

Rwanda: Introducing the Standard Days Method into Public, Private and Church Based Services

The Institute for Reproductive Health, Georgetown University collaborated with INTRAH/PRIME II and Rwanda's Ministry of Health to introduce the Standard Days Method* (SDM) into 13 sites, including 7 public health clinics, 5 clinics run by religious organizations and one IPPF affiliate. One year after introducing the SDM, a qualitative assessment was conducted to learn about SDM acceptance among clients and providers. The study found that in all sites, the SDM was well accepted and in high demand. Almost all users found the method easy to use and liked it because it has no side effects and is compatible with their religious beliefs. They also liked the fact that the method did not require frequent visits to the health center and that it offered them an easy to use natural method for spacing births. An overwhelming majority of couples managed the fertile days by abstaining or using a condom. Male involvement played a key role in the successful use of the method. Use of the SDM helped improve communication and mutual trust among couples. Providers' experiences were also very positive, though finding the time to offer SDM counseling was challenging. Service data showed that 96% of the women who accepted the SDM were first time users of family planning and that only 4.6% of women discontinued use of the method.

Need for Family Planning

Rwanda, like many sub-Saharan African countries, has a high unmet need for family planning. The Demographic and Health Survey conducted in 2000 showed that only 7% of all women used a family planning method and less than 3% used a modern effective method.¹ This declined from 13% in 1992, largely as a result of the conflict that devastated the country in the early 90s. Knowledge of family planning methods however is high, and almost all women (95%) were aware of at least one method. Among women in union, 13% use a family planning method, 9% of whom use a traditional method. Correct knowledge about a woman's fertile days is also very low among all women (9% according to the last DHS). Unmet need for family planning is high as indicated by about 25% of women in union who would like to space births and 11% who would like to limit the size of their families.

Introducing the SDM

The Institute for Reproductive Health collaborated with INTRAH/PRIME II (now INTRAH HEALTH) and the Ministry of Health (MOH) to introduce the SDM in selected family planning and reproductive health sites. The 13 sites, which are representative of the country's family planning/reproductive health services system, included 7 public health clinics, 5 clinics run by religious institutions (Catholic, Presbyterian and Adventist) and one clinic affiliated with the International Planned Parenthood Federation. Half of the country's 12 provinces were included in this pilot introduction effort.

To carry out the SDM introduction, providers and supervisors from the selected sites were trained in SDM counseling. In addition, community agents and promoters, who served as health facilitators, were trained to offer SDM information and carry out educational activities.

Study Objectives

Twelve months after the SDM was introduced, a qualitative mid-term assessment was conducted in 12 of the 13 sites where the method was offered. The objectives were to:

- Identify sources of information about the SDM;
- Identify what women and men learned about the SDM and how they learned it;
- Explore how couples communicate about using the method and how they manage and negotiate the fertile days;
- Assess client satisfaction; and
- Assess provider attitudes and their experience of offering the SDM.

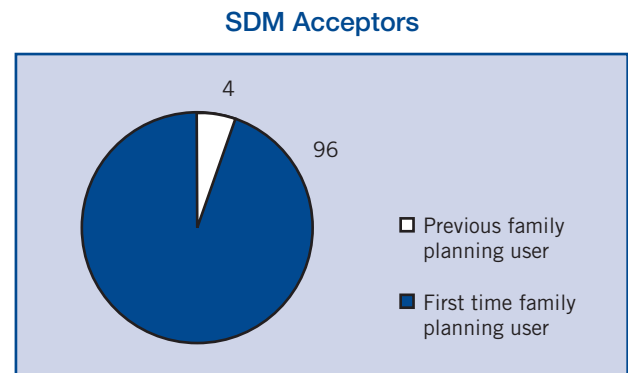
Study Methodology

Interviews and focus group discussions were used to collect mainly qualitative information from study participants, which included female users and their partners, unrelated male and female non-users, SDM providers, supervisors and community health facilitators.

SDM Users

Women who accepted the SDM and their partners represented more than half of the study respondents. Information was collected from 174 women using the SDM and 121 were interviewed. The median age of those interviewed was 29.5. The women

interviewed were either married (70%) or in union (30%). Almost 40% had less than a primary school education, while 36% completed primary school. The remainder had some schooling beyond primary. Service data showed that 96% of the women accepting the SDM were first time family planning users.



Source: Interviews and focus groups

One hundred and two male partners also participated in the study of which 51 were interviewed. The median age of those interviewed was 38.2, about 9 years older than their wives. Their educational background, however, was similar—40% did not complete primary school, while 41% did, and the remainder had some schooling beyond primary.

Salient Findings

Sources of Information about the SDM

Most women learned about the SDM from health providers or facilitators, whose advice they sought because they were interested in spacing births. They had confidence in the information offered by providers because they felt it came from trusted sources. Some users felt that the information they received was sufficient, while others indicated they would have liked more information, particularly after they started using the method and CycleBeads* (a visual tool that helps women use the SDM).

Husbands and partners learned about the SDM at community meetings and from the radio. It was easier for male users who learned about the SDM to convince their wives to use it, than for women to convince their husbands.

What men and women learned about the SDM

Focus group participants indicated that key messages about the SDM were communicated to them and that they were largely understood. At the time of the study, one year after introducing the SDM, 99% of female users and 88% of male users were able to correctly identify when a woman is fertile. Focus group discussions with non-users showed that many had heard about the method and its advantages. Most also knew that “a person can know when she can become pregnant” and that the SDM “does not affect the body.”

Couple Communication

Among most couples, women suggested using the SDM, while the men made the decision to use it. Health reasons, economic circumstances, and costs of education and medical care were among the things discussed before deciding on a family planning method. Couples discussed other contraceptive methods, including difficulties in their use and potential side-effects. They also discussed the relative advantages of the SDM and how they would manage the fertile days. Ninety percent of women said that they and their husbands agreed to avoid unprotected intercourse on the fertile days. This was later confirmed in separate interviews with the husbands.

A majority of couples using the SDM felt that it strengthens marital relationships because it leads to dialogue between partners. CycleBeads contributed to less misunderstanding about the fertile days and contributed to planned sex that allowed them to avoid unplanned pregnancies. A small number of couples interviewed felt that use of the SDM increased trust of each other as well as mutual respect.



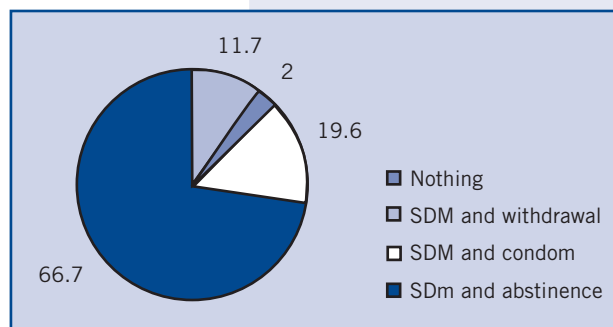
With CycleBeads a woman easily identifies the fertile and infertile days.

Managing the fertile days

The vast majority of couples found managing the fertile days easy (90% of males and 95% of females). When asked how they manage the fertile days, 66% of male users said they abstain, 19% use condoms, and 13% practice withdrawal. A vast majority of couples were motivated

to carefully manage the fertile days because they did not want to become pregnant.

Management of Fertile Days



Source: Interviews and focus groups

Using CycleBeads contributed to male involvement and effectively managing the fertile days. A large majority of women users said that their husbands were involved with the method, sometimes by moving the black ring or marking the calendar on the first day of menstruation.

User Satisfaction

Most female users expressed satisfaction with the SDM. They liked it because it is easy to use, does not require frequent visits to health centers, has no side-effects, and allows for birth spacing according to their preferences. They also felt that the method is compatible with their religious beliefs. Their husbands voiced similar sentiments. Ninety seven

percent of users interviewed indicated that they plan to continue using the method for the next three months, and 95% said they plan to continue using it for the next year. Women also reported that their husbands agreed with this decision. Service data collected at all service sites one year after SDM introduction showed that only 4.6% of women discontinued use of the method.

Male users liked the SDM because it is simple and easy and because people with low literacy skills can easily use it as well. Most users also found CycleBeads to be a good tool to help them use the method.


Disadvantages of the method cited by study respondents were that it cannot be used by women whose cycles fall outside the 26 to 32-day cycle range, and that some men would find 12 days of abstinence too long, although those interviewed did not themselves find this problematic. Some male users added that it does not protect against sexually transmitted infections.

Provider Attitudes and Experiences

Most providers had positive experiences with the SDM and felt that it enabled them to give their clients more options. Offering the SDM, however, meant an increased workload for many providers and some were compelled to use health facilitators or untrained providers because they lacked time for counseling and follow-up. Nevertheless, they supported offering the SDM because it was well received by their clients. Seventy-two percent of the providers found no difficulty in offering the method, though some found SDM counseling difficult, particularly having to discuss sexuality with clients. Providers indicated that they help each other, and also seek help from their supervisors when they experience difficulties counseling clients.

Providers found the SDM easy to use, as well as safe and effective. They felt that it does not harm the body, does not require long or frequent trips to health centers, and helps women know about their fertility and when they can become pregnant. In fact, most health facilitators who participated in focus groups and interviews indicated that they used the method themselves.

Conclusion

A year after its introduction, the SDM was found to be well accepted, culturally appropriate, and in high demand. To date, only 4.6% of women have discontinued the method. Most couples had no trouble handling the fertile days and its use helped improve communication and mutual trust. Providers reacted positively towards the method although providing it added to their duties, which was a concern for some.² The SDM has also been integrated into the MOH's revised in-service family planning training curriculum. 

Endnotes:

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

¹ Ministry of Health, et al., 2001, Enquete Demographique et de Santé 2000. Kigali and Calverton, MD, USA. Ministere de la Santé, ONAPO, and ORC Macro.

² Institute for Reproductive Health, Georgetown University. Mid-term assessment of the Standard Days Method Introduction Study. 2004.

For more information on this project, contact Caroline Blair at cb229@georgetown.edu.

This publication and the project featured were supported by the U. S. Agency for International Development under Cooperative Agreement HRN-A-00-97-00011-00.

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.

For more information, contact:

Institute for Reproductive Health
4301 Connecticut Ave., Suite 310, Washington, DC 20008
irhinfo@georgetown.edu www.irh.org