99
25	That TwoDay Method requires not having unprotected sex on days with secretions on that day or the day before	1	0	99
26	The provider asked me to choose a method	1	0	99
27	The provider tried to convince me to use a specific method	1	0	99

#	Secretions	Yes	No	NR
28	Whether I ever noticed my secretions	1	0	99
29	To describe my secretions	1	0	99
30	If I ever had foul smelling secretions accompanied by itching or pain	1	0	99
31	If I would be willing to check my secretions several times a day as part of the family planning method	1	0	99
32	If I would be able to mark the days I notice secretions on my client card	1	0	99

APPENDIX C

#	Contraindications	Yes	No	NR
33	Asked if I would be willing to abstain from having unprotected sex on my fertile days	1	0	99
34	Whether my husband would accept the TwoDay Method	1	0	99
35	Whether my husband would be able abstain from having unprotected sex on my fertile days	1	0	99
36	Whether my husband or I are at high risk for STIs	1	0	99
37	Whether I can communicate with my husband about when to have sex	1	0	99

#	Action mechanisms, advantages, disadvantages	Yes	No	NR
38	Provider explained how the TwoDay Method functions	1	0	99
39	That the TwoDay Method has no side effects or health risks	1	0	99
40	Explained what to do on the fertile days	1	0	99
41	That the days with secretions (that day and/or the day before) represent days in which I should abstain from having unprotected sex	1	0	99
42	That pregnancy is likely if I have unprotected sex on a fertile day	1	0	99

#	Use instructions	Yes	No	NR
43	Told me that I could begin checking for my secretions as soon as my period ends	1	0	99
44	Told me that I had to check for secretions every day	1	0	99
45	That secretions will last several consecutive days	1	0	99
46	That the first day of secretions can begin anytime after my period ends	1	0	99
47	To check for secretions by looking at underwear, wiping, or sensation	1	0	99
48	To check for secretions at least twice after noon	1	0	99

49	To write in the diary card whether I had secretions or not	1	0	99
50	That I am fertile on the days I notice secretions	1	0	99
51	That I am fertile if I notice secretions the day before	1	0	99
52	Emphasized that I am likely to get pregnant if I have unprotected sex on the day I have secretions or the day after I notice secretions	1	0	99
53	Told me to discuss with my husband how we are going to manage the fertile days	1	0	99

#	**Follow-up**	**Yes**	**No**	**NR**
54	Offered to talk to my partner	1	0	99
55	Gave me a follow-up appointment	1	0	99
56	Gave me a client card	1	0	99
57	Told me to return if I have secretions for more than 2 consecutive weeks	1	0	99
58	Told me to return if I have secretions for less than 5 consecutive days	1	0	99
59	What to do if I have secretions that look or/and smell different than what I am used to	1	0	99
60	The provider verified that I understood what he/she had explained to me	1	0	99
61	Told me that I should return if I had any questions or concerns	1	0	99
62	That I should return if I would like to switch methods	1	0	99

Comments:

Método de Dos Días
Perfil para Cliente Simulado
Mitad del Ciclo Menstrual

En la capacitación aprenderá como actuar este perfil. Según el mismo usted tiene las siguientes características:

Nueva en la comunidad

Esposa de un pequeño comerciante

Puede proporcionar su dirección

Tiene 25 años de edad, 2 niños (de 3 y 2 años)

Esta en una relación monógama

No tiene historia de violencia intra-familiar

Uso el método del ritmo (quedo embarazada)

Desea tener mas hijos en el futuro

Examen Papanicolaou del año pasado fue normal

Quiere elegir un método de planificación familiar

No tiene un método especifico en mente

Teme a los efectos colaterales asociados con los métodos hormonales

Teme que le inserten cualquier cosa en cualquier lugar

Si le dan la opción elegiría el Método de Dos Días

Actualmente esta en el día 13 de sus ciclo menstrual (mitad del ciclo)

Rechazaría un examen pélvico (le da vergüenza)

Cuando el proveedor describa el Método de Dos Días, pregunte “Por cuanto tiempo puedo usar este método?” y vea si responde

Practicaría abstinencia durante sus días fértiles

Pareja estaría dispuesto a abstenerse de tener relaciones durante los días fértiles

Ha notado sus secreciones en el pasado pero nunca las ha asociado con su fertilidad

Es capaz de proporcionar la fecha de la ultima menstruación

No esta lactando a un bebe

Método de Dos Días

Cliente Simulado: Listado

Asigne los códigos que corresponden a cada pregunta.

1	Departmento/Región			
2	Distrito			
3	Centro de salud:		Código:	
4		1st Visita	2nd Visita	3rd Visita
	▪ Fecha (año/mes/día)			
	▪ Razón por no haber visto al proveedor			
5	Duración de la consejeria: _____ minutos Hora de inicio:		Hora cuando termino:	
6	Nombre del cliente simulado:			Código:

Instrucciones para Las Siguientes Preguntas

Proporcione una respuesta para cada pregunta; si el tema fue abordado circule 1, si no fue abordado circule 0, si no recuerda circule 99.

#	**Relaciones interpersonales**	**Si**	**No**	**NR**
7	Consejería fue individual	1	0	99
8	Sesión de consejeria fue interrumpida	1	0	99
9	Habían desconocidos oyendo lo que yo decía	1	0	99
10	El proveedor me trato amablemente	1	0	99
11	Sentí que el/ella estaba prestando atención a mi salud	1	0	99
12	El/Ella se veía molesto/a	1	0	99
13	Me trato con respeto	1	0	99

14	Pregunto si tenia alguna pregunta	1	0	99
15	Respondió a mis preguntas	1	0	99
#	**Diagnosis de Necesidad**	**Si**	**No**	**NR**
16	Pregunto si tenia hijos	1	0	99
17	La edad de mi ultimo hijo	1	0	99
18	Si quería tener mas hijos	1	0	99
19	Si estaba usando un de planificación familiar	1	0	99
20	Sobre métodos que use en el pasado	1	0	99
21	Si tenia un método especifico en mente	1	0	99
22	Si podía estar embarazada (menstruación, etc.)	1	0	99
23	Si mi pareja cooperaba con la planificación familiar	1	0	99

#	Opciones de métodos	Si	No	NR
24	Que las usuarias del Método de Dos Días identifican sus secreciones para determinar sus días fértiles	1	0	99
25	Que el Método de Dos Días requiere abstenerse de tener relaciones sin protección si la mujer detecta secreciones ese día o el día anterior.	1	0	99
26	El proveedor me pidió que eligiera un método	1	0	99
27	El proveedor trato de convencerme que usara un método en especifico	1	0	99

#	Secreciones	Si	No	NR
28	Pregunto si alguna ves había notado mis secreciones	1	0	99
29	Me pidió que describiera mis secreciones	1	0	99
30	Si alguna vez había tenido secreciones con mal olor o picazón	1	0	99
31	Si estaría dispuesta a prestarle atención a mis secreciones varias veces al día como parte del método	1	0	99
32	Si podría marcar los días con secreciones en un carné	1	0	99

APPENDIX D

#	**Contraindicaciones**	**Si**	**No**	**NR**
33	Pregunto si estaría dispuesta a abstenerme de tener relaciones sin protección durante mis días fértiles	1	0	99
34	Si mi esposo aceptaría el Método de Dos Días	1	0	99
35	Si mi esposo estaría dispuesto a abstenerse de tener relaciones sin protección durante mis días fértiles	1	0	99
36	Si mi esposo y yo tenemos un alto riesgo de contraer ITS	1	0	99
37	Si puedo comunicarle a mi esposo cuando podemos tener relaciones	1	0	99

#	**Mecanismos de acción, ventajas, desventajas**	**Si**	**No**	**NR**
38	Proveedor me explico como el Método de Dos Días funciona	1	0	99
39	Que el Método de Dos Días no tiene efectos secundarios ni riesgos para la salud	1	0	99
40	Explico que debería hacer durante mis días fértiles	1	0	99
41	Que los días con secreciones (el día cuando las detecto o el día anterior) representan los días cuando tengo que abstenerme de tener relaciones sin protección	1	0	99
42	Que un embarazo puede ocurrir si tengo relaciones sin protección durante un día fértil	1	0	99

#	**Instrucciones para uso**	**Si**	**No**	**NR**
43	Me dijo que podía estar embarazada	1	0	99
44	Que podia comenzar a prestarle atención a mis secreciones hoy			
45	Que tenia que prestarle atención a mis secreciones todos los días	1	0	99
46	Que las secreciones duran varios días consecutivos	1	0	99
47	Que el primer día de secreciones puede empezar en cualquier momento después que se acabe mi regla	1	0	99
48	Que preste atención a mis secreciones mirando mi ropa interior, limpiándome con un papel o por sensación	1	0	99
49	Que le preste atención a mis secreciones por lo menos 2 veces después de medio día	1	0	99

50	Que escriba en el carné si tengo o no tengo secreciones	1	0	99
51	Que soy fértil los días que noto secreciones	1	0	99
52	Que soy fértil si note secreciones el día anterior	1	0	99
53	Enfatizo que puedo quedar embarazada si tengo relaciones sin protección el día que noto secreciones o el día después que noté secreciones	1	0	99
54	Me dijo que discutiera con mi esposo como íbamos a manejar los días fértiles	1	0	99

#	**Seguimiento**	**Si**	**No**	**NR**
55	Ofreció hablar con mi pareja	1	0	99
56	Me dio un cita de seguimiento	1	0	99
57	Me dio un carné	1	0	99
58	Me dijo que regresara si tengo secreciones por mas de 2 semanas consecutivas	1	0	99
59	Me dijo que regresara si tengo secreciones por menos de 5 días consecutivos	1	0	99
60	Me dijo que hacer si tengo secreciones con mal olor o/y picazón	1	0	99
61	El proveedor verifico que yo entendí lo que el/ella me explico	1	0	99
62	Me dijo que podía regresar si tenia alguna pregunta o preocupación	1	0	99
63	Que podía regresar si quería cambiar de método	1	0	99

Comentarios:

Método de Dos Días
Perfil para Cliente Simulado
Final del Ciclo Menstrual

En la capacitación aprenderá como actuar este perfil. Según el mismo usted tiene las siguientes características:

Nueva en la comunidad

Esposa de un pequeño comerciante

Puede proporcionar su dirección

Tiene 25 años de edad, 2 niños (de 3 y 2 años)

Esta en una relación monógama

No tiene historia de violencia intra-familiar

Uso el método del ritmo (quedo embarazada)

Desea tener mas hijos en el futuro

Examen Papanicolaou del año pasado fue normal

Quiere elegir un método de planificación familiar

No tiene un método especifico en mente

Teme a los efectos colaterales asociados con los métodos hormonales

Teme que le inserten cualquier cosa en cualquier lugar

Si le dan la opción elegiría el Método de Dos Días

Actualmente esta en el día 25 de sus ciclo menstrual (final del ciclo)

Rechazaría un examen pélvico (le da vergüenza)

Cuando el proveedor describa el Método de Dos Días, pregunte “Por cuanto tiempo puedo usar este método?” y vea si responde

Practicaría abstinencia durante sus días fértiles

Pareja estaría dispuesto a abstenerse de tener relaciones durante slos días fértiles

Ha notado sus secreciones en el pasado pero nunca las ha asociado con su fertilidad

Es capaz de proporcionar la fecha de la ultima menstruación

No esta lactando a un bebe

Método de Dos Días

Cliente Simulado: Listado

Asigne los códigos que corresponden a cada pregunta.

1	Departmento/Región			
2	Distrito			
3	Centro de salud:		Código:	
4		1st Visita	2nd Visita	3rd Visita
	▪ Fecha (año/mes/día)			
	▪ Razón por no haber visto al proveedor			
5	Duración de la consejeria: _____ minutos Hora de inicio:		Hora cuando termino:	
6	Nombre del cliente simulado:			Código:

Instrucciones para Las Siguientes Preguntas

Proporcione una respuesta para cada pregunta; si el tema fue abordado circule 1, si no fue abordado circule 0, si no recuerda circule 99.

#	**Relaciones interpersonales**	**Si**	**No**	**NR**
7	Consejería fue individual	1	0	99
8	Sesión de consejeria fue interrumpida	1	0	99
9	Habían desconocidos oyendo lo que yo decía	1	0	99
10	El proveedor me trato amablemente	1	0	99
11	Sentí que el/ella estaba prestando atención a mi salud	1	0	99
12	El/Ella se veía molesto/a	1	0	99
13	Me trato con respeto	1	0	99

14	Pregunto si tenia alguna pregunta	1	0	99
15	Respondió a mis preguntas	1	0	99
#	**Diagnosis de Necesidad**	**Si**	**No**	**NR**
16	Pregunto si tenia hijos	1	0	99
17	La edad de mi ultimo hijo	1	0	99
18	Si quería tener mas hijos	1	0	99
19	Si estaba usando un método de planificación familiar	1	0	99
20	Sobre métodos que use en el pasado	1	0	99
21	Si tenia un método especifico en mente	1	0	99
22	Si podía estar embarazada (menstruación, etc.)	1	0	99
23	Si mi pareja cooperaba con la planificación familiar	1	0	99

#	Opciones de métodos	Si	No	NR
24	Que las usuarias del Método de Dos Días identifican sus secreciones para determinar sus días fértiles	1	0	99
25	Que el Método de Dos Días requiere abstenerse de tener relaciones sin protección si la mujer detecta secreciones ese día o el día anterior.	1	0	99
26	El proveedor me pidió que eligiera un método	1	0	99
27	El proveedor trato de convencerme que usara un método en especifico	1	0	99

#	Secreciones	Si	No	NR
28	Pregunto si alguna ves había notado mis secreciones	1	0	99
29	Me pidió que describiera mis secreciones	1	0	99
30	Si alguna vez había tenido secreciones con mal olor o picazón	1	0	99
31	Si estaría dispuesta a prestarle atención a mis secreciones varias veces al día como parte del método	1	0	99
32	Si podría marcar los días con secreciones en un carné	1	0	99

APPENDIX E

#	Contraindicaciones	Si	No	NR
33	Pregunto si estaría dispuesta a abstenerme de tener relaciones sin protección durante mis días fértiles	1	0	99
34	Si mi esposo aceptaría el Método de Dos Días	1	0	99
35	Si mi esposo estaría dispuesto a abstenerse de tener relaciones sin protección durante mis días fértiles	1	0	99
36	Si mi esposo y yo tenemos un alto riesgo de contraer ITS	1	0	99
37	Si puedo comunicarle a mi esposo cuando podemos tener relaciones	1	0	99

#	Mecanismos de acción, ventajas, desventajas	Si	No	NR
38	Proveedor me explico como el Método de Dos Días funciona	1	0	99
39	Que el Método de Dos Días no tiene efectos secundarios ni riesgos para la salud	1	0	99
40	Explico que debería hacer durante mis días fértiles	1	0	99
41	Que los días con secreciones (el día cuando las detecto o el día anterior) representan los días cuando tengo que abstenerme de tener relaciones sin protección	1	0	99
42	Que un embarazo puede ocurrir si tengo relaciones sin protección durante un día fértil	1	0	99

#	Instrucciones para uso	Si	No	NR
43	Me dijo que podía estar embarazada	1	0	99
44	Que debería comenzar a prestarle atención a mis secreciones tan pronto se me terminara la regla			
45	Que tenia que prestarle atención a mis secreciones todos los días	1	0	99
46	Que las secreciones duran varios días consecutivos	1	0	99
47	Que el primer día de secreciones puede empezar en cualquier momento después que se acabe mi regla	1	0	99
48	Que preste atención a mis secreciones mirando mi ropa interior, limpiándome con un papel o por sensación	1	0	99
49	Que le preste atención a mis secreciones por lo menos 2 veces después de medio día	1	0	99

50	Que escriba en el carné si tengo o no tengo secreciones	1	0	99
51	Que soy fértil los días que noto secreciones	1	0	99
52	Que soy fértil si note secreciones el día anterior	1	0	99
53	Enfatizo que puedo quedar embarazada si tengo relaciones sin protección el día que noto secreciones o el día después que noté secreciones	1	0	99
54	Me dijo que discutiera con mi esposo como íbamos a manejar los días fértiles	1	0	99

#	**Seguimiento**	**Si**	**No**	**NR**
55	Ofreció hablar con mi pareja	1	0	99
56	Me dio un cita de seguimiento	1	0	99
57	Me dio un carné	1	0	99
58	Me dijo que regresara si tengo secreciones por mas de 2 semanas consecutivas	1	0	99
59	Me dijo que regresara si tengo secreciones por menos de 5 días consecutivos	1	0	99
60	Me dijo que hacer si tengo secreciones con mal olor o/y picazón	1	0	99
61	El proveedor verifico que yo entendí lo que el/ella me explico	1	0	99
62	Me dijo que podía regresar si tenia alguna pregunta o preocupación	1	0	99
63	Que podía regresar si quería cambiar de método	1	0	99

Comentarios

_____

APPENDIX A

ADMISSION FORM

COMPLETE WITHIN THE 7 DAYS AFTER THE CLIENT RECEIVES THE TDM.

Write the client's identification code, noting it also on your Client Code form.	_____-_____-_____-_____ **ORG PROVIDER** **INTERVIEWER CLIENT**
Interview date:	_____/_____/_____ **DD MM YY**
Institution name: _____	**City: _____** **Community: _____**
Client Birthday: _____/_____/_____ Day Month Year	

1	How did you first hear about the TwoDay Method? 1____Friend/Family/Neighbor 2____Provider 3____Promotional Event 4____Community Outreach 5____Other
2	You recently got the TwoDay Method. Are you using it? 1____Yes 2____No **Skip to Q. 29**
3.	Did you talk with your husband/partner about the method? 1____Yes 2____No, why not_____ **Skip to Q. 5**
4	Is he willing to use it? 1____Yes 2____No **Method not appropriate for client. End interview.** **Refer client back to provider or supervisor.**
5	On what day did your last menstrual period begin? Record date noted on first strip. _____/_____/_____ Day Month Year

6	If client has had 2 periods, record date on 2nd strip _____/_____/_____ Day Month Year _____Not applicable
7	When do you expect your next period? _____/_____/_____ Day Month Year **INTERVIEWER: IF THE CLIENT DOES NOT KNOW, CALCULATE THE DATE OF THE NEXT MENSTRUAL PERIOD ASSUMING A CYCLE OF 30 DAYS**
8	Are you currently breastfeeding? 1 _____ Yes 2 _____ No **Skip to Q. 10**
9	How many times have you had your period since you began breastfeeding? 1_____ None **The method is not appropriate for the client. End the interview.** 2_____ Less than 4 times **Refer client to provider** 3_____ 4 or more times
10	Are you taking oral contraceptives to prevent pregnancy? 1___Yes **The method is not appropriate for the user. End the interview. Refer the user to a health provider.** 2___ No
11	Have at least three months passed since the date you got your last injection? 1 _____ Yes 2_____ No **Method not appropriate for client. End interview. Refer client back to provider.**
	INTERVIEWER: VERIFY THAT THE USER CAN PARTICIPATE IN THE STUDY

12	Before you were taught to use the TwoDay Method did you ever notice your vaginal secretions? 1_____ Yes 2_____ No
13	In the last two months have you noticed foul smelling or itchy secretions? 1_____ Yes **Method not appropriate for client. End interview. Refer client back to provider or supervisor.** 2_____ No
14	Did the provider discuss with you that this method does not provide protection from STIs? 1_____ Yes 2_____ No
15	Do you want to get pregnant during the next 6 months? 1_____ Yes **End the interview, but she can use the TDM.** 2_____ No
16	Can you and your husband avoid having unprotected sex during your fertile days? 1_____Yes 2_____ No, why?_____ **Method not appropriate for client. End interview. Refer client back to provider**.
	QUESTIONS ABOUT PARTICIPANTS AND TDM USE.
17	How old are you? (the woman)_____
18	How old is your husband/partner? _____

19	What is the highest grade in school you (the woman) completed? Put an "X" on the education level, and circle the highest grade that she completed. 1____ Never attended school 2____ Primary 1 – 2 – 3 – 4 – 5 - 6 3____ Secondary 1 – 2 – 3 – 4 – 5 - 6 4____ Technical/Tertiary 1 – 2 – 3 5____ University 1 – 2 – 3 – 4 – 5 – 6	16. What is the highest grade in school your husband/partner completed? Put an "X" on the education level, and circle the highest grade he completed. 1____ Never attended school 2____ Primary 1 – 2 – 3 – 4 – 5 – 6 3____ Secondary 1 – 2 – 3 – 4 – 5 - 6 4____ Technical/Tertiary 1 – 2 – 3 5 ____ University 1 – 2 – 3 – 4 – 5 - 6
20	How many living children do you have? _____	
21	As a couple, have you ever used a family planning method? 1_____ We have never used any method to prevent pregnancy **Skip to Question 23** 2_____ Yes, what_____	
22	In the past two months, which method of family planning were you using before you began using the TwoDay Method?	
23	Why did you choose the TwoDay Method now instead of another method? (INTERVIEWER: Check all reasons mentioned by client) 1_____ Inexpensive/economical 2_____ Does not affect the woman's health 3_____ No side effects 4_____ Works well to prevent pregnancy 5_____ The husband opposes other methods 6_____ Religious/moral reasons 7_____ You don't have to take anything or use anything 8_____ It doesn't affect breastfeeding 9_____ Other (specify) _____	
24	What have you and your husband decided to do on your fertile days (days with secretions)?	
	We are now going to talk about your opinion of the TwoDay Method	
25	In your opinion, how easy is it to learn the TwoDay Method?	

	1_____Easy 2_____Difficult 3_____Neither easy nor difficult 4_____ Don't know
26	In your opinion, how easy is it to use the TwoDay Method? 1_____Easy 2_____ Difficult 3_____Neither easy nor difficult 4_____ Don't know
27	In your opinion, how effective in preventing pregnancy is the TwoDay Method? 1_____Effective 2_____Ineffective 3_____Neither effective nor ineffective 3_____ Don't know
28	In your opinion, how safe for your health is the TwoDay Method? 1_____Safe 2_____Unsafe 3_____Neither safe nor unsafe 4_____ Don't know
	I would like to ask you a few questions about your communication with your partner
29	Can your husband let you know when he wants to have sex? 1_____Always 2_____Sometimes 3_____Never 4_____Don't know
30	Can you tell your husband when you want to have sex? 1_____Always 2_____Sometimes 3_____Never 4_____Don't know
31	Does your husband take into account how you feel about sex? 1_____Always 2_____Sometimes 3_____Never 4_____Don't know
32	Who makes the decisions regarding preventing a pregnancy? 1_____Husband 2_____Myself 3_____Both 4_____Other, explain _____
33	Do you feel comfortable talking with your husband about preventing a pregnancy?

	1_____Yes 2_____No 3_____Depends, explain_____
34	When you and your husband are together do you feel embarrassed or talk very little about family planning? 1_____Yes 2_____No 3_____Depends, explain_____
35	On days when you are concerned about getting pregnant, does your husband become angry if you don't want to have sex? 1_____Always 2_____Sometimes 3_____Never
36	What about on the days when you are not concerned about getting pregnant, does he get angry? 1_____Always 2_____Sometimes 3_____Never
37	Who in your family usually has the final say on the following decisions: Myself = 1 Husband = 2 Both = 3 Someone else = 4 Not applicable = 5 Your own health care? _____ Making large household purchases? _____ Making household purchases for daily needs? _____ Visits to family or relatives? _____ What food should be cooked each day? _____
	Now let's talk about when you think a woman has the right to refuse sex
38	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when:

	Yes	No	Don't know
She knows her husband has an STI?	1	2	3
She knows her husband has sex with other women?	1	2	3
She has recently given birth?	1	2	3
She is tired or not in the mood?	1	2	3

	AGREE ON DATE FOR FOLLOW UP INTERVIEW **END OF INTERVIEW**

APPENDIX A

	QUESTIONS ABOUT WHY NOT USING TWODAY METHOD.
39	Why aren't you using the TwoDay method? **WRITE THE WOMAN'S EXACT RESPONSE.**
40	Did you understand how to use it? 1_____Yes 2_____No
41	Did you discuss using the method with your husband/partner prior to obtaining it? 1_____Yes 2_____No
42	Was your husband/partner involved in deciding not to use the method? 1_____Yes 2_____No
43	Are you going to use or do something to prevent a pregnancy? 1_____Yes Skip to Q33 2_____No
44	Why Not? **WRITE THE WOMAN'S EXACT RESPONSE.**
45	What are you going to do to avoid a pregnancy? **WRITE THE WOMAN'S EXACT RESPONSE.**

46	COMMENTS:
52	ADVICE GIVEN DURING THE INTERVIEW:

APPENDIX G

CLIENT# _____-_____-_____-_____

FOLLOW-UP QUESTIONNAIRE

TwoDay Method

Write the number corresponding to this follow-up interview

⬇

Follow-Up Month

_____1

_____4

_____7 (**INTERVIEWER: Do not ask questions with an asterisk if user is still using the method at the 7th cycle)**

APPENDIX G
FOLLOW-UP INSTRUMENT

TO BE FILLED OUT BY THE INTERVIEWER	
CLIENT'S IDENTIFICATION CODE	_____-_____-_____-_____-_____
CLIENT'S BIRTH DATE	_____/_____/_____ Day / Month / Year
INTERVIEW DATE:	_____/_____/_____ Day / Month / Year
DATE OF LAST INTERVIEW:	_____/_____/_____ Day / Month / Year

INTERVIEW ATTEMPTS:

First Attempt – Date: _____/_____/_____

Result
1_____ Available to be interviewed → → → → Has she had her period?
2_____ Not at home [Return] 1_____Yes → Skip to Q.2
3_____ Inconvenient time [Return] 2_____ No → Return on or after day 42 of her cycle
4_____ Moved away (Return on ____/_____)

Second Attempt – Date: _____/_____/_____

Result
1_____ Available to be interviewed → → → → Has she had her period?
2_____ Not at home [Return] 1_____Yes → Skip to Q.2
3_____ Inconvenient time [Return] 2_____ No → Return in 7 days
4_____ Moved away (Return on ____/_____)

Third Attempt – Date: _____/_____/_____

Result
1_____ Available to be interviewed → → → → Has she had her period?
2_____ Not at home [LFU] 1_____Yes → Skip to Q.2
3_____ Inconvenient time [LFU] 2_____ No → If cycle is more than 42 days, do pregnancy test and continue with Q.1.
4_____ Moved away [LFU]

APPENDIX G

If you are able to find out her new address and are you are able to go there, contact the client and schedule an interview.
If you are unable to find out her new address or if it is too far away to visit, fill out the Lost-to-Follow-Up form

1.	**INTERVIEWER:** IF THE TEST IS **POSITIVE** → **FILL OUT ONLY THE PREGNANCY FORM AND NOT THIS ONE** IF THE TEST IS **NEGATIVE** → **SCHEDULE FOLLOW UP VISIT IN 2 WEEKS**
2	Are you still using the method? 1_____ Yes 2_____ No **Use Exit Interview Form**
*3	Where did your husband receive counseling/learn how to use the method? 1_____ Wife 2_____ Provider/clinic 3_____ Community health promoter 4_____ Client card 5_____ Other_____
4	Did you pay attention to your secretions during your last cycle? 1_____ Yes 2_____ No, why not_____ **SKIP TO Q. 7**
5	During your last cycle, how often did you pay attention to your secretions? 1_____ Every day 2_____ Not every day (specify when)_____

APPENDIX G

6	I am going to read you a list of categories describing secretions, please tell me which ones best describe your secretions **(INTERVIEWER: mark all mentioned):** 1_____Sticky 2_____Stretchy 3_____ Pasty 4_____ Creamy 5_____ Slippery 6_____ Thick 7_____ Shiny 8_____ Transparent 9_____ White 10_____ Yellowish 11_____ Odorless 12_____ Smells bad 13_____ Itchy 14_____ Other_____
7	What would you do if you have secretions for 4 or less days? 1_____Contact provider 2_____ Stop using or switch method 3_____ Nothing 4_____ Don't know 5_____ Other
8	What would you do if you have secretions for more than two weeks? 1_____Contact provider 2_____ Stop using or switch method 3_____ Nothing 4_____ Don't know 5_____ Other
9	At what time of the day do you usually check for your secretions? **(INTERVIEWER: Check all mentioned)** 1_____Morning 2_____Noon 3_____Afternoon 4_____Evening 5_____Just before going to bed
10	How do you check if you have secretions? 1_____Look at underwear 2_____Wipe myself 3_____Touch genitals and look at it 4_____Sensation of wetness 5_____ Other_____

APPENDIX G

11	Do you have any problems or questions deciding whether or not you have secretions? 1_____Yes, what problems or questions_____ 2_____No 3_____Sometimes, explain_____
12	If you do not want to get pregnant when should you avoid having unprotected sex? 1_____If I noticed secretions today and/or yesterday 2_____Other_____
13	Is it difficult NOT HAVING intercourse on the days with secretions? 1_____Yes, why_____ 2_____ No
*14	How do you feel about the TwoDay Method? 1_____ Like 2_____ Dislike 3_____ Other_____
*15	Why do you feel this way?

16	Did you use the client card during your last cycle? 1____Yes 2____ No, why_____
17	Does the client card help you remember the days you should not have unprotected sex? 1_____Yes 2_____No 3_____Other_____
18	Normally, who marks the first day of your period on the client card? 1_____ Myself 2_____ My husband/partner 3_____ Both of us 4_____ Provider 5_____ Other (specify): _____ 6_____ Does not mark

APPENDIX G

19	Who marks the days with secretions on the client card? 1_____ Myself 2_____ My husband/partner 3_____ Both of us 4_____ Provider 5_____ Other (specify): _____ 6_____ Does not mark
20	How often did you mark on the client card? 1_____ Daily 2_____ Not every day 3_____ Never (does not use it)
21	May I see the client card you used during the last completed cycle? 1_____Yes SKIP TO Q 9c 2_____ No, Why not? _____
22	Why not? 1_____ Lost 2_____ Does not have it 3_____ Does not want to share 4_____ Other_____
23	**INTERVIEWER: LOOK AT CARD WITH CLIENT AND ASK HER TO SHOW YOU:** a. What did you mark during your period? _____shaded circle _____Other b. What did you mark when you had secretions? _____an X _____Other c. What did you mark when you did **not have** secretions or bleeding? _____circle _____Other
24	Did you do anything to avoid becoming pregnant during the days you were fertile? 1_____ Every time 2_____ Some of the time 3_____ Never **SKIP TO Q. 26**
25	What did you do?

APPENDIX G

*26	How does your partner feel about the TwoDay Method? 1_____Like 2_____Dislike 3_____Other
*27	Why does he feel that way?
28	How does your partner participate in using the TDM? 1_____He reminds me to mark the client card 2_____Use abstinence 3_____ Practice withdrawal 4_____ Reminds me to check for secretions 5_____ Ask me when I'm fertile 6_____ He does what I tell him 7_____ Complies with instructions 8_____ Marks the client card 9_____ Other, specify _____
29	How does your husband know on which day you can have sex without the risk of becoming pregnant? 1_____ He asks me 2_____ I tell him 4_____ I let him know without verbally telling him 5_____ He looks at the client card 6_____ Other, _____
30	Does your husband/partner have problems with NOT HAVING sexual relations on your fertile days? 1_____Yes, explain_____ 2_____No
*31	Do you or your partner want to have another baby in the next 6 months? 1_____Yes, **GO TO Q. 34** 2_____No 3_____Don't know/Don't care, **GO TO Q. 34**
*32	Are you planning to continue using the method for the next 3 months? **1)**_____ Yes **2)** _____ No, why _____

APPENDIX G

*33	Does your husband agree to continue using the method for the next 3 months? 1_____ Yes 2_____ No, why_____
*34	When do you expect to get your next menstrual period? _____/_____/_____ **WRITE MONTH IN LETTERS** Month Day Year **IF CLIENT DOES NOT KNOW, CALCULATE THE DATE OF THE NEXT MENSTRUAL PERIOD ASSUMING A CYCLE OF 30 DAYS**
35	Have you seen your provider since the last time I came to see you? 1_____ Yes, why did you go? a. visit scheduled b. interviewer recommended c. had less than 5 days with secretions d. had more than 2 consecutive weeks with secretions e. had unusual secretions f. had questions about how to use the method g. was concerned over possible pregnancy h. partner wanted additional information 2_____ No Have there been questions you would like to ask your provider? _____
36	INTERVIEWER: PLEASE RECORD THE FOLLOWING INFORMATION ON CLIENT CARD AND ATTACH CARD 1. How many days with secretions did the client mark? _____ 2. Were days with secretions consecutive? _____
*37	**INTERVIEWER: SET UP YOUR NEXT INTERVIEW (AFTER THE 3RD AND 6TH CYCLE OF USE OR EXIT)** DATE OF THE NEXT INTERVIEW: _____/ _____ / _____ DAY MONTH YEAR Time:_____

APPENDIX G

38	**INTERVIEWER:** Who was present during the interview? **1)**____Husband 1 ____ The entire time 2____ Part of the time 3____ Was not present **2)**____Other person (specify) _____ 1____ The entire time 2____ Part of the time
39	**COMMENTS FOR SUPERVISOR:** **INTERVIEWER SUGGESTS NEED FOR FOLLOW UP VISIT WITH PROVIDER**
40	**ADVICE GIVEN AFTER THE INTERVIEW.**

APPENDIX H

Client # _____-_____-_____-_____

PREGNANCY QUESTIONNAIRE

COMPLETE THIS FORM ONLY IF THERE IS A POSITIVE PREGNANCY TEST FOR THIS CLIENT.

FOR PROVIDER TO COMPLETE BEFORE THE INTERVIEW	
CLIENT'S DATE OF BIRTH:	_____/_____/_____ **WRITE MONTH IN LETTERS** Month Day Year
TODAY'S DATE:	_____/_____/_____ **WRITE MONTH IN LETTERS** Month Day Year
	PROVIDER: RECORD DATE PREGNANCY TEST WAS POSITIVE: Date: _____/_____/_____ **WRITE MONTH IN LETTERS** Month Day Year

CLIENT INTERVIEW	
When did your last menstrual period start (first day)?_____/_____/_____ **WRITE MONTH IN LETTERS** Month Day Year	
	INTERVIEWER: I AM GOING TO ASK YOU A FEW QUESTIONS ABOUT YOUR EXPERIENCE USING THE TWODAY METHOD
1	Were you using the TDM when you got pregnant? 1_____ Yes 2 _____ No, **SKIP TO Q. 4**
2	Did you check for secretions every day during the cycle you got pregnant? 1_____ Yes, **SKIP TO Q. 5** 2_____ No

3	Why not? 1_____Switched to another method 2_____Forgot 3_____Discontinued use 4_____Wanted to get pregnant 5_____No time to check for secretions 6_____Confused/had problems identifying secretions 7_____Other,_____
4	Did you use your client card during the cycle you got pregnant? 1 _____Yes **SKIP to Q. 7** 2_____ No, why not? _____
5	During the cycle you got pregnant did you have intercourse on a day that you knew you had secretions on that day or the day before? 1_____ Yes 2_____ No **Skip to Q. 8**
6	Why? 1_____Wanted to get pregnant 2_____Husband insisted 3_____Did not use protection 4_____Confused about secretions and fertile days 5_____Other,_____
7	Did you use a backup method? 1_____ Yes, what did you use?_____ 2 _____ No
8	During the cycle you got pregnant did you have intercourse and later realize that you had secretions on that day? 1_____Yes 2_____No 3_____Not sure

9	Did your partner insist on having intercourse on any of the days you considered yourself fertile? 1_____ Yes 2_____ No **SKIP to Q. 11**
10	How did you respond? 1_____Asked to use protection 2_____Asked to practice withdrawal 3_____Refused 4 _____Other_____
11	During the time you used the TwoDay Method what did you and your partner do during the days you had secretions/fertile days? **(INTERVIEWER: Mark all mentioned)** 1_____Use protection 2_____Practice abstinence 3_____Practice withdrawal 4_____Nothing 5_____Other,_____
12	When during your cycle are you most likely to get pregnant? **(INTERVIEWER: Mark all mentioned)** 1____ On days with secretions 2____ Just before my period begins 3____ During my period 4____ Right after my period has ended 5____ Halfway between two periods 6____ Other,_____ 7____ Don't know
	INTERVIEWER: NOW WE ARE GOING TO TALK ABOUT YOUR OPINION OF THE TWODAY METHOD
13	In your opinion, how easy to learn is the TwoDay Method? 1_____Easy 2_____ Difficult 3_____Neither easy nor difficult 4_____ Don't know

14	In your opinion, how easy is it to use the TwoDay Method? 1_____Easy 2_____ Difficult 3_____Neither easy nor difficult 4_____ Don't know
15	In your opinion, how effective in preventing pregnancy is the TwoDay Method? 1_____Effective 2_____Ineffective 3_____Neither effective nor ineffective 3_____ Don't know
16	In your opinion, how safe for your health is the TwoDay Method? 1_____Safe 2_____Unsafe 3_____Neither safe nor unsafe 4_____ Don't know
17	What do you like most about the TwoDay Method? **(INTERVIEWER: Mark all mentioned)** 1_____ Inexpensive/economical 2_____ Does not affect the woman's health 3_____ No side effects 4_____ Works well to prevent pregnancy 5_____ The husband opposes other methods 6_____ Religious/moral reasons 7_____ Don't have to take anything or use anything 8_____ It doesn't affect breastfeeding 9_____ Can avoid having sex during the fertile days 10_____ Other, _____
18	What do you like least about the TwoDay Method? **(INTERVIEWER: Mark all mentioned)** 1_____ Does not like to check for secretions 2_____ Problems identifying secretions 3_____ Determining fertile days too confusing 4_____ Does not like to use protection or abstain 5_____ Concern about effectiveness 6_____ Other_____

19	How do you feel about the fact that with this method you can avoid having sex during the fertile days? 1_____Like 2_____Dislike 3_____Don't care 4_____Other,_____
20	Do you think that your relationship with your partner has changed since you began using the TwoDay Method? 1_____Yes 2_____No **GO TO Q. 24**
21	Is the change for the better or worse? 1_____Better 2_____Worse
22	Why is it better? 1_____Better communication 2_____Shared responsibility/support 3_____More respect/valued as a person 4_____Better understanding of my body 5_____Other_____
23	Why is it worse? 1_____Partner is angry 2_____Misunderstandings 3_____Less spontaneity in sex life 4_____Sex is less frequent 5_____Other_____
24	Would you recommend the TwoDay Method to other couples? 1_____Yes 2_____No
25	Have you taught the method to anyone? 1_____Yes 2_____No

26	Who have you taught the method to? 1_____Friends/neighbors 2_____Family members 3_____Other,_____
	INTERVIEWER: I WOULD NOW LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR COMMUNICATION WITH YOUR PARTNER
27	Can your husband let you know when he wants to have sex? 1_____Always 2_____Sometimes 3_____Never 4_____Don't know
28	Can you let your husband know when you want to have sex? 1_____Always 2_____Sometimes 3_____Never 4_____Don't know
29	Does your husband take into account how you feel about sex? 1_____Always 2_____Sometimes 3_____Never 4_____Don't know
30	Who makes the decision to prevent a pregnancy? 1_____Husband 2_____Myself 3_____Both 4_____Other
31	Do you feel comfortable talking with your husband about preventing a pregnancy? 1_____Yes 2_____No 3_____Depends, explain_____

32	When you and your husband are together do you feel embarrassed or talk very little about family planning? 1_____Yes 2_____No 3_____Depends, explain_____
33	On days when you are concerned about getting pregnant, does your husband become angry if you don't want to have sex? 1_____Always 2_____Sometimes 3_____Never
34	What about on the days when you are not concerned about getting pregnant, does he get angry? 1_____Always 2_____Sometimes 3_____Never
35	Who in your family usually has the final say on the following decisions: Myself = 1 Husband = 2 Both = 3 Someone else = 4 Not applicable = 5 Your own health care? _____ Making large household purchases? _____ Making household purchases for daily needs? _____ Visits to family or relatives? _____ What food should be cooked each day? _____
	NOW LET'S TALK ABOUT WHEN YOU THINK A WOMAN HAS THE RIGHT TO REFUSE SEX
36	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when: Yes / No / Don't know She knows her husband has an STI? 1 2 3 She knows her husband has sex with other women? 1 2 3 She has recently given birth? 1 2 3 She is tired or not in the mood? 1 2 3

APPENDIX H

37	**INTERVIEWER COMMENTS:**

COUNSEL AND SUPPORT CLIENT. REFER FOR PRENATAL CARE. PLEASE ATTACH CLIENT'S CHART FROM PREVIOUS CYCLE AND ATTACH IT TO THIS FORM.

APPENDIX I

EXIT INTERVIEW
(To be used at 7th cycle, if client stops using method, if client no longer wants to participate in the study, or the study ends before client reaches 7th cycle and is still using method)

IF THE CLIENT IS PREGNANT, DO NOT FILL OUT THIS FORM. FILL OUT THE PREGNANCY FORM.
INTERVIEWS ARE TO BE CONDUCTED SEPARATELY FOR EACH MEMBER OF THE COUPLE.

COMPLETE THIS PART BEFORE THE INTERVIEW	
CLIENT'S IDENTIFICATION CODE:	_____ - _____ -_____ -_____ Institution Provider Interviewer Client
PERSON INTERVIEWED:	1) Woman 2) Man
CLIENT'S BIRTH DATE:	_____/_____/_____ DAY MONTH YEAR
TODAY'S DATE:	_____/_____/_____ DAY MONTH YEAR

Reason client is leaving the study:

1) _____ Completed 6 cycles (and is not pregnant)
2) _____ Had abnormal secretions
3) _____ Had too few days with secretions
4) _____ Had too many days with secretions
5) _____ Wants to switch to another method
6) _____ Wants to discontinue using the method
7) _____ Wants to get pregnant
8) _____ Wife does not like or trust method
9) _____ Husband does not like or trust method
10) _____ Does not want to participate in study
11) _____ Other _____

APPENDIX I

1	**For Women:** Do you want to get pregnant during the next 3 months? 1_____Yes **SKIP TO Q. 9** 2_____No
2	**For Men:** Do you want your wife to get pregnant during the next 3 months? 1_____Yes **SKIP TO Q. 9** 2_____No
3	Will you continue to use the TwoDay Method to avoid a pregnancy? 1_____Yes **SKIP TO Q. 8** 2_____No
4	Why not?
5	Will you use or do something to prevent or space a pregnancy? 1_____Yes 2_____No **SKIP TO Q. 8**
6	What will you do to avoid becoming pregnant? _____
7	Why have you decided to do this? 1_____ Works well to prevent pregnancy 2_____ Inexpensive/economical 3_____ husband likes it 4_____ Easier to use 5_____ Does not have to learn or do anything 6_____ Other
8	When during your cycle are you most likely to get pregnant? **(INTERVIEWER: Mark all mentioned)** 1____ On days with secretions 2____ Just before my period begins

APPENDIX I

	3____ During my period 4____ Right after my period has ended 5____ Halfway between two periods 6____ Other,_____ 7____ Don't know
	We are now going to talk about your opinion of the TwoDay Method
9	In your opinion, how easy to learn is the TwoDay Method? 1_____Easy 2_____ Difficult 3_____Neither easy nor difficult 4_____ Don't know
10	In your opinion, how easy is it to use the TwoDay Method? 1_____Easy 2_____ Difficult 3_____Neither easy nor difficult 4_____ Don't know
11	In your opinion, how effective in preventing pregnancy is the TwoDay Method? 1_____Effective 2_____Ineffective 3_____Neither effective nor ineffective 3_____ Don't know
12	In your opinion, how safe for your health is the TwoDay Method? 1_____Safe 2_____Unsafe 3_____Neither safe nor unsafe 4_____ Don't know
13	What do you like most about the TwoDay Method? 1_____ Inexpensive/economical 2_____ Does not affect the woman's health 3_____ No side effects 4_____ Works well to prevent pregnancy 5_____ The husband opposes other methods 6_____ Religious/moral reasons 7_____ Don't have to take anything or use anything 8_____ It doesn't affect breastfeeding 9_____ Can avoid having sex during the fertile days 10_____ Other, _____

APPENDIX I

14	What do you like least about the TwoDay Method? 1_____ Does not like to check for secretions 2_____ Problems identifying secretions 3_____ Determining fertile days too confusing 4_____ Does not like to use condoms or abstain 5_____ Concern about effectiveness 6_____ Other_____
15	How do you feel about the fact that with this method you can avoid having sex during the fertile days? 1_____Like 2_____Dislike 3_____Don't care 4_____Other,_____
16	Do you think that your relationship with your partner has changed since you began using the TwoDay Method? 1_____Yes 2_____No **GO TO Q. 20**
17	Is the change for the better or worse? 1_____Better 2_____Worse **GO TO Q. 19**
18	Why is it better? 1_____Better communication 2_____Shared responsibility/support 3_____More respect/valued as a person 4_____Better understanding of my body 5_____Other_____
19	Why is it worse? 1_____Partner is angry 2_____Misunderstanding 3_____Less spontaneity in sex life 4_____Sex is less frequent 5_____Other_____
20	Would you recommend the TwoDay Method to other couples?

	1_____Yes 2_____No
21	Have you taught the method to anyone? 1_____Yes 2_____No
22	Who have you taught the method to? 1_____Friends/neighbors 2_____Family members 3_____Other,_____
	I would now like to ask you some questions about your communication with your partner
23	Can your husband let you know when he wants to have sex? 1_____Always 2_____Sometimes 3_____Never 4_____Don't know
24	Can you let your husband know when you want to have sex? 1_____Always 2_____Sometimes 3_____Never 4_____Don't know
25	Does your husband take into account how you feel about sex? 1_____Always 2_____Sometimes 3_____Never 4_____Don't know
26	Who makes the decision to use prevent a pregnancy? 1_____Husband 2_____Myself 3_____Both 4_____Other
27	Do you feel comfortable talking with your husband about preventing a pregnancy?

	1_____Yes 2_____No 3_____Depends, explain_____
28	When you and your husband are together do you feel embarrassed or talk very little about family planning? 1_____Yes 2_____No 3_____Depends, explain_____
29	On days when you are concerned about getting pregnant, does your husband become angry if you don't want to have sex? 1_____Always 2_____Sometimes 3_____Never
30	What about on the days when you are not concerned about getting pregnant, does he get angry? 1_____Always 2_____Sometimes 3_____Never
31	Who in your family usually has the final say on the following decisions: Myself = 1 Husband = 2 Both = 3 Someone else = 4 Not applicable = 5 Your own health care? _____ Making large household purchases? _____ Making household purchases for daily needs? _____ Visits to family or relatives? _____ What food should be cooked each day? _____
	NOW LET'S TALK ABOUT WHEN YOU THINK A WOMAN HAS THE RIGHT TO REFUSE SEX
32	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when: Yes / No / Don't know She knows her husband has an STI? 1 / 2 / 3

	She knows her husband has sex with other women?	1	2	3
	She has recently given birth?	1	2	3
	She is tired or not in the mood?	1	2	3
33	**Interviewer's observations:** Who was present during the interview? 1_____Wife/husband A____Entire interview B_____Part of the interview C_____Was not present 2_____Other person (specify)_____ A____Entire interview B_____Part of the interview			
34	**COMMENTS**			

APPENDIX J

TwoDay Method
of natural family planning

Provider Job Aids Packet
for counseling clients

USAID
FROM THE AMERICAN PEOPLE

Institute for Reproductive Health
Georgetown University

The Institute for Reproductive Health at Georgetown University in Washington, D.C., is a leading technical resource in Natural Family Planning and a learning center committed to developing and increasing the availability of effective and easy-to-use natural methods.

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2nd. Edition – July 2006

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This publication was made possible through support provided by the United States Agency for International Development (USAID), under the terms of the Cooperative Agreement No. HRN-A-00-97-00011-00. The contents of this document do not necessarily reflect the views or policies of USAID or Georgetown University.

TwoDay Method
Provider Job Aids Packet for Counseling Clients

About the TwoDay Method®

The TwoDay Method (TDM) is a natural family planning method developed by the Institute for Reproductive Health at Georgetown University. Over 96% effective[1], the method is based on the presence of vaginal secretions to identify the fertile days during a woman's menstrual cycle.

About Counseling on the TwoDay Method

Quality counseling on the TwoDay Method involves three key components: 1) **Assess** – helping the woman determine if the method is appropriate for her; 2) **Teach** - explaining how the method works; and 3) **Support** – helping the couple manage their fertile days. Counseling in the TDM can generally be provided in a single visit. However, each program and teacher may determine that a follow-up visit is necessary. The user should be encouraged to return for additional information and services as needed.

About this Package

This packet includes tools for service providers to use during a TDM counseling session and instructions on how to use them. The following materials are included in this packet:

- **Checklists**
  For the Initial Visit: This job aid helps the provider apply the method's eligibility criteria to determine if the method is appropriate for the woman based on the prior use of other methods, recent pregnancy, and the couple's relationship.

  For the Follow-up Visit: This job aid helps the provider determine if the woman or couple still meets the criteria for using the method and if they are having any problems using it.

- **Client Card:** This card is a take-home tool for the client. It helps her keep track of her cycle, learn her pattern of secretions, and identify her fertile days. If she wants to avoid pregnancy, recording her secretions on the card will help her determine if she is fertile and decide whether or not to have sex. The Client Card also contains key messages and information received during the counseling session.

- **Provider Cue Card:** This job aid reminds the provider of the key points to cover during a counseling session. It includes information on the menstrual cycle, secretions, the Client Card and when the woman should contact her provider.

- **Frequently Asked Questions by Providers and Users:** A list of common questions about provision and use of the method is provided.

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[1] Arevalo. M., Jennings V., Nikula, M., and Sinai I. (2004). "Efficacy of the new TwoDay Method of family planning". *Fertility and Sterility* 82(4): 885-892.

TwoDay Method Checklist – Initial Visit

The TwoDay Method is appropriate for a woman who can check her secretions daily and, with her partner, abstain or use a condom on her fertile days. The yes or no answer applies to the numbered questions in bold. The provider can use the probing questions to inquire about the important elements of each requirement.

The TwoDay Method is a natural method that helps a woman identify her fertile days by checking her vaginal secretions. This checklist helps the provider determine, along with the client, if the method is appropriate for her and her partner.

Woman

1 Healthy secretions

yes **Are the woman's secretions healthy?** no

Ask the user:
- Have you ever noticed secretions? Have you noticed them recently?
- What do they look like?
- Have you ever had pelvic pain, or noticed foul smelling or itchy secretions?

2 Daily observation

yes **Is the woman able to check her secretions several times a day, everyday?** no

Ask the user:
- Will you remember to check your secretions every day?
- Will you be able to check several times a day?
- Will you mark in your Client Card if you had them or not?

Couple

3 Couple in agreement

yes **Does the couple want to avoid pregnancy at this time?** no

Ask the user:
- Are you able to discuss openly with your partner about not getting pregnant at this time?
- Have you agreed to use a natural method?

4 Risk of STIs, HIV/AIDS

yes **Is the couple free of risk from sexually transmitted infections (STIs) or from HIV/AIDS?** no

Ask the user:
- Is the couple faithful to each other?
- Do you think either of you is at risk of getting an STI?

5 Handling fertile days

yes **Can the couple abstain or use condoms during the fertile days?** no

Ask the user:
- How would you and your partner feel about abstaining or using condoms for several days in a row?
- What do you think you will do to avoid unprotected sex on your fertile days?
- Can you talk openly with your partner about when you want to have sex and how to avoid it?

If the answer to any of the questions in bold is NO, the method is not appropriate for the woman or the couple.

Continue on back page.

Special Circumstances

Answer only the question that pertains to the woman's circumstance.

6 Postpartum or Breastfeeding

yes — Has she had her period at least 4 times since the baby was born? — no

7 Recent use of 3-month injection

yes — Have 4 months passed since she received the last injection? AND Has she had her period after those 4 months? — no

8 Recent use of the pill or 1-month injection

yes — Has 1 month passed since stopping the pill or her last injection? AND Has her period returned after that month? — no

9 Emergency contraception

yes — Has the bleeding associated with the use of emergency contraception stopped? AND Has her period returned after using it? — no

10 Recent use of an IUD

yes — Has the IUD been removed? — no

11 Recent miscarriage or abortion

yes — Has the bleeding associated with the abortion stopped? AND Has her period returned? — no

The method is appropriate for the woman.

If the answer to any of the questions in bold is NO, the method is not appropriate for the woman.

If the answer to all the questions in bold is **YES**, the method is appropriate for the woman and the couple.

If the answer to any of the questions in bold is **NO**, the method is not appropriate for the woman or the couple.

12 **The woman can start using the method if she is within the first 7 days of her cycle. Ask the woman the date of her last period to determine if she can start the method at this time or wait until her next period starts.**

TwoDay Method
Checklist – Initial Visit
Instructions for Use

The TwoDay Method is appropriate for women who can check her secretions daily and, with their partners, abstain or use condoms on the fertile days. This Checklist helps the provider determine, along with the user, if the woman and couple meet the method eligibility criteria. It contains a series of questions directed to the provider and probing questions for the user. The provider can use the probing questions to inquire about important elements of each requirement.

1

Are the woman's secretions healthy? This question allows the provider to determine if the user has an infection that could complicate method use. Secretions that indicate disease can create confusion and lengthen the number days with secretions. The probing questions help the provider determine if the woman has noticed secretions previously.

Ask the user: Have you ever noticed secretions? Have you noticed them recently? What do they look like? Have you ever had pelvic pain or noticed foul smelling or itchy secretions?

2

Is the woman able to check her secretions several times a day, everyday? This question determines whether the woman is willing to check her secretions daily. To use the method, it is recommended that the woman check her secretions at least twice a day starting at noon. The woman must establish a routine to help her remember, for example, by checking every time she goes to the bathroom, before taking a bath or when doing any other routine activity. Establishing a routine is particularly important during the learning phase, when it is recommended that the woman look for her secretions. The Client Card was designed to help the woman determine if she is on a fertile day and know her pattern of secretions, which is key to learning and using the method correctly.

Ask the user: Will you remember to check your secretions every day? Will you be able to check several times a day? Will you be able to mark in your Client Card if you had them or not?

The method is appropriate for couples who can avoid unprotected sex during the fertile days.

This section of the checklist is designed to identify issues related to the couple relationship and to assess whether they can use the method effectively. In general, it is used to help the provider determine if the method is appropriate for the couple based on the degree of communication that exists, risk of STIs and their ability to manage the fertile days.

3

Does the couple want to avoid pregnancy at this time? This question confirms that the couple wants to prevent a pregnancy at this time. It is important to determine that both agree to use a natural method, as it requires the motivation and dedication to abstain or use condoms for several days in a row.

Ask the user: Are you able to discuss openly with your partner about not getting pregnant at this time? Have you agreed that it is important not to get pregnant right now? Have you discussed using a family planning method now? Have you agreed to use a natural method?

4 **Is the couple free of risk from sexually transmitted infections (STIs) or from HIV/AIDS?** The purpose of this question is to determine whether the woman thinks she may be at risk of contracting any sexually transmitted infection and to inform her that the TwoDay Method does not protect against HIV/AIDS or STIs. In cases in which one member of the couple is having sex with more than one person, the couple is at risk.

Ask the user: People who have sex with more than one partner (people who are not faithful to each other) run the risk of contracting sexually transmitted infections. Are you faithful to each other? Do you think either of you is at risk of getting a sexually transmitted infection?

5 **Can the couple abstain or use condoms during fertile days?** The purpose of this question is to help the provider identify couples that may have difficulty abstaining or using a condom. It is important to know whether the woman can tell her partner whether she wants to have sex or not. It is advisable that the couple reach an agreement as to how they plan to manage the fertile days. This should be done before the couple reaches the fertile days.

Ask the user: How would you and your partner feel about abstaining or using condoms for several days in a row? What do you think you will do to avoid unprotected sex on your fertile days? Can you talk openly with your partner about when to have sex and when to avoid it? Do you think you will have any problem as a couple using this method?

Special Circumstances

The provider must go to the question that pertains to each woman's case. If the woman is postpartum, breastfeeding or recently used or is using a hormonal method of family planning, the provider must make sure that she meets the criteria for her situation. These circumstances can affect menstruation and alter the presence or pattern of secretions, thereby complicating method use.

6 **If postpartum or breastfeeding, has she had her period at least 4 times since the baby was born?** The purpose of this question is to help the provider determine whether the period and secretions of a postpartum or breastfeeding woman have returned to normal. These two conditions can alter the presence and pattern of secretions. In these circumstances secretions can occur sporadically and may not necessarily be signs of fertility. Exclusive breastfeeding decreases fertility for a few months.

Ask the User: Are you currently breastfeeding? How long has it been since the baby was born? How many times have you had your period?

7 **If she recently used the 3-month injection, have 4 months passed since she received the last injection? Has she had her period after those 4 months?**
Since the 3-month injection can suspend menstruation and alter the pattern of secretions, the provider must make sure that the woman has stopped using the injection, that 4 months have passed since the last injection and that she has had at least two periods after those four months.

Ask the user: When did you receive the last injection? When were you supposed to get the next injection? Have you had your period since you received the last injection? How many times?

8 **If she recently used the pill or 1-month injection, has 1 month passed since stopping the pill or her last injection? Has her period returned after that month?** This question helps the provider determine whether the woman is still under the effects of the pill or the injection. If the woman is using the pill, it is recommended that she finish the packet and begin using the TwoDay Method when her next period begins. If the woman has already stopped using the method, she should have at least one period after stopping it before she starts using the TwoDay Method. The injection can affect menstruation and the presence of secretions. If the woman recently used this method, she should wait until one month has passed since she received the last injection and until she has had at least one period after that month.

Ask the user: When did you take your last pill? Have you had your period since you stopped using the pill? OR When did you receive the last injection? When were you supposed to get the next injection? Have you had your period since you received the last injection? How many times?

9 **If she recently used emergency contraception, has the bleeding associated with the use of emergency contraception stopped and has her period returned after using it?**
The user must have at least one period after using emergency contraception. In some cases women may experience bleeding after using emergency contraception. This question helps determine whether the bleeding the woman has experienced is her actual period and thus can start using the TwoDay Method.

Ask the user: When did you take emergency contraception? Has the bleeding associated with the use of the emergency contraception stopped? Have you had your period since using it?

10 **If she recently used an IUD, has the IUD been removed?** The purpose of this question is to ensure that the IUD has already been removed. Explain that once removed, the user can begin using the TwoDay Method immediately.

11 **If she recently had a miscarriage or abortion, has the bleeding associated with the abortion stopped? Has her period returned?** The provider uses this question to determine whether the woman's period has returned. The provider must ensure that the bleeding is not related to the loss of the pregnancy.

Ask the user: Have you stopped bleeding as a result of the abortion or miscarriage? Have you had your period?

12 **When did she get her last period? The woman can start using the method if she is within the first 7 days of her cycle. Ask the woman the date of her last period to determine if she can start the TwoDay Method at this time.**
With this question the provider can approximate when the user got her last period to determine if the woman is within the first 7 days of her cycle and can start using the TwoDay Method. If she is beyond day 7 of her cycle, she should wait until her next period starts to begin using the TwoDay Method.

TwoDay Method
Checklist - Follow-Up Visit

This checklist helps the provider determine, along with the user, if the method is still appropriate for her and her partner.

The TwoDay Method is still appropriate for the client if she has paid attention to her secretions on a daily basis and, with her partner, avoided unprotected sex on her fertile days. The yes or no answer applies to the numbered questions in bold. The provider can use the probing questions to inquire about the important elements of each requirement.

Woman

1 **Has she been able to check her secretions every day?**

yes → no → Identify any difficulty with method use and provide the necessary support.

Ask the user:
- How many times a day do you check your secretions?
- How do you remember to check your secretions?

2 **Did she start checking for secretions immediately after her period stopped? AND Did secretions appear a few days after her period? (Review the Client's card)**

yes → no → Identify any difficulty with method use and provide the necessary support.

Ask the user:
- When did you start paying attention to your secretions?
- When did your secretions start?
- How many days after your period ended did your secretions start?

3 **After secretions started, did they continue for several days in a row? (Review the Client's card)**

yes → no → Identify any difficulty with method use and provide the necessary support.

4 **Did her secretions last between 5 and 14 days? (Review the Client's card)**

yes → no → Identify any difficulty with method use and provide the necessary support.

Ask the user:
- Since you started using the method, did you have secretions for less than 5 days in a cycle?
- Since you started using the method, did you have secretions for more than 14 days?

5 **Are her secretions healthy?**

yes → no → Identify any difficulty with method use and provide the necessary support.

Ask the user:
- What do your secretions look like?
- Have you had itchy or foul smelling secretions?

Continue on back page.

Couple

6 **Do both partners want to avoid pregnancy at this time?**

yes → no → Identify any difficulty with method use and provide the necessary support.

7 **Are both partners able to abstain or use condoms on days when the woman can get pregnant?**

yes → no → Identify any difficulty with method use and provide the necessary support.

Ask the User:
- How does your partner know you are on a fertile day?
- How did you manage the fertile days?
- Did you have difficulty abstaining or using condoms?

8 **Are both partners free of risk from HIV/AIDS or other sexually transmitted infections?**

yes → no → Identify any difficulty with method use and provide the necessary support.

9 **Are both partners satisfied with the method and do they want to continue using it?**

yes → no → Identify any difficulty with method use and provide the necessary support.

10 **Is the couple able to use the client card correctly? (Review the Client's card)**

yes → no → Identify any difficulty with method use and provide the necessary support.

Ask the User:
- Were you able to mark the symbols on the Client Card correctly?

If the answer to all the questions in bold is **YES**, the method is still appropriate for the woman and the couple.

If the answer to any of the questions in bold is **NO**, identify any difficulty with method use and provide the necessary support.

TwoDay Method
Checklist – Follow-up Visit
Instructions for Use

The method continues to be appropriate for the woman who can pay attention to her secretions daily and who, with her partner, can abstain or use condoms on the days she can get pregnant.

1 **Have you been able to check your secretions everyday?** With this question the provider verifies if the woman has checked her secretions daily, at least twice a day. If she has not followed these instructions, ask why and reiterate how important this is for correct use of the method. If she has found it difficult to remember to check, help her establish a routine, such as, for example, checking each time she goes to the bathroom, before going to bed or while doing any other daily activity.

Ask the user: How many times a day do you check your secretions? How do you remember to check your secretions?

2 **Did she start checking for secretions immediately after her period stopped? Did secretions appear a few days after her period?**
The purpose of these questions is to help the provider determine if the woman started noticing her secretions early enough in her fertile phase. A provider should rely on the marking of secretions on the Client Card to answer these questions. Although the onset of secretions varies according to each woman, it is important to reiterate that secretions generally begin a few days after menstruation stops. These first few days are very important because the amount of secretions is very small, which makes them more difficult to see and feel even when they are present. The provider must review the woman's pattern of secretions on the Client Card and provide the necessary support based on her observation.

Ask the user: When did you start paying attention to your secretions? When did your secretions start? How many days after your period ended did the secretions start?

3 **After secretions started, did they continue for several days in a row?**
The provider reviews what the woman has marked on her Client Card to determine whether the woman's secretions have been continuous. If the woman has recorded the pattern of secretions intermittently, the provider must reiterate that once secretions begin, they continue for several days in a row. Use this opportunity to strengthen her ability to identify the presence or absence of secretions by reinforcing the techniques that she can apply to know whether she is having secretions.

4 **Did her secretions last from 5 to 14 days?** The purpose of this question is to help the provider and the client determine if she is having problems identifying her secretions. The client must have at least 5 days of secretions during her cycle and no more than 14 consecutive days with secretions. If the card shows that she has marked less than 5 days with secretions, ask about how and when she checks them and provide the necessary instruction. It is important to make it clear that although some women may have only 5 days of secretions in a cycle, this pattern is uncommon. Secretions generally last an average of 12 days. If the woman has more than 14 days of secretions, explore if this is due to a health condition or if it is simply the woman's pattern. Remember that if the woman has over 14 days with secretions the fertile period when she must avoid unprotected sex is also longer, which may make the method unacceptable to the couple. Provide the appropriate support based on the circumstances and the couple's preferences.

Ask the user: Since you started using the method, have you had secretions for at least 5 days in a row? Since you started using the method, have you had secretions for less than 14 days in a row?

5 **Are her secretions healthy?** The purpose of this question is for the provider to determine if the woman has a health condition that needs to be added and whether it could complicate use of the method. Secretions that indicate disease may create confusion and extend the number of days with secretions. With this question, the provider determines if the client has healthy secretions.

Ask the user: What do your secretions look like? Have you had itchy or foul smelling secretions?

The method is appropriate for couples who can avoid unprotected sex during her fertile days.

This section of the checklist is designed to identify and explain issues related to the couple's relationship, and how to assess whether they are using the method effectively.

6 **Do both partners want to avoid pregnancy at this time?** This question is important to confirm that both partners still do not want a pregnancy and still agree to use the method.

Ask the user: Are you and your partner still in agreement about avoiding a pregnancy at this time?

7 **Are both partners able to abstain or use condoms on the days the woman can get pregnant?** The purpose of this question is to help the client and the provider identify any problems the couple may have in abstaining or using condoms on fertile days. It also helps determine if the woman feels free to tell her husband whether she wants to have sex or not.

Ask the user: How is this method working for you and your partner? Have you talked about the need to abstain or use condoms on the days when you can get pregnant? Have you reached an agreement on how to protect yourself during those days? What are you and your partner doing to avoid a pregnancy during your fertile days? Is it working for you? How do you and your partner communicate to know on which days you can have sex? Have you ever wanted to have sex on a fertile day when you could get pregnant? How did you handle the situation? Have you had sex on a day when pregnancy is likely? Do either of you have any problem using the method?

8 **Are both partners free of risk from sexually transmitted infections?** The purpose of this question is to evaluate whether the woman still believes they are not at risk of contracting a sexually transmitted infection and to remind her that the TwoDay Method will not protect her against HIV/AIDS or STIs. In cases where either member of the couple has sexual relations with more than one person, there may be a risk.

Suggested questions: People who have sex with more than one person risk getting a sexually transmitted infection. The TwoDay Method does not protect against this type of infection. Since using this method, have either you or your partner been diagnosed with a sexually transmitted infection? Do you still believe that you and your partner are not at risk of contracting a sexually transmitted infection?

9 **Are both partners satisfied with the method and do they want to continue using it?** The purpose of this question is to determine if the couple is satisfied with the method and if they intend to continue using it.

Suggested questions: How is this method working for you and your partner? Are you satisfied? What do you like about the method? Is there anything you don't like about this method? Have you discussed it with your partner? Would you like to consider another method?

10 **Is the couple able to use the Client Card correctly?** The purpose of this question is to remind the provider of the need to verify if the woman is using the Client Card well.

Suggested questions: How often do you mark the card? Do you remember to mark it every day? What do you do if you forget to mark it? Does your partner help you mark the card or remind you that you have to mark it daily? How do you know if today is a day you can get pregnant? How do you know if today is a day when pregnancy is unlikely? What would you do if you have less than 5 days of secretions? And if you have more than 14 days with secretions? What would you do if you have had unprotected sex on a fertile day? What would you do if you have filled the card and your period hasn't started?

Institute for Reproductive Health
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Frequently Asked Questions about the TwoDay Method

Is it hard for a woman to know when she has secretions?
A woman can learn to recognize if she has secretions provided she has received the appropriate counseling on the method. The woman's willingness to check for them daily is also a factor. Studies on the method found that women recognize secretions during the first cycle of method use. It is important to emphasize during counseling that the woman must pay close attention on the days following her period because during this phase secretions are present in small amounts and may require more familiarity and skill to notice them. It is also important to emphasize that when secretions begin, they continue for several days in a row. These messages are vital for helping the woman identify her secretions and her fertile days.

How familiar are women with their secretions? Does this influence the time it takes to learn to notice them?
Women are generally aware that, apart from menstruation, they have other discharge during their cycle. They know that they have secretions sometimes. However, many do not know its significance nor do they pay attention to it. Women generally feel secretions when their amount increases, but once they learn to use this method they learn to notice them even when they are present in very small amounts by touching them or seeing them when they wipe themselves. Obviously, women who are attentive and more familiar with their bodies will find it easier to notice their secretions, but this does not mean that women who initially are not cannot learn to use the method successfully.

What is the best way for a woman to know whether she has secretions?
A woman has the option to look for them when she goes to the bathroom or feel them during the day as she goes about her daily activities. The provider explains the options available and then the client decides the most effective and convenient way to do it. Some women prefer to check themselves using toilet paper. It is not necessary for a woman to touch her genital area, but sometimes this is the most effective way to check. Studies have shown that, contrary to what some providers believe, women are not against touching their genital area and actually opt for doing so on their own initiative to confirm they have secretions. It is always recommended that women look for their secretions, whether on toilet paper or on their underwear, especially on the days immediately following their period, until they get used to feeling them. It is also important that each woman establish a routine for remembering to check herself daily, for example, doing so every time she goes to the bathroom, before urinating.

What happens if a woman cannot remember whether she had secretions yesterday?
A woman is advised to mark her card every day to help her remember whether she had secretions and easily identify her fertile days. If she forgets to mark the card and does not remember whether she had secretions, she must consider that day as a day with secretions and mark an "X" (symbol used in the client card for days with secretions).

Is it necessary to use the Client Card?
It is important that the woman mark, on a daily basis, what she notices because this helps her know and understand her menstrual cycle and specifically her pattern of secretions. Marking daily helps her determine if today is a fertile day by checking to see whether she had secretions yesterday and today. Furthermore, the efficacy study for the TwoDay Method found that having a record helps the woman identify her fertile days and use the method correctly. Keeping a record is also important from a service perspective because it helps the provider know if the woman is identifying her secretions at an appropriate time after her period ends and if the pattern of secretions is continuous.

What is the average number of days that a woman must avoid unprotected sex?
There is no exact number because it varies from woman to woman. It is best not to give the client a specific number of days but rather explain that she will discover this as she uses the method. Days with secretions generally last from 5 to 14 days.

How do couples using this method usually manage the fertile phase?
Couples who use natural methods, including the TwoDay Method, which require avoiding unprotected sex on the fertile days, use different strategies to manage these days. Natural methods are generally more effective if the couple abstains from sex during the fertile phase. While some clients opt for complete abstinence, others use condoms. Frank and open communication between the couple is an important element in managing the fertile days, which involves deciding how to prevent pregnancy on those days and following through with their plan.

What is the difference between the Billings Ovulation Method and the TwoDay Method?
Both methods are based on identifying a woman's fertile days by monitoring cervical secretions. With the TwoDay Method, a woman relies solely on the presence or absence of secretions to know if she could become pregnant today. With the Billings Method, the woman not only monitors the presence of secretions, but must also distinguish between fertile and infinite and then follows several rules regarding when to have or avoid sex to prevent pregnancy.

Can a woman who has just had a baby and hasn't yet had her period use the TwoDay Method?
No. She must wait until she has had her period at least 4 times after the baby is born. This is necessary to ensure that her period and pattern of secretions have returned to normal.

Can a woman who is breastfeeding use the TwoDay Method?
It depends. If the woman is breastfeeding and her period has not returned since the birth of her baby, she must wait until she has had her period at least 4 times before using the TwoDay Method. Note that menstruation for breastfeeding women may be delayed and that secretions may appear intermittently or not at all, which may complicate the use of the method. These changes are due to the hormones acting in her body as a result of breastfeeding.

Can a woman who has just stopped using the pill use the TwoDay Method?
Yes, but she must have had at least one period after she stopped taking the pill. If she is still taking the pill and wants to use the TwoDay Method, it is recommended that she finish taking the pills for her current cycle and begin using the method when her next period begins.

Can a woman who has just stopped using an injectable form of birth control use the TwoDay Method?

It depends. If the woman has recently used the **1-month injection**, she can use the TwoDay Method after: a) one month has passed since she received the last injection; and b) she has had her period at least once after that month. If the woman has used the **3-month injection**, it may be some time until her period returns to normal. Therefore, she must have stopped using the injection and wait until: a) 4 months have passed since she received the last injection; and b) she has had her period at least twice after those four months. Once these conditions are met, she can begin using the TwoDay Method.

Can a woman who has just stopped using an IUD use the TwoDay Method?
She can use it after the IUD has been removed.

Can a woman who has just had an abortion or miscarriage use the TwoDay Method?
She must wait until she has had at least one period. Any bleeding related to an abortion or miscarriage must not be confused for a period.

What happens if a woman thinks she may be pregnant?
If a woman thinks she may be pregnant, or if 42 days or more have passed since the beginning of her last period, she should be referred for a pregnancy test. If the test is positive, offer her the appropriate counseling and refer her for prenatal care. If the test is negative, repeat the test once a week or until 2 months have passed since her last period. With a negative result, it can be assumed that the amenorrhea is not due to pregnancy.

What happens if a woman notes some bleeding between periods?
In case of minor spotting, inform the woman that this is a normal sign of impending ovulation, rather than a sign of a health problem. Otherwise, counsel her according to the service delivery guidelines for her health center or refer her for an assessment for unusual vaginal bleeding. It is important that the woman know how to differentiate between menstruation and light bleeding. According to the method, the woman considers herself infertile if she is menstruating or if she did not have secretions today <u>and</u> yesterday. For the purpose of using the TwoDay Method, this type of light, **mid-cycle bleeding should be considered as secretions.**

Is it necessary for a woman to touch her genitals to know if she is having secretions?
It is not necessary for her to touch her genitals to detect secretions. Touching the genitals with clean fingers is the most effective way to detect secretions, but some woman prefer not to touch themselves and instead prefer to look at or touch them on toilet paper or on their underwear. Also, many women learn to feel the secretions without touching or looking by simply concentrating and paying attention to what they feel in their genital area.

What should be done if the user forgets to check for secretions?
If she does not remember whether she had secretions or not, or if she didn't pay attention that day, should she consider that day as a day with secretions.

Does this method offer protection against STIs?
No. Like several other family planning methods, the TwoDay Method does not protect against STIs. The only family planning method that provides protection against STIs is the condom. If a woman thinks she is at risk of contracting an STI or if she thinks she may have an STI, she should use a condom every time she has sex.

Can a couple use coitus interruptus or withdrawal during their fertile days?
Yes, it is possible. However, it is important to remember that this does not guarantee the same 96% effectiveness when using the TwoDay Method.