

*Determinant Characteristics of SDM Clients in selected operational areas  
of Pathfinder International Ethiopia.*



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### **Executive Summary**

To better access the facility based family planning service that was started in 1964 in Ethiopia, the Community Based Reproductive Health Service (CBRHS) was initiated in 1992 (FGAE in perspectives, 2002). But still, the contraceptive prevalence rate in selected community based reproductive health service remained 17 to 24%, with unmet need of 38.9% (PI-E, 2004) as opposed to the national CPR of 15% (DHS, 2005).

Therefore, on the top of other attempts made, the Standard Days Method of Family Planning (SDM) was piloted in six selected CBRHS sites in 2004. To date, the total number of SDM clients in the sites is a little more than 300. Therefore, a study made to determine the characteristics of clients of SDM in three of the purposefully selected sites revealed that the majority of clients were at mid age of fertility 25 - 39 years, either Orthodox or Protestant by religion, had formal education, had practiced contraceptives previously and experienced side effects, decided on the number of children they were to have in the future, in monogamy and live with their first husband.

### **Background**

Community Based Reproductive Health Agents (CBRHAs) have been providing RH/FP service to communities residing in localities where the public and private health service sectors are not accessible in Ethiopia since 1992. They communicate information, educate, and counsel on family planning (FP), and distribute contraceptives (pills, and condoms) to communities that do not have access to facility level FP services.

However, studies on contraceptive prevalence rate (CPR) of women in the reproductive age (15 -49 years) in selected CBRH service sites among the operational areas of Pathfinder International Ethiopia revealed 17 to 24 %, and unmet need of 38.9% (Pathfinder International Ethiopia, 2004) as opposed to the National CPR 13.9% (DHS 2005). Therefore, Pathfinder International–Ethiopia, along with accessing increased method choice (inject-able, implants and IUCDs) through training based FP services; it pioneered the delivery of Standard Days Method (SDM) of Family Planning at 6 selected CBRH service sites through 124 CBRHAs since Dec. 2004.

The SDM is a natural family planning method, which the client can use it based on the understanding and identification of her fertile and none fertile days of her menstrual cycle. The program was initiated in collaboration with six of the implementing partner organizations (IPO) of PI-E, financial assistance of USAID, and technical partnership of the Reproductive Health Institute of George Town University (RHI). Thus, about a three day Training of Trainers in SDM counseling and service delivery was given for 17 health professionals financed by USAID and technical assistance of RHI.

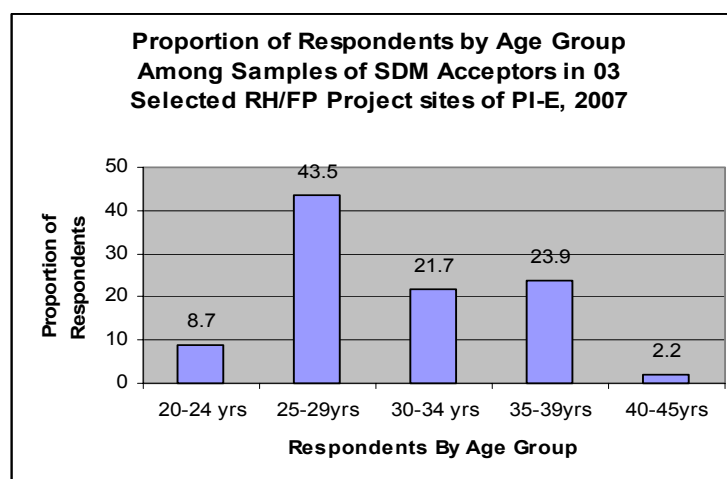
Following few months of the SDM service initiation through the CBRHA, a sample study was done covering 46 (31%) of the clients in three of the 6 pilot sites. The study was aimed at identifying the possible determinant characteristics of the SDM clients, and making recommendations that worth noting when scaling up the service in the future.

### Methodology:

Three SDM study sites (Dendi, Sodo, and Dilla areas) were identified based on: the socio-cultural and geographic differences of the SDM sites, dates on which the SDM service was initiated, ease of access to clients' residence, availability of the IPO staff who had TOT and rolled out the SDM training to the CBRHAs on one hand, and willing to facilitate the necessary arrangements. As well, due regard was given for the readiness of the SDM trained CBRHAs to communicate the purpose of the assessment upon the clients to a central location where the assessor was assigned to wait for the client. To this end, the study had reached 26% (14/52), 30.6 % ( 19/62), and 62 % ( 13/31) of the SDM acceptors in the CBRH service sites of Dendi, Sodo, and Dilla respectively. The assessment in the three sites was done at different times based upon the time the service was initiated, and later than six-months the SDM trained CBRHAs initiated the service in the respective localities. Information about the clients was drawn through applying a structured questionnaire that was intended to address the information that clients of SDM were expected to know by heart about the SDM, their previous experiences in family planning, current practice on SDM, reasons for choosing the SDM, and some demographic characteristics. At the end, the finding was analyzed and interpreted using simple proportion.

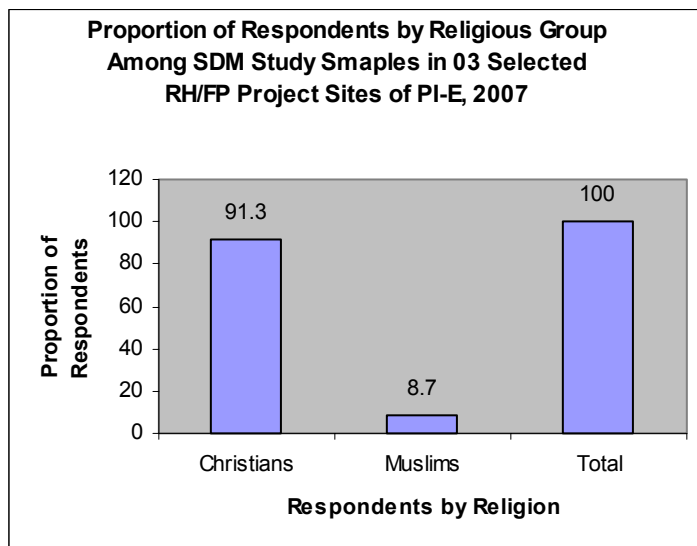
### Discussions and Findings:

Figure 1



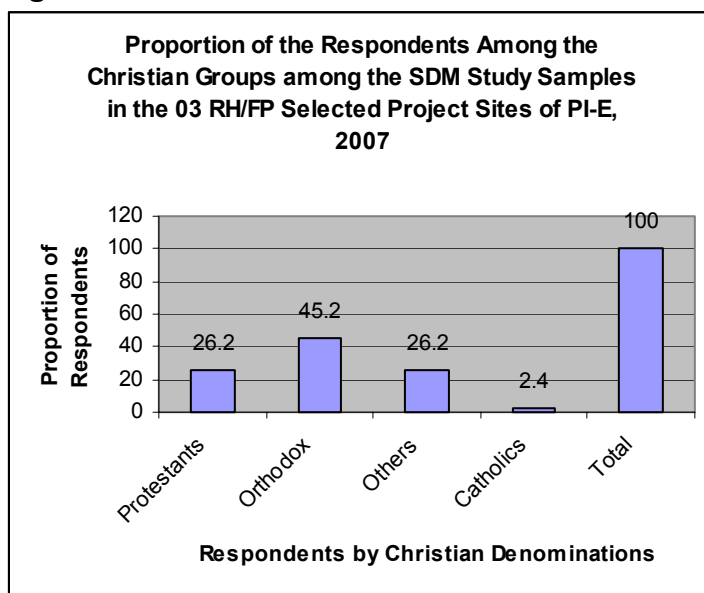
The above figure shows that women in the age group of 25-29 yrs formed the highest proportion (43.5%), followed by the age groups of 35-39 and, 30-34 yrs in the proportion of 23.9% and 21.7% respectively.

**Figure 2**



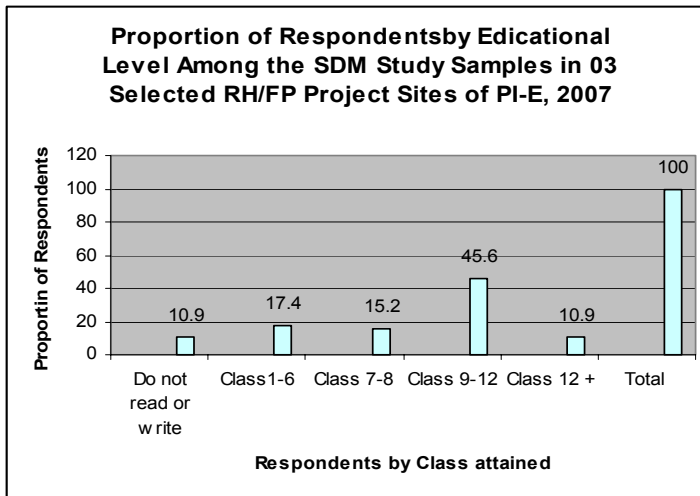
As shown in the figure above, acceptors of the SDM among the study sample were predominantly followers of the Christians faith 91.3% as opposed to 8.7% of the Islam faith followers.

**Figure 3**



Among the Christians who accepted the SDM, the Orthodox Christians formed the largest proportion (45.2%), followed by equal proportion (26.2%) of the Protestants, and Other Christians excluding the Catholics. Whereas, though the Catholics were known most for practicing natural family planning, they represented only 2.4% of the SDM acceptors studied in the sample (See graph in Figure 3).

**Figure 4**



Findings of the educational level of the SDM acceptors in the sample population show equal representation (10.9%) of those who did not know how to read and write, and others who had completed 12<sup>th</sup> grade and qualified as a nurse, a teacher, or agricultural expert. On the other hand, those who had been to senior high school were found forming the highest population (45.6%), followed by 17.4% and 15.2% that had been to primary school, and junior secondary respectively (See graph in Figure 4).

**Figure 5**

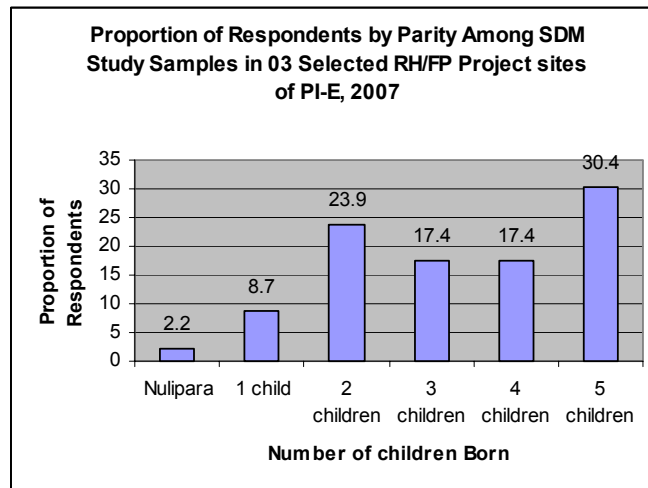
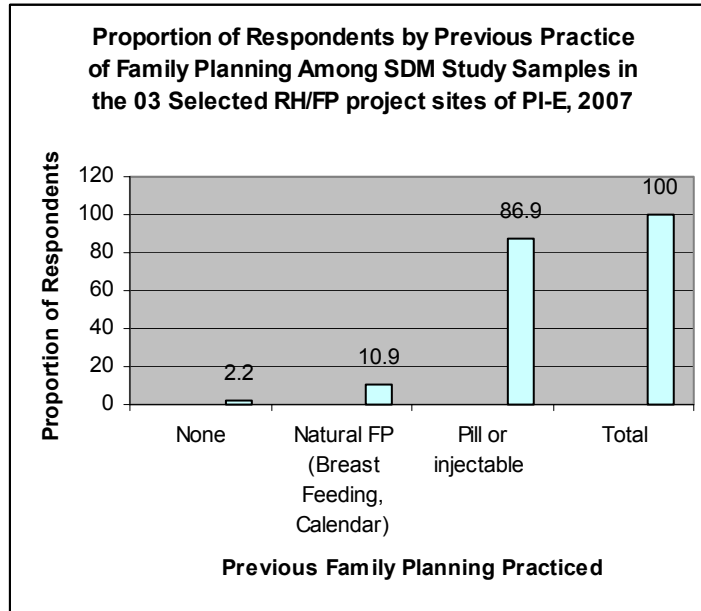


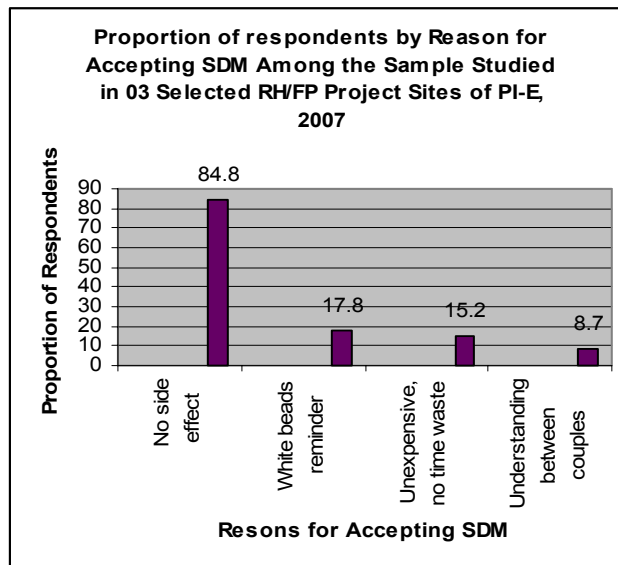
Figure 5 shows that 30% of women among the SDM acceptors in the study sample were the ones who already had 5 children followed by 23.9% with 02 children. Mothers of 3, and 4 children represent each 17.4% of the total.

**Figure 6**



The clients' who had practiced family planning including breast feeding, the calendar method , pills, and the inject-able prior to the initiation of the SDM in the study area represented 97.8% of all the study samples. Among them however, those who practiced the pill and inject-able were 86.9%; followed by, 10.9% and 2.2% by those who had been using breast feeding or the calendar, and never respectively (see figure 6 above).

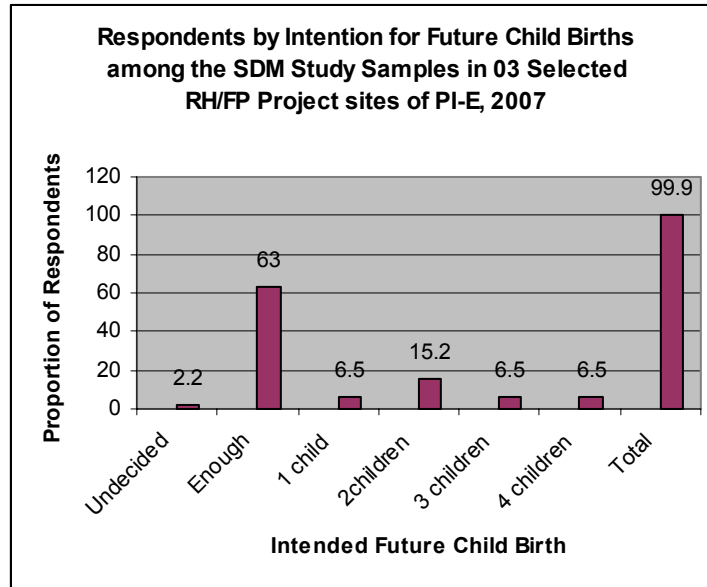
**Figure 7**



As shown in the figure above, the largest proportion (84.8%) who preferred the SDM to other family planning methods said that it does not have side effects and not in touch with the body.

Others, 17.8% of them said that the white colored beads that lit in the night played important role in reminding them when to abstain sex even if they become forgetful. As well, 15.2% of the respondents mentioned that the Cycle beads is economical, and a one time item collection that does not require them to spend time and energy for repeated visits. Even if they were in small proportion, about 8.7% of the respondents underscored saying that the SDM helped them to establish mutual understanding with their counter parts because of eliciting discussion and reaching consensus on using it.

**Figure 8**



The intention of 63% of the respondents in the study sample was not to have any more children. Whereas, 15.2% of them wanted to have two more children as opposed to 3% that wanted 3 or 4 children (See figure 8).

The respondents were also asked on what they understand about what the different colors of the cycle beads indicate, how they would use the rubber ring, how they would associate the position of the rubber ring with their menstrual cycle and probable days of fertility. To this end, almost all clients answered with certainty and proved themselves knowledgeable on understanding the cycle beads in general and its utilization in particular.

Last but not least, it remains mandatory to mention the respect that respondents have for the CBRHAs who had taken the initiative of giving them the information and counseling on the SDM, the frequent visits they ever made to follow up, and supervise them when using the cycle beads.



CBRHAs of Dembidolo rehearsing on counseling clients how to use the Cycle beads during their training  
(Photo courtesy: Befekadu Demmissie, Dec. 2004)

Mis. Getu Kebede is one of the CBRHAs in a village Fajjigelila, Dendi sub district that was trained in SDM Counselling and Service Delivery. She was seen when supervising and giving her feed back to her SDM client. (Photo courtesy: Caroline Blair, MBA, George Washington University IRH, 2005 )



Young Hirut Bekele(right) never used family planning before. After the birth of her first daughter, CBRHA Lemlem Bushe (left) taught her and her husband about both exclusive breastfeeding (LAM) and the SDM. She used exclusive breastfeeding for 6 months as contraception before switching to the SDM. "I am free of any side effects in using this method. I can also transfer this knowledge and experience I have on to others." She plans to use the SDM to space her next pregnancies, and has since advised two friends of hers to seek counseling on the SDM. (Photo courtesy: Margot M. Kane, Communications Officer, Pathfinder/Ethiopia, June 2006)



Hence, the SDM trained CBRHAs play key role in the delivering the SDM service and, mean time responsible for the close follow up and supervision of the clients on appropriate use of the method. Meantime, the client was heard appreciating the glaring of the white beads in the darkness as important in reminding her and the counterpart on the unsafe (fertile) days of her menstrual cycle vis-à-vis the precaution they had to make in preventing unwanted pregnancy. (Photo courtesy: Miss Caroline)



Mis Bezuaalem Siyoum, resident of Dilla, age of 30 years who had attained 9th grade, reported that she was acceptor of the pill and inject-table contraceptives for 2, and 9 years respectively. She then switched to the SDM because of not feeling comfortable with the size of her goiter, and thanked Mis Meaza Adugna the CBRGHA for counseling her and the counter part on the method. However, she cited that her husband was assuming as if the beads were some sort of magical pebbles until the CBRHA gave him further explanation on how it works. It is now 5 months since they started using the SDM, and planned to continue using it for long.



Thus, it is believed that the SDM had facilitated the couples right for choice, and compliance with the requirements of using the method.

(Photo courtesy: Befekadu Demmissie, Team Leader, Capacity Building and Training Team)

## **Conclusion:**

Therefore, findings of the sample study on Determinant Characteristics of the SDM reflected that :

- Young women at the most those in the age group of 25-29 years, followed by 30-39 years formed the largest proportion of the SDM acceptors
- The largest proportion of the SDM acceptors were
- Were predominantly followers of the Christian religion and in particular the ones who were Orthodox, and Protestants
- Those who had formal education were more inclined to practice the SDM than were those who do not read and write.
- Clients who had one or more children were more inclined to practice the SDM than those who never gave birth.
- Those who had previous experience of using other methods of family planning formed the highest proportion of acceptors
- The largest proportion of the acceptors were those who had some sort of side effects with practicing other FP methods previously
- The largest proportion of the clients had 2 or more children.
- Most of them were clients who do not want to have any more children, followed by few others wanting 2 children in the future.
- All of the clients were in their first order of marriage.

## **Recommendations:**

- More efforts has to be exerted than ever in IE-BCC to bring the Muslim community, and the Catholic Christians on board with regard to the knowledge, cones and pros of using the SDM as one of the modern FP methods.
- Clients who had decided not to have any more children but using the SDM may require further counseling than ever on the different available methods of contraception to increase their probability of not becoming pregnant again.
- Use clients that were satisfied with the SDM to get the message across the community, to bring on board those who want to plan their families but undecided to do so for one thing or the other.
- In the course of counseling potential clients of the SDM, it is very necessary to observe that the couples have established mutual understanding to commit themselves to all requirements for becoming SDM client.
- The SDM is a possible alternative method of family planning to increase method mix of contraceptives at community based reproductive service sites through trained CBRHAs.
- The CHBRHAs have to make frequent visits to the SDM clients in the first 3 to 4 months of the service to confirm client's compliance with regard to counseling given on SDM use.
- The service also requires close follow-up and supervision of RH/FP program coordinators, and supervisors of the CBRHAs to learn lessons and maintain quality both at the providers' and clients' levels.

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