

Feasibility of Incorporating the Standard Days Method into CASP Family Planning Services in Urban Slums of India



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Support for the United States Agency for International Development (USAID) enables the Institute to assist a variety of international institutions, both public and private, to introduce and expand SDM services.

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Feasibility of Incorporating the Standard Days Method into CASP Family Planning Services in Urban Slums of India

Executive Summary

The feasibility and effects of incorporating the Standard Days Method®, a simple fertility awareness-based family planning method, as an additional choice into the basket of contraceptives offered in the Sangam Vihar urban slum district of Delhi was tested by the Community Aid and Sponsorship Program (CASP) and the Center for Development and Population Activities (CEDPA) in collaboration with the Institute for Reproductive Health at Georgetown University.

Background

The Standard Days Method is an effective and easy-to-use natural family planning method developed by researchers at Georgetown University's Institute for Reproductive Health to enable women to manage their own fertility. The Standard Days Method identifies a fixed fertile window in the menstrual cycle and helps users to be aware of the days pregnancy can occur. Users of this natural family planning method can rely on CycleBeads®, a color-coded set of beads, to help identify fertile and non-fertile days and monitor cycle length.

Millions of Indian women are at risk of an unwanted pregnancy; 70% of the women who want to space their next birth are using no family planning. Yet birth spacing methods are not widely promoted or used. A higher percentage of women in India use traditional methods such as the “safe period”, than any other single birth spacing method, yet very few of these women can correctly identify their fertile period. Men, a critical half of the family planning equation, are rarely involved in family planning. Lack of safe, effective and accessible birth-spacing methods is a barrier to contraceptive choice in India. The Standard Days Method can help address this need.

Study Design and Objectives

In India, the Standard Days Method was incorporated into the activities of CASP, with support from CEDPA, as a part of its Reproductive and Child Health Sustainability Project. This operations research project was designed to contribute to the ongoing effort of the CEDPA-CASP project to establish sustainable community-based reproductive child health services, with a focus on expanding family planning method choice through the social marketing of the Standard Days Method. The study was implemented over a two and a half year period in three units of Sangam Vihar where CASP, in partnership with PLAN International, operates small health clinics. CASP incorporated the Standard Days Method and fertility awareness information into the package of products and services that Community Health Guides (CHGs) sell to their communities through the Community Based Health Management Scheme.

CASP collaborated with a consulting firm, TNS Mode, to collect data from community members and study participants. Surveys were conducted at baseline and endline to determine the effect of introducing the Standard Days Method at the community level. In addition, field-investigators conducted interviews with method users to determine satisfaction, correct use and continuation. Users were interviewed upon admission to the study and followed quarterly for up to twelve cycles, when an exit interview was conducted. An exit interview was conducted in those instances where the woman stopped using the method or became pregnant. Men were also interviewed when they exited from the study.

Intervention

Effective delivery of the Standard Days Method includes a visual aid to help users track the fertile days of their menstrual cycle. For this purpose, the Institute for Reproductive Health at Georgetown University developed CycleBeads®, a string of colored beads that represent each day of a woman's menstrual cycle. They help women know if they are on a day when pregnancy is likely. CASP and CEDPA contracted Population Services International (PSI), a Delhi based social marketing organization to develop and test a locally manufactured product, which could be marketed to their target population. PSI designed and tested three prototypes, of which a clock and necklace were selected. Additionally, CASP conducted a number of IEC activities to raise awareness of the SDM in Sangam Vihar, which included community group discussions, health fairs, street plays, posters and cable television spots advertising CASP family planning services.

A total of 56 CHGs and 11 male volunteers as well as the entire CASP-PLAN field staff team were trained to provide information and counseling on the Standard Days Method, including how to screen couples for method eligibility and teach them to use the method. Of those trained, 60% went on to provide the method and reported users during the project; CHGs conducted home visits to offer services and provide basic information on fertility awareness to potential clients. In Unit 3, CHGs and male volunteers worked as a team to ensure that both the husband and wife received counseling, either individually or as a couple; in Units 4 and 5, CHGs primarily provided counseling to women. Although male workers were found to be competent to offer the method, none provided the method to community members due to drop-out from the program. They cited dissatisfaction with compensation and lack of time due to their regular work as reasons for leaving the program. CHGs were also found to be technically competent to offer the method; two years after their initial training, most could correctly state the key information needed to offer the method.

Of the 600 prospective Standard Days Method users screened by CHGs for method eligibility, 246 women accepted the method and gave consent to participate from which 230 were admitted into the study. Eligible couples were provided a clock or necklace as a device to help them identify fertile days and monitor cycle length, along with packets of condoms for use during the fertile days. CHGs visited their clients after one cycle of method use to provide additional counseling and ensure that they were using the method correctly.

Results

User Experiences

The study results show that offering the Standard Days Method can improve family planning use; most new users never previously used family planning or had used condoms inconsistently prior to adopting the method. Less than two percent of women were using an effective method of family planning two months prior to entering into the study.

Almost all of the couples using the Standard Days Method (98%) found it simple to learn and use; likewise, the majority had accurate knowledge of how to use the method and used it correctly. Most couples used condoms during the fertile days (98%) and many reported that using the Standard Days Method facilitated communication with their partner about when to have intercourse. Women who reported using the method correctly experienced few pregnancies (3%). Over a period of twelve months, only 10% of women discontinued use of the method because they had out of range cycles or were dissatisfied with the method.

Users were highly satisfied with the method; 98% of women and 77% of men would recommend the method to others and almost all (97%) users who completed 12 cycles of method use planned to continue using the method. While the lack of side effects was the primary reason that couples selected the method, women liked the method because they did not have to take anything, while men stated they were pleased that they did not have to use condoms during the infertile days. Also, the method appeals to couples who desire a child – 10% of users were using the Standard Days Method to plan a pregnancy, according to the end line census.

Community Effects

Results from the household surveys show that knowledge of the method and fertility awareness increased substantially in study communities. About one year after introducing the Standard Days Method, 37% of women and 10% of men had heard of the method. However, a relatively small percentage of women (18%) and no men reported that they had been offered the method during the past year. Correct knowledge of the fertile days increased from 2 to 67%. Community censuses conducted before and after method introduction show an increase in contraceptive prevalence from 50% to 58%. About 1% of the women interviewed were using the SDM, roughly the same as the percentage using DMPA, which had been introduced into the CASP program at the same time.

Information on the method spread through both formal (providers and other awareness raising activities) and informal channels (discussions with family, friends and neighbors). Most women heard about the method from the CHGs (76%), while men heard of it from CASP staff or doctors (44%). Among the IEC activities, the poster emerged as the most

effective medium for raising awareness of the method; the street play, mela and cable television spot were mentioned by relatively few women.

Since the Standard Days Method is a new method, the community was initially hesitant to accept it, and some clients had difficulty comprehending and remembering the information. Illiteracy of clients, as well as little willingness to pay, were some of the challenges confronted by CHGs offering the method. First, CASP found that the user tools (clock and necklace) were priced too high, so the prices were lowered. Later, some clocks were found to be defective and many of the necklaces were of poor quality which had a negative effect on the image of the method. As a result, use of the clock was discontinued. A manufacturer that could guarantee a quality necklace was identified.

Conclusions and Recommendations

Introduction of the Standard Days Method is a promising strategy for addressing unmet need. The study found that there is demand for the method among couples who have never before used family planning and that it can be provided effectively by low-literacy community health workers in rural and slum settings. Most couples can identify and manage their fertile days correctly; and users were very satisfied with the method.

Well-trained providers are key to successful integration of the Standard Days Method; thus, capacity building should be emphasized. Behavior change communication efforts are essential to create awareness and legitimization for this new method. A consistent supply of high quality products and condoms combined with good condom instruction will facilitate acceptance and correct use. Since this is a spacing method, programs should make an effort to reach young couples, as well as those who prefer not to use other methods due to religious restrictions or fear of side effects. The role of men as educators, providers and users of the method should be encouraged. Finally, government support is fundamental for introducing the method on a large-scale. The Standard Days Method will be more acceptable if integrated into the existing government family welfare program.

ABBREVIATIONS AND ACRONYMS

ANM	Auxiliary Nurse Midwives
CASP	Community Aid and Sponsorship Program
CEDPA	Centre for Development and Population Activities
CHG	Community Health Guides
DMPA	Depot Medroxy Progesterone Acetate, Depo Provera
FA	Fertility Awareness
IUD	Inter Uterine Device
LAM	Lactation Amenorrhea Method
OCP	Oral Contraceptive Pill
OR	Operations Research
PSI	Population Services International
Rs	Rupees (Indian currency)
RTI	Reproductive Tract Infection
SDM	Standard Days Method
STI/STD	Sexually Transmitted Infection/Sexually Transmitted Disease

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ABOUT THIS DOCUMENT

The chapters in this document cover the following contents.

Chapter 1: Introduction provides an overview of the Standard Days Method Operations Research, its objectives, activities undertaken during the intervention in Sangam Vihar and the research questions addressed by the study.

Chapter 2: Study Methodology explains the methodology adopted for the study.

Chapter 3: Interviews with SDM users presents the information gathered during interviews with couples enrolled in the study (baseline, follow-ups and endline).

Chapter 4: Diffusion of information on the Standard Days Method gives an overview of the formal and informal diffusion process of SDM based on data from the baseline and endline surveys. The issues covered in this chapter include knowledge of couples on SDM, source of this knowledge, and opinions of the couples about the method.

Chapter 5: Fertility Awareness and Family Planning is divided into two sections which present the results of the baseline and endline surveys. The first looks at fertility awareness among non-SDM users in terms of the basic knowledge of the fertile days among periodic abstinence users, condom users and non-users and the effect of fertility information diffusion on correct and consistent condom use. The second section presents the findings on current and future plans to use family planning.

Chapter 6: Perceptions of Providers and Staff reviews the technical competence of the providers in terms of their knowledge of the SDM. The chapter also presents the perceptions of providers and CASP staff of the community's response towards this method, perceived changes brought about by the introduction of the SDM in the community; its acceptance and use and the operational problems/barriers faced during integration of the method.

Chapter 7: Discussion and Conclusion is the concluding chapter. The chapter discusses key research questions with regards to the feasibility of incorporating the SDM into CASP's reproductive and child health services.

CHAPTER 1

INTRODUCTION

This chapter provides an overview of the Standard Days Method Operations Research, its objectives, activities undertaken during the intervention in Sangam Vihar and the research questions addressed by the study.

1.1 BACKGROUND

The National Capital Territory of Delhi is predominately urban, with a large population of migrant communities living in slum areas. Contraceptive prevalence is 64 percent, with 56 percent using modern methods and 8 percent using traditional methods (FHS II). In Delhi, as in almost all other Indian states, female sterilization is the most prevalent method, with 26 percent of currently married women using it. Male sterilization in contrast is used by only 2 percent of couples. Among the birth spacing methods, condoms are the most popular (18%), followed by IUDS (6%) and oral contraceptives (4%). Five percent of couples use some form of periodic abstinence and 3 percent use withdrawal.

The Indian National Family Welfare Program of India does not include natural family planning methods in its basket of choices. As a result, men and women rarely receive accurate information about their use and only a limited number of providers and couples know how to use them correctly. In order to address this situation, CEDPA, CASP and the Institute for Reproductive Health at Georgetown University (IRH) came together to test the feasibility of incorporating the Standard Days Method, a simple fertility awareness-based family planning method, as an additional choice in the basket of contraceptives.

1.2 THE STANDARD DAYS METHOD

The Standard Days Method® (SDM) is a new, natural method of family planning developed by the Institute for Reproductive Health at Georgetown University, U.S.A. The method is 95% effective when used correctly (Arevalo, et al., 2002). The SDM is most appropriate for women with menstrual cycles between 26 and 32 days. To use the method, couples must avoid unprotected intercourse during a woman's fertile period i.e., days 8 through 19 of the woman's menstrual cycle. During this period, couples using the SDM may abstain or use a barrier method.

In India, the Standard Days Method (SDM) was incorporated into the activities of CASP as a part of its Reproductive and Child Health Sustainability Project, with support from CEDPA. This operations research project was designed to contribute to the ongoing efforts of the CEDPA-CASP Project to establish sustainable community-based Reproductive Child Health services, with a focus on expanding family planning method choice through the social marketing of SDM.

1.3 STUDY OBJECTIVES

The specific objectives of this operations research project were to:

- Test incorporation of fertility awareness information and the Standard Days Method of family planning into the CASP program;
- Assess the feasibility of introducing the SDM as a socially marketed method;
- Assess the effect of offering fertility awareness information and the SDM on overall contraceptive prevalence and method mix in CASP's catchment area;
- Determine whether community health guides and male volunteers can successfully teach use of the SDM and also assess the effect of training male volunteers to provide the SDM;
- Determine how SDM users manage their fertile days (abstinence, use of condoms or withdrawal);
- Explore user satisfaction, correct use, continuation and method switching among SDM users in a community based service delivery setting;
- Measure the effect of the provision of fertility awareness information and the SDM on the consistent use of condoms and basic knowledge of fertility among non-SDM users in the Sangam Vihar catchment area;
- Explore the formal and informal diffusion process of the SDM in the community through analysis of the results of baseline and endline surveys.

1.4 Integration of the SDM into CASP's Family Planning Program

CASP, the Community Aid and Sponsorship Program, is a non- governmental organization founded in 1975. CASP was one of the pioneers in implementing integrated reproductive health as an integral component of health and development activities in India. The mission of CASP is to improve the quality of life of children, their families and communities through work in the area of health, education, income generation and community development.

CASP started work in the Sangam Vihar slums of New Delhi in 1989 in partnership with PLAN International. Sangam Vihar is inhabited primarily by immigrants from other states and lacks basic civic amenities such as potable water, sanitation; sewage disposal, electricity, and government run public health facilities. In 1999, CASP initiated a USAID-funded project on maternal health and child survival covering about 25,000 families.

Target Population

The OR study was implemented in three units of Sangam Vihar (Units 3, 4 & 5). CASP incorporated the SDM and fertility awareness information into the package of products and services that Community Health Guides (CHGs) sell to their communities through the Community Based Health Management Scheme.

CASP, in partnership with PLAN International, operates small health clinics in each of the three units. These are staffed by a physician, auxiliary nurse midwife (ANM), lab technicians and the CHGs. The CASP- CEDPA partnership enabled the communities to implement a Community based Health Management Scheme which provided the CHGs training and support as they made the transition from community volunteers to social entrepreneurs. One aspect of the transition from donating to selling services was a focus on quality improvement and expanded choice. CASP introduced DMPA, LAM and the SDM to the basket of contraceptive methods already offered by the CHGs which included condoms and oral contraceptives.



In Unit 3, male volunteers as well as the CHGs were trained to provide family planning information and counseling. The male volunteers were barbers and ISMPs (ayurvedic practitioners), and some were husbands of the CHGs. In Unit 3, CHGs and male volunteers worked as a team to ensure that both the husband and wife received counseling, either individually or as a couple. In Units 4 and 5, CHGs primarily provided counseling to women.

Training

A total of 56 Community Health Guides and 11 male volunteers were trained to provide information and counseling on the SDM. The entire CASP Plan field staff was also given a comprehensive training on SDM by CASP- CEDPA team. The training included practice on how to screen couples for method eligibility and teach them to use the SDM. Of the 67 providers trained, 60% went on to provide the SDM and reported SDM users during the project.

Table 1.1: Number of CHGs and Male Volunteers Trained

Participants	Number	Training	Refresher Training
CHGs	56	1	4
Male volunteers	11	1	2

Each CHG and male volunteer who participated in the training was given an SDM kit bag which contained the clock, necklace, screening and follow up forms and SDM reference guide to help them offer the method. They were also provided posters to be displayed at the prominent places in the community.

Unit-wise refresher training was conducted to reinforce knowledge and counseling skills and to impart knowledge on emergency contraception. This was an opportunity to update provider knowledge and motivate the inactive CHGs to visit non-users in their area to offer them the family planning method of their choice. Weekly unit-wise meetings were held with health guides and male volunteers. All of the volunteers were given exercises to practice calculating the length of the menstrual cycle and participated in role plays to improve their counseling skills.



CASP arranged an exchange visit to Sitapur (CARE's SDM program area) so that the CHGs could share experiences and lessons learned with rural providers. The CHGs who reported SDM clients were selected for the visit. Providers were also rewarded from time to time for good counseling and follow up.

IE&C

CASP conducted a number of IEC activities to raise awareness of the SDM in the Sangam Vihar.

- The CHGs conducted regular group discussions in their communities to highlight the benefits of family planning and present available options. These discussions provided an opportunity for CHGs to identify potential clients and motivate them to accept a family planning method.
- IE&C activities such as health fairs (melas) were organized to provide information to the community about fertility awareness and to announce the availability of the Standard Days Method. The CHGs successfully enrolled many new clients during these fairs.
- Street plays were organized at regular intervals in each unit of Sangam Vihar to spread awareness on SDM. The script of the street plays was written by the CHGs themselves with the help of the Project Coordinator. These street plays were instrumental in spreading awareness of the SDM to a large number of people. The fact that the SDM is a simple to use, fertility-based natural method of family

planning, was appealing to community members and stimulated demand for more information.

- A film advertising CASP family planning services, and mentioning the availability of a new method – the SDM, was broadcast through the local cable network.
- SDM posters and banners were displayed in prominent places in the community such as the clinics, chemist shops and barber shops.

Product Development

Effective delivery of the SDM includes a visual aid to help users track the fertile days of their menstrual cycle. For this purpose, Georgetown University has developed

Messages and Materials: Focus on the Couple



 Institute for Reproductive Health

“CycleBeads”, a necklace consisting of 32 beads. The red bead represents the first day of menstruation followed by 6 brown beads representing the safe days and then by 12 white beads indicating the fertile days. The rest of the beads are again brown representing the safe days. There is a small rubber ring which has to be moved over the beads. By moving the rubber ring over one bead each day, women can tell when she is in her fertile window.

In 2001, when this study was initiated, CycleBeads had been introduced in pilot studies conducted in Bolivia and the Philippines and was found to be a useful tracking and communication tool. CASP and CEDPA contracted Population Services International (PSI), a Delhi based Social Marketing Organization to develop and test a locally produced product which could be marketed to their target population. In the first phase of their work, prototype development, PSI conducted 54 in-depth interviews and 2 focus group discussions with men and women. The table below presents the product parameters established by PSI based on these results.

Table 1.2: Product Parameters

Method-Based	Consumer-Based
Clear coding of the fertile days	Ease of use
Involves both partners	Daily use
Facilitates communication	Reliable
Identifies out of range cycles	Affordable
	Traffic-light colors
	Non-obtrusive

PSI developed three prototypes- a clock, mirror and necklace. All three prototypes were pre-tested through four focus group discussions with men and women. CASP decided to introduce two products to aid users of the SDM; a clock and a necklace, under the brand name, “Jeevan Chakra” (literally wheel of life), signifying a protected fertility cycle. The clock had a fixed window next to the digit 3 and a rotating band with different colored dots representing the safe and unsafe days. The band could be turned in one direction to bring the dot representing the particular day into the window. Users place the black dot in the window on the first day of the menstrual cycle and move the band daily. The color of the beads/dots was determined by the results of the focus groups conducted by PSI. Red was used for the fertile/ unsafe days, green for infertile/ safe days and black for the first day of the cycle.

The clock was more acceptable to the community than the necklace, because it served the dual purpose of telling time and tracking the safe and unsafe days. However, some couples did prefer the necklace.

Once the products were selected, PSI conducted two additional focus groups with men and women and in-depth interviews with providers to develop the brand. During the branding phase, PSI decided to position the product as a highly reliable, natural method for young couples who desired to plan their families by understanding and planning their fertility, without compromising on natural, spontaneous fun. A non-contraceptive feel was given to the packaging, name, and promotional materials, because the target group consisted of young couples who want to understand and “plan” their fertility, rather than “control” it.

The price of the product was determined based on feedback received from the community. The table below presents the results of willingness to pay interviews conducted by PSI.

Table 1.3: Price of SDM Clock and Necklace

	Necklace (US\$)	Clock (US\$)
Cost	¢.33	\$1.00
Perceived value	¢.22-55	\$1.30-\$3.30
Sale Price	¢.50	¢.75

Couples were willing to pay more for the clock than the necklace. Men preferred the more expensive device, the clock, and were willing to pay higher prices than women. The necklace (packaged in an embroidered bag) was sold for Rs. 25 (about fifty cents), while the clock was priced at Rs. 40/ (about seventy-five cents). Both products were sold with three condoms, a calendar to mark the first day of menstruation and an instruction book.

Written materials for SDM providers and users developed by the Institute of Reproductive Health were adapted, translated into Hindi, and field-tested by PSI and CASP. A calendar and a client card (instructions) were produced for users. Materials for

providers included forms for tracking screening and follow-up visits, an SDM reference guide, and SDM user register.

CASP evaluated and revised its material based on feedback received from field. It was observed that a few literate women preferred to use the calendar instead of the clock/ necklace because they considered it more private. These clients were provided the calendar only and were taught to mark their unsafe days. During follow-up visits, the CHGs ensured that the clients were correctly marking the 1st day of the cycle and also their fertile (unsafe) days.

A number of problems were encountered with the products. Many of the clocks received from PSI were defective. This made it difficult to run the project smoothly. Many clients returned the defective clocks and thus were unsatisfied with the method. Some could not keep count of the days because the window of the clock had broken and hence returned the method. There were also problems with the locally manufactured necklace. Specifically, the clients did not find the necklace attractive, especially after being offered the clock which they appreciated due to its added utilitarian value. Due to the poor quality of the clocks, the objective of including SDM clocks as a socially marketing product could not be achieved, and instead efforts were made to popularize the necklace.



Services

The CHGs conducted home visits to offer family planning services and provide counseling. During their home visits, the CHGs provided basic information on fertility awareness; explaining in simple terms the women's reproductive cycle and the fact that a woman is fertile only on certain days of her cycle. Couples who were using condoms consistently or were at a risk of a sexually transmitted infection were not offered the method and they were counseled on the importance of consistent condom use. However, inconsistent condom users were offered the SDM in order to prevent



unplanned pregnancy by increasing consistent condom use during fertile days.

CHGs followed a checklist to screen couples for method eligibility. Eligible couples who were within the first seven days of their menstrual cycle were provided the clock or necklace along with a packet of condoms for use during the fertile days. Women who were not within the first week of their menstrual cycle were told to abstain or use condoms until they their

period began. The CHGs kept track of these women and revisited them to offer the method. (After the operations research studies were completed, these criteria were relaxed and women were provided the method at any time during their cycle.) The CHGs visited their clients after one cycle of method use to provide additional counseling and ensure that they were using the method correctly. The CHGs were given a stipend of Rs.10 (about twenty-five cents) for each new family planning client and Rs. 5 for each follow-up visit.

The CHGs screened 600 prospective SDM users for method eligibility. According to the data recorded on the forms the CHGs filled out during screening, 70% of these women met the SDM eligibility criteria. The primary reasons women were not eligible to use the SDM at the time of their first screening were:

- Out of range cycles (45%);
- Less than three cycles postpartum (12%);
- Prior use of a hormonal method in the last two months (8%); and
- Lack of partner interest or support (35%).

It is interesting to note that the SDM represented 3% of CASP's new family planning users during the first year of introduction. The percentage of new users accepting DMPA, also newly introduced to the program, during this period was similar – 2.8%.

Monitoring

Monitoring and supervision was conducted at each level of the program. The CHGs filled out a screening form for each potential SDM client, and also filled out a form for each follow-up visit. CASP supervisors reviewed these forms to monitor the quality of care provided by the CHGs. Supervisors also conducted home visits with clients to detect any quality of care problems.

The Project Coordinator conducted regular visits to the field to supervise the activities of the CHGs. During these monitoring visits, home visits with users were also conducted to assess client satisfaction. Screening checklists were checked randomly by the Project Coordinator.

A refresher guide for SDM providers was administered three times during the study period to assess provider knowledge and competency. Results were used to design provider retraining. The CHGs received an initial training in September 2001, followed by refresher training in January, 2002. Immediately after this second training, the CHGs received the product and began to offer the method. The data in the table below shows



that provider knowledge was quite high five months after training and increased over time.

Table 1.4: Refresher Guide Scores of CHGs

	1st Visit (May 2002)	2nd Visit (Aug. 2002)	3rd Visit (Jan. 2003)
SDM eligibility criteria	66%	89%	98%
SDM use instructions	86%	93%	99%
Menstrual cycle	84%	97%	99%
SDM counseling and follow-up	80%	88%	93%

1.5 RESEARCH QUESTIONS

The operations research study addressed the following questions:

1. Was it feasible for CASP to integrate SDM into its multi-method family planning program? What operational problems or barriers were encountered and what solutions were found, if any?
2. Were the Community Health Guides and the male volunteers able to teach the SDM/ FA effectively?
3. Were couples willing to pay for the SDM? Was the profit made by the provision of the method sufficient to motivate the CHGs and the male volunteers to offer the method? How did the price of the method influence selection?
4. Did the provision of SDM /FA by the male volunteers result in a greater number of users than provision by the CHGs only? Did couple counseling result in improved use as compared to counseling only the woman or the man?
5. How did men and women perceive and use this method?
6. How did incorporation of the SDM/FA influence use of other methods?
7. Did information about the SDM/FA spread throughout the community? How accurate was this information? Did couples use the SDM without receiving instructions from a provider?
8. What were the correct use and continuation rates of the SDM? What were the reasons for continuation or discontinuation in this setting? When SDM users discontinued the method, did they switch to a different method and to which method did they switch?
9. How satisfied were SDM users?

CHAPTER 2

STUDY METHODOLOGY

This chapter describes the study methodology, data collection and analysis.

2.1 STUDY PHASES AND ACTIVITIES

The OR study took place in three phases: baseline, intervention and endline. The activities undertaken during each phase are described in the table below:

Table 2.1: Study Phases and Activities

Study Phases	Activities	Period
Baseline	CASP conducted a baseline census of households with women in - union of 13 to 49 years to determine their family planning status and to identify the users of natural methods and condoms.	April 2001
	TNS MODE conducted a baseline survey of a selected sample of periodic abstinence and condom users to establish baseline measures on selected indicators of knowledge on fertile days and correct use of natural methods and condoms. The findings were documented in the baseline report.	May 2001
	All male and female providers (male volunteers, community health guides, CASP clinic staff) were interviewed by TNS MODE immediately after they received training in the SDM. The study findings have been documented in form of a report.	June 2001
Intervention	CASP began offering SDM services.	January 2002
	TNS conducted admission interviews with women who consented to participate in the OR study. TNS MODE conducted interviews with SDM users for up to 13 cycles. The findings have been documented in this document.	
Endline	CASP conducted an endline census to assess the impact of the intervention on the community. The data has been presented in the endline survey report.	August 2003
	TNS MODE carried out an endline survey in order to	

	determine the effect of provision of the SDM and basic fertility awareness knowledge, specifically among condom users, periodic abstinence users and non-users of any method, in the Sangam Vihar catchment area. The findings have been presented in the endline survey report.	September 2003
	All male and female providers (male volunteers, CHGs, clinic staff) were interviewed by TNS MODE. The findings are documented in this report.	September 2003

2.2 STUDY DESIGN

A quasi-experimental pre-post study design was used. The study was conducted in 3 units (nos. 3, 4, 5) of Sangam Vihar- an urban slum area of New Delhi. In unit 3, the CHGs and male volunteers (some of whom were husbands of the CHGs) provided information and counseling. In Units 4 and 5, the SDM was provided by the CHGs only. Clinic staff referred potential users to the CHGs and supervised their work.

Table 2.2: Study Design

	GROUP 1 Couple Counseling	GROUP II Women Focused
Unit number	3	4 and 5
Providers	Male Volunteers & CHGs	CHGs
Number of providers	10-15 Male Volunteers & 25 CHGs	50 CHGs

Data was collected through: a) a baseline/end-line census to identify households with women of 15 to 49 years of age married or cohabiting to determine their family planning status; b) baseline/end-line survey of traditional method and condom users; c) quarterly follow-up interviews with SDM users; and d) interviews with providers (CHGs) and CASP staff.

Baseline Census

According to a household census conducted by CASP in September 2000, the target population for SDM/FA information included 8,500 couples, of whom 23% were condom users, 5% natural method users. The remaining 71% were not using any method of family planning.

Baseline Survey

Keeping in mind the comparatively fewer number of periodic abstinence users identified in the census, all periodic abstinence users were interviewed. Condom users were selected through random systematic sampling from each unit. In all, 1034 women

between 15-49 years were interviewed. Of these, 198 were using periodic abstinence and 836 were condom users.

Follow-up interviews with SDM users

CASP provided counseling on the SDM and asked women for their consent to participate in the OR study. TNS MODE then conducted interviews with consenting SDM users to assess correct use and satisfaction. Only women were interviewed during the admission and the follow up interviews, however both men and women were interviewed at exit.

Researchers respected the privacy and confidentiality of respondents through the informed consent process. The content of the informed consent form was read to the respondents. The consent form explained the basic nature of the study and sought the agreement of the respondent to be interviewed. Confidentiality and anonymity were maintained through standard study procedures.

Admission interviews: After signing the consent form and within fifteen days of receiving the method, an admission interview was conducted with the study participants. This interview collected basic information on their background, prior family planning use and reasons for choosing SDM.

Follow up interviews: Once admitted to the study, the SDM users were followed for 13 cycles and interviews were conducted with the women as per the following schedule:

- After one cycle of use (beginning of cycle 2)
- After three cycles of use (beginning of cycle 4)
- After six cycles of use (beginning of cycle 7)
- After nine cycles of use (beginning of cycle 10)
- After twelve cycles of use (beginning of cycle 13), or whenever a woman stopped using the method, an exit/discontinuation interview was conducted. The husband was also interviewed at this time.
- If the woman became pregnant during the course of the study, she was administered the pregnancy form.

Table 2.3: Study Enrollment and Participation

Particulars	Total
New SDM users	246
Women using clock/calendar/ necklace at the time of admission interview	243
Women ineligible to participate in the study at the time of admission interview	16
Total number of participants enrolled in study	230
No. interviewed at:	
• First follow up (beginning of cycle 2)	210

• Second follow up (beginning of cycle 4)	184
• Third follow up (beginning of cycle 7)	149
• Fourth follow up (beginning of cycle 10)	124

Endline census

A household census was conducted by CASP among the target population (women aged 15-49 years) immediately prior to the endline survey, in order to identify family planning users. The census identified a total number of 433 periodic abstinence users, 2566 condom users and 6189 non-users. The sample for the endline survey was based on the endline census.

Endline survey

The endline survey used the following sampling procedure:

First stage: Each unit (3, 4 and 5) was taken as an independent unit for drawing sample frames. Three separate sampling frames were drawn for each unit based on their respective census. These sampling frames were for periodic abstinence users, condom users and non –users of any method. This was a modification on the sample selected for baseline where only periodic abstinence users and condom users were chosen.

Second stage: Condom users and non-users were selected in proportion to the number in the census survey in each unit through systematic random sampling. Keeping in view the objectives of the study and comparatively smaller number of periodic abstinence users in the total sample, most of the periodic abstinence users were interviewed in the three units. Pregnant women, husbands of pregnant women and women who wanted to have a child in the next year were not included in the end line survey. In all, 1034 women between the ages of 15-49 years were interviewed. Of these, 198 were using periodic abstinence method and 836 women were using condoms.

Provider interviews

All male and female providers (male volunteers, clinic staff, CHGs) were interviewed by TNS MODE immediately after training and again at the time of the endline survey. The instrument used was a semi-structured questionnaire. At the end of the study, in-depth interviews were also conducted with project staff on their views regarding SDM introduction.

2.3 DATA COLLECTION

TNS Mode hired three interviewers in each unit to conduct admission and follow up interviews during the first year of the study. The interviewers were supervised by a field executive. From the second year onwards, there were two interviewers per unit. Initially, TNS MODE worked in collaboration with CASP. TNS MODE received the list of new SDM users who agreed to participate from CASP on a weekly basis. TNS MODE

contacted these women and confirmed their consent to participate in the study. Those who consented were admitted to the study and then tracked through the follow up interviews. Data was entered by TNS MODE on a weekly basis and a progress report was sent to monthly to CEDPA and CASP.

Apart from the follow up study team, TNS MODE recruited and trained separate field teams to conduct the baseline and endline surveys and the provider interviews.

2.4 DATA ANALYSIS

Life table analysis was conducted to determine the continuation rate of SDM. Some participants withdrew from the study before its completion or were lost to follow-up. Life table analysis accounted for such censoring. Continuation and correct use rates, as well as levels of satisfaction, family planning knowledge, partner communication and participation relating to the method use were analyzed. Initially, the study was designed to compare the findings between the units with female providers alone and those with the male and the female providers. However, this was not possible since most male providers dropped out after training. Thus, the findings in this report have not been presented unit wise.

CHAPTER 3

INTERVIEWS WITH SDM USERS

The information contained in this chapter is based on the interviews with a cohort of SDM users. The findings have been presented by the time of interview: a) admission; b) follow-up, ii) exit and iii) pregnancy.

3.1 ADMISSION INTERVIEWS

CASP provided MODE a list of 283 women who accepted the SDM and were willing to be visited. Of these, 246 gave consent to participate in the study. Following this, an admission interview was administered to ascertain the eligibility of the women for participating in the OR study. The women who meet the following criteria were admitted to the study:

- a) Estimated cycle length between 26 and 32 days;
- b) At least 3 cycles postpartum;
- c) Did not use DMPA or oral contraceptives during the last two months;
- d) Did not want to get pregnant during the next twelve months; and
- e) Willing to mark on the calendar the first day of their menstrual period (for each cycle).

During the admission interviews, it was found that 16 of the 246 women who had consented to participate in the study, did not meet these criteria. At the time of the admission interview, six women mentioned that they desired a pregnancy in the next twelve months; six women were not using the method although they had purchased the clock /necklace, three women reported fewer than 3 menstrual cycles postpartum; another three were not eligible due to long cycles and one had used OCP during past 2 months. Thus, out of the 246 who had consented, 230 were admitted to the study. It should be noted that the participants were not admitted to the study at the same point of time, but over a twelve-month period. In most cases (93%), the husband was not present during the admission interview.

Participant Profile

Age: The average age of the study participants was about 29 years (SD 5.63). The average age of their husbands was around 33 years (SD 5.14). (Table 3.1).

Education: One half of the women had never attended any school. About 22 percent of women had passed primary, while 27 and 1 percent had secondary and university level education respectively. Most of the husbands were literate. More than three-fifths had completed secondary level education and around 19 percent had attended primary school. A small percentage had also attended university (6%) (Table 3.1)

Table 3.1: Age and Education of Women and their Husbands

Particulars	Women N=230	Husbands N=230
Age	%	%
18-24	28.7	8.3
25-29	27.4	17.4
30-34	28.7	34.8
>35	15.2	39.6
Average age (in years)	28.7	32.7
SD	5.63	5.14
Highest grade completed		
Never attended school	50.0	13.5
Primary (Standard 1-5)	22.2	19.1
Secondary (Standard 6-10)	26.5	61.7
University (10+)	1.3	5.7

Number of children: About 3 percent of the study participants did not have any children. Nearly half of them had either 3 or 4 children. On an average, the study participants had 3 living children, with SD 1.34 (Table 3.2).

Table 3.2: Parity

Parity	N=230
0	2.6
1-2	37.8
3-4	50.0
5+	9.6
Mean no. of children	2.8
SD	1.34

Family Planning Use: About 74 percent of women had used some method in the past, primarily condoms. Most had used condoms (67%), followed by those who had used OCPs (7%), IUD (6%) and withdrawal (1%), while one participant abstained from sex on certain days. During the last two months, 66% of the participants had used condoms, while 1 percent each had used withdrawal and IUD (Table 3.3).

Table 3.3 Use of Family Planning Method

Particulars	%
Ever use of FP method * (N)	230
Never used any method	26.5
Avoided sex on certain days**	0.4
Withdrawal	0.9
Condom	67.0
Pills/oral contraceptives	5.7
IUD	6.1

Use of FP method (in last 2 months) (N)	230
Did not use any F.P. method	30.9
Avoided sex on certain days	0.9
Used some F.P. method	68.2
Method used during last 2 months (N)	157
Withdrawal	1.2
Condom	65.7
IUD	1.3

* *Multiple responses*

** Only one woman was avoiding sex on certain days. She had correct knowledge about the unsafe days (8-19 days) and informed her husband of her fertile days.

Source of SDM knowledge: Most of the participants received information on the SDM from community health guides (85%), while some had heard about the SDM from friends/neighbors/family members (12%) and promotional events/community outreach, etc. (2%). Husbands were generally taught to use the method by their wives (82%). A smaller percentage of men learned about the SDM from the community health guides or male volunteer (17%) (Table 3.4).

Table 3.4: Sources of Information on SDM

Particulars	N=246*
Source of SDM Information (1st time)	%
Friend/family/neighbor	12.2
Provider	85.4
Promotional event / Community reach (CHGs)	2.4
Person who gave the husband instruction /counseling on SDM	
Wife	82.1
CHG / male volunteer	17.1
Cannot recall	0.8

* *All those who consented*

Reasons for Choosing SDM: Most participants opted for the method because they felt that it would not affect their health, while one third mentioned that they had chosen the method because it did not require anything to be taken or used (35%). Around seventeen percent mentioned that they chose the method after experiencing side effects while using other methods or because their husbands were opposed to other methods (12%) (Table 3.5).

Table 3.5: Reasons for Choosing SDM

Reasons for choosing SDM*	% N=230
Inexpensive/economical	3.9
The husband opposes other methods	11.3
Does not affect the woman's health	99.6
Religious reasons	2.6
No need to take anything or use anything	34.8
It does not affect breastfeeding	3.0
Experienced side effects from other methods	17.0

* Multiple responses

Type of SDM tool chosen: The SDM study participants had a choice between the clock and the necklace for tracking the fertile days. Along with these tools they were also given a calendar to mark the first day of their period. Most study participants chose to use the clock (210), while only seven chose the necklace to track the fertile days. However, thirteen women chose instead to use a calendar to track their fertile days. (Table 3.6)

Table 3.6: Type of Tool Used

Tool	No. of women	%
Clock	210	91.3
Necklace	7	3.0
Calendar	13	5.7

3.2 Follow - Up Interviews

A total number of five follow-up interviews were conducted with SDM users. The first, second, third and fourth follow-up interview was completed for 210, 184, 149 and 124 women respectively. At the fifth follow up, upon completion of the 12th cycle, an exit interview was conducted with all the 124 participants who had completed the 12 cycles of use (Table 3.7).

This section presents the findings of the follow up interviews. Information on continuation and the results of the exit and pregnancy interviews are presented in following sections.

Table 3.7 Number of Women Interviewed at each Follow-Up (FU)

Admission (within 15 days of SDM given)	Number of women N=230
Follow up	
1st Follow-up (beginning of 2nd cycle)	210
2nd Follow-up (beginning of 4th cycle)	184
3rd Follow-up (beginning of 7th cycle)	149
4th Follow-up (beginning of 10th cycle)	124
Exit (beginning of 13th cycle and not pregnant)	124

SDM Knowledge

SDM Use: In order to assess whether SDM users knew how to use the method they were asked about the 6 steps involved in correct use of the necklace/clock. These steps are:

- i) Move the black band to the black bead (black dot to the window) on first day of menstruation.
- ii) Mark the first day of menstruation on the calendar
- iii) Move the black band over the beads (dot to the window) every day, even on the days the woman is menstruating.
- iv) Avoid sex or use condoms on red beads (red dot) days.
- v) Unprotected sex allowed on green bead (green dot) days.
- vi) Move black band to the black bead (black dot to window) again when the next period starts. Skip over any beads/dots that are left over.

The respondents were first asked to respond spontaneously. They were then prompted or directly asked about the steps they had not mentioned. The sum of correct answers from spontaneous and probed responses was taken into account. Table 3.8 shows that 87 percent of the women correctly mentioned the six steps in the first follow-up, which increased to 88 percent by the fourth follow up. Overall, about 87 percent of the women knew all 6 steps.

Managing out of range cycles:

The study assessed whether the participants knew what to do if they found their cycles were out of range. They were asked in reference to both short cycle i.e., onset of period before reaching the brown bead/dot; and long cycle i.e., not getting period by the day after the black band is on the last green bead / window is on last green dot. In the event of both short and long cycles, most of the participants (98%) correctly stated that in such a situation they would contact their SDM provider.

Knowledge of fertile days:

The respondents were shown the necklace/clock /calendar and asked to identify the days to avoid unprotected sex. At the time of the first follow up, 99 percent mentioned either red bead/dot days or between the 8th to 19th day of the cycle as the period to

avoid unprotected sex. At all subsequent follow-ups this knowledge was universal (100%).

Table 3.8: Correct Knowledge of SDM

Knows all steps for proper use of SDM (clock/ necklace/ Calendar)	1st follow-up (N=210)	2nd follow-up (N=184)	3rd follow-up (N=149)	4th follow-up (N=124)
Anyone out of six	95.7	95.1	89.3	96.8
Any two out of six	92.9	94.0	87.9	91.1
Any three out of six	89.5	88.6	84.6	88.7
Any four out of six	87.6	86.4	81.9	88.7
Any five out of six	87.1	86.4	81.9	87.9
All six	87.1	86.4	81.9	87.9
Action to be taken when cycle is out of range				
Short cycle				
Inform health guide/CHG	96.2	97.3	98.0	98.4
Go to CASP clinic	1.4	1.6	2.0	1.6
Can't say	2.4	1.1	0.0	0.0
Long cycle				
Inform health guide/CHG	96.7	97.8	98.0	98.4
Go to CASP clinic	1.4	1.6	2.0	1.6
Can't say	1.9	0.5	0.0	0.0
When to abstain (when on red beads & between days 8 & 19)	98.6	100.0	100.0	100.0

Correct use of SDM

Correct identification of safe/unsafe days:

One purpose of the follow up interviews was to assess whether the study participants were using the SDM correctly. During each follow up interview, the interviewer noted whether the necklace /clock /calendar had been correctly marked. Table 3.9 shows fluctuations in the percentage of women who correctly moved the band/dot on the necklace/clock and marked the first day of their period, on the calendar during the follow up interviews.

During the first follow up, 90 percent of the study participants were found to have correctly moved the band on the beads/dot to the window on the clock. This percentage fell to 86 percent in the second follow up, again increased to 91 percent in the third follow up and then fell to 88 percent in the fourth follow up. This indicates that only a small percentage of study participants had not been using the method correctly. Correct SDM use was also assessed by examining the regularity with which the users were moving the band over the beads on the necklace / dots to the window on the clock / or were marking the calendar. The data reveals that around 90 percent of the women affirmed in the first and third follow-ups that they were moving the band /dots daily, even during their menstruation. There was a slight decrease in this percentage at the time of the second and fourth follow-up.

Management of Fertile days:

Only three study participants reported having had unprotected sex during the unsafe days. Two of them mentioned this during the second follow up and one during the third follow up. At the time of the fourth follow up, none of the study participants reportedly had unprotected sex during the unsafe days.

All the study participants were asked how they and their partners avoided pregnancy on the fertile days. A majority of the study participants used condoms or abstained from sexual intercourse during the unsafe days. However, the percentage of women reporting correct method use during the fertile period slightly decreased from the first follow up (90%) to the fourth follow up (86%) (Table 3.9).

Further, the respondents were asked if they had experienced a time when their husband wanted to have sex during the fertile days and they did not and how they had negotiated the situation. In all, thirteen such experiences were reported during the study. In all these situations, the couple used condoms to avoid pregnancy (Table 3.9).

Table 3.9: Correct SDM Use

Particulars	Follow up			
	1st	2nd	3rd	4th
Participants who continued method use at the time of follow up	210	184	149	124
Bead / dot /date was marked correctly at the time of interview	90.0	85.9	90.6	87.9
Participant moved the band/dot and/ or marked calendar daily	93.3	91.3	91.3	87.9
Method use during fertile days				
Correct use of method on fertile days (used condom/ abstained from sex)	89.5	83.7	87.2	85.5
Experience on unsafe days when husband wanted to have sex and wife did not (N)	7	4	1	2
Correct action taken: Used condoms to avoid pregnancy	100.0	100.0	100.0	100.0

Change in relationship with husband:

The respondents were asked whether they had noticed any change in the relationship with their husbands since they began using the SDM. Nine women mentioned a change in their relationship during the first follow up, one each in the subsequent two-follow ups and none in the last follow up. The women mentioned changes such as; “their husbands want to have sex without condom on safe days”, “they are happy to use condoms since they know about the safe/unsafe days”, and that, “they don’t feel scared to have sex since they know about the fertile period”.

Willingness to continue with method:

Over a 10-month period, only 5 of the 230 women discontinued use of SDM (i.e. discontinuation rate of 2.2%). Of these 5 women, one stated that she wanted to become pregnant as the reason for discontinuation at the fourth follow-up. The others did not give any specific reason for wanting to discontinue using SDM.

Husband's Participation in SDM

Husband's knowledge:

Since SDM is a couple method, the respondents were asked whether their husbands were aware of which days they could have unprotected sex. In all of the follow up interviews, 98-99 percent of the women mentioned that their husband were aware of the safe sex days (Table 3.10).

Husband's participation in SDM use:

The study explored how men participate in SDM use. Most respondents mentioned that they informed their husbands which days they needed to use a condom or abstain. At the time of the first follow up interview, thirty percent of the husbands were keeping track of safe sex days by looking at the clock. However, this percentage decreased to 13 percent by the fourth follow up. A very small percentage mentioned that their husbands kept track of safe days by looking at the calendar (Table 3.10). Keeping track of the fertile days was mostly done by the women themselves.

Husband's opinion of SDM:

At the time of the first follow up, half of the study participants mentioned that their husbands had never expressed any opinion regarding the SDM. More than two fifths mentioned that their husbands felt good about using protection on unsafe days and 5% mentioned that their husbands were careful to use condoms on the fertile days. It can be seen from Table 3.10 that with long term use, the percentage of husbands who felt good about avoiding unprotected sex on fertile days had doubled.

Husband's willingness to continue with SDM:

In the beginning of the study, all the husbands wished to continue with SDM. At the time of the fourth follow up this decreased slightly to 98% (Table 3.10). Among the four women whose husbands were not willing to continue, two could not give any specific reason, one mentioned that her husband wanted a child and another woman mentioned that her husband felt the method is, "not effective".

Table 3.10: Husband's participation

Particulars	1st	2nd	3rd	4th
(N)	210	184	149	124
Husband has knowledge of the fertile days	98.6	98.9	99.3	98.4
Ways in which husband keeps track of the fertile days* (N)	207	182	148	122
He looks at the clock	30.0	19.8	16.9	13.1
Wife tells husband	69.1	76.4	77.7	78.7
Husband keeps track of the calendar	5.8	7.7	8.1	10.7
Total number of husbands with knowledge of the fertile days (N)	207	182	148	122
Person who moves band / dots /calendar (N)	210	184	149	124
Woman	91.0	89.1	92.6	98.4
Husband	9.0	10.9	7.4	1.6
Husband's feeling about using condom/abstaining on fertile days* (N)	210	184	149	124
Never expressed anything/No specific feeling	50.0	31.5	18.1	8.8
Husband is careful to use condom on fertile days	4.8	2.7	0.0	2.4
Husband feels good identifying safe days with the SDM	0.5	2.2	0.0	0.0
Feels good about avoiding unprotected sex on unsafe days	44.8	64.1	81.9	88.7
Husband wants to continue using SDM	100.0	98.9	99.3	97.6

**Multiple responses*

3.3 SDM Continuation

By the end of 13 cycles of use, 36% percent of the users continued using the SDM. The remaining 64% of users discontinued the method due to out of range cycles, personal reasons, pregnancy or were lost to follow up. Of those who did not complete 13 cycles, the largest group (28% of all women who entered the study), were lost to follow up. Only 5% of women discontinued method use due to out of range cycles. Very few women (less than 2%) left the study for personal reasons, which included dislike of the method or unwillingness to participate in further interviews. The highest number of discontinuations occurred in the first month of use (41 users). The users who completed the first month of use increased their probability of continuing to use the method up to one year. After 6 months of use, more than half of the women (65%) were still using the method.

Several independent variables were analyzed to determine their influence on SDM continuation. Cumulative continuation rates were calculated for each category, and the results show that there were no significant differences in continuation by age of user, level of education, whether or not the male partner received counseling, or prior family planning use.

Significant differences in continuation were observed, however, by parity and reason for selecting the SDM. To analyze method continuation according to parity, users with no children and users with up to two children (46.7% of users) were grouped together. Users with three or more were grouped together (53.3% of users). According to this analysis, users with more living children are likely to continue using the SDM for a longer period. For example, 61% of users with three or more children used the method for up to 9 months. Only 47% of users with two or fewer living children used the method for the same period ($p \leq .05$)

The majority of SDM users (66.7%) selected the method for reasons or benefits related to health. Method continuation was higher among users who selected the method for health reasons than among those who selected it for other reasons. For example, after nine months of method use, 62.1% of users who selected the method for health reasons continued using it where as only 44.9% of users who selected the method for other reasons continued using it at 9 months. The difference is sufficiently important to be statistically significant ($p \leq .05$).

Cumulative discontinuation rates provide information on the incidence of each event independent of others. Crude rates are always higher than the corresponding net rates and cannot be combined. Column B in Table 3.11 shows that for every 100 women who began using the SDM, 13 became pregnant by nine months. The discontinuation rate at six months is 5.8 (CI 95%; 0-18). Discontinuation due to personal reasons, begins in the third month; the rate is 3.5 in the sixth month (CI 95%; 0-19). Pregnancies due to incorrect use of the method, which could be considered discontinuation because these women knowingly had intercourse during their fertile days without use of an alternate method, increased from 0.8 in the second month to 2.8 at six months (CI 95%; 0-19).

Table 3.11 Total cumulative discontinuation rate by reasons per 100 women

Month	Pregnancy while using method correctly	Personal reasons	Pregnancy due to incorrect use
A	B	C	D
1	0.4	-	-
2	1.6	-	-
3	3.0	0.7	-
4	3.0	1.6	0.8
5	3.9	1.6	0.8
6	5.8	3.5	2.8
7	9.0	4.6	3.9
8	11.5	-	-
9	13.0	-	-

A = Month initiating SDM use

B = Cumulative pregnancy rate

C = Cumulative discontinuation rate for personal reasons

D= Cumulate pregnancy rate among women who knowingly had sex on a fertile days

3.4 EXIT INTERVIEWS

All the 124 women who completed the fourth follow up were administered the exit interview. Husbands of 43 of these women were also administered the exit interview. The exit interviews covered issues such as intention to continue with the method and experience using the SDM. The results of the exit interviews with men and women are presented in this section.

Intention to continue SDM use

Among the 124 women, 119 planned to continue using the SDM. Only five women and one man stated that they did not want to continue with the method. The reasons for not wanting to continue method use were: desire to become pregnant (2 women and the husband) and dislike of the method by husband and difficulty in calculating safe/unsafe days (1 each). The husband who did not want to continue using the SDM stated, “difficulty in calculating and remembering the days” as the reason for not continuing the method (Table 3.12)

Table 3.12: Intention to Continue SDM Use

Particulars	Full Exit	
	Women	Husbands
All those who exited (N)	124	43
Plan to continue with method	119 (96.0)	42 (97.7)
All those who did not plan to continue using the method (N)	5	1
Reasons for not planning to continue		
Husband dislikes	1	0
Wants to become pregnant	2	1
Difficult to calculate days and remember	1	0
No specific reason	1	0

Fertility Intentions

The five women who did not wish to continue with the SDM were asked whether they or their spouse desired a pregnancy in the next three months. Only two women mentioned the desire to get pregnant in the next three months. The remaining three respondents were asked how they planned to avoid pregnancy. Two of these women and one man reported that they planned to use condoms (Table 3.13)

Table 3.13: Fertility Intentions

Particulars	Full Exit	
	Women	Husbands
Respondents who do not wish to continue SDM use	5	1
Future plans for pregnancy		
Those who want to get pregnant	2	-
Those who do not want to get pregnant	3	1
Respondents who want to take action to avoid pregnancy	2	1
Type of action to be taken to avoid pregnancy (N)		
Condom	2	1
Reasons for choosing to use condom		
Only way to avoid pregnancy	-	1
No particular reason	2	-

Experience of SDM Use

The respondents were asked a series of questions about their experience using the SDM (Table 3.14).

Knowledge of fertile days: Most of the women (98%) and a little more than two thirds of the husbands knew that they had to avoid sex on red bead/dot (fertile) days in order to prevent pregnancy.

Management of fertile days: The majority of the respondents managed the fertile days by using condoms. Virtually all (98%) of the women stated that they asked their husbands to use condoms during the fertile days, and 95% of the husbands reported condom use.

Husband's participation: Since the SDM is a couple method, the women were asked how their husbands participated in method use. Most husbands participated by using condoms during the fertile days. This was reported by 97% of the women and almost all husbands (42).

Affect of SDM on couple relationship: The respondents reported that SDM use had not negatively affected their marital relationship.

Difficulties faced and actions taken: Certain situations which might be faced by hypothetical SDM users were presented to the respondents and they were asked whether they had faced similar situations and how they had dealt with them. The three hypothetical situations and the participants' response to the situations were as follows:

- a) Difficulty in identifying fertile days: The respondents were told about a couple who found it difficult to identify the fertile days because they sometimes forgot to move the window/ band daily. Only 12 women and one man mentioned having faced this difficulty. When faced with this situation, five women and one husband mentioned that they used a condom; two women said that they guessed about

the fertile days, while another two moved the band/window as soon as they remembered. Four of these women did not take any action (Table 3.14)

- b) Husband insisting on sex during fertile days: Twelve women and 3 husbands mentioned facing this difficulty. Most women (10) and one husband dealt with the situation by using condoms.
- c) Couple desiring sex during the fertile days: Fourteen women and six husbands had faced this situation. Most of the women (11) and 3 husbands said that they used condoms to deal with this situation.

Table 3.14: Experience of SDM Use

Particulars	Full Exit	
	Women	Husband
	No(%)	No(%)
Knowledge of fertile days (N)	124	3
Red beads/ dots	122 (98.4)	29 (67.4)
Days 8-19	2	2
Others	0	2
Cannot remember	0	10
Management of fertile days (N)	124	43
Avoid sex	1	1
Ask my husband to use condom /use condoms	122 (98.3)	41(95.3)
Not specified	0	1
Husband Participation* (N)	124	43
Uses condom	120 (96.7)	42 (97.6)
Abstain during fertile days	2	0
Uses withdrawal	4	0
Not involved	2	1
Method use has not affected the respondent's relationship with spouse /partner	123 (100.0)	43 (100.0)
Difficult situations and action taken (N)	123	43
Difficulty recognizing fertile days since respondents forgot to move band/ window daily	12	1
Action taken		
Guessed about the danger days	2	0
Used condoms	5	1
Moved the band/dot when remembered	2	0
Did not do anything	4	0
Husband sometimes insists on having sex (N)	12	3
Action taken		
Knew about the danger days	0	1
Use condom	10	1
Did not do anything	2	1
Desired sex during fertile days	14	6

Action taken		
Use condom	11	3
Did not do anything	3	3

Satisfaction with the method

Usefulness and advantages of using SDM: Most of the women (99%) and more than two thirds of the husbands (70%) found it useful to mark the first day of the menstrual period on the calendar. Overall, the respondents found the method easy to use. All the husbands and nearly all of the women mentioned that SDM was easy to use (98%) and can be easily learnt (97%). All of the women and their husbands reported that it is easy to remember to mark the calendar and to cooperate with their spouse. Ninety three percent of women and most of the husbands (98%) found it easy to remember to move the band/dots daily. All women and most of the husbands (93%) stated that it is easy to remember to deal with the fertile days (Table 3.15).

Most and least preferred features of the SDM and its tracking tools: The most preferred feature of the clock method mentioned by the respondents was its usefulness to tell time (68% women and 58% husbands). Apart from this, the utility of tracking the fertile days emerged as a preferred feature (51% husband and 47% women). Besides, one third of the women also mentioned that lack of side effects was a preferred feature.

About two thirds of the women could not name any negative features of the method. Among the rest of the women, moving the band daily emerged as the least preferred feature of the method (34%). This was also a view expressed by most of the husbands (88%) (Table 3.15).

Willingness to recommend the method: Most respondents said that they would recommend the method to others (98% women and 77% husbands). Their reasons for recommending the method were: 'it teaches about safe days' and 'no side effects' (Table 3.15).

Table 3.15: Satisfaction with the method

Particulars	Women		Husbands	
	Number (%)		Number (%)	
Usefulness of marking the first day of menstruation on a calendar (N)	124		43	
Useful	119	99.2	28	70.0
Not useful	1	0.8	12	30.0
Advantages of SDM (N)	124		43	
Easy to use	121	97.6	43	100.0
Can be easily learnt	120	96.8	43	100.0
Easy to remember to move the black band/daily	115	92.7	42	97.7
Easy to cooperate with husband/spouse	124	100.0	43	100.0
Easy to remember to mark the calendar	124	100.0	43	100.0
Easy to deal fertile day (Self)	124	100.0	43	100.0
Easy to deal fertile day (Spouse)	124	100.0	40	93.0
Preferred features of SDM (N)	124		43	
Don't have to do anything	2	1.6	2	4.7
No side effects	43	34.7	1	2.3
No fear of pregnancy	10	8.1	0	0.0
Functions as a clock	84	67.7	25	58.1
Identifies fertile days	59	47.6	22	51.2
Do not always have to use condom	1	0.8	1	2.3
Least liked feature of the SDM (N)	124		43	
Nothing	75	60.5	3	7.5
Move the band/ window daily	42	33.9	38	88.4
Cannot say/specify	7	5.6	2	4.7
Respondent would like to recommend the method to others(N)	124		43	
	122	98.4	33	76.7
Reasons for recommending the method* (N)	122		33	
It teaches about safe and unsafe days	76	62.3	25	75.8
No side effects	45	36.9	12	36.4
No response	6	4.9	0	-
SDM consistent with community's belief and customs (N)	124		43	
	120	96.8	43	100.0

* Multiple responses

3.5 PREGNANCY INTERVIEWS

A total of 20 women became pregnant during the study period. All were administered a pregnancy questionnaire. In the case of four of these interviews, the husbands were also present. Seventeen of these women had been using the clock while two had been using the calendar and one the necklace. At the time of the interview, 14 women reported that they were using SDM when they became pregnant. The rest had discontinued the method prior to the cycle in which they became pregnant.

Regularity of tracking fertile days: All respondents, including those who had discontinued method use before becoming pregnant, were asked whether they had moved the band / window every day, and marked the first day of the menstrual cycle on the calendar during their last cycle. Half of the respondents were not regularly tracking their fertile days

Table 3.16: Regularity of tracking fertile days

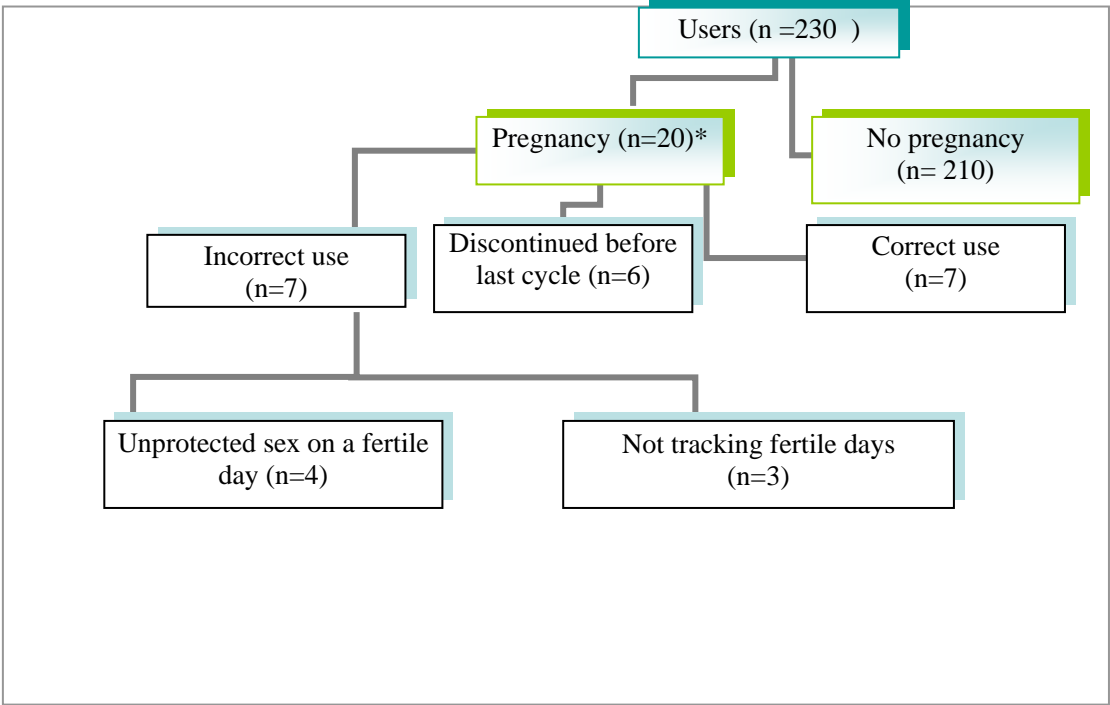
Particulars	Number
All women who got pregnant	20
Moved the band/ring everyday	10
Marked the first day of menstrual cycle	10
Reasons for not marking the calendar*	
Forgot to mark	4
Calendar was not available	4
No specific reason	3

**Multiple responses*

Negotiating the sexual relationship: Respondents were asked whether their husbands had insisted on having sex on a fertile day during the cycle in which they became pregnant. Seven of the 20 women who became pregnant mentioned that this had happened to them. In response, two had used a condom, while the rest had tried to convince their husbands not to have sex.

The respondents were also asked what they would do if their husband insisted on having sex against their wishes. All but two women mentioned that they would tell their husbands to use a condom. The remaining two mentioned that they would let their husbands do whatever they wanted to and then they would visit a doctor, presumably for emergency contraception. The study tried to determine if there was any relation between drinking alcohol and unprotected sex. Only one woman reported that drinking alcohol had made it difficult to avoid sex. However, she reported that her husband had used a condom.

Chart 3.2: Summary of Reasons for Pregnancy



Summary of reasons for pregnancy: Out of the 20 women who became pregnant, 6 had discontinued the method. Among the 14 women who had continued with the method, 7 had used the method incorrectly -- reporting unprotected sex on a fertile day. Seven women mentioned that they regularly tracked their fertile days and did not have sex on a fertile day, thus those pregnancies could be attributed to method failure.

CHAPTER 4

DIFFUSION OF INFORMATION ON THE STANDARD DAYS METHOD

This chapter provides an overview of the formal and informal diffusion process of SDM based on data from the end line census and survey. The issues covered in this chapter include knowledge of couples on SDM, source of this knowledge, and opinions of the couples about the method

4.1 BACKGROUND

CASP conducted a household census about one year after SDM integration to assess the impact of the intervention on the community. The women interviewed included family planning users and non-users. Subsequently, TNS MODE carried out an endline survey in order to determine the effect of providing basic fertility awareness information to condom users, periodic abstinence users and non-users of any method in the Sangam Vihar catchment area.

4.2 ENDLINE CENSUS

The purpose of the endline census was to assess the impact of the SDM intervention and the diffusion of fertility awareness information among the target population. The issues covered in the census were the women's awareness of the SDM, sources of information on SDM and nature of information received, awareness and participation in SDM activities, and correct knowledge of the fertile days.

Knowledge: The census reveals that more than half of the women interviewed (55%) had heard of the SDM and most knew that it was a family planning method. Similarly, 59% had heard of DMPA, the other family planning method introduced by CASP during this period. The respondents were further asked about the nature of the information they had received about the SDM. Most mentioned that they had heard about the use of a clock (71%) or necklace (60%) (Table 4.1). About two fifths of the women had heard that the method has no ill effects on health, followed by those who had heard that it needs cooperation of the husband (36%), and it had no side effects (31%).

In order to determine the fertility awareness of the target group, the respondents were asked to identify the days that a woman can get pregnant using a calendar with the first and last day of a menstrual cycle marked. Around one third of the population (34%) could identify the fertile days in a woman's menstrual cycle. (Table 4.1)

Table 4.1: Information Received on the SDM - Endline Census

Particular	Number	Percentage
Total respondents	14826	100.0
Heard about SDM	8189	55.2
Total respondents who had heard about SDM	8189	100.0
What is SDM*		
It is a FP Method	5867	71.6
Other	802	9.8
Could not specify	1520	18.6
Nature of information on SDM*		
Use of mala/necklace	4946	60.4
Use of Clock	5797	70.8
Do not have to take /consume anything	2514	30.7
Have to take injection after every 3 months	2849	34.8
There are no side effects	2554	31.2
There are side effects	794	9.7
Has no adverse effect on health	3210	39.2
Cooperation of husband needed in using method	2907	35.5
Can use method without husband's cooperation	1007	12.3
It is not against religious principles	835	10.2
Fertile days	2759	33.7
Others	1908	23.3

*Multiple responses

Source of information: The census recorded their primary source of information about the SDM, as well as additional sources of information. Most of the respondents (95%) mentioned the CHG as their primary source of information. More than two fifths of the population (45%) mentioned the CASP clinic and about two fifths mentioned the SDM posters (Table 4.2).

Table 4.2: Sources of information on SDM- Endline Census

Sources of information on SDM*	Primary source/s of information		Additional source/s of information	
	Number	%	Number	%
Total respondents who had heard about the SDM	8189		8189	
CHG	7772	94.9	7337	89.6
CASP clinic	1818	22.2	3709	45.3
Friend	344	4.2	713	8.7
Neighbor	434	5.3	827	10.1
Husband	271	3.3	286	3.5
Cable TV	147	1.8	196	2.4
Poster	589	7.2	3243	39.6
Street play	155	1.9	393	4.8
Fair	106	1.3	262	3.2
Can't remember	147	1.8	622	7.6

* Multiple responses

Participation in SDM activities: In order to raise awareness of the availability of the SDM, CASP organized various activities such as group meetings, announcements on cable television and other IE&C activities such as posters, street plays and health melas (fairs). During the endline census, community participation in these activities was assessed.

Participation in group meetings was the activity most frequently mentioned by respondents; 61% of women had participated in a meeting themselves, and about one fifth of them mentioned that their spouse had also attended a meeting. Among the other IEC activities, posters emerged as the most effective medium with around two-fifths of the respondents recalling that they had seen the poster on SDM in the community. A small percentage reported to have participated in the street play (10%) or health mela (9%), while 6% of the women had seen the cable spot. (Table 4.3)

Table 4.3: Exposure to IE&C Activities - Endline Census

Exposure to IE&C Activities*	Number	Percentage
Total number of respondents		8189
Participated in SDM method meeting (Self)	4975	60.7
Husband participated in SDM meeting	1538	18.8
Seen poster in community about SDM	3363	41.1
Heard about SDM in street play	797	9.7
Heard about SDM in health mela	713	8.7
SDM through cable T.V.	452	5.5

* Multiple responses

4.3 ENDLINE SURVEY

In the end line survey, men and women who were not using the SDM or any other effective family planning method were interviewed. The objective of the survey was to understand why unmet need persisted in the community, despite the incorporation of the SDM and DMPA into CASP's family planning program. The survey findings differ significantly from those of the census because only respondents who had not been successfully reached with family planning information and services (e.g. those with unmet need) were interviewed. During the census, on the other hand, all women of reproductive age were interviewed. The issues covered were whether they had heard of the SDM and DMPA, the nature and source of information and whether they had discussed the SDM with others.

Awareness of SDM: About 37 percent of women had heard about SDM. In comparison, only one tenth of the men had heard about the method.

Nature of information: Respondents who had heard of the SDM were asked about the nature of information they had received. Most women (60%) had heard that 'it involves use of necklace/clock'. They had also heard that there is "no need to take anything" (26%) and it is a "partner method" (16%). The responses of men and women were similar. (Table 4.4).

Table 4.4: Awareness of SDM

Particulars	Endline Survey	
	Women	Men
Total number of respondents	545	556
Total number of respondents who heard about SDM	200 (36.7%)	54 (9.7)
Information received on SDM*		
Use necklace/clock	60.0	68.5
Don't have to take anything	26.0	14.8
No side effects/ no effect on health	9.5	11.1
Partner method	15.5	14.8
Effective	5.5	7.4
Not effective	1.0	0.0
Only for couples with regular cycles	13.0	7.4
Cannot remember	8.0	3.7

* Multiple responses

Sources of SDM information: Most women heard about the SDM from the CHGs (76%) (probably during the home visits CHGs made to the homes of eligible women to discuss family planning), from the CASP staff/doctor (44%) or from friends/ neighbors/ relatives (24%). Men, on the other hand, primarily heard about the SDM outside the home. (Table 4.5)

Table 4.5: Source of information on SDM (Percentage)

Sources of information*	Endline Survey	
	Women	Men
Total number of respondents who heard about SDM	200	54
Posters at clinic / elsewhere	4.5	3.7
Private medical practitioner	0.5	11.1
CHG/ Male volunteer	76.0	7.4
CASP staff/doctor	17.5	44.4
Friends/relatives	2.5	24.1
Others (spouse, cable network, barbers, street theatre, dai, SDM users, health mela)	16.5	16.0

* Multiple responses

Discussion with others: In order to find out whether information about the SDM diffuses in the community through informal discussions among community members, respondents were asked whether they had discussed the SDM with others during the last year. Nearly 37 percent of the women and one third of the men who had heard of SDM, had discussed it with someone in the past year. The women mainly discussed the method with CHGs (19.0%), followed by neighbors / friends (10%) and husbands (8%). In the case of men, 28 percent discussed the method with neighbors / friends, 7 percent with their wife and only 2 percent with CHG/male volunteer (Table 4.6).

Table 4.6: Discussion with others (Percentage)

Discussed with*	Endline survey	
	Women	Men
Total number of respondents who heard about SDM	200	54
Not discussed	63.0	66.7
Spouse	7.5	7.4
Mother/mother-in-law	2.5	0.0
Sister in law/sister	3.0	0.0
Neighbor/friend	10.0	27.8
CHG/ male volunteer	19.0	1.9

* *Multiple responses*

CHAPTER 5

FERTILITY AWARENESS AND FAMILY PLANNING

5.1 BACKGROUND

This chapter has been divided into two sections- fertility awareness and family planning. The endline survey was designed to measure the effect of SDM integration on the basic fertility awareness of community members. The survey sought to measure this effect in two ways: changes in knowledge of the fertile days and family planning use among periodic abstinence users, condom users and non-users.

The first section presents data on knowledge of the fertile days, understanding of the menstrual cycle, and correct & consistent condom use. This section also includes information collected from condom users on brand choice, source of procurement and payment.

The second section presents findings on family planning use and intentions from two different sources. The data on current use of family planning comes from the endline census. The respondents included family planning users, including SDM users, as well as non- users. Based on the census results, couples not using any FP method and those using a traditional method were interviewed in order to determine why they had not adopted any of the methods offered by the CASP program.

5.2 FERTILITY AWARENESS

Knowledge of fertile days: The end line survey shows very little increase in correct knowledge of the fertile days in comparison to the baseline. Around 5 percent of the traditional method users (women) had correct knowledge of their fertile days (8-19 days), compared to less than 2 percent of women in the baseline survey. Correct knowledge of the fertile days was also low among condom users and non-users of any family planning method (4% each). As shown in Table 5.1, none of the men could correctly identify the fertile days. This contradicts findings from the end line census among all women that 34% could correctly identify on a calendar days 8-19 as the fertile days, while another 35% correctly stated that the red dots on the clock indicated unsafe days. This may be due to different ways of asking the question (marking on a calendar in the census vs. just asking the question at endline), or more likely it may be due to difference between the knowledge of a women interviewed in the census (all women including family planning users) vs. the knowledge of users of traditional methods, condoms and non-users who were interviewed in the survey.

Menstrual cycle: About 76 percent of women and 64 percent of the men interviewed in the end line survey correctly stated that the first day of menstruation is the beginning of the cycle (Table 5.1).

Table 5.1: Fertility Awareness

Correct knowledge of fertile days	Baseline Survey	Endline Survey					
	Women	Women			Men		
	Periodic abstinence users	Periodic abstinence users	Condom users	Non-users	Periodic abstinence users	Condom users	Non-users
Total respondents	198*	169	144	223	152	173	228
Those who mentioned “between 8th to 19th day of the cycle” during middle of the menstrual cycle	1.5	4.9	3.8	4.4	0.0	0.0	0.0
Those who correctly determined the first day of the menstrual cycle	88.9	78.1	75.2	75.8	65.8	65.3	59.6

* At baseline only traditional method users were asked this question

Determination of fertile days: Periodic abstinence users were asked in the end line survey how they determined their fertile days. Most of the women (89%) said that they simply guess, while men depended on their wives to tell them (66%). Only 11 percent of periodic abstinence users determined their fertile days by marking on the calendar (Table 5.2)

Table 5.2: Determination of fertile days

Strategies to determine fertile days	Endline Survey	
	Women	Men
Total number of periodic abstinence users	101	119
Mark on calendar	10.9	0.8
Make a guess	89.1	32.8
Wife informs	-	66.4

Management of fertile days: Periodic abstinence users were asked what they did to avoid pregnancy during the fertile days. Most couples abstain/sleep apart during fertile days, while the remainder uses withdrawal (20-30%) and only a few use condoms. Table 5.3 shows that condom use during the fertile days is very low among periodic abstinence users. Most condom users however rely on condoms during the fertile days.

Table 5.3: Strategies used by periodic abstinence and condom users to manage the fertile days

Strategies to manage the Fertile Days	Baseline Survey	Endline Survey			
		Periodic Abstinence users (PA)		Condom users	
	Women (PA)	Women	Men	Women	Men
Total respondents	198	169	152	144	173
Use condom	2.5	5.3	0.0	94.1	98.9
Use withdrawal method	30.8	32.0	18.4	3.3	0.0
Abstain from sex/sleep apart	35.7	59.8	78.3	4.9	1.1
Nothing	1.0	3.0	3.3	1.6	0.0

Periodic abstinence users were asked which days they abstain from sexual intercourse. A significant increase from baseline to end line was observed in the percentage of periodic abstinence users who correctly identified the days they should abstain from intercourse. Most mentioned that they abstain from sexual intercourse during the 8th to 19th day of the menstrual cycle (Table 5.4).

Table 5.4: Correct identification of the fertile days to avoid sex among Periodic Abstinence users

Days on which sexual intercourse is avoided	Baseline survey	End line survey	
	Women	Women	Men
Total respondents	198	101	119
Respondents who abstain from sexual intercourse during unsafe days (8th –19th)	16.2	77.3	94.6
Respondents who abstain from sexual intercourse during the middle of the cycle	-	14.8	0.8

Reasons for not using SDM: Although CASP assumed that many periodic abstinence users would adopt the SDM, this was not the case. During the end line survey, periodic abstinence users were asked why they had not chosen to use SDM. The data in Table 5.5 suggests that the main reason for not choosing the SDM was lack of information, especially among men.

Table 5.5: Reasons why periodic abstinence users did not adopt the SDM

Reasons for not adopting the SDM	End line survey	
	Women	Men
Total number of abstinence users	101	119
Insufficient knowledge /information	78.2	98.4
Satisfied with periodic abstinence	5.9	-
Problem with moving window daily	4.0	-
Self /husband does not like the SDM	4.0	0.8
Others (costly, irregular cycles, etc)	7.9	0.8

Condom use

Knowledge: Condom users were asked to describe how to use a condom. A checklist was used to determine correct use, including: 1) removing the condom from package; 2) unrolling the condom slightly and squeezing out all the air in the half inch tip; 3) placing the condom on the tip of the erect penis and rolling it all the way down to the base of the penis; 4) after ejaculation, holding the condom at base and withdrawing the penis from the vagina before loss of erection; 5) removing condom from penis and tying it and; 6) disposing it.

Those who mentioned all the steps listed above were considered to have correct knowledge of condom use. Less than one third of the women (30%) and 35 percent of men were able to mention the correct sequence of condom use. The corresponding figure during the baseline for women was 26 percent. (Table 5.6)

Use: The survey explored on the pattern of condom use in order to establish whether condom use was consistent. Condom users were asked whether they use a condom every time they have sex. Most of the condom users (83% women and 73% men) stated that they use a condom every time they have sex.

When asked whether they were more likely to use condoms during specific days, 44 percent of women and 36 percent of men reported affirmatively. The corresponding figure during the baseline survey was higher (64%).

The condom users were further asked whether they had sexual intercourse without using a condom during the past three months. About 9 percent of women (as against 5% in the baseline) and 30 percent of men reported sexual intercourse without using a condom during the past three months (Table 5.6).

Table 5.6: Condom knowledge and use

Particulars	Baseline survey	Endline survey	
		Women	Men
Total condom users	198	144	173
Knowledge of correct steps for condom use	26.2	30.0	35.0
Use of condom every time during sexual intercourse	92.5	83.3	73.4
Respondents who identified specific days when they are more likely to use a condom	63.5	44.4	36.4
Had sex without using condom during the past 3 months	5.0	9.0	29.5
Total condom users who had sex without condom use	10	13	51
Reasons for having sex without using condom*			
Husband insisted /wanted to have sex	30.0	15.4	7.8
Wife wanted	30.0	0.0	7.8
It was a safe day	20.0	46.2	51.0
Husband came home drunk	10.0	-	-
Forgot it was an unsafe day	20.0	-	-
No specific reason/thought nothing would happen	10.0	-	-
Condom was not available	-	46.2	35.3
Frequency of such intercourses			
6+ times	50.0	30.8	29.4
3-5 times	10.0	30.8	45.1
1-2 times	40.0	38.5	25.5

* Multiple responses

These respondents were further asked why they had sexual intercourse without using condom. Most of them stated, “it was a safe day” (46% women and 51 % men), and “non-availability of condom” (46% women and 35% men) as the reasons for having unprotected sex.

Brand choice: Socially marketed brands emerged as the choice of the majority with Delux, Nirodh and Masti being the most frequently mentioned brands. About 17 % of the women and 14 % of the men also mentioned the free brand Nirodh. Among the commercial brands, Kohinoor accounted for the choice of 4 % of women and 13 % of men. (Table 5.7)

Table 5.7: Condom brand choice, source of procurement and price

Particulars	Endline	
	Women	Men
Brand/s of condom currently using*		
Total Condom users	144	173
Nirodh	17.4	13.9
Deluxe	9.0	23.7
Masti	54.2	34.7
Mithun, Milan, Bliss	1.4	1.2
Kohinoor	4.2	12.7
Moods, Durex, Kamasutra and others	18.1	13.3
Others	18.1	8.7
Who gets the condoms		
Self	14.6	93.1
Spouse	81.3	4.0
Friends/relatives/others	4.1	2.9
Source of condoms		
Public Govt. health provider	6.9	6.9
Private medical practitioner	0.7	0.0
CHG/ Male Volunteer	16.0	2.3
ANM	2.8	5.2
Dai	0.7	0.0
Chemist	9.0	28.9
Could not specify	63.2	55.5
Others	0.7	1.2
Payment for condoms		
Free always	8.3	13.9
Free sometimes	4.2	0.6
Pay always	87.5	85.5
Total condom users who paid	132	149
Amount paid (in Rs.) for a packet of six condoms		
12-15	43.9	83.2
16-25	6.8	10.1
Don't remember	49.3	6.7

* Multiple responses

Source of procurement. According to most of the respondents, the male partner obtains the condoms. Most respondents (63% women and 56% men) could not specify where they obtained their condoms. Women who could identify a specific source mentioned the CHG, chemist, public & private health provider and ANM; while in case of men the main source was the chemist, followed by the public and private health provider, ANM and CHG/male volunteer (Table 5.7)

Payment: Only 8 percent of women and 14 percent of men reported that they always obtain condoms free of cost. Among those who purchased condoms, most said that they paid between Rs. 12 and Rs. 15 for a packet of six (Table 5.7).

5.3 FAMILY PLANNING

A total of 42 percent of women were not using any family planning method at the time of the end line census. About one fourth of the women had opted for female sterilization, 17 percent were using condoms and less than 10 percent were using oral pills (6%) or IUD (5%). About one percent each were using SDM and DMPA (Table 5.8).

Table 5.8: Contraceptive Prevalence before and after SDM Introduction in Sangam Vihar

Method	Baseline census (2000)	End line census (2003)
	(n= 15,437)	(n=14,826)
Condom	15.0	17.1
Oral pills	5.5	6.2
Contraceptive injection	0.6	1.0
IUD/loop/copper-T	5.0	5.0
Female sterilization	20.0	24.5
Male sterilization	0.4	0.5
Traditional (withdrawal, safe period)	3	3
SDM	-	1.2
Nothing	50.2	42.0

Intention for future use (Non users): Non-users (223 women and 228 men) were identified during the census and then interviewed. About one third of women and 11 percent of men expressed their intention to use a family planning method during the next year. Their preferred methods were: female sterilization, condom and oral pills (Table 5.9). About 4% mentioned spontaneously that they planned to use the SDM, vasectomy or IUD.

Table 5.9: Family Planning Intentions among Non- Users

Particulars	End line survey	
	Women	Men
Total non-users	223	228
Plan to use FP method in next year	35.4	10.5
Total non-users who planned to use any FP method	79	24
Method		
Traditional method	2.6	4.2
SDM	3.8	-
Condom	19.0	20.8
IUD	3.8	12.5
Oral pills	20.3	8.3
Injection	12.7	4.2
Male sterilization	3.8	-
Female sterilization	30.4	50.0
Others (will use but have not decided about the method)	3.6	-

* Multiple responses

Future use of SDM: When asked specifically whether they were considering using the SDM in the future, 5% of women and men (4%) answered affirmatively (Table 5.10).

Table 5.10: Intention to use SDM in the future

Particulars	End line survey	
	Women	Men
Total non-users	223	228
Considered using SDM in the next year	4.9	3.5
Total non-users who did not consider to use SDM	212	220
Reason for not considering SDM use		
Irregular cycles	0.9	0.5
Dislike the method	17.9	5.9
Ineffective	4.7	1.8
Costly	4.3	-
Spouse opposed	5.2	-
No specific reasons	67.0	91.8

Future use of DMPA: Non-users were also asked whether they had considered using DMPA in the next year. The data show that 14% of the women and 5% of the men had considered using it. Most of the respondents had no specific reason for not considering future use of DMPA, others gave specific reasons such as, 'dislike the method', 'spouse opposed', 'method has side effects' and 'not effective' (Table 5.11)

Table 5.11: Intention to use DMPA in the future

Particulars	Endline survey	
	Women	Men
Total non-users	223	228
Have considered future use	13.9	5.3
Total non-users who did not consider using the injection	190	216
Reasons for not considering DMPA*		
Side effects	5.8	7.4
Dislike the method	25.3	15.6
Ineffective	6.8	0.9
Spouse opposed	13.7	3.2
No specific reasons	54.2	72.0

* Multiple responses

Intention to seek family planning services: At the time of the end line survey, about 43 percent of female and 14 percent of male non-users were planning to talk with service providers about family planning during the next year (Table 5.12).

Family planning methods / services offered: Only 35 percent of female and 7 percent of male non-users reported that they had been offered any FP method or services during the last year. Among women, the methods offered were: oral pills (47%), DMPA (35%), IUD and female sterilization (20% each) and SDM (18%). Men had been offered female sterilization (44%), DMPA (31%) and oral pills (19%) (Table 5.12).

Person who offered: Mostly women were offered family planning services by a CHG/male volunteer (48%) or CASP staff/doctor (25%), while men were approached by CASP staff/doctor (25%) and the government health service provider (25%) (Table 5.12).

Table 5.12: Non-users – Intention to talk with service provider about FP and method offered to respondent

Particulars	Women	Men
Total non-users	223	228
Planning to talk to provider during next year	42.6	14.0
FP method / services was offered to respondent during last year	34.5	7.0
Total non-users who were offered any method/ service	77	16
Method/service offered*		
Oral pills	46.8	18.8
Contraceptive Injection	35.1	31.3
Vaginal tablets	7.8	0.0
IUD/Loop/Copper-T	19.5	6.3
Female sterilization	19.5	43.8
Male sterilization	1.3	0.0
SDM	18.2	0.0
Advice on natural family planning	2.6	6.3
Others	6.5	0.0
Person who offered services		
CHG/male volunteer	48.1	12.5
CASP staff/doctor	24.7	25.0
Govt. health provider	10.4	25.0
Private health provider	6.5	6.3
ANM	11.7	11.8
Barbers	1.3	18.8

* Multiple responses

CHAPTER 6

PROVIDER COMPETENCE AND PERSPECTIVES

This section presents data on the technical competence of the providers in terms of their knowledge of the SDM. It also discusses the perceptions of providers and CASP staff of the community's response towards this method, perceived changes brought about by the introduction of the SDM in the community; its acceptance and use and the operational problems/barriers faced during integration of the method.

6.1 BACKGROUND

All providers (male volunteers, CHGs and CASP clinic staff) were interviewed immediately after training and again at the time of the end line survey. The survey at the end of the training focused on their knowledge of how to provide the SDM and their opinion of the method. In addition, discussions were held with CASP providers and staff at the end of the project on their experience incorporating the SDM into their program.

This chapter is divided into the following sections: a) technical competence of providers; b) provider perceptions; and c) community response to the SDM as perceived by the providers. The chapter also discusses the views of CHGs and CASP staff regarding the challenges they faced while incorporating the SDM into their work.

6.2 PROVIDER COMPETENCE

A total of 56 CHGs and 10 male volunteers were trained to provide the SDM. Of these, 28 CHGs were still providing the SDM after 2 years. It is important to mention that none of the male volunteers who received training went on to provide the SDM. Their reasons for dropping out were dissatisfaction with remuneration and lack of time.

The providers were administered a set of questions designed to assess their technical competence regarding SDM eligibility criteria, method use, the menstrual cycle and user follow-up.

Eligibility criteria for using the SDM: The results shown in Table 6.1, demonstrate that two years after their initial training, the CHGs were still competent to screen couples for SDM use. For example, 96% of the providers mentioned that women should have menstrual cycles between 26 and 32 days and 86% mentioned that only couples with low STI risk should use the SDM.

Table 6.1: Provider Knowledge of Eligibility Criteria*

Particulars	Number	%
SDM Eligibility	(N) 28	
For women with cycles between 26-32 days	27	96.4
Both husband/wife need to agree to use SDM	25	89.3
For couples who can use condom/abstain during fertile days	22	78.6
For couples with low risk of STDs	24	85.7
Breastfeeding and use of SDM	(N) 28	
Has had at least 4 periods since baby was born	20	71.4
Her cycles are between 26 and 32 days	19	67.9
Cannot say	1	3.6
Use of SDM after discontinuing oral contraceptives	(N) 28	
Can be used two months after she has stopped taking the pill	17	60.7
If her cycles are between 26 and 32 days	19	67.9
Use of SDM after discontinuing the injectable	(N) 28	
Can be used two months after the scheduled date of her next injection	16	57.1
If her cycles are between 26 and 32 days	19	67.9
SDM and prevention of pregnancy	(N) 28	
Avoiding unprotected sex during the fertile days	19	67.9

* *Spontaneous responses*

Method Use: The providers were asked questions to assess their knowledge of how to use the clock and necklace¹ to identify the fertile days. Most of the CHGs correctly explained what the colors of the necklace/ clock represent. Knowledge regarding use of clock/necklace was also fairly high. Nearly two thirds mentioned that the dot/ band should be moved to the window on the clock or the band on the necklace should be moved to the black bead, on the first day of menstruation. All but one mentioned that the first day of menstruation should be marked on the calendar and that the dots / band should be moved daily (Table 6.2).

Most of the providers stressed the fact that a couple should either abstain from having sex or use a condom when the window/band is on a red dot/bead (19). All of the providers mentioned that a couple could have sex without condom when the window /band is on the green dot/bead.

¹ *There are 32 beads in the necklace and 32 marks on the clocks. The black bead/dot represents the first day of menstruation green beads/marks represent the infertile phase of the cycle and red beads/marks represent, the fertile phase of the cycle (12 beads). The necklace or clock has a black rubber band/white window respectively. The user has to move the band over one bead/move one dot to the window per day to help her to identify her fertile phase.*

Table 6.2: Provider Knowledge of Method Use*

Particulars	Number	%
What the dots around the clock/ beads in the necklace represent (N) 28		
Each dot/bead represents one day of the menstrual cycle	18	64.3
Significance of the different colors of the dots/beads (N) 28		
The black dot/bead represents the 1st day of menstruation	18	64.3
The green dot/beads represents the infertile (safe) days	18	64.3
The red dot/beads represent the fertile (unsafe) days	16	57.1
Use of the Clock/necklace (N) 28		
Move the black dot/ band to the black bead on the first day of menstruation	25	89.3
Mark this day on your calendar	27	96.4
Move the dots / band every day to next bead	27	96.4
Always move the dots / band in the morning, at the same time, if possible	17	60.7
What a couple should do when the band or window is on a red bead / dot		
Abstain or use a condom	19	67.8
What should the couple do when the band / window is on a green bead /dot		
Can have sex without using a condom	28	100.0

* *Spontaneous responses*

Menstrual Cycle: All providers knew that a woman should move the band to the black bead when her period comes again and could counsel a woman who had lost track of her fertile days. Provider knowledge regarding self monitoring of cycle length and instructions for initiating method use was high (Table 6.3).

Table 6.3: Provider Knowledge of Cycle Monitoring and Initiating SDM Use

Particulars	Number	%
What a woman should do when her period comes again	(N) 28	
Move the window to the black dot	28	100
What a woman should be told if she can't remember whether or not she has moved the next dot / band to the next bead*	(N) 28	
Check her calendar and count the no of days gone by since the 1st day of period	28	100
Move the window to the correct dot	6	21.4
Action to be taken if the woman's period comes before the yellow dot/bead*	(N) 28	
See her provider	27	96.4
Her cycle is <26 days	3	10.7
Action to be taken if the woman's period doesn't come by the day after the last dot/bead*	(N) 28	
See her provider	28	100.0
Her cycle is >32 days	3	10.7
Beginning and ending of menstrual cycle	(N) 28	
The MC begins the first day of her period and ends the day before it begins again	25	89.3
Days of her menstrual cycle a woman is eligible to receive the SDM	(N) 28	
Days 1-7	28	100.0
Steps to be taken for an eligible user who is not on day 1st -7th of her menstrual cycle*	(N) 28	
Tell her to come back when her next period comes	25	89.3
Tell her to avoid unprotected sex	6	21.4
Give her a calendar and mark her fertile days (8-19)	5	17.9

* Multiple responses

* Spontaneous responses

Technical knowledge regarding follow up and SDM Users: Almost all CHGs knew that the follow up visit should take place after one month of method use. The majority also correctly explained the topics they would explain during the visit. Finally, two thirds of the CHGs (19) correctly mentioned that the user should switch to another method if she has two or more cycles less than 26 or more than 32 days (Table 6.4).

Table 6.4: Correct Provider Knowledge of Follow up of SDM Users

Particulars	Number	%
Follow up visit to SDM user should take place	(N) 28	
After one cycle of use	26	93
Check up during the follow-up visit: *	(N) 28	
Cycles within 26-32 days	25	89
The couple uses a condom or abstains during the fertile days	18	64
Correct identification of fertile days	27	96
Couple wants to continue to use the SDM	16	57
Circumstances under which a couple should shift to another method	(N) 28	
2 or more cycles out of range (<26 or > 32)	19	68
One 42 day cycle	11	39
Cannot avoid unprotected sex during the fertile days	5	18

* Multiple responses

6.3 PROVIDER PERCEPTIONS

This section presents the perceptions of the providers on various issues related to the SDM.

Advantages

The providers were asked to comment on the advantages and disadvantages of the SDM. The most prominent advantage of the SDM mentioned by CHGs was its ease of use (82%). Fifty-seven percent (57%) of CHGs mentioned that it is easy to understand and an additional 57% mentioned that it has no side effects. These results are supported by the in depth interviews during which the CHGs mentioned that the SDM was easy to adopt and understand; likewise many thought the method was safe, free of side effects, enables women to identify their fertile days and empowers women to make family planning decisions. In their own words:

“SDM is a safe method, in this nothing is to be eaten, used or done...no need to buy condoms, pills or to pay for injectables...” “No fear of pregnancy, it is very safe... also useful for those people who want a child.... you come to know about safe and unsafe days.”

“Husbands don’t have to do anything and the woman can adopt family planning methods on her own.”

Discussing the advantages of the SDM method, the project staff pointed out that introduction of the SDM has enabled periodic abstinence users to improve their understanding of the safe and unsafe period. Also, they reported that the method is free of side effects and can be used by couples who do not like using other methods such as pills and condoms. Also, they consider the method cost effective because there is only the initial cost of buying the tracking device (clock / necklace).

“Use of safe period was already there in the community...SDM has introduced a scientific method which is similar to what they have been doing...”

“It is 95 % fool proof and one does not have to use anything...it has no side effects...it is cost effective.”

Disadvantages

One major concern of the CHGs was the efficacy of the method. Most of them mentioned that the SDM is, “not a fool proof method”. They also mentioned that the method could be inconvenient to follow as the, “band has to be moved everyday” , and that it may be difficult to understand the method for some women (Table 6.5).

Table 6.5: Disadvantages of SDM

Disadvantages*	Number (N=28)	%
Difficult to remember to move the band every day	12	42.9
Not a fool proof method	12	42.9
Difficult to understand	9	32.1
Difficult to remember the fertile/safe days	3	10.7

** Multiple responses*

The CHGs mentioned that their main concern about the SDM was the risk of pregnancy with incorrect use. Apart from this, the CHGs pointed out that the SDM does not protect from STIs. Another disadvantage expressed by some of the providers was that the SDM is suitable only for those women who have menstrual cycles between 26-32 days. As expressed by the providers:

“The only disadvantage is that if the woman is not careful on the unsafe days she will get pregnant.”

“Chances of STD are there with this method, unlike in condoms”.

“This method is not for those with irregular periods...so it has limited use...”

The CASP staff approached these concerns differently. They pointed out that the risk of pregnancy with SDM use was minimal and was similar to any other temporary method of family planning. They also stressed the fact that the risk is due to incorrect use of the method. Thus, the main disadvantage of the method in their view was that user carelessness can result in method failure.

“Client has to be careful...if they cannot count the safe period there will be the risk of pregnancy...this is the main disadvantage.”

“User has to be very vigilant...unlike other methods like copper T or even pills (in which, if they forget one day they can have two the next day). SDM needs to be monitored

everyday. A lot of effort has to go into it to mark the days and keep track of safe /unsafe days.”

On the issue of the SDM offering no protection against RTI/STI, the CASP staff pointed out that this is why they had to screen couples vulnerable to RTI/STI prior to offering the method. Thus, a spin off benefit of offering the methods is the identification of couples vulnerable to RTI/STI in the community.

“SDM offers no protection against RTI/STD. So we have to screen the users before we give them the method...this way we would identify the high risk group...”

Safety, Effectiveness and Product Durability

Overall, the CHGs perceived the SDM to be a safe and effective method. Only two of the 28 providers interviewed expressed concern that the method may be ineffective because the user may forget to shift the band /dots daily (Table 6.6).

Most of the CHGs found the SDM products durable. However, discussions with the project staff revealed their concern regarding the durability of the ‘clock’. Their concern is highlighted because it was the more popular of the two SDM products provided to the users (Table 6.6).

“The clock is popular as it serves dual purpose...gives time as well as marks the days...but the product is not good and once broken it cannot be repaired or replaced.”

“The clock is very popular but we have faced problems with it...Once the clock is defective nothing can be done... if the window breaks or something gets spoiled there is no way of replacing it...several defective clocks are lying in the boxes (in the project office).”

Table 6.6: Safety, Effectiveness and Product Durability

Particulars	Number	%
Safety and effectiveness	(N) 28	
Safe and effective enough to offer	26	92.9
Method ineffective- difficult to remember to safe days	2	7.1
Durability	(N) 28	
Method durable	24	85.7
Will not last long	4	4.3

6.4 PROVIDER PERCEPTION OF COMMUNITY RESPONSE TO THE SDM

Providers were also asked about the response of their clients to the SDM and their ability to use it. Most of the providers (20) believed that the couples in their community were interested in using the Standard Days Method. However, a few felt that couples had difficulty understanding the method and using it correctly or question its effectiveness, and/or are not interested in paying for it. (Table 6.7)

Table 6.7: Community's interest

Particulars	Number (N=28)	%
Couples are interested in using SDM	20	71.4
Difficult to remember safe days /to move band everyday	3	10.7
Difficult to understand the method	3	10.7
Ineffective	2	7.1
Not interested paying for the method	3	10.7

**Multiple responses*

Similar observations were made by the providers during the in-depth interviews. They also mentioned, “lack of faith in the safety of the method”, as one of the reasons for lack of interest among some potential users. In their own words:

“People are not so intelligent, and even if you explain to them properly they can still forget...they forget to shift the band...or to mark on the calendar...then the method is of no use...so they find it troublesome.”

“People don't believe in SDM ...they think it is not possible...they think it is too risky.”

On the issue of the community's perception of the SDM, the CASP clinic staff gave a positive picture. They mentioned that many new users had adopted the method, especially couples who did not want to use any other method and women who were concerned with the side effects of other options. In their experience, women were happy with the SDM because it is a natural method and they do not have to take or use anything, while men were pleased because they did not have to use condoms during the safe period.

“Quite a large number has adopted the method...especially husbands who don't want to use condoms...and women who are concerned with the side effects of other methods...”

“SDM generated a lot of interest...women have told me, ‘Didi this a good method...we don't have to take anything...there are no side effects’ ...husbands like it...they do not like using condoms...so since they don't have to wear condoms on safe days they are happy with the method...the wives are happy too...earlier they were scared of being pregnant but now they have the knowledge of the safe days...so they feel safe.”

The project staff made another interesting observation. In their experience, it is the older couples in the community (those in their 40's) who were not interested in using SDM. They felt that since they have sex only occasionally it is easier to use withdrawal.

Further, the providers were asked about their opinion regarding the ability of the couples in the community to use the SDM correctly. Most of the providers asserted that the couples in their community were able to use the SDM correctly. Those who opined

otherwise suggested that carelessness on the part of the users regarding the daily shifting of band/ring may hinder correct use of the SDM. In the providers' words:

"People in Sangam Vihar are not that educated...they do not understand the importance of shifting the band everyday... they forget to shift the band."

6.5 OPERATIONAL PROBLEMS /BARRIERS

The provider survey explored the problems that the CHGs faced providing the SDM. The CASP staff also was interviewed by TNS mode on this issue.

The primary problem that the CHGs faced initially was the unwillingness of the clients to pay for the method. Apart from this, providers found that the community had reservations about accepting a new method. Added to this, fertility awareness was being disseminated for the first time, and the CHGs felt that their clients had some difficulty in comprehending and remembering the information. This was especially the case of clients who were not literate. The CHGs dealt this situation by making repeated visits to counsel their clients and ensure correct and continued method use. As time went on, an increased awareness of the method in the community increased the credibility and acceptability of the method. (Table 6.8)

Table 6.8: Operative problems

Reasons* (N=28)	Number	%
No problem	8	28.6
Unwilling to pay for method	16	57.1
Difficulty in counseling as method was new	4	14.3
Difficult to make couples understand safe/unsafe days	3	10.7

**Multiple responses*

Lack of faith among the couples regarding the efficacy of the method has been another problem. The providers stated:

"People don't believe in this method...they think that they will get pregnant...they don't want to purchase it."

"We have had to repeatedly explain the method to them (community/users)...the problem is that they understand it...then they go to their village for a few months and forget how to use it...so they have to be constantly reoriented."

Another problem that emerged in course of the operations research was with regards to the several visits made by the respective study partners to the SDM users. The community did not like being visited and questioned repeatedly by different sets of people. This antagonized some households who in turn influenced others not to adopt the method. Thus, this also affected the work of the CHGs in those areas. In the words of one of the CASP staff:

“The community did not like several visitors...may be the clients got visited more than once...some objected and others got influenced...had they been oriented earlier they would have been prepared.”

A CASP staff person pointed out that this problem could have been avoided if the community had been oriented and sensitized about the operations research, not individually but as a group.

“There could have been some sort of health mela ...or some group activity in which they could have been explained that there will be this study and people will come again and again to ask questions...”

6.6 PROJECT SUCCESSES

The CASP staff felt that overall the SDM introduction had been quite successful. The community took an interest in the method and understood how to use it. Apart from this, the community health guides have learned to offer a new family planning method. Since SDM is a couple method and cannot be used correctly without co-operation of both partners; communication regarding sex is an essential component of method use. Thus, CASP considers improved communication between husband and wife an important achievement of SDM incorporation. CASP staff also noted that incorporating the SDM has helped their program meet the needs of newly married couples who want a spacing method, as well as couples who do not want to use other family planning methods due to religious restrictions. Finally, they mentioned that a spin off benefit of the project has been the identification of risk groups vulnerable to STIs and RTIs.

CHAPTER 7

DISCUSSION AND CONCLUSIONS

Through this operations research study, CASP sought to determine the feasibility of incorporating the SDM into its reproductive and child health services. Specifically, CASP wished to determine whether or not the CHGs and male volunteers could provide the SDM effectively and assess demand for the method. In addition, CASP planned to test a strategy for reaching men with SDM. The research was designed to provide guidance to help CASP incorporate the SDM into the package of reproductive health services provided by CHGs.

Based upon the study findings, this section addresses the following research questions:

1. **Was it feasible for CASP to integrate the SDM into its family planning program? What operational problems or barriers were encountered and what solutions, if any, were found?**

The OR study experience suggests that the SDM can be successfully included in CASP's family planning program. However, certain challenges were encountered in the implementation process, which must be addressed in future expansion efforts:

- **Difficulties faced by providers**

Since the SDM is a new method, the community was hesitant to accept it initially. Also, fertility awareness was disseminated for the first time, and some clients had difficulty comprehending and remembering the information, especially in the case of clients who were not literate. The providers dealt this situation by making repeated visits to counsel the clients on the method. Over time, increased awareness of the method enhanced its credibility and acceptance.

- **Drop out of male volunteers**

Since the SDM is a couple method, CASP planned to reach the wife through CHGS and the husband through male volunteers. Thus, in addition to the CHGs, male volunteers were trained as providers. A post training assessment found that male workers were competent to offer the method. However, none of them ultimately provided the method to any one in the community. The reasons for dropping out of the project were dissatisfaction with remuneration and lack of time due to their regular work (most were daily wage earners).

- **Price as a barrier**

Initially, the cost of the clock was set at Rs. 80/- and Rs. 50/- were charged for the necklace. However, the community was not willing to pay this cost. Therefore, the cost of clock was reduced to Rs. 40/- and of necklace to Rs. 25/-.

- **Poor quality of SDM products**

A managerial problem was encountered due to the poor quality of the locally manufactured SDM products; especially the clock. Several of the clocks were defective. Similarly, the necklace was of poor quality. The holes in all the beads were not at the center, which made the necklace look out of shape, coupled with a poor finishing touch.

2. **Are Community Health Guides and male volunteers able to teach the SDM/FA effectively?**

After training, the technical competence of the CHGs to offer the SDM was assessed. This assessment found the providers (CHGs) competent to offer the SDM in the community effectively. Two years after their initial training, most could correctly state the key information needed to offer the method.

3. **Were couples willing to pay for the method? Was the profit made by provision of the method sufficient to motivate the CHGs and male volunteers to offer the method? How did the price of the method influence selection?**

- The OR study shows that couples are willing to pay for the method if it is priced appropriately. Couples might be willing to pay more for better quality products.
- Study results suggest that couples prefer investing in a product, which gives added value for its cost. This is evident from the fact that most couples chose the clock, even though it was priced higher than the necklace.
- The profit from the clock did appear to motivate the CHGs, not so the male volunteers, although problems with the clock quality interfered with their ability to market the product. The profit from the necklace, on the other hand did not appear to motivate the CHGs, with an exception of particularly motivated women.

4. **Did provision of the SDM by the male volunteers result in a greater number of users than does provision by the CHGs only? Does couple counseling result in more effective use of the SDM?**

- Strategies for reaching men through male volunteers with information about the SDM could not be assessed due to non-performance of male volunteers. This

experience suggests that using male volunteers to provide the SDM in urban slums is not a feasible strategy.

- The result of post training and mid course interviews revealed that the male volunteers had developed competence on all aspects of SDM. However, since males were not providing the method, over time they found difficulty in remembering technical details.
- The main reasons for discontinuing as providers were dissatisfaction with remuneration and lack of time from regular work (most were daily wage earners).

5. How did men and women perceive and use the SDM?

- Virtually all men and women found the SDM simple to learn and use (98%).
- The majority had accurate knowledge of how to use the SDM and used the method correctly.
- Over a period of one year of use, only 10% discontinued method use due to out of range cycles or dissatisfaction, and few pregnancies were reported.
- Managing the fertile days was not identified as a problem by most users. The majority of couples used condoms during the fertile days (98%). Further, many couples reported that SDM use facilitated partner communication about the timing of sexual intercourse.

6. How did incorporation of the SDM and fertility awareness information influence use of other methods?

- Most of the SDM users had used condoms or no method previously. Very few (1.3%) had used an effective method during the last two months.
- Incorporation of the SDM into the existing basket of family planning methods in Sangam Vihar did not seem to influence use of other methods. While contraceptive prevalence did increase significantly during the study period, most of this was due to an increase in tubal ligation, and to a smaller extent condom and pill, with only two percent choosing one of the new methods available – DMPA or the SDM. It is possible that integration of these methods, however, raised interest in family planning and brought new users into CASP's program. Couples who were interested in the SDM or DMPA, for example, but did not fulfill the eligibility criteria may have chosen another method offered by CASP,
- SDM/FA knowledge would be especially beneficial to periodic abstinence users who remain outside the purview of the national family planning program. However, CASP had difficulty reaching this segment of the population and the

end line survey results indicate that most were unaware of the SDM at the end of the study.

- Because the majority of new SDM users were either inconsistent condom users or first time family planning users, introduction of the SDM on a large scale is a promising strategy to increase the prevalence of birth spacing methods and expand coverage.
- 7. Did information about the SDM/FA spread throughout the community? How accurate was this information? Did couples use the SDM without receiving instruction from a provider?**
- Information on the SDM spread through the community through formal (providers and other SDM awareness raising activities) and informal channels (word of mouth). The providers visited women to inform them about SDM and this information was further spread through informal discussions.
 - Most of the women heard about the SDM from the CHGs during home visits or group meetings, while most men heard of the SDM from CASP staff/doctors or from their friends, neighbors or relatives.
 - Among the IE&C activities, the SDM poster emerged as the most effective medium. Other activities such as the street play, health mela and the cable T.V. spot were mentioned by relatively few women.
 - SDM information also diffused through informal discussions. Women had discussed the method with their spouses, neighbors and friends, as had men.
 - Despite these efforts, only a small percentage of women, and even fewer men heard of or been offered the SDM. Most non-users, an important target population, had not heard of the SDM.
 - No couples were detected who had used the SDM without receiving instructions from a provider.
- 8. What were the correct use and continuation rates of the SDM? What were the reasons for continuation or discontinuation in this setting?**

Life table analysis of the results shows that for every 100 women who began using the SDM, 13 became pregnant by nine months. At six months, the discontinuation rate was 5.8. The discontinuation rate due to personal reasons was 3.5 in the sixth month. Pregnancies due to incorrect use of the method, which could be considered discontinuation because these women knowingly had intercourse during their fertile days without use of an alternate method, increased from 0.8 in the second month to 2.8 at six months.

9. How satisfied were SDM users?

The OR study found the SDM users to be quite satisfied with the method.

- Overall, the respondents found the method easy to use and easy to teach, and would recommend it to the others. The lack of side effects was mentioned as the primary reason for couples who selected the SDM.
- SDM users were highly satisfied with the method; 98% of women and 77% of men would recommend the SDM to others, and almost all (97%) who completed 12 cycles planned to continue using the method.
- Women liked the method because they do not have to take or use anything. Men were pleased that they did not have to use condoms during the infertile days.

10. Success of the Project

Response to integration of the SDM has been positive:

- The community demonstrated interest in the method and were able to use it correctly. They found it easy to learn and use SDM and are willing to recommend the method to others.
- The SDM was especially popular among newlyweds and younger couples who wanted a spacing method.
- The community health guides now offer a natural method of family planning which complements the other choices they provide (DMPA, oral contraceptives and condoms).
- Since SDM use requires the co-operation of both the partners, communication regarding the fertile days is an essential component of the method. Increased knowledge of the fertile days has facilitated partner communication about avoiding unprotected sex during these days. Thus, an important achievement of SDM introduction has been improved communication between husband and wife.

SUGGESTIONS AND RECOMENDATIONS

The following suggestions and recommendations are based on the results of the OR study:

- The credibility of the SDM can be enhanced through competent client counseling and IE&C efforts. Public sector provision of the SDM would lend credibility to the efforts of community health workers who provide the method.

- In addition to good quality counseling, SDM users should be offered emergency contraception.
- One follow up visit after one cycle of SDM use is beneficial, although not required.
- Trained and skillful providers are a key to successful integration of the method. Thus, capacity building should be emphasized.
- A continuous supply of high quality products and condoms will facilitate acceptance and correct use of SDM.
- Strategies to increase awareness of the SDM, such as more user friendly and innovative IE&C materials should be implemented.
- Since the SDM is a spacing method, programs should make an effort to reach the newlyweds / young couples, as well as those who prefer not to use other methods due to religious restrictions or fear of side effects.
- The role of men as educators and providers of the SDM should be explored and encouraged.
- Government support is fundamental for introducing the SDM on a large-scale. The SDM will be more acceptable if integrated into the existing government family welfare program.

APPENDICES

APPENDIX 3.1:

No. of Women Continuing in Study by Reasons for Discontinuation

Total number who consented (N)=246										
Admission(Within 15 days of SDM acceptance)	Total Admitted	Total discontinued	Reasons for discontinuation							
			Moved or lost to FUP*	Wanted child	Cycle out of range	Discontinued SDM	Refused further Interview	Switched to another method	Became pregnant	Exit interview (Before 13th cycle)
	230	16	-	6	3 +3*	3	-	1	-	-
1st FUP (beginning of 2nd cycle)	210	20	11	-	1	2	4	-	2	2
2nd FUP (beginning of 4th cycle)	184	26	15	1	2	2	1	-	5	3
3rd FUP (beginning of 7th cycle)	149	35	17	2	1	2	5	-	8	6
4th FUP (beginning of 10th cycle)	124	25	11	-	1	1	7	-	5	6
Total of four follow ups	124	122	54	9	11	10	17	1	20	17
Exit (beginning of the 13th cycle and not pregnant)	124	-	-	-	-	-	-	-	-	-

* Had less than four periods since initiation of breastfeeding.

* Many women returned to their villages during certain periods of the year.