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*Executive Summary*

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## EXECUTIVE SUMMARY

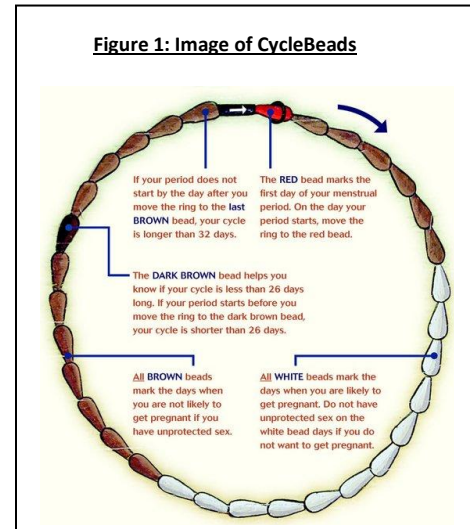
### Background

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<sup>®</sup> (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<sup>®</sup> – a string of colored beads – which is used as a supplementary visual tool (see figure 1) to facilitate teaching, partner communication, and simplify the use of SDM. SDM has the potential to expand contraceptive prevalence since it can bring new users to family planning, can be offered in clinics or community-based programs, and CycleBeads are 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 struggles with 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 if this FP method could be more widely distributed directly to the consumer using a paper-based version of SDM (paper SDM). A paper SDM has previously been tested by IRH 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 (see figure 2). 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 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 of 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 (shown in figure 2) 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 uptake of SDM.

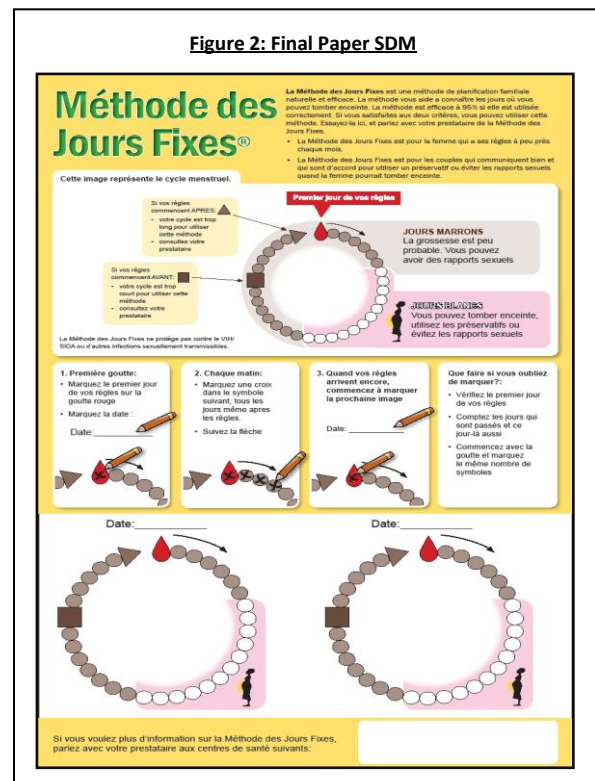
## Methods

Approval for the activity was obtained through the Institutional Review Board (IRB) 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 the 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 for 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 for per diem. The first IDI sought to determine how well each woman had understood the information, 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 send potential clients seeking more information. Quantities of the paper SDM disseminated from each establishment were tracked by the 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 generalizability of 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 around 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 that it has no side or health effects, is natural and simple, and it cost 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 eligibility<sup>1</sup> for SDM use. While there was recognition that a certain level of literacy is needed to understand the paper SDM, both providers and

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<sup>1</sup> Eligibility refers to the medical eligibility criteria for correct use of SDM which are (1) Regular periods that come about a month apart, and (2) Couples who communicate well and can manage the fertile days.

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, 1761 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 loud speaker 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 users 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, barriers were that 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 will 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:

- There was 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, there were 88 requests for information 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 their 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 promotion 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 include:

- Consider loud-speaker 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 (CAME) and Population Services International/Association Béninoise de Marketing Social et la communication pour la santé (PSI/ABMS).

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