

Standard Days Method®: Building Gender Equity & Engaging Men in Family Planning

The International Conference on Population and Development (ICPD) promotes gender equity and places responsibility for family planning equally on men and women. One method that contributes to this goal is the Standard Days Method® (SDM), which by definition and use emphasizes a couple-perspective. SDM is a method based on awareness of when a woman is fertile during her menstrual cycle. It is appropriate for women with regular menstrual cycles between 26-32 days long and identifies days 8-19 of the cycle as fertile. During these days couples may choose to abstain from intercourse, while others use a barrier method such as condoms. Most SDM users rely on a color-coded string of beads called CycleBeads® to track their fertile days and to facilitate partner communication.

Will men participate in SDM and can they use it correctly?

Sometimes policy makers are hesitant to include SDM in their programs because they assume that men are simply unwilling or unable to abstain from sex or use condoms on fertile days. They are also concerned about gender-based violence and sexually transmitted infections that may result from unprotected sex. The reality is that while these problems are serious, many women do not experience them. In every population there are women whose sexual partners are willing to use the method and do so effectively. A large number of these women are not using family planning, and SDM provides an attractive option to avoid pregnancy with a non-hormonal method.

Research shows that male partners of women who choose SDM are able and willing to use the method correctly. Only about 2% of women dropped out of the study that tested SDM efficacy because their partners did not want to use the method. According to data from 14 studies conducted in Latin America, Asia and Africa, very few women reported that their husbands insisted on sex during the fertile days.ⁱ The results from these studies demonstrate that men are interested in SDM and participate in method use in a number of ways: using condoms or abstaining during fertile days; supporting the woman's use of the method; keeping track of fertile days; and purchasing CycleBeads and condoms. Other findings show CycleBeads are an effective communication tool and have helped women and men talk about family planning or facilitated discussion about sexuality, including what they need to do to avoid pregnancy on the fertile days.ⁱⁱ CycleBeads are a visual aid; the man can see when the beads indicate the woman is on a fertile.



Standard Days Method® (SDM) & CycleBeads®

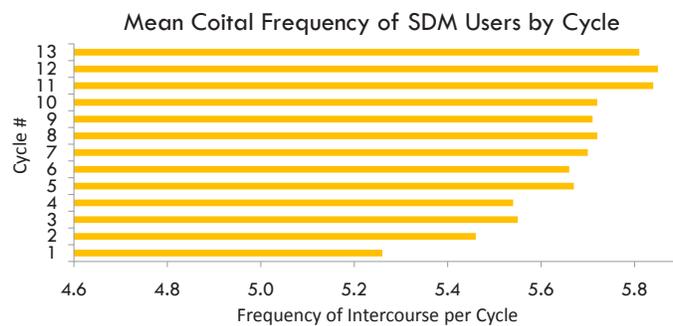
Based on reproductive physiology, SDM identifies the days in the menstrual cycle when pregnancy is most likely, and thus when to avoid unprotected intercourse to prevent pregnancy. CycleBeads®, a visual tool shown below, helps women track their cycle to know when they are fertile. An efficacy trial showed SDM to be more than 95% effective with correct use and 88% effective with typical use, well within range of other user-dependent methods. The World Health Organization (WHO) recognizes SDM as an evidence-based practice and includes it in their family planning (FP) guidance documents. SDM is incorporated into national FP norms and policies in over 16 countries around the world. More information is available at www.irh.org.



How does SDM use influence the couple relationship?

One frequent question about SDM is whether it interferes with the couple's sexual relationship. Analysis of coital frequency data from SDM efficacy trials shows that SDM users have intercourse as frequently as other method users, although almost all intercourse takes place on the non-fertile days in the woman's cycle (days 1-7 or after day 20 of the cycle). Data from national surveys in 26 countries show that mean coital frequency for all sexually active women is 5.5 per cycle, as compared to 4.9 for users of coitus-dependent methods and

5.5 for SDM users.ⁱⁱⁱ Moreover, over time couples learn to adjust their sexual life around the fertile days – coital frequency increases from 5.27 to 5.81 after one year of SDM use.



Of course, coital frequency only tells one part of the story. What do users say about the effect of SDM use on their relationship? While some mention dissatisfaction with needing to modify their sexual behavior on fertile days, most users report enhanced feelings of love, mutual respect, control of their

fertility, and physical well-being. Others comment on heightened eroticism related to timing of sex and non-coital practices. In rural India, over 90% of women using the SDM reported increased communication, affection, understanding and improved ability to discuss sex. Only 8% of women reported that SDM use had a negative influence on their relationship because their husbands were angry or uncomfortable with avoiding unprotected sex on fertile days. Many report no differences at all.^{iv}

What SDM Users Say

“The SDM has helped us to become closer, understand each other's needs. Unlike earlier, we now discuss intimate things with each other and this has added pleasure to our otherwise monotonous sex life.” - **Male SDM user, India**

“I feel good that my husband now understands how my body works. He pays attention to my suggestions and respects my wishes. For the first time he asks me if we can have intercourse. I am happy that he cares about me.” - **Female SDM user, India**

“Knowledge of the safe and unsafe periods has been liberating.” - **Female SDM user, El Salvador**

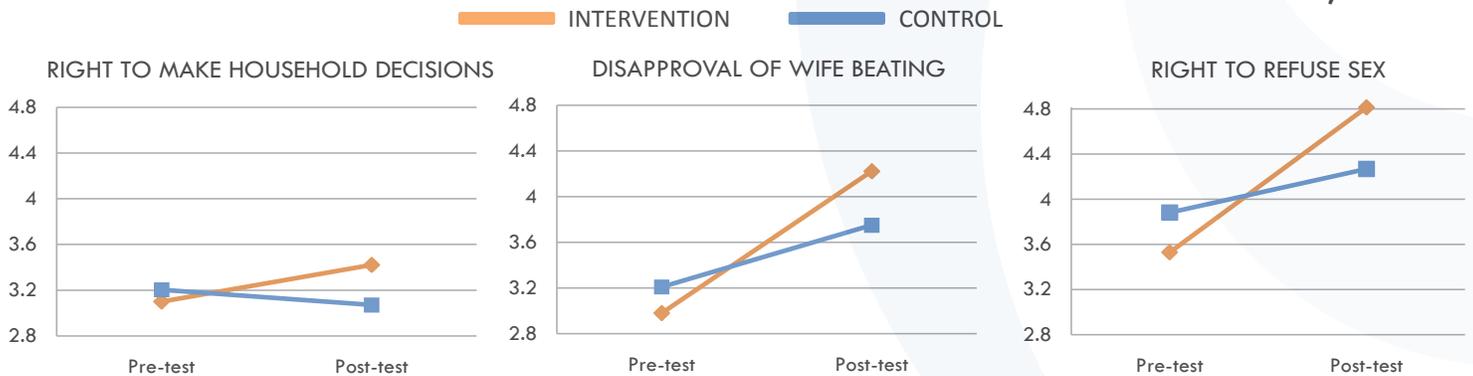
“Now we know about our bodies and how to protect ourselves during the unsafe days. Because of the necklace we know when our period comes.” - **Female SDM user, Benin**



How does SDM affect women's empowerment?

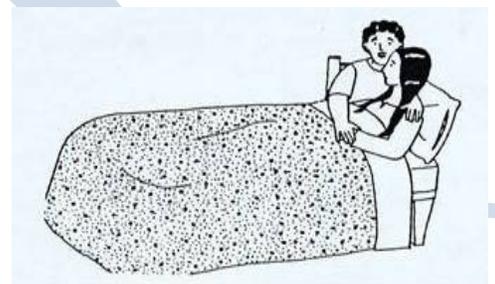
Results from in-depth interviews with SDM users suggested that the experience of using SDM was empowering for many women. Women were able to understand the menstrual cycle and how the method worked to prevent pregnancy. In a study conducted in Guatemala, women reported a significant increase in the ability to care for their health, refuse sex and communicate with their partners after six months of SDM use.^v A pre- and post- test community survey conducted in India before and after SDM introduction yielded similar findings, as illustrated by the graphs below (responses were measured on a scale from 1 to 5).^{vi} These results suggest that interventions which increase couple communication and decision-making, such as instruction and counseling in the use of SDM, have the potential to contribute to women's empowerment.

WOMEN'S EMPOWERMENT INDICATORS PRE- AND POST-SDM INTRODUCTION, INDIA

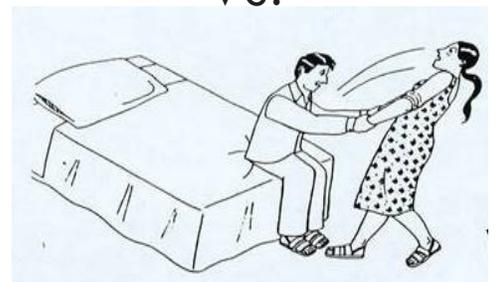


Which couples can use SDM successfully?

Like other family planning methods, SDM is not well-suited for all women and couples. For example, it is unlikely to succeed with couples whose relationship is characterized by gender inequity and gender-based violence. Discordant couples or others at high risk of STIs are not suitable candidates for SDM. An important element of offering SDM is to make sure that women and men have the information they need to decide whether this method is right for them and to provide them with the knowledge and skills necessary to use the method correctly. The high acceptability and correct use of the method seen in diverse settings around the world are likely a result of the attention programs have given to good-quality screening and counseling. It is important that both the woman and the man agree about whether or not they want a pregnancy. It is also critical that both understand how SDM works and that the woman is likely to get pregnant if they have unprotected sex during her fertile window. For best results counselors encourage couples to decide beforehand what they will do during these fertile days—some decide to use a barrier method while others decide to abstain from sex.



VS.



Can SDM introduction help engage men in family planning?

Incorporating SDM can help programs explicitly address couple communication and sexuality issues in the context of method selection, method instruction, condom use, couples' use of the method and follow-up. Research from India, for example, shows significant improvements in condom counseling after incorporating SDM into public sector programs.^{vii} Similarly, data from Guatemala show that once providers began offering condoms as part of SDM instruction, they felt more comfortable offering them to all of their clients.^{viii} SDM does involve men in family planning and programs that offer it have taken the initiative to engage men constructively. They have followed through by mobilizing male leaders, training male community health workers and reaching men through a variety of communication activities.

For further information, contact IRH at irhinfo@georgetown.edu or visit our website at www.irh.org.

ⁱ Gribble J., Lundgren R., Velasquez C., Anastasi E. Being strategic about contraceptive introduction: the experience of the Standard Days Method®. *Contraception*. 77 (2008): 147-154.

ⁱⁱ Ibid.

ⁱⁱⁱ Sinai, I., and M. Arevalo. It's all in the timing: Coital frequency and fertility awareness-based methods of family planning. *Journal of Biosocial Science*. 38 (2005): 763-777.

^{iv} Introduction of the Standard Days Method® in CARE-India's Community-Based Reproductive Health Programs. October 2005. Washington, D.C.: Institute for Reproductive Health, Georgetown University for the U.S. Agency for International Development.

^v Comparison of Standard Days Method® User Tools. February 2008. Washington, D.C.: Institute for Reproductive Health, Georgetown University for the U.S. Agency for International Development.

^{vi} Introduction of the Standard Days Method® in CARE-India's Community-Based Reproductive Health Programs. October 2005. Washington, D.C.: Institute for Reproductive Health, Georgetown University for the U.S. Agency for International Development.

^{vii} Assessing the impact of scaling-up the Standard Days Method® in India, Peru, and Rwanda. February 2008. Washington, D.C.: Institute for Reproductive Health, Georgetown University for the U.S. Agency for International Development.

^{viii} Strengthening Services and Increasing Access to the Standard Days Method® in the Guatemala Highlands. January 2006. Washington, D.C.: Institute for Reproductive Health, Georgetown University for the U.S. Agency for International Development.

**Institute for
Reproductive Health**
Georgetown University
4301 Connecticut Avenue NW,
Suite 310
Washington, DC 20008
Tel. 202-687-1392
Fax: 202-537-7450
irhinfo@georgetown.edu

The Institute for Reproductive Health at Georgetown University contributes to a range of health initiatives and is dedicated to helping women and men make informed choices about family planning and providing them with simple and effective natural options. For more information about the Institute, please see www.irh.org.

This publication and the project featured were supported by the U.S. Agency for International Development under Cooperative Agreement HRN-A-00-97-00011-00.

Acknowledgement: IRH would like to thank Elaine M. Murphy, Ph.D., a Visiting Scholar at the Population Reference Bureau, for her contributions to the finalization of this brief.

