

Feasibility

Most family planning programmes do not offer a natural method to their clients, primarily because the methods previously available are time-consuming and difficult for both providers and clients. Programme managers lack confidence in their effectiveness or feasibility under these circumstances. In contrast, only a few hours of training are needed for providers to learn how to counsel clients in the SDM, and clients can learn to use the method in a single counselling session of about 20 minutes (though continuation rates and successful use are improved by a follow-up session). The SDM requires no clinical examinations or procedures, and clients do not need to return to the clinic for resupply.

Expansion of options

Most SDM users are "new" to family planning. In studies conducted in several countries, 50-80% of women who chose the SDM had never used family planning before: Ecuador 60%, Honduras 50%, Peru 88%, Jordan/Benin 48%.⁴ Because of its special characteristics, the SDM tends to reach couples with unmet need rather than substituting for established methods.

Male participation

The importance of including men in family planning and reproductive health has been shown in programmes around the world.⁵ Because the SDM requires a change in the couple's behaviour, it necessarily involves the male partner. Studies in rural communities and urban settings indicate that, when men are given information on SDM, correct use increases and pregnancy rates are lower.⁶ Successful strategies include reaching men directly through home visits and community-based meetings as well as through the media, and providing women with materials and skills to communicate with their partners about the method.

Strategies for programme managers

Provide information on the method

Traditionally, women have learned about family planning methods primarily from relatives, neighbours, or friends. But in the case of the SDM, programmes need to start the flow of information and ensure its accuracy. In addition, research shows that potential family planning users often seek services already knowing which method they want, and that they are likely to use their method longer if they receive the one they initially wanted.⁷ So, provision of information about the SDM is an important step in expanding use.

Include men

With all methods of family planning, male-friendly services, community education, and helping women communicate with their partners can increase satisfaction and correct use.⁸ This is particularly true for the SDM. Correct method use relies on both members of the couple, because they need to abstain or use a barrier method for 12 consecutive days each cycle. Experience in a wide variety of settings shows that men can support SDM use in several ways -from assisting their partners with CycleBeads to the use of condoms on fertile days.

Avoid provider bias

When all methods are offered in an atmosphere of true informed choice, clients receive the method that best meets their individual needs and preferences. Provider bias is a factor in family planning programmes around the world, and many providers are reluctant to offer the SDM if they lack experience with it or are uncertain about

its efficacy. Studies in Honduras and Ecuador showed that, although provider training reduced bias against the SDM, supportive supervision was necessary to ensure that the method was offered equally with other methods.^{9,10}

Include the SDM in management information systems

Management information systems are a key source of data on programme performance, so it is important for managers to know how the addition of the SDM affects the method mix and number of clients. Programmes that calculate couple years of protection (CYPs) from their system data can attribute *two* CYPs for each new SDM client. As programmes are beginning to offer the SDM on a wide scale, studies are underway to assess its impact on contraceptive prevalence, methods mix, and attitudes in the community.

Resources

The Institute for Reproductive Health can supply training manuals, provider job aids, and descriptions of programme experience in many countries (www.irh.org). Information on CycleBeads is available from www.cyclebeads.com. A CD-ROM on the SDM is available from JHPIEGO as part of its ReproLearn Tutorial series at JHPIEGO.org/pubs/index.asp. The Institute for Reproductive Health also provides training and technical assistance to selected programmes. Additional information about the method is available in *Contraceptive Technology*, and in the *World Health Organization's Medical Eligibility Criteria for Contraceptive Use* and *Selected Practice Recommendations for Contraceptive Use*.

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