

Direct-to-Consumer Distribution of a Paper-Based Version of Standard Days Method® in Benin

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ACRONYMS

C-Change	Communication for Change Project
DHS	Demographic and Health Survey
FP	Family planning
FGDs	Focus group discussions
IDIs	In-depth interviews
IRH	Institute for Reproductive Health
Paper SDM	Paper-based version of SDM
SDM	Standard Days Method [®]
SSA	Sub-Saharan Africa

EXECUTIVE SUMMARY

Background

Sub-Saharan Africa's fertility rate of 5.4 births per woman is the highest in the world. In the region only 18 percent of married women use a modern family planning (FP) method (USAID 2009). In Benin the fertility rate for women ages 15–49 in urban areas is 4.9 and 6.3 among women in rural areas. Despite high levels of FP knowledge, the rate of unmet need for FP in Benin is estimated to be 30 percent (INSAE 2007).

Standard Days Method[®] (SDM), developed by Georgetown University's Institute for Reproductive Health (IRH), is a modern, fertility-awareness based FP method that is making a contribution to expanding contraceptive choice globally. SDM is based on identifying the "fertile window" during a woman's menstrual cycle—the days on which she can become pregnant as a result of unprotected intercourse. A woman must have menstrual cycles between 26 to 32 days to be eligible to use SDM, and couples using this method must abstain from intercourse, or use a barrier method, during the fertile days.

In 2000, SDM was introduced in two urban regions of Benin, Cotonou and Parakou, and has been part of the method mix since its nation-wide expansion in 2004 (IRH 2008). In 2001, IRH developed CycleBeads[®]—a string of colored beads—which is used as a supplementary visual tool to facilitate teaching, partner communication, and simplify the use of SDM. SDM has the potential to expand contraceptive prevalence since it introduces new users to family planning, can be made available in clinics or through community-based programs, and is a low-cost, one-time purchase (USAID 2004).

While SDM has been part of the national method mix in Benin since 2004, interest and awareness in the method has declined in recent years due to lack of promotion, fewer health workers being trained in the method, and difficulty maintaining a supply of CycleBeads in health centers.

To increase the awareness and availability of SDM in Benin, IRH and the C-Change Project/FHI 360 collaborated on testing whether this FP method could be more widely distributed directly to the consumer using a paper-based version of SDM (paper SDM). IRH previously tested a paper SDM in Guatemala, with user success (IRH 2008). Appropriate for literate and semi-literate populations, the paper SDM is intended to serve as a stand-alone visual aid that could facilitate the diffusion of SDM via interpersonal communication. Paper SDM users are able to track fertile and non-fertile days using the different colored circles on the visuals. As a knowledge-based method, SDM is uniquely suited to direct-to-consumer approaches. Hypothesized advantages of the paper medium included wider distribution and awareness of SDM at a low cost, and reduction in the time providers need to explain the method. Adult literacy rates in Benin are low—estimated at 54 percent for men, and 29 percent for women (UNESCO 2009). Given that a paper SDM assumes a basic level of literacy, the activity was conducted in the urban and peri-urban neighborhoods of Cotonou where literacy rates were expected to be higher than national averages.

Objectives

The overall objective of this three-phased activity was to test the effectiveness of a direct-to-consumer approach to delivering the paper SDM in urban and peri-urban neighborhoods of Cotonou, Benin.

Phase I focused on the development of an initial prototype of the paper SDM, to be modified and used in the following phases. Phase II consisted of a small-scale field test of correct and successful use of two paper SDM prototypes. Phase III assessed the uptake of the final paper SDM in a community-based field test.

Key questions concerned the acceptability and correct use of the paper SDM; the most effective way to promote, market, and disseminate the paper version; and whether this tool contributed to the uptake of SDM.

Methods

Approval for the activity was obtained through the Institutional Review Board used by C-Change, the Benin Ministry of Health, and participating health facilities in Cotonou. The activity was conducted between July 2010 and January 2012. Data collection methods included focus group discussions (FGDs), intercept interviews, in-depth interviews (IDIs), and monitoring of service statistics. Two local consultants were recruited—one managed the FGDs and interviews, and the second managed logistics and data collection from service-delivery points. The FGDs and IDIs were tape-recorded, transcribed, and translated from French to English. Data analysis was conducted using ATLAS.ti, MAXQDA, and NVivo.

Activity Implementation

Phase I tested the interpretation of messages and images included in the three initial prototypes of the paper SDM through FGDs. Three FGDs were conducted at the Zone de Suru-Léré Hospital and the Missessin Health Center: one with six providers and two groups with a total of 13 potential SDM users. The potential users were recruited by health centers and had to meet the following selection criteria: women of reproductive age who were literate and previously unfamiliar with SDM and CycleBeads. Feedback on the paper SDM prototypes used in Phase I was incorporated where appropriate in subsequent versions used in Phase II. Participants also shared their thoughts on ideal locations for distributing the paper SDM.

Phase II assessed the successful and correct use of the revised versions of the paper SDM. Thirty eligible women were recruited from Clinique OSV Jordan and Centre de Santé Publique Godomey to track their menstrual cycles using the paper SDM for two months. The selection criteria were women of reproductive age, with one to six years of education, and currently using another FP method (oral contraceptive pills or condoms). Since the paper version is intended to be a stand-alone, direct-to-consumer product, the women were not instructed on how to use the paper SDM. In-depth interviews were conducted with the women at one week and at two months after receiving the paper SDM. Of the 30 women recruited, 19 were interviewed at week one, and 16 women participated in month two of the interviews. Reasons for attrition included unavailability to participate in the interview, disconnected phones, or an expectation of a per diem. The first IDI sought to determine how well each woman had understood the method, if she had asked for help, and her likes and dislikes. The second IDI asked similar questions and assessed how well the women had marked the paper SDM. Feedback and clarifications to the paper SDM were integrated into the final version, which was used in Phase III. Discussions with stakeholders in Phase II led to the selection of kiosks and salons as the distribution channels for the paper SDM in Phase III.

Phase III assessed the uptake of the final paper SDM. The neighborhoods of Gbégamey and Ahogbohouè were selected for paper SDM distribution. Two neighborhoods, Agbato and Houyeihou, were treated as

the control sites where no paper SDM was distributed. Phase III began with a refresher training for FP providers and pharmacists in all four sites. The finalized paper SDM was distributed in 24 salons and 17 kiosks in the two activity sites over a two-month period. Orientations were conducted with salon and kiosk managers to provide them with essential information about the method and where to refer potential clients seeking more information. Quantities of the paper SDM disseminated from each establishment were tracked by a local consultant. Twenty intercept interviews were conducted with women leaving either a salon or kiosk with the paper SDM. In-depth interviews were conducted with six providers in select service delivery points in the activity sites. Lastly, data concerning requests for FP, SDM, or CycleBeads information; CycleBeads sold; and references to the paper SDM were collected from randomly selected pharmacies and service delivery points (public and private health centers and FP clinics) across the activity and control sites.

Limitations

The small scale of the activity limits the ability to generalize the findings beyond Cotonou. The baseline service statistics are largely estimates due to poor reporting systems across the selected service delivery points.

Key Findings

The findings are organized around the key questions the activity sought to answer regarding acceptability, promotion and marketing, correct and successful use, and uptake of the paper SDM.

Acceptability

Overall, the paper SDM and SDM were well accepted by providers and potential users who participated in FGDs, IDIs, and intercept interviews. Positive attributes of the paper SDM included no side or health effects, natural and simple, and costs nothing. Respondents liked the colors and understood the images, messages, instructions, and diagrams on the paper SDM. Women were interested in using the method to know their menstrual cycle better or prevent an unplanned pregnancy. Some women also shared that their partners liked the paper SDM, helped them understand it, and reminded them to use it.

Religious reasons and partner disapproval were the most common reasons given for not using the method. Top concerns expressed were method failure and eligibility¹ for SDM use. While there was recognition that a certain level of literacy is needed to understand the paper SDM, both providers and potential users commented throughout all three phases that the paper SDM is acceptable even for lower-literacy groups, due to the simplicity and clarity of the tool. In addition, several potential users also noted that they could seek assistance from their partner or other family member to help them understand, if needed.

Promotion and Marketing

The paper SDM was successfully distributed through kiosks and salons. In total, 1,761 paper SDM were distributed through 24 salons and 17 kiosks in Ahogbohouè and Gbégamey over the two-month period. Salons averaged slightly higher distribution than kiosks: 46 paper SDM per salon versus 38 per kiosk over two months. Users and health providers recommended other dissemination channels frequented by women, especially tailors' shops (or "sewing workshops"). Other suggestions included loudspeaker

¹ Eligibility refers to the medical eligibility criteria for correct use of SDM, which are regular periods that come about a month apart and couples who communicate well and can manage the fertile days.

promotion, markets, churches, health centers, maternity wards, and family planning clinics. High schools were suggested, but only by providers.

Correct and Successful Use

Phase II sought to determine if users were able to correctly and successfully use the tool without initial counseling. After two months, most women were able to read the text of the paper SDM with no errors or only one error. About half of the respondents said they had received help to understand the tool, mostly from partners. There was a noticeable increase in the number of participants who correctly summarized how to use the paper SDM between week one and month two.

Four of the six providers interviewed in Phase III referred to barriers to effective use. From most common to least common: the husband did not accept protected intercourse, women forgot to shift the ring on the CycleBeads, and husband disagreed with the overall method.

Uptake

Uptake of the paper SDM was assessed in Phase III. Interview questions focused on how the paper SDM was perceived by providers and potential users; whether the tool was likely to generate demand for SDM and facilitate uptake of the CycleBeads; and whether potential users would follow up with providers if they had additional questions.

Overall perceptions of providers and potential users were positive. Two-thirds of intercept interview respondents said they would follow up with their providers if they had further questions about the paper SDM. Close to two-thirds said they would use the paper SDM in the future, and just over half said they would use the CycleBeads. Among the six providers interviewed, four agreed that the paper SDM contributes to uptake of the CycleBeads.

Data from the service delivery points confirmed that the paper SDM facilitates uptake of the CycleBeads. The data showed:

- An increase in requests for FP information over the course of the activity period. Requests peaked during the second month and declined one month after the activity.
- Across the board, service statistics were higher in Ahogbohouè and Gbégamey, than in the control areas.
- No CycleBeads were sold and there were no reported requests for information on SDM in baseline estimates. However, over the course of the activity, 88 requests for information were made and 24 CycleBeads sold.
- Potential users referenced the paper SDM when speaking with pharmacists and providers, even in the control areas. It was noted that women from other neighborhoods visited salons and kiosks in the activity sites.

Conclusions

The paper SDM can be used as a promotional tool to increase awareness of SDM, fertility awareness, and FP in general. The low cost of production of this tool facilitates wide dissemination beyond traditional service delivery points.

Findings confirm that SDM and the paper SDM are accepted by providers and potential users. Most women with some level of literacy can understand and use the paper SDM on their own, without provider assistance. Those experiencing difficulties generally overcame them by talking to partners,

siblings, providers, or others. While the overall response to the paper SDM was positive, potential users and providers raised a few concerns surrounding method failure, eligibility requirements, and husbands who would not accept protected intercourse.

The paper SDM was widely disseminated using direct-to-consumer distribution. Salons and kiosks proved to be effective dissemination channels, distributing nearly 1,800 paper SDM over two months. Many women visit these establishments and the paper SDM reached potential users who may not have considered family planning and SDM.

Although uptake of SDM over the two-month period was not groundbreaking, the service data showed an increase in requests for information on FP, SDM, and CycleBeads. A small increase in the number of CycleBeads sold was recorded, along with increased awareness of and interest in SDM in the two activity sites. The activity brought women to the service delivery points to inquire about the method. Implemented at a larger scale, distribution of the paper SDM could have a greater impact on awareness and uptake of SDM, particularly for those whose unmet need could be filled by a fertility awareness-based method.

Recommendations

Standard Days Method requires concerted promotional efforts—among providers and women of reproductive age—to ensure its inclusion in the FP method mix in Benin. Recommendations for future expansion of a direct-to-consumer approach to distribution of the paper SDM in Benin include²:

- Consider loudspeaker promotion along with dissemination through markets, sewing workshops or tailor shops, and churches.
- Offer training updates for providers that prepare them to answer questions about SDM. During the IRH refresher training on SDM, it became clear that while most providers were aware of the method, they had not been trained on how to provide it.
- Ensure providers are aware of where CycleBeads can be procured so these tools are available for clients. This would be through the same channels as other family planning commodities at the Centrale d'Achat des Médicaments essentiels et Consommables Médicaux and Population Services International/Association Béninoise de Marketing Social et la communication pour la santé.

² These recommendations are based on suggestions made by study participants. The recommendations were further discussed and validated during a meeting held to disseminate the findings of this study in Cotonou in March 2012.

INTRODUCTION

Background

Sub-Saharan Africa (SSA) has the highest fertility rates globally—5.4 births per woman, with only 18 percent of married women using a modern family planning (FP) method and 5 percent using a traditional method (USAID 2009, PRB 2008). However, the unmet need for FP is even greater at 25 percent. An estimated 35 million women in SSA want to delay or stop having children but are not using any contraceptive method (USAID 2009).

A recent multi-year trends analysis reviewed progress toward adoption of contraception among married or cohabitating women in East and West Africa by examining subjective need, approval, access, and use. This analysis showed a very slow increase in the use of modern contraception in West Africa compared to the East—use increased only 0.6 percentage points per year compared to 1.4 percentage points in East Africa (Cleland 2011).

In West Africa, only 13 percent of married women use some form of FP. Hormonal contraceptives, including the pill and injections, were reported as the most commonly used methods, and traditional FP methods, including periodic abstinence and withdrawal, came in second place. The unmet need for FP in West Africa is 23 percent (PRB 2008).

Meeting high levels of unmet need is an important step toward improving reproductive health in sub-Saharan Africa. Several factors contribute to unmet need, including lack of knowledge about contraception, limited method options, high costs, limited supplies, cultural or personal objections, perceived lack of exposure to pregnancy, and concern among men and women with the potential health risks and side effects of modern FP methods (Cleland et al 2006).

The Standard Days Method[®] (SDM), developed by Georgetown University's Institute for Reproductive Health (IRH), is a modern fertility-awareness FP method that is making a contribution to expanding contraceptive choice globally. SDM is based on identifying the “fertile window” in a woman's menstrual cycle—during which she can become pregnant as a result of unprotected intercourse. A woman must have menstrual cycles that last between 26 to 32 days to be eligible to use SDM, and couples using this method abstain from intercourse or use a barrier method during the fertile days (USAID 2004).

IRH developed CycleBeads[®]—a string of colored beads—as a supplementary visual tool to facilitate teaching and partner communication and to simplify the use of SDM (see Appendix 1 for an image of CycleBeads). SDM has the potential to expand contraceptive prevalence since it introduces new users to family planning, it can be offered by different levels of providers, and the beads are a low-cost, one-time purchase (USAID 2004). For these reasons, SDM was introduced in two urban regions of Benin, Cotonou and Parakou in 2000, and has been part of the method mix since its nation-wide expansion in 2004.

Family Planning Situation in Benin

In Benin, the total fertility rate for women 15–49 years is 5.4 (4.9 urban and 6.3 rural), based on the 2006 Demographic and Health Survey (DHS), which is a modest decrease from 5.6 in 2001 (INSAE 2007, USAID 2005). Despite high levels of knowledge related to family planning, Benin has a high rate of unmet need—30 percent (INSAE 2007). The contraceptive prevalence rate for any method is 17 percent, and 6 percent for modern methods (UNFPA 2010).

Two out of three women with an unmet need for FP in Benin report that they intend to use contraception in the future, with close to half of them reporting injectables as the preferred method (45 percent) followed by the pill (17 percent) (IRH 2008a). Several reasons were found for the 33 percent of women with an unmet need for FP who do not intend to use contraception in the future. The greatest concerns come from individual or community opposition to using modern family planning as well as the fear of health risks, side effects, and concern of interference with future childbearing. Traditional methods such as periodic abstinence are unreliable without a method that accurately identifies the fertile period. Expanding access to all methods, especially methods acceptable to the population, would benefit women, children, and families in Benin. Despite the significant potential demand for natural methods, access has been limited and natural methods have rarely been comprehensively integrated into existing family planning services (IRH 2005).

IRH operations research confirmed that SDM is appealing to Beninese couples because of the long-lasting cultural practice of periodic abstinence and showed that it is feasible to introduce SDM into reproductive health services in Benin (IRH 2005). While SDM has been part of the national method mix in the country since 2004, interest and awareness in the method has declined in recent years due to lack of promotion, fewer health workers being trained in the method, and difficulties maintaining a supply of CycleBeads in health centers. A wide-reaching and cost-effective strategy to deliver the method directly to consumers could increase awareness as well as uptake. IRH's test of a paper-based SDM in Guatemala met with user success (IRH 2008b).

To increase the awareness and availability of SDM, IRH and the C-Change Project/FHI 360 collaborated on testing the effectiveness of a paper-based SDM option through direct-to-consumer channels in Benin. As a knowledge-based method, SDM is uniquely suited to direct-to-consumer approaches. Hypothesized advantages of the paper medium include wider distribution and awareness of the method at a low cost and reduction in the time providers take to explain the method. The paper version also allows users to try the method before making the investment in CycleBeads.

A THREE-PHASED ACTIVITY

Objectives

The overall objective of this activity is to test the effectiveness of a direct-to-consumer approach to delivering a paper-based version of SDM (paper SDM) in Benin. The purpose of the paper-based option is to increase awareness and availability of the method in Benin.

The activity was implemented in three phases each with the following specific objectives:

Phase I: Development of a paper-based version of SDM and identification of potential distribution channels for the paper SDM.

Phase II: Small-scale field test of the paper SDM to determine if the paper tool can be successfully and correctly used by Beninese women and couples. Two prototype tools were tested to ensure that messages and instructions were clear and understandable, and to continue to refine those messages as needed.

Phase III: Community-based field test of the paper SDM to assess the uptake and accurate use of the selected version when offered through direct-to-consumer channels in a community setting. Additional objectives were to conduct a refresher training with providers and pharmacists from the intervention and control areas and provide salon and kiosk managers with an overview of the method and where to refer potential clients seeking more information.

The three-phased activity sought to answer the following questions:

Acceptability:

- What are the ideal attributes of the paper SDM for users?

Promotion and marketing:

- Which dissemination channels are more effective in reaching a large number of potential SDM users?

Correct and successful use:

- Are users able to use the paper SDM correctly without initial counseling?
- What are some difficulties adhering to SDM using the new version? How did users manage the difficulties?

Uptake:

- What are providers' perceptions about the values of this as a tool to generate demand for SDM?
- Are users of the paper SDM likely to seek additional information about the plastic CycleBeads from a provider?
- Does the paper SDM facilitate uptake of the plastic CycleBeads?

Methods

Several methods were used across the three phases. Phase I involved three focus group discussions (FGDs) in the Zone de Suru-Léré Hospital and the Missessin Health Center. One focus group was comprised of six providers, while the other two groups had a total of 13 potential users. The potential users were recruited by health centers using the following criteria: women of reproductive age who were literate and previously unfamiliar with SDM and CycleBeads.

In Phase II interviews were conducted with women recruited to track their menstrual cycles for two months (about two menstrual cycles) using the paper SDM. Thirty eligible women were recruited from two sites in the Cotonou area, Clinique OSV Jordan and Centre de Santé Publique Godomey. Nineteen women were interviewed at week one, and 16 women participated in month two of the interviews. Participants were screened and enrolled according to the following criteria: women aged 18–45 years, currently using oral contraceptive pills or condoms, semi-literate or literate, and willing to track their menstrual cycle using the paper SDM.

Phase III included the compilation of service statistics, as well as in-depth interviews (IDIs) and intercept interviews in the two selected sites of Gbégamey and Ahogbohouè. Six IDIs were conducted with health providers at participating health centers in the two intervention sites. Twenty intercept interviews were conducted with women as they left the selected distribution channels (salons and kiosks). The interviews were conducted over the two-month intervention period.

The FGDs and IDIs were tape-recorded, transcribed, and translated. Data analysis was conducted using ATLAS.ti, MaxQDA, and NVivo. The activity obtained ethical approval through the Institutional Review Board used by C-Change and local approvals to conduct the study from the Benin Ministry of Health and participating health facilities. Two local consultants were hired across all three phases of the activity, one to manage the FGDs and interviews and the second to manage logistics and service statistics and monitor data collection.

IMPLEMENTATION

Phase I

Phase I took place during July and August of 2010. To develop suitable versions of the paper SDM, Phase I involved eliciting feedback through FGDs with potential users and providers on three IRH-developed prototypes of varying colors and shapes. The FGDs focused on one primary version of the prototype that most closely resembled CycleBeads, and versions with differing shapes and colors were introduced for comparison (see Appendices 2A, 2B, and 2C for the prototypes).

A local consultant conducted the FGDs. Of the three FGDs, two were held with a total of 13 potential users recruited by midwives at health centers (women between 18–45 years of age who were not familiar with SDM or CycleBeads), and one with a group of six FP providers from the Zone de Suru–Léré Hospital and the Missessin Health Center.

The participants were shown the initial prototypes of the paper SDM and asked their general opinion of the card, the method, and their thoughts about using a tool like this. The women were also asked about their understanding of the paper SDM, what the messages and images meant to them, what improvements could be made, what image preferences they had, and where they might expect to find a tool like this. Providers were asked similar questions in addition to their opinion about women being able to use the method without counseling (see Appendix 3 for FGD guide).

Phase II

Based on the feedback received from the FGDs in Phase I, in the fall of 2010, IRH and C-Change refined the original prototypes and developed two versions of the paper SDM to be used for the small-scale field test (see Appendix 4). The purpose of the second phase was to determine if the paper tool could be successfully and correctly used by Beninese women and couples without prior training. Women of reproductive age (18–45 years) who had never used SDM/CycleBeads before and were currently using oral contraceptive pills or condoms were recruited. The recruited women were expected to have one to six years of education.

Thirty eligible women were recruited from two sites in the Cotonou area, Clinique OSV Jordan and Centre de Santé Publique Godomey, to track their menstrual cycles using the paper SDM for two months or two menstrual cycles. The women were interviewed twice to determine their attitudes, beliefs, and self-efficacy in using the paper-based SDM and to see how well they understood and followed the instructions provided on the card.

After women were screened for eligibility and consented to participate, they were randomly assigned to use one of two prototype paper SDM versions for two months. They were provided with their assigned paper SDM and asked to track their cycles according to the instructions. Because the paper version is intended to be a stand-alone, direct-to-consumer product, participants were not provided instruction on how to use the paper SDM. It was clearly explained to all participants that the prototypes are intended to track cycle days and should not be used as a family planning method. During the recruitment screening, the local consultant set a time to interview each participant the following week. After the women had tracked their cycles for two months, the consultant reached out to the participants by telephone and scheduled the second interview.

The purpose of the first interview held one week after recruitment was to assess how well the paper SDM was understood soon after it was distributed. The participant was asked to read the information on the paper SDM out loud for the consultant. She was then asked questions to assess her understanding of how to use the paper SDM, if anyone helped her to understand the information on the tool, her likes and dislikes regarding the paper SDM, and make suggestions of places to distribute a tool like this. The consultant did not correct incorrect information. Several women had not yet started a menstrual cycle and could not start using the paper SDM, thereby not offering an opportunity at the first interview to see if the participant was marking their cards correctly (see Appendix 5 for interview guide).

The second interviews were held two months after recruited women received the paper SDM. In addition to assessing comprehension of the messages and images and the likes and dislikes of the card after the women had had an opportunity to use it for about two menstrual cycles, participants were asked for suggestions of distribution points and whether they had talked to anyone about the paper SDM. The interviewer also checked to see how accurately the woman marked her paper SDM over the two-month period and asked questions about her experiences marking the tool, what was difficult, and what was easy (see Appendix 6 for interview guide).

Although 30 women were recruited for the study, only 19 women participated in week one interviews, and 16 women in month two interviews. Reasons for attrition included lack of availability to participate in the interview, disconnected phones, or an expectation for per diem. In some cases, it became clear during the interview that the literacy level did not meet screening criteria, and the participant was screened out.

Results of the interviews were analyzed and additional recommendations to improve the paper SDM were integrated into the final version used in Phase III (see Appendix 7 for copy of final paper SDM).

Phase III

In Phase III the final paper SDM, which was developed with input from phases I and II, was distributed to hair salons and kiosks in select neighborhoods in the Cotonou area over a two-month period. Of the eight sites identified by the local consultant, four sites with similar populations and access to private and public service delivery points were chosen. The resulting two intervention sites were the neighborhoods of Gbégamey and Ahogbohòuè, and the two control sites were the neighborhoods of Agbato and Houyeihou.

IRH and the local consultants visited managers of salons and kiosks in the intervention areas to discuss their participation in the study and invite them to an orientation in which they would be given essential information about the paper SDM and learn where to refer parties interested in additional information. Some managers participated in the orientation; those who could not attend received the information during a consultant visit. It was made clear that the managers were not responsible for providing the method, nor to answer questions about its use, but rather to refer those with questions to a health center in the neighborhood (indicated at the bottom of the paper SDM) to consult a provider.

The local consultant tracked the number of paper SDM distributed to each salon and kiosk (see Appendix 8 for a summary). Each manager was given 11 paper SDMs to start, a stock of 10, and one to display in their salon or kiosk. They were instructed to contact one of the two local consultants for additional paper SDMs if they were running low, and the consultant would bring more to maintain the stock at 10 copies.

Refresher Training

Family planning providers and pharmacists from the four sites participated in a refresher training using streamlined counseling on SDM and CycleBeads to support the direct-to-consumer intervention. In addition to the standard training on SDM and CycleBeads, the training also included a counseling strategy for those transitioning from the paper SDM to CycleBeads. Lack of training was apparent as the refresher training was the first SDM training for most participants.

While at least one provider from each clinic participated in the refresher training, not all providers were able to attend. Those providers who did participate in the refresher training were asked to share what they learned with their colleagues. Of the six providers interviewed, five had participated in the refresher training. Most commented on having been aware of the method before but did not offer Standard Days Method/CycleBeads as part of their method mix because they did not feel informed enough to offer the method. They mentioned that the information provided during the refresher training was useful in understanding the efficacy of the method, the evidence behind it, and how to approach discussing it with clients.

The paper SDM was distributed in salons and kiosks in the days immediately following the refresher training sessions in October 2011, so it is used as a “bookmark” to compare pre-intervention and intervention experiences.

Intercept Interviews

The local consultant conducted 20 intercept interviews with clients leaving the salon or kiosk with the paper SDM. Salons and kiosks from the intervention areas were randomly selected as sites for the intercept interviews: three kiosks and two salons in Ahogbohòuè and two kiosks and three salons in Gbégamey. The interviews were conducted throughout the two-month intervention period. Interviewees were asked questions about their interest in the paper SDM, what they liked about it, what they did not like about it, if they were familiar with it, and whether they would consider it or CycleBeads as a family planning method (see Appendix 9 for intercept interview guide).

In-Depth Interviews with Providers

Six providers from randomly selected public and private health centers in the two intervention areas were interviewed following the two-month intervention period. They were asked questions about their experience providing SDM/CycleBeads before the refresher training in October 2011 (the start of the intervention) and after; what demand was like before and during the intervention period; if they received clients asking for SDM/CycleBeads or additional information about the method; and if they felt that the paper SDM raised awareness or demand for SDM/CycleBeads (see Appendix 10 for provider interview guide).

Service Statistics

To determine whether the distribution of the paper SDM is an effective way to raise awareness of SDM and FP in general, service statistics were collected to compare requests for information about family planning, SDM, and CycleBeads sold before, during, and up to one month following the intervention. Data were collected from randomly selected health centers in the four sites over the two-month intervention period, and one month following the intervention (to give those who picked up a paper SDM at the end of the intervention period a chance to read and use it before consulting a provider).

KEY FINDINGS

Phase I: Development of Paper SDM

The FGDs focused on acceptability, promotion, and marketing, and correct and successful use of the initial paper SDM prototypes. The specific objectives were to:

- Determine the appropriateness, acceptability, and usefulness of the paper SDM as an FP method
- Determine ease of comprehension of key concepts and messages in the paper SDM
- Identify improvements needed in images, written explanations, sequence of information presented, depth of information, size of the tool, colors, etc.
- Identify potential errors or misunderstandings associated with its use
- Gather responses regarding potential distribution sites for the paper SDM

Acceptability

The research question regarding acceptability focused on the ideal attributes of the paper SDM. Additional questions focused on suggestions for improvement.

Positive Attributes

After a comparison across three prototypes, the overall consensus for the ideal prototype, from both providers and potential users, was the paper SDM used for the majority of the discussion (see Appendix 2B for prototype), instead of the alternatives with differing colors and shapes to represent CycleBeads. Both groups appreciated the similarity to the plastic CycleBeads, and felt that since women may already know the colors, it would be easier to teach the paper SDM.

When asked what the providers liked best about the paper SDM, only two providers responded. Participant 1 was partial to the paper SDM design and ease of understanding the tool, while Participant 2 focused on the ease of understanding it.

The card itself, the scheme, the illustrations. Even without the aid of a provider one can adopt the method. (Provider FGD, Participant 1)

Even one who is illiterate can use the method. When she is on the white beads, even not seeing a provider, she knows she will need to be careful. If I have unprotected sex during this period, I am at risk of becoming pregnant. (Provider FGD, Participant 2)

Responses from potential users regarding what they liked about the paper SDM were quite similar to the provider reactions. Their responses also focused on the tool's appearance and the ease of understanding the paper SDM. In addition, one woman described how the paper SDM assists in understanding her menstrual cycle.

What I liked is that it helps women know their cycles better. (Potential User FGD 2, Participant 2)

It is a well conceived card. It speaks for itself. It has diagrams, pictures, and words. Women can use it without a provider. (Potential User FGD 1, Participant 1)

I think that illiterate women could use this card. (Potential User FGD 1, Participant 2)

Negative Attributes

Providers suggested the following improvements to the prototype:

- Move the placement of where the date of the first day of bleeding is recorded to the right, closer to the beginning of the cycle
- Add a referral to provider or health center at the bottom of the page
- Print the tool on a more durable surface, like cardboard
- Increase the size of the tool

The two groups of potential users also had a few suggestions for improvement. Similar to what was seen with the providers, it was suggested that the space given to write down the date of the first day of the period be moved closer to the red drop, at the beginning of the cycle. Others were:

- Include a calendar
- Recommend users visit a provider before using the method
- Change the colors of the square and the triangle on the paper SDM
- Include text explaining the woman's silhouette in the pink shading

The recommendations were taken into account as revisions and adjustments were made to the paper SDM for Phase II.

Promotion and Marketing

The research question regarding promotion and marketing focused on dissemination channels for the paper SDM. Phase I gathered responses for potential distribution channels, while Phase III assessed if the selected channels were effective in reaching a large number of potential SDM users.

Providers suggested they might see a tool like this at family planning centers, health centers, and pharmacies. One also suggested that this method could be promoted in towns and villages using loudspeakers.

When potential users were asked where they might see a tool like this, the answers were primarily focused on health care venues. Some suggested all health centers and maternity wards should distribute the paper SDM; while another suggested that it could be distributed at the market and promoted using loudspeakers. Further discussions in Phase II resulted in the selected distribution channels that were used in Phase III.

Correct and Successful Use

The research questions regarding correct and successful use focused on the comprehension of the key messages and concepts of the paper-based SDM. Additional questions probed perceptions of whether the paper tool could be used without provider assistance.

Providers were able to explain the use of the paper SDM very clearly. Their familiarity with SDM and plastic CycleBeads contributed to their ease of understanding the paper tool. The specific sections of the tool were understood (red bead represents the first day of the period, brown beads are the days in which a woman is not likely to become pregnant, the white beads are days in which pregnancy is likely, etc.). Cycle length, which is an important factor in eligibility for the method, was also well understood (having cycles in the 26 to 32 day range).

Questions and concerns regarding the paper SDM varied amongst participating providers. Given that most providers were already familiar with both the method and CycleBeads, many of their comments focused on the differences between the paper SDM and the plastic tool. Providers wondered where the rubber ring was (advanced daily on CycleBeads to indicate what day the user is on), and if there would be an informational insert to accompany the paper SDM. They noted that there was no calendar, while CycleBeads also comes with a calendar to mark the first day of the period. Providers also noticed that the “circle” representing the cycle was not closed on the paper SDM. Overall, the images and the messages were clearly understood; however, increasing the size of the paper SDM was discussed, and taken into account in subsequent versions.

The images are clear, I understand all the images, but the cards are too small and one can't see well! (Provider FGD, Participant 1)

While SDM and CycleBeads were a new concept for the majority of potential users, it was clear that a few participants were familiar with CycleBeads, mentioning the materials that accompanied the package—calendar and instructional insert—or referring to it as “la méthode du collier,” one of the names used for CycleBeads locally. Most of the potential users had a good grasp of the method and its use, although at least one participant in particular had a tougher time catching on.

Potential users found the paper SDM to be interesting and comprehensible. When asked what the tool instructs users to do, the key elements were clearly identified.

Some potential users understood the paper SDM better than others, but most participants said they were interested in trying the method to prevent unplanned pregnancy, and to better understand their menstrual cycle. The fact that no side effects are associated with the use of the method was also very appealing to potential users.

This method interests us because it is simple, one doesn't have to take any medicine, there is no injection, one just marks the paper. (Potential User FGD 1, Participant 1)

This card will help reduce the waiting time at counseling sessions. It is a good solution to develop this card, but I think it needs support from a provider. (Potential User FGD 1, Participant 3)

Potential users generally understood the images and the messages used. There were no instances of complete confusion, and the images were appreciated by all participants, particularly the silhouette of the pregnant woman in the pink shading. It was suggested that additional text explaining why the woman is pictured there should be added. A common theme throughout all focus groups was the comment that the paper SDM would be useful for lower literacy groups. This was supported by statements surrounding the ease of understanding, as well as the colors and extensive diagrams.

The images from the prototype that we used during the discussion are very clear and easy to understand. (Potential User FGD 1, Participant 1)

On the card: the short cycle is less than 26 days, and the long cycle is longer than 32 days. The first day of the period is represented by the red drop. (Potential User FGD 2, Participant 2)

If the woman forgets a day, she can count the days that have passed, and today also, start with the red bead and mark the same number of symbols. She should count the days starting from the date she marked. (Potential User FGD 2, Participant 2)

In contrast, some individuals in the provider group did mention that since most providers were already familiar with the method, they had a solid understanding of the paper SDM, but those who were not so familiar would have difficulty understanding.

What I would like to say is that we already know the method and CycleBeads. Now, one who does not know the method, I have the impression that when she has the card in front of her, she will not understand it well. (Provider FGD, Participant 2)

Additionally, all providers, and several women in potential user FGD 1, agreed that an initial consultation should be provided before use of the paper tool. The suggestion was to add the following statement at the bottom of the cards: *contact your health provider before using this method*. After the initial consultation, users would be able to use the paper SDM without a provider.

It is a method that is not for all women. It is therefore necessary to have information from the provider before using the method. (Provider FGD, Participant 4)

However, two women in potential user FGD 2 felt that they would not need the assistance of a provider to understand the paper SDM.

Phase II: Small-Scale Field Test of the Paper SDM

Phase II of the activity determined if the paper SDM prototypes could be successfully and correctly followed without an explanation of how to use the method. These findings are from interviews conducted with the women who were recruited to test the two paper SDM prototypes. Results showed equal comprehension for both versions. User feedback contributed to the revisions made to the final paper SDM.

Women recruited for Phase II were for the most part married, about 30 years of age, and had an average of 2.26 children and five to six years of education.

Acceptability

Respondents were asked to discuss both positive and negative attributes of the paper SDM.

Positive Attributes

In general respondents reported that they liked the paper SDM at both the week one and month two interviews. Respondents reported liking the design and shapes; the simplicity and ease of use; the ability to track their cycles, learn if they were regular or irregular, and whether or not they were fertile; and the cost—free. A few sample quotes are listed:

I thought that it was good; it's a good method. I liked the way that we counted the days. It was convenient. Actually, I liked it all. (Female, Week 1, Participant 27)

This card allows me to plan. What I like is something simple that does not bother me about my health... It is all simple. I do not have difficulty. (Female, Week 1, Participant 17)

Many of the respondents shared the paper SDM with their partners, and reported that their partners also liked the tool. A few of the respondents reported that their partners reminded them to mark the tool.

My husband said that it is good to follow this, to watch it well and to follow it. (Female, Month 2, Participant 2)

He thinks that the method is good and that it is easy to use. (Female, Month 2, Participant 19)

Negative Attributes

A few respondents reported that there were things about the paper SDM that they did not like. These included: it was too complicated or they did not understand the tool; they did not like or understand the separate diagrams of the necklace; it was unclear whether they should continue marking the card after their period ended.

The square shape does not give me much, because I do not understand. (Female, Month 2, Participant 13)

I do not like the parts of the diagram. It needs the necklace entirely. (Female, Month 2, Participant 2)

Promotion and Marketing

The research question regarding promotion and marketing focused on dissemination channels for the paper SDM. Phase I gathered responses for potential distribution channels, while Phase III assessed if the selected channels were effective in reaching a large number of potential SDM users.

What channels to use to disseminate the paper SDM was a topic discussed with participants of the various activities during Phase I and Phase II of the study, as well as with the Department of Family Health at the Benin Ministry of Health and other FP organizations present at IRH study updates. When no clear choice was identified in these meetings, the team put together a list of questions that would help guide the choice and asked the local consultant to investigate the options and make recommendations. Based on the consultant's recommendations, the team selected hair salons and kiosks because of the frequency of customers and numbers of establishments.

Correct and Successful Use

The research questions regarding correct and successful use focused on comprehension of the key messages and concepts of the paper SDM, without initial counseling. Additional analysis focused on difficulties adhering to the new prototype.

Overall, users appeared to understand the paper SDM instructions and images regardless of which version they received. During the interview, the women were asked to read aloud a section of the paper SDM and then explain, in their own words, what they just read. The interviewer noted correct responses and areas of confusion. At the month two interviews, nearly all users were able to correctly explain how to use the SDM, the meaning of the different colored images, the instructions for steps one through three, what to do if one forgets to mark the card, and eligibility to use the SDM.

There was a noticeable increase in the number of users who were able to correctly summarize how to use the SDM from week one to month two (four out of 19 to 14 out of 16, respectively). A notable difference was also reported from week one to month two in the number of women that had difficulty understanding the paper SDM (decreased from nine out of 19 to two out of 16). Lastly, more respondents were able to correctly explain the criteria for eligibility at month two than at week one; details are described below.

The colors of the beads, the pink shading, and the silhouette of the pregnant woman were interpreted clearly by most of the respondents. A couple women had difficulty understanding the pink shading; however, 14 out of the 16 women who completed the full study were able to correctly interpret its intended meaning. A couple women also misunderstood the brown beads at the beginning of the cycle, and interpreted them to represent their period. This caused confusion with regard to marking, as they were unclear if they should continue marking the brown beads when their period ended, or skip to the white beads, or stop marking.

The majority of the women were able to read the text of the paper SDM with no errors or one error only. In the month two interviews, 14 women could read at least one passage without error, and five women read at least one passage with more than one error.

Comprehension of the Paper SDM Instructions

Specific steps were involved in marking the paper SDM. Evaluation of the comprehension of each step is as follows:

Step one: On the first day of the period mark the red drop

All women were able to understand the first part of step one. Most of the women were also able to understand the second part of step one: mark the date on the calendar.

Yes, it is easy because there are not complicated words. Things are easy, it is simple. (Female, Month 2, Participant 17)

Yes it is easy, because to see the images is easy. (Female, Month 2, Participant 7)

Step two: Mark a cross in the next symbol and mark in the direction of the arrow

Most respondents were able to correctly understand the instructions for step two of the paper SDM. A few of the women seemed to understand incorrectly that they were only supposed to mark up until the end of their period.

Step three: When period returns, start marking the next image

Most respondents were able to correctly understand step three. One participant from the week one interview did not understand the phrase *la prochaine image*; however, by the month two interview she was able to understand these instructions correctly.

If you forgot to mark the card

This section was well understood by most respondents. Those respondents who had more difficulty reading this section also reported more difficulty in understanding the instructions. One reason for the difficulty in understanding could be that this section does not have graphics or images to illustrate what the user is supposed to do.

Eligibility: regular cycles and good couple communication

By the month two interviews, almost all respondents were able to correctly identify the two eligibility criteria. There was a noticeable improvement in women's understanding of the eligibility criteria from week one to month two. The first criterion, having regular cycles, was identified by six respondents at week one and all 16 respondents at month two. The second criterion, couple communication, was identified by eight respondents at week one and 15 respondents at month two.

Areas of Confusion or Misunderstanding

During the first week of interviews, most respondents (13 out of 16) reported difficulty in understanding at least one aspect of the paper SDM (e.g., a word, symbol, section). In the second month of interviews, the number of respondents reporting difficulties in understanding dropped slightly to 11 out of 16.

Approximately half of the respondents received help from a partner, friend, or family member in understanding the paper SDM. Partners were most frequently reported to have helped the participant understand the tool.

Specific areas that created difficulties in understanding are as follows:

Short and Long Cycle

The short and long cycle section of the paper SDM caused the most confusion among the study respondents. The square and triangle images did not seem to help the women determine if their cycle is long or short. Most understood the criteria that one must have regular periods in order to use the method, but being able to use the tool to determine cycle length was problematic (though at least one woman was able to determine that her cycle length was too short to use the tool).

If one marks the important square and triangle symbols on the level of the necklace one will understand at the same time what it means. Just to the side of the symbols, mark that which is understood and this will facilitate the task of understanding. It is necessary to show this at the side of the symbols. It is there where I am a bit irritated. (Female, Week 1, Participant 23)

It is a bit difficult because I did not know that one must read the images of the triangle. (Female, Week 1, Participant 17)

As to short cycles, how will I know that I have a short cycle or a long cycle? (Female, Week 1, Participant 17)

In regards to a short cycle and a long cycle, this is not clear. (Female, Month 2, Participant 17)

There were a few words that some of the women had difficulty understanding. These include the following:

- La method/grossesse (the method, pregnant)
- Preservatifs, sexualities (condoms, sexualities)
- représentante
- menstruel
- probable
- enceinte (pregnant)

- sexuals
- fixes
- prestataire (provider)
- cycle
- la prochaine image (the next image)

Marking the Paper SDM

Some women seemed unclear as to how they should continue marking the paper necklace after their period ended. Five women from the month two interviews reported their understanding of how to mark the card in this manner. For example:

I mark the end of the period and I do not know whether to make the rest of the pearls before continuing to mark the white pearls. (Female, Week 1, Participant 2)

I mark just the end of my period and I stop. White days equal pregnancy, brown days equal no pregnancy. I do not have to mark, put a plus sign on the white and a minus sign on the brown. (Female, Week 1, Participant 3)

Phase III: Community-Based Field Test of the Paper-Based SDM

The objective of Phase III of this activity was to assess the uptake of the paper SDM when offered through direct-to-consumer channels in a community setting. The finalized paper SDM was distributed in hair salons and kiosks in the two intervention sites Gbégamey and Ahogbohoulè. In-depth interviews and intercept interviews were conducted to assess the uptake.

Six IDIs were conducted with providers who were recruited from public and private health centers in the two intervention neighborhoods. Twenty intercept interviews were conducted with women as they left the hair salons and kiosks. Most participants were married and had an average of 2.1 children.

Acceptability

Positive and negative attributes were recorded for both the paper SDM and CycleBeads.

Positive Attributes

The most common positive attributes cited in the intercept interviews were: the method is simple, easy to understand, and natural.

To me, everything is clear, I understand well how to use it. (Female, Intercept Interview, Participant 5)

I will choose CycleBeads, because I think it is natural and it will not produce dangerous effects. (Female, Intercept Interview, Participant 13)

I will choose the Standard Days Method because it is natural and it does not affect one's health. (Female, Intercept Interview, Participant 15)

Provider interviews commonly cited the positive attributes of a natural method with no side effects.

Our clients prefer the beads method, because there are some husbands who discourage them and tell them...the cons of the other methods will give the cancer sickness or other sicknesses, that the beads method is more natural than other methods. (Provider Interview, Participant 1)

As a provider, myself, I think that the beads method is good, especially as it has no side effects. Natural; I value that. (Provider Interview, Participant 2)

Negative Attributes

The two most common negative attributes cited in the intercept interviews were concerns about eligibility (regular cycles and couple communication) and method failure.

My younger sister got pregnant while using CycleBeads because her cycle is irregular; I understood you need to have regular periods to use the cycle beads. (Female, Intercept Interview, Participant 2)

Among provider responses, the most frequently mentioned negative attributes were the eligibility requirements and doubts of efficacy.

If the cycle is shorter or if the cycle is too long, they cannot use this method. (Provider Interview, Participant 1)

There are women who want to practice, but because of the behaviors they have to have, they're forced to use other methods. (Provider Interview, Participant 3)

Provider Counseling Time

One desired outcome of introducing the paper SDM was that it would reduce the time a health center provider needs to explain the method to a new CycleBeads user. However, no significant changes in the length of time for counseling sessions was reported when responses were compared from experienced and inexperienced providers offering counseling for SDM prior to the activity and after. Providers noted that the average consultation time continued to be about 15 minutes, regardless of whether the client used the paper SDM to become familiar with the method. One provider, however, did mention that the average consultation time had decreased.

The varying length of counseling sessions was attributed to the literacy level of the client, and how much information needed explanation. With responses specific to literacy from three of the interviewed providers, two thought that most women were literate, while one said most women were illiterate, and this created problems with the implementation of the paper SDM.

Promotion and Marketing

The research question regarding promotion and marketing focused on the effectiveness of the selected distribution channels. What is the best distribution channel for informing women and couples directly as consumers about a potential FP method?

Earlier phases of the activity asked focus group respondents and potential users of the method to make suggestions; local consultants intimately familiar with the communities also weighed in. Ultimately, hair salons and kiosks were chosen because they reached beyond traditional health care distribution channels and are frequented by many customers.

Monitoring the Distribution of the Paper SDM

Twenty-four salons and 17 kiosks in the intervention sites of Ahogbohòuè and Gbégamey distributed a total of 1,761 paper SDM for an average of 42 per participating site. Individually, salons averaged slightly higher numbers of distribution (46 paper SDM distributed per salon versus 38 per kiosk). However, it is important to note that double the number of salons participated in the activity compared to kiosks (based on availability at the site). Both distribution channels proved to be effective ways to reach the target audience.

Salon and Kiosk Establishments		
	Salon	Kiosk
Ahogbohòuè	7	10
Gbégamey	17	7

The monitoring data were confirmed by the information obtained through the intercept and provider interviews. Most respondents felt that both salons and kiosks were in fact good channels because many women visit both places. Another suggestion made by just over a third of participants was the tailor, or sewing workshops, where women buy fabric and have dresses made.

Paper SDM Distribution			
	Ahogbohòuè	Gbégamey	Total
Salon	249	867	1,116
Kiosk	317	328	645
Total	566	1,195	

Most providers stated that the women they saw picked up the paper tool at a salon. Providers agreed with intercept interview participant responses that the salon is a good distribution channel because many women go to the salon. Additional suggestions included the tailor, as well as schools, markets, and maternity centers.

An expected outcome of distributing the paper SDM directly to the consumer is to reach a wider audience, raise awareness about SDM and CycleBeads, and to get women talking about family planning in general. Reaching women beyond the health care center or pharmacy facilitates this type of conversation among women and their circles. Three-quarters of potential users said they would talk about the paper SDM with their friends. Over half of potential users said they would recommend the tool. One participant who had a tubal ligation noted that she was taking the paper SDM for her daughter. Other participants (four) mentioned seeing television advertisements about CycleBeads, which was part of a social marketing effort by Population Services International and IRH in 2005.

Correct and Successful Use

Phase III did not directly look at correct and successful use of the paper SDM because the focus was on distribution, so there were no follow up intercept interviews with respondents who took the paper SDM. However, providers noted in their interviews that they saw clients who were able to mark the tool correctly.

There are many women who know how to mark the paper-based version for this very method. It is rare that some women come to me who do not understand well how to mark the paper.
(Provider Interview, Participant 1)

They marked the 2 cycles to be sure of their cycle. Yes, she brought it, and myself, I checked.
(Provider Interview, Participant 2).

Following the refresher training, providers cited greater understanding of the eligibility criteria and the science behind SDM and said they felt more comfortable discussing SDM with clients.

Barriers to Correct Use

Four of the six providers raised the important issue of barriers to effective use of the paper SDM. Providers considered the eligibility criteria (regular menstrual cycles and couple communication to manage the fertile days) a potential barrier to correct use of the method. In addition to the two method eligibility criteria, other barriers to correct use included lack of partner agreement (related to couple communication), and specifically for CycleBeads, remembering to move the ring forward each day. These barriers, in order from most commonly cited to the least common, are as follows: husband will not accept protected intercourse, eligibility, women forget to shift the ring, husband disagrees with the overall method.

It is the problems with their husband; if their husband will accept; or other women want to do it behind their husband's back, but we refuse. You don't do that, so it is necessary for them to inform their husband. (Provider Interview, Participant 2)

Something that could prevent me from using it is, for instance, if my husband wouldn't want us to adopt this method to space out our births. (Intercept Interview, Participant 12)

Questions Asked by Patients

The most common questions that providers received from patients who used SDM (paper SDM or CycleBeads) were: questions about overall use; can the method be used without husband's knowledge; how is the fertile window defined; when to have intercourse; when to avoid intercourse; what is cycle duration; what are the consequences of forgetting to move the ring; and how should the ring be moved (CycleBeads only).

Service Statistics

To determine whether the distribution of the paper SDM is an effective way to raise awareness of SDM and FP in general service statistics were collected to compare requests for information about FP, SDM, and CycleBeads sold before the intervention, during, and up to one month following the intervention.

Data prior to the intervention period were difficult to collect due to poor reporting systems. The local consultant visited service delivery points in the two intervention sites (Ahogbohoulè, Gbégamey) and the two control sites (Agbato, Houyeihou) to gather as much data as available from public and private health centers, FP clinics, and pharmacies. While the data were sparse, what did stand out was that not one establishment reported a sale of CycleBeads over the six months prior to the intervention. Given that no consistent reporting system appears to be in place, the consultant gathered estimated numbers of FP consultations. Among the 18 clinics (public and private) and pharmacies in the sites, an estimated 71 requests for information about FP occurred six months prior to the intervention.

During the intervention the local consultant gathered data bi-weekly from the same clinics and pharmacies.

	6 months prior to intervention		Month 1	Month 2	Month 3	Intervention Total
Requests for information on family planning	71	Intervention	44	58	51	153
		Control	14	32	17	63
		Total	58	90	68	216
Requests for information about SDM/CycleBeads specifically	None reported	Intervention	13	31	20	64
		Control	4	14	6	24
		Total	17	45	26	88
CycleBeads sold	None reported	Intervention	14	5	1	20
		Control	0	4	0	4
		Total	14	9	1	24
References to the paper SDM during consultation	N/A	Intervention	16	11	2	29
		Control	0	3	2	5
		Total	16	14	4	34

- While the baseline data were difficult to attain, based on the estimates provided, it is clear that the paper SDM created some movement/activity in the intervention areas.
- Overall FP consultations increased compared to the baseline estimates, from 71 to 216 (during the intervention and one month following).
- The numbers in each category (requests for FP information, SDM-specific information, CycleBeads sold, and reference to the paper SDM) were all equal or greater in the intervention sites compared to the control sites.
- The second month of intervention showed the largest numbers in each category in both intervention and control sites.
- The third data collection, which occurred one month after the end of the intervention (removal of paper SDM from salons and kiosks), showed a decline in all categories.
- It is interesting to note that clients made reference to the paper SDM in the control sites on several occasions (three and two clients in month two and month three, respectively).

Uptake

Uptake of SDM following the refresher training (October 2011) was measured by asking providers how often women asked for information about SDM. Half of the providers reported an increase in requests for information.

Currently, women are more interested by this method than before. (Provider Interview, Participant 1)

This finding of increased interest is also supported by the aforementioned service statistics, which showed an increase in requests for information about FP, specifically regarding SDM and CycleBeads.

The counseling experience of providers before and after the refresher training also demonstrates increased uptake of the method. Providers were asked about their experience providing SDM/CycleBeads counseling prior to the refresher training. While providers were all aware of SDM/CycleBeads, only two of them stated experience providing the method prior to the refresher training in October 2011. The other four cited lack of information and confidence in the method and a lack of clients seeking the method as reasons for not having offered it in the past. Four of the six providers reported talking about SDM with clients after the October 2011 training (two of which had provided before). Those four agreed that the paper tool contributed to the uptake of the method, while the remaining two providers did not respond because they had not seen clients with the paper tool. Providers also noted that their friends and neighbors were also aware of the method, some stating that they had shared information about it with them.

- Overall perceptions of the paper SDM were positive, from both providers and potential users.
- Over three-quarters of potential users reported that they would use SDM (either the paper SDM or CycleBeads) in the future.
- While all but one potential user had not seen the paper SDM before, over three-quarters stated they would use the paper SDM in the future, with the most common reason given that this is a natural method.
- Two participants noted that they would use the paper SDM, not as an FP tool, but to track their cycles.
- Most of the potential users (two-thirds) stated that they would follow up with their providers if they had further questions about the paper SDM.
- Of the six providers interviewed, four providers stated that yes, the paper SDM contributes to uptake of the CycleBeads.

CONCLUSIONS

Phase I

Phase I focused on the development of the paper SDM. Through focus groups with potential users and providers, the findings indicated a positive response toward the prototypes. Although certain areas of text and images required clarifications and revisions, the key concepts for method eligibility and proper use were well understood. While all FGDs explored the ease of understanding the prototypes, and the possibility of using the paper SDM without provider assistance, it was emphasized that an initial provider consultation should be required. Suggestions for revisions to the prototypes were used to develop the final two prototypes tested in Phase II.

Initial ideas of distribution sites for the paper SDM tended to focus on venues where people receive health care services, e.g., family planning clinics, maternity clinics, and pharmacies. Other suggestions included placing the paper SDM in the market, and promoting it using loudspeakers. After further discussion, the distribution channels were finalized in Phase II.

Phase II

Phase II concluded that correct and successful use of the paper SDM, with women who had no prior explanation of the method, was possible. Overall, the 16 respondents who completed both interviews were able to understand the paper SDM without receiving counseling or detailed instructions on how to use the tool. The components of the paper SDM most widely understood by the respondents were how to use the SDM and the meaning of the differently colored beads and symbols. The section on short and long cycles was the most difficult for participants to understand. Comprehension of the instructions on the paper SDM improved from week one to month two, with the greatest improvements seen in the sections on eligibility and how to use the SDM. Some areas for improvement remain, including clarifying the instructions and symbols for short and long cycles, clarifying how to continue marking after the period ends, and improving the section on what to do if you forget to mark one day.

To move beyond traditional distribution channels that focused on health care services, further discussions with stakeholders led to the selection of kiosks and salons as the channels for distributing the paper SDM.

Phase III

Phase III demonstrated that the paper SDM could be distributed widely, beyond the traditional health center setting, through dissemination channels frequented by women, such as salons and kiosks. While the activity was contained to a small area of two sites and a short intervention period of two months, the data show that interest in SDM/CycleBeads increased by the paper SDM's presence in the salons and kiosks. Distributed numbers of the paper SDM exceeded expectations and required a second printing part way through the intervention period.

As previously mentioned, 33 percent of Beninese women with unmet need for family planning do not intend to use family planning in the future, due in large part to the fear of side effects. By providing women with a contraceptive choice that is both natural and effective, SDM (paper SDM and CycleBeads) has the potential to contribute to reducing unmet need.

I don't mind choosing an FP method now that there are natural ones. (Female, Intercept Interview, IKG17)

Yes, I will use this tool in the future [paper SDM] because for a long time I wanted a natural method but had no opportunity to get the information.

(Female, Intercept Interview, ISA16)

No, I have never used a method to delay or prevent pregnancy. I'm scared of the side effects related to modern FP methods. (Female, Intercept Interview, IKA14)

RECOMMENDATIONS

Standard Days Method requires concerted promotion efforts geared toward providers and women of reproductive age to ensure its inclusion in the FP method mix in Benin. Recommendations for future expansion of a direct-to-consumer approach to distribution of the paper SDM include³:

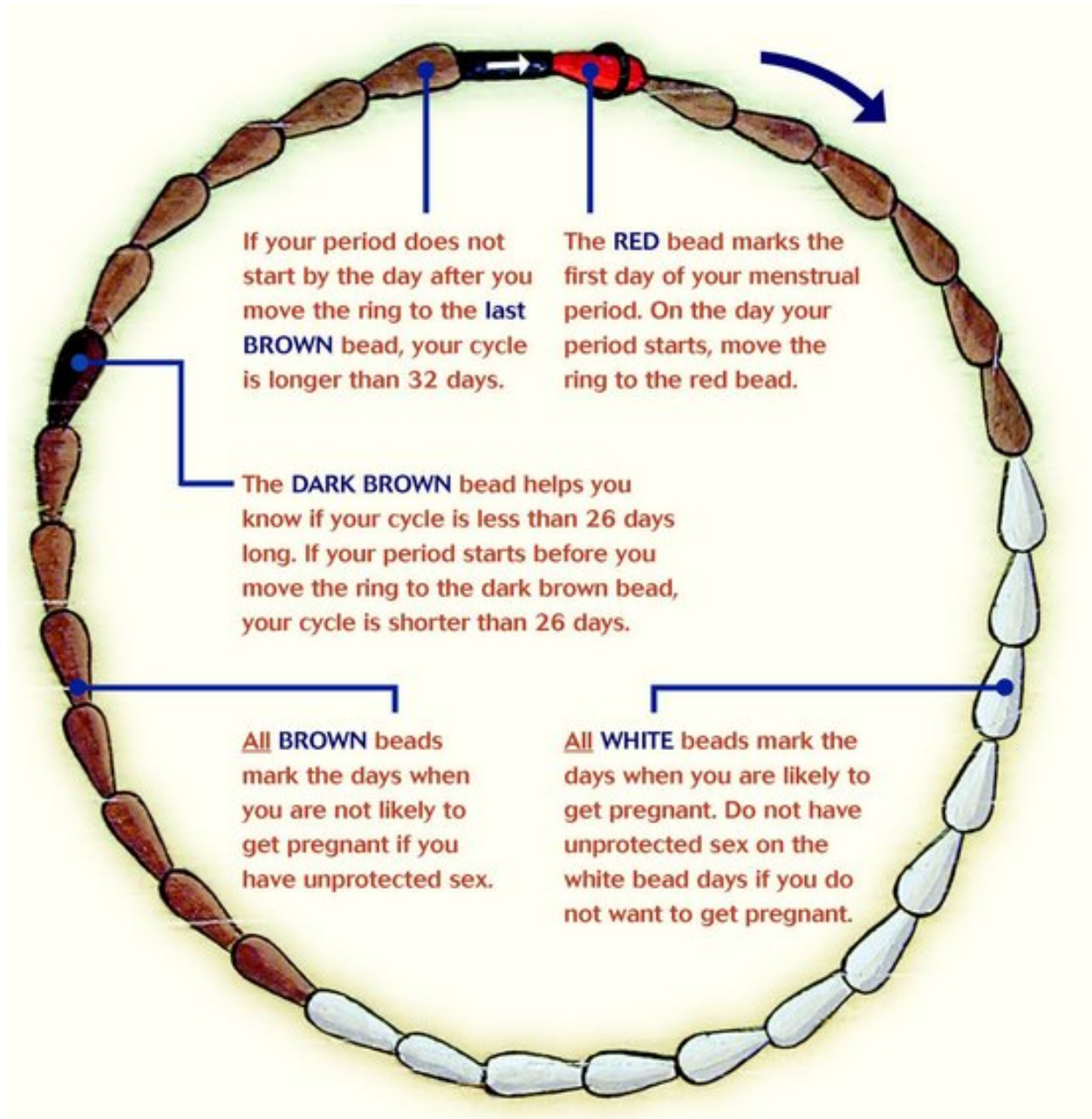
- Consider loudspeaker promotion along with dissemination through markets, sewing workshops or tailor shops, and churches.
- Offer training updates for providers that prepare them to answer questions about SDM. During the IRH refresher training on SDM in Phase III, it became clear that while most providers were aware of the method, they had not been trained in how to provide it. A related suggested solution was to have a hotline available for potential SDM users, rather than providing referrals to providers who may or may not be trained. Existing FP hotlines in Benin could be explored to offer this service.
- Ensure providers are aware of where CycleBeads can be procured so these tools are available for clients. This would be through the same channels as other FP commodities at the Centrale d'Achat des Médicaments essentiels et Consommables Médicaux and Population Services International/Association Béninoise de Marketing Social et la communication pour la santé.

³ These recommendations are based on suggestions made by study participants. The recommendations were further discussed and validated during a meeting held to disseminate the findings of this study in Cotonou in March 2012.

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APPENDIX 1: CycleBeads Image




APPENDIX 2A: Paper SDM A (Phase I)

Méthode des Jours Fixes®

La Méthode des Jours Fixes est une méthode de planification familiale naturelle et efficace. La méthode vous aide à connaître les jours où vous pouvez tomber enceinte. La méthode est efficace à 95% si elle est utilisée correctement. Si vos règles arrivent à peu près chaque mois, vous pouvez utiliser cette méthode. Essayez-la ici, et parler avec votre prestataire de la Méthode des Jours Fixes.


1. Première goutte:

- Marquez le premier jour de vos règles sur la goutte rouge
- Marque le date ici:



2. Chaque matin:

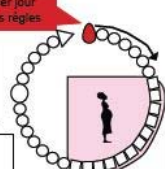
- Marquez une nouvelle symbole chaque matin
- Suivez la flèche



3. Que faire si vous oubliez de marquer?:

- Vérifier le premier jour de vos règles
- Comptez les jours qui ont passé, aujourd'hui inclus
- Commencez avec la goutte et marquez le même nombre de symboles

Premier jour de vos règles




JOURS ORBLES ○

La grossesse est peu probable. Vous pouvez avoir des rapports sexuels

JOURS ORBLES □


Vous pouvez tomber enceinte, utiliser les préservatifs ou éviter les rapports sexuels

Si vos règles commencent AVANT le GRAND CERCLE:



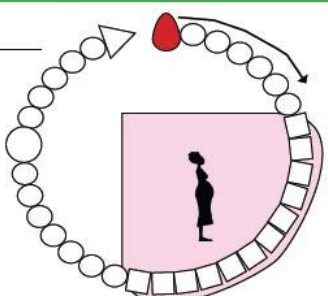
- votre cycle est trop court pour utiliser cette méthode
- consultez votre prestataire

Si vos règles commencent APRES:

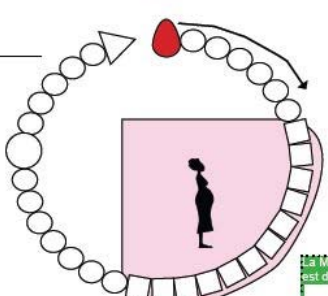


- votre cycle est trop long pour utiliser cette méthode
- consultez votre prestataire

Date: _____



Date: _____



La Méthode des Jours Fixes est disponible:

La Méthode des Jours fixes c'est pour les couples qui communiquent bien et qui acceptent d'utiliser un préservatif ou éviter les rapports quand la femme peut tomber enceinte.
 Si vous avez récemment utilisé une autre méthode de planification familiale, récemment eu un bébé ou si vous allaitez, consultez votre prestataire.
 Le Collier du Cycle ne protège pas contre le VIH/SIDA ou d'autres infections sexuellement transmissibles.

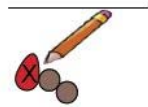
APPENDIX 2B: Paper SDM B (Phase I)

Méthode des Jours Fixes®

La Méthode des Jours Fixes est une méthode de planification familiale naturelle et efficace. La méthode vous aide à connaître les jours où vous pouvez tomber enceinte. La méthode est efficace à 95% si elle est utilisée correctement. Si vos règles arrivent à peu près chaque mois, vous pouvez utiliser cette méthode. Essayez-la ici, et parlez avec votre prestataire de La Méthode des Jours Fixes.


1. Première goutte:

- Marquez le premier jour de vos règles sur la goutte rouge
- Marque le date ice:



2. Chaque matin:

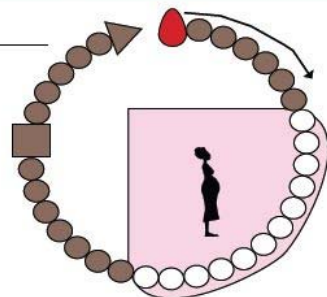
- Marquez une nouvelle symbole chaque matin
- Suivez la flèche



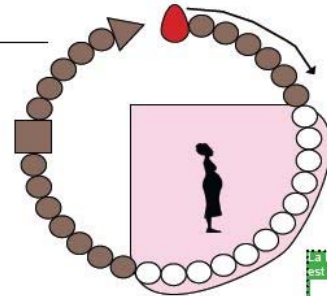
3. Que faire si vous oubliez de marquer?:

- Vérifier le premier jour de vos règles
- Comptez les jours qui ont passé, aujourd'hui inclus
- Commencez avec la goutte et marquez le même nombre de symboles

Date: _____



Date: _____



JOURS MARRONS
La grossesse est peu probable. Vous pouvez avoir des rapports sexuels

JOURS BLANCHES
Vous pouvez tomber enceinte, utiliser les préservatifs ou éviter les rapports sexuels

Si vos règles commencent AVANT:

- vosre cycle est trop court pour utiliser cette méthode
- consultez votre prestataire

Si vos règles commencent APRES:

- vosre cycle est trop long pour utiliser cette méthode
- consultez votre prestataire

La Méthode des Jours fixes c'est pour les couples qui communiquent bien et qui acceptent d'utiliser un préservatif ou éviter les rapports quand la femme peut tomber enceinte.
Si vous avez récemment utilisé une autre méthode de planification familiale, récemment eu un bébé ou si vous allaitez, consultez votre prestataire.
Le Collier du Cycle ne protège pas contre le VIH/SIDA ou d'autres infections sexuellement transmissibles.

La Méthode des Jours Fixes est disponible:


APPENDIX 2C: Paper SDM C (Phase I)

Méthode des Jours Fixes®

La Méthode des Jours Fixes est une méthode de planification familiale naturelle et efficace. La méthode vous aide à connaître les jours où vous pouvez tomber enceinte. La méthode est efficace à 95% si elle est utilisée correctement. Si vos règles arrivent à peu près chaque mois, vous pouvez utiliser cette méthode. Essayez-la ici, et parler avec votre prestataire de la Méthode des Jours Fixes.


1. Première goutte:

- Marquez le premier jour de vos règles sur la goutte rouge
- Marque le date ice:



2. Chaque matin:

- Marquez une nouvelle symbole chaque matin
- Suivez la flèche





3. Que faire si vous oubliez de marquer?:

- Vérifier le premier jour de vos règles
- Comptez les jours qui ont passé, aujourd'hui inclus
- Commencez avec la goutte et marquez le même nombre de symboles

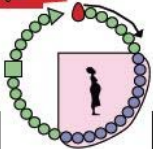
JOURS VERTS
La grossesse est peu probable. Vous pouvez avoir des rapports sexuels

JOURS BLEUS
Vous pouvez tomber enceinte, utiliser les préservatifs ou éviter les rapports sexuels

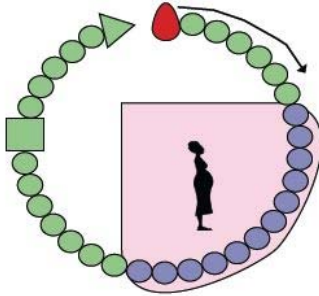
Si vos règles commencent AVANT:  votre cycle est trop court pour utiliser cette méthode / consultez votre prestataire

Si vos règles commencent APRES:  votre cycle est trop long pour utiliser cette méthode / consultez votre prestataire

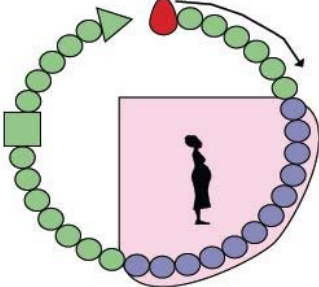
Premier jour de vos règles



Date: _____



Date: _____



La Méthode des Jours Fixes est disponible:

APPENDIX 3: Focus Group Discussion Guide (Phase I)

Goals and Objectives:

The purpose of the focus group discussions (FGDs) is to validate the concepts, messages, and images which will be included in the promotional SDM client card. FGD will take place to validate the messages with potential clients and providers. The specific objectives of this activity are to:

- Determine the appropriateness, acceptability and usefulness of the SDM card for client use of the method;
- Determine ease of comprehension of key concepts and messages in the card;
- Identify improvements needed in images, written explanations, sequence of information presented, depth of information, size of the card, colors, etc.;
- Identify potential errors or misunderstandings while using the SDM client card.

FGD Composition and Participant Profiles:

A total of 16 literate women and 6-8 providers will participate in the FGDs. Each FGD session will be conducted with at least six, and no more than 10, individuals at a time, from a pool of women and service providers selected from areas where the MOH and NGOs offer family planning services.

Groups	Characteristics	# of FGD	Number of participants
Women	Never used the SDM, literate, ages 20-39	2	6-8
Service Providers	Facility-based (nurses, auxiliary nurses, health technician)	1	6-8

FGD Materials and Equipment

The following materials will be available at each session:

- ✓ SDM Cards
- ✓ Large versions of select images of the cards to post on the wall
- ✓ Brief description of the method, the menstrual cycle and how the method works (to be given before the cards are passed out)
- ✓ Description of one exercise for marking the card
- ✓ Data recording form (for observer)
- ✓ Tape recorder, tapes
- ✓ Stipend or gift for participants
- ✓ Consent form
- ✓ Participant profile form

Process:

The moderator will:

- ensure that each participant understands and signs the consent form,
- give a brief introduction to the focus group discussion,
- give a brief description of the menstrual cycle and the Standard Days Method,
- give each participant a copy of the SDM card and allow 5 minutes to look at it. At the end of five minutes the moderator will check if they have had a chance to read through it and, if needed, give them an extra 3-5 minutes to review. *The moderator will not explain the card or its content but ask participants to review/read it prior to asking questions. The moderator should instruct participants not to discuss the card while they are reviewing it.*
- Proceed with facilitating the FGD by following the discussion guide.

SDM Paper Version Focus Group Discussion Guide

Welcome. My name is [--SAY NAME--], and my colleague's name is [--SAY NAME--]. We are from C-Change and [-- SAY ORGANIZATION NAME--]. We are here today to ask for your opinions about 3 paper tools women can use to track their menstrual cycle. These tools are our first examples and we need your help in telling us what type of information should be included into the tools and what format is easiest for you to use.

Moderator: Ask participants to go around the room to introduce themselves, using only their first name.

During our discussion today we are interested in hearing from all of you. Everyone's opinions are very important, and every opinion matters. There are no right or wrong answers but rather different points of view. Please feel free to share what you think even if it differs from what others have said. I will ask that only one person speaks at a time, at all times, so that everyone has a chance to talk.

You have probably noticed the tape recorder. We're tape recording the session because we don't want to miss any of your comments. We will also take notes of the discussion to help us remember the main points discussed today. We will not share anything that anyone says today with anyone outside the study team. I will also ask you all to keep the discussion confidential, and not share what is discussed with anyone outside this room. To protect everyone's privacy I will ask everyone to call each other **ONLY** by first names.

Thank you very much for participating. I think that you will find the discussion enjoyable and interesting. Ask me now if you have any questions about how we will do the discussion.

With your permission, I would like to begin our discussion and turn on the tape recorder.

Moderator: Turn on tape recorder. Ask participants to confirm they agree to be tape recorded

Before I begin I want to give you a short introduction to what we will discuss today, the Standard Days Method. The menstrual cycle begins on the first day of a woman's period, and ends the day before her next period starts. During her cycle there are days where she is more likely to become pregnant if she has unprotected sex. This is called the fertile window. The Standard Days Method helps the woman to know what days are her fertile days. If she is on a fertile day she must use a condom or avoid sex to prevent a pregnancy. The non-fertile days are days she is not likely to become pregnant.


Moderator: Hand out copies of the SDM card to the participants and ask them to review the card. Instruct participants not to discuss the card while they are reviewing it. Allow up to five minutes for participants to read the card. At the end of five minutes check if they have had a chance to read through it and, if needed, give them an extra 3-5 minutes to review. Do not explain the card or its content but ask participants to review/read it prior to asking questions.

Méthode des Jours Fixes®

La Méthode des Jours Fixes est une méthode de planification familiale naturelle et efficace. La méthode vous aide à connaître les jours où vous pouvez tomber enceinte. La méthode est efficace à 95% si elle est utilisée correctement. Si vous avez vos règles à peu près chaque mois, vous pouvez utiliser cette méthode. Essayez-la maintenant, et parler avec votre prestataire de la Méthode des Jours Fixes.


1. Première goutte:

- Marquez le premier jour de vos règles sur la goutte rouge
- Marquez le date ici:



2. Chaque matin:

- Marquez un nouveau symbole chaque matin
- Suivez la flèche



3. Que faire si vous oubliez de marquer?:

- Vérifier le premier jour de vos règles
- Comptez les jours qui ont passé, et ce jour-là aussi
- Commencez avec la goutte et marquez le même nombre de symboles

JOURS MARRONS
La grossesse est peu probable. Vous pouvez avoir des rapports sexuels

JOURS BLANCHES
Vous pouvez tomber enceinte, utiliser les préservatifs ou éviter les rapports sexuels

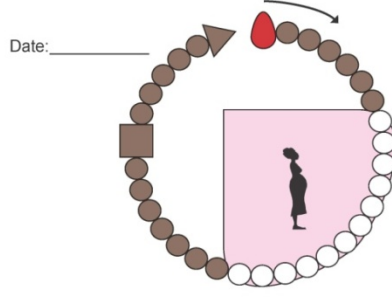
Si vos règles commencent AVANT:

- vosre cycle et trop court pour utiliser cette méthode
- consultez votre prestataire

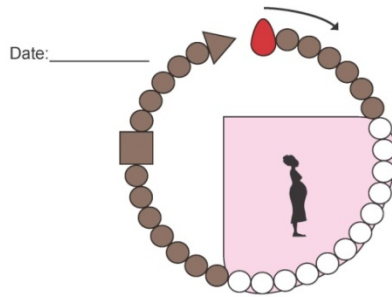
Si vos règles commencent APRES:

- vosre cycle et trop long pour utiliser cette méthode
- consultez votre prestataire

Date: _____



Date: _____



- La Méthode des Jours fixes est pour les couples qui communiquent bien et qui acceptent d'utiliser un préservatif ou d'éviter les rapports sexuels quand la femme pourrait tomber enceinte.
- Consultez votre prestataire si vous avez récemment utilisé une autre méthode de planification familiale, récemment eu un bébé ou si vous allaitez.
- Le Collier du Cycle ne protège pas contre le VIH/SIDA ou d'autres infections sexuellement transmissibles.

Comprehension

- What are your first general impressions of this card?
- Can you describe what you read or saw on this card?
- What does the card discuss or explain to the reader? *(Note to interviewer: If participants are having trouble responding to the questions, proceed to read the relevant section out loud as a group to ensure understanding)*

Probes:

- What is this card used for?
- Who can use this card?
- Who cannot use this card?
- Which days can a woman get pregnant?
- Which days is the woman NOT at risk for pregnancy?
- How will a woman and her partner avoid a pregnancy on a white day?

- What different things is the card telling the reader to do?

Probes:

- When does a woman start marking on her card?
- Where does she make the first mark?
- When does the woman mark the card? (Every day? Several times a day? Weekly?)
- What should she do if she forgets to mark one day?
- What should she do when she gets to the white days?
- What should she do when her period starts again?
- What should she do if she completes marking all the shapes and her period has not started?

5. Are there any words that are unclear or you don't understand? If so, which ones?
6. Are there any images on the card that are unclear or you don't understand? If so, which ones?

Attractiveness

7. What do you like most about the card?
8. What do you like least about the card?

Call to action

9. Where would you typically see something like this?
Probe: In a newspaper? Handed out by someone in the market? Handed out by someone with a loudspeaker?
10. Would you try something you received from these sources? Why or why not?
11. Does this method appeal to you? Why or why not?
12. Would you try this method on your own, or would you talk to your provider about the method? Why or why not?

General Involvement Questions

13. In your opinion, what could be done to improve this card?
14. Is there anything about this card that we could change to make it clearer or more acceptable?

Comparison Across Prototypes

15. Which card do you like better? Why?
16. Let's look at the images in the cards – which are more clear and easy to understand? Why?
Probe on differences in colors, shapes, and symbols
17. Is there anything else that you would like to add about any of the cards we've discussed today?

APPENDIX 4A: Paper SDM Horizontal (Phase II)

Méthode des Jours Fixes®

La Méthode des Jours Fixes aide une femme à connaître les jours où elle peut ou ne peut pas tomber enceinte. Ce carnet peut vous aider à suivre votre cycle menstruel. Vous avez accepté de suivre votre cycle avec ce carnet et ne l'utiliser pas comme une méthode.

- La Méthode des Jours Fixes est pour la femme qui a ses règles à peu près chaque mois
- La Méthode des Jours Fixes est pour les couples qui communiquent bien et qui sont d'accord pour utiliser un préservatif ou éviter les rapports sexuels quand la femme pourrait tomber enceinte.

Instructions pour marquer l'image due cycle menstruel

Première goutte rouge:

- Marquez la goutte rouge le premier jour de vos règles.
- Marquez la date aussi.

Date: _____

2. Chaque matin:

- Marquez une croix dans le symbole suivant.
- Marquez dans la direction de la flèche.

3. Quand vos règles arrivent encore, commencez à marquer la prochaine image.

Date: _____

Cette image représente le cycle menstruel.

JOURS MARRONS
La grossesse est peu probable. Vous pouvez avoir des rapports sexuels

JOURS BLANCS
Vous pouvez tomber enceinte, utiliser les préservatifs ou éviter les rapports sexuels

Suivre le durée de votre cycle

Si vos règles commencent **AVANT**: ■

- votre cycle est trop court pour utiliser cette méthode
- consultez votre prestataire

Si vos règles commencent **APRES**: ▲

- votre cycle est trop long pour utiliser cette méthode
- consultez votre prestataire

Date: _____

Que faire si vous oubliez de marquer?:

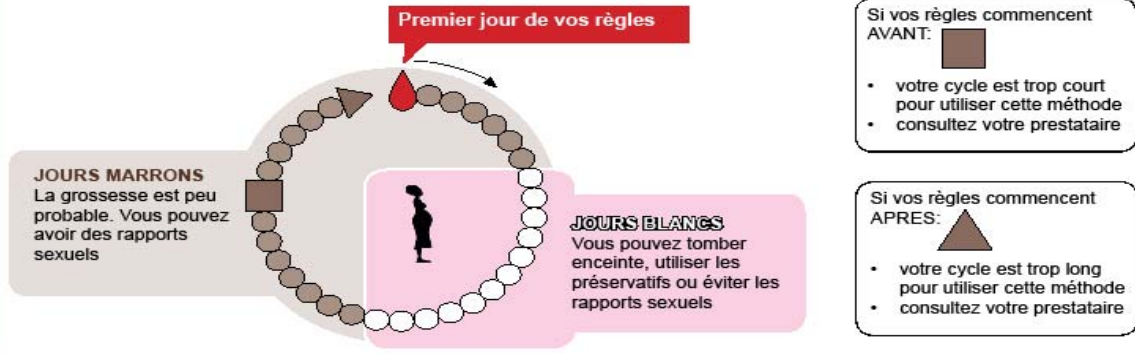
- Vérifier le premier jour de vos règles
- Comptez les jours qui ont passé, et ce jour-là aussi
- Commencez avec la goutte et marquez le même nombre de symboles

Méthode des Jours Fixes[®]

La Méthode des Jours Fixes aide une femme à connaître les jours où elle peut ou ne peut pas tomber enceinte. Cette carnet peut vous aidez à suivre votre cycle menstruel. Vous avez accepté de suivre votre cycle avec ce carnet et ne l'utiliser pas comme une méthode.

- La Méthode des Jours Fixes est pour la femme qui a ses règles à peu près chaque mois.
- La Méthode des Jours Fixes est pour les couples qui communiquent bien et qui sont d'accord pour utiliser un préservatif ou éviter les rapports sexuels quand la femme pourrait tomber enceinte.

Cette image représente le cycle menstruel.



1. Première goutte:

- Marquez le premier jour de vos règles sur la goutte rouge
- Marquez la date ici:

Date: _____



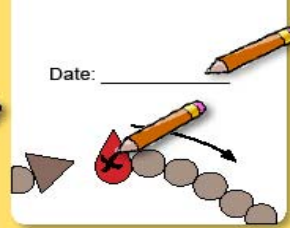
2. Chaque matin:

- Marquez une croix dans le cercle suivante
- Suivez la flèche



3. Quand vos règles arrivent encore, commencez à marquer la prochaine image.

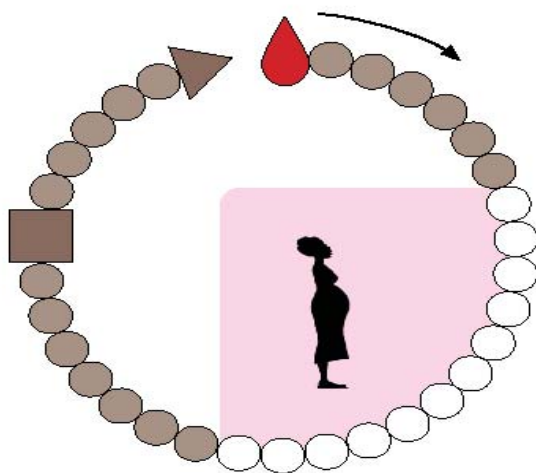
Date: _____



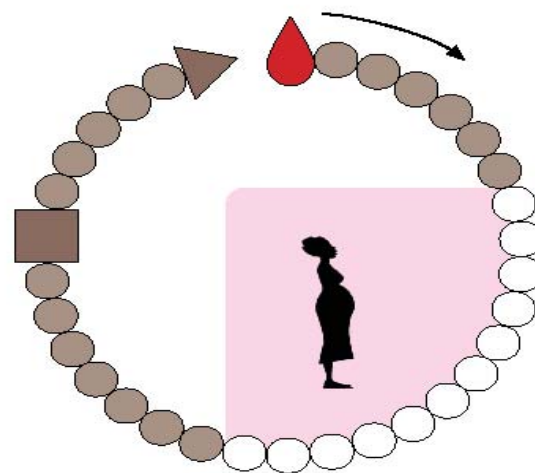
Que faire si vous oubliez de marquer?:

- Vérifier le premier jour de vos règles
- Comptez les jours qui ont passé, et ce jour-là aussi
- Commencez avec la goutte et marquez le même nombre de symboles

Date: _____



Date: _____



APPENDIX 5: Interview Guide, Week 1 (Phase II)

Interview Guidelines for Phase II – Direct to Consumer Standard Days Method (SDM)

Paper Necklace

Through individual interviews, the interviewer will explore how well participants understand the information presented in the paper necklace and its effectiveness and usefulness as a tool to teach women about the SDM and raise awareness. In addition, this exercise will help identify areas needing improvement. The interviewer will go through each section of the guide while focusing on the following:

- If participant's interpretation of the information (**in the interviewee's own words**) coincide with the intended message.
- If the order of the information presented is logical/appropriate
- If images are culturally appropriate and if participants' interpretation of images support intended message
- Identify any difficulty grasping any concepts, meaning of words or phrases
- Identify general likes and dislikes

The Card will consist of participant information, close ended questions and open ended questions. Each interview will last 1 to 1.5 hours.

The interviewer should **not** provide any information about the correct use of the paper SDM, particularly during the first interview.

The interviewer should also remind participants that this is not to be used as a family planning method, but to track menstrual cycles.

Interviewer Checklist – One Week Interview

INTERVIEWER: Unless otherwise specified, DO NOT READ response categories aloud.

Q.	Question	Filter/ Responses	Skips
100	Participant profile		
101	Participant ID	<i>Interviewer complete:</i> []	
102	How many living children do you have?	[] children	
103	Marital status	Check 1 response only [] Married [] Unmarried [] Living as though married	
104	I would now like to ask you some questions about family planning methods. Have you ever used a method to delay or prevent pregnancy?	Check 1 response only [] Yes [] No	
105	Are you using a method now to delay or prevent pregnancy?	Check 1 response only [] Yes [] No	If no, respondent is not eligible to participate. Confirm again whether participant is currently using a method. If answer still is no, end interview.
106	What method are you currently using?	[] Oral contraceptives [] Condoms [] Diaphragm [] Foam/Jelly [] IUD [] Male sterilization [] Female sterilization [] Other _____	If respondent is using any other modern or traditional method she is not eligible to participate. Confirm again current method being used. If answer still is other, end interview.
200	General impressions of paper SDM		
201	Let's talk now about the paper SDM. What do you think of the paper SDM? <ul style="list-style-type: none"> • <i>What do you like about it?</i> • <i>What do you dislike</i> 	Record Response:	

	<i>about it?</i>	
202	<p>Is there any aspect of the paper SDM that is not clear to you or difficult to understand? Please explain.</p> <ul style="list-style-type: none"> • <i>On a scale of 1-10 how clear would you say this paper SDM is for you?</i> 	Record Response:
203	<p>Did anyone help you understand or read the paper SDM? If yes, who?</p> <ul style="list-style-type: none"> • <i>Partner?</i> • <i>Provider?</i> • <i>Sister?</i> • <i>Friend?</i> 	<input type="checkbox"/> Yes (Specify who): <input type="checkbox"/> No
300	Review the paper SDM	
301	<p>Let's review the paper SDM now. Can I see your paper SDM?</p>	Check 1 response only <input type="checkbox"/> Yes <input type="checkbox"/> No (Specify why not):
302	<p>Can you explain to me how to use the paper SDM?</p> <p><i>Probing Questions:</i></p> <ul style="list-style-type: none"> • <i>What should you do when your period starts?</i> • <i>What do you do the next day?</i> • <i>What do you need to do every day?</i> • <i>What do you do when your period starts again?</i> • <i>What does the [*] shape mean? (For each shape)</i> • <i>Which days can you get pregnant?</i> • <i>Which days don't you get pregnant?</i> 	<p>Note to interviewer: Check when participant correctly mentions each aspect below. Note all other responses in the space below.</p> <input type="checkbox"/> Mark the red drop on the first day of the period and note the date <input type="checkbox"/> Mark the next symbol each day <input type="checkbox"/> When period arrives again, start marking the next necklace <input type="checkbox"/> Other responses (please note):
400	Clarity by section	
401	<p>Method Criteria What does this section say? Can you read it aloud to me?</p>	Record response:

	<i>[INTERVIEWER: If respondent is not able to read the section aloud, read it aloud to her.]</i>	
402	Can you explain to me in your own words what this means?	Record response:
403	Is the message easy to understand? Why or why not?	Record response:
404	Colors of the necklace image What does this section say? Can you read it aloud to me? <i>[INTERVIEWER: If respondent is not able to read the section aloud, read it aloud to her.]</i>	Record response:
405	Can you repeat to me in your own words what this means? <ul style="list-style-type: none"> • <i>What does silhouette mean?</i> • <i>What does pink shading mean?</i> • <i>What does the red drop mean?</i> • <i>What do the brown circles mean?</i> • <i>What do the white circles mean?</i> 	Record response: <input type="checkbox"/> silhouette: pregnant woman, these are the days pregnancy is possible <input type="checkbox"/> pink shading: indicates these are the days pregnancy is possible <input type="checkbox"/> red drop: first day of period <input type="checkbox"/> brown days: pregnancy is not likely <input type="checkbox"/> white days: pregnancy is possible
406	Is the message easy to understand? Why or why not?	Record response:
407	Short /long cycle symbols What does this section say? Can you read it aloud to me? <i>[INTERVIEWER: If respondent is not able to read the section aloud, read it aloud to her.]</i>	Record response:
408	Can you repeat to me in your own words what this means?	Record response: <input type="checkbox"/> brown square: cycle is short if period arrives before reaching <input type="checkbox"/> brown triangle: cycle is long if period arrives after <input type="checkbox"/> consult a provider
409	Is the message easy to understand? Why or why not?	Record response:
410	Step One What does this section say? Can you read it aloud to me? <i>[INTERVIEWER: If respondent is not able to read the section aloud, read it aloud to her.]</i>	Record response:

411	Can you repeat to me in your own words what this means?	Record response: [] On first day of period mark the red drop [] mark the date on the Paper SDM
412	Is the message easy to understand? Why or why not?	Record response:
413	Step Two What does this section say? Can you read it aloud to me? [INTERVIEWER: If respondent is not able to read the section aloud, read it aloud to her.]	Record response:
414	Can you repeat to me in your own words what this means?	Record response: [] Mark a cross in the next symbol each day [] Mark in the direction of the arrow
415	Is the message easy to understand? Why or why not?	Record response:
416	Step Three What does this section say? Can you read it aloud to me? [INTERVIEWER: If respondent is not able to read the section aloud, read it aloud to her.]	Record response:
417	Can you repeat to me in your own words what this means?	Record response: [] when period returns, start marking the new image
418	Is the message easy to understand? Why or why not?	Record response:
419	Forget to mark the card What does this section say? Can you read it aloud to me? [INTERVIEWER: If respondent is not able to read the section aloud, read it aloud to her.]	Record response:
420	Can you repeat to me in your own words what this means?	Record response: [] what to do if I forget to mark the symbol [] verify the first day of period as marked [] count the days that have passed including today [] starting with the red drop count the same number of symbols

421	Is the message easy to understand? Why or why not?	Record response:
500	Eligibility	
501	According to the paper SDM, who can track their cycles with this paper necklace?	<p>Note to interviewer: Check when participant correctly mentions each aspect below. Note all other responses in the space below.</p> <p><input type="checkbox"/> women who have regular menstrual cycles, who get their period about once a month</p> <p><input type="checkbox"/> couples who communicate well</p> <p><input type="checkbox"/> other responses (<i>please note</i>):</p>
600	Partner communication	
601	Have you shared your paper SDM with your partner?	<input type="checkbox"/> Yes <input type="checkbox"/> No (<i>Ask why not? Then skip to Q. 700</i>)
602	What does he think about the SDM?	Record Response:
603	Does he help to remind you to mark each day?	<input type="checkbox"/> Yes <input type="checkbox"/> No
700/800	The participant's card <i>Note to interviewer: The participant may not have started her period yet, and so may not have started marking the card. If the participant has started marking, ask questions from section 700. If the participant has not starting marking, ask questions from section 800.</i>	
700/800	Has she started her period since receiving the Paper SDM?	<input type="checkbox"/> YES [SKIP to section 700 questions] <input type="checkbox"/> NO [SKIP to section 800 questions]
700	Woman has started her period since receiving the Paper SDM	
701	INTERVIEWER: Review the participant's SDM card. Has she marked the Paper SDM?	<input type="checkbox"/> Yes <input type="checkbox"/> No [specify why not]
702	Have you remember to mark the Paper SDM every day?	<input type="checkbox"/> YES <input type="checkbox"/> No {Skip to Q704}
703	If <u>yes</u> , what are the hints or tricks you use to remind you to mark the Paper SDM every day?	Record Response:
704	If <u>no</u> , give me some reasons that it has been difficult for you to	Record Response:

	mark the Paper SDM every day?	
705	What did you use to mark the Paper SDM?	Note to interviewer: mark the response noted [] pen [] pencil [] other
706	Where do you keep your Paper SDM?	Record Response:
707	Do you have any questions or concerns about the Paper SDM?	[] Yes [] No If <u>Yes</u> , note them here:
800	Woman has not started her period since receiving the Paper SDM	
801	When you start to mark the Paper SDM, will you remember to mark it every day? How will you remember?	[] Yes [] No [SKIP TO Q. 803]
802	If <u>yes</u> , what are the hints or tricks you will use to remember to mark the Paper SDM every day?	Record Response:
803	In <u>no</u> , give me reasons why it would be difficult for you to mark the Paper SDM every day.	Record Response:
804	What will you use to mark the Paper SDM?	Note to interviewer: mark the response noted [] pen [] pencil [] other
805	Where will you keep your Paper SDM?	Record Response:
806	Do you have any questions or concerns about the Paper SDM?	[] Yes [] No If <u>Yes</u> , note them here:

APPENDIX 6: Interview Guide, Month 2 (Phase II)

Interview Guidelines for Phase II – Direct to Consumer Standard Days Method (SDM)

Paper Necklace

Through individual interviews, the interviewer will explore how well participants understand the information presented in the paper necklace and its effectiveness and usefulness as a tool to teach women about the SDM and raise awareness. In addition, this exercise will help identify areas needing improvement. The interviewer will go through each section of the guide while focusing on the following:

- If participant's interpretation of the information (**in the interviewee's own words**) coincide with the intended message.
- If the order of the information presented is logical/appropriate
- If images are culturally appropriate and if participants' interpretation of images support intended message
- Identify any difficulty grasping any concepts, meaning of words or phrases
- Identify general likes and dislikes

The Card will consist of participant information, close ended questions and open ended questions. Each interview will last 1 to 1.5 hours.

The interviewer should **not** provide any information about the correct use of the paper SDM, particularly during the first interview.

The interviewer should also remind participants that this is not to be used as a family planning method, but to track menstrual cycles.

Interviewer Checklist – Two Month Interview

INTERVIEWER: Unless otherwise specified, DO NOT READ response categories aloud.

Q.	Question	Filter/ Responses	Skips
100	Participant profile		
101	Participant ID	Interviewer complete: []	
200	General impressions of paper SDM		
201	<p>Let's talk about the Paper SDM. What do you think of the Paper SDM?</p> <ul style="list-style-type: none"> • <i>What do you like about it?</i> • <i>What do you dislike about it?</i> 	Record Response:	
202	<p>Did you have any difficulties using the Paper SDM? Please explain.</p> <ul style="list-style-type: none"> • If yes, what were the difficulties? • If no, what made it easy to use and follow? • <i>On a scale of 1-10 how easy to use would you say this Paper SDM is for you?</i> 	Record Response:	
203	<p>Did anyone help you understand or read the Paper SDM? If yes, who?</p> <ul style="list-style-type: none"> • <i>Partner?</i> • <i>Provider?</i> • <i>Sister?</i> • <i>Friend?</i> 	<p>[] Yes (Specify who):</p> <p>[] No</p>	
300	Review the paper SDM		
301	<p>Let's review the paper SDM now. Can I see your Paper SDM?</p>	<p>Check 1 response only</p> <p>[] Yes</p> <p>[] No (Specify why not):</p>	
302	<p>Can you explain to me how to use the paper SDM?</p> <p><i>Probing Questions:</i></p> <ul style="list-style-type: none"> • <i>What should you do when your period starts?</i> • <i>What do you do the next day?</i> • <i>What do you need to do</i> 	<p>Note to interviewer: Check when participant correctly mentions each aspect below. Note all other responses in the space below.</p> <p>[] Mark the red drop on the first day of the period</p> <p>[] Mark the next symbol each day</p> <p>[] When period arrives again,</p>	

	<p>every day?</p> <ul style="list-style-type: none"> • What does the [*] shape mean? (For each shape) • Which days can you get pregnant? • Which days don't you get pregnant? 	<p>start marking the next necklace <input type="checkbox"/> Other responses (<i>please note</i>):</p>
400	Clarity by section	
401	<p>Method Criteria What does this section say? Can you read it aloud to me? [INTERVIEWER: If respondent is not able to read the section aloud, read it aloud to her.]</p>	Record response:
402	<p>Can you repeat to me in your own words what you just read?</p>	Record response:
403	<p>Is the message easy to understand? Why or why not?</p>	Record response:
404	<p>Colors of the necklace image What does this section say? Can you read it aloud to me? [INTERVIEWER: If respondent is not able to read the section aloud, read it aloud to her.]</p>	Record response:
405	<p>Can you repeat to me in your own words what you just read?</p> <ul style="list-style-type: none"> • What does silhouette mean? • What does pink shading mean? • What does the red drop mean? • What do the brown circles mean? • What do you the white circles mean? 	<p>Record response: <input type="checkbox"/> silhouette: pregnant woman, the days where pregnancy is possible <input type="checkbox"/> pink shading: indicates days where pregnancy is possible <input type="checkbox"/> red drop: first day of period <input type="checkbox"/> brown days: pregnancy is unlikely <input type="checkbox"/> white days: pregnancy is not likely</p>
406	<p>Is the message easy to understand? Why or why not?</p>	Record response:
407	<p>Short /long cycle symbols What does this section say? Can you read it aloud to me? [INTERVIEWER: If respondent is not able to read the section aloud, read it aloud to her.]</p>	Record response:
408	<p>Can you repeat to me in your own words what you just read?</p>	<p>Record response: <input type="checkbox"/> Square: if period begins before the brown square, cycle is too short to use this method</p>

		<input type="checkbox"/> Triangle: if period starts after the triangle, cycle is too long to use this method <input type="checkbox"/> consult a provider
409	Is the message easy to understand? Why or why not?	Record response:
410	Step One What does this section say? Can you read it aloud to me? [INTERVIEWER: <i>If respondent is not able to read the section aloud, read it aloud to her.</i>]	Record response:
411	Can you repeat to me in your own words what you just read?	Record response: <input type="checkbox"/> Mark the red drop on the first day of period <input type="checkbox"/> Mark the date on the Paper SDM
412	Is the message easy to understand? Why or why not?	Record response:
413	Step Two What does this section say? Can you read it aloud to me? [INTERVIEWER: <i>If respondent is not able to read the section aloud, read it aloud to her.</i>]	Record response:
414	Can you repeat to me in your own words what you just read?	Record response: <input type="checkbox"/> Mark a cross in the next symbol each day <input type="checkbox"/> Mark in the direction of the arrow
415	Is the message easy to understand? Why or why not?	Record response:
416	Step Three What does this section say? Can you read it aloud to me? [INTERVIEWER: <i>If respondent is not able to read the section aloud, read it aloud to her.</i>]	Record response:
417	Can you repeat to me in your own words what you just read?	Record response:
418	Is the message easy to understand? Why or why not?	Record response:
419	Forget to mark the card What does this section say? Can you read it aloud to me? [INTERVIEWER: <i>If respondent is not able to read the section aloud, read it aloud to her.</i>]	Record response:
420	Can you repeat to me in your own words what you just read?	Record response: <input type="checkbox"/> what to do if I forget to mark the symbol

		<input type="checkbox"/> verify the first day of period as marked <input type="checkbox"/> count the days that have passed including today <input type="checkbox"/> starting with the red drop count the same number of symbols
421	Is the message easy to understand? Why or why not?	Record response:
500	Eligibility	
501	According to the paper SDM, who can track their cycles with this paper necklace?	Note to interviewer: Check when participant correctly mentions each aspect below. Note all other responses in the space below. <input type="checkbox"/> Women who have regular menstrual cycles, who get their period about once a month <input type="checkbox"/> Couples who communicate well <input type="checkbox"/> Other responses (<i>please note</i>):
600	Partner communication	
601	Have you shared your paper SDM with your partner?	<input type="checkbox"/> Yes <input type="checkbox"/> No (<i>Ask why not? Then skip to Q. 700</i>)
602	What does he think about the SDM?	Record Response:
603	Does he help to remind you to mark each day?	<input type="checkbox"/> Yes <input type="checkbox"/> No
700	The participant's card	
701	INTERVIEWER: Review the participant's SDM card. Has the participant marked the paper necklace?	<input type="checkbox"/> Yes <input type="checkbox"/> No
702	Do you remember to mark it every day?	<input type="checkbox"/> Yes <input type="checkbox"/> No (<i>SKIP TO Q 704</i>)
703	If yes, what are some of the things you did to help you remember to mark every day?	Record Response:
704	If no, what are some of the reasons that made it difficult to mark every	Record Response:

	day?	
705	What did you use to mark the paper necklace?	Note to interviewer: Check appropriate response below. <input type="checkbox"/> Pen <input type="checkbox"/> Pencil <input type="checkbox"/> Other (be specific)
706	Where do you keep your paper necklace?	Record Response:
707	What do you think about the paper SDM as a family planning method? <ul style="list-style-type: none"> • <i>Have you heard about any similar methods? What do you think about those?</i> 	Record Response:
708	What family planning methods do you plan to use in the future?	Record Response:
709	Do you have any other questions or concerns about the paper SDM?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please note them here:
Note to interviewer: Remind participant that she should not use the paper SDM as a family planning method at this time. If she is interested in using a family planning method similar to the paper version, she may contact her health provider to ask about CycleBeads or a similar method.		

Méthode des Jours Fixes®

La Méthode des Jours Fixes est une méthode de planification familiale naturelle et efficace. La méthode vous aide à connaître les jours où vous pouvez tomber enceinte. La méthode est efficace à 95% si elle est utilisée correctement. Si vous satisfaites aux deux critères, vous pouvez utiliser cette méthode. Essayez-la ici, et parlez avec votre prestataire de la Méthode des Jours Fixes.

- La Méthode des Jours Fixes est pour la femme qui a ses règles à peu près chaque mois.
- La Méthode des Jours Fixes est pour les couples qui communiquent bien et qui sont d'accord pour utiliser un préservatif ou éviter les rapports sexuels quand la femme pourrait tomber enceinte.

Cette image représente le cycle menstruel.

Si vos règles commencent APRES: ▲

- votre cycle est trop long pour utiliser cette méthode
- consultez votre prestataire

Si vos règles commencent AVANT: ■

- votre cycle est trop court pour utiliser cette méthode
- consultez votre prestataire

Premier jour de vos règles

JOURS MARRONS
La grossesse est peu probable. Vous pouvez avoir des rapports sexuels

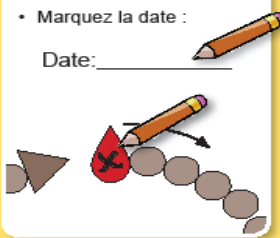
JOURS BLANCS
Vous pouvez tomber enceinte, utilisez les préservatifs ou évitez les rapports sexuels

La Méthode des Jours Fixes ne protège pas contre le VIH/ SIDA ou d'autres infections sexuellement transmissibles.

1. Première goutte:

- Marquez le premier jour de vos règles sur la goutte rouge
- Marquez la date :

Date: _____



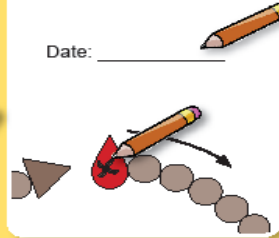
2. Chaque matin:

- Marquez une croix dans le symbole suivant, tous les jours même après les règles.
- Suivez la flèche



3. Quand vos règles arrivent encore, commencez à marquer la prochaine image

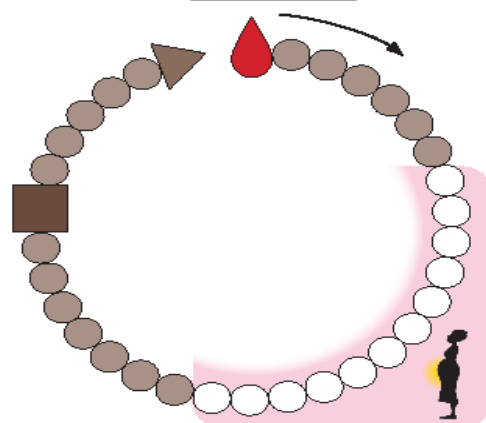
Date: _____



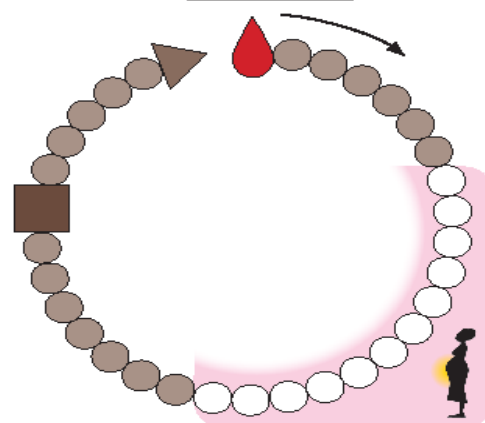
Que faire si vous oubliez de marquer?:

- Vérifiez le premier jour de vos règles
- Comptez les jours qui sont passés et ce jour-là aussi
- Commencez avec la goutte et marquez le même nombre de symboles

Date: _____



Date: _____



Si vous voulez plus d'information sur la Méthode des Jours Fixes, parlez avec votre prestataire aux centres de santé suivants:

APPENDIX 8: Summary of Paper SDM Distribution (Phase III)

Paper SDM Distribution			
	Ahogobohouè	Gbégamey	Total
Salon	249	867	1116
Kiosk	317	328	645
Total	566	1195	1761

APPENDIX 9: Intercept Interview Guide (Phase III)

Goals and Objectives:

The purpose of the intercept interviews is to explore potential client attitudes, beliefs, and experiences toward the paper SDM and the distribution channel. If respondents have used the paper SDM, additional questions will be asked regarding their attitudes and self-efficacy in using the paper SDM.

Sample:

Twenty interviews will be conducted with women who have just visited the distribution channel. Women who are visibly carrying the tool or meet the demographic for potential users of the tool will be targeted. Participants will be between the ages of 18-45. Participants will be recruited at different times throughout the day and on different days of the week to reduce bias.

Materials and Equipment:

- ✓ Final SDM card
- ✓ Interview guide
- ✓ Pen and paper for taking notes
- ✓ Consent form
- ✓ Participant profile form

Process:

The interviewer will:

- Give a brief introduction to the study
- Ensure that the participant understands and agrees to the consent form
- Proceed with conducting the interview, following the interview guide
- Take notes during the interview
- Write expanded field notes following each interview

Questions:

Part A. Warm-up.

1. Are you married?
2. How many living children do you have?

I would now like to ask you some questions about family planning methods.

3. Have you ever used a method to delay or prevent pregnancy? If yes, which?
4. What method are you currently using?
5. Do you plan to use family planning methods in the future? What method will you use?

Part B. Knowledge and Awareness of Paper SDM Tool.

6. Have you seen this before [show tool to respondent]? If yes, where?

7. What do you know about the tool?
8. Has anyone else told you about the tool? Who? (What have they told you about the tool? Do you know anybody using the tool? Who? What have you heard people saying about the tool?)
9. Is this a good place for this tool to be distributed? If yes, why? If no, why not? (Probe: Where may be a more suitable place for distributing such a tool?)

Part C. Use of Paper SDM Tool.

10. Have you used the tool?

If NO, move to question 11
If Yes, move to question 13

11. Would you use the tool in the future? Why or why not?
12. If NOT, What has prevented you from using the paper tool?

CONTINUE TO QUESTION 19

13. Do you plan to use family planning methods in the future? Which method will you use?

If respondent has used the tool, ask:

13. What do you think about the tool?
14. How comfortable are you using the tool?
15. Is there anything about the tool that is unclear or difficult to understand?
16. Who have you talked to about the tool?
17. What would you tell your friends about the tool?
18. Do you plan to continue to use the SDM using the paper tool? (Probes: How could you continue to use the method? Would you talk to your provider about this method? What about using CycleBeads?)

CONTINUE TO QUESTION 19

Part D. Knowledge of Plastic CycleBeads.

19. Have you seen something like this (the Paper SDM) before?
20. Are you familiar with CycleBeads?
21. Have you used CycleBeads before?

APPENDIX 10: Provider Interview Guide (Phase III)

Goals and Objectives:

The purpose of the in-depth interviews with the health providers is to explore the providers' experiences in counseling women on Standard Days Method (SDM), particularly those women transitioning from the paper SDM to CycleBeads.

Participant Profiles:

Up to six interviews will be conducted with health providers at the health clinics participating in the study. The health providers who participate in the SDM refresher training will be recruited to participate in the interviews. Approximately three health providers from health clinics in each of the intervention sites will be interviewed (final recruitment numbers depend on number of health providers at each site.)

Materials and Equipment:

- ✓ Interview guide
- ✓ Pen and paper for taking notes
- ✓ Tape recorder, tapes
- ✓ Stipend or gift for participants
- ✓ Consent form
- ✓ Participant Profile form
- ✓ Paper SDM

Process:

The interviewer will:

- Give a brief introduction to the study
- Ensure that the participant understands and signs the consent form
- Request permission to record the interview (if being recorded)
- Proceed with conducting the interview, following the interview guide

Questions:

With your permission, I would like to begin our discussion and turn on the tape recorder.

Interviewer: Turn on tape recorder. Ask participant to confirm they agree to be tape recorded

Part A. Warm-up.

1. How aware are health providers in Benin about the Standard Days Method and/or CycleBeads?
2. Are providers trained in SDM/CycleBeads?
3. In your opinion, do the majority of providers know and can offer the method?
4. Are midwives sufficiently informed to provide the method?
5. How about your neighbors and friends, do they know about the SDM and/or CycleBeads?
6. In this region or area, where can one get information about the SDM and/or CycleBeads.

Part B. From the point of view of providers. According to providers, what do they think about SDM/CycleBeads? What do they think about the Paper SDM and how well to they understand it? Also, what do they think, feel about the counseling required for this method?

7. Tell me about your experiences counseling women in Standard Days Method and using CycleBeads before the refresher training in October 2011.

Probe: Did women ask for SDM or CycleBeads before the training of October 2011?

- a. How long did a counseling session in SDM/CycleBeads last?
- b. What were the questions or concerns asked about the method?

8. Tell me about your experience counseling women in SDM/CycleBeads after the refresher training in October 2011.

Probe: Do women ask you for information about SDM or CycleBeads often? Do women come regularly come for counseling on SDM or CycleBeads?

- a. After the refresher training, how long did counseling session in SDM/CycleBeads last?
- b. After the refresher training, did the questions or concerns from women differ from before?

9. Do clients who ask for information about SDM/CycleBeads since the October 2011 refresher training mention or talk about the Paper SDM?

- a. If yes, did she use the Paper SDM?

Specify: Did she mark the Paper SDM? Have there been women who marked the 2 full cycles? Did she bring her Paper SDM with her?

- b. If no, did you ask if she had seen the Paper SDM? Why or why not?

10. Do you think that the Paper SDM raises awareness of CycleBeads, and facilitates family planning choices?

Part C. If it is clear to the provider that the user understands Paper SDM and/or CycleBeads well.

11. Let's talk more about the Paper SDM. Have you counseled any women who have used the Paper SDM?

12. In general, women who have come to see you with the Paper SDM, have they understood the Paper SDM? How accurately were they able to use the Paper SDM? Please give some examples.

- a. Were the majority of women literate?

13. What part of the Paper SDM do they understand the best?

- a. In your opinion, why are they the best understood?

14. What parts of the paper tool do they seem to have difficulty understanding?

- a. In your opinion, why are they difficult to understand?

15. What were the common questions among women seeking information about the Paper SDM?
 - a. Are the questions asked similar or the same to questions asked about SDM/CycleBeads?
16. Did women who talked to you about the Paper SDM like the tool? Why or why not?
 - a. What did they like about it?
 - b. What did they not like about it?
17. How did you teach them to use CycleBeads instead of the Paper SDM?
 - a. How did you make the link between CycleBeads and the images on the Paper SDM the client already knows?
18. Where did your clients find the Paper SDM?
19. Is [location] a good place to distribute this tool?
 - a. If yes, why? In no, why not?
 - b. Is there anything negative about that location?
 - c. Can you think of a more appropriate location?
20. Do you have any comments or other thoughts to share with me about the Paper SDM?

APPENDIX 11: Summary of Service Statistics from Pharmacies and Service Delivery Points (Public and Private Health Centers and Family Planning Clinics) (Phase III)

	Six months prior to intervention		Month 1	Month 2	Month 3	Intervention Total
Requests for information on family planning	71	Intervention	44	58	51	153
		Control	14	32	17	63
		Total	58	90	68	216
Requests for information about SDM/CycleBeads specifically	None reported	Intervention	13	31	20	64
		Control	4	14	6	24
		Total	17	45	26	88
CycleBeads sold	None reported	Intervention	14	5	1	20
		Control	0	4	0	4
		Total	14	9	1	24
References to the paper SDM during consultation	N/A	Intervention	16	11	2	29
		Control	0	3	2	5
		Total	16	14	4	34



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