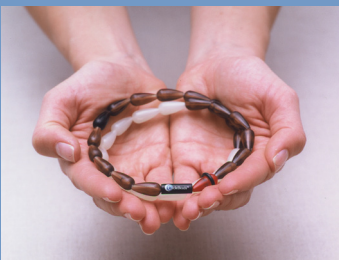


## Standard Days Method® & CycleBeads®

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,<sup>1</sup> well within range of other user-dependent methods. The World Health Organization (WHO) includes SDM as an evidence-based practice and 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](http://www.irh.org).



# Expanding Family Planning Options: Meeting the Demand for Non-hormonal Methods in the U.S.

A cornerstone of a successful family planning program is the availability of a full range of methods to ensure that clients can choose the best method for them. Unfortunately, access to simple and effective fertility awareness-based methods (FAM) is low in the U.S. for reasons that include a lack of awareness that such methods exist, misperceptions about what is involved in offering and using FAM, and a lack of trained providers and counselors.

To increase options for clients looking for a non-hormonal, non-invasive method, Standard Days Method® (SDM), used with CycleBeads®, was integrated into the family planning programs of six health centers receiving Title X funding as part of two research grants from the Office of Population Affairs.<sup>2,3</sup> Key findings are presented here.

## Do women want a method like SDM?

Yes. Community-based focus group discussions were held prior to SDM integration at four of the clinics to assess potential demand for such a method. Seven focus group discussions, four in English and three in Spanish, were conducted with a total of 64 participants ranging in age from 18 to 45. The discussions, which included a brief orientation on SDM for participants, revealed a need for more method options and interest in SDM, particularly because it has no side effects and involves men.

### The need for more options:

"I don't want to get pregnant, but I am not using a method now because of the side effects with the hormonal method I was using...The side effects are hard on me."

"I've tried a couple of different birth controls and I haven't liked a lot of them - I have bad reactions."

"I don't like the idea of something in me all the time and that I can't take out."

### Potential problems with SDM use:

"My cycle is irregular, so this method wouldn't work for me."

"I think I would worry about having unprotected sex at any point - it is nerve wracking to me."

### Advantages to SDM use:

"It's natural, easy, simple."

"I think the biggest thing is no side effects."

"I always wanted to do the calendar thing, but I never knew how."

"Compared to other methods, the amount of responsibility required to remember it is so low, which is awesome."

"I like this method because I can't use hormones."

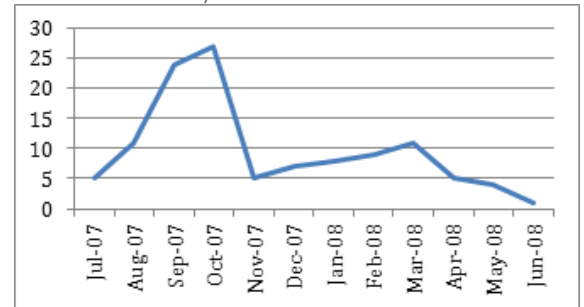
"You can involve men. This [CycleBeads] is something visual."

## Do clients choose SDM?

Yes. One clinic in California reported 117 SDM users in the first year the method was available (see figure). Numbers declined after the first few months due to staff turnover, illustrating the need for refresher training over time. Five other clinics in California and Massachusetts reported a combined total of 198 clients who chose SDM as their family planning method over an average time of 18 months.

Interviews with staff and clinic managers revealed that SDM uptake is largely determined by whether providers offer it. As one nurse practitioner said, "We forget [to mention SDM] because it's not ingrained." Of 36 SDM clients interviewed, 93% said they first heard about SDM from the health center. Because most clients have not heard of SDM outside of the clinic, it is important that clinic staff inform clients about this method.

New SDM users by month at a northern California clinic in the first year



## What do clients like about SDM?

Thirty-six clients were interviewed after choosing SDM.

The top reason for choosing SDM was that it has no hormones or side effects. Additional reasons cited by clients for choosing SDM included cost-effectiveness, desire to try something new, religious/moral reasons, effectiveness of the method, desire to learn about one's menstrual cycle, lack of desire to use an IUD or injection, concern for the environment, and the appeal of using the method in conjunction with condoms.

Top reasons for choosing SDM  
(clients could choose more than one), n=36

No hormones and no side effects	75%
It's "natural"	33%
Easy to use / convenient	28%
Complements or replaces a FAM client was already using	11%

Of the 15 continuing SDM users interviewed by phone after three and six months of method use, all claimed to be satisfied or very satisfied with the method. The majority cited ease of use as the aspect they liked most about using SDM. Many users felt that their relationship with their partner had changed for the better after starting to use SDM. Over 12 months, eight clients reached for interviews had discontinued SDM due to intended pregnancy, desire for pregnancy, unintended pregnancy, end of relationship, out-of-range menstrual cycles, or desire for IUD.

### What SDM users liked about the method:

"I've used the calendar method before and find that this method is much easier because of how CycleBeads are set up. It's easier to see when you're fertile."

"It helps me keep track of my cycle and know where I am."

"[I like that] I don't have to take a pill or injection."

"[I like] having more control about when to have sex or not."

"I never had a way of checking my cycle before. It's amazing...I can't believe that something so small can make a difference in your life."

### How SDM use impacted their relationship:

"It's easier to talk about fertility, and now we share responsibility for sex."

"When it's a brown bead day when there is no need to use condoms, it feels more intimate."

"There is less stress in the relationship because my partner and I know when we can have unprotected sex and when I can get pregnant."

"We can talk about birth control more easily and have better communication now."

## What is providers' experience offering SDM?

At the six participating clinics, 31 staff including managers, clinicians, counselors, medical assistants, and outreach staff were interviewed after offering SDM for at least nine months. All of them said that it was easy to teach women how to use SDM and that their clinic should continue to offer SDM after the studies ended, though some felt that the method was not appropriate for their clientele.

### Staff on the importance of offering SDM:

"I need to be able to offer every method possible."  
– Nurse practitioner

"For women in general, it's important to offer [a method like SDM], but for our clientele, it's not the best option."  
– Nurse practitioner

"We want to offer different options for patients to choose from...and this is an easy and effective to offer."  
– Medical assistant

"There's such a knowledge deficit about our bodies, and this is such a great way to get people in tune with their bodies."  
– Nurse practitioner

### Staff on client feedback about SDM:

"Patients have mentioned that they appreciate us offering a new method."  
– Manager

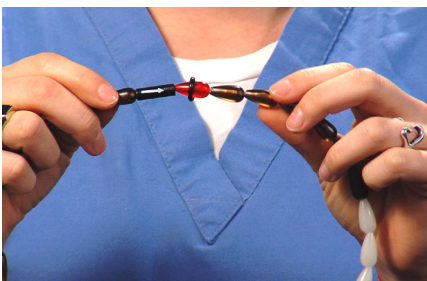
"For the few women who got the method, they were surprised and satisfied with the CycleBeads."  
– Registered nurse

"Most [clients] say they're happy with [CycleBeads], though I haven't seen everyone back again."  
– Nurse practitioner

"I know that two women got pregnant while using the method, but they did not come back to talk about what went wrong."  
– Nurse practitioner

"My patients have not been good candidates for the method, so I have not offered it."  
– Medical assistant

Most staff said that offering SDM fits within the time frame of their regular clinic appointments. As one medical assistant said, "It went with the flow. I would introduce [the method] during intake so the provider didn't have to repeat it."



### The main barriers to offering SDM cited by staff were:

#### Forgetting to offer it.

"My biggest challenge has been remembering to offer it."  
– Registered nurse

#### Client preference for other methods.

"Usually [clients] know what they want when they come in."  
– Medical assistant

#### Clients not meeting the eligibility criteria.

"They might be interested, but their periods aren't regular."  
– Medical assistant

"There is a lack of partner cooperation...Women don't feel empowered to say no."  
– Manager

**Inability to reach clients** who did not have transportation to the clinic.

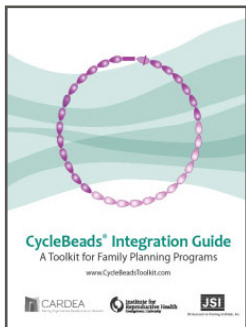
## What does it take to make SDM available in U.S. clinics?

Clinical providers as well as medical assistants and counselors can be trained to counsel clients on SDM. A supply of CycleBeads is required to make this method option available to all. Clients can also access iCycleBeads™ online or via their smartphone. Information is available at [www.CycleBeads.com](http://www.CycleBeads.com).

CycleBeads posters in the clinics were an effective way of raising awareness among clients. While these projects did not have a budget for mass media, radio and TV should be considered for future large-scale integration efforts. Ideally, SDM should be integrated into multi-method counseling guides, and clinic managers should remind staff of this new method until it becomes routine.

"We have the [CycleBeads] poster in our waiting room and bathroom, and the clients will reference them when meeting with me."  
– Manager

"Patients should know that CycleBeads are available at the clinic before they even come in for their appointment."  
– Nurse practitioner



Additional guidance and tools for SDM integration based on project experience, including posters, client materials, counseling guides, integration checklists, links to online training, and counseling demonstration videos, can be found at [www.CycleBeadsToolkit.com](http://www.CycleBeadsToolkit.com).

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

<sup>2</sup> Institute for Reproductive Health, Georgetown University (IRH), 2009. "Improving Family Planning Services for Women and Their Partners: A Couple-Focused Approach." Washington, DC: IRH for the U.S. Department of Health and Human Services, Office of Population Affairs.

<sup>3</sup> IRH. 2012. "A Strategic Approach to Standard Days Method® Introduction: Expanding Availability and Use of FAM." Washington, DC: IRH for the U.S. Department of Health and Human Services, Office of Population Affairs.

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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](http://www.irh.org).

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