

Endnotes

How CycleBeads help women monitor their cycles

CycleBeads* help women identify the fertile days and monitor their cycles. Women are counseled that if their periods come before they move the ring to the darker brown bead, they are having a short cycle (less than 26 days); and if their period has not come by the day after the ring is placed on the last brown bead, they are having a long cycle (more than 32 days). They are advised that if this occurs more than once in a 12 month period, they should switch to another method. CycleBeads make it easy for women to monitor their cycles on an on-going basis and determine whether they can continue to use the method, or whether they should switch to another.

Conclusion

If a woman is not using a family planning method, her chances of becoming pregnant each cycle may be as high as 30%.¹⁰ Delaying the provision of SDM to women who are unsure of their cycle length is an unnecessary medical barrier and leaves the woman at a higher risk of pregnancy than SDM use during an out-of-range cycle. SDM users are still protected from pregnancy with the SDM, even if they have occasional cycles out of the 26 to 32 day range.¹¹ Good screening is effective in establishing method eligibility, and continued cycle monitoring enables women to identify changes in cycle length that may indicate the need to switch to another method.

Therefore, it is recommended that providers use the SDM checklist to determine if the method is appropriate and rule out reasons that could delay or deny its provision, particularly when it comes to determining the woman's cycle length and regularity. With the checklist, providers:

- help women estimate as closely as possible the date their last period began and when they expect their next period;
- ask women who do not know the exact date of their last period whether their periods usually come when they expect them, and whether that is usually one month apart; and
- emphasize the importance of using CycleBeads to monitor cycle length.

Proper screening is critical for effective use of the SDM and ensures that women who want to use the method and meet the eligibility criteria receive their method of choice.

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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.

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Reducing Barriers to Offering the Standard Days Method®

THE STANDARD DAYS METHOD® has been successfully introduced into family planning, reproductive health, social marketing and community development programs around the world. However, barriers to offering the method exist in some settings. These barriers may cause providers to deny clients the method or delay its provision by requiring women to return for service at another time, when it is unnecessary and not scientifically justified. The only medical eligibility requirement for using the Standard Days Method is that women have most cycles between 26 and 32 days. The Institute for Reproductive Health at Georgetown University has established a screening procedure for method eligibility, outlined in a checklist, that helps providers accurately assess with simple questions if a woman's cycle is within this range.

Introduction

The Standard Days Method* (SDM), a natural method of family planning, is more than 95% effective when used correctly by women whose menstrual cycles usually range between 26 and 32 days.¹ Correct use requires couples to avoid unprotected intercourse on days 8 through 19 of their menstrual cycles.

The SDM has been successfully introduced into family planning, reproductive health and community development programs around the world. Providers in these settings have found that illiterate as well as educated women can use the method correctly. In some settings, however, there have been barriers to offering the SDM.

Medical barriers are “scientifically unjustifiable policies that inappropriately prevent clients from receiving the contraceptive method of their choice.”

International Family Planning Perspectives, 1995

* Standard Days Method and CycleBeads are registered marks of Georgetown University.

¹ Arevalo M, Jennings V, Sinai I. Efficacy of a new method of family planning: the Standard Days Method. *Contraception*. 2002; 65:333-338.

² Bertrand J, Hardee K, Magnani R, Angle, M. Access, Quality of Care and Medical Barriers in Family Planning Programs. *International Family Planning Perspectives*. 1995; 21:64-74.

³ USAID's Office of Population and Reproductive Health. Barriers to Access and Quality. Maximizing Access to Quality (MAQ) Exchange. Available at: <http://www.maqweb.org/maqslides/powerpoint/Theme1/Accbar/barriers.pdf>. Accessed May 15, 2005.

⁴ WHO. Improving Access to Quality Care in Family Planning: Medical Eligibility Criteria for Contraceptive Use. 2004

⁵ Arevalo 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.

⁶ Creinin and others found a “good correlation between a woman's estimation of her cycle length and the average of her actual cycle lengths.” Creinin M, Keverlin S, Meyn L. How regular is regular? An analysis of menstrual cycle regularity. *Contraception*. 2004; 70:289-292

⁷ Morroni C, Grams M, Tiezzi L, Westhoff C. Immediate monthly combination contraception to facilitate initiation of Depo. *Contraception*. 2004; 70:19-23.

⁸ Vollman RF, The menstrual cycle, in Friedman E, ed. *Major Problems in Obstetrics and Gynecology*, W.B. Saunders Co., Philadelphia, 1977.

⁹ Sinai I, Jennings V, Arevalo M. The importance of screening and monitoring: the Standard Days Method and cycle regularity. *Contraception*. 2004; 69:201-206.

¹⁰ Wilcox A.J., Dunson D, Baird D. The timing of the fertile window in the menstrual cycle: day specific estimates from a prospective study. *British Medical Journal*. 2000; 321:1259-62.

¹¹ “The theoretical probability of pregnancy from unprotected intercourse for women using the SDM is only slightly higher if the woman had occasional cycles out of the 26-32 day range—up to two cycles in a year— than for women with cycles always within the range”. Sinai I, Jennings V, Arevalo M. The importance of screening and monitoring: the Standard Days Method and cycle regularity. *Contraception*. 2004; 69:201-206.

What are medical barriers and how they affect access to services

Medical barriers are “scientifically unjustifiable policies that inappropriately prevent clients from receiving the contraceptive method of their choice.” They are based in part on a medical rationale that can impose unnecessary procedures that limit access to family planning services.² Medical barriers may be incorporated into national regulatory policies, policies of programs and institutions and the actions of providers. Their effect on reducing access may not be immediately apparent as often these practices and beliefs are viewed as customary and appropriate.

In addition to formal policies and practices, providers may create barriers to service by unintentionally misinterpreting guidelines, by imposing their personal views about the appropriateness of certain methods and how they should be offered, or by requiring clients to take medically unnecessary steps to initiating contraceptive use.³

Barriers deny clients the service or method they seek, or they delay providing a method to a woman by causing her to return for service when that is unnecessary and cannot be scientifically justified. Barriers are an important cause of the unmet need for family planning.³



The only medical requirement for using the SDM is that women have cycle lengths between 26 to 32 days.

Barriers to offering the SDM

The only medical eligibility requirement for SDM use is that women have regular cycles between 26 and 32 days long.⁴ Although women’s cycles may vary somewhat in length, approximately 78% of cycles are estimated to be between 26 and 32 days in length.⁵ A study analyzing 31,645 cycles of women between 20 to 45 years of age, found the median cycle length to be 27.5 days and the mean 29.5 days.⁶

Experience with programs around the world has shown that some providers, unfamiliar with natural methods, and sometimes skeptical of them, have applied practices that restrict a woman’s access to the method.

According to results of studies examining the introduction of the SDM into family planning and reproductive health services, providers often make incorrect assumptions about cycle length and their clients’ awareness of their cycles, such as:

- most of their clients do not know their cycle length;
- women do not know whether they are regular;
- women do not know how to monitor their cycles; and
- women’s cycles generally vary a lot from month to month.

Providers believe erroneously they must have exact calculations of the woman’s cycle length and may ask women to chart their cycles for three months before they will offer them the SDM. This unnecessarily delays initiation of the method

and puts women at greater risk of pregnancy. Depending on her degree of motivation to use the method, distance from the service site and how easy it is for her to return, the woman may not return at all, or return after some delay. A recent study of women requesting Depo-Provera®, who were asked to return one month later to start the method, found that only 51% returned.⁷ Since a significant proportion of women adopting the SDM are not using any method at the time of their clinic visit, denying them the SDM places women at undue risk of pregnancy.

Studies have shown that most women can identify the first day of their last period and are aware in general terms of their cycle length or whether they get their periods regularly.⁸ Questions about date of last period are part of routine health assessments, and many providers and clients are used to addressing these questions.

Screening checklists are frequently used to help providers and clients assess whether they can appropriately use a family planning method and when they can start using it. A screening checklist, developed by the Institute to determine cycle length and regularity during the SDM efficacy study, was used successfully in screening women for whom the method was appropriate. Women who are initially identified through screening to be eligible to start using the SDM are more likely to continue having their cycles within the 26 to 32-day range.⁹

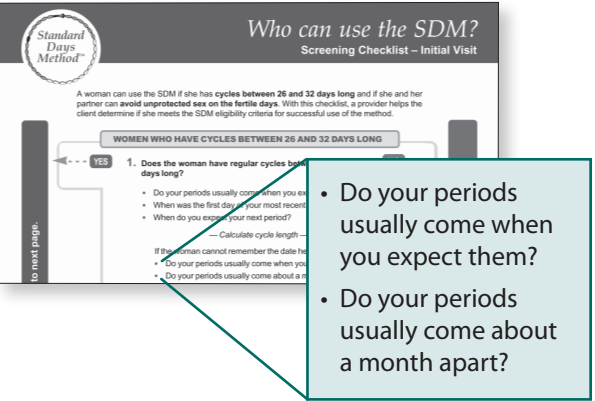
How the screening checklist helps providers assess cycle length and regularity

To determine eligibility for the SDM, providers need to know whether a woman usually has cycles between 26 and 32 days long. This question is included in the provider’s screening checklist. Also included are subsets of probing questions designed to help the provider assess cycle length and regularity.

Since women may have different definitions of “regular,” the screening checklist instructs the provider to ask if the woman’s period usually

comes when she expects it, or if her periods are about a month apart, an indirect way of assessing regularity. These questions enable the provider to determine whether the woman has cycles which are 26 to 32 days in length and thus is eligible to use the SDM. If an eligible woman knows when her most recent period began she can start using the SDM immediately.

For women who cannot remember the first day of their period, there are two questions the provider needs to ask to assess the appropriateness of the method for them.



These two questions provide a good approximation of cycle length and thus enable the provider to assess eligibility and decide whether to offer the method at the time of the client visit. If the woman answers yes to both questions, her cycles are likely to be regular and between 26 and 32 days long and thus she can be counseled in the method. She is advised to begin using the method when her next period starts and to avoid unprotected sex until then. The provider should also instruct the woman to monitor her cycle length and return if she has a cycle that is shorter than 26 days or longer than 32 days.

The SDM efficacy study used this screening approach to calculate cycle length and determine method eligibility, and it has also been widely and successfully used in programs where the SDM has been introduced.⁹