



FAMILY PLANNING



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Repositioning in Action E-Bulletin

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The Standard Days Method®: Expanding Family Planning Options

The Standard Days Method (SDM) is a contraceptive method that is being included in family planning and reproductive health programs in numerous countries. The SDM identifies a fixed fertile window in the menstrual cycle, when pregnancy is most likely to occur. To prevent pregnancy, users avoid unprotected sex by using a condom or abstaining on days 8 – 19 of the cycle – a

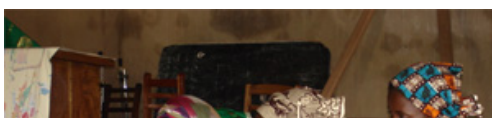
formula based on computer analysis of 7,500 menstrual cycles.¹ Clinical studies have shown it to be more than 95 percent effective with correct use and 88 percent with typical use, well within the range of other user-dependent methods.² The SDM is appropriate for women who usually have cycles between 26 and 32 days long (approximately 80 percent of cycles are in this range).³ The SDM is supported by CycleBeads®, a visual tool that helps women track their cycle days and know when they are fertile, so they can use a barrier method or abstain on fertile days to avoid pregnancy.

"The Standard Days Method has served as a family planning repositioning tool in Benin. We have seen the uptake of all methods in areas where [it] is being offered." - Director of Family Planning, Department of Family Health, Benin

International recognition of the SDM: The SDM has been recognized as an evidence-based practice by the World Health Organization (WHO) and has been included in their "cornerstone" family planning guidance documents. It has also been recognized as a best practice by USAID.⁴ With funding from USAID, Georgetown University's Institute for Reproductive Health, which developed the method and conducted its efficacy trial, has been studying and facilitating the introduction of the SDM into programs around the world since 2002. The method is currently offered in over 30 countries.

Why Offer the SDM?

Given its ease of use and lack of side effects, the SDM may appeal to couples who are not currently using any method, those relying on a traditional method, and those who are dissatisfied with their current or past method. Therefore, this family planning (FP) method is an important addition to the method mix that could help many couples prevent unplanned pregnancy.



Attracts new FP users and helps meet unmet need: Study results that appeared in the March 2008 issue of *Contraception* show that the SDM brings new users to FP. 5 Mar-

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Women in Benin learn about the SDM and CycleBeads.

Source: Institute for Reproductive Health

that the SDM brings new women to FP. More than half the women who selected the SDM had never used FP before. Data on user characteristics show that the method reached a group of women with unmet need who did not want to use any kind of contraceptive hormones or devices. The SDM appeals to a wide variety of women, regardless of age, education, religion, or rural/urban residence.

Improves access to FP methods: Including

the SDM in the FP method mix enables programs to reach women through a variety of service delivery approaches, especially at the community level. Evidence from a number of countries, including Benin, Burkina Faso, the Democratic Republic of the Congo, Madagascar, Mali, and Rwanda, shows that the SDM can be offered by physicians, nurses, auxiliary nurses, and community volunteers, in both the public and private sectors.

Reduces cost: CycleBeads are relatively inexpensive compared to other methods.⁶ One set of CycleBeads provides the equivalent of two couple years of protection compared to 240 condoms, 30 pill packets, or eight Depo Provera® injections. Because the method does not require re-supply and has no special storage requirements, it also contributes to contraceptive security. While trained providers, basic logistics systems, and IEC materials are critical for making the method available, they involve little cost to ongoing programs beyond small initial investments. Training requirements are also minimal: With as little as a half day of training, providers with varied educational backgrounds can offer the SDM.

Empowers women: Women who learn and use the SDM have increased knowledge of their bodies and their menstrual cycles. Studies have documented that with this increased knowledge, women's self-confidence also increases. SDM use also leads to

greater levels of communication between partners. In many cases, this has made it possible for women to talk openly with their husbands about how to manage the fertile days to avoid pregnancy.

Involves men: Because the SDM involves using condoms or not having sex on days 8 – 19 of the cycle, it is necessary that men are involved. Offering the SDM encourages and offers programs an opportunity to make serious efforts to reach men with FP information and services and to incorporate gender issues into FP counseling. Studies in multiple countries have demonstrated that men are interested in the SDM and participate in method use by abstaining or using condoms during the fertile days, or by obtaining condoms and helping their wives keep track of their fertile days.⁷



Group training on the SDM and CycleBeads in the Democratic Republic of the Congo.

Source: Institute for Reproductive Health

Improves condom use: SDM counseling regularly addresses sexually transmitted infections and introduces condom use. Programs report that SDM counseling presents an opportunity – and a comfortable context – to encourage and discuss condom use. Evidence from operations research in Guatemala and India showed that the introduction of the SDM improved condom counseling among all FP clients, regardless of the method chosen. Studies conducted in six countries found that more than half of people who use the SDM use condoms on fertile days.⁸ The SDM, like other FP methods, with the exception of the condom, does not protect against HIV. Correct and consistent condom use should be advised for protection against HIV.



Women in Senegal learn about the SDM and CycleBeads.

Source: Institute for Reproductive Health

Forms a bridge between the Faith-based organizations community and the public sector:

Faith-based organizations (FBOs), including Catholic, Protestant and Muslim groups, are major health providers in developing countries. IRH has collaborated with dozens of FBOs in over 25 countries. FBOs' credibility in the community provides a safe and comfortable entrée to FP to those who might not normally seek such services from other sources. Many of these groups provide better quality care than government-supported services. FBOs have provided training in the SDM, and in some instances have helped integrate it into public sector norms and policies.⁹

Recently, CycleBeads were included in the USAID contraceptive and reproductive health commodity procurement system, making it more feasible for country programs to include the SDM as a contraceptive option. (USAID Missions, please contact deliverprocurement@jsi.com about CycleBeads procurement; others contact info@cyclebeads.com.)

Conclusion

The SDM has been introduced in many sub-Saharan African countries and in over 30 countries worldwide. It is included in many national norms, allowing communities to have more FP options. The SDM can help countries broaden the method mix, reduce unmet need, increase contraceptive prevalence, and engage new stakeholders in supporting FP.

Tools/Additional Resources

- CycleBeads are now available through the USAID/DELIVER PROJECT. USAID Missions can order CycleBeads through the Central Contraceptive Procurement Project, the same way they currently order contraceptives and condoms. Contact deliverprocurement@jsi.com for more information. Others contact info@cyclebeads.com.
- A Global Health Technical Brief on the SDM is available at www.maqweb.org/techbriefs/tb3sdm.pdf [PDF, 75KB].
- A USAID e-learning course on the SDM is available at www.globalhealthlearning.org.
- Contraceptive Security: Ready Lessons II. Expanding Contraceptive Security through Support for Underutilized Methods is available at <http://www.maqweb.org/ReadyLessons/EN/RLIIL8.pdf> [PDF, 495KB].
- Evidence-based guidance for including SDM in family planning services is available at http://www.irh.org/SDM_Implementation/.
- A recent article by UNFPA cites the method's success and the popularity of CycleBeads in Senegal (<http://www.unfpa.org/news/news.cfm?ID=1111>), and several UNFPA country offices include the SDM in their programming.
- The SDM Online Training Course for Providers is available at http://www.irh.org/SDM_Training/index.php.
- Learn more about the Institute for Reproductive Health www.irh.org.

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2. Arévalo M., V. Jennings, and I. Sinai. 2002. "Efficacy of a new method of family planning: The Standard Days Method." *Contraception*. 65(5):333-338.

3. Arévalo et al. 1999. op cit.

4. *Medical Eligibility Criteria for Contraceptive Use (2004)*, *Selected Practice Recommendations for Contraceptive Use (2005)*, *Decision-Making Tool for Family Planning Clients and Providers (2005)*, *Family Planning: A Global Handbook for Providers (2007)*

5. Gribble, J., R. Lundgren, C. Velasquez, and E. Anastasi. 2008. "Being strategic about contraceptive introduction: the experience of the Standard Days Method®." *Contraception*. 77(3): 147-154.

6. Gribble, J., V. Jennings, and M. Nikula. 2004. "Mind the gap: responding to the global funding crisis in family planning." *Journal of Family Planning and Reproductive Health Care*. 30(3):155-157.

7. Gribble et al. 2008, op cit.

8. Jennings, V. and R. Lundgren. 2004. "Standard Days Method: A Simple, Effective Natural Method." USAID Global Health Technical Brief. Baltimore, MD: Johns Hopkins University/Center for Communication Programs.

9. Institute for Reproductive Health. 2006. "Expanding Family Planning Options through Partnerships with Faith-Based Organizations." *AWARENESS Project Field Note*. Washington, DC: IRH, Georgetown University.

we want to tell your repositioning story

Please contact Carmen Coles at ccoles@usaid.gov with your successes in family planning programming.

For more information on Repositioning Family Planning, please contact Alexandra Todd at atodd@usaid.gov or Carmen Coles at ccoles@usaid.gov.

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