

# **Evaluation of the Acceptability of the Standard Days Method<sup>®</sup> in the Democratic Republic of Congo: EXECUTIVE SUMMARY**



Submitted by:  
The Institute for Reproductive Health  
Georgetown University  
February 2008

© 2008. Institute for Reproductive Health, Georgetown University

**Recommended Citation:**

Evaluation of the Acceptability of the Standard Days Method® in the Democratic Republic of Congo: EXECUTIVE SUMMARY. February 2008. Washington, D.C.: Institute for Reproductive Health, Georgetown University for the U.S. Agency for International Development (USAID).

The *Institute for Reproductive Health* with Georgetown University in Washington, D.C., is a leading technical resource and learning center committed to developing and increasing the availability of effective, easy-to-use, natural methods of family planning.

The purpose of the AWARENESS Project was to improve contraceptive choices by expanding natural family planning options and developing new strategies and approaches to increase the reproductive health awareness of individuals and communities in developing countries.

This publication was made possible through support provided by the United States Agency for International Development (USAID) under the terms of the Cooperative Agreement No. HRN-A-00-97-00011-00. The contents of this document do not necessarily reflect the views or policies of USAID or Georgetown University.

**The AWARENESS Project**

Institute for Reproductive Health  
Georgetown University  
4301 Connecticut Avenue, N.W., Suite 310  
Washington, D.C. 20008 USA  
Email: [irhinfo@georgetown.edu](mailto:irhinfo@georgetown.edu)  
URL: [www.irh.org](http://www.irh.org)

# Evaluation of the Acceptability of the Standard Days Method® in the Democratic Republic of Congo: EXECUTIVE SUMMARY

## 1. INTRODUCTION

Georgetown University's Institute for Reproductive Health (IRH) and its partners introduced the Standard Days Method® (SDM) in the Democratic Republic of Congo (DRC) in 2004, beginning with health centers and pharmacies in the province of Kinshasa. IRH's partners included the National Reproductive Health Program, Action Santé Familiale/Population Services International, Catholic Relief Services, and Conduite de la Fécondité.

In 2006, IRH contracted a local research organization, Bureau d'Etudes Médicales (BEM) to conduct a qualitative and quantitative study to determine the degree of SDM integration into family planning services. The study explored issues related to choice and use of the SDM, intra-couple communication, sources of SDM information, client satisfaction, service provider and community animator attitudes and experiences, and suggestions for improving informational campaigns and services.

## 2. METHODOLOGY

The study included focus group discussions with SDM clients, providers, and community animators, as well as individual interviews with providers, animators, female clients, and their partners. All service providers and animators had received SDM training. Users and service providers were chosen at random from lists provided by organizational partners.

**Table #1: Sampling**

Target Group	Method	Number
Service Providers	Interview	46 (randomly chosen from the four partner organizations)
	Focus Group	2 groups (mixed*, 8 persons per group)
Community animators	Focus Group	2 groups (mixed, 8 persons per group)
Male clients	Focus Group	2 groups (8 persons per group)
Female Clients	Focus Group	2 groups (8 persons per group)
	Interview	97 clients, selected at random
SDM users who had become pregnant	Interview	4 pregnant users

\*providers and animators had all been trained in the SDM and worked in clinical services, CycleBeads sales, or at the community level

## 3. RESULTS

### 3.1 SDM Users and their Partners

#### ***Socio-demographic characteristics of clients***

The majority of clients interviewed were married (93.8%), Christian (Evangelical, 47%; Catholic, 22%; or Protestant, 21%) and had some secondary education (49%), had completed secondary (19%), or had professional training (12%). Users had an average of five children.

# **Evaluation of the Acceptability of the Standard Days Method® in the Democratic Republic of Congo: EXECUTIVE SUMMARY**

## ***Previous use of family planning by couples using the SDM***

Both the survey and the focus groups highlighted that almost all (85%) had previously used some other form of family planning (calendar, abstinence, condoms, and withdrawal, in descending order), demonstrating both interest and willingness to plan births.

## ***Knowledge and use of the SDM***

Users reported that the SDM was easy to learn and use. No matter what the user's educational level, 93 percent of those interviewed correctly placed the ring on the red bead to mark the beginning of the menstrual cycle and 69 percent knew how to mark the first day of the cycle correctly in a calendar, when asked. Yet, 33 percent of clients who had not completed primary school made mistakes with ring placement. This might be due to this group's poor understanding of French, the language in which instruction is typically given. In addition, 82 percent spontaneously reported the ability to manage sexual relations on fertile days and most (90%) correctly identified safe days to have unprotected sex.

## ***Discontinuation and pregnancy during SDM use***

Of the four reported pregnancies, explanations were intended pregnancy, irregular period, and the failed use of withdrawal to avoid pregnancy during the woman's fertile days. There were no cases identified of women discontinuing the SDM.

## ***Couple Communication***

Eighty percent of users report easy communication with their partner about SDM use, while only 7 percent said it was difficult. Managing the fertile days was easy for 77 percent of women and 67 percent of their partners; 8 percent of women found it difficult, while 16 percent of male clients did. Women report that the SDM allows couples to discuss when they can have relations (63%), versus 9 percent who cannot discuss this. The opinion of the woman about when to have sex is always taken into consideration in 74 percent of cases. Most women report: being at ease discussing sex (82%) or family planning (72%) with the partner; being always satisfied with sexual relations with their partner, once consent is given (89%); and that their partner is fully involved in SDM use (86%). Nevertheless, 50 percent report the partner wanting to have sex on fertile days, when the woman did not. When asked what they do in this situation, 57 percent had no response, while others mentioned condoms (11%) and withdrawal (10%). No one mentioned hormonal contraceptives. The majority (88%) would recommend the SDM to someone else, in order to spread SDM use (43%), because CycleBeads are a useful FP aid (10%), and because the SDM has no side effects (8%).

## ***Client and provider information sources***

SDM training and refresher sessions offered by IRH and its service delivery partners were the primary source of SDM information for service providers and animators. Service providers, animators, and health educators are the most important source of both information and instruction for clients. Animators were another source of client information, while the great majority of male clients learned about the method from their

# Evaluation of the Acceptability of the Standard Days Method® in the Democratic Republic of Congo: EXECUTIVE SUMMARY

spouse. Many users noted that static SDM expansion is largely due to lack of media support to raise awareness with potential clients. Most had never heard an SDM message on TV or radio.

## **Client Satisfaction**

Virtually all (99%) respondents were very satisfied with the SDM, primarily due to its lack of side effects and how easy it is to learn to use. Despite challenges clients faced in managing the fertile days, providers reported that the method is popular and easy to use. Clients tell them the SDM helps with good birth spacing, marital harmony and dialogue, and the couple's relationship. The only constraint to acceptability mentioned to service providers by clients is failure to meet eligibility criteria, which is a disappointment to interested couples.

*For me, the first thing is that the SDM let's us space our births. What's more, the SDM has made the love grow between me and my wife. I've determined that my wife loves me more now.- Male SDM User*

## **Client perception of the quality of SDM services**

Almost half (45%) of clients returned to see the provider after initiating SDM use. Of these, 39 percent cited a scheduled visit, while the rest had no stated reason. Users consider service providers well trained in the SDM, with 89 percent of users stating it is important to continue offering the method at the interview site.

## **Intention to continue use**

Fully 96 percent of respondents planned to continue using the SDM because it is a natural method without side effects and allows birth spacing. Partners (94%), as reported by women clients, also wish to continue with the method.

## **Use of CycleBeads**

Almost all clients said the use of CycleBeads is easy to learn (95%) and to implement (96%), including moving the ring each day (84%). Reasons cited are that CycleBeads make it easy to understand the method, they are natural, and they do not require calculations. Fully 80 percent thought partner collaboration on use of CycleBeads is easy to achieve.

## **3.2 Service Providers and Animators**

### **Provider Satisfaction**

Service providers were generally positive about offering the SDM as an additional contraceptive option for couples and found it easy to understand and use, both for them and their clients. Nevertheless, most providers in the focus groups stated they are not compensated to offer the method and, as it requires time to explain, this lack of compensation is demoralizing. Providers, and particularly animators, reported strengthened ties with the couples they serve. Animators reported an elevation in their status in the community, where they have become "stars" and have enhanced respect.

### **Difficulties offering the SDM**

- Lack of collaboration with superiors on management of project funds

# Evaluation of the Acceptability of the Standard Days Method® in the Democratic Republic of Congo: EXECUTIVE SUMMARY

- Lack of financial support for visiting users at home
- Eligibility criteria prevent some women from using a method they like
- Weak awareness-raising impedes expansion of method use
- Lack of confidence of some couples in their ability to manage 12 fertile days per month
- Lack of compensation for service providers and animators

## ***Attitudes about expanding the SDM to the national level***

Providers and animators felt the method is well accepted, by everyone, including the churches, posing no obstacles to national expansion. They recommend that planners:

- Produce a version of CycleBeads for women whose cycle is outside the 26–32 day acceptable range.
- Produce a version of CycleBeads for women with variable cycles.
- Translate supportive materials into all popular languages, update the calendar, and put a pen or pencil and several reserve rings in the user's kit.

## ***Price of CycleBeads***

Providers and animators find the current cost of 450 FC (US\$1) prohibitive for some and recommend a price of 250 FC (US\$ 0.56) or a sliding payment scale, according to the means of the couple. They do not recommend distributing CycleBeads free of charge, as this would devalue the product and not contribute to cost recovery and sustainability.

## ***Availability and sales points***

Some providers felt CycleBeads should not be provided in commercial pharmacies, as these are profit-making businesses and might sell the method to those not meeting eligibility criteria or fail to take enough time to properly explain the method to clients. These concerns are echoed by the research team in their analysis, citing the problematic lack of compliance with current service standards in the private pharmacy sector in DRC.

*“You can sell CycleBeads in health centers, pharmacies, churches, parishes, or any place the client can get the necessary explanations about the method.” -SDM Service Provider*

## **4. CONCLUSION**

The SDM is acceptable to and appreciated by clients and providers, primarily because it is a natural method that has no side effects and is easy to learn and use. The main difficulties encountered include management of the 12 fertile days per month, whether through withdrawal, abstinence, or condom use. Lack of media support to raise awareness of the SDM and available services impedes expansion of the method throughout the country. Both clients and providers support the expansion of SDM availability in multiple outlets throughout the country.