

The Standard Days Method: A New Effective Method of Family Planning

The Standard Days Method* (SDM), a simple and effective fertility awareness-based method of family planning, is an innovative approach to addressing unmet need. Women with menstrual cycles between 26 and 32 days long can use the SDM to prevent pregnancy by avoiding unprotected sex on days 8 to 19 of their cycles.¹

Surveys show that well over 30 million women worldwide report that they are using “periodic abstinence” to prevent pregnancy.² The majority of them, however, do not know when they are most likely to get pregnant—making their efforts to avoid pregnancy often unsuccessful. Additionally, millions of women who do not want to get pregnant are not using any method of family planning. Others are using a method inconsistently, switching methods frequently or discontinuing a method after just a few months. Many of these women could benefit greatly from the SDM, which has been incorporated successfully into reproductive health and community development programs around the world.

The Scientific Basis of the SDM

The SDM is based on a woman’s physiology. A woman is fertile a total of six days each month—five days before ovulation plus the day of ovulation.³ This is because of the life span of the sperm, which remain viable in the woman’s reproductive tract for up to five days, and the fact that the ovum can be fertilized for up to 24 hours following ovulation. Ovulation occurs around the mid-point of the menstrual cycle (+/- 3 days).

Development of the Method



The Institute has developed a wide range of materials to support SDM service delivery.

The SDM was developed by the Institute for Reproductive Health at Georgetown University Medical Center with support from the U.S. Agency for International Development.

To develop this method, researchers used data from a number of published studies as well as a large data set from the World Health Organization.⁴ First, a computer model was designed to assess the potential efficacy of the method and identify for whom it would be appropriate. Then a clinical trial was conducted to

determine its effectiveness in actual use. The study included nearly 500 women in three countries—Bolivia, Peru and the Philippines—who used the method for up to one year. The study followed internationally recognized procedures used in efficacy studies for all modern family planning methods.

Effectiveness of the SDM

Results of the efficacy study show that women were able to use the method correctly, and that it was more than 95% effective – well within range of a number of other methods. That is, out of 100 women using the method correctly for 1 year, fewer than 5 would get pregnant.⁵

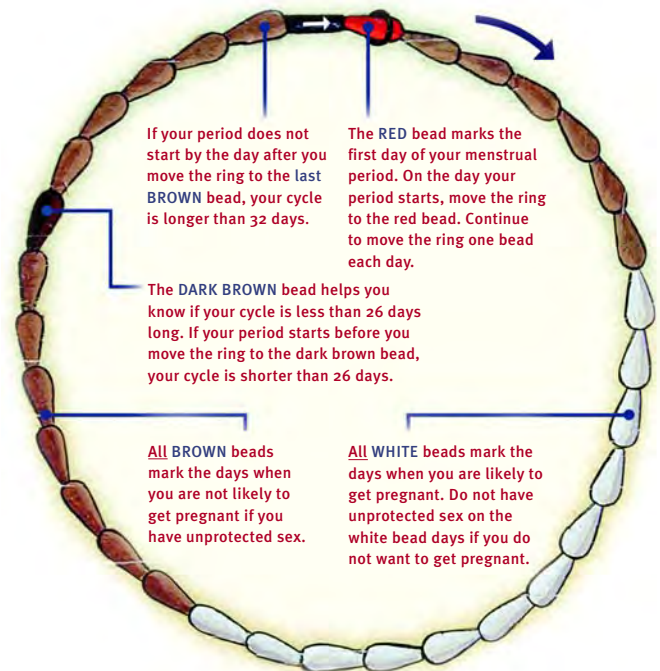
Who Can Use the SDM

The SDM works well for women who usually have menstrual cycles between 26 and 32 days long (about 80% of cycles are within this range).⁶ To use the method successfully, they also need to be able to avoid unprotected intercourse on days 8 to 19. Like most other family planning methods, the SDM does not protect against STDs.

How Women Keep Track of Their Fertile Days

CycleBeads*, a color-coded string of beads, can help a woman keep track of her cycle days, know which days she can get pregnant (days 8 through 19), and monitor her cycle lengths to be sure they are between 26 and 32 days long. To use CycleBeads, she moves a rubber ring over one bead every day to visibly track where she is in her menstrual cycle. The color-coded beads indicate whether she is on a fertile or infertile day. Women are counseled to avoid unprotected intercourse when the rubber ring is on a white bead, representing a fertile day.

CycleBeads: An Easy Way to Use the Standard Days Method



Including the SDM in Family Planning Programs

A number of public and private sector organizations—ministries of health, family planning associations, and non-governmental organizations (NGOs)—are now offering the SDM. It has been offered successfully by community-based health workers, outreach workers, auxiliary nurses and physicians as well as by community volunteers. The most experienced family planning providers can be trained to offer the SDM in just a few hours. Training community-level personnel generally takes longer and may require more supervision, but they are equally competent in providing the method. Initial screening and counseling can be accomplished in about twenty minutes. A follow-up visit improves method use, but is not essential.

Results of Introducing the SDM

Studies conducted with 14 organizations in Latin America, Asia, and Africa, have found it is an affordable method that can be provided by a variety of health workers in diverse settings. Results also demonstrate that incorporating the SDM into family planning services can reduce unmet need and help programs reach new under-served clients. The SDM also has been shown to increase fertility awareness, promote male involvement and strengthen couple communication.

Acceptance, correct use and effectiveness vary by program, the characteristics of clients and the service delivery setting and depend on provider motivation and the quality of services. Satisfaction with the method is generally high among clients and providers, and virtually all programs that have introduced the SDM on a pilot basis have gone on to scale-up services.

Introducing the SDM can help programs expand client base, increase prevalence and reduce unmet need.

Users of the SDM

People in many different countries use the SDM. Some cannot read and write, while others are highly educated. In India, for example, about half of the SDM clients living in New Delhi had never attended school; while 65% of women in an urban Philippines study had attended college. Some SDM users are postponing a first birth, while others are spacing pregnancies. Most people who choose the SDM like it because it is natural and has no side effects. Others like it because they do not have to take something everyday and it is economical. Although natural methods of family planning are frequently

associated with religious beliefs, relatively few women mention this as a reason for selecting the SDM. In most countries, women who choose the SDM have never used a modern method of family planning before.

Men and the SDM

Results of SDM introduction studies, which followed 1,600 users in nine countries for up to 13 cycles, showed that most men who participated in method use did so by helping to keep track of the fertile days and by agreeing to abstain or use condoms. Results also showed high method satisfaction among both men and women and positive effects on couple communication. Some organizations have successfully included men in SDM counseling, while others provide group education sessions for men. Some programs simply make information about the method widely available in the community. Providers routinely address the role of men by exploring with their female clients how to explain the method to their partner and how their attitudes and behaviors may influence use of the method.

Benefits of Offering the SDM

Introducing the SDM can help programs expand their client base, increase prevalence and reduce unmet need. By introducing the SDM, programs are able to attract women who previously had not used any method, women who are dissatisfied with their current method, and women who have relied on traditional methods. In Peru, for example, a significant increase in new users was observed after the SDM was incorporated into Ministry of Health services.

The SDM accounted for 6% of all new users, and 80% of these had been using either a traditional method or no method. In Rwanda, the SDM now accounts for 8% of new users in the health centers where it has been introduced, and 95% of the new SDM users were using no other method at the time they received SDM counseling. Several studies have also shown significant increases in contraceptive prevalence at the community level after SDM introduction.

At an individual level, many women and men report that their lives are significantly improved when they begin using a family planning method that corresponds to their needs.

“I feel better now, calmer, with the SDM. I used to worry about having another child. Now, I’ve learned about my body and my cycle.” (Peru)


“I liked the SDM immediately because it was natural. My husband also likes the method since he can tell very easily my fertile and non fertile days.” (Philippines)

“We really like this method. It makes a complicated subject so simple.” (USA)

Conclusion

The SDM is a major improvement over the traditional periodic abstinence methods practiced by many couples around the world and is an important component of informed choice. It is an effective and easy-to-use natural method that is feasible for programs to offer, acceptable to many women and men and addresses a critical unmet need. By knowing which days of the cycle they are at risk of pregnancy, women—together with their partners—are better able to avoid unplanned pregnancies.

How To Get Assistance in Introducing the SDM

The Institute for Reproductive Health, Georgetown University assists organizations interested in introducing the SDM into their programs. It helps organizations train trainers and providers, and offers training and counseling materials and provider job aids for on-site training and distance learning. The Institute has also developed a wide range of materials for clients including CycleBeads, package inserts and brochures. For more information about introducing the SDM, visit our website at www.irh.org or contact us at irhinfo@georgetown.edu. 

Endnotes:

*Standard Days Method and CycleBeads are trademarks of Georgetown University.

¹Arévalo M, Jennings V, Sinai I. A fixed formula to define the fertile window of the menstrual cycle as the basis of a simple method of natural family planning. *Contraception*. 2000; 60: 357-360.

²Population Reference Bureau. World Population Data Sheet, 2003.

³Wilcox, A, Weinberg C, Baird D. Post-ovulatory aging of the human oocyte and embryo failure. *Human Reproduction*. 1998; 13:394-397

⁴World Health Organization. A prospective multicentre trial of the ovulation method of Natural Family Planning. II. The effectiveness phase. *Fertility and Sterility*. 1981; 36:591-8.

^{5,6}Arévalo M, Jennings V, Sinai I. Efficacy of a new method of family planning: the Standard Days Method. *Contraception*. 2002; 65:333-338.

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The **Institute for Reproductive Health** conducts research and provides technical assistance on expanding access to natural methods of family planning and improving options for women and couples worldwide.

For more information, contact:

Institute for Reproductive Health
4301 Connecticut Ave., Suite 310, Washington, DC 20008
irhinfo@georgetown.edu www.irh.org