

# “Expanding Contraceptive Choice in India”

## The Underutilized Methods: Standard Days Method and Lactational Amenorrhea Method



6 September, 2012

# Improving Choice through Support for Underutilized Methods



- Informed choice is fundamental to quality FP and RH care
- Access to a broad choice of contraceptives is critical to full and informed choice and to contraceptive security
- A mix of effective, affordable contraceptives must be made available for clients to choose from depending on their needs, preferences and circumstances
- Programs should offer a reasonable method mix, that includes a range of modern methods — short-acting and long-acting, client-controlled and provider-dependent, natural and clinical

# Standard Days Method® (SDM)

- Scientifically tested modern method based on fertility awareness with no side effects
- Identifies a fixed fertile window (days 8- 19) in the menstrual cycle when pregnancy is most likely
- Is appropriate for women with menstrual cycles that are 26- 32 days long (periods come a month apart)
- 95 % effective with correct use
- Uses Cycle Beads®, a color-coded string of beads to help women track their cycle, identify the fertile days and communicate with their partner



# Lactational Amenorrhea Method (LAM)



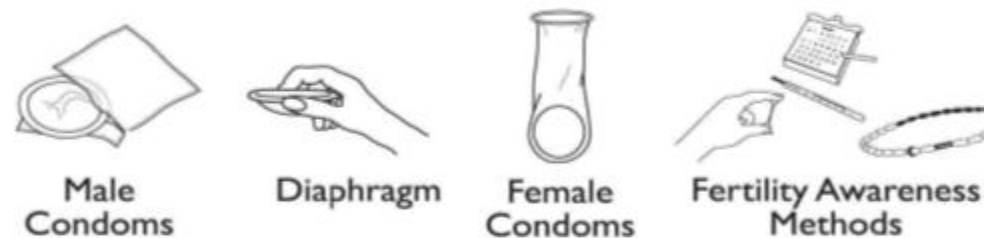
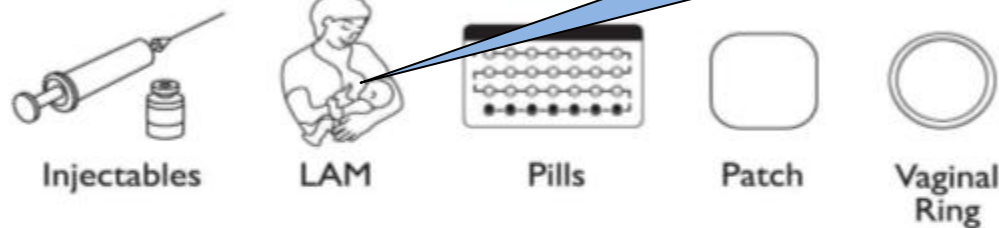
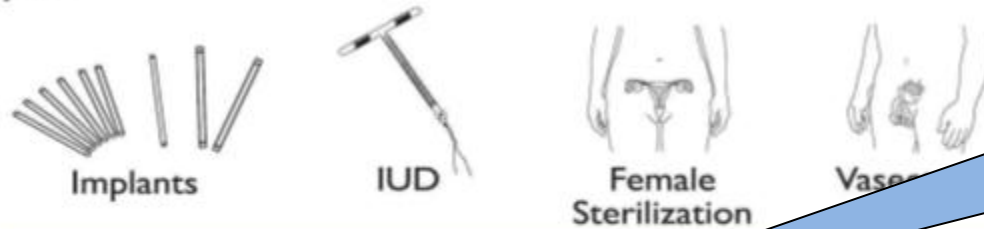
- Is a safe, effective, simple, no-cost FP option for post partum woman who:
  - ✓ is amenorrhic
  - ✓ only Breastfeeding
  - ✓ has a baby < 6 months
- 99.5 % effective with correct use
- Provides significant benefits, supporting infant nutrition and maternal health
- Provides effective protection upto 6 months post partum – high risk period
- Facilitates transition to other modern FP methods



# Comparing Effectiveness of FP Methods

## More effective

Less than 1 pregnancy per 100 women in one year



## Less effective

About 30 pregnancies per 100 women in one year

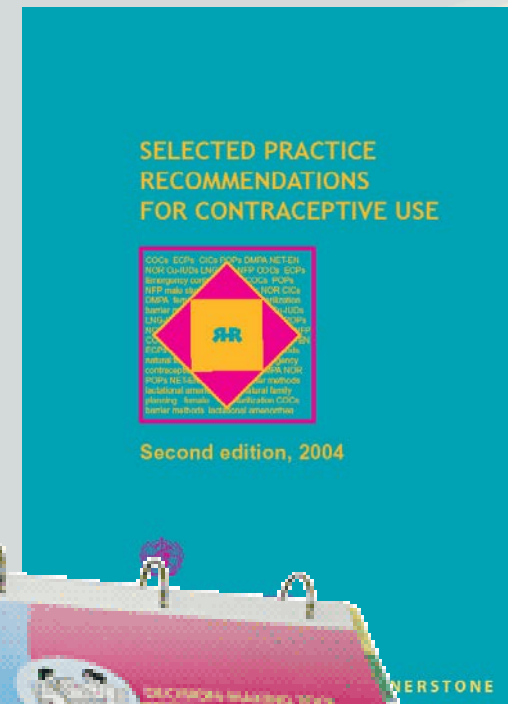
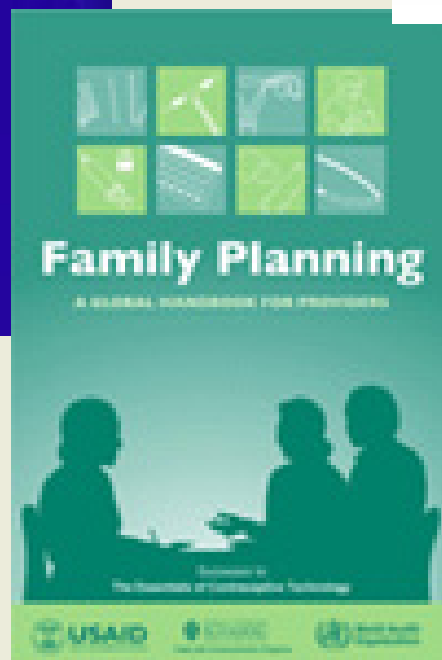


**Correct use- < 1 pregnancy per 100 women**

**Correct use – 5 pregnancies per 100 women**

# SDM& LAM Integration: Global perspective

## State of the Art Guidelines



SDM and LAM: Contribute through transitioning couples from adopting ineffective/ traditional practices to effective, scientifically tested modern methods of family planning thereby addressing a significant unmet need for spacing and delaying pregnancies

Periodic abstinence,  
inconsistent condom use  
without understanding of  
fertile period



SDM: Effective method based  
on application of scientific  
evidence of fertile period

Mixed perception about  
amenorrhea due to  
breastfeeding without  
understanding of LAM criteria



LAM: Effective post partum  
family planning based on  
three criteria, a gateway to  
other modern methods

# Initial Feasibility Studies of SDM in India (2001- 03)

- Users chose SDM because it had no side effects and did not impact their health
- Most SDM users were new to FP, or using condoms inconsistently
- 98% of urban users relied on condoms to manage fertile days, as compared to 33% rural users, who preferred abstinence
- After an year of SDM introductions , CPR increased:
  - urban sites from 50% to 58%, with 3% SDM use
  - rural sites, from 24% to 41%, with 7.5% SDM use
- Community level workers provided SDM as well as clinical providers, with high quality counseling

Pilot studies in rural UP with CARE and in Delhi slums with CEDPA & CASP





# SDM Integration Studies: Public Sector Program in Jharkhand ( 2004 - 2007)



- Introduction in FP program with MoHFW, GoJ in 2 blocks of Ranchi district
- Offered as method mix through health service delivery channels of MoHFW
- SDM attracted first time users (87%), few method switchers
- SDM contributed to CPR 1.2% in < 2yrs of introductions, and no existing methods were negatively impacted
- All types of providers trained provided good quality, neutral SDM counseling
- Adoption increased when offered by community-based workers, as AWWs



**Based on positive findings, the GoJ requested technical assistance to scale up SDM & LAM in Jharkhand (Nov 2007)**

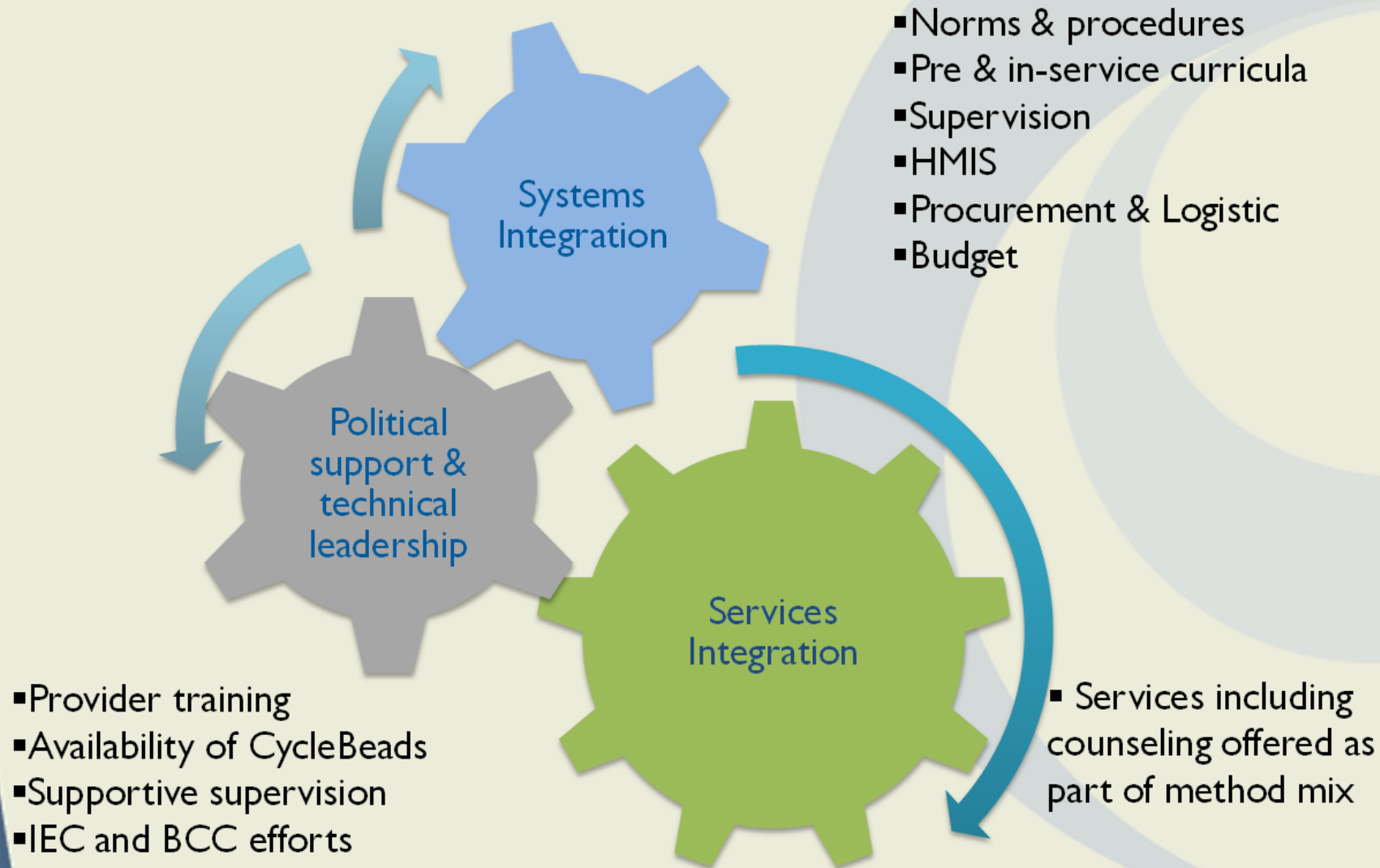
# Demonstration Sites: Building in Country Evidence

Integration of SDM & LAM across varied programs in states as UP, Rajasthan, Odisha, Bihar, Delhi, Jharkhand, Maharashtra and Kerala with partners

- SDM and LAM were widely accepted and adopted by communities
- Primary reason for SDM adoption reported by couples, was that it had no side effects
- Couples reported improved communication and management of fertile days
- LAM adoption was built on the underlying notion about breastfeeding and amenorrhea

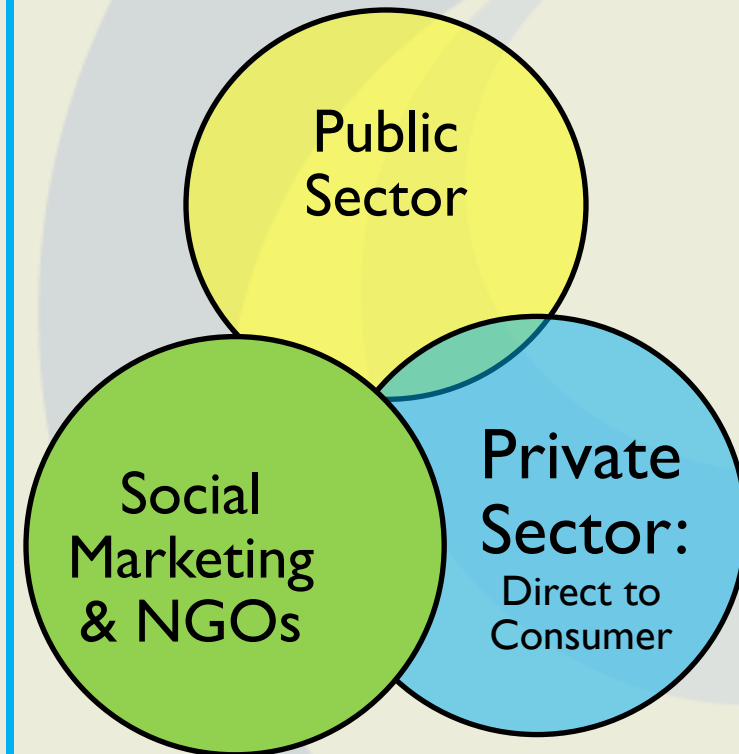


# A Systems Approach to Integration and Scale Up for Sustainability



# Multi pronged service delivery approaches for **different market segments** with **synergies**

- Strategies to integrate in different service delivery approaches
- Focused technical assistance towards :
  - ✓ program research
  - ✓ institutionalization
  - ✓ capacity building
  - ✓ quality assurance
  - ✓ data collection
  - ✓ support IEC/BCC
  - ✓ product availability





# Facilitating Integration

*“SDM and LAM must be a part of the Family Planning session of the Sahiyaa (ASHA) and ANM training. For scaling up it must be integrated into the Family Planning curriculum”*

*Senior Official, Govt of Jharkhand*



Integration efforts based on stakeholders feedback:

- Two-hour training module developed and streamlined within Contraceptive Technology Update trainings
- Pictorial, low literacy training material for Sahiyyas (ASHAs)
- Sustainable quality assurance strategies through simple tools to ensure knowledge retention in providers



# Ensuring Contraceptive Security

- Engage with stakeholders and partners at national and state level
- Build evidence through operations research, impact studies including cost studies
- Share findings from integration and scale up efforts to facilitate inclusion in other programs



*“This method has an advantage of involving men in the program because CycleBeads can be explained to men also. The method demands male involvement. Without educating them it cannot succeed.”*

- UN Official



# Ensuring Contraceptive Security

**SDM & LAM**, like other underutilized methods has **unique client behavior, provider requirements and commodities**. For integration into national program, efforts will need to ensure:

- **Capacity Building** of trainers from across the health system
- **Mentoring** trainers to build cadres of competent providers
- **Data collection** from services, logistics through ongoing mechanisms, special **studies, survey** and **assessments** to improve forecast for future demands
- **Develop** and **design communication strategies** to raise awareness and increase demand, overcome provider barriers and biases for successful expansions
- Facilitating **user feedback** and **supportive supervision** through routine monitoring activities
- Ensuring CycleBeads are included into **procurement guidelines**
- Integrating CycleBeads to **logistics** and **distribution** channels

# What will facilitate integration of SDM & LAM into national program?

- A positive environment and commitment to expanding choices
- Political, Policy and Technical leadership enthusiastic about the methods
- Task sharing/ shifting from clinical to community based providers will enable wider choices to the community
- Increasing prioritization to birth spacing and Healthy timing and spacing of pregnancies



# Lessons Learnt from the India Experience

- Following a strategic, system focused approach for integration and scale up is critical for success
- M&E of integration and results allow for evidence based advocacy and decision making
- Partnerships and stakeholder involvement and commitment are key for sustainability
- Integration efforts need to be agile and adapt to changing environment





# Lessons Learnt from the India Experience

- Demand from community for new methods in the method mix as reflected in client uptake reported by GoJ service statistics
- Are cost effective contraceptives as either has no product( LAM) or one time product with no re-supplies ( SDM & CycleBeads)
- No socio- cultural- religious bias towards these methods
- Community based provisioning of SDM & LAM services will increase method uptake
- Product availability will be key to integration efforts





# Why Offer the SDM & LAM?



- Scientifically tested modern methods, included in WHO guidance documents
- Effective with no side effects
- Expands modern method choices
- Brings new users to FP and contributes to CPR increase
- Good method option for no/ low parity women
- Offered by all cadres of health providers
- Integration into programs is facilitated through limited investments in training, procurement and services
- Involves men
- Easily offered in public and private sector programs



# Thank You

