

Next steps

In the coming months, most of the phase II FPAs are expected to complete their self-assessments and begin implementation of their action plans. Phase I FPAs continue to implement their action plans and several will be ready to be assessed for a QOC Award in the first half of 2004. Meanwhile, training at all levels continues. The next inter-regional training, for example, is scheduled for November 2003, and will focus on IPPF's *Medical and Technical Guidelines* and infection prevention techniques. Regional and in-country training sessions will follow.

Conclusion

Initial experience with the QOC programme supports the idea that self-assessment is a simple, cost-effective, and appropriate way to identify areas where quality of care should be improved. The use of self-assessment has also helped increase staff motivation and improve relations between service providers and managers. As one regional QOC advisor described the effects of the self-assessment: "[staff] now look at themselves as a team... there has been a kind of *transformation*". In addition, the targeted training activities have been successful in transferring skills from level to level. The achievement of high-quality care is a long-term process and these are early days, but the results suggest that the first steps towards a QOC culture have been taken.

The Standard Days Method for family planning

Victoria H Jennings, Marcos Arevalo

Millions of women around the world – as many as 1 in 4 fertile women in some countries – try to avoid pregnancy by periodic abstinence from sexual intercourse. Their rate of unplanned pregnancy is high, because few can accurately identify the days of their cycles when they are likely to become pregnant. A way to meet this need, at least in part, is offered by the Standard Days Method (SDM), developed at the Institute for Reproductive Health, Georgetown University, Washington, DC, USA. The SDM is a fertility-awareness-based method appropriate for women with regular menstrual cycles between 26 and 32 days long. It identifies days 8 through 19 of the menstrual cycle as the "fertile window" – the days when pregnancy is very likely. To prevent pregnancy, the couple avoids unprotected intercourse during the 12-day fertile window, by using a barrier method or by not having sex.

In a multisite prospective study of 478 women, the SDM had a one-year failure rate of 4.8 % when used correctly.¹ When all pregnancies were considered – those in which couples avoided unprotected intercourse on days 8-19 and those in which they did not - the failure rate was 11.9%. This compares well with the results of several user-dependent methods offered by family planning programmes (Panel 1). The method was used correctly in about 97% of cycles. Similar typical-use

PANEL 1: Comparison of SDM with other methods. Adapted from *Contraceptive Technology*, 17th edition 1998

	Percentage of women pregnant in 1st year of use	
	Correct use	Typical use
Chance	85	85
Periodic abstinence	1-9	25
Spermicides	6	26
Diaphragm	6	20
Female condom	5	21
Male condom	3	14
SDM	5	12
Pill	0.1	5

Acknowledgment I thank Susanne Hamm for editorial assistance

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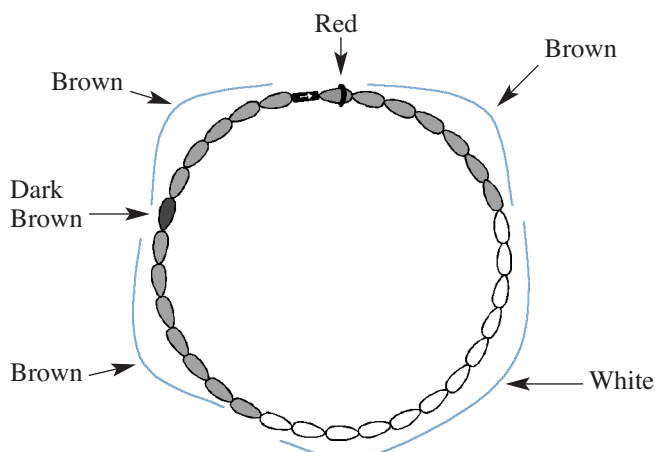
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failure rates have been reported in further studies conducted in several countries (www.measuredhs.com/countries.start.cfm).

The method

CycleBeads (Figure 1) are a tool to help couples learn and use the SDM. They help a woman keep track of her cycle days and know when she is fertile. Each bead represents a day of the cycle. On the first day of her menstrual period, she puts the black ring on the red bead. She moves it forward one bead each day. When the ring is on any of the brown beads, pregnancy is very unlikely. When it is on any of the white beads, she has a significant probability of pregnancy and should avoid unprotected intercourse. CycleBeads also help her monitor her cycle length. If she starts her period before she moves the ring to the dark brown bead, her cycle is less than 26 days long. If she moves the ring to the last bead and does not start her period by the next day, her cycle is longer than 32 days. If either of these occur more than once in twelve months, she should consider another method because the SDM will not be as effective for her as for women with cycles within the 26-32 day range. Studies in several countries around the world indicate that 70-75% of women have one or fewer cycles outside that range in a year.²

FIGURE 1: CYCLEBEADS



Reasons for inclusion in family planning programmes

Demand

As indicated above, many women now use natural methods that are highly unreliable. In addition, vast numbers worldwide use no method of family planning despite a wish not to become pregnant. The SDM is an option for both these groups, and it also has attractions for the many women who wish to determine the interval before their next birth. Worldwide, more than half the unmet need for family planning is in women who wish to space their pregnancies.³ This is particularly true for younger and lower parity women.

Feasibility

Most family planning programmes do not offer a natural method to their clients, primarily because the methods previously available are time-consuming and difficult for both providers and clients. Programme managers lack confidence in their effectiveness or feasibility under these circumstances. In contrast, only a few hours of training are needed for providers to learn how to counsel clients in the SDM, and clients can learn to use the method in a single counselling session of about 20 minutes (though continuation rates and successful use are improved by a follow-up session). The SDM requires no clinical examinations or procedures, and clients do not need to return to the clinic for resupply.

Expansion of options

Most SDM users are “new” to family planning. In studies conducted in several countries, 50 – 80 % of women who chose the SDM had never used family planning before: Ecuador 60%, Honduras 50%, Peru 88%, Jordan/Benin 48%.⁴ Because of its special characteristics, the SDM tends to reach couples with unmet need rather than substituting for established methods.

Male participation

The importance of including men in family planning and reproductive health has been shown in programmes around the world.⁵ Because the SDM requires a change in the couple's behaviour, it necessarily involves the male partner. Studies in rural communities and urban settings indicate that, when men are given information on SDM, correct use increases and pregnancy rates are lower.⁶ Successful strategies include reaching men directly through home visits and community-based meetings as well as through the media, and providing women with materials and skills to communicate with their partners about the method.

Strategies for programme managers

Provide information on the method

Traditionally, women have learned about family planning methods primarily from relatives, neighbours, or friends. But in the case of the SDM, programmes need to start the flow of information and ensure its accuracy. In addition, research shows that potential family planning users often seek services already knowing which method they want, and that they are likely to use their method longer if they receive the one they initially wanted.⁷ So, provision of information about the SDM is an important step in expanding use.

Include men

With all methods of family planning, male-friendly services, community education, and helping women communicate with their partners can increase satisfaction and correct use.⁸ This is particularly true for the SDM. Correct method use relies on both members of the couple, because they need to abstain or use a barrier method for 12 consecutive days each cycle. Experience in a wide variety of settings shows that men can support SDM use in several ways – from assisting their partners with CycleBeads to the use of condoms on fertile days.

Avoid provider bias

When all methods are offered in an atmosphere of true informed choice, clients receive the method that best meets their individual needs and preferences. Provider bias is a factor in family planning programmes around the world, and many providers are reluctant to offer the SDM if they lack experience with it or are uncertain about its efficacy. Studies in Honduras and Ecuador showed that, although provider training reduced bias against the SDM, supportive supervision was necessary to ensure that the method was offered equally with other methods.^{9,10}

Include the SDM in management information systems

Management information systems are a key source of data on programme performance, so it is important for managers to know how the addition of the SDM affects the method mix and number of clients. Programmes that calculate couple years of protection (CYPs) from their system data can attribute *two* CYPs for each new SDM client. As programmes are beginning to offer the SDM on a wide scale, studies are underway to assess its impact on contraceptive prevalence, methods mix, and attitudes in the community.

Resources

The Institute for Reproductive Health can supply training manuals, provider job aids, and descriptions of programme experience in many countries (www.irh.org). Information on CycleBeads is available from www.cyclebeads.com. A CD-ROM on the SDM is available from JHPIEGO as part of its ReproLearn Tutorial series at JHPIEGO.org/pubs/index.asp. The Institute for Reproductive Health also provides training and technical assistance to selected programmes. Additional information about the method is available in *Contraceptive Technology*, and in the World Health Organization's *Medical Eligibility Criteria for Contraceptive Use and Selected Practice Recommendations for Contraceptive Use*.

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