

COMPARING TWO COUNSELING APPROACHES FOR THE STANDARD DAYS METHOD

EXECUTIVE SUMMARY

CEMOPLAF (Centro Médico de Orientación y Planificación Familiar) has offered reproductive health services to families in Ecuador for over 26 years. Its mission is to provide quality health services, with an emphasis on sexual and reproductive health. It operates 27 clinics staffed with highly qualified personnel and equipped with the most up-to-date technology. In 1993, CEMOPLAF added an agriculture and self-management program to its health services enabling it to increase its reach and impact in rural communities. To expand family planning services and options for its clients, CEMOPLAF integrated the SDM into 8 of its 27 clinics. Consistent with CEMOPLAF's practice, women accepting the SDM were charged for the consultation and CycleBeads, a visual tool that helps women use the SDM. With CycleBeads, a woman can track her menstrual cycle and easily identify her fertile days.

Need for Effective and Simple Natural Methods

Family planning programs were initiated in Ecuador in the mid 1960s, and contraceptive prevalence has shown steady growth since then. Between 1994 and 1999, for example, prevalence among married women in union at the national level increased from 56% to 66%. Modern methods represented 80% of total prevalence during this period, decreasing slightly to 77.9 in 1999. Method mix also changed between 1994 and 1999 and natural method users increased from almost 11 % to 14%. However, the natural methods cited as most commonly used were withdrawal and rhythm—the least effective methods.¹

Research Objectives and Design

As part of introducing the SDM, CEMOPLAF and the Institute collaborated on an operations research study that examined the experience of incorporating the SDM into their services. The study sought to:

- Compare the cost-effectiveness of two counseling approaches for offering the SDM, one involving a single counseling visit and one involving two visits;
- Learn about the women who used the method and whether they used it correctly;
- Determine client acceptability and continuation rates for the SDM;
- Determine provider attitudes towards the SDM and whether it changed following training and service provision; and
- Determine the feasibility of incorporating the SDM in all CEMOPLAF centers.

The eight CEMOPLAF clinics, which integrated the SDM into its services and participated in the study, included four urban clinics and four peri-urban clinics. The urban clinics provide only health and family planning services and are staffed by medical

personnel and health promoters. The peri-urban clinics include agriculture and livestock as well as health services. For study purposes, clinics providing only reproductive health services were paired by geographic location and climate zone. Clinics with an agriculture outreach component were paired by the level of community participation. To compare the effectiveness of the counseling modalities, centers were randomly assigned to offer either one or two counseling sessions.

Women accepting the SDM were interviewed for admission to the study. Follow-up interviews were conducted one month after acceptance, and then following months 4, 7, 10 and 13. Monthly service statistics were collected from the study sites, and clinic records were reviewed as required.

Client Profile

One hundred sixty five women accepted the method and agreed to participate in the study. The average age of clients was 29 and a majority of them (74%) had more than primary school education

- A majority of women accepting the SDM (82%) had previously used a contraceptive method. Two months prior to the study, less than half (45%) had used nothing, calendar rhythm or withdrawal.
- Only 26% of rhythm clients were able to correctly identify the days during their menstrual cycle when they could become pregnant.
- The two most common reasons given for using the SDM were that it is natural (54%) and that it does not affect a woman's health (78%).

Salient Findings

Knowledge and correct use

Women who received two counseling sessions had better spontaneous recall about how to use the method than women who received only one counseling session. However, practically all women responded correctly to the question about when they should avoid unprotected intercourse, and these answers remained unchanged from the first follow-up visit to the fourth.

Ninety one percent of women in the first and second follow-up visits used CycleBeads correctly, meaning that the black ring was on the correct bead and the first day of the menstrual cycle was recorded on the calendar provided. Correct use, however, was higher among women receiving one counseling session compared to two sessions ($p < .05$).

Managing the fertile days

Most couples (88%) found it easy to abstain from unprotected intercourse on the fertile days (when the black ring was on a white bead). Compliance with method rules was high. Only 13 of 165 clients reported unprotected intercourse on the fertile days. Among those who abstained from intercourse during the fertile days, a higher percentage (56%) had received two counseling sessions, compared to 32% who received only one.

Male participation

Almost 99% of clients and their partners were able to explain how to use the method correctly. Most women (95%) reported that their husbands cooperated with them in using the method: 51% took responsibility for moving the black ring; 37% accepted abstinence during white bead days; and 5% used a condom during white bead days. Almost 20% of the women cited better communication, improved understanding of each other, and getting along better as positive changes in their relationship as a result of using the method.

Method Satisfaction

More than 99% of clients expressed satisfaction with the SDM and indicated a desire to continue using it for the next three months. More than 98% indicated that their partners also wanted to continue using the method. The majority of couples liked the method because it is natural and helps them know when they can have intercourse without getting pregnant. Most (90%) found the method easy to learn, 97% found it easy to use and 88% indicated not having difficulty managing the fertile days. Only 15% of the couples had difficulty remembering to move the black ring each day. In addition, 95% of both women and men would recommend the method to other people.

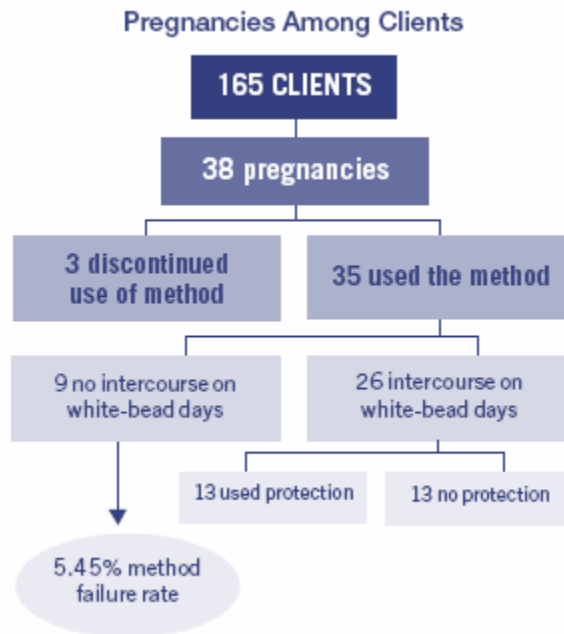
Method continuation

Fifty percent of clients (43 women) completed 13 months of method use, the full length of the follow-up study. Twenty-nine percent (25 women) were exited from the study because they had two or more cycles out of the 26 to 32 range required by the method. In addition, a large proportion of the women who discontinued (24 women) indicated either that the method was not right for them or that they did not feel sufficiently confident using it. Continuation was slightly higher among users in the two visit group, although the difference was not significant.

Pregnancy

Thirty eight of the 165 women who participated in the study became pregnant, but there were no significant differences in pregnancies between the group that received one counseling session (17 pregnancies) and the group that received two counseling sessions (21 pregnancies). Three of the 38 pregnancies resulted from stopping use of the method and having unprotected intercourse. Of the 35

pregnancies that occurred while using the method, 9 appear to be method failures yielding a failure rate for correct use of 5.45. Twenty six of the pregnancies resulted from intercourse during the fertile days, equally divided between those who became pregnant while using protection (condoms and withdrawal), and those who had unprotected intercourse. Failure rate for typical use (including those who used another method during the fertile days and those who did not) is 13.3 %. Thirty seven percent of the pregnancies, however, occurred during the first two months of method use, while women were still adjusting to method requirements.



Provider Attitudes

Provider attitudes about the SDM were assessed before the method was introduced, following provider training and 18 months later at the end of the study. Before the providers were trained in the SDM, they felt that couple communication was important in the use of the method. Its importance increased following training and that view was maintained throughout the study.

Providers also emphasized the importance of provider training and client instruction before they were trained in the SDM. Following training, however, these topics were less important presumably because providers realized that the method was simple to teach and learn.

The biggest change in provider attitudes was the increased emphasis given to the SDM as an alternative family planning method. In the pretest it was rated as relatively unimportant alternative. It increased in importance as a possible method to

discuss with clients following training, a view that was maintained through the end of the study.

Cost-effectiveness of the two counseling approaches

One counseling visit cost \$7.33, while the second visit cost \$12.80 for a total cost of over \$20 for the two visits. The second visit is more expensive than the first because CEMOPLAF's protocol requires that the follow-up visits be conducted in the clients home. Ten percent of women assigned to the one counseling group came for a second visit because they needed reassurance or had questions.

Since a second visit more than doubles the cost of offering the SDM without a significant difference in effectiveness or reduced likelihood of pregnancy, the one visit protocol appears to be both effective and more cost-effective.

CONCLUSIONS AND IMPLICATIONS

CEMOPLAF found that it was feasible to offer the SDM at the community level as well as in clinics, and that the method could be used by women of all socio-economic groups. The study found no significant advantages of the two-visit counseling approach, which doubled the cost of services. The benefits of offering the SDM included providing more family planning options and offering women who use traditional methods a more effective natural option. Couples also felt that the method improved couple communication. Based on study findings, CEMOPLAF felt it was feasible to incorporate the SDM into their services and decided to offer the SDM in their 27 clinics. CEMOPLAF is also becoming a key resource in Ecuador for SDM training, technical assistance and social marketing.