

Qualitative Assessment of the Incorporation of the Standard Days Method into a Community-Based Program in Sitapur:

A Focus on Male Involvement



Prepared by:
CARE India
Udita Das
Prof. Deoki Nandan

Submitted by:
The Institute for Reproductive Health
Georgetown University

October 2004

Support from the United States Agency for International Development (USAID) enables the Institute to assist a variety of international institutions, both public and private, to introduce and expand SDM services.

The Institute offers technical assistance and support to organizations and programs interested in providing the method. For more information, please contact us at irhinfo@georgetown.edu or visit our website, www.irh.org.

Supported by the United States Agency for International Development under
Cooperative Agreement HRN-A-00-97-00011-00

TABLE OF CONTENTS

Acknowledgements	ii
Executive Summary	iii
Map of India	vii
I. Background	1
II. Methodology	1
III. Observations	5
A. In-depth interviews with female and male acceptors	5
B. In-depth interviews with female and male drop outs/failures	11
C. In-depth interviews with female and male volunteers	16
D. Focus Group Discussions	21
IV. Conclusions	28
V. Recommendations	31

ACKNOWLEDGEMENTS

We would like to acknowledge the participation of Dr. Loveleen Johri and Dr. Panwar of CARE India for their participation in the design and conduct of this qualitative evaluation. We would also like to express our appreciation of the efforts of Chaitali Chattopadhyaya and Sadhna Chowdhery from the Sitapur, CARE in facilitating data collection. The operational support provided by Cedric B. Finch and Prabhakar Sinha from CARE India is also acknowledged.

Finally, we would like to thank all of the supervisors, providers and community members who graciously shared their experiences and opinions with us.

EXECUTIVE SUMMARY

Operations research was conducted by CARE India in two identified blocks of Sitapur (U.P.) in collaboration with the Institute of Reproductive Health at Georgetown University in order to study fertility awareness and the Standard Days Method (SDM). The intervention attempted to empower women by increasing their knowledge of their bodies and menstrual cycle, and by increasing couple communication. It also aimed to overcome male resistance, and involve men in using a method that requires active couple participation. The study examined the feasibility of incorporating the SDM into community-based reproductive health programs.

The operations research study which was implemented over a 2-year period was designed to assess the feasibility and acceptability of incorporating the SDM into community-based programs. The study was also designed to assess the impact of increasing fertility awareness in relation to different family planning methods.

CARE and IRH hired two consultants to document and evaluate the process of the OR study. This evaluation used qualitative research tools using focus group discussions and in-depth interviews to determine the community's perception. The study also examined the community's perception of the different service delivery strategies implemented, i.e. only female providers providing information in the traditional block, and both male and female providers in the experimental block. In the study, female and male acceptors, female and male drop outs/failures, and female and male volunteers were interviewed to learn their opinion on SDM and fertility awareness.

The participant responses were tape-recorded and later transcribed to English and analyzed based on the identification of specific themes. The focus group findings were analyzed thematically using qualitative research tools.

The salient findings of this study are as follows:

- Participants were aware of the SDM in addition to other commonly used family planning methods. Project staff has been an important source of information along with other channels of communication (television, radio, wall writings) and other community members.
- Most of the users were satisfied with this method, and they considered it easy to use, free of side effects, and involved no recurrent expenditure. Even the drop outs/ failures claimed to have stopped using SDM because they wanted a pregnancy or when the method was discontinued by mistake (e.g. when the wife or husband was away from home and could not maintain the calendar). Since the introduction of SDM, there has been a reduction in condom usage since they are used only during the fertile days. This is also a point of satisfaction for many users, since storing and disposal of condoms is difficult.
- Many users reported that the SDM contributed to new ways of intimate and emotional bonding between the couple. This bonding ranged from the couple going out and doing things together on abstinence days to increased touching and caressing, especially during abstinence days.

- Women gained confidence and felt empowered by knowledge of their bodies and menstrual cycle.
- Most of the respondents were unable to state any disadvantages of the SDM and were eager to continue using it in future. However, some problems mentioned by drop outs/failures included out of range cycles, problems in abstaining, inability to understand the method, and inability to follow the method due to lack of mutual trust.
- The most common method adopted during the fertile days was abstinence. Most couples did not seem to experience any problems, and in cases when they could not abstain, they used the condom to prevent pregnancy. Previously condoms were used for the entire month (although usually use was inconsistent), now they are being used only during the 12 days of the fertile period.
- Most men were aware of the need to be careful during the woman's fertile days, but only a few men actually knew their wife's fertile days. Most men relied on their wives to tell them, reflecting the fairly detached nature of male involvement even though most men stated that they are equally involved and that they remind their wives to maintain the calendar. It was also revealed that community members increased their knowledge of the woman's fertile and infertile days after the SDM was introduced.
- All SDM users considered abstinence better than using other methods of contraception. In their opinion they didn't experience any problem with abstinence—nor did their spouse. The women stated that their husbands would often use condoms during the fertile days. However, both men and women expressed satisfaction with being able to have unprotected sex during the safe period. One female acceptor stated, "Earlier we would end up having protected sex all the time, unless we wanted children. Knowledge of safe and unsafe periods with the SDM has been liberating!"
- In the experimental block (Mishrikh), men learned about the SDM from project staff during village-level meetings. Therefore, they were found to be more informed and interested in the method than those in the traditional block (Khairabad)—where men learned about SDM from their wives or other village people. Almost all respondents in both blocks felt that the presence of both male and female providers minimized resistance and information gaps and helped involve men directly in the process.
- Most couples started using the SDM because of their wives' insistence. Women were more concerned about FP methods since they have to suffer and deal with the problems related to repeated pregnancies and childbirth.
- During in-depth interviews, men reported that both the husband and wife decide jointly whether to use a family planning method and which method to use. However, in the focus groups discussions with both men and women and the in-depth interviews with women, it was revealed that most of the time it is the woman who initiates use of a method and they then convince their husbands. On the other hand, the decision whether or not to have sex is almost always made

by the husband, and if wives are not interested then forced sex is common. However, following the introduction of SDM, wives were better able to communicate with their husbands about their fertile periods and the need to use a condom.

- Most of the respondents were interested in promoting the use of SDM among other community members, and they stated that the community should be informed by conducting meetings and involving volunteers. They also emphasized the use of other channels of communication such as television, radio, wall writings, and use of folk media, such as nukkad natak (street theatre) and fairs etc. They also mentioned that Anganwadi workers and ANMs could also play an important role in promotion.
- According to the volunteers that were interviewed, group meetings and volunteers played a major role in informing the community about the SDM, and they also followed up with users to help solve their problems. They stated that most users did not face any problems using SDM, while non-users considered it difficult and ineffective. They agreed that the SDM requires care and cooperation by both husband and wife. However, even volunteers felt that for women with cycles out of the range, their only option is to drop out. They also stated that husbands don't usually have problems abstaining during fertile days, and if they desire to have intercourse then they use condoms.
- Volunteers stated that both men and women are equally involved in decisions about sexual intercourse (with men taking the initiative) and use of family planning method (with women taking the initiative). They felt that communication between the couple improved and now that women are aware of their fertile and infertile days, they can inform their men accordingly. In their opinion, SDM has been successful in increasing the couple's sense of security and has improved their relations since they no longer have a fear of pregnancy.
- In general, it was concluded that the SDM was appreciated and well accepted by the community, and that it can be promoted through properly planned activities and follow-up and problem-solving for users by providers and volunteers. This method can be successfully incorporated into family welfare programs and other community-based reproductive health programs. Some differences were noticed in the traditional and experimental blocks. When information on the method was provided only to women by female volunteers, husbands were left out of the process. In the experimental block, Mishrikh, husbands were informed and motivated by male volunteers, and therefore they found it easier to participate actively in the process.
- Both male and female providers and community-based volunteers were important for disseminating information on the SDM and helping couples make an informed decision about family planning. However, some issues such as information on the fertile period, women with cycles out of the range, and proper tracking of the fertile calendar require strengthening.

- Although there has been a remarkable increase in male participation with the use of SDM, women are more involved in the method. There is a need for intensive male partner participation in a method like SDM.

I. BACKGROUND

In collaboration with the Institute of Reproductive Health, CARE India has conducted an operations research study to assess the effect of increasing knowledge of fertility awareness and the Standard Days Method (SDM) in reproductive health programs.

This operations research was undertaken in two selected blocks of Sitapur (U.P.): Mishrik (Experimental) and Khairabad (Traditional). In the experimental block, both male and female providers were involved in project activities including both the wife and husband. In the traditional block, only female providers were involved, and they worked primarily with the women. After approximately two years of implementation, the evaluation was designed to measure the outcome. This is the evaluation report of acceptors, drop outs/ failures and volunteers which was conducted using focus group discussion (FGDs) and in-depth interviews.

Objectives of Operations Research Study:

1. Test the incorporation of the Standard Days Method into CARE's reproductive health programs in Sitapur.
2. Compare the effect of providing information and counseling on the SDM to women alone, versus providing counseling to men and women.
3. Determine whether male and female community volunteers can successfully teach the SDM.
4. Assess how women/couples use the SDM, and whether they use withdrawal, barrier methods, or abstain during the fertile days.
5. Explore user satisfaction, effectiveness, and continuation rates of the SDM in a community reproductive health program.
6. Measure the impact of the provision of the SDM on basic fertility knowledge and the use of other methods in Sitapur.

II. METHODOLOGY

Qualitative analytical tools have been used to evaluate the SDM intervention conducted as part of CARE-India's operations research in two blocks of Sitapur. Focus group discussions were conducted with acceptors and in-depth interviews conducted with acceptors, drop outs/failures, and volunteers.

Time Period:

The field research was conducted in April 2004.

ANALYTICAL TOOLS

A) Focus Group Discussions:

FGDs were conducted among the homogenous group of female/male acceptors (in the age group of 25-45 years). The group was recruited with the help of CARE's staff and an in-depth discussion was conducted on different issues. The participant's responses were noted as well as tape recorded for ease in transcription and analysis.

B) In-depth Interviews:

Acceptors, drop outs/failures, and volunteers were identified with the help of project staff, and they were interviewed according to the schedule covering all the relevant issues. These interviews were noted down as well as tape recorded.

One in-depth interview of a male acceptor in Khairabad and one interview of a male drop out/ failure in Misrikh were rejected and not included in the final analysis and reporting, since they did not fulfill the selection criteria.

Detail of the Research Sample

Activity	Experimental Block Mishrikh	Traditional Block Khairabad	Total
Focus group discussion (Male group)	Village Atawa	Village Mubarakpur	4
	Village Madhari	Village Ashrafpur	
Focus group discussion (Female group)	Village Nai Basti	Village Madhuapur	4
	Village Madhari	Village Parseera	
In-depth Interviews (Male)	Acceptors – 2	Acceptors - 2	4
	Drop outs / Failures - 2	Drop outs / Failures - 2	4
	Volunteers – 2	Volunteer - 0	2
In-depth Interviews (Female)	Acceptors – 2	Acceptors - 2	4
	Drop outs – 2	Drop outs - 2	4
	Failures - 2	Failures - 3	5
	Volunteer - 1	Volunteers - 2	3

Data Management and Analysis:

Focus group discussions and in depth interviews conducted during the field work were tape-recorded (in addition to taking notes), which were later transcribed to English and analyzed according to the principles of thematic analysis.

Since the overall numbers of interviews were few, the findings should not be expressed as a percentage or using any other semi-quantitative method. For this reason, a thematic analysis was considered appropriate.

The relative importance of issues was based on evaluation objectives. Individual responses were measured on the basis of themes. Other responses were ignored if they were not associated with the evaluation objectives.

Following themes were identified for defining the observations of in-depth interviews and focus group discussions:

1) Female/ Male Acceptors:

1. Awareness of family planning methods
2. Source of information for family planning methods
3. Source of information for use and availability of condoms
4. Present and past practice of family planning methods
5. Reasons for adoption of family planning method
6. Source of information for SDM
7. Reasons for adopting SDM
8. Opinion regarding advantages and disadvantages of SDM
9. Reason for superiority of SDM over other methods (used or known)
10. Experience sharing with other people using SDM
11. Source of information and opinion on abstinence during fertile days
12. Problems faced during abstinence and solutions
13. Problems encountered in using SDM
14. Role of provider in SDM adoption and during any problem with use
15. Need for male and female volunteers
16. Opinion and use of withdrawal method
17. Opinion on best method during fertile days
18. Participation issues:
 - a. Cooperation provided to spouse in following SDM
 - b. Knowledge of fertile days
 - c. Decision-making for using any family planning method, for having sex and using condom during fertile days
 - d. Status of women in family (and community)
 - e. Any perceptible change in these issues after using SDM
19. Whether they would like to continue with SDM in future and reason
20. Suggestions for improving SDM usage
21. Opinion on television and other local communication

2) For Drop outs and Failures:

(In addition to those listed above)

22. Reasons for discontinuing SDM and the problems encountered
23. Whether they faced the problem of cycles being out of range and how this was managed
24. Decision-making for discontinuing SDM
25. Method adopted after SDM, source of its information and reason for its use
26. Spouse participation in SDM and new method (if used)

3) Volunteers

1. Reason for participating in this project (based on previous work and interests)
2. Preparatory activities at inception of project
3. Role as volunteer in the project and activities undertaken
4. Family planning methods commonly used in the village and source of information for village community
5. Source of information for the community on SDM
6. Role played in motivating couples and solving their problems
7. Opinion regarding the need for both male and female volunteers
8. Regular contact and experience sharing with couples using SDM (follow up)
9. Suggestions for improving follow up
10. Opinion on common problems faced by couples in using SDM and how could they be tackled
11. Opinion on the usage, availability and source of information for condoms
12. Knowledge of other family planning methods (their merits and demerits)
13. Male participation in SDM
 - a. Decision-making on usage of family planning methods, having sex and using condom during the fertile days
 - b. Decision-making to adopt or discontinue SDM
 - c. Problems faced in abstinence during the fertile days
14. Suggestions for improving SDM usage
15. Opinion on television and other local communication

These themes were utilized for the analysis of focus group discussions as well as in-depth interviews. Observations based on these themes were further compared between experimental and traditional blocks.

III. RESULTS

A. In-depth Interviews with Female and Male Acceptors

No.	Theme	Experimental Block - Mishrikh (4 respondents)	Traditional Block - Khairabad (4 respondents)
1	Awareness of FP methods	Condom, Nirodh, Mala D, Goli (tablet) Copper T, tubectomy, vasectomy, SDM, Operation (sterilization) Withdrawal: Mentioned by women	Condom, Nirodh, Mala D, Goli (tablet), Copper T, tubectomy, vasectomy, SDM, Operation (sterilization) Withdrawal: Mentioned by women
2	Source of information on FP methods	AWW, ANM, media (radio/television), Project staff, Extended family	Project staff, books, ANM, spouse, media (radio/ TV/ Newspaper/ Wall writings), Extended family
2.1	Person, place approached for FP methods	AWW, ANM, village doctors, hospital, Project staff, volunteers	Government doctor, ANM, village volunteers, Project staff
3	Source of information on condoms	ANM, village people, wall writings	Meetings in village, project staff One men claimed that he had never used condom
3.1	Availability of condoms	Easily available	Easily available
3.2	Source of getting condoms	ANM, hospital, shops, village volunteers	ANM, village volunteers, shops, project staff
4	Present practice of FP	SDM for last 1 1/2 to 2 years	SDM for last 1 1/2 to 2 years One man claimed to be using it for 3 years

4.1	FP method used in the past	Yes – nirodh, condom, copper T and Mala D No – A few said they had used none	Copper T, condom No method: abortion if pregnant (2-3 times)
5	Reason for adopting FP method	For preventing pregnancy	Condom easily available, for preventing pregnancy
6	Source of information for SDM	Female worker (CARE), village volunteer, village meetings	Project staff, wife
7	Reasons for adopting SDM	Easy to use, minimal or no expenditure, no need to eat anything which could have side effects like hot flushes and excessive bleeding, difficulty in conceiving, Copper T is intrusive and can hurt	There is no need to eat anything, oral pills cause heat, condom is a dirty affair, Copper T cause stomach swelling and bleeding
8	Advantages of SDM	Easy to follow and control child birth, there is no need to take tablets, easy solution, know what is happening in my body, lead to regular menstrual cycle as well, “can enjoy unprotected sex on the safe days”	Easier method, no need to eat anything, prevents pregnancy, easy solution, know what is happening in my body, has lead to regular menstrual cycle as well
8.1	Disadvantages of SDM	No problem with this method	No problem
9	Reason for superiority of SDM over other methods	Abstinence is to be followed in SDM, nothing to insert or can tear, one respondent’s sister in law got pregnant due to condom tear, don’t need to visit the doctor, no expense and keeps one informed of the menstrual cycle No response	Copper T can cause gas or excessive bleeding, Mala D causes dizziness, Condoms may rupture leading to unwanted pregnancy, “I don’t like condom and my wife doesn’t like Mala D”
10	Experience sharing with other people using SDM	Other people in village also use this method, share experiences with other people	Other people in village use this method, sharing experiences with other people

10.1	What is shared with other people	Tell other people to adopt this method as this is good	Tell that there is no problem in adopting this method
11	Source of information on abstinence in fertile days	Project staff; village volunteer	Wife, female worker, project staff One male did not seem to know about this
11.1	Opinion on abstinence during fertile days	No problem in abstaining during fertile days, cooperation of both member is required, can use a condom	No problem in abstaining, if there is desire use condom
11.2	Opinion regarding better method (abstain or not)	Those which require abstinence Both are good at times	Those which require abstinence
12	Problems faced during abstinence (by husband)	Yes - it feels bad No - the wait makes it even better	No Yes- can't stay without having relation so have never abstained instead use condom
12.1	Problems faced during abstinence (by wife)	Yes - she has to kill her desire No - husband often teases, has your ring moved? Sometimes the couple may even go out and do things together	No - I could do with abstaining for more days! Have never abstained, use condom
12.2	Solution to problems faced during abstinence	Keeping patience and self control Don't used condom	Have self control
13	Problems faced in using SDM	None	None
14	Role of provider in SDM adoption	Explained about the method, explained method to both husband and wife, initially needed persuasion but once figured the logic of it, was completely convinced	Explained wife about the fertile and safe days, Was told that this is a good method & beneficial, needed to persuade husband
14.1	Provider talked with couple on SDM	Yes, regarding the use of SDM and that it is beneficial	No spoke only with the wife

14.2	Information given by provider to spouse	Yes, wife is able to use it, wife explained to me so we adopted	Yes, she has told wife and wife explained to me about FP methods, danger and safe days
14.3	Role of volunteer in solving problems faced in SDM	To persuade to use the method as also familiarizing the women with it needed a lot of support from the volunteer	To persuade to use the method as also familiarizing the women with it needed a lot of support from the volunteer and it was all the more important as men were not a part of the group
15	Need for male and female providers	Yes	Yes No - female is better no need for males
15.1	Reason for male and female providers	Women can talk freely with women and men with men, this leads to enhanced couple participation	Women can talk freely with women and men with men, this will lead to enhanced couple participation, few women expressed the difficulty they faced in convincing their husbands
16	Opinion and use of withdrawal method	Men said that it was not used; but a few women said that their husbands use the method when they do not have a condom, during the fertile days, though they were visibly embarrassed talking about it	Men said that it was not used, but a few women said that their husbands use the method when they do not have a condom, during the fertile days though they were visibly embarrassed talking about it
17	Opinion on the best method during fertile period	Abstinence Abstain but if there is need use condom	Abstinence Abstain but if there is need use condom
18.1	Cooperation of the spouse in following SDM	Involved equally Wife moves ring and maintains calendar If both are involved only than SDM could work Remind wife for moving the ring	Full cooperation Wife moves the ring and not husband Husband also moves sometimes Remind wife for moving the ring

18.2	Knowledge of fertile days	Yes - only after adopting SDM No - wife herself tell about this Earlier thought that the days immediately after periods were safe, totally wrong, was probably mentioned by mother or grand mother	Yes - come to know by seeing the ring on the Mala, assessing from her last periods, Earlier thought that the days immediately after periods were safe, totally wrong
18.3.1	Decision maker for FP method	Husband Wife	Husband Wife
18.3.2	Decision maker for having sex	Husband	Husband
18.3.3	Decision maker for using condom during fertile days	Both	Both One man did not ever use condom
18.4	Any change in above issues after adopting SDM	No Yes, we may abstain sometimes	No Yes - condom use has decreased
18.5	Forceful sex	Yes, a few women denied it	Yes Not now previously
19.1	Whether SDM has been helpful	Yes- family size is controlled and there is no expenditure, have a better relationship with spouse, can talk about certain issues like sex, FP methods which were earlier taboo	Yes - there is no pregnancy', cause no harm to body, have a better relationship with spouse, can talk about certain issues like sex, FP methods which were earlier taboo
19.2	Whether they would continue with SDM	Yes - it is easy to follow, effective and don't want any more children	Yes

20	Suggestions for improving SDM usage	More advertisements to make more people aware Conducting discussions in the village Users sharing their experience with other people	By government activities, similar projects, through advertisements, telling more and more people about this, taking it to other villages as well
21	Publicity on TV and local communication	Good Other methods - radio, nukkad natak (street theatre) , meetings	Good Home visits by workers, nukkad natak (street theatre)

B.In-depth Interviews with Female and Male Drop Outs/Failures

S.No.	Theme	Experimental Block - Mishrikh 6 respondents	Traditional Block - Khairabad 7 respondents
1	Awareness of FP methods	Condom, Oral pills, tubectomy, SDM, Copper T, Mala D Nirodh, Birai (a local medicine, herbal, given by a quack)	Condom, Oral pills, tubectomy, SDM, Copper T, Mala D Nirodh
2	Source of information for FP methods	Hospital, television, village meetings, wife, ANM, volunteer	Village people, relatives, wall writings, radio/television, project staff , ANM
2.1	Person, place approached for FP methods	Government hospital, health center, shops, ANM, other village people, project staff, volunteer	Government doctor, ANM, project staff, village people, volunteer
3	Source of information for condoms	Project staff, advertisements on television and printed matter, hospital, project staff	Village people, given on the condom packet, meetings in the village, project staff
3.1	Availability of condoms	Yes , easily available No, a few felt that they should be available free of cost	Yes
4	FP method used in the past	Oral pills, condoms, Copper T, SDM	Condom, oral pills, MTP, Copper T

4.1	Problem with method used in the past	Condom - keeping away from children, according to the women, a few men did not like using it, a few women found it messy while it worked just fine for others. Oral pills – men did not have much knowledge “don’t know, wife would know”, hot flushes, while others thought it was easy and suited them. Copper T: Used it for a year and then it came off on its own	Condom - problem of disposal, find it messy Oral pills - have to be taken daily MTP - weakness, loss of blood and expenditure
5	Period for which SDM was used	2 months to 1 1/2 years	2 months to 3 years
6	Source of information for SDM	village people, village volunteers, wife	Village volunteer, relative, ANM
7	Reasons for adopting SDM	Easy method, prevent pregnancy, no expense, oral pills did not suit, Copper T came off on its own, new method therefore wanted to check it out	Easier method, wife wanted to use, less expenditure, did not have to eat anything for this, curiosity
8	Advantages of SDM	Easy method, no pain, no expenditure	Easy, no expenditure, no pain
8.1	Disadvantages of SDM	No problem with this method, often would forget to move the ring, irregular periods	No problem, but due to irregular periods had to discontinue
9	Experience sharing with other people using SDM	Other people do use this method	Other people use this method
9.1	What is shared with other people	Irregular periods therefore could not use, when couldn’t abstain for 12 days adopted old ways	This is easy method, it is better than other methods, it prevents pregnancy

10	Source of information on abstinence during fertile days	Wife, volunteer, project staff, other users	Wife, volunteer, project staff, other users, village meetings
10.1	Opinion on abstinence during fertile days	It is not a problem, sometimes the urge is too strong to be controlled	Not a problem, if there is desire condom can be used
10.2	Opinion on better method (abstain or not)	Which requires abstinence, one can always use condoms	Both are good but it depends on different people, one male did not respond
10.3	How were the abstinence days dealt with	Kept patience and self control, used condom	Self control and patience, sometimes used condom
11	Role of provider in SDM adoption	Project staff was helpful and explained, initially could not understand, later followed	Volunteer explained to my wife and so we used it, nobody came to us, a relative informed, the project staff was very helpful
11.1	Whether provider talked to your spouse about SDM	Yes, Don't know (male response)	Yes No (men were left out)
11.2	Problem faced using SDM therefore discontinued	Yes No, dropped out as wanted to get pregnant	Yes No - wanted children so discontinued
12	Problems faced in using SDM	Wife had irregular periods, husband did not want to abstain or use condom, nobody gave proper guidance, were out of village and so forgot to move the ring, lack of mutual trust leading to fights	Were out of village and so the continuity was broken, so as to get pregnant, due to irregular periods
12.1	Role of provider in solving the problems faced	Volunteer suggested that we discontinue due to irregular cycle, no help provided	No help provided, on volunteer's suggestion
13	Decision maker for discontinuing this method	Wife Both	Husband Both - mother also tried to stop
14	Thing about the SDM which you disliked	Would often forget to move the ring, don't know [2]	There is nothing like this, difficult to abstain

15	FP method used at present	Yes – tubectomy, no more children needed therefore got sterilized, Copper T, Oral pills, condom No, as wife is pregnant	Yes - tubectomy, no more children needed therefore got sterilized, Copper T, Oral pills, condom No - wife is pregnant, self control
15.1	Reason for adopting this FP method	Tubectomy/ Sterilization - as family is now complete Copper T: Suits wife Oral Pills: Suits wife Condoms: Easy to get	Tubectomy/ Sterilization - as family is now complete Copper T: Suits wife Oral Pills: Suits wife Condoms: Easy to get
15.2	Source of FP method used at present	Tubectomy/ Sterilization - Govt. hospital Copper T: Hospital Oral Pills: ANM, shop Condoms: ANM. shop	Tubectomy/ Sterilization - Govt. hospital Copper T: Hospital Oral Pills: ANM, shop Condoms: ANM. shop
15.3	Whether spouse involved in use of present FP method	Yes	Yes
16	Need for male and female providers	Yes	Yes
16.1	Reason for male and female providers	Could explain better without embarrassment	Women can explain to women easily and men to men
17	Opinion and use on withdrawal method	Never used, husband uses but she does not like it	Yes, but husband thinks it is bad
18	Opinion on the best method during fertile days	Abstinence, condom	Self control, condom
19	Cooperation of spouse in following SDM	Wife moves the ring If wife forgets than reminds her	Wife moves the ring Reminds her to move ring Ask her for her fertile days

20	Knowledge of fertile days of wife	Yes, a very few No, most do not know, according to the wives	Yes, a very few No, most do not know, according to the wives
21	Decision maker for FP method	Wife, both	Both
21.1	Decision maker for having sex	Husband	Husband
21.2	Decision maker for using condom during fertile days	Husband	Husband Both [1]
22	Any change in above issues after adopting SDM	While for some, number of condoms used remained same as before, for most the number of condoms reduced	While for some, number of condoms used remained same as before, for most the number of condoms reduced
23	Forceful sex	Yes, at times	Yes, at times
24	Whether SDM has been helpful	Yes - reduced condom use No	Yes - Less expenditure, no need to get condom every day
25	Whether would go back to using SDM	No, can not use because of irregular periods Yes, will use it after the child is born	Yes, will use it after the child is born No, can not use because of irregular periods
26	Suggestion for improving SDM usage	Advertisement , getting people's cooperation	Telling more people, informing women and men
27	Publicity on TV and local communication	Yes Other methods - radio, Panchayat (village level council of elders), AWW, nukkad natak (street theatre)	Yes Other methods - village fairs, nukkad natak (street theatre), CD/cassettes

C. In-depth Interviews with Female and Male Volunteers

1. Reason for participating in this project (based on previous work and interests)

- Been involved with the project for 2-3 years.
- Previously involved in other activities like Anganwadi center, Sangini program, Got trained as health, hygiene, safe pregnancy volunteer, part of village health committee.
- Interested in helping people in health and other issues.
- Earlier was very shy, over the years became quite outspoken.
- With the introduction of SDM realized that it is a good method that does not require taking oral pills or IUDs therefore decided to participate in the project activities.

2. Preparatory activities at inception of project

- At the time of project inception trained for 2 days on the intricacies of SDM.
- Besides that project staff during their visits to the village also provided information and support.
- Would refer to the project staff in case of any specific difficulty faced by a particular client, like irregular periods, etc.
- An assessment was undertaken before implementing the program by conducting group meetings (separately for men and women) to find out about existing family planning practices and knowledge of community members.

3. Role as volunteer in the project and activities undertaken

- Primary responsibility is to inform and motivate the people to use this method and help in its promotion.
- Also conducts meetings in the village, with men (male volunteers) as well as women (female volunteers) with each volunteer catering to about 100-125 households (total number in the village).
- Being involved in the project activities has been an enriching experience not just personally, getting over the initial hesitation of convincing others, putting one's point across, getting over the shyness but also in terms of gaining respect within the community.

4. Family planning methods commonly used in the village and source of information for village community

- Among the commonly used family planning methods in the village are condom, oral pills, Copper T, and a few women and men have also undergone sterilization.
- Anganwadi worker and volunteers are an important source of information.
- Besides people also gain knowledge from the group meetings organized periodically as also from radio and television as well.
- ANM functions as the Government representative to provide alternatives to the community members with respect to family planning methods.
- Periodically the volunteers would do a house to house survey to check on the family planning method being used by the couple.

5. Source of information for the community on SDM

- Group meetings organized initially by the CARE project staff.
- Periodic stock taking with individual users.

6. Role played in motivating couples and solving their problems

- Disseminated information on the method and organized training sessions.
- Initially had to spend some time explaining the method to people, once it was understood, all that was required was periodic stock taking with the user.
- In case of irregular periods, the user was advised to discontinue the method.
- Almost all volunteers were of the opinion that it is necessary to involve both husband and wife in the process to motivate them to adopt the method and to ensure that they are properly following it.

7. Opinion regarding the need of both male and female volunteers:

- All the volunteers felt the need for both male and female volunteers, given the social dynamics of rural India, only women can discuss matters related to sex with women without embarrassment and the same goes for men.

8. Regular contact and experience sharing with couples using SDM (follow up)

- During the follow up visits to the couples using SDM, the volunteer would look for whether they are moving the ring correctly and regularly and whether or not they are maintaining their calendars.
- During these visits they would also try and solve any problems faced using the method.
- Remind them of the danger days and the need to abstain or use a condom during these days.

9. Suggestions for improving follow ups

- Many users did not get the new calendars and would ask the volunteer for it.
- During the follow up visits one should see whether the dates are correct and they should be noted as well.
- In case the couple has a problem using the method, then proper explanation must be given to them.

10. Opinion on the common problems faced by couples in using SDM and how they could be tackled

- Most couples using this method don't have any problems.
- Many couples who do not use SDM doubt its effectiveness as it appears either too simple to them, "How can you prevent pregnancy without eating or using anything?" or too confusing, "Moving the ring each day is a difficult proposition, have too much on our mind to remember this detail."
- Using this method requires the user to be careful on the fertile days. If the husband is out of town, if upon his return the woman is on her fertile days, it maybe a little difficult for the wife to persuade him either to abstain or use a condom.
- Women with cycles out of the 26- to 32-day range have to be asked to discontinue which may disappoint them.
- A few illiterate men and women may not be able to understand the calendar, and the volunteer has to explain to them repeatedly.

11. Opinion on the usage, availability and source of information on condoms

- Condom use is very common in the village.
- Condoms are easily available at anganwadi center and from the CARE staff/local shops & nearby chemist shops.

12. Knowledge regarding other family planning methods (advantages and disadvantages)

- In addition to condoms and SDM, other methods commonly used in the village are Copper T, Mala D, and local medicine (birai).
- Advantages: Condoms: easy availability. Oral pills: woman has to take it so the husband is not bothered; if forgotten can be taken the next day. Copper T: have it inserted and forget about it.
- Disadvantages: Condoms: some men do not like using; couples may find it difficult to dispose off; and some women find it messy. Oral pills: headache, hot flushes, may cause excessive gas. Copper T: excessive bleeding, may come out on its own; irregular periods.

13. Status of women in the community

- In principle both men and women have equal status, but in fact men make all important decisions.
- Decisions regarding frequency of sexual intercourse is usually taken by men.
- Being a pre-dominantly patriarchal society, the right of a husband to sex is never questioned, resulting in a high incidence of forced sex.
- Women take the initiative in decisions regarding which family planning method to use since they are the ones who go through an unwanted pregnancy or medical termination.
- Some men do not like the idea of using a condom on a regular basis. As a result, women must use a method that doesn't involve them.
- Communication between husband and wife has improved considerably, especially among SDM users. This has made it possible for women to talk freely with their husbands about their fertile days or the need to use condoms. Women cited instances of their husbands joking with them about the necklace. Has your ring moved? Are you white or green today? "Especially after we have had a minor tiff, this immediately diffuses the tension!" "I often tell him, go check for yourself!"
- The SDM has definitely played an important role in improving the relationship between the couple, leading to less marital stress. In a society that normally does not approve of sexual banter between men and women, even between husband and wife, the SDM allows for a playful relationship between the couple.
- Women gained knowledge of their body and menstrual cycle, which also increased their confidence level. "Now we know about our body and how to protect ourselves during the unsafe days...because of the necklace we now know how the period comes..."
- Since the SDM is effective, the sense of security among couples has increased since they are able to control their family size.
- SDM users enjoy unprotected sex during the safe period. "Earlier we would end up having sex using a condom all through the month, now we need to use a condom only during the unsafe period." Two successful users responded, "Once the unsafe period is over, there is relief and happiness and no fear of pregnancy...it is definitely better to wait."

14. Decision maker for using family planning method, for having sex and using condom during the fertile days

- The decision on which family planning method to use is normally made by the wife.
- Decisions regarding sex are mostly made by men.
- Regarding use of condoms during the fertile days, the wife first informs the husband that she is on a fertile day, and after that the husband agrees to use a condom.

15. Decision-making for adopting or discontinuing SDM

- This is a joint decision generally made by both the husband and wife. This is necessary since the method depends on mutual cooperation. “Even if I like the method, I need my husband’s consent as he has to agree to abstain or use condom during the unsafe period”, explained one volunteer. Another stated, “Women whose husbands consume alcohol have a problem using this method.”
- Most couples who have discontinued the SDM are those who want to either have children, had irregular periods, or were unable to maintain the calendar.

16. Problems faced abstaining during fertile days

- Generally husbands do not have any problem abstaining during the fertile days. However, if they must have sex, then they could use condoms.
- Wives using this method know that it is good to abstain during the fertile days to avoid pregnancy. However, the option to use the condom is always there.

17. Suggestions for improving SDM usage

- More information should be given to village people.
- The method should be introduced in other districts as well so that more and more people can use it.
- The calendar should be improved to make it simpler for illiterate users to understand.

18. Opinion for publicity on television and other local communication

- These could be very effective in spreading the information within the community. In addition, nukkad natak (street theatre), meetings, and wall writings would also be beneficial.
- Meetings, face-to-face interaction is the best.

D. Focus Group Discussions

Thematic analysis was done for all eight FGDs separately, but no significant differences were revealed between the male and female groups and the experimental and traditional blocks. Therefore, observations have been combined with specific mention of differences wherever necessary.

Respondents:

- All the participants were between 25-40 years and most were farmers. A few also had other sources of income, e.g. shops or they worked as laborers.
- All the women were homemakers.
- All respondents belonged to the lower socio-economic strata.
- All respondents were either SDM users or non-successful users of the method.
- All were more or less satisfied with the method and eager to participate in this discussion.

Awareness of FP methods:

- Almost all respondents were aware of the different family planning methods, e.g. condoms (*nirodh*), oral pills (*Mala D, Saheli*), Copper T, and sterilization methods.
- All of them were also aware of the SDM, which is known as *mala vidhi* (necklace method) or *manka vidhi* (beads method).

Source of information on FP methods:

- ANM
- Village meetings
- CARE project staff for the last 1½ to two years
- Local volunteers
- Radio, TV, Newspapers
- Wall writings
- Other Government or voluntary agencies
- Local hospitals
- Due to the increase in awareness of different methods, people appear to be more eager to learn about them. When they have a problem, they go back to the source to find a solution. There are many, easily accessible sources of information.
- Most people have learned about condoms from wall paintings and printed pictures in the books. Some have learned from village people and/or from illustrations on condom packets.
- The Anganwadi center and ANM are very important sources of information for women, although not for men. Condoms are also available there and are free. All respondents felt that condoms are easily available from government agencies (previous project staff) or may be bought from local shops.
- A few women felt that condoms are easily available and simple to use, but if their husband isn't willing to use it, they have to use other devices.

- Some felt that the Copper T was good, “As long as you do not want kids keep it, then take it off. No protection is needed.”
- Some men claimed that they were previously ill-informed about family planning methods. Since the introduction of SDM, their interest and knowledge has increased. SDM demands the husband’s active participation. As a result, they feel that they are in a better position to understand the other methods as well.
- Many felt that the SDM is a new method for family planning (introduced 2-3 years ago), and the other methods were much older. They felt it needs to be publicized more so that other people can adopt it.

Opinions on other FP methods:

- Many users felt that all FP methods (except SDM) have some type of problem associated with them.
- Mala D or oral pills: women have to take them regularly for them to be effective. Many thought they lead to heat in the body, irregular menstrual cycles, headaches, rashes on the eyelids, and flatulence.
- Copper T: many thought they may cause excessive bleeding or white discharge. A few women mentioned that after three years of use, it led to severe backache.
- Condom: not all liked using condoms due to the risk of rupture which could cause pregnancy. They also thought that they were difficult to dispose of, messy, or not very satisfying.
- Women who undergo permanent sterilization also have to face many problems such as swelling in the stomach, gas formation, and physical pain. According to them, only very few women do not face side effects after sterilization.

Availability of FP methods:

- Condoms are used since they are easily available in the village either from the health center for free, or some people buy them from shops (general merchants and/or medical shops) at a nominal cost.

Opinion on SDM:

- According to most female respondents, the SDM is the easiest method to use since it does not involve taking anything or inserting anything into the body.
- For the men, the fact that the method had no recurring cost appeared to be very appealing.
- All the respondents who were using the SDM were aware that they needed to abstain from sexual relations on the white bead days and that both partners must consent to this. None felt that there were any problems with this method. Some mentioned that in case of uncontrollable desire, they could use a condom.

Source of information on SDM:

- Almost all the respondents stated that they did not know about this method 2-3 years before. They learned about it after meetings/discussions were organized at the village level in which along with SDM and other methods were discussed.
- Similar meetings were also organized at the Anganwadi centers in which along with the village people, members of health committee also participated.
- Many also mentioned how volunteers identified by the project staff are also disseminating information on SDM.
- Some women mentioned that they had heard from their mothers and grandmothers about the woman's "safe period," but they now realize they had incorrect information. "We had heard from our grandmothers and used to think that from day one of period up to 20-22 days were unsafe and we should abstain during that period."

Practicing family planning methods:

- Before adopting the SDM, many respondents had used some other method, with the condom being most commonly used.
- Condoms were available from the ANM, Anganwadi worker, or health center; a few people would buy them from the shops.
- Others used oral contraceptives, but felt they were difficult since they had to be taken each day without forgetting and there are also side effects. One female respondent said she would feel faint and dizzy throughout the day, which would inhibit her household chores and invariably infuriate her mother-in-law.
- A few women had used IUDs, such as the Copper T. They said that it could not be used for more than three years and had side effects.
- A few respondents felt that in order for any FP method to be successful, both husband and wife have to be in agreement.
- Most respondents were SDM users, and many of them had been using it since the time it was introduced. They felt that the method was very non-intrusive since they did not have to insert anything into their body or take anything orally. In addition, the fact that the method is based on the menstrual cycle made them feel completely in control of the situation. They were also pleased that it did not involve any expenditure. Therefore, their satisfaction level was very high. According to them, there is no other method that is as simple, convenient, painless, and effective as the SDM.
- Women have gained tremendous confidence because of the SDM. Generally speaking, most villagers have great faith in the magical powers of medicines and doctors. Many elements of medicine—which use a lot of English words—are not well understood by them. Most service providers make little attempt to explain it to them. Because the SDM presents the logic of the entire process and gives them an understanding of their menstrual cycle, the experience is empowering.
- Unlike other methods, SDM requires that users understand the method and make joint decisions. It forces the couple, and especially men, to be actively involved in the family planning process. The SDM gives the couple a chance to gain an understanding of the woman's cycle and take responsibility for their conduct during the "unsafe period."

- Many women implied that their relationship with their husbands has improved and there is a lot more intimacy. “During the abstinence period, my husband spends time with me going out, visiting family”, explained one women.
- Women also admitted that they are able to enjoy unprotected sex without being fearful of getting pregnant. Previously, they would have sex using a condom for the entire month.
- Some women enjoyed the intimate banter that the SDM has given rise to. “Has your ring moved? How are the beads placed tonight?” As mentioned earlier, SDM allows for a playful relationship between the couple.
- A few male respondents also felt that the SDM has been successful in developing their self-confidence. They are able to plan their family without assistance from any doctor or service provider and if the method is used properly, then there is no chance of an unwanted pregnancy. They are actively involved with this method, and as a result have a better understanding with their wives. This leads to a general sense of well-being.
- Some couples have also used the method to conceive a child. After using the SDM, they are aware of the fertile period. By having sex without protection on the unsafe days, they have got pregnant successfully. “In fact, one person I know was married for 18 years with no child. She used this method and now has a child.”

Positive and negative aspects of SDM use:

- Most of the respondents felt that SDM is the simplest and most convenient method to adopt compared to other methods.
- There is no recurring cost associated in this method.
- Many liked that it is a natural and safe method, and since they don’t have to take anything, there is no risk of side effects. The only thing required is the discipline to move the ring each day.
- Several male and female respondents felt that due to the SDM, they better understand the menstrual cycle and the fertile and infertile days of the cycle. Many stated if the method had not been effective, they would have encountered some problems and discontinued it. Since they continue to use it, they believe that the method is good.
- Many respondents admitted that they are now aware that other than those 12 days during which there is a risk of pregnancy, the remaining days are absolutely free of any risk. This has helped improve their relationship with their spouse.
- In terms of negative aspects of SDM usage, a few respondents mentioned that one could not afford to be forgetful since it is crucial to move the ring everyday.
- Other respondents felt that if you marked the days on the calendar, then it is possible to correct an error on another day, even if you forget.
- Having used it for almost two years, many women felt that they now know how it works and can calculate safe and unsafe days even without the help of the necklace.
- But, since it is convenient and easy to use, many felt that moving the ring each day was not a demanding or tedious process.

- A few respondents felt that they had to keep the necklace away from their children since they are attracted to it and insist on playing with it!
- No respondents had any issue with the color of the necklace. One lady felt that the ring could be made a little stronger. When her ring broke, she designed an interesting device—a bright, cloth ring. This led others to suggest that there might be a spare ring provided with the necklace in case one ring should give in.

Role of providers in promoting SDM:

- Most respondents learned about the SDM through meetings organized at the beginning of the project and have been using it since then.
- Some received information on the method from the village level volunteers.
- A few respondents stated that they started using the SDM only after they saw that others were satisfied with it and successfully preventing unwanted pregnancies.
- Quite a few women who have been using the SDM for over 1 ½ years feel that they are now completely in command and do not need to consult with the project staff.
- Respondents stated that when the SDM was introduced, a number of meetings were organized and project staff would visit regularly. However, it appears now that even the staff's interest has decreased. The visits and meetings are not held any more.
- Most male respondents, especially from the traditional block (Khairabad), felt that while the providers had explained the concept of fertile and infertile days—often the wives were unable to explain it to their husbands. The men from the experimental block (Mishrikh) better understood the process since it had been explained directly by male volunteers.

Opinions on male and female providers:

- Almost all the respondents felt that there should be male and female providers for men and women respectively.
- Only a very few male respondents felt that a female could explain the SDM to their wives, and then the wives could explain it to their husbands. If they had a question, they could ask the provider on her next visit.

Opinion on abstinence:

- All the male participants were aware that while using the SDM they have to abstain from sex for the woman's complete fertile period.
- Quite a few male respondents were also able to define the fertile period during the monthly cycle.
- All women were aware of abstinence and were familiar enough with the method to immediately recall the details of their cycle.
- All were aware that if during the fertile period they needed to have sexual relations, they could use a condom.
- Almost all the respondents considered methods that required abstinence as better than those that do not require it. They claimed to face no problems with abstaining for 12 days. They also admitted that as soon as these 12 days are

over, they can enjoy unprotected sex for the rest of the month without any fear of unwanted pregnancy.

- Disposal of condoms is apparently not easy.
- A few respondents stated that SDM is a natural method that lets the husband and wife know when they should have sexual relations so this method should be followed correctly.
- A few respondents claimed that in cases of uncontrollable desire, they use a condom during the fertile period. But it is better to have self-control and patience and wait for the safe days. They most often do this instead of using condoms.
- One respondent felt that you should only have relations during the fertile period if you wanted a child. Others did not agree with him.

Involvement of husbands in use of SDM:

- A few respondents stated that all the FP methods including oral, Copper T, and sterilization are for women, and condoms are for men. But the SDM is good since it is for both husband and wife and depends on their cooperation.
- Almost all the respondents stated that it is the woman who moves the ring. However, the men are involved in the process and ask them about it periodically.
- Most male respondents claimed to get information on their wife's fertile days from her. Very few men were aware of it on their own. However, all male respondents stated that they did cooperate with their wives while using this method. They either abstain or use a condom during those days. The women respondents also stated this.
- Some women mentioned that when their husbands consume alcohol, it becomes difficult for them to use a condom. They may be a little irresponsible after they have been drinking. But all agreed that this is the exception rather than the rule.
- In the village context, couples do not have much privacy; this limits the possibility of prolonged intimate foreplay. Homes are not very elaborate; many people live in one open area with one or two rooms where household belongings are stored. It is considered normal for young children to sleep with their mothers. And very often you have the extended family, parents-in-laws, unmarried siblings, widowed or separated sisters living together. Therefore, there is not much opportunity for a prolonged sexual act. Here socio-cultural factors come into play.
- SDM in Hindi is also called "*manka vidhi*" or the bead process. One female respondent called it "*manki vidhi*", punning on the word "*manka*". "*Manki vidhi*" would mean "a process after my heart!"

Sharing experiences with other villagers:

- Most of the respondents using the SDM said that they have actually shared this method with other village people and have told them that this method is good, easy, and effective in preventing pregnancy, and that they should also try it.
- Some believed that because of this, others have also used SDM and they are equally satisfied.

Decision making on use of family planning method and sexual relations:

- It was revealed that in majority of cases, the woman makes the decision regarding which family planning method to use since women are the ones who become pregnant.
- If the couple does not want any children, they need to take responsibility for their actions, therefore they decide on a FP method.
- The husband takes the initiative and decides when to have sex. A few women claimed, in jest, that they would be happy to abstaining for longer than 12 days.
- Very few male and female respondents stated that the wife may sometimes initiate the sexual process.
- In most cases, decisions regarding condom use during the fertile days is made by the wives.
- A few male respondents admitted that if they do not arrange for condoms during the fertile days, then their wives don't allow them to come close.
- It was claimed that while wives tell their husbands about the fertile days, they prefer to abstain during this period. If the husband should desire to have sex, then they need to use a condom. If the husband does not agree to use a condom, then some women do not allow them to come close. However, meek women are left with no option but to allow them at the risk of pregnancy.
- Most respondents felt that due to the SDM, their condom usage has decreased considerably. Now they need it only during the fertile period. Previously, they were not aware of the cycle and ended up using condoms all through the month.
- Men admitted to forcing their wives to have sex with them at some point in their lives. Only a few female respondents admitted to having sex against their will. However, the male as well as female respondents claimed that there has been no change in this regard since the introduction of SDM. This has to be seen in its cultural context. As mentioned earlier, the male right to sex in a marriage is something neither the violator nor the violated question in a predominantly patriarchal society like India. The consent of the wife is inconsequential.
- Only a few men claimed that they have never "forced" their wives into having sex against her will. It may even be considered macho to be able to have your way despite resistance.

Use of withdrawal during the fertile days:

- Very few respondents knew about this method and that it could be used during the fertile period. Still fewer had actually used or ever tried this method.
- Some of the respondents felt that withdrawal is wrong and dirty and may result in weakness. Therefore, it should not be used.

Measures to promote SDM use in future:

- Almost all respondents were satisfied with the SDM, and were in favor of continuing with method. According to them the method is simple, easy, convenient, inexpensive, and effective in preventing pregnancy. They were keen on sharing its benefits with other people, relatives, and friends.
- A few respondents felt that they would use the SDM until their wives want to conceive. Another few felt that once their family is complete, they would go for sterilization.
- Many respondents felt the SDM could be promoted by conducting public meetings and/or discussions at the village level.
- Publicity on television and radio were seen as being imperative today in order to reach a wider audience.
- Wall writing, *nukkad nataks* (street theatre), and displays during village fairs were other local forms of communication that could also be used to generate awareness of the method.
- Other stakeholders that could be involved in the dissemination process include Panchayat/Gram Sabha) members, Anganwadi workers, and ANMs.
- Some felt that this method should also be made available at Anganwadi center and with ANMs so that more people could receive it easily
- As for the cost of Mala (necklace) and calendar, about half the respondents agreed that it could be sold at a nominal cost of Rs. 5-10. They believed since this method is good and effective and has no recurring expenditure, people would not have any problem buying it.
- However, some felt that it should be made available free of cost.

IV. CONCLUSIONS

The information was analyzed and interpreted according to the objectives of this operations research study, and the following conclusions have been drawn:

1. The Standard Days Method was accepted by the community members and was considered safe and easy to use compared to other family planning methods. The issue of side effects of other methods was cited as an important reason for their non-acceptance and discontinuation. In addition, male participation was not sought (nor received) for the other methods, and the majority of men felt that family planning was the woman's responsibility. Many men continue to have the same opinion even after using the SDM.

On the other hand, the majority of men who had used or continue to use the SDM have been able to understand their wife's menstrual cycle and fertile period and their role in family planning. The extent to which they are willing to participate, however, is usually limited to reminding their wives to track the fertile days. With the SDM, women were found to be primarily responsible for maintaining the calendar, informing their husbands of their fertile period, as well as ensuring that they

abstained or used a condom. The issue of how to deal with menstrual cycles that are out of the 26 to 32-day range has not been properly understood by the community. This particular aspect needs strengthening.

According to the majority of respondents, the introduction of the SDM has definitely been successful and they consider it by far the best and least-intrusive method to prevent pregnancy both for young and old couples. Therefore, this method could be successfully incorporated into other reproductive health programs.

2. There was a definite difference among couples where information was given only to the woman and where the couple was informed. When only wives were informed, the majority of husbands were unaware of the menstrual cycle and/or their wife's fertile days. These husbands either abstained or used a condom, but were unaware of the specifics of the method. In relatively fewer cases, wives were able to communicate the intricacies of the method to their husbands, how it is used, and the logic behind the fertile and infertile days. In the few cases where husbands were not directly informed by the providers or by their wives, they were found to lack correct knowledge.

However, in the experimental block (Mishrikh) where the couple was informed, husbands have knowledge of the fertile days, what the SDM method actually is, and how it is used. In this group, cooperation between husband and wives is also more visible compared to the other, and husbands appeared more supportive of the decision to abstain. Most respondents favored both male and female providers. They experienced some hesitation and embarrassment while discussing matters related to sex with volunteers of the opposite sex. Therefore, considering the social dynamics of rural communities in India, it is beneficial to have both male and female providers. The frequency of visits of male and female providers could differ depending on user needs.

3. Even when community members did not receive information directly from providers (because of their inability to attend group meetings or unavailability when the volunteers visited their homes), they have nevertheless gained proper information from local volunteers. A few of these couples were motivated to adopt the method by volunteers. Some respondents stated that if the calendar and Mala (necklace) were available from volunteers, it would be easier to approach the volunteer if they had any problems with the method.

Therefore, male and female volunteers from the same community could be trained and systems for efficient follow-up could be established. This would allow these volunteers to teach the SDM to couples and allow them to follow up more efficiently, compared to providers who visit from outside the community at times when most men and women have gone to work or to the fields, and when women are busy with household chores.

4. Based on the majority of responses, abstinence is more commonly used than condoms during the fertile days. Condoms are used by husbands only when they have an uncontrollable desire for sex, and very few respondents prefer using condoms to abstinence. Methods that require abstinence are more popular among the majority of community members. Culturally, abstinence is seen as a high virtue in India. During certain sacred periods, it is considered natural for couples to abstain from sexual activity. Traditional Hindu women normally fast during one or two days each week, consuming only fruits and milk and praying on these days. On these days they usually do not have sexual relations. For Muslims, during the period of Ramzan, a month before Eid, sexual activity is not permitted. Since women marry early, they have children early, and very often are grandmothers by the time they are in their forties. While the “pregnant grandmother syndrome” is a social fact, it is often embarrassing for a woman to be pregnant along with her daughter. The frequency of sex decreases considerably during this age. Therefore, culturally speaking, abstinence is a way of life and not seen as a violation of normal sexual activity. Another factor is that now that women are aware of their fertile periods, the couple has unprotected sex during the safe period. Previously, they would have protected sex throughout her entire cycle if they did not want to a pregnancy. As one young woman put it, “We wait for the fertile days to get over and after the wait, we can get together.” Another successful user responded, “Once the unsafe period is over, there is relief and happiness and no fear of pregnancy...it is definitely better to wait.”

It is clear that the man decides and initiates when to have sex. Some women said they would be happy to abstain for a longer periods than 12 days. This could be related to several reasons. It is a social fact that normal, cultured women are expected not to have a sexual desire, and even if they do, they most certainly do not discuss it. It could also be that lack of privacy does not allow for foreplay or post-coital intimacy, making intercourse more male centric. As a result, women may not genuinely enjoy intercourse as much. Withdrawal is not a popular method. Some women mentioned that their husbands would use it. Some men considered it dirty and felt that it caused weakness.

5. While men admitted to forcing their wives to have sexual intercourse, only a few women admitted to sex against their will. There could be a number of explanations for this. Some women may deny it since it is obviously demeaning for them to be forced to have intercourse. For men, however, especially in a patriarchal society, it is natural to expect a wife to accede in to her husband’s desires—so the question of desire may not even be considered. It may also be considered “macho” for men to force their will.
6. Most SDM users appeared satisfied with the method because the method is safe, easy to use, and has no recurrent expenditure—and were interested in continuing the method. The man’s satisfaction with the method could be related to the fact that they are not directly involved with using the method, and have left the process to their wives who inform them when they are on fertile and infertile days.

Many respondents who discontinued the method wanted to have a child. In fact, many used the knowledge gained through use of the SDM to conceive easily by having unprotected sex during their fertile period. Some discontinued when they or their wives had left the village, and if the wife forgot to continue filling out the calendar and moving the ring. Other than that, respondents did not mention any other problems with the method.

Given the satisfaction, effectiveness and continuation rates of SDM, it would be good to incorporate it into other family planning activities, expanding the range of family planning methods available to consumers.

7. Most male users who used the SDM—and particularly those who were directly informed by a provider or volunteer (rather than their wife only)—were aware of the need to abstain during the woman’s fertile days. However, very few men were actually aware of their wife’s fertile days. SDM users felt that this method is far better than other methods that they had either heard of or used including condoms, oral contraceptives, and the IUD. They felt that these methods were all associated with some type of problem or disadvantage. Few stated that they would select sterilization as the best option upon completing their desired family size.

V. RECOMMENDATIONS

- Although SDM has been very well accepted by users, awareness levels of the method in the larger community are fairly low. In order to provide information to all village members, it will be necessary to involve local media (television, radio, plays, and fairs). Other local stakeholders such as PRI members, members of the village health committee, Anganwadi workers, ANMs and members of Gram Sabha (Village Council) could also be involved.
- Some issues, such as informing people how to track their cycles and what to do if they experience out of range cycles, as well as how to manage fertile days need to be strengthened.
- In many households, women are responsible for using and taking care of the method, while husbands although aware, are not directly involved. Therefore, it is important to promote partner participation. To do this, male and female providers along with village-based volunteers (male and female) should be identified and trained.
- It will take some time before women feel truly empowered by use of the SDM. Negotiating condom use and the decision whether or not to have sexual intercourse continue to be male prerogatives. However, women’s knowledge of their bodies and menstrual cycles has certainly given them an advantage in reproductive matters. Couple communication has also improved with SDM use.

Given the village social dynamics, strategies must be identified to incorporate men.

- Efforts should also be made to ensure the availability of condoms at the village level at nominal rates for those who want to use them. In this regard social marketing of condoms could also be done by involving community based volunteers. Proper orientation may also be provided if couples want to use any other method.
- Given the acceptance of this method within the community in terms of effectiveness and continuation, this method could also be incorporated into family welfare programs and other community-based reproductive health programs, further expanding the alternatives for family planning methods.