Offering Socially and Culturally Acceptable FP Methods: Who Accepts and What Were They Doing Before?

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Background

- Status of FP uptake in Kenya*
  - 46% of married women use any method of FP
  - 6% use any traditional FP method (4.7% use periodic abstinence)
- Contraceptive use in North Eastern Province (NEP) is 4%*
- Social and cultural reasons attributed for 40% of non-use of modern FP methods**
- The Standard Days Method (SDM) may overcome some barriers and increase uptake of FP

*2008 KDHS
**2003 KDHS
What is SDM?

- Modern, natural FP method based on woman’s awareness of her fertile days
- Identifies days 8-19 of cycle as fertile
- Appropriate for women with regular menstrual cycles of 26-32 days
- Is facilitated by the CycleBeads™
CycleBeads: An Easy Way to Use the Standard Days Method

If your period does not start by the day after you move the ring to the **last BROWN** bead, your cycle is longer than 32 days.

The **RED** bead marks the first day of your menstrual period. On the day your period starts, move the ring to the red bead. Continue to move the ring one bead each day.

The **DARK BROWN** bead helps you know if your cycle is less than 26 days long. If your period starts before you move the ring to the dark brown bead, your cycle is shorter than 26 days.

**All BROWN** beads mark the days when you are not likely to get pregnant if you have unprotected sex.

**All WHITE** beads mark the days when you are likely to get pregnant. Do not have unprotected sex on the white bead days if you do not want to get pregnant.
• Situation analysis showed SDM was acceptable to many, and especially to respondents in NEP
• MOH & APHIA II NEP decided to introduce SDM as a new method and gateway to other FP
• NEP inhabited by pastoralists, nomadic & mainly Muslim communities
Goal and Objective of the Pilot Assessment

Goal:
Inform introduction of SDM into Kenya’s contraceptive method mix

Objective:
Document demographic characteristics and family planning history of acceptors of SDM in Ijara district of NEP
Methods

- Training of trainers
- Advocacy and education of religious leaders and community
- Provider training on SDM service provision (Dec 08)
- Face to face interviews of 254 clients by FP service providers (Jan - June 2009)
  - Documented client demographics and FP history
- Informal interviews with seven service providers conducted (April 2009)
### Client Demographics of SDM Acceptors (n=254)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>96%</td>
</tr>
<tr>
<td>Muslim</td>
<td>92%</td>
</tr>
<tr>
<td>Married</td>
<td>92%</td>
</tr>
<tr>
<td>Mean age in years (range)</td>
<td>27 (16-48)</td>
</tr>
<tr>
<td>Mean number of children alive (range)</td>
<td>4 (0 – 10)</td>
</tr>
</tbody>
</table>
### Contraceptive Use among Acceptors of the SDM

<table>
<thead>
<tr>
<th>Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never used a method before (n=254)</td>
<td>92.6%</td>
</tr>
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</table>

#### Reasons for choosing the SDM (multiple responses)

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doesn’t affect health</td>
<td>42.3%</td>
</tr>
<tr>
<td>No side effects</td>
<td>37.8%</td>
</tr>
<tr>
<td>Religious reasons</td>
<td>32.5%</td>
</tr>
<tr>
<td>Easy to learn/use</td>
<td>31.3%</td>
</tr>
<tr>
<td>No need to come back to health facility</td>
<td>12.6%</td>
</tr>
</tbody>
</table>

#### Number switching from another FP method

| Number | 16 |

#### Reasons for switching (n=16)

<table>
<thead>
<tr>
<th>Reason</th>
<th>Number</th>
</tr>
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<tbody>
<tr>
<td>Former method had undesirable side effects</td>
<td>7</td>
</tr>
<tr>
<td>Former method against religion, affected health and others</td>
<td>7</td>
</tr>
<tr>
<td>Former method was difficult to use</td>
<td>2</td>
</tr>
</tbody>
</table>
Provider Opinions About Offering SDM

- Increased job satisfaction as a result of client acceptance and uptake
- Generally accepted but knowledge gaps in service provision noted
- Many positive attributes of SDM reported
  - Culturally and religiously appropriate
  - Natural, non-hormonal, useful for clients contraindicated for hormonal methods
  - Simple to use
  - Complements calendar method
  - Attractive color and packaging; appealing to wear around the neck
  - Similar to beads used during Muslim prayers (Kul)
Reported Challenges Faced by Providers

- Community opposition to modern FP methods
- Low awareness about SDM at community level
- Low male involvement
- Language barriers
- Structural issues:
  - Lack of motivation: some providers on short term contracts
  - Lack of time to counsel clients on SDM
  - Concerns about future supplies of CycleBeads
Conclusions

- SDM attracts new users of FP
- Very few switchers
- Method highly acceptable by clients and providers
- Some gaps in knowledge noted among trained providers
- Concerns about future supplies
Recommendations

- Mobilize community leaders to promote SDM
- Involve both men and women equally
- Ensure availability of:
  - Visual aids and educational materials in health facilities
  - Adequate supplies of CycleBeads to meet demand
- Provide regular updates and supportive supervision
- Train CHWs SDM service provision
Acknowledgements

- Service providers and respondents from Ijara district
- Ministry of Public Health and Sanitation / Division of Reproduction Health (Kenya)
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