



Introducing the Standard Days Method™

Issue 1, March 2002



Greetings to our colleagues and collaborators – to all who are working with us to promote, provide, and study the Standard Days Method (SDM)™ — and welcome to the first issue of “Introducing the Standard Days Method™”. This is a quarterly publication to share information. It is no exaggeration to say that together we are on the brink of making a tremendous contribution to the quality of family planning and reproductive health services. Our goal is to make the Standard Days Method widely

available to people in clinic and community settings around the world. To achieve this, we must focus on quality training and services, on sharing our materials and experiences, and on communicating the results of our efforts to others in the reproductive health field. This first edition of “Introducing the Standard Days Method” describes several programs and highlights key activities. Your ideas and information are encouraged, and your efforts are much appreciated.

– Victoria Jennings, Ph.D.
Director, Institute for Reproductive Health

Country Highlights



India’s family planning program dates back to the 1950s, but the fertility rate is still high, in part due to the limited choice of birth spacing methods available. India’s family planning program offers only pills, IUDs and condoms as spacing methods.

To expand informed choice for birth-spacing, CARE India has integrated the SDM into a community-based reproductive health project in rural villages of the Sitapur district of Uttar Pradesh state. Based on focus group results, CARE decided to



produce CycleBeads using the color green (for GO or safety) to represent the infertile days, and white glow-in-the dark beads for the fertile days. A local toymaker manufactures the CycleBeads at the cost of 48 rupees (\$1.00). CARE has named the method, “Manka Vidhi”, which in Hindi literally means “Bead Method” but can also be translated as “Method of my Heart” or “Method of my Choice”.

CARE has continuously evaluated and revised its materials based on feedback from the field. When CARE extensionists discovered that women keep track of their menstrual cycles by the phases of a moon, symbols for the full and new moon were added to the provider calendar and client card. Later, when extensionists found that the client card was difficult for women to use, they replaced it with

a large calendar similar to the one used by providers and included instructions and messages for men on the back.

CARE has trained 72 female volunteers to provide the SDM in 48 communities. In half of these communities, male volunteers have also been trained. An initial obstacle

was that the communities considered it inappropriate for male and female volunteers to meet to talk about their clients. To solve this problem, CARE established a communication system based on written notes along with monthly meetings of male and female volunteers. This provided a culturally appropriate venue for volunteers to share information and plan activities.

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COUNTRY HIGHLIGHTS (cont. from page 1)

Demand for the SDM is high. Since November, volunteers have provided the SDM to about 200 couples. Men and women like the method because it is easy to use, simple, reversible and safe. Most couples use the method in combination with condoms. During a recent monitoring

visit, one woman told IRH that her husband checks the CycleBeads each morning before he goes to the field and that on the green bead days, "My husband is a happy man!"

News from the Field

BENIN: The West African nation of Benin is currently the only African and French speaking country to introduce the SDM. In collaboration with the nationally-based NGO "LEADD" (Laboratory for Applied Studies in Development), the IRH is partnering with 3 public and private sector clinics in 2 cities (Lagune Maternity Hospital in Cotonou, the capital; OSV-Jordan, a community-based NGO, also in the capital; and the Beninese Association for Family Promotion, an IPPF-affiliate in Parakou) to offer the SDM on a broad scale. IRH and LEADD staff conducted the training of clinic directors in Cotonou in December of 2001 and will be training health providers and community health promoters in April 2002, at which time the Ministry of Health in Benin is planning a national, multi-media kick-off campaign to officially launch the SDM

ECUADOR: CEMOPLAF, which is introducing the SDM into 8 of its family planning clinics, currently has 113 users admitted into the study since starting on July 1, 2001. A couple of months after introducing the SDM, CEMOPLAF carried out a Simulated Client Study to find out why they were not recruiting users as quickly as they had hoped. Based on the results, providers learned that the majority of the users are a "special group of people who have a good relationship with their husband" and for this reason recruitment will be slow. Providers also said that because of the SDM, the couples have seen physical and emotional improvements in their relationship.

HONDURAS: ASHONPLAFA, the IPPF affiliate introducing the SDM in Honduras in 8 of its clinics, has seen an increased interest among some groups with which they have not collaborated in the past. A couple of weeks ago, they were visited by a representative from "Las



Low-cost promotional activities have included the creation by MOH nurses of large banners and murals.

Misioneras de Maria de Irlanda," a group of nuns working as nurses in the municipality of

Marcala. These nuns expressed a great interest in promoting the SDM in Marcala because it is a very conservative community that has resisted the use of artificial methods in the past. ASHONPLAFA will provide them with their promotional materials. In addition, a priest from the community of San Antonio de Flores de Paz has also shown great interest and will begin promoting the method with support from ASHONPLAFA.

The Ministry of Health is introducing the SDM in 16 clinics in the Tegucigalpa area. All of the promotional materials are placed in strategic locations in the clinic where people are sure to see it. These simple ideas are paying off as the clinics are seeing increased awareness about the SDM by those who enter. CEVIFA a church-based NFP organization is supervising the SDM introduction in the Ministry of Health. CEVIFA is also working in Choluteca to offer the SDM as a natural method through rural health volunteers. These providers say that although they do not yet have a lot of users because they work in remote areas, couples using the SDM are very satisfied with it. According to providers, one user said, "The SDM is the most beautiful thing that has happened to me, because it has helped me put order in my life and my husband by being sure when we can and cannot have sexual relations."

Because of the SDM, couples have seen an improvement both on the physical and emotional side of their relationship.

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NEWS FROM THE FIELD (cont. from page 2)

EL SALVADOR: Project Concern International (PCI), and its local counterpart PROCOSAL, are offering the SDM in rural communities of El Salvador. PROCOSAL incorporated the SDM into its water and sanitation program as a way of overcoming male resistance to family planning. This initiative, called “Planificando Juntos”



Male provider counseling couples on the SDM in El Salvador.

(P l a n n i n g Together), is testing ways to get men involved in family planning. Do men participate fully in using the SDM? Yes! Although most women move the band themselves,

15% do it together with their husband or report that he does it. About 20% of men ask their wives if they are on a fertile day, and 5% check the calendar or the CycleBeads themselves to find out. The rest of the men understand how the method works and participate by avoiding unprotected intercourse.

PHILIPPINES: KAAANIB Foundation Inc., an agricultural NGO in Bukidenon Province, has introduced the SDM to couples living in six of the communities where it works. KAAANIB has been successful in offering the SDM to couples in the community, as well as linking SDM services with the government health system. KAAANIB couple educators were identified and trained in the SDM. Interest in the SDM, due to the KAAANIB project, is leading to the introduction of the method in 46 health posts in one of the cities where KAAANIB works.

News from the IRH

The results of the efficacy study of the Standard Days Method™ will be published in the May edition of **Contraception**. We expect that the availability of this important article will generate tremendous interest in this method, and we are preparing to meet increased demand



from the field. But even before this publication, we have made great strides. The Standard Days Method™ is described in a number of publications, including the World Health Organization “Medical Eligibility Criteria”, upcoming editions of “Contraceptive Technology” and “Population Reports”, and training manuals of numerous

organizations. It is included as a method in the norms of the Ministries of Health in Bolivia, Guatemala, and the Philippines, and soon will be included in several others. Presentations on the Standard Days Method™ are being made at conferences all over the world, and articles are appearing in newspapers and magazines. More and more organizations are eager to collaborate with us to expand the availability of the method.



But while we are proud of our many accomplishments, we realize that our work is just beginning. Thank you for joining us in this effort. We look forward to sharing information with you, and we count on your continued enthusiasm and support.

★ Special Recognition

In future issues, this section of the newsletter will recognize a provider who has made major contributions to introducing the SDM. They will be recognized for their dedication, extra efforts, and creativity in counseling and promoting the SDM. You, the providers, are the key

personnel that have the power to make the SDM a success. The first providers to be recognized will be appear in the next issue of our news bulletin. Thank you all for your hard work and dedication.

Let us Hear from You



*Got a challenge
with your client?*

*Get advice
from other providers like you.*

Dear IRH,

I work in the rural areas of India. Some of the community health workers tell me that very young women, between fifteen and seventeen years old, want to use the SDM. They are newly married and would like to wait a while before having their first child. They don't want to use other methods because they fear that they won't be able to have children later. Can they use the SDM?

Dear Provider,

Young women between fifteen and seventeen years old can use the SDM. They just need to follow the same selection criteria as any other woman. As long as she has regular cycles between 26 to 32 days and meets the other criteria, there is no reason not to offer her the SDM.

Dear IRH,

I have a client whose husband travels frequently. I counseled him about the SDM, and he agreed to use it. However, the first month they were using the method he returned from a trip on the first white bead. He insisted on having sex without protection, even though his wife didn't want to. What should I do? What should I tell them?

Dear Provider,

As a provider you should visit the couple and explain to the husband the importance of avoiding unprotected sex during the white bead days. Reiterate the reason why they both had agreed to use the SDM to plan their family. If after talking with the couple, the wife still complains that he does not cooperate, then suggest to them that they may need to consider another method and should come visit the clinic.

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The **Institute for Reproductive Health (IRH)**, part of Georgetown University, conducts research, advances scientific information, and provides policy support on fertility awareness-based methods of family planning by providing technical resources and assistance to organizations around the world, primarily in developing countries.

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