

# **COMPARING THE INTRODUCTION OF THE STANDARD DAYS METHOD IN PRIVATE, PUBLIC, AND FBO PROGRAMS**

## **EXECUTIVE SUMMARY**

The Honduran Association of Family Planning (ASHONPLAFA), an IPPF affiliate, the Ministry of Health (MOH) and the Center for Family Life Education (CEVIFA), collaborated with the Institute for Reproductive Health to introduce the Standard Days Method (SDM) in Honduras.

The three organizations represented the public and private non-governmental sectors and included organizations offering all methods of family planning (ASHONPLAFA and the MOH), and a faith-based organization (CEVIFA) providing only natural methods of family planning. The organizations differed in the types of providers offering the SDM and the settings in which SDM was introduced. Both ASHONPLAFA and the MOH introduced the SDM in urban sites in Tegucigalpa, while CEVIFA introduced the SDM in 13 rural communities in Choluteca. In the urban sites, nurses provided the SDM in 16 ministry clinics while auxiliary nurses were used in the seven ASHONPLAFA clinics. In the rural sites, CEVIFA used previous Billings instructors who were local health promoters supported by Catholic Relief Services (CRS).

### **The need for effective natural methods**

Only half of Honduran couples use family planning; 41% use modern methods and 9% use natural and traditional methods. Among natural method users 3.7% use calendar rhythm or Billings, and 5.3% practice withdrawal, often without information about easy-to-use natural methods<sup>1</sup>. Approximately 8% of married women not using family planning state a desire to do so in the future and 18.4% of non-users oppose modern methods because of side effects, religion, lack of access, economic reasons, and husband disapproval. Thus many women in Honduras who are not using any method could benefit from information about SDM, a new easy-to-use family planning option.

Based on the Honduras demographic and health statistics and a need for natural methods, a diagnostic study was conducted among ASHONPLAFA and MOH clinics. The study found that providers from both institutions were not offering natural methods because they lacked proper training, confidence in the effectiveness of natural methods, and the client's ability to use them. As a result, the Standard Days Method was introduced as a strategy to improved informed choice and satisfy unmet need for Honduran couples.

### **Study Objectives**

As part of introducing the SDM, the Institute collaborated with the three organizations on an operations research study examining the experiences of incorporating the SDM into their services. The study sought to:

- Learn about women who use the method and whether they used it correctly;

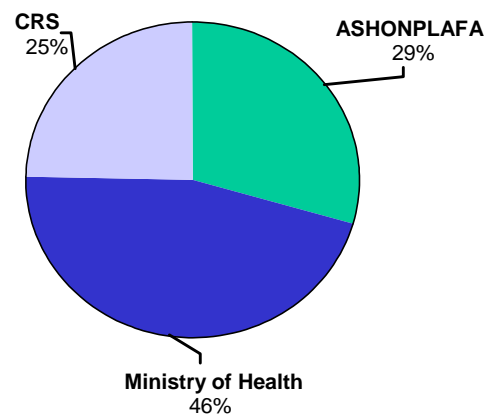
- Determine acceptability of the SDM;
- Compare the organizations on SDM acceptance and satisfaction, and
- Determine the feasibility of incorporating the SDM into public, private and community programs.

Follow-up interviews were conducted with SDM users in all three organizations after one month of use and then every three months until they completed 13 months of use. Due to slow enrollment the study ended before all women reached 13 months of use. The purpose of these interviews was to collect information about acceptability, how couples were using the method and satisfaction.

## Salient Findings

### SDM Acceptors by Institution

A total of 109 SDM users agreed to participate in the SDM study. As can be seen in the chart, the MOH recruited 46% of study participants through their network of 16 health centers though San Benito clinic accounted for almost a third of their users.



### Characteristics of women using the SDM

The average age of SDM acceptors was between 27 and 28 for the women and 31 to 32 for their partners, and quite similar among the institutions. The number of children ranged from 1.8 to 2.04. Women and their partners served by ASHOPLAFA tended to be better educated (10.1 and 12.3 years of schooling respectively) than those recruited by the MOH and CRS (8 and 10 years respectively).

Twenty percent of SDM users were first time family planning users. An additional 43% had used a traditional or natural method previously. The primary reason that users gave for choosing the SDM was related to health concerns, particularly fear of side effects associated with modern methods.

### Correct use of the SDM

At the time of the interviews close to 90% of users had correctly placed the black ring on the correct bead. This was consistently observed through all the follow-up interviews, with some small differences by institution and by follow-up cycle.

Practice/Institutions	1st Cycle N=91 interviews	4th Cycle N=68 interviews	7th Cycle N=47 interviews	10th Cycle N=28 interviews	TOTAL N=234 interviews
<b>Percent respondents with ring on correct bead</b>					
ASHONPLAFA	92%	95%	90%	80%	91%
Ministry of Health	87%	84%	94%	83%	87%
CEVIFA/CRS	88%	95%	89%	91%	91%

Although women were asked to mark the first day of their cycle on a calendar, user compliance with this requirement took several months to achieve, and varied markedly among institutions. By the 10<sup>th</sup> cycle follow-up between 66 and 81 percent of women, depending on the institution, were marking the start of their menstrual cycles on their calendars. During the overall study period, however, CEVIFA users were substantially more compliant, probably because of their familiarity with natural method protocols.

Percent respondents marking first day of period on calendar	1st Cycle N=91 interview	4th Cycle N=68 Interviews	7th Cycle N=47 interviews	10 <sup>th</sup> Cycle N=28 interviews	TOTAL N=234 interviews
<b>ASHONPLAFA</b>	<b>4%</b>	<b>30%</b>	<b>21%</b>	<b>80%</b>	<b>21%</b>
<b>Ministry of Health</b>	<b>30%</b>	<b>24%</b>	<b>59%</b>	<b>66%</b>	<b>38%</b>
<b>CEVIFA/CRS</b>	<b>73%</b>	<b>65%</b>	<b>70%</b>	<b>82%</b>	<b>71%</b>

### Management of the fertile days

More than two-thirds (67%) of users reported abstaining during the fertile days. Sixteen percent used condoms and another 16% combined abstinence with condoms. There were, however, differences in how the fertile days were managed by users in the three institutions. As shown in the following table, CEVIFA/CRS users reported complete compliance with abstinence on the fertile days, followed by MOH users whose providers were trained by CEVIFA where abstinence during the fertile days was preferred. In addition one of the MOH clinics in the study with a large number of users was supported by the Catholic Church and abstinence was the only option offered for managing the fertile days.

#### Management of fertile days by institution

Practice during Fertile Days	ASHONPLAFA N=32	MOPH N=50	CEVIFA/CRS N=27	TOTAL N=109
Abstinence	34 %	72%	100%	67%
Condom user	37%	10%	0	15%
Condom/Abstinence	28%	16%	0	15%
Withdrawal	0	2%	0	1%

### Male participation

Seventy three percent of women reported in the follow-up interviews that their partner participated in management of the method. In addition, 20% of women reported changes in their partner relationships. Mainly they were positive changes such as better communication and more tranquility and security in their relationships. Negative changes stemmed from husbands frustrations related to the number of fertile days.

### User attitudes about the SDM

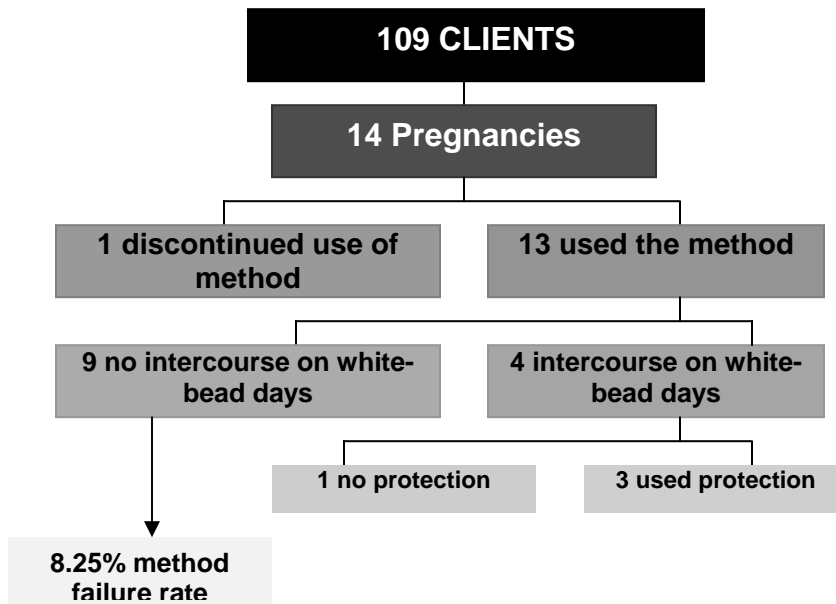
Forty four percent of women liked the SDM because it was natural and didn't affect their health. This aspect of SDM was more important for users in ASHOPLAFA and the MOH, while users from CEVIFA/CRS liked the SDM because they found it easy to learn and use particularly in comparison to other natural methods.

### Continuation, discontinuation and pregnancies

Thirty four percent of study respondents completed 13 cycles of use. CEVIFA and the MOH had the highest percentage of women completing 13 months of use (41 and 39 percent respectively) while ASHONPLAFA had the lowest (20.8). A third of the women discontinued use because they had two or more cycles out of range.

As shown in the chart below, fourteen participants became pregnant although one woman was no longer using SDM at the time of her pregnancy. Nine pregnancies were due to method failure, for a failure rate of 8.25. In three of the four pregnancies women had sex on white bead days but used condoms, though unsuccessfully. Seventy eight percent of the pregnancies occurred among MOH clients.

### Pregnancies among study participants



## **Simulated Client and Provider Interviews**

As a follow-up to the diagnostic study conducted prior to the introduction of the SDM, simulated client study and provider interviews were conducted to evaluate the impact informed choice. The study found that training providers and introducing SDM into clinic services improved client choice and quality of services. For example, following the introduction of the SDM, 39% of clients felt free to choose their method as compared to 29% earlier. In addition, 75% of clients felt they received sufficient information to select a natural method compared to 38% earlier. Providers were also able to offer counseling on a natural method and better able to address important couple issues like STIs and condom use following the introduction of the SDM.

## **Conclusions**

The study showed that 20% of SDM acceptors were first time family planning users; that it was feasible to offer the SDM in both rural and urban settings, and that it could be offered by community promoters as well as clinically trained providers. The results also showed that a large percentage of women found the SDM easy to learn and use. There were however, differences in SDM acceptance and use among the three institutions. The MOH recruited the most users but CEVIFA/CRS acceptors demonstrated higher levels of correct method use. A higher percentage of MOH and CEVIFA users continued use of the method through the end of the study (13 cycles). Because CEVIFA promoters were community people, they were in fairly frequent contact with users and were able to answer questions and build user trust and confidence.

Although ASHONPLAFA's recruitment of SDM users was initially slower, SDM users are now 1% of new acceptors of family planning.

Following the completion of the OR study, UNFPA provided support to CEVIFA to expand natural methods including the SDM to five additional departments including 150 health posts with 520 providers. Providers are continuing to be trained and CEVIFA is helping the MOH to include the SDM in its family planning norms and to add SDM into the pre-service curricula in nursing and medical schools. The SDM has already been included in the family planning curriculum to be used by the MOH which will serve as a model for university nursing schools. In addition both the MOH and ASHONPLAFA have included the SDM in their information systems.

Proposed next steps are to incorporate the SDM into non-clinical community programs of the MOH and ASHONPLAFA and include the SDM in multi-method family planning posters being developed for the MOH.

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