

India: Introducing the Standard Days Method™ in Rural and Urban Communities

The feasibility and effects of introducing the Standard Days Method* (SDM) in urban and rural communities in India were tested by CARE India and CASP (in collaboration with CEDPA). Technical assistance was provided by the Institute for Reproductive Health, Georgetown University. Study results show that women were able to correctly identify their fertile days and avoid unprotected intercourse. Women who reported using the method correctly experienced few pregnancies (3% in urban areas and 4% in rural communities). Knowledge of the SDM and fertility increased substantially. About one year after introducing the SDM, 64% and 37% of women in the rural communities and urban slums respectively had heard of the SDM. Furthermore, correct knowledge of the fertile days increased from 0 to 91% in rural communities and from 2 to 67% in urban areas. Contraceptive prevalence increased in urban sites from 50 to 58% with 1% using the SDM. In rural areas, it increased from 24 to 41% with 7.5% of women using the SDM. The study thus found that demand for the SDM exists and that it can be provided effectively by low-literacy community health workers to women and men of varying educational and socio-economic levels. Furthermore, it addresses a need among younger couples who prefer natural methods of family planning.

Background



Community talks were conducted to raise awareness of the SDM.

According to the Indian National Fertility and Health Survey (NFHS II) (1998-1999), Indian women marry early, have their first child soon after marriage, have a second and possibly

third child in close succession, and then are sterilized all by their mid-twenties. Seventy percent of women in India who want to space their next birth and one quarter of women who want to either space or limit their next birth are using no family planning method. For example:

- Only 7% of Indian women report using condoms, the pill or IUD. Many do not use them consistently or correctly.
- One in five say they do not intend to use a family planning method because of health concerns, worries about side effects, or fear of sterilization.
- 12% say that contraception is against their religion.
- 5% use traditional methods such as rhythm or the “safe period”, yet very few can correctly identify their fertile period.

Research shows that when people can choose among several different contraceptive methods they are more likely to find – and use – a method that appeals to them. Adding a new method, throughout a

country will, on average, increase the contraceptive prevalence rate by 12 points.¹ The Standard Days Method, a new and simple fertility-awareness based method, provides a safe, accessible and effective option that can help address the unmet need of women wishing to space their next pregnancy and particularly of those who have yet to meet their family size goals.

Study Design and Objectives

The Community Aid and Sponsorship Program (CASP) in collaboration with the Center for Development and Population Activities (CEDPA) and CARE India conducted operations research to study the feasibility and effects of introducing the SDM into community-based reproductive health programs in rural and urban communities in India.

CARE conducted the study in 48 rural villages in the Sitapur district of Uttar Pradesh. The villages were divided into two study groups: experimental and traditional. In both groups, female volunteers were trained. In the experimental group, male volunteers also were trained to provide information and counseling directly to men in their communities and through already established men's groups. If men expressed interest in the SDM, their wives were then visited by a female volunteer who would screen and counsel her on the use of the method. This design was used because it was considered unacceptable for volunteers to counsel potential clients of the opposite sex.

Services in the CARE program were provided by 72 female and 36 male community volunteers. They offered the SDM free of charge to couples who were either using periodic abstinence, withdrawal, only sporadically using condoms, or not using any method at all. Initial screening and counseling took place in the women's home and lasted about a half an hour. A follow-up counseling visit was made to each SDM user after one cycle of method use. Subsequently, users were visited on a quarterly basis.

CASP integrated the SDM into its network of clinics and community health workers in urban slums of Sangam Vihar, New Delhi. CASP's program covers approximately 17,000 married

couples of reproductive age, most of whom are migrants from other states. The study took place in three administrative units. In one unit, women community health guides (CHGs) and male volunteers provided information and counseling on the SDM. CHGs and male volunteers worked as a team to ensure that the couple received counseling either individually or together. In the other two units, CHGs provided counseling primarily to women.

CASP offered the method through 56 female community health workers and 15 male volunteers. Initial counseling took place during home visits. Follow-up visits occurred either in the home or in the CASP clinics. CASP community health workers sold the method as part of a social marketing program which also included condoms, emergency contraception and the injectable. CASP also developed a clock with a color-coded outer ring as an alternative to CycleBeads* to help clients track their cycles and identify their fertile days.

Both CARE and CASP conducted informational activities such as community talks, home visits, distribution of posters and flyers, street theatre and public service announcements on local cable networks to inform the community that they were offering the SDM. About 3 months after the initial 2-day training, volunteers received a refresher training. An individual refresher guide was administered by supervisors to reinforce provider knowledge and skills. Supervisors of both organizations also conducted regular visits to observe the providers and give them feedback and suggestions.

Data Collection

Surveys were conducted in both programs at baseline and endline to determine the effect of SDM introduction at the community level. In addition, field-investigators conducted interviews with SDM users to determine user satisfaction, correct use and continuation. SDM 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. Service statistics and data from supervisors and providers were collected.

Salient Findings

User Profile

The results show that education and parity were similar in Sitapur (rural) and Sangam Vihar (urban). A higher percentage of rural SDM users were breastfeeding (60%) in comparison with urban users (38%). Forty five percent of the rural SDM users and 28% of the urban users had never used a family planning method. Most of the rural users were not using anything (59%) in the two months prior to initiating SDM use. In Sangam Vihar 70% of the new SDM users had been using condoms inconsistently before adopting the SDM. Most users selected the SDM because it does not affect their health and has no side effects.

SDM Knowledge and Correct Use

Results of interviews with users after one cycle of method use revealed that virtually all women in the study were able to correctly identify their fertile days and avoid unprotected intercourse (Table 1). Percentages remained high throughout the quarterly follow-ups. Users were counseled to manage the fertile days in whatever way worked best for them – either by abstaining or using condoms. It is interesting to note the differences between the urban and rural areas – 87% of urban users relied on condoms during their fertile days, as compared to only 29% of rural users, who preferred abstinence.

Table 1. Knowledge and Use of the SDM

	Rural (n=482)	Urban (n=285)
Correct identification of fertile days (marker on correct bead)	97%	99%
Correct handling of fertile days (no unprotected intercourse during fertile days)	99%	100%
Marks calendar daily	98%	100%

Source: Follow-up interviews after one cycle of use

Male Involvement

The SDM is a couple method and its effectiveness and continuation depend on correct use and satisfaction among both men and women. CARE and CASP both attempted to involve men in method counseling through male volunteers. In the urban area, most men using the SDM were taught to use the method by their wives; only 19 percent of men were taught by a provider. In the rural area, however, all of the male users in the villages in the male involvement group were counseled by a provider. Most women reported that their husbands were cooperative and helped them to use the method correctly.

Method Continuation

A little more than 60% of users in both areas continued in the study at six months. In the rural villages the 12 month continuation was higher in the male involvement vs. women focused blocks (48% vs. 38%).

The reasons women exited from the study differed somewhat between the urban and rural sites (Table 2). Lost to follow-up was higher in the urban slums, due in part to users returning to their villages. In the rural areas, on the other hand, a much higher percentage of users discontinued due to out-of-range cycles. To some extent, this may be due to the higher percentage of rural users who were breastfeeding. Also, 9% of rural users exited from the study due to overly strict cycle eligibility criteria which were later changed. There were relatively few pregnancies among women who reported that they used the method correctly –3% in the urban area and 4% in the rural area.

Table 2. Reasons for Discontinuing Study

	Rural (n=482)	Urban (n=285)
Lost to follow-up	8%	17%
Wanted a child	2%	7%
Out of range cycles	27%	4%
Dissatisfied/switched to another method	4%	6%
Pregnancy (typical use)	12%	4%
Pregnancy (perfect use)	4%	3%
Completed study	43%	54%

Source: Based on exit interviews

Community Awareness

About one year after introducing the SDM, 64% of women in the rural villages and 37% of women in the urban slums had heard of the SDM. Men were not as well informed – 38% percent of men in Sitapur and 10% of men in Sangam Vihar had heard of the SDM. In the rural villages, the primary source of information on the SDM was the community volunteer (78%); followed by the CARE worker (39%), Anganwadi worker (24%) and auxiliary nurse midwife (12%). In the urban slums, the community health guides (95%) and the CASP clinics were the most common sources of information.

Increasing fertility awareness in the community was a key objective. Correct knowledge of the fertile days increased from nothing to 91% in Sitapur; and from 2% to 67% in Sangam Vihar. At endline, about 75% of men in both areas could correctly identify the fertile period.

Contraceptive Prevalence

Community censuses conducted before and after SDM introduction by CARE and CASP both show increases in contraceptive prevalence. In Sangam Vihar, contraceptive prevalence increased from 50% to 58% after introduction of the SDM. About 1% of the women interviewed were using the SDM. In Sitapur, prevalence increased from 24% to 41%, with 7.5% of women using the SDM.

- The SDM can be incorporated relatively easily and is especially popular among younger couples who do not want to use any other method of family planning.
- The SDM is an effective strategy for reaching women who are not using any other family planning method and are given limited choices for birth spacing.
- The method also appeals to couples who desire a child—10% of SDM users in Sangam Vihar were using the SDM to plan a pregnancy, according to the endline census.

Since the SDM has proven to be acceptable as well as simple to teach and use, it could be introduced on a large scale. It should, however, be introduced systematically with appropriate training and behavior change communication to create awareness and legitimize the method. Both CARE and CEDPA program personnel recommend that consistent supply of condoms and good condom instruction be secured to facilitate correct use of the SDM. CycleBeads or a similar high quality product to aid in learning should also be available. In addition, government support is fundamental for the large scale success of the method.

Endnotes:

*Standard Days Method and CycleBeads are trademarks of Georgetown University.

¹Laing, John. Continuation and Effectiveness of Contraceptive Practice: A Cross-Sectional Approach, *Studies in Family Planning*, 16 (3), 1985.

Conclusions and Implications

Study results are promising and suggest that:

- There is demand for SDM and both providers and clients find SDM simple to teach and learn.
- The SDM can be provided by low-literacy community health workers to women and men of varying educational levels and socio-economic backgrounds.
- Couples can identify the fertile days and manage them. Most users were very satisfied with the method and were able to use the method correctly.

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The **Institute for Reproductive Health** conducts research and provides technical assistance on expanding access to natural methods of family planning and improving options for women and couples worldwide.

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