Expanding Access to Family Planning: Offering the Standard Days Method in Rwanda and Democratic Republic of Congo (DRC).

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The Standard Days Method of family planning (SDM), a fertility awareness-based method was developed by the Institute for Reproductive Health, Georgetown University through rigorous theoretical testing, field trials and operations research studies in multiple countries. The SDM is a simple method of family planning (FP) based on the fact that there is a "fertile window" during a woman's menstrual cycle—a window of days during which she can, with varying degrees of likelihood, become pregnant as a result of unprotected intercourse. For women whose cycles are usually between 26 and 32 days long, this window is from day 8 through day 19 (inclusive) of their cycles. Its use (and effectiveness) relies on avoiding unprotected intercourse during the fertile days of the woman's menstrual cycle.

SDM clients most often use CycleBeads, a color coded set of beads that represent the menstrual cycle, as a tool to facilitate method use. To use CycleBeads, the woman moves a rubber ring over one bead every day to visibly track where she is in her cycle. The beads are color coded to indicate whether the woman is on a fertile or an infertile day. The SDM can be used by a wide variety of women—as long as their menstrual cycles usually last between 26 and 32 days.

Data from Rwanda suggest a potential demand for the SDM. The 2000 Rwanda Demographic and Health Survey (DHS) report estimated unmet need for FP at 35.6% and found that 9% of women in union use some form of natural or traditional family planning, while only 4.3 % currently use modern methods. Prior to the genocide in 1994, modern FP use was over 14%, indicating a decline in access to family planning methods and services. Integration of the SDM could extend the range of effective FP options available to Rwandan couples.

Although data on population issues in DRC is limited, a qualitative study conducted in Kinshasa by the National University's School of Public Health in 2003 also indicates that there is a potential demand for the SDM in DRC. The report shows an interest in effective, low cost methods that do not have side effects. The USAID Country Health Statistical Report of March 2003 indicates that 98% of Congolese women in union do not use a modern method of FP. The Population Reference Bureau's 2004 World Population Data Sheets lists traditional method use in DRC as 31%. While data on unmet need for FP and demand for spacing methods is not available, the School of Public Health study findings indicate that attitudes toward FP are positive overall, although rumors and misconceptions about side effects abound and need to be addressed. In both Rwanda and DRC, knowledge of the woman's fertile period is very low, leading to incorrect use of periodic abstinence and subsequent pregnancies.

The SDM was introduced in Rwanda and the Democratic Republic of Congo (DRC) in October 2002 and July 2004, respectively. The Rwanda introduction was the first time the method was offered outside a study setting. Service statistics collected at 13 pilot sites in Rwanda between October 2002 and September 30, 2003 reported that 801 clients had chosen the SDM (96% of who were first-time family planning users), representing over 19% of new family planning users, and recorded only 12 pregnancies. Preliminary data suggest similar results from DRC, where 123 service providers and 64 community trained providers now offer the method and conduct awareness-raising in 50 sites.

A qualitative assessment was conducted in Rwanda in October, 2003 to identify sources of information about the SDM, identify what women and men knew about the SDM and how they learned it, explore how couples communicate about use of the SDM the way they manage and negotiate the fertile period, assess client satisfaction and success with the method, and determine provider attitudes and their experience offering the SDM.

The study used both interviews and focus group discussions (FGD) to collect information from female SDM users and their partners, unrelated male and female non-users, and SDM providers, supervisors and community health workers at 12 of the 13 sites where the SDM was offered. A total of 508 people participated in the study.

Results suggest that most women learned about the SDM from health providers or facilitators. Partners of women users learned about the SDM at community meetings and from the radio. Initially, most men were reluctant and even resistant to information provided by their wives and became convinced about the SDM only after meeting with a provider. It was easier for male users who learned about the SDM to convince their wives, than for women to convince their husbands.

From SDM users who participated in focus group discussions it was clear that key messages about the SDM were communicated to them and that they were largely understood. At the time of the assessment, one year after introducing the SDM, 99% of female users and 88% of male users interviewed were able to correctly identify when a woman is fertile (compared to only 9% correctly stating the fertile period in the 2000 DHS). Most non-users interviewed had heard about the method, and many also knew about its advantages. Non users knew that “a person can know when she can become pregnant” and that SDM “does not affect the body”.

Among most couples, women suggested the use of the SDM and men made the decision to use it. Before deciding to use the method, couples discussed their need to space births for health reasons, their economic circumstances, and the costs of education and medical care. They discussed other contraceptive methods, difficulties in their use and the side-effects they experienced. They also discussed the relative advantages of the SDM and how they would handle the fertile days. Ninety percent of women said that they and their husbands agreed not to have unprotected intercourse on the fertile days. This was confirmed by separate interviews with the husbands.

The majority of the couples using SDM felt that it strengthens marital relationships because it leads to dialogue between partners. The CycleBeads contributed to reduced misunderstanding about family planning, and contributed to planned sex that allowed them to avoid unwanted pregnancies. A small number of couples felt that the SDM not only improved the exchange of ideas between partners, but increased their trust and mutual respect.

Almost all couples interviewed in Rwanda found managing the fertile days easy (90% males and 95% females) When asked how they do so, 66 % of male users said they abstained, 19% used condoms, and 11% practiced withdrawal. Results for condom use were similar to those reported in service statistics; almost 20% of new SDM clients accepted condoms at the same time as the SDM. Twenty five percent of the women indicated that they sleep in separate beds during the fertile days, and a vast majority of respondents indicated a strong motivation to adhere to method guidelines due to their desire not to become pregnant.

Male involvement in the use of the CycleBeads also helps in managing the fertile days. Ninety-three percent of men are involved in practicing the method. They either move the black ring on the CycleBeads, or the wife moves the ring and the husband marks the calendar.

Most female users expressed satisfaction with the method. They liked it because it is easy to use, doesn't require frequent visits to health centers, doesn't have side-effects, and allows them to space births according to their preferences. They also felt that it is compatible with their religious beliefs. Their husbands voiced similar sentiments. Ninety seven percent of users interviewed indicated that they planned to continue using the method for the next three months, and 95% said they planned to continue use for the next year. The women also reported that their husbands agreed. Service data collected at all service sites one year after SDM introduction showed that only 4.6% of women discontinued use of the method.

Male users liked the SDM because it is simple and easy and because illiterates could easily use it. Most users also found the CycleBeads to be a good tool to help them use the method.

The major criticism of the method is that it cannot be used by women whose cycles fall outside the range of 26- 32 days, and that some men would find 12 days of abstinence too long, although those interviewed did not themselves find this problematic.

Of the 16 women in Rwanda who reported becoming pregnant while using the method, 15 reported knowingly having unprotected intercourse on a fertile day. Reasons for stopping SDM use were varied; of the 14 women interviewed who reported discontinuation, half (7) had 2 or more cycles of our range, while the remainder cited family reasons such as unsupportive partners or changes in marital or living arrangements.

Most providers had positive experiences with the SDM and felt that what they had learned enabled them to provide good quality services to the community. For many, offering the SDM increased their workload though they supported continuing to offer it. Some providers were compelled to use health facilitators or untrained providers because they lacked time for counseling and follow-up. Slightly more than a quarter of providers (28%) felt they had difficulties teaching the SDM to clients and a number, particularly facilitators, did not feel comfortable discussing sexuality.

Health facilitators also had positive attitudes about including the SDM in their work. Most health facilitators decided to use the method themselves after learning about it.

In conclusion, the SDM, one year after its introduction in Rwanda, was found to be well accepted, culturally appropriate and in high demand. Most couples had no trouble managing the fertile days and its use helped improve communication and mutual trust. Providers also had a positive reaction to the method. In addition continuation is high. While service delivery only recently started in DRC, interest at all levels indicates that results will be similar; service delivery groups not initially involved in the program have requested training, media interest is high, and all indications from initial community mobilization done by partners are that the SDM will provide an important addition to the FP method mix. Service data now being collected will provide further evidence of the SDM's role in increasing access to family planning in the DRC context.