

Counseling Clients in the Standard Days Method

A Training for Service Providers



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The *Institute for Reproductive Health*, affiliated with Georgetown University in Washington, D.C., is a leading technical resource and learning center committed to developing and increasing the availability of effective, easy-to-use, natural methods for family planning.

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I Introduction for the Facilitator

I. Standard Days Method Counseling

Helping women and couples choose a family planning method that meets their needs is an important element of good quality reproductive health care. There is an unmet need and demand for safe, effective, simple natural family planning methods. These methods offer many benefits—awareness of one’s own body and fertility, stimulating communication with one’s partner, and managing one’s reproductive health without side-effects or clinical interventions. The Standard Days Method (SDM), developed by the Institute for Reproductive Health at Georgetown University, is an effective method of natural family planning that is easy to teach and learn and can be offered in a variety of settings.

Based on physiological evidence that a woman’s fertile phase starts five days before ovulation and lasts through the day of ovulation¹, the SDM allows women with cycles 26 to 32 days long to prevent pregnancy by avoiding unprotected intercourse during their “fertile window”—days 8 through 19 of their menstrual cycle (women who have periods about a month apart have cycles between 26 and 32 days). The SDM was tested in a multi-site efficacy study demonstrated that the method is over 95% effective in preventing pregnancy when used correctly.²

To make the SDM widely available for clients as a safe and effective family planning option, reproductive health providers need training on how to provide SDM counseling to clients. The counseling methodology for the SDM involves three components—Assess, Inform, and Support:

¹ Wilcox

² Arevalo M., Jennings, V., and Sinai I. 2002: Efficacy of a new method of family planning: the Standard Days Method. *Contraception*, 65:333-338.

- **Assess.** Assessing if the SDM is appropriate for the woman and her partner.
- **Inform.** Informing clients how to use the SDM correctly and providing them with the tools they need to use the method successfully.
- **Support.** Supporting couple's use of the SDM by helping clients manage the fertile days with their partners.

II. The Standard Days Method Training Workshop

The Institute for Reproductive Health has developed a 1-day training workshop specifically designed to strengthen the SDM counseling skills of healthcare providers—physicians, nurses, auxiliary nurses, and other clinical personnel who regularly offer family planning counseling—working in diverse health care facilities. Such providers will have relevant knowledge about family planning and counseling, although they will likely have little experience or familiarity with the SDM.

Training Methodology

This workshop helps reproductive health providers become more self-confident, knowledgeable, and skilled in providing SDM counseling to their clients. Each activity of the workshop includes activities that not only promote the acquisition of new knowledge and skills, but also stimulate participants to share feelings and emotions with their peers.

- **Brainstorming.** Participants will know a great deal about family planning and counseling in reproductive health issues. Brainstorming helps to bring out this knowledge and to identify how the SDM complements their knowledge base and their services.
- **Large group discussion.** Participants learn by debating and talking with each other. Large group discussions provide a means for learning and exchanging experiences.
- **Small group activities.** Participants will take ownership of their work when working alone or in small groups. Such activities give all participants a chance to practice counseling in a safe environment.
- **Problem Solving Case Studies.** Solving cases related to accurate use of the method will enable participants to successfully apply criteria related to selecting and starting the SDM.
- **Role Plays.** Acting out the skills involved in counseling will enable participants to apply such skills on the job.
- **Games.** Games are used to practice material in a fun manner. Games encourage competition and cooperation within a group.

Learning Objectives

After the workshop, participants will be able to:

1. Demonstrate thorough knowledge of the SDM.
2. Demonstrate how to assess, inform and support clients interested in using the SDM.
3. Demonstrate how to use CycleBeads® and the various SDM job aids (CycleBeads, Cue Card, Provider Calendar, and Provider Job Aids for Initial and Follow-Up Visits).
4. Increase their comfort level and develop skills for helping couples communicate with each other about managing their fertile days.
5. Increase their awareness about couple communication and sexuality issues that may influence the successful use of the SDM.

Structure of Learning Activities

The manual includes the following learning activities:

INTRODUCTION
<i>Activity 1: Welcome and Introduction to the Workshop</i>
SDM OVERVIEW
<i>Activity 2: The Standard Days Method</i>
<i>Activity 3: Counseling in the Standard Days Method</i>
ASSESS
<i>Activity 4: Eligibility Criteria for the Standard Days Method</i>
<i>Activity 5: Screening for Cycle Length and Regularity</i>
<i>Activity 6: Screening for Special Circumstances</i>
INFORM
<i>Activity 7: Using CycleBeads</i>
SUPPORT
<i>Activity 8: Counseling Clients on Sexuality and Couple Communication</i>
<i>Activity 9: Managing the Fertile Days</i>
<i>Activity 10: The Follow-up Visit</i>
CONCLUSION
<i>Activity 11: Assessment, Final Evaluation and Conclusion of Workshop</i>

Each activity contains:

- Learning Objectives. The specific learning goals for participants to achieve.
- Time. A schedule to guide the length of each session. Depending on the number of participants and other factors, the time for doing each activity could vary. Most sessions take between 30 and 60 minutes.
- Materials. Items that need to be gathered for the session ahead of time. Most sessions will require the following:
 - *The Participant's Notebook*
 - Flipchart and flipchart paper
 - Markers for the flipchart
 - Markers or crayons for participants
 - Pencils and pens
 - CycleBeads video (optional)
 - Video *Counseling Clients in the SDM* (optional)
 - TV/VCR/DVD Player (if videos are shown)
 - Overhead projector (if transparencies are used) ³
- Instructions. The separate steps that comprise each activity. Each step in an activity should be followed in order.
- Notes on Conducting the Activity. A special note or reminder on key points to stress in each activity.
- Trainer Materials. For each activity, there are specific materials for the trainer. This is most often core content that needs to be transcribed on to flipchart paper. It is important to read, understand, and transcribe this information before starting each activity.

³The presentation on the SDM included in Activity 2 is available in PowerPoint. A laptop computer and LCD projector are needed to use this presentation.

The following is a list of all the flipchart posters that are needed in advance of the workshop. Many of these posters will be used more than once, so they should be saved after use and posted on the walls as a reference throughout the workshop.

Title of Poster	Where Found In Manual
Welcome and Expectations	Activity 1, page 3
Workshop Objectives	Activity 1, page 3
Ground Rules	Activity 1, page 3
Parking Lot	Activity 1, page 3
Components of Standard Days Method Counseling	Activity 3, page 22
ASSESS if the SDM is Appropriate for the Woman and Her Partner	Activity 3, page 22
TEACH the Client How the SDM Works and Verify Client Understanding	Activity 3, page 22
SUPPORT Couple's Use of the SDM	Activity 3, page 22
Who Can Use the Standard Days Method?	Activity 4, page 28
Who May Not Use the Standard Days Method?	Activity 4, page 28
SDM Eligibility Criteria	Activity 4, page 28
When Can Women Start Using the SDM?	Activity 4, page 29
Case Studies Instructions	Activity 5, page 33
Role-Play Exercise Instructions	Activity 6, page 39
Role-Play Discussion Questions	Activity 6, page 39
Guidelines for Providing Clear Information to Clients	Activity 7, page 47
How did I feel when I was asking?	Activity 8, page 49
How did I feel when I was answering?	Activity 8, page 49
How I think the client will feel when I ask her about sexuality topics?	Activity 8, page 49
Follow Up Visit Assessment Criteria	Activity 10, page 61
Is the SDM Still Suitable for Client and Partner?	Activity 10, page 61

Trainer Resources

There is a list of resources in the back of the manual to provide the trainer with more information and activities, if needed. Throughout the manual, there are notes with recommendations on when to use these resources. The following provides a brief overview of each:

- **Frequently Asked Questions.** These are the most frequently asked questions about the SDM. Read these before the training workshop and familiarize yourself with the answers. Consult this when participants pose hard-to-answer questions on the SDM or natural family planning.
- **Additional Activities.** These are activities that you can use when you feel that participants need additional practice or information.
- **Games.** These include useful grouping techniques, icebreakers, and energizers. Use these whenever appropriate.
- **Counseling Basics.** This section provides basic information on the process of family planning counseling.
- **References.** A list of organizations and websites, that provide additional information on reproductive health, family planning, gender and sexuality.
- **Suggested Readings.** This is a list of articles and resources on the SDM that are most relevant to the providers of this method.
- **Job Aids Packet.** Provider Job Aids for Initial and Follow-Up Visits. CycleBeads Cue Card.
- **Participant Notebook** is included with the manual. The *Participant Notebook* will be provided to each training participant.

III. Conducting the Workshop

Profile of Trainers

This manual is designed for trainers with communication and counseling skills such as active listening, strategic questioning and problem solving. Trainers must also have experience in explaining how to use the SDM.

It is very important for trainers to be objective in how topics concerning sexuality and fertility are approached. Personal biases and attitudes should not interfere with the teaching of this course. Some of the discussion will involve attitudes around sexuality and couples. It is the trainer's job to make this discussion as relaxed and supportive as possible.

Training Approach

Some training workshops often include a number of options for modifying the agenda to reflect participants' learning needs or preferences. Due to time constraints and the number of learning objectives that participants must achieve within one day, this training does not have this level of flexibility. This manual includes an easy-to-follow agenda with each activity designed to build upon the previous one. It is recommended that trainers follow the sequence and timing of the agenda in order to achieve the workshop's objectives. However, trainers are encouraged to adapt the language of the manual to their local environment using the terms, with which the audience is most comfortable.

The workshop is focused on addressing the counseling skills related to assessing, informing and supporting couples' use of the SDM. During the workshop, participants will likely ask about other more general sexuality, fertility or counseling issues. Trainers have the option of creating a "parking lot" for such questions and time permitting, addressing these off-the-topic questions at the end of the day. It is also useful to direct people to the *Resources* at the end of their *Participant Notebook*.

Conducting a training workshop for health providers on knowledge of and skills related to the SDM counseling poses some challenges. Some providers are skeptical about the efficacy of natural family planning methods. This is probably because they are unfamiliar with the underlying scientific basis of these methods or misinformed about their efficacy.

To make this workshop a success, it is important to overcome such skepticism, as well as decrease any general fears and discomfort in openly discussing fertility and sexuality. Before beginning the workshop, it is important for the facilitator to be prepared by reading the Frequently Asked Questions (FAQs) on the SDM included in the *Trainer Resources* section in the back of this manual as well as completing the suggested readings. Being familiar with the science underlying the method and the process for testing its efficacy is also extremely important. Below are some recommendations to make the workshop a success.

- Be positive. Help reproductive health providers develop attitudes about the SDM by setting a positive tone.
- Help the group to form and function cohesively until the end of the workshop.
- Focus the group on the task at hand. Do not let discussions or debates distract from the tight agenda.
- Monitor the group to ensure that needs of individual participants are not allowed to dominate the group.
- Create a non-judgmental environment where participants' values are respected. Accept all participants' comments and questions. Let them know that their concerns and opinions are valid and worthwhile.

- Always be prepared. Before each session, read all the activity steps and content. Be prepared for any questions participants might ask about that particular topic. Offer to contact them at a later date with information you may not have at hand during the workshop. Make sure that you always have the materials ready.

Course Location

Where you choose to hold this workshop is important. If possible, select a quiet, safe place where participants will not be viewed, listened to, or interrupted by outsiders. Ensure participants that their comments will not leave this “safe place.” Also, make sure that the course is delivered at a location convenient to participants’ homes.

IV. Workshop Evaluation

The Institute wishes to continuously improve this training workshop but can only do so with your help. While you are conducting the workshop, it is useful to gather data and impressions on the participants’ performance, knowledge and reaction to the training. Though you will likely not have the opportunity to observe participants on the job after the training, you will have several opportunities to assess participants’ reactions and learning throughout the workshop. All feedback will enable the Institute to further refine this manual. Throughout the workshop, there are several opportunities to gauge the reaction and learning of participants:

- **Problem Solving Activities**—During these activities, you can assess whether participants were able to solve the problems by checking their answers when you process the activity in plenary. If you find that the majority of participants perform poorly during this exercise, review the content in question before moving to the next activity.
- **Role plays**—During the role plays, you can walk around and observe pairs performing role plays to ensure that they are demonstrating proper counseling skills. If you find that participants are unsure in their performance, perform additional role plays with individual participants in front of the larger group before moving on to the next activity.
- **Feedback Checklists**—Additionally, there are feedback checklists after each role play session that participants use with each other. You can observe the participants’ comments and use this to further assess their mastery of the material.
- **Post-test**—This tool will provide evidence of overall mastery of the workshop by participants. If possible, grade this before participants leave so that they have a record of their performance.

You are also encouraged to complete the Trainer Evaluation Form. This will provide helpful feedback to the Institute on how you think the training went and whether the objectives were achieved.

Trainer Evaluation Form

Standard Days Method Counseling Workshop

Thank you for participating as a trainer in the one-day Standard Days Method Counseling Workshop. Please help us learn more about your experience in offering this workshop by completing this form and returning it to the address at the end of this form.

1. Name of person completing form _____
2. Number of participants in workshop _____
3. Training Site _____
4. Training date _____
5. Institution organizing training _____
6. Length of workshop (Number of hours) _____
7. Check the box that best describes your answer.

If you check "somewhat disagree" or "disagree", please provide any suggestions on improving this aspect of the workshop in the column called Comments.

	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Comments
a) Most participants were positive about offering the SDM by the end of the workshop.					
b) Most participants were able to apply the screening criteria for cycle length and regularity by the end of the workshop.					
c) Most participants understood how to use the assessment criteria by the end of the workshop.					
d) Most participants demonstrated an ability to inform clients on how to use CycleBeads, by the end of the workshop.					

	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Comments
e) Most participants understood couple issues and how to support them by the end of the workshop.					
f) Most participants were able to use the job aids during the training activities.					
g) The provider job aids are well designed and useful for counseling.					
h) There was enough time during the workshop to accomplish the learning objectives.					
i) The participant materials were helpful to the participants.					
j) The workshop activities were engaging.					
k) The problem solving exercises were a useful method for mastering the material.					
l) The role plays were a useful method for mastering the material.					
m) The trainer materials were helpful for conducting the training.					
n) The activities were easy to understand and lead.					
o) The training curriculum could be completed in the allotted time.					

8. Did you change any of the activities? _____ Yes _____ No

9. If yes, which activities did you change?

For each activity changed, please indicate the nature of the change and reason for making it.

Activity changes	Description of change that was made	Reason for change

10. What do you feel were some of the strengths of the workshop?

12. What do you feel were some of the weaknesses of the workshop?

13. How could this workshop be improved?

Thank you again for your help. Your input will help us greatly in improving our ability to meet the needs of participants. Please fax, mail or email this form to:

Institute for Reproductive Health

Attn: Training Manager

4301 Connecticut Avenue, NW, Suite 310, Washington, DC 20008

Fax: 202-537-7450 email: irhinfo@georgetown.edu

OUTLINE OF ACTIVITIES

Methodology		Trainer Materials	Time
Activity 1 Welcome and Introduction to the Workshop INTRODUCTION	<ol style="list-style-type: none"> 1. Greet participants and distribute materials. 2. Present an overview of workshop. 3. Introduce facilitators and participants and explore expectations. 4. Present objectives of workshop. 5. Present ground rules. 6. Introduce “Parking Lot” for questions. 	Participant Notebook Flipchart sheets: <ul style="list-style-type: none"> • Welcome • Workshop Objectives • Expectations • “Parking Lot” Flipchart, markers, masking tape Participant Notebook	30 min.
	<ol style="list-style-type: none"> 1. Present the PowerPoint presentation on the Standard Days Method. Explain to participants that queries or concerns about the method will be answered at the end. 	PowerPoint presentation and script Flipchart sheet: <ul style="list-style-type: none"> • “Parking Lot” 	30 min.
	<ol style="list-style-type: none"> 1. Demonstrate a counseling session in which you act as the counselor and a participant as the client. Other participants observe the demonstration and note their comments or questions for further discussion at the end. As you perform the demonstration, use all the provider job aids. 2. Lead a brainstorming session to identify general components of counseling. 3. Present components of SDM counseling—determining suitability, teaching how to use the method and supporting couples in using it. 	Demonstration Case Study Provider Job Aids (Provider Cue Card, Provider Calendar, and Screening Checklist Initial Visit.) Provider Job Aids Packet Flipchart sheets: <ul style="list-style-type: none"> • Components of SDM Counseling • Assess if SDM is Suitable for the Client and Her Partner • Inform How the SDM Works and Check Client Understanding • Support the Couple’s Use of the Method 	45 min.

SDM OVERVIEW

Activity/Subject		Methodology	Facilitator Materials	Time
Activity 6 Screening for Special Circumstances (Role Playing)	ASSESS	<ol style="list-style-type: none"> 1. Divide the group into pairs and tell each pair to take turns playing the role of counselor in two assigned case studies. 2. The pairs have 30 minutes for this exercise, which should include 5 minutes for feedback using the checklist provided. 3. When they have finished the exercise, talk with the whole group about each of the cases resolved, clarify and elaborate as necessary. 	Problem-Solving Case Studies Answer Sheet Provider Job Aids Feedback Checklist #1 Flipchart sheets: <ul style="list-style-type: none"> • Role-Play Exercise Instructions • Role-Play Discussion Questions 	60 min.
		Lunch		
Activity 7 Using CycleBeads	INFORM	<ol style="list-style-type: none"> 1. Show the CycleBeads animation video. If you cannot or prefer not to show the video, demonstrate how to use the CycleBeads following the key points in the Cue Card. This demonstration takes approximately 10 minutes 2. Ask participants to work in pairs and give them 20 minutes to practice explaining how to use CycleBeads to each other. Participants spend 5 additional minutes giving each other feedback. 3. Summarize the discussion with a review of key points on how to use CycleBeads. Respond to questions and clarify as necessary. 	Flipchart sheets: <ul style="list-style-type: none"> • Guidelines for Providing Clear Information to Clients CycleBeads Cue Card Feedback Checklist #2 CycleBeads and Instructional Insert Video, TV and VCR	35 min.

Activity 8 Counseling Clients on Sexuality and Couple Communication

SUPPORT

Exploring sexuality (30 minutes)

1. Form pairs to carry out an exercise in which they should mutually ask and answer questions from their handout "My Sexuality." After 15 minutes ask participants, to discuss and respond to the following questions :
 - a. How did I feel when I was asking?
 - b. How did I feel when I was answering?
 - c. How do I think the client will feel when I ask her about sexual topics?
2. After 10 minutes, invite volunteers to share their answers to these questions and describe their experience.
3. Review and comment on the group's contributions. Discuss key counseling and communications aspects when talking with clients about sensitive topics and how to deal with one's own feelings during the counseling.

Difficult couple situations (30 minutes)

1. Start with a brainstorming session in which the participants suggest couple situations that could affect correct use of the method.
2. Form four groups and assign each group a challenging couple situation that could affect use of the method. Ask the groups to discuss the following:
 - a. What would you do if you were in this woman's situation?
 - b. What would you advise the woman so that she is better able to confront this kind of situation?
 - c. What options would you as a counselor discuss with this woman so that she and her partner are able to avoid having intercourse on fertile days?
3. Ask each group to present their findings, reviewing the contribution of each group and providing clarifications as needed. Always keep the discussion focused on how these situations affect couple's ability to avoid intercourse on fertile days and thus use the method successfully.

Flipcharts:

- How did I feel when I was asking?
- How did I feel when I was answering?
- How do I think the client will feel when I ask her about sexual topics?

"My Sexuality" handout

Three large post-it notes to give each participant.

Four blank flipchart sheets

Video *Counseling Clients in the SDM*, TV and VCR, if available.

60 min.

Activity/Subject		Methodology	Facilitator Materials	Time
Break				
Activity 9 Managing the Fertile Days (Role Play)		<ol style="list-style-type: none"> 1. Form pairs and give each pair one role-playing case on supporting the couple managing the woman's fertile days. For this exercise, they will have 10 minutes. 2. Ask volunteers to perform their role-plays in front of the rest of the group. The participants who act as observers should use the Feedback Checklist for providing feedback. 3. Repeat the same process for the other cases, doing as many as time permits. 	Role Play Case Studies "Supporting the Couple" handout Feedback Checklist #3	45 min.
Activity 10 Follow-Up Visit	SUPPORT	<ol style="list-style-type: none"> 1. Present the case of an SDM client who returns for a follow-up visit. Ask the group what they need to know in order to determine whether the method still works well for the woman and her partner. 2. Note the ideas on a flipchart. Review the contributions and then read aloud with the participants the basic follow-up visit assessment criteria. Also, talk with the group about women using the method who come to the office because they think they are pregnant; ask them and discuss what the assessment should be in these cases. 3. Then ask them to solve the cases assigned to them in pairs. They have 15 minutes to do so. 4. Reinforce criteria and give the participants the chance to ask any questions on following up Standard Days Method clients. 	Flipcharts: <ul style="list-style-type: none"> • Follow-up Visit Assessment Criteria • Is SDM STILL Suitable for Client and Partner? • Role Play Case Studies Provider Job Aid Packet: Screening Checklist for Follow-up Visit	45 min.
Activity 11 Assessment, Final Evaluation and Conclusion of Workshop	CONCLUSION	<ol style="list-style-type: none"> 1. Ask the participants to fill out the final test and workshop assessment. 	Post-Test Final Evaluation	30 min.

1

Welcome and Introduction to the Workshop

Learning Objectives/Aims:

- Getting to know each other.
- Getting to know the objectives and ground rules of the workshop.
- Getting to know the process to be followed and tools that will be used during this workshop.

Time:

30 minutes

Materials:

- Flipcharts:
 - “Welcome”
 - “Expectations”
 - “Workshop Objectives”
 - “Ground Rules”
 - “Parking Lot”
- Flipchart, markers, and masking tape
- Participant Notebook

Instructions

Before You Begin

Determine how you will handle the introductions. There are several options —follow the instructions below, select an ice-breaker exercise from the *Trainer Resources* section, or prepare your own exercise. Prepare the flipchart sheet titled “Welcome” with the name of the workshop, your name, the “Ground Rules” poster and “Workshop Objectives” posters.

Introduction

1. Point toward the flipchart sheet titled “Welcome.” Introduce yourself. Give your name, offer some information about yourself, and state what you expect from the workshop. Ask participants to take turns introducing themselves, providing the same information. Record their expectations on the flipchart sheet titled “Expectations.”

Workshop Objectives

2. When group introductions are completed, post the “Workshop Objectives” sheet and read each objective. Then compare the “Workshop Objectives” with the participant “Expectations,” identifying any expectations that may not be possible to cover in the workshop and explain how they will be dealt with at a later date. Tell participants that the workshop objectives are in their *Participant Notebook*.

Scope of Work

3. Explain that the workshop is designed so participants can develop counseling skills specific to the SDM. Let participants know that this workshop will only cover training providers in counseling related to the SDM and that such counseling is designed to be integrated into the general counseling process within their family planning programs. This training covers the aspects that need to be discussed with the client from the moment she decides to use the SDM. All the general orientation to family planning that a client should receive is not included in this workshop. Also, mention that the trainer is very participatory, and everyone is expected to contribute with comments, experiences, and questions.

Participant Materials

4. Introduce the *Participant Notebook* and explain its contents. Review the Agenda, describe the contents of each of the sessions, and mention relevant logistics (schedule, recesses, location of restrooms, etc.). Check if anyone has suggestions or questions, discuss these briefly.

Ground Rules

5. Mention the importance of establishing ground rules to help fulfill the learning objectives of the workshop and maintain an atmosphere of participation, harmony, and cooperation. Therefore, suggest that they consider following the ground rules written on the flipchart sheet and on their handout. Turn to the poster of the Ground Rules, read the list aloud, and ask the group if they wish to eliminate, have explained, or add any rule. Obtain the participants' commitment to follow these rules, and then post them on the wall.

Parking Lot for Questions

6. This is a good opportunity to introduce the concept of the "Parking Lot" (or choose a more appropriate term for this concept) for questions. Explain that some of the participants' concerns or questions will be dealt with at a specific time within the workshop. However, in order to fulfill the objectives and agenda of the workshop, some questions or concerns will be dealt with later if they are irrelevant to the subject being addressed or if the information needed to answer these is not available.

Conducting the Activity

The main objective of this activity is to establish the atmosphere and the ground rules of the workshop. It is important to identify all the contents of the Participant Notebook and give general explanations on how and when the different materials in the notebook will be used.

It is important for the participants to get to know one another and understand everyone's role in the workshop. The introduction of each participant is the first group activity in the workshop. During this activity, you will be able to get to know the participants better, assess their level of knowledge and expectations, and make any possible adjustments to accommodate these expectations. It is also the moment to let participants know what expectations cannot be covered in this event and how these will be addressed after the workshop.

FLIPCHARTS USED BY THE TRAINER IN THIS ACTIVITY

Welcome

Counseling Clients in the Standard Days Method

- Your name
- About you
- Your expectations

Expectations

-
-
-

Workshop Objectives

By the end of the workshop, participants will be able to demonstrate:

- ✓ Knowledge of the SDM.
- ✓ Skills using CycleBeads.
- ✓ Skills in applying criteria for method eligibility and starting the method.
- ✓ Correct use of provider job aids.
- ✓ Knowledge of strategies for exploring and discussing sexuality and couple communication with clients.
- ✓ Knowledge of key issues that arise during follow-up visits.

Ground Rules

- ✓ Be on time
- ✓ Listen attentively
- ✓ Actively participate
- ✓ Let others speak and have their turn
- ✓ Offer constructive criticism, covering positive aspects first
- ✓ Be respectful
- ✓ Give specific (not general) suggestions and comments
- ✓ When giving feedback, formulate your comments from the client's viewpoint
- ✓ When giving feedback, start your comment with the word "I" ("I think," "I believe")

Parking Lot

Agenda:

Standard Days Method Training Workshop for Health Providers

(Location, Date, Time to be inserted by the trainer)

Workshop hours: 8:30 – 18:00
15-minute recesses and 1 hour for lunch

Time	Topic
INTRODUCTION	
	Welcome and introduction to the workshop
SDM OVERVIEW	
	What is the SDM?
	What is involved in SDM counseling?
ASSESS	
	For whom is the SDM suitable? Method Eligibility Criteria
	How are criteria for method eligibility and starting the method applied? Case analysis
	Completing a practice counseling session. Role-Play exercises
INFORM	
	How is the SDM used with CycleBeads?
SUPPORT	
	How can sexuality and aspects of couple communication be handled?
	How can couples manage their fertile days?
	What are key issues that may arise during a Follow-up Visit?
CONCLUSION	
	Completing a final workshop assessment

2

The Standard Days Method

Learning Objectives:

- Recognize women's fertility and its basic relationship to the SDM.
- Identify the efficacy rate of the SDM.
- Recognize basic characteristics of the SDM and how it is integrated into existing reproductive health programs.

Time:

30 minutes

Materials:

- PowerPoint presentation and script.
- Flipchart sheet titled "Parking Lot" (from previous activity)
- Markers and masking tape

Instructions**Before You Begin**

Before the training, review the PowerPoint presentation and make any necessary modifications based on the group's background. Read the script for each slide and modify the language to your preferred style of communication without altering the key terms or content.

A review of the *Frequently Asked Questions on the SDM*, found in the Resources section of this manual, also will help you prepare to respond to participants' questions on a variety of issues related to the SDM.

Presentation (20 minutes)

1. Introduce the presentation, explaining that it covers the following topics:
 - Description of the SDM
 - Origin and scientific basis of the SDM
 - Description of CycleBeads
 - Studying the efficacy of the method
 - Results and lessons of the efficacy study
 - Integrating the method into different types of programs
 - Counseling and training in the method
 - Implications of adding the SDM to family planning programs

2. Tell participants they have a copy of the presentation in their notebooks. Due to the short time available, request that participants write down their questions and comments on the copy of the slides included in their *Participant Notebook*. Tell them that at the end of the presentation, there will be time for questions and discussion.
3. Using the PowerPoint® slides and accompanying script, deliver the SDM presentation.

Large Group Discussion (10 minutes)

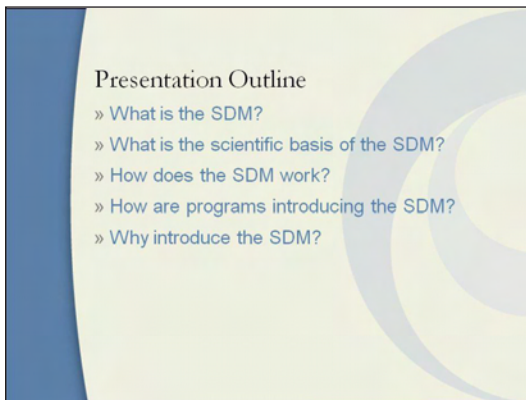
4. When you have finished the presentation, invite the participants to ask questions and comment on the information presented. Note those questions that are not related to the topic on the “Parking Lot” flipchart sheet to be answered at another time. After offering answers and explanations to the participants, proceed with the following activity.

Conducting the Activity

The objective of this activity is to give a general overview of the SDM from its origin, development, and testing up to its introduction into family planning services.

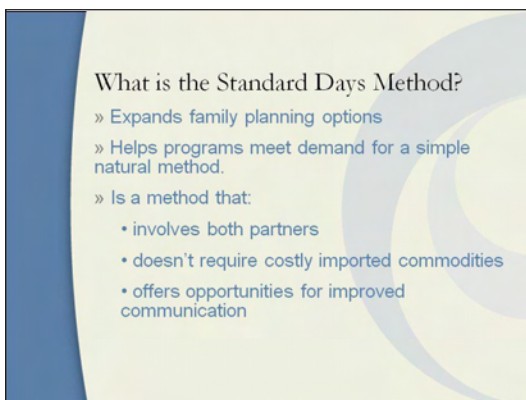
Because the SDM is a new method, it is important to present its characteristics and scientific basis as well as the study establishing the method’s efficacy. Sometimes providers who have doubts about natural methods are not familiar with the underlying scientific basis of these methods or do not have correct and complete information of the method’s efficacy rates. It is important to mention that large numbers of women who use periodic abstinence to avoid a pregnancy often do not know when they are most likely to get pregnant. This results in very high failure rates because users don’t know how to identify their fertile phase.

The presentation used in this activity is critical for clarifying misconceptions and addressing negative attitudes toward natural family planning methods. Encourage the participants to share their doubts and concerns about natural methods and be prepared to address them. Refer to the *Trainer Resources* section at the end of this manual, where you will find general reference material on Fertility Awareness-based Methods and frequently asked questions on the SDM.



This presentation will cover the following information on the Standard Days Method:

- What is the SDM?
- What is the scientific basis of the SDM?
- How does the SDM work?
- How are programs introducing the SDM?
- Why introduce the SDM?



The Standard Days Method is a new family planning method. It was developed and tested by the Institute for Reproductive Health at Georgetown University with support from the U.S. Agency for International Development. This new method is helping programs to expand family planning options and to meet the demand for a simple, low-cost natural method that can be integrated easily into public and private reproductive health services. The SDM, as we know it by its abbreviation, involves both partners offering opportunities for improved communication.

The Standard Days Method has some key characteristics:

- It is natural - it does not have any side effects, it does not require any medications, or surgical procedures.
- It is simple - easy to teach, to learn, and to use.
- It is effective - when used correctly, it significantly reduces the probability of unplanned pregnancy.
- It is very low cost.

How does the SDM work?

- » Helps a couple avoid unplanned pregnancy by knowing which days they should not have unprotected intercourse.
- » Identifies days 8-19 of the cycle as fertile
- » Is appropriate for women with menstrual cycles 26-32 days long.
- » Uses a color-coded string of beads— CycleBeads® — to help women keep track of their cycle days and know when they are fertile.



The Standard Days Method helps women and couples avoid unplanned pregnancy by knowing on which days they should avoid unprotected sex.

The SDM identifies days 8 through 19 of the menstrual cycle as the fertile days when pregnancy is very likely. To prevent pregnancy, couples should avoid unprotected sex on these days. On all other days, when pregnancy is very unlikely, couples can have unprotected sex.

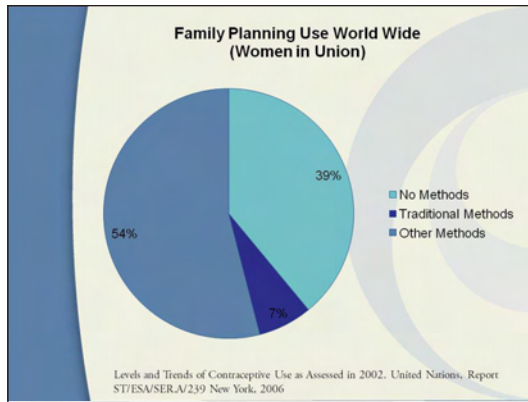
The method works best for women who have cycles between 26 and 32 days long. Women who have their periods about a month apart have cycles in this range.

To help women keep track of their cycle days, and to know on which days they can get pregnant, the Institute developed a simple visual aid called Cycle Beads.



CycleBeads represent the menstrual cycle. It has 32 beads, each representing a day of the cycle.

- The red bead represents the first day of menstruation – which also is the first day of the cycle.
- The white beads represent the days when a woman can get pregnant.
- The brown beads represent days when pregnancy is very unlikely.
- A movable rubber ring marks each day of the woman's cycle.
- A cylinder with an arrow indicates the direction in which the ring should be moved.
- When she starts her period, a woman puts the rubber ring on the red bead. She also marks that day on her calendar
- The next day she moves the ring to the next bead and continues to move the ring one bead per day, always in the direction of the arrow. She moves the ring even on days when she's having her period.
- When the ring is on any of the brown beads, those are the days when pregnancy is very unlikely.
- When the ring is on any of the white beads, those are the days when she can get pregnant. She and her partner should avoid unprotected sex to prevent pregnancy.
- When she starts her period again, she moves the ring to the red bead to begin a new cycle.
- The woman should always monitor whether her cycles continue to stay in range to use CycleBeads.
- **The dark brown bead helps her to know if her cycles are too short to use the SDM.**
- If she starts her period before she gets to the dark brown bead, her cycles are too short. If this happens more than once in a year, the SDM may no longer work for her. She should use another method.
- Also, CycleBeads can help her know **if her cycles are too long to use the SDM.** If she doesn't start her period before she gets to the last brown bead, her cycles are too long. If this happens more than once in a year, the SDM may no longer work for her. She should use another method.
- All these instructions are included in the instructional insert packaged with CycleBeads.



Throughout the world, there is a large demand for natural methods; 8% of all women in union report that they use a traditional method. Of these, most are practicing some type of periodic abstinence.

However, the vast majority of these couples who are using periodic abstinence really do not know which are the days when the woman is at risk of pregnancy. Sometimes they abstain based on incorrect or incomplete information. Many couples have intercourse on some of the woman's fertile days, during which pregnancy may occur.

Statistics also show that 42% of couples are not using any method of family planning. This includes many who do not want a pregnancy. Some or many of them may be interested in a simple natural method.

Fifty percent of couples use modern methods. Many current users of other methods are not satisfied with their method, and eventually they might stop using it and not begin another method. For some or many of them a natural method may be appealing.

In addition, it is important to offer a method that does not require expensive commodities that can be provided by clinics and at the community level.

Who can use the SDM?

- » Women who usually have cycles between 26 and 32 days long.
- » Couples who can avoid unprotected sex during the woman's fertile days.

Although the Standard Days method is appropriate for most women, there are two key criteria to be able to use this method successfully:

A woman must have menstrual cycles 26 to 32 days long; and The woman and her partner should be able to avoid unprotected sex on the days when she can get pregnant.

Let's look at the first requirement. A few simple questions can help determine if the woman's cycles are in range:

- Do you get your periods about a month apart?
- Do you get your period when you expect it?

If her periods come about a month apart, her cycles are probably between 26 and 32 days long.

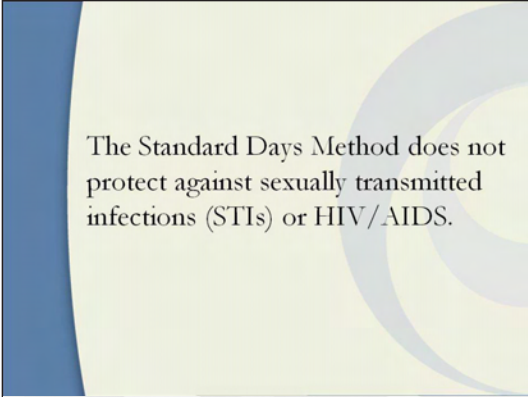
Cycles may change over time. While she is using the method, CycleBeads can help her monitor the length of her cycle.

If she has 2 cycles outside of this range during a year, her probability of pregnancy will be more than 5%, and she should be encouraged to use another method.



Couples who use the Standard Days Method manage their fertile days differently. Some prefer to avoid intercourse completely. Other couples prefer to use condoms or other barrier methods, while others practice withdrawal or use other sexual practices.


It is important for people using the Standard Days Method to be aware that some of the alternatives for the fertile days offer more protection from pregnancy than others. On the other hand, service providers should recognize that people have different preferences and that some alternatives are more acceptable than others. Correct use and continuation depend in large part on acceptability.



The Standard Days Method does not protect against sexually transmitted infections (STIs) or HIV/AIDS.

The Standard Days Method, like many other methods of family planning, does not protect against sexually transmitted infections (STIs) or HIV/AIDS.

Both the woman and the man should not be at risk of sexually transmitted infections. If either member of the couple is at risk of these infections, the Standard Days Method is not appropriate for them. Condoms are the only method that provide protection from these infections.

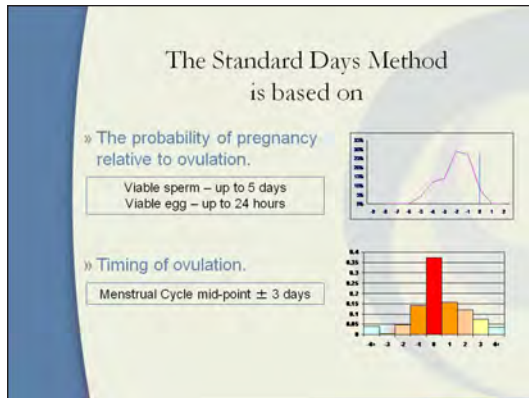


Scientific Basis of the Standard Days Method

It is important for us to understand – as trainers, service providers, etc. – the scientific basis of the Standard Days Method. It has been carefully researched, and found to be more than 95% effective with correct use.

In developing the method, researchers considered 2 probabilities:

- The probability of pregnancy from intercourse on cycle days relative to ovulation
- The probability of the timing of ovulation



With regard to the probability of pregnancy from intercourse on days relative to ovulation, ultrasound and hormonal studies have found that these are 6 days during the menstrual cycle when it is possible for a woman to become pregnant.

Data on the probability of pregnancy on different days around ovulation indicates that:

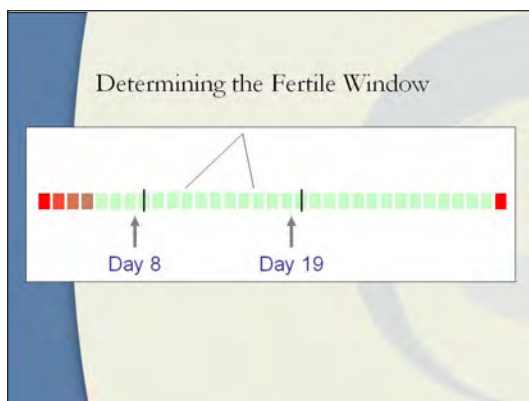
- There is approximately a 4% probability of pregnancy from intercourse 5 days before ovulation.
- This increases to 15%, 4 days before ovulation.
- The highest probability of pregnancy – between 25 and 28% -- is on the 2 days before ovulation.
- On the day of ovulation, there is an 8-10% probability.
- Fertility then decreases – with a 0% probability of pregnancy by the day after ovulation.

These probabilities are due to the limited viable life span of the sperm after ejaculation (not more than 5 days) and to the very limited viable life span of the egg following ovulation (less than 24 hours).

Together these result in an actual fertile window of no more than 6 days during the woman's cycle. On all the other days, the woman cannot become pregnant.

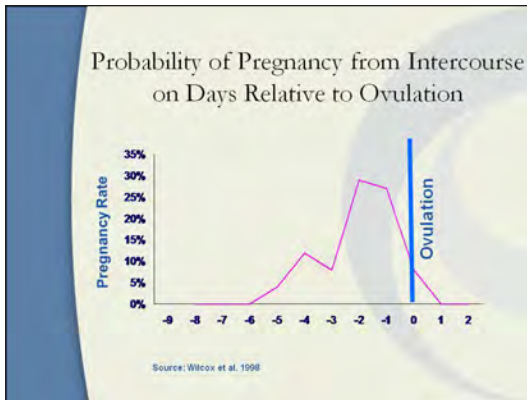
Putting this in practical terms, if a woman has sex on Saturday and ovulates the following Wednesday, she has a 10 – 12% chance of getting pregnant that cycle. But if she has sex on Saturday and doesn't ovulate until the following Friday, she has a basically zero % chance of pregnancy.

- But how do we know the moment ovulation occurs, and thus know the exact fertile window?
- Again, consider probabilities. Data on when during the cycle ovulation occurs indicates that in the great majority of cycles, ovulation occurs very close to the middle of the cycle.
- In approximately 30% of cycles, ovulation occurs at the mid point (for example, on or very close to day 14 in a 28 day cycle, or day 15 in a 30 day cycle).
- In approximately 60% of cycles, ovulation occurs within 1 day before or after mid cycle.
- And in approximately 78% of cycles, ovulation occurs within 2 days before or after the midpoint.
- By 4 days before or after midpoint, 95% of ovulations have occurred.



With a combination of these probabilities – the probability of pregnancy on different cycle days related to ovulations, and the probability of the timing of ovulation – it was possible to identify the days when pregnancy is VERY LIKELY and the days when it is MOST LIKELY. In menstrual cycles between 26 and 32 days long (which accounts for more than 80% of all cycles), the days pregnancy is very likely are days 8 through 19. On all the other days, pregnancy is very unlikely.

Thus, researchers found that, in theory, the Standard Days Method was a very effective method of family planning.



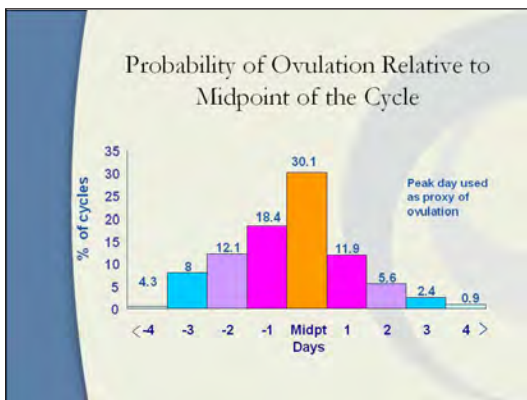
How was the formula 8 to 19 determined for the Standard Days Method?

The formula was developed by combining various databases related to probability. Data on the probability of pregnancy on different days around ovulation indicates that:

- There is approximately a 4% probability of pregnancy from intercourse 5 days before ovulation.
- This increases to 15%, 4 days before ovulation.
- The highest probability of pregnancy – between 25 and 28% – is on the 2 days before ovulation.
- On the day of ovulation, there is an 8-10% probability.
- Fertility then decreases – with a 0% probability of pregnancy by the day after ovulation.

These probabilities are due to the limited viable life span of the sperm after ejaculation (not more than 5 days) and to the very limited viable life span of the egg following ovulation (less than 24 hours).

Together, this results in an actual fertile window of no more than 6-7 days during the woman's cycle. On all the other days, the woman cannot become pregnant.



How do we know the moment ovulation occurs, and thus know the exact fertile window? Data on when during the cycle ovulation occurs indicates that, in the majority of cycles, ovulation occurs very close to the middle of the woman's menstrual cycle.

- In approximately 30% of cycles, ovulation occurs at the mid point (for example, on or very close to the day 14 in a 28 day cycle, or day 15 in a 30 day cycle).
- In approximately 60% of cycles, ovulation occurs within 1 day before or after mid cycle.
- And in approximately 78% of cycles, ovulation occurs within 2 days before or after the mid point – and so on.

Effectiveness of the Standard Days Method

So, that is how the Standard Days Method was developed. But, theoretical information about probabilities is not enough. As with any method of family planning, it was necessary to conduct a prospective clinical trial to determine how effective the SDM would be in preventing pregnancy in women actually using the method.

To examine the effectiveness of the SDM an international clinical study was conducted. The method was provided to clients of public and private sector family planning programs.

- Health personnel were trained to offer the SDM to their clients.
- Clients who were interested in using the method were screened according to specific criteria.
- They were taught how to use the method and followed every month during one year, to collect data about their menstrual regularity, how they used the method, their satisfaction with the method, among other information.

SDM Efficacy Study Results

- » Couples used the method correctly in 97% of cycles
- » Of the 478 women in the study, 43 got pregnant
- » With correct use, the failure rate is 4.8
- » With typical use the failure rate is 12.0



This is a summary of the findings from the clinical trial. They were published in the journal *Contraception* in 2002. Clearly, people are able to use the method correctly. When they do, the failure rate is less than 5. That is, fewer than 5 women out of 100 using the method for 1 year will get pregnant in the first year of use. When we look at typical use – that is, when we include the cycles when the method was used correctly and those when the couples did have unprotected sex on days 8 through 19 – we find a failure rate of 12. This is to be expected, because not using the method correctly means the couples are having sex on the woman's fertile days.

In addition to establishing the effectiveness rate for the SDM, the clinical trial was helpful to learn about method acceptability, user satisfaction and correct use and continuation.

The results suggest that:

- Users are able to identify their fertile period relatively easy
- Almost all women reported that they are their partners found CycleBeads useful.

Contraceptive Failure of User-Directed Methods

% of women who became pregnant during 1st year of use

	Correct Use	Typical Use
No Method	85	85
Spermicides	18	29
Diaphragm	6	16
Condom	2	15
OC	.3	8
Standard Days Method	5	12

Source: Adapted from *Contraceptive Technology* 10th edition, 2007

How effective is the SDM compared with other contraceptive methods? If these pregnancy rates (5% for correct use, and 12% for typical use) are compared with rates for other user-directed methods, we can see that the SDMs effectiveness is similar to that of other methods for example, condoms are more effective than others, such as spermicides.

Of 100 women using no method of family planning for 1 year, 85 will become pregnant. Those who use spermicides, a diaphragm, or condoms correctly, every time they have sex, 18, 6 and 2, respectively will become pregnant during the first year of use. OCs, used correctly, are more effective, with less than 1 woman getting pregnant with correct use.

(Optional) The studies on which these figures are based are not necessarily comparable with each other, because of differences in their design and the methodology for data analysis. However, this gives us a general idea how the effectiveness of different methods compares.

Contraceptive Failure of Natural Methods

% of women who became pregnant during 1st year of use

	Correct Use	Typical Use
Symptothermal Method	2-5	18-22
Billings Ovulation Method	3-5	20-22
Standard Days Method	5	12

Sources:

Guida M, et al. *Gynecological Endocrinology* 1997;
 Arbreli M, et al. *Contraception* May 2004;
 World Health Organization, Pottley and Steiling 1981
 Trussell, et al, *Family Planning Perspectives*, 1990

It is also interesting to consider the effectiveness of the SDM compared to other methods that are based on fertility awareness. In terms of correct use, it appears that the SDM is slightly less effective. In terms of typical use, the SDM is more effective, probably because it is so much easier to understand and use.

How is the SDM different from the Rhythm Method?

- | | |
|--|---|
| » SDM uses a fixed formula for the fertile phase | » Rhythm requires information about the previous 6 cycles |
| » SDM clients use the same fertile window for all cycles | » Rhythm users must make complex monthly calculations |
| » SDM has been tested in a well-designed trial | » Rhythm has never been tested in a well-designed trial |

As we have seen, the SDM is a method that has been tested in a clinical trial using rigorous research guidelines. The SDM is not the Rhythm Method because:

- The SDM uses a fixed formula for the fertile phase, while the Rhythm Method requires information about the previous 6 to 12 cycles.
- The SDM clients use the same fertile window for all cycles. Rhythm Method users must make complex monthly calculations.
- The SDM has been tested in a well-designed trial and extensive operations, introduction and impact research has been conducted since 2002. On the other hand, the Rhythm Method has never been tested in a well-designed trial.
- The SDM is recognized as an evidence-based, modern method of family planning by the World Health Organization and a best-practice by the U.S. Agency for International Development – the same cannot be said for the Rhythm Method.

Who uses the SDM?

After the efficacy trial, IRH conducted operations research studies in 12 countries. Through all these studies we are able to report on who uses the SDM.

SDM User Profile

	Six Countries ¹	U.S. ²
Mean Age	29	27
Mean Parity	2.8	.4
Previous Use of:		
Nothing/ineffective method	52%	0%
Condom	38%	87%
Pills/injection	33%	96%
IUD	10%	2%

¹ Interviews with users in 6 countries

² Survey of internet purchases

Some interesting differences between the U.S. and other countries in terms of previous contraceptive use. The countries included here are Ecuador, El Salvador, Honduras, Benin, India, and the Philippines. Whereas about half of women in other countries had never used any method and about 1/3 had ever used condoms, pills, and injections, in the U.S., all women had contraceptive experience. 87% had used condoms and 96% hormonal methods. It appears that in the U.S., some women who have used other methods may be looking for a different kind of method.

Reasons for Choosing the SDM		
	Six Countries ¹	U.S. ²
Doesn't affect health	70%	80%
No side effects	20%	30%
Economical	30%	5%
Easy to learn/use	10%	45%

¹ Interviews with users in 6 countries
² Survey of internet purchases

In studies conducted in several countries – six countries plus the U.S. – we find that the overwhelming reason why women choose the SDM is that it doesn't affect their health and has no side effects.

We know that most contraceptives do not have negative health effects for the vast majority of women. Indeed, there is good evidence that some methods actually have health benefits. And we know that most side effects are transitory and manageable.

Nonetheless, these are many women who want something natural.

How Couples Manage the Fertile Days		
	Abstain	Condom
Rural India	70%	30%
Urban India	13%	87%
Philippines	70%	30%
U.S.	15%	85%

Project reports and U.S. Survey

Couples in different settings and with different experiences and backgrounds will use different approaches to managing their fertile days. While there are a range of options, the 2 most frequently reported are abstaining from sex or using a condom. Many couples abstain sometimes and use a condom other times. Here we can see what couples report in 4 quite different settings.

Lessons Learned
» Providers' attitudes toward the SDM improve with training and experience.
» The SDM can be offered by different kinds of providers.
» The SDM can be taught in clinic and community settings.
» Involving men increases method satisfaction and continuation.
» Women can learn to use the SDM during a 20-minute session.

During the efficacy study, and in subsequent pilot projects in many countries, several valuable lessons have been learned. We have learned several important things about the Standard Days Method:

- There are many women and men interested in using it – in sites with high prevalence of use of other methods, as well as in sites with very low prevalence.
- It is effective – more than 95% effective when used correctly.
- It is easy to teach, learn and use. Most women can learn the method in one counseling session of approximately twenty minutes, and all levels of providers – from clinicians to community volunteers can teach the method once they have been trained.
- Clients can learn to use it correctly; CycleBeads are an excellent tool for learning and using the method.
- Method use improves rapidly with practice.
- Men support the collaboration with method use.
- Involving the man is key to the successful use of the method, whether he is actively involved in using CycleBeads or just accepts the need to change behavior on fertile days.
- Many couples prefer to use a condom during their fertile days, while others prefer to abstain.


Lessons Learned (continued)

- » Offering the SDM helps programs reach new clients.
 - More than ½ of women who choose SDM have never used family planning.
 - Most have not used a family planning method in the last 3 months.
- » SDM contributes to CPR without reducing the use of other methods.
- » SDM is cost effective

Programs in both the public and private sectors in urban and rural settings are offering the SDM including:

- Family planning agencies
- Public sector health programs
- Community development organizations
- Social marketing programs
- Natural Family Planning programs

Service Provision

- 
- Screening
 - Teaching
 - Supporting the Couple

Once a client indicates that she is interested in the SDM, the service provider offers counseling in the method. SDM service provision involves:

- Screening the client to help her decide if the method is appropriate for her. It involves checking if she meets the method's biological and behavioral criteria.
- Providing counseling on how the method works and how to use it with her partner.
- Providing follow-up as necessary.

Let's review each one of these steps:

- Determine that the client is interested in using the method.
- Help the client determine whether the method is appropriate for her: that her periods are about a month apart (cycles between 26 and 32 days) and she can avoid unprotected intercourse on days 8 through 19 of each cycle.
- Explain to her how the method works.
- Have the client demonstrate how to use CycleBeads.
- Verify that she understands that she should avoid unprotected intercourse on days 8 to 19 of each cycle.
- Provide her with CycleBeads and any other materials to help her use the method.

Screening: Cycle Length

- » Do your periods come about a month apart?
- » Do you usually have your period every month?
- » Does your period usually come about when you expect it?
- » Have you recently been pregnant or used another method of family planning?
- » When did you start your last period?

Screening for method appropriateness involves first checking the client's cycle length. Rather than asking a client if her cycles are between 23 and 32 days long, a provider asks very simple questions:

- Do your periods come about a month apart?
- Do you usually have your period every month?
- Does your period usually come about when you expect it?
- Have you recently been pregnant or used another method of family planning?
- When did you start your last period?

Screening: Managing the Fertile Days

- » Will you be able to talk with your partner about this method?
- » How do you think your partner will feel about it?
- » Do you think you and your partner can avoid unprotected sex for 12 consecutive days?
- » What will you do to avoid unprotected sex on fertile days?

Screening also involves checking if the client and her partner will be able to avoid unprotected sex on days when she is likely to get pregnant. Probing for this criterion may include questions such as:

- Will you be able to talk with your partner about this method?
- How do you think your partner will feel about it?
- Do you think you and your partner can avoid unprotected sex for 12 consecutive days?
- What will you do to avoid unprotected sex on fertile days?

Criteria for Starting the SDM (special circumstances)

Postpartum/ breastfeeding	•Wait until 4 periods have come. •Start after 2 most recent are about a month apart.
3-month injection	•Wait 90 days after last injection. •Start after 3 consecutive periods are about a month apart.
OC, patch, ring or 1 month injection, implant, hormonal IUS	•Stop the hormonal method. •Start CycleBeads after 3 consecutive periods are about a month apart.
Miscarriage or abortion, EC	•Start CycleBeads on the first day of her next period (if cycles were about a month apart before miscarriage or abortion, or using EC).

The woman may need to wait a while before she can use CycleBeads.

- If the woman is postpartum or breastfeeding, she needs to have had four periods (3 cycles), and the 2 most recent periods were about a month apart.
- If she recently used the 3-month injection, she needs to wait until the injection's 90 day protection ends and 3 consecutive periods are about a month apart.
- If she recently used OC, the patch, ring or one month injection, implant, hormonal IUS, she can start CycleBeads after 3 consecutive periods are about a month apart.
- If she recently used EC, or had a miscarriage or abortion, she can start CycleBeads on the first day of her next period if her periods were about a month apart before using EC, the miscarriage or abortion.

Counseling

- » Teaching the method and checking the client's understanding.
- » Helping the client use the method correctly with her partner.

Providing counseling in the SDM involves teaching the client how to use CycleBeads to help her know on which days she can get pregnant and days pregnancy is unlikely.

It also involves checking for client's understanding and confirmation that she knows how to use CycleBeads and how to avoid getting pregnant if she so desires.

Finally, counseling involves helping the client use the method with her partner, i.e. helping her identify any potential issues that may prevent them from using the method effectively and exploring options for dealing with those issues.

Follow-Up

- » Schedule follow-up visits according to existing protocols (often initial visit and one follow up visit).
- » Encourage client to contact provider with questions or out-of-range cycles.
- » If client has 2 cycles outside the 26 to 32 day range in a 12-month period, suggest another method.
- » Offer to include partner in subsequent visits.

Follow-up with the client is also an important step of service delivery. Even though our studies indicate that a client can successfully use the SDM in one session with her provider, there may be situations that require subsequent visits.

- Particular programs may routinely schedule follow-up visits for all method users.
- The client may have questions or need additional help in handling couple's issues.

Hence providers should always encourage their clients to return when needed, particularly in special circumstances, for example, if her cycles have fallen out of the 26 to 32 day-range. Offer to include her partner in any subsequent visit.

Support Materials

- » For clients:
 - Necklaces
 - Instruction card and calendar
- » For Providers:
 - Counseling guide
 - Laminated calendar
- » For Programs:
 - Provider training manual
 - Client register
 - Monitoring checklist
 - Promotional Materials

The Institute has developed a number of materials to help programs incorporate the Standard Days Method and to support quality services to clients. Among these materials are:

- A manual to train service providers. It can be adapted for different audiences.
- A Service Delivery Guide (which is appropriate for staff with, and without previous training in reproductive health).
- Job aids for screening and teaching the method.
- Client instructions for using the method.
- A variety of visual materials to support promotion and educational activities.

Why Offer the SDM as Part of a Family Planning Program?

- » Increases choice
- » Expands coverage
- » Addresses an unmet need
- » Empowers women
- » Involves men
- » Offers a low-cost method



Why offer the SDM as part of a family planning program?

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- Expands coverage
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SDM Offered World Wide

	Albania	Haiti	Senegal
	Angola	Honduras	Tajikistan
	Armenia	India	Tanzania
	Azerbaijan	Kenya	Timor Este
	Bangladesh	Malawi	Turkey
	Benin	Mauritius	Uganda
	Bolivia	Mozambique	Ukraine
	Burkina Faso	Nicaragua	United States
	DR Congo	Nigeria	Zambia
	Ecuador	Pakistan	
	El Salvador	Peru	
	Ethiopia	Philippines	
	Ghana	Romania	
	Guatemala	Rwanda	

Here are some of the places around the world where the SDM has been introduced.

EXPANDING FAMILY PLANNING OPTIONS

Institute for Reproductive Health Georgetown University

3

Standard Days Method Counseling

Learning Objectives:

- Identify the essential components of an SDM counseling session.
- Recognize the job aids that support each component.

Time:

45 minutes

Materials:

- Demonstration Case Study
- Provider job aids
- Flipcharts:
 - “Components of SDM Counseling”
 - “Assess if the SDM is Appropriate for the Client and Her Partner”
 - “Inform the Client How to Use the SDM”
 - “Support the Couple’s Use of the SDM”

Instructions

Before You Begin

- Read the demonstration case study that you will role play as an SDM counselor or provider. Practice the demonstration case study and adapt the script as necessary.
- Become proficient in the use of the SDM provider job aids and familiar with all aspects covered during an SDM counseling session.
- Assign a volunteer participant the role of client in advance. Give the volunteer a description of the client’s profile and ask her to play this role.

Introduction (10 minutes)

1. Explain that this activity will begin with a demonstration followed by a general discussion in which the whole group will analyze the components of an SDM counseling session using the “assess, inform, and support” methodology. Ask the participants to observe the demonstration and to write down any questions or comments so that they can share them when the demonstration is completed.
2. Indicate that during this activity all the provider job aids will be used. Show and explain to the participants each of the provider job aids (Screening Checklists for Initial and Follow-up Visits, and Cue Card) that can be found in their copy of the *Provider Job Aids Packet*. Ask participants to pay close attention to how the job aids are used during the demonstration.

3. Mention that this demonstration session covers all aspects described in the *Job Aids Packet*. Before you start demonstrating the counseling session, set the stage for the demonstration. Indicate the following:

- The client has arrived at the center; she has been greeted and asked the reason for her visit. Her biographical information has been taken and her clinical history has been filled out, if applicable. She has also been given general information about all available contraceptive methods. In this case, she has decided that she would like to use the SDM.
- The demonstration of the SDM counseling session begins here.

Demonstration Case (15 minutes)

4. Start the demonstration counseling session by **assessing** whether the method is suitable for the client, continue by **informing** the client how to use it, and conclude by exploring aspects of couple communication and offering **support** to the client in using the method with her partner. Throughout, make use of the respective provider job aids, making them visible to the participants.

Large Group Discussion (15 min.)

5. Start the discussion by asking the group to describe what they have just seen in the demonstration. Lead a group discussion to identify and analyze each

component of the counseling session that you have just demonstrated using the “Components of the SDM Counseling” poster. If necessary, relate each component of the SDM counseling to the counseling model of the participants’ service delivery programs (for example, the GATHER model found in the Trainer Resources Section of this manual or any other model).

6. Go over each of the three components of the SDM counseling using the three posters and referring participants to the pertinent pages in the *Job Aids Packet*.

- **Assessing** if the SDM is appropriate for the woman and her partner.
- **Informing** the client how the SDM works and checking client understanding.
- **Supporting** couple’s use of SDM.

Remind participants that “assess, inform, support” is a simple framework for SDM counseling.

7. Answer any questions. Mention that in the activities that follow the participants will have a chance to practice the three components of SDM counseling that were just analyzed.

Conducting the Activity

The objective of this activity is to give a general overview of counseling in the SDM. Providing this overview sets the framework for the rest of the workshop. It is important to stress that each of the three components—assess, inform, and support—will be explored in depth by the end of the workshop. It is also important to link these three components to the pages that address them in the Job Aids packet. This session is the first opportunity participants have to start using the Job Aids Packet for reference.

If necessary, discuss with participants how the SDM counseling fits within the general process of family planning service delivery in their programs. Stress that this is not an additional task but one more method to offer within their existing services. Analyze the similarities and differences between SDM counseling and counseling in other methods.

RESOURCES USED BY THE TRAINER IN THIS ACTIVITY**Demonstration Case Study****Instructions:**

Your name is Elisa and you are 27 years old. You have a 10 month old baby whom you breastfeed. Seven months ago you began menstruating again, and in the last 3 months your periods have come at about the same time each month. Before becoming pregnant, you used the pill for 5 years but decided to discontinue it because it gave you headaches. Since your last child was born you have not used contraception. You and your partner don't want to have any more children for now, and you don't want to use the pill again—you would rather opt for a natural method. You came to the clinic because you heard that a natural method is being offered at this facility and you want to know if you can use it. The first day of your last menstrual period was January 31.

Key points to remember:

- Married with 10 month old baby whom you breastfeed.
- Your period returned 7 months ago and to regular intervals 3 months ago.
- You and your partner do not want any more children for now.
- You used to use the pill for 5 years, but since you last gave birth you have not used any contraception.
- You do not want to go back to the pill, as it gave you headaches. You would prefer a natural method.
- Your last period was January 31.

FLIPCHARTS USED BY THE TRAINER IN THIS ACTIVITY

Components of SDM Counseling

- ✓ ASSESS if the SDM is appropriate for the woman and her partner
- ✓ TEACH the client how the SDM works and verify her understanding
- ✓ SUPPORT the couple's use of the SDM

ASSESS if the SDM is Appropriate for the Woman and Her Partner

- ✓ Determine if the client's periods come about a month apart (cycles 26 to 32 days long)
- ✓ Determine if there are any circumstances the woman's cycle
- ✓ Help the client decide if this method will work for her and her partner
- ✓ Determine when the woman can start using the method

TEACH the Client How the SDM Works and Verify Client Understanding

- ✓ Describe the SDM to the client and explain how to use CycleBeads
- ✓ Confirm that the client understood the key points for using the method, repeat and clarify

SUPPORT Couple's Use of the SDM

- ✓ Help the client identify problems the couple might have using the SDM and encourage behaviors that will support correct use of the method
- ✓ Help the client find possible solutions to any problems she may have identified
- ✓ Schedule a follow-up visit if necessary

Components of SDM Counseling

ASSESS if the SDM is appropriate for the woman and her partner

- Determine if the client's periods come about a month apart (cycle length is 26 to 32 days).
- Determine if there is any circumstance or condition that may affect the woman's cycle length (recent pregnancy or use of other methods).
- Help the client decide whether this method will work for her and her partner.
- Determine when the woman can start using the SDM.

TEACH the client how the SDM works and check her understanding

- Describe the SDM to the client and explain how to use Cycle Beads.
- Confirm that the client understood the key points for using the method, repeat, and clarify as needed.

SUPPORT the couple's use of the SDM

- Identify problems the couple may have using the SDM and encourage behaviors that will support correct use of the method.
- Help the couple identify possible solutions to the problems they have identified. Explore, with the client, ways of talking with her partner about the method and how to handle and negotiate avoiding unprotected sex on days when she can get pregnant.
- Remind the client to return to the clinic if she has questions or is not satisfied with the method. Schedule a follow-up visit if necessary.

JOB AIDS USED BY PARTICIPANTS IN THIS ACTIVITY

Who Can Use the Standard Days Method® (SDM)

Screening Checklist

A woman can use the SDM if she meets **BOTH** of these conditions:

- She has most cycles between 26 and 32 days long, and
- She and her partner can use condoms or avoid sex on the fertile days.

Determine Whether the SDM is Appropriate

- Are her periods about a month apart (cycles between 26 and 32 days)?**

Ask:

 - Do your periods usually come when you expect them?
 - Do your periods usually come about a month apart?

Periods that come about a month apart indicate her cycles are between 26 and 32 days long.

 - When was the first day of your most recent period?

If the client knows the first day of her last period and meets the criteria, she can start using the SDM immediately.
- Can she and her partner avoid unprotected sex on the fertile days?**

Ask:

 - Does she and her partner want to avoid pregnancy at this time?
 - Does she and her partner think they can avoid unprotected sex on the days the woman can get pregnant?
- Are she and her partner free of risk for sexually transmitted infections (STI)?**

Consider circumstances that can affect cycle length:

- If she is POSTPARTUM or BREASTFEEDING**
 - Has she had four periods since her baby was born?
 - Were her last two periods about a month apart?
- If she recently used the 3-MONTH INJECTION**
 - Have three months passed since her last shot? Have her periods returned?
 - Were her last two periods about a month apart?
- If she recently used the PILL, PATCH, 1-MONTH IMPLANT, INJECTION, HORMONAL IUD, RING or EMERGENCY CONTRACEPTION**
 - Were her last two periods about a month apart prior to using any of these methods?
- If she had a NON-HORMONAL IUD**
 - Were her periods about a month apart while using the IUD?
 - Were her last two periods about a month apart?
- If she recently had a MISCARRIAGE or an ABORTION**
 - Before getting pregnant, were her last two periods about a month apart?

If the answer to **ALL** questions is "YES," the method is appropriate for the woman.

How to Use CycleBeads®

Provider Cue Card

CycleBeads are based on the Standard Days Method (SDM), a natural family planning method more than 95% effective when used correctly.

A woman can use this method if her cycles last between 26 and 32 days. Women who have their periods about once a month have cycles in this range. CycleBeads help a woman know when to use condoms or avoid sex to prevent a pregnancy.

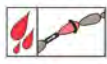
CycleBeads represent the menstrual cycle. Each bead is a day of the cycle.

The **WHITE** beads represent days when a woman **CAN GET PREGNANT**.


The **RED** bead marks the first day of the period.

The **BROWN** beads represent days when pregnancy is unlikely.


How to Use CycleBeads




On the first day of your period, move the ring to the **RED** bead. Also mark that day on your calendar.




Every morning move the ring to the next bead. Always move the ring in the direction of the arrow. Move the ring even on days when you have your period.



When the ring is on a **BROWN** bead you can have sexual intercourse. These are days when pregnancy is very unlikely.



When the ring is on any **WHITE** bead, use a condom or avoid sex to prevent pregnancy. These are days when you can get pregnant if you have unprotected sex.



The day your next period starts, move the ring to the **RED** bead again. Skip over any remaining beads. Your period signals that a new cycle has started.

Be sure your cycles are in range:

- If you start your period before you put the ring on the **DARK BROWN** bead, that cycle is less than 26 days.
- If you have *not* started your period by the day after you put the ring on the last **BROWN** bead, that cycle is longer than 32 days.

If you forget whether you moved the ring, check in your calendar when your period began. Count the days since your period began and move the ring the same number of beads starting with the **RED** bead.

For the health of the mother and the baby, wait at least 2 years before trying to become pregnant again.

When to Contact Your Provider

Contact your provider if:

- you think you might be pregnant
- you had more than one cycle out of range in a year.

4

Eligibility Criteria for the Standard Days Method

Learning Objectives:

- Recognize the method eligibility criteria.
- Recognize criteria for starting the SDM.

Time:

45 minutes

Materials:

- Flipcharts:
 - “Who Can Use the SDM?”
 - “Who May Not Use the SDM?”
 - “SDM Eligibility Criteria”
 - “When Can Women Start Using SDM?”
- Markers and Masking Tape

Introduction

Brainstorming (10 minutes)

1. Explain to the participants that they will now participate in a brainstorming session regarding who can and cannot use the SDM. Ask the group to recall the demonstration counseling session they saw in Activity 3 to answer the questions below.

- Who Can Use the SDM?
- Who Cannot Use the SDM?

Give participants a few minutes to think and jot down their answers, which should focus on the *biological* and *behavioral* factors that would determine whether the SDM is appropriate for the client.

2. When they have finished writing down all their ideas, ask them to volunteer their answers and record them on the appropriate flipchart. Avoid editing or discussing participant comments until you have recorded all of them on the flipchart sheets.
3. Begin reviewing the participant comments by referring to the items on the sheet titled “Who Can Use the SDM?” Then, as you go through each item in the list, ask participants what they think about it, whether they believe it is correct or not and why. Complement and clarify their comments as necessary. Do the same for items on sheet titled “Who Cannot Use the SDM.”

Large Group Discussion (35 minutes)

4. Post the previously prepared flipchart sheets with the SDM eligibility criteria. Read the following two basic method eligibility criteria.

Method Eligibility Criteria
Who can use the Standard Days Method?
<ul style="list-style-type: none"> • Women with menstrual cycles about a month apart. • Women who can avoid unprotected intercourse on days when they can get pregnant.

5. Using the “SDM Eligibility Criteria” poster, explain the biological criterion (**menstrual cycles between 26 to 32 days long**). Continue explaining the exceptions and considerations for use of the SDM (previous use of contraceptives, pregnancy, and breastfeeding). Invite the participants to ask questions and answer these.

SPECIAL CIRCUMSTANCES	
<p>Exceptions:</p> <ul style="list-style-type: none"> • Postpartum or breastfeeding woman, unless she has had four consecutive periods, and her most recent 2 were about a month apart (between 26 and 32 days). • User of the 3-month contraceptive injection, unless 3 months have passed since the last injection and the 3 most recent periods were about a month apart (between 26 to 32 days). 	<p>Exceptions:</p> <ul style="list-style-type: none"> • Current users of hormonal methods (OC, patch, ring or 1-month injection, implant, hormonal IUS) must have had periods about a month apart (26 to 32 day cycles) before using the hormonal method, and wait for 3 consecutive periods to be about a month apart. • Women recently experiencing a miscarriage or an abortion must have had periods about a month apart (26 to 32 day cycles) before becoming pregnant.

6. Using the two posters on “Who can and who may not use the SDM”, explain the behavioral criterion (**avoid unprotected sex on fertile days**). Discuss the need to probe early during the counseling session for any couple issues that may affect correct use of the SDM. It is helpful to mention special situations that require counseling, i.e. an unfaithful partner, frequently traveling partner, partner who is against family planning, etc. If such situations exist for the couple then the SDM may not be appropriate for them.

7. Show the Screening Checklist — Initial Visit job aid. Explain that this is the complete list of questions that providers ask to screen for method eligibility. Discuss the importance of using the job aid to help the client determine if the SDM is an appropriate method for her and her partner.

8. Using the “When Can Women Start Using the SDM” poster, introduce the criteria for starting the method. Point participants to page 13 of the *Reference Guide for Counseling Clients* and read the criteria for starting the method, once the provider and client have established that she meets the eligibility criteria.

Method Eligibility Criteria
Who can use the Standard Days Method?
<ul style="list-style-type: none"> • Women with menstrual cycles about a month apart.
<ul style="list-style-type: none"> • Women who can avoid unprotected intercourse on days when they can get pregnant.

Screening Checklist—Initial Visit

Who Can Use the Standard Days Method® (SDM)
Screening Checklist

A woman can use the SDM if she meets **ALL** of these conditions:

- She has menstrual cycles between 26 and 32 days long, and
- She and her partner can use condoms or avoid sex on the fertile days.

Determine Whether the SDM is Appropriate

1. Are her periods about a month apart (cycles between 26 and 32 days)?

Ask:

- Do your periods usually come when you expect them?
- Do your periods usually come about a month apart?
- Periods that come about a month apart indicate her cycles are between 26 and 32 days long.
- When was the first day of your most recent period?
- If she does know the first day of her last period and meets the criteria, she can start using the SDM immediately.

2. Can she and her partner avoid unprotected sex on the fertile days?

Ask:

- Does she and her partner want to avoid pregnancy at this time?
- Does she and her partner think they can avoid unprotected sex on the days the woman can get pregnant?

3. Are she and her partner free of risk for sexually transmitted infections (STI)?

Consider circumstances that can affect cycle length:

- If she is **PREGNANT** or **BREASTFEEDING**:
 - She should wait until her periods return to normal.
 - When her last two periods were about a month apart?
 - When her last two periods were about a month apart?
- If she recently used the **PILL, PATCH, I, INJECT, IMPLANT, INJECTION, INTRAUTERINE DEVICE, or EMERGENCY CONTRACEPTION**:
 - When her last two periods about a month apart prior to using any of these methods?
- If she had a **NON-IDENTICAL BLOOD**:
 - When her periods about a month apart while using the SDM?
 - When her last two periods about a month apart?
- If she recently had a **MISCARRIAGE** or an **ABORTION**:
 - Before getting pregnant, were her last two periods about a month apart?

If the answer to ALL questions is “YES,” the method is appropriate for the woman.

Conducting the Activity

It is assumed that healthcare providers attending this workshop have a firm understanding of the menstrual cycle. If, for any reason, you feel that participants need to review this topic, conduct the Alternate Activity for “The Menstrual Cycle” found at the end of this manual, adapting it based on their needs.

FLIPCHARTS USED BY THE TRAINER IN THIS ACTIVITY

Who Can Use the SDM?

Who May Not Use the SDM?

SDM Eligibility Criteria

- ✓ Women with periods that come about a month apart (cycles 26 and 32 days long).
- ✓ Women who can avoid unprotected sex on days when they can get pregnant.

SPECIAL CIRCUMSTANCES

- | | |
|--|---|
| <ul style="list-style-type: none"> ✓ <u>Postpartum or breastfeeding</u>
Complete four consecutive periods, and the 2 most recent periods are about a month apart (26 to 32 day cycles) ✓ <u>Three-month injection</u>
3 months since last injection, and 3 consecutive periods about a month apart (26 to 32 day cycles) | <ul style="list-style-type: none"> ✓ <u>Hormonal methods (OC, patch, ring or 1-month injection, implant hormonal IUD)</u>
Must have had periods about a month apart (26 to 32 day cycles) before using hormonal and wait for 3 consecutive periods about a month apart after stopping hormonal method ✓ <u>Recent miscarriage or abortion, EC</u>
Periods about a month apart (cycles 26 to 32 days long) before becoming pregnant or using EC. |
|--|---|

FLIPCHARTS USED BY THE TRAINER IN THIS ACTIVITY

When Can Couples Use the SDM? (behavioral criteria)

- ✓ When both partners agree to use the method
- ✓ When the couple is willing and able to avoid unprotected intercourse during the fertile days
- ✓ When neither partner is at risk of getting a sexually transmitted infection
- ✓ When both partners can discuss and make decisions regarding when to have sex

When Can Couples NOT Use the SDM? (behavioral criteria)

- ✓ When one partner objects to use of family planning
- ✓ When the couple is not able to avoid unprotected intercourse during the fertile days
- ✓ When the relationship is not monogamous
- ✓ When a partner cannot discuss or make decisions regarding when to have sex

When Can Women Start Using SDM?

Women who remember date of last period:

- ✓ Start immediately
- ✓ Inform her she may already be pregnant if she's beyond day 7 of cycle

Women who do NOT remember date of last period:

- ✓ Start method on first day of next period
- ✓ Use another method until able to start SDM

Women using hormonal methods:

- ✓ Complete current cycle with method currently being used
- ✓ Start SDM after 3 consecutive periods are about a month apart (26-32 day cycles)

Women who had miscarriage/abortion:

- ✓ Start method on first day of next period
- ✓ Avoid unprotected sex until next period starts

Women who are post-partum or breastfeeding:

- ✓ Wait for periods to return and have 4 periods
- ✓ Last two periods should be about a month apart (26 to 32 day cycles)

Women using the 3-month injection:

- ✓ Wait for a period to return and have at least 3 periods a month apart

JOB AIDS USED BY THE PARTICIPANTS IN THIS ACTIVITY

Screening Checklist—Initial Visit

Who Can Use the Standard Days Method® (SDM)
Screening Checklist

A woman can use the SDM if she meets **BOTH** of these conditions:

- She has most cycles between 26 and 32 days long, and
- She and her partner can use condoms or avoid sex on the fertile days.

Determine Whether the SDM is Appropriate

1 Are her periods about a month apart (cycles between 26 and 32 days)?

Ask:

- Do your periods usually come when you expect them?
- Do your periods usually come about a month apart?

Periods that come about a month apart indicate her cycles are between 26 and 32 days long.

- When was the first day of your most recent period?

If the client knows the first day of her last period and meets the criteria, she can start using the SDM immediately.

2 Can she and her partner avoid unprotected sex on the fertile days?

Ask:

- Does she and her partner want to avoid pregnancy at this time?
- Does she and her partner think they can avoid unprotected sex on the days the woman can get pregnant?

3 Are she and her partner free of risk for sexually transmitted infections (STI)?

Consider circumstances that can affect cycle length:

If she is POSTPARTUM or BREASTFEEDING

- Has she had four periods since her baby was born?
- Were her last two periods about a month apart?

If she recently used the 3-MONTH INJECTION

- Have three months passed since her last shot? Have her periods returned?
- Were her last two periods about a month apart?

If she recently used the PILL, PATCH, I-MONTH, IMPLANT, INJECTION, HORMONAL IUD, RING or EMERGENCY CONTRACEPTION

- Were her last two periods about a month apart prior to using any of these methods?

If she had a NON-HORMONAL IUD

- Were her periods about a month apart while using the IUD?
- Were her last two periods about a month apart?

If she recently had a MISCARRIAGE or an ABORTION

- Before getting pregnant, were her last two periods about a month apart?

If the answer to **ALL** questions is "YES," the method is appropriate for the woman.

How to Use CycleBeads®
Provider Cue Card

CycleBeads are based on the Standard Days Method (SDM), a natural family planning method more than 95% effective when used correctly.

A woman can use this method if her cycles last between 26 and 32 days.

Women who have their periods about once a month have cycles in this range.

CycleBeads help a woman know when to use condoms or avoid sex to prevent a pregnancy.

How to Use CycleBeads

On the first day of your period, move the ring to the RED bead.

Also mark that day on your calendar.

Every morning move the ring to the next bead. Always move the ring in the direction of the arrow.

Move the ring even on days when you have your period.

When the ring is on a BROWN bead you can have sexual intercourse.

These are days when pregnancy is very unlikely.

When the ring is on any WHITE bead, use a condom or avoid sex to prevent pregnancy.

These are days when you can get pregnant if you have unprotected sex.

The day your next period starts, move the ring to the RED bead again. Skip over any remaining beads. Your period signals that a new cycle has started.

Be sure your cycles are in range:

- If you start your period before you put the ring on the DARK BROWN bead, that cycle is less than 26 days.
- If you have not started your period by the day after you put the ring on the last BROWN bead, that cycle is longer than 32 days.

When can a woman who meets the eligibility criteria start using the CycleBeads?

- If she can remember the day her last period started, she can start using CycleBeads immediately.
- If she does not remember the date her last period started, she can begin using CycleBeads when her next period starts.
- If she recently was pregnant, is breastfeeding or if she recently used another method, she can start using CycleBeads when her next period starts (provided she meets the conditions pertaining to her circumstance).

When to Contact Your Provider

Contact your provider if:

- you think you might be pregnant
- you had more than one cycle out of range in a year.

For the health of the mother and the baby, wait at least 2 years before trying to become pregnant again.

5

Screening for Cycle Length and Regularity (Case Analysis)

Learning Objectives:

- Calculate the menstrual cycle correctly.
- Practice applying method eligibility criteria.
- Practice applying criteria for assessing when SDM-eligible women can start the method.

Time:

45 minutes

Materials:

- Case Studies and Answer Sheet
- Provider job aids
- Flipcharts
 - "Case Studies Instructions"

Instructions

Before You Begin

Review the problem-solving case studies on selecting and starting the method. If necessary, adapt the situations so that they correspond to the work context of the participants. To make them more specific to your setting, you may want to select those case studies that deal with contraceptives that are available in your program or mostly used by your clients. Also, determine the number of cases to include depending on the amount of time available.

Small Group Activity (15 minutes)

1. To group participants into pairs, you may opt for using one of the games described in the Training Resources.
2. Introduce this activity by telling participants that they will analyse case studies in order to practice calculating the length of the menstrual cycle and applying the SDM eligibility criteria. Stress that they will be practicing the first component of SDM counseling—**Assess**. As they solve their case studies, they should use the:
 - Screening Checklist to apply the SDM eligibility criteria
 - Criteria for Starting the Method

3. Distribute the case studies among participants. Direct them to the poster “Solving the Case Studies.” Give them 15 minutes to solve the cases and answer the following questions for each case:

- Is the client's menstrual cycle in range?
- Can she use the SDM? Why or why not?
- If the method is suitable for her, when can she start using it?
- What, if any, are the special explanations or recommendations that you would make to her?

Large Group Discussion (15 minutes)

4. After the participants have solved their cases, invite volunteers to read a case at a time, provide the answers and comment on any issues or questions that came up while solving the case. As each person shares his or her answers, stop to ask the group whether anyone got different answers, and invite this person to comment. Correct any mistakes (See “Answer Sheet to Case Studies”), using the posters showing the Method Eligibility Criteria and Criteria for Starting the Method (from Activity 4), if necessary. After answering any questions and clarifying as required, proceed with the next activity.

Conducting the Activity

The main objective of this activity is to give the participants the chance to practice their knowledge of the menstrual cycle and apply the eligibility criteria for the SDM and starting the method. As they solve the cases, they have the opportunity to clear up doubts and reflect on situations that are common in family planning.

This activity provides an opportunity for the facilitator to go around the room to observe participants problem solving skills related to applying the SDM eligibility criteria.

FLIPCHARTS USED BY THE TRAINER IN THIS ACTIVITY

Case Studies Exercise Instructions (15 minutes)

- ✓ In pairs, analyze two assigned case studies.
- ✓ Use Provider Calendar and Screening Checklist for Initial Visit.
- ✓ Answer the following questions for each case:
 - Is the client's menstrual cycle in range?
 - Can she use the SDM? Why or why not?
 - If the method is suitable for her, when can she start using it?
 - What, if any, are the special explanations or recommendations that you would make to her?

JOB AIDS USED BY THE PARTICIPANT IN THIS ACTIVITY

Screening Checklist—Initial Visit

Who Can Use the Standard Days Method® (SDM)

Screening Checklist

A woman can use the SDM if she meets **BOTH** of these conditions:

- She has most cycles between 26 and 32 days long, and
- She and her partner can use condoms or avoid sex on the fertile days.

Determine Whether the SDM is Appropriate

- Are her periods about a month apart (cycles between 26 and 32 days)?**

Ask:

 - Do your periods usually come when you expect them?
 - Do your periods usually come about a month apart?

Periods that come about a month apart indicate her cycles are between 26 and 32 days long.

 - When was the first day of your most recent period?

If the client knows the first day of her last period and meets the criteria, she can start using the SDM immediately.
- Can she and her partner avoid unprotected sex on the fertile days?**

Ask:

 - Does she and her partner want to avoid pregnancy at this time?
 - Does she and her partner think they can avoid unprotected sex on the days the woman can get pregnant?
- Are she and her partner free of risk for sexually transmitted infections (STI)?**

Consider circumstances that can affect cycle length:

If she is POSTPARTUM or BREASTFEEDING

- Has she had four periods since her baby was born?
- Were her last two periods about a month apart?

If she recently used the 3-MONTH INJECTION

- Have three months passed since her last shot? Have her periods returned?
- Were her last two periods about a month apart?

If she recently used the PILL, PATCH, 1-MONTH, IMPLANT, INJECTION, HORMONAL IUD, RING or EMERGENCY CONTRACEPTION

- Were her last two periods about a month apart prior to using any of these methods?

If she had a NON-HORMONAL IUD

- Were her periods about a month apart while using the IUD?
- Were her last two periods about a month apart?

If she recently had a MISCARRIAGE or an ABORTION

- Before getting pregnant, were her last two periods about a month apart?

If the answer to **ALL** questions is "YES," the method is appropriate for the woman.

How to Use CycleBeads®

Provider Cue Card

CycleBeads are based on the Standard Days Method (SDM), a natural family planning method more than 95% effective when used correctly.

A woman can use this method if her cycles last between 26 and 32 days. Women who have their periods about once a month have cycles in this range. CycleBeads help a woman know when to use condoms or avoid sex to prevent a pregnancy.

CycleBeads represent the menstrual cycle. Each bead is a day of the cycle.

The **WHITE** beads represent days when a woman **CAN GET PREGNANT**.

The **RED** bead marks the first day of the period.

The **BROWN** beads represent days when pregnancy is unlikely.

When can a woman who meets the eligibility criteria start using the CycleBeads?

- If she can remember the day her last period started, she can start using CycleBeads immediately.
- If she does not remember the date her last period started, she can begin using CycleBeads when her next period starts.
- If she recently was pregnant, is breastfeeding or if she recently used another method, she can start using CycleBeads when her next period starts provided she meets the conditions pertaining to her circumstance.

How to Use CycleBeads

On the first day of your period, move the ring to the **RED** bead. Also mark that day on your calendar.

Every morning move the ring to the next bead. Always move the ring in the direction of the arrow. Move the ring even on days when you have your period.

When the ring is on a **BROWN** bead you can have sexual intercourse. These are days when pregnancy is very unlikely.

When the ring is on any **WHITE** bead, use a condom or avoid sex to prevent pregnancy. These are days when you can get pregnant if you have unprotected sex.

The day your next period starts, move the ring to the **RED** bead again. Skip over any remaining beads. Your period signals that a new cycle has started.

Be sure your cycles are in range:

- If you start your period before you put the ring on the **DARK BROWN** bead, that cycle is less than 26 days.
- If you have not started your period by the day after you put the ring on the last **BROWN** bead, that cycle is longer than 32 days.

If you forget whether you moved the ring, check in your calendar when your period began. Count the days since your period began and move the ring the same number of beads starting with the **RED** bead.

For the health of the mother and the baby, wait at least 2 years before trying to become pregnant again.

When to Contact Your Provider

Contact your provider if:

- you think you might be pregnant
- you had more than one cycle out of range in a year.

Case Studies—Cycle Length and Regularity

Instructions

Read the case information and answer the following questions for each case:

- Can she use the SDM? Why or why not?
- If the method is suitable for her, when can she start using it?
- What special recommendations would you give to her?

Case 1 - Sameera

Date of last period: April 8

Date of visit to clinic: April 14

Note: Sameera says she is very regular. Her periods come each month, when she expects them. (She looks at a calendar and points to April 8, the first day of her last period.) Sameera and her husband are both interested in this natural method. She is not breastfeeding and has never used a hormonal method of family planning.

Case 2 - Maggie

Date of last period: Beginning of the month (does not remember exact date)

Date of visit to clinic: May 20

Note: Maggie and her husband are very interested in the SDM because it is natural and there are no side effects. She does not know the exact day of her last period. However, she says her periods always come when she expects them. Her periods come about a month apart, around the same time each month. She has not been using a family planning method and has been married only a few months.

Case 3 - Gaby

Date last period: Does not know

Date of visit to clinic: February 14

Note: Gaby has heard of CycleBeads. her older sister has a string of these beads and likes the method very much. Gaby does not remember the first day of her last period. She does not know when to expect her next period. She does not usually pay attention to when her period comes and doesn't really know if she is regular or not. She would like to start using CycleBeads right away.

Case 4 - Pat

Date last period: March 31

Date of visit to clinic: April 15

Note: The first day of Pat's last period was March 31. There are times when her periods come about the same time each month. However, usually she does not know when to expect her period. Sometimes her periods come about every month and a half. Sometimes two months or more go by and she still has not had her period. Her periods have always been irregular. She and her husband communicate well and agree that they do not want to have children at this time.

Case 5 - Anne

Date last period: April 2

Date expects next period: Next month about the same time.

Date of visit to clinic: April 15

Note: Anne knows the first day of her last period was April 2, because it was the day before her daughters 4th birthday. But usually she doesn't keep track. She thinks she expects her next period at the beginning of the next month, but is not sure. Her periods are pretty regular. More or less, she says, I think I'm regular. She has come to the city for family planning and lives far away from any health services. She and her husband communicate well and want to use a natural method.

ANSWER SHEET TO CASE STUDIES—Cycle Length and Regularity

	Case 1 Sameera	Case 2 Maggie	Case 3 Gaby	Case 4 Pat	Case 5 Anne
Can she use the Standard Days Method?	Yes, her cycles are probably within the 26 to 32-day range.	Yes, her cycles are probably within the 26 to 32-day range.	Not at this time, we don't know if she has Cycles in range.	No, because she has irregular periods	Yes, her cycles are probably within the 26 to 32-day range.
If the method were suitable for her, when could she start using it?	Immediately	Wait until her next period starts	Not yet	The method is not suitable for her.	Immediately
What do you recommend for this situation?	<ul style="list-style-type: none"> • Give standard advice. • Reinforce monitoring cycle length over time. Make sure she knows how to check for short or long cycles. • Confirm that both partners can avoid unprotected sex on her fertile days. • Place ring on correct bead. 	<ul style="list-style-type: none"> • Tell her to put the ring on the red bead on the first day of her next period. • Give standard advice. • Reinforce monitoring cycle length over time. Make sure she knows how to check for short or long cycles. • Confirm that both partners can avoid unprotected sex on her fertile days and agree how to handle these days. • If she has already had sex during this cycle, explain that she may already be pregnant. • Abstain or use another method until the first day of her next period, when she starts the SDM. 	<ul style="list-style-type: none"> • Show her how to track her cycles (with a calendar or CycleBeads) • Advise using another method of family planning or abstaining until she has determined that her cycles are 26 to 32 days long. • If her cycles are within this range, she can begin using the SDM on the first day of her next period. (Or, advise her to return to the clinic once she has two periods about a month apart. Then teach her how to use the method.) 	<ul style="list-style-type: none"> • Provide other family planning options or refer. 	<ul style="list-style-type: none"> • Give standard advice. • Reinforce monitoring cycle length over time. Make sure she knows how to check for short or long cycles. • Confirm that both partners can avoid unprotected sex on her fertile days and agree how to handle these days. • Place the ring on the correct bead. • If she has already had sex during this cycle, explain that she may already be pregnant.

6

Screening for Special Circumstances (Role Playing)

Learning Objectives:

- Calculate the menstrual cycle correctly.
- Practice applying method eligibility criteria.
- Practice applying criteria for assessing when SDM-eligible women can start the method.

Time:

60 minutes

Materials:

- Problem-Solving Case Studies and Answer Sheet
- Provider Job Aids
- Flipcharts:
 - “Role Play Exercise Instructions”
 - “Role Play Discussion Questions”

Instructions

Before You Begin

Before the training, review the role play case studies and adapt them so that the situations correspond to the work context of the participants. Drop any case that features a method that is not available in your clinic or area.

Role Play (40 minutes)

1. Remind the participants that in the previous activity they analyzed and applied the SDM criteria in problem-solving exercises. They will now have the opportunity to practice applying these criteria during a simulated counseling session. Ask participants to use the Screening Checklist—Initial Visit and the Provider Calendar when completing the role play exercise.
2. Direct participants to the “Role Play Exercise Instructions” flipchart. Group the participants into pairs and give each pair two cases to perform as a role play. Tell them they will have 30 minutes to perform the role plays, during which each person will have the opportunity to play the role of the counselor while his or her partner acts as the client.

3. Go over the “Role Play Exercise” poster. Ask participants who are acting as clients not to share information about their cases nor give all the information straight away to the providers, but to wait until the providers ask the questions. The information in the case study will guide those acting as clients on how to answer the provider questions.
4. After explaining the procedure for this exercise to the whole group, check around to ensure that the instructions were understood and provide additional support to the groups as necessary.
5. Ask participants to spend 5 minutes after they have completed the role play exercise to give each other feedback about their performance in screening the client for SDM eligibility. Ask them to use the “Feedback Checklist” found in their *Participant Notebooks* as their guide.

Large Group Discussion (20 minutes)

6. When they have completed the exercise, bring the group back together and analyze all the solved cases. Invite

different participants to share the solutions to their cases. Fill in any gaps in the information and clarify as necessary using your “Answer Sheet to Role Play Case Studies.” Always keep the flipchart sheet showing SDM Eligibility Criteria on a wall of the classroom as a reference for the participants.

7. To close this activity, ask participants to share their general comments, showing the following questions written on the flipchart “Role Play Discussion Questions” as your guide:

- How did you feel applying the eligibility criteria (Was it easy or complicated)?
- Were you confronted by any challenge? Explain.
- Did you use the job aids? Were they helpful?
- Were you able to fill in the feedback checklist?
- Based on your feedback checklist, can you share some of the things that were missed during the role play?

Conducting the Activity

The objective of this activity is to give participants the opportunity to practice applying the eligibility criteria in role playing exercises. The “role-playing” exercises are important because they allow participants to demonstrate their knowledge and to recognize their own strengths and weaknesses in terms of eligibility criteria. Another important element of this exercise is the feedback checklist, where participants have the opportunity to critique their peers and provide feedback in a relaxed and supportive environment.

If VCR or DVD equipment is available, this activity may also be facilitated using the video *Counseling Clients in the SDM*. Refer to the Discussion Guide for the video to determine how to incorporate the video case studies into this training activity.

FLIPCHARTS USED BY THE TRAINER IN THIS ACTIVITY

Role Play Exercise Instructions
(30 minutes)

- ✓ In pairs, take turns in the roles of provider and client
- ✓ Practice assessing whether the method is suitable for the client by applying the method eligibility criteria
- ✓ Use the provider screening checklist
- ✓ Give one another feedback for 5 minutes

Role Play Discussion Questions
(15 minutes)

- ✓ How did you feel applying the eligibility criteria? Was it easy or complicated?
- ✓ Were you confronted by any challenge? Explain.
- ✓ Did you use the job aids? Were they helpful?
- ✓ Were you able to fill in the feedback checklist? Can you share some of the things that were missed?

JOB AIDS USED BY THE PARTICIPANTS IN THIS ACTIVITY

Screening Checklist—Initial Visit

Who Can Use the Standard Days Method® (SDM)
Screening Checklist

A woman can use the SDM if she meets **BOTH** of these conditions:

- She has most cycles between 26 and 32 days long, and
- She and her partner can use condoms or avoid sex on the fertile days.

Determine Whether the SDM is Appropriate

- Are her periods about a month apart (cycles between 26 and 32 days)?**
Ask:
 - Do your periods usually come when you expect them?
 - Do your periods usually come about a month apart?
 - *Periods that come about a month apart indicate her cycles are between 26 and 32 days long.*
 - When was the first day of your most recent period?
 - *If the client knows the first day of her last period and meets the criteria, she can start using the SDM immediately.*
- Can she and her partner avoid unprotected sex on the fertile days?**
Ask:
 - Does she and her partner want to avoid pregnancy at this time?
 - Does she and her partner think they can avoid unprotected sex on the days the woman can get pregnant?
- Are she and her partner free of risk for sexually transmitted infections (STI)?**

Consider circumstances that can affect cycle length:

- If she is POSTPARTUM or BREASTFEEDING**
 - Has she had four periods since her baby was born?
 - Were her last two periods about a month apart?
- If she recently used the 3-MONTH INJECTION**
 - Have three months passed since her last shot? Have her periods returned?
 - Were her last two periods about a month apart?
- If she recently used the PILL, PATCH, 1-MONTH IMPLANT, INJECTION, HORMONAL IUD, RING or EMERGENCY CONTRACEPTION**
 - Were her last two periods about a month apart prior to using any of these methods?
- If she had a NON-HORMONAL IUD**
 - Were her periods about a month apart while using the IUD?
 - Were her last two periods about a month apart?
- If she recently had a MISCARRIAGE or an ABORTION**
 - Before getting pregnant, were her last two periods about a month apart?

If the answer to **ALL** questions is "YES," the method is appropriate for the woman.

How to Use CycleBeads®
Provider Cue Card

CycleBeads are based on the Standard Days Method (SDM), a natural family planning method more than 95% effective when used correctly.

A woman can use this method if her cycles last between 26 and 32 days. Women who have their periods about once a month have cycles in this range. CycleBeads help a woman know when to use condoms or avoid sex to prevent a pregnancy.

CycleBeads represent the menstrual cycle. Each bead is a day of the cycle.

The WHITE beads represent days when a woman CAN GET PREGNANT.

The RED bead marks the first day of the period.

The BROWN beads represent days when pregnancy is unlikely.

How to Use CycleBeads

On the first day of your period, move the ring to the RED bead. Always mark that day on your calendar.

Every morning move the ring to the next bead. Always move the ring in the direction of the arrow. Move the ring even on days when you have your period.

When the ring is on a BROWN bead you can have sexual intercourse. These are days when pregnancy is very unlikely.

When the ring is on any WHITE bead, use a condom or avoid sex to prevent pregnancy. These are days when you can get pregnant if you have unprotected sex.

The day your next period starts, move the ring to the RED bead again. Skip over any remaining beads. Your period signals that a new cycle has started.

Be sure your cycles are in range.

- If you start your period before you put the ring on the DARK BROWN bead, that cycle is less than 26 days.
- If you have not started your period by the day after you put the ring on the last BROWN bead, that cycle is longer than 32 days.

If you forget whether you moved the ring, check in your calendar when your period began. Count the days since your period began and move the ring the same number of beads starting with the RED bead.

For the health of the mother and the baby, wait at least 2 years before trying to become pregnant again.

When to Contact Your Provider

Contact your provider if:

- you think you might be pregnant
- you had more than one cycle out of range in a year.

Role Play Case Studies for Applying Standard Days Method Criteria

Case 1 - Leonor

Date last period: June 8

Date of visit to clinic: June 18

Note: Leonor is 33 years old, is married and has three children. She heard a health educator in her community talk about a new family planning method. She heard this method and can help her know when she is fertile and it does not require taking pills or using any devices. She came to the clinic on June 18 to learn more about it.

Leonor tells the counselor that her period comes every month and her last one started on June 8. Her youngest daughter is 20 months old. Leonor is no longer breast-feeding, and she is not using an family planning method at the moment. Her husband is using withdrawal. Neither she nor her husband wants to have more children, but neither wants to use contraceptives.

When the counselor asks, she tells the counselor that she gets along fairly well with her husband—they bicker but they don't have serious arguments. He is a hard worker, a good father and doesn't drink or smoke. She feels that she can talk to her husband in general, but they don't discuss sex.

Case 2 - Rosa

Date last period: October 21

Date of visit to clinic: November 14

Note: Rosa has been using the 3-month contraceptive injection. Her next injection was due 2 weeks ago. She comes to the clinic on November 14 to ask for the Standard Days Method. She tells the counselor that her period is very sparse and sometimes doesn't come. Last month, her period came October 21. Before using injections, her period came every month. She and her partner would like to plan a pregnancy for next year. She wants to use a family planning method but doesn't wish to take pills or go back to using injections.

Case 3 - Isabel

Date last period: February 16

Date of visit to clinic: February 27

Note: Isabel has a partner, although they don't live together. She came to the clinic on February 27. After using the pill for nearly a year, she stopped taking her last pack of pills last week. She decided to stop using this method because she has been having headaches and was concerned about the side effects. Also, her partner travels and they don't see each other for a month

at a time. Before using the pill, she used condoms, but as they are a stable couple, she stopped using them when she started the pill.

She wishes to try the natural method of family planning the clinic is offering. Isabel doesn't keep track on when her period starts, but she is sure they've always come every month, even before she started taking the pill. Her last period started February 16. When the counselor asks about her sexual life, she says that she is not seeing anyone else and thinks her partner is faithful and is careful, although sometimes he drinks too much.

Case 4 - Laura

Date last period: June 13

Date of visit to clinic: June 19

Note: Laura is 26 years old, married and has a 2-year-old daughter. She learned about CycleBeads from her sister, who has been using them for about 2 months.

Since her daughter was born, she had an IUD inserted but wishes to have it taken out because of the bleeding. She wants to have a break for a while to see whether the bleeding stops. Before she had an IUD, her period lasted 4 days. But now with the IUD, she bleeds heavily during her period and often has spotting at other times.

Her last period was June 13. Today, June 19, she is not menstruating and wants to know whether she can use another method.

When the counselor asks how she and her husband would deal with protection during the white bead days, she says that since she has been using the IUD, she hasn't bothered to use anything. Also, with so much bleeding, having intercourse bothers her.

How to Apply the Assessment Criteria for the Standard Days Method

The following questions featured in the *Job Aids Packet* could help you to assess whether the method is appropriate for the client.

To determine if the woman's periods come about a month apart (cycle length is 26 to 32 days), ask:

Ask the client:

- *Do you usually get your period every month? or Do you usually get your period when you expect it?*
- *When was the first day of your most recent period?*
- *Was it a normal period for you?*
- *Does your period usually come earlier or later than you expect it?*

For postpartum or breastfeeding women, ask:

Ask the client:

- *Have you given birth recently?*
- *How old is your youngest child?*
- *Are you currently breastfeeding?*
- *Has your period returned?*
- *How many periods have you had since your baby was born?*
- *Are your periods regular? or, Do they come when you expect them?*
- *How long was your most recent cycle? (use calendar, if necessary, to determine client's cycle length)*

For women who have recently used the 3-month injections, ask:

Ask the client:

- *Have you stopped using the injection? When was your next injection due?*
- *Have you had three periods about a month apart? (Ask so that you determine whether cycles are in the 26-32 day range.)*
- *Have these three periods been similar in quantity and length to your periods before you began using the injection?*

For women who are using or have recently stopped using the pill, the monthly injection, the IUD or the implant, ask:

Ask the client:

- *Before using the pill, implant or 1-month injection, did your periods come when you expected them?*
- *Did you get your periods when you expected them while using the IUD?*

For women who have used the emergency contraception pill or experienced an abortion or miscarriage recently, ask:

Ask the client:

- *Have you recently been pregnant and lost/interrupted your pregnancy?*
- *Before you got pregnant, did your periods come when you expected them?*
- *Has bleeding related with your pregnancy loss stopped?*
- *Have you recently used emergency contraception?*
- *Have you had your period again?*

The following questions can help women determine whether the method would work for her and her partner:

Ask the client:

- *Do you and your partner want to avoid a pregnancy at this time?*
- *Do you think you and your partner can avoid unprotected intercourse on days when the woman can get pregnant?*
- *People who have sex with more than one person risk getting a sexually transmitted infection. Do you think you or your partner might be at risk of getting such an infection?*
- *Do you think you and your partner can learn to talk about whether to have sexual intercourse and how to avoid unprotected intercourse?*
- *Are you able to tell your partner on a given day whether or not you want to have sexual intercourse?*

ANSWER SHEET TO CASE STUDIES—Special Circumstances

	Case 1 Vicki	Case 2 Emma	Case 3 Martha
Can she use the Standard Days Method?	Yes, her cycles are probably within the 26 to 32-day range.	Yes, her cycles are probably within the 26 to 32-day range.	Not at this time, her periods are not in range.
If the method were suitable for her, when could she start using it?	Immediately	Immediately	Not yet
What do you recommend for this situation?	<ul style="list-style-type: none"> • Give standard advice. • Monitor cycle length over time. Make sure she knows how to check for short or long cycles. • Confirm that both partners can avoid unprotected sex on her fertile days. • Place the ring on the correct bead. 	<ul style="list-style-type: none"> • Emphasize discussing the method with her partner and agreeing in advance how to handle her fertile days. • Place the ring on the correct bead. • If she already had sex during this cycle explain that she may already be pregnant. Emphasize explanation on checking for short or long cycles. 	<ul style="list-style-type: none"> • Wait for her periods to resume and to have a cycle within the 26 to 32-day range. • Use another method of family planning in the meantime.

Feedback Checklist #1: Screening for Method Eligibility

Instructions to Participants

1. After both have taken turns with role-play, spend a couple of minutes individually filling this form.
2. Check “Yes,” “Partial,” or “No” for each question regarding your colleague’s delivery of SDM counseling during the role-play. In instances where you wrote “Partially” or “No,” please write a comment in the “Comments” column regarding how he or she could have done better.
3. Provide this feedback to your partner once you have completed the checklist.

	Yes	Partially	No	Comments
Did my colleague:				
• Help the client determine if the method is appropriate for her based on her period regularity?				
• Establish that the client can avoid unprotected intercourse on days when she can get pregnant?				
• Asked about recent hormonal use or pregnancy?				
• Established when the client can start using the SDM if eligible?				

7

Using CycleBeads

Learning Objectives:

- Explain how to use CycleBeads.
- Provide feedback on fellow participants' ability to explain how to use CycleBeads.

Time:

35 minutes

Materials:

- CycleBeads
- Provider Job Aids:
 - CycleBeads
 - Cue Card
 - Provider Calendar
- Flipchart
 - "Guidelines for Providing Clear Information to Clients"
- Markers

Instructions

Before You Begin

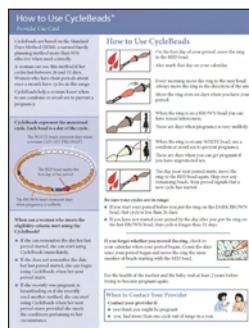
Become proficient in the use of the CycleBeads Cue Card and practice explaining how to use CycleBeads.

Demonstration (10 minutes)

1. Offer participants a demonstration on how to use CycleBeads. You can show CycleBeads animation video, or, if you do not have a VCR or DVD player, provide the explanation yourself. Stress that this component of counseling involves not only explaining how to use the method but also confirming that the client has understood the explanation. Indicate that this is the **"Inform"** component of the counseling process.
2. Go over the flipchart page on "Guidelines for Providing Clear Information to Clients" about the SDM.

Role Play (15 minutes)

3. Divide the participants into pairs and ask them to take turns explaining how to use CycleBeads to each other. Tell them they can rely on the CycleBeads Cue Card to provide the explanation. Also, point participants to the flipchart you just discussed and encourage them to refer to those guidelines when completing the role play exercise.



Give them 10 minutes (5 minutes each) to carry out this activity. Circulate around the room to assess how well the participants are doing and provide additional support as necessary.

4. After completing this role-play, ask participants to spend 5 minutes giving each other feedback. They can use the Feedback Checklist #2 to guide their comments.

Large Group Discussion (10 minutes)

5. Upon completing the exercise, bring the group together. To close this activity, ask participants to share their general comments, using the following questions as your guide.

- How did you feel teaching the client how to use CycleBeads?
- Did you have any challenges?

- Did you use the Cue Card?
Was it helpful?
- Based on your feedback check list, can you share anything that was missed during the role play?

6. Pull out the client *Instructions Insert* included with CycleBeads and go over the key messages on the center panel. These are the same basic messages on how to use the method that are included in the Cue Card. Providers should mention to clients that they can review this *Insert* at home in case they forget any information on how to use CycleBeads.

Conducting the Activity

Based on your observations of the role plays, if participants still need practice in informing clients how to use CycleBeads, you should conduct the Beads Race found on the back of the manual. Games using CycleBeads also provide a useful way for refreshing providers' knowledge and skill using CycleBeads.

FLIPCHART USED BY THE TRAINER IN THIS ACTIVITY

Guidelines for Providing Clear Information to Clients

- ✓ Use simple sentences and short words
- ✓ Use language the client can understand
- ✓ Use pictures and printed material
- ✓ Show CycleBeads right from the beginning and let the client touch and hold them
- ✓ Stop from time to time to check that the client understands
- ✓ Ask clear questions to make sure the information you have given her is clear
- ✓ Repeat instructions and key messages, especially at the end of the session

RESOURCES USED BY THE TRAINER IN THIS ACTIVITY

CycleBeads Cue Card

How to Use CycleBeads®
Provider Cue Card

CycleBeads are based on the Standard Days Method (SDM), a natural family planning method more than 95% effective when used correctly. A woman can use this method if her cycles last between 26 and 32 days. Women who have their periods about once a month have cycles in this range. CycleBeads help a woman know when to use condoms or avoid sex to prevent a pregnancy.

CycleBeads represent the menstrual cycle. Each bead is a day of the cycle.

The WHITE bead means the first day of the cycle.

The RED bead means the first day of your period.

The BROWN bead means the first day of your period.

When can a woman who meets the eligibility criteria start using the CycleBeads?

- If she can remember the day her last period started, she can start using CycleBeads immediately.
- If she does not remember the day her last period started, she can begin using CycleBeads when her next period starts.
- If she recently was pregnant, is breastfeeding, or if she recently used another method, she can start using CycleBeads when her next period starts provided she meets the conditions pertaining to her circumstances.

How to Use CycleBeads

On the first day of your period, move the ring to the RED bead.

Also mark that day on your calendar.

Every morning move the ring to the next bead. Always move the ring in the direction of the arrow. Move the ring even on days when you have your period.

When the ring is on a BROWN bead you can have sexual intercourse. These are days when pregnancy is very unlikely.

When the ring is on any WHITE bead, use a condom or avoid sex to prevent pregnancy. There are days when you can get pregnant if you have unprotected sex.

The day your next period starts, move the ring to the RED bead again. Skip over any remaining beads. Your period signals that a new cycle has started.

Be sure your cycles are in range:

- If you start your period before you put the ring on the DARK BROWN bead, that cycle is less than 26 days.
- If you have not started your period by the day after you put the ring on the last BROWN bead, that cycle is longer than 32 days.

If you forget whether you moved the ring, check in your calendar when your period begins. Count the days since your period began and move the ring the same number of beads starting with the RED bead.

For the health of the mother and the baby, wait at least 3 years before trying to become pregnant again.

When to Contact Your Provider

Contact your provider if:

- you think you might be pregnant
- you had more than one cycle out of range in a year

CycleBeads Instructions Insert—Center Panel

What do the colors mean?

The colors of the CycleBeads help you keep track of your menstrual cycle. Each bead represents a single day of your cycle. The BLACK cylinder with the arrow shows the direction to move the ring. It does not count as a day of your cycle.

If your period does not start by the day after you move the ring to the last BROWN bead, your cycle is longer than 32 days.

The RED bead marks the first day of your menstrual period. On the day your period starts, move the ring to the red bead.

The DARK BROWN bead helps you know if your cycle is less than 26 days long. If your period starts before you move the ring to the dark brown bead, your cycle is shorter than 26 days.

All BROWN beads mark the days when you are not likely to get pregnant. Do not have unprotected sex on the white bead days if you do not want to get pregnant.

All WHITE beads mark the days when you are likely to get pregnant. Do not have unprotected sex on the white bead days if you do not want to get pregnant.

How do you use CycleBeads?

On the first day of your period move the BLACK RING to the RED bead.

Mark the first day of your period on your calendar. You need to know this day if you forget to move the ring.

Every morning, move the ring in the direction of the arrow on the cylinder.

Continue to move the ring one bead each day even on days when you have your period.

The day your next period starts, move the ring to the RED bead again. Skip over any remaining brown beads.

When the ring is on a WHITE bead you are likely to get pregnant if you have unprotected sex.

When the ring is on any of the BROWN beads you are not likely to get pregnant if you have unprotected sex.

Feedback Checklist 2: Using CycleBeads

Instructions to Participants

1. Briefly assess how your colleague completed this exercise.
2. Check “Yes,” “Partial,” or “No” for each question regarding your colleague’s explanation of how CycleBeads work. In instances where you wrote “Partially” or “No,” please write a comment in the “Comments” column regarding how he or she could have done better.
3. Provide this feedback to your partner once you have completed the checklist.

	Yes	Partially	No	Comments
Did my colleague:				
• Provide general information on how the CycleBeads work?				
• Demonstrate how the CycleBeads are used using the CycleBeads and the Cue Card?				
• Explain to the client when to see the provider?				
• Explain what to do if the client forgets to move the ring?				
• Ask the client to repeat key information on how to use the CycleBeads?				

8

Counseling Clients on Sexuality and Couple Communication

Learning Objectives:

- Explore the providers' attitudes toward sex.
- Determine strategies for talking about sexuality.
- Identify couple situations that can affect correct use of the Standard Days Method.
- Offer providers alternatives for handling difficult couple situations during counseling.

Time:

35 minutes

Materials:

- Three large post-it notes to give to each participant
- Markers, masking tape
- Flipcharts:
 - "How did I feel when I was asking?"
 - "How did I feel when I was answering?"
 - "How I think the client will feel when I ask her about sexual topics?"
- Four blank flipchart sheets

Instructions

Before You Begin

Prepare three flipchart sheets with one of the following three questions written on each: "How did I feel when I was asking?", "How did I feel when I was answering", and "How do I think the client will feel when I ask her about sexual topics?"

Attitudes Toward Sex—Exploring Intimate Subjects (20 minutes)

1. Divide the participants into pairs. Direct each pair to the handout "My Sexuality" in their Participant Notebook.
2. Tell the participants they have 10 minutes to ask each other the questions in the handout and engage in a brief discussion.
3. After 10 minutes, give each participant three large post-it notes on which to anonymously write their reactions to the following three questions, one post-it for each question:
 - How did I feel when I was asking?
 - How did I feel when I was answering?
 - How will the user feel when I ask her about sexuality-related topics?
4. Then, ask the participants to approach with their post-its notes and stick them on to the flipchart sheet underneath the corresponding question. (An alternative is to ask participants to volunteer

their answers to each question. In this case, solicit answers to each of the questions at a time and write them on the flipchart.)

Large Group Discussion (15 min)

5. Review the groups' contributions and organize post-its into categories.
6. Ask the whole class to comment on each other's contributions. This 15-minute discussion should concentrate on the following questions:
 - Why did you feel that way?
 - How could you avoid feeling like that?
 - How can you bring up these subjects without making women feel embarrassed?
7. Based on the participants' answers, emphasize the importance of recognizing that this may be difficult topic to deal with when counseling clients.
8. If you feel that this topic needs to be strengthened, engage participants in a discussion about the role of health care providers in screening clients for behavioral issues that may affect successful use of the SDM. Acknowledge that providers sometimes may not feel comfortable addressing issues about sexuality and couple communication with their clients. A possible way to start this discussion is by asking participants to offer examples about how they would introduce these topics to their clients.

See some examples in the Trainer Materials section that follows. Key points to consider in this discussion are:

- We do not always feel comfortable talking about this topic with certain people, and we cannot talk about sexuality in just any place. Strengthen the importance of creating a supportive, non-judgmental environment.
- Make it clear that, before any direct questions are asked, the conversation should start with a brief introduction, by explaining to clients that: "before we talk about contraception, it is important to know more about your relationship with your partner," because different couples have different needs.
- Remind participants that they should not be afraid to ask questions to the client, because, unlike what people generally assume, women expect to be able to share many of their doubts and concerns with a professional. However, in order to respond adequately, health care providers should always bear in mind that their answers should be based on professional and scientific facts, as well as the client's needs and preferences rather than the provider's ideology, beliefs or personal preferences.

To discuss and reinforce the above points, use the handout on recommendations to inquire about client's sexuality.

This activity is designed to give participants an opportunity to reflect on their client's and perhaps their own discomfort level when discussing sexuality issues. Remind participants that good interviewing and counseling skills will help the client to share information and actively participate in the counseling process. Also it is important for the provider to be non-judgemental—and that judgement can be communicated with words, facial expression, tone of voice and body language. Remind participants about the importance of privacy and confidentiality in counseling.

RESOURCES USED BY THE TRAINER IN THIS ACTIVITY

“My Sexuality”

1. How often do you have sex with your partner?
2. How would you describe your sex life?
3. Who takes the initiative to have sex, you or your partner?
4. Do you have sex with other people, apart from your current partner?
5. How would you feel if you didn't have sex? Why?
6. If your partner wants to have sex and you don't, what do you do?
7. Have you ever had sex under pressure from your partner? Describe.

Introduction to Sexuality and Couple Communication

Before asking a woman directly about sexuality, it is important to start with a brief introduction to the subject. Some ways of doing this are presented below:

- “Before talking about possible contraceptive methods, it is important to know a bit more about your relationship with your partner.”
- “Lately, for some people, violence has become common in daily life, so we have begun to ask all our clients about any abuse they might be experiencing at home.”
- “I don't know if you have this problem, but tension at home is a problem for some women who come to see me. Some feel too uncomfortable bringing up the subject themselves, so let me ask you...”

Exploring Sexuality Issues

Unlike what people generally assume, women often have a desire, but don't know how to share their doubts and concerns with a professional, including those related to sexuality. So don't be afraid to ask either indirect or direct questions, when appropriate.

Indirect Questions:

- “Your symptoms may be stress-related. Are there times when you and your partner fight a lot? Have you ever been hurt?”
- “Does your husband have an alcohol problem, a drug problem, etc? How does this affect his behavior with you and your children?”
- “When you choose a contraceptive method, it is important to know whether you can know in advance whether you're going to have intercourse or not. In general terms, do you consider that you can control when to have sex or not? Why?”
- “Does your partner ever want to have sex when you don't want to? What happens in this situation?”

Direct Questions:

- “As you may know, violence in the home is more and more common. Have you ever been a victim of violence at home? In what circumstances?”
- “Has your partner ever hit you or been violent with you sexually? Why?”
- “Has your partner ever forced you to have sex against your will?”

9

Managing Fertile Days

Learning Objectives:

- Demonstrate an ability in applying guidelines for supporting the couple.
- Provide and receive feedback from other participants on their counseling abilities.

Time:

45 minutes

Materials:

- Role Play Case Studies
- Feedback Checklist 3
- VCR, if available.

Instructions**Before You Begin**

Before the training, review the role playing case studies and adapt, if necessary, so that they correspond to the work context of the participants.

Role Play (30 minutes)

1. Spend a few moments familiarizing the participants with the Handout “Supporting the Couple”. This handout provides basic recommendations for inquiring and probing on sensitive topics.
2. Remind participants that in the previous activity they analyzed challenging situations arise during counseling. Explain that they will now do a role play to use their counseling skills to support the couple in using the SDM successfully.
3. Group the participants into pairs and give each pair two cases to perform as a role play. Participants have 25 minutes to complete the role plays, during which each person takes a turn playing the role of both counselor and client.
4. To enable participants to practice their probing skills during the role play, ask that those:

- acting as clients give all the case information to the counselors upfront, but to wait until the counselors ask specific questions.
 - The information in the case study will guide the client on how to answer the counselor's questions during the screening.
5. After completing the role play, ask them to spend 5 minutes giving mutual feedback about each other's performances during the role play. When doing this, the pairs should use the Feedback Checklist 3.
 6. It is recommended that you explain the procedure for this exercise to the whole class, and then observe each of the pairs to ensure that they understood the instructions, reinforce these as needed and answer any questions.

Large Group Discussion (15 minutes)

7. When the exercise is completed, bring the group back together and analyze all the cases. Invite different participants

to share how they handled their case. Fill in any gaps in the information and clarify as necessary.

Use the following questions to guide the discussion.

- How did you feel supporting the couple?
 - Did you use the handout? Was it helpful?
 - Can you share anything that was missed during the role play based on the feedback checklist?
8. To conclude the activity, ask for volunteers to share the feedback comments they gave to their colleagues.

The main objective of this activity is to give the participants the chance to practice supporting their clients in use of the SDM. As they act out the cases, they are having the opportunity to clear up doubts and reflect on situations that occur in the "real world" of counseling.

There is a section on Counseling Basics in the [Training Resources](#) section of this manual. If you feel that participants need a refresher or preview of counseling. You may need to go over this material before starting this activity.

If VCR/DVD equipment is available, this activity may also be facilitated using the video Counseling Clients in the SDM. Refer to the Discussion Guide for the video to determine how to incorporate the video case studies into this training activity.

RESOURCES USED BY THE TRAINER IN THIS ACTIVITY

Role Play Case Studies**Case 1:**

Xochi lives in a rural village. Her husband travels to other villages to work on neighboring farms. Sometimes he is gone for a week or two. When he returns, they usually have sexual relations during the time that he is at home. Xochi just started using the white beads. He is coming home tomorrow.

Case 2:

Esther and Jose are in a monogamous relationship. They plan to use condoms during the white bead days. However, Jose has never used a condom before.

Case 3:

Mindy is married to Raul. Sometimes Raul has a little too much to drink. When that happens, it is hard to refuse his request to have sex. Mindy also is having difficulty managing the white-bead days because he will not use a condom.

Case 4:

Paul and Louise have used the SDM for 2 months. They want to abstain on the white-bead days because they don't like using condoms. Louise comes in today, on the third day of her period. This is her second client visit. When the provider asks how they are handling the white bead days, Louise says, "Okay. On the days it is hard to abstain, my husband takes care of me." (They use withdrawal.)

Supporting the Couple

Explain in a simple and sensitive way to the client the importance of discussing her sex life with her partner. Assure her that your conversation will be private and confidential.

Identify any problems within the couple that could restrict correct use of the method. Emphasize constructive behavior that could help them to successfully use the method.

The following questions could help you support the client to use the method with her partner:

 Ask the client:

- *Do you and your partner ever talk about whether you are going to have intercourse?*
- *How could you communicate to your partner that it is a high-risk day for pregnancy and that you cannot have unprotected intercourse on that day?*
- *What could you both do to prevent pregnancy on white-bead days?*
- *How could you and your partner decide what you are going to do on white-bead days?*
- *Could you talk with your partner about this as soon as he gets home? What would you say to your partner? How do you think he would respond or react?*
- *Do you think there could be a problem with your partner if you tell him you can't have intercourse on some days?*

Help the client identify possible solutions to any problems you have identified together.

Ask the client:

- *Explore aspects of the relationship and make suggestions if appropriate.*
- *How she could get her partner involved*
 1. *Ask the client what ideas she has for resolving any problems she has identified in this counseling session.*
 2. *Depending on the problem identified by the client, explore with her ways of improving communication about how to manage the white-bead days.*
 3. *Explore ways of letting her partner know when she wants to have intercourse and when she doesn't.*
 4. *Recommend keeping the beads where her partner can see them so that he knows which day she is on.*
 5. *Recommend that the couple moves the ring together each day so that both of them know which day they are on.*
 6. *Suggest that the couple comes to see the provider to talk about the method, alternatives to intercourse or to resolve any questions or worries they may have.*

Supporting the couple's use of the SDM

Ask the client:

- *What could she and her partner do on white-bead days?*
 1. *Take advantage of brown-bead days to have sex.*
 2. *Talk in advance about what they are going to do on white bead days, and how they are going to avoid having unprotected sex.*
 3. *If there is occasional alcohol use, talk in advance with her partner to decide what they will do if one of them has had something to drink and wants to have sex.*
 4. *Identifying strategies for not having intercourse in advance. Some possibilities could be:*
 - *Sleeping separately or with the children*
 - *Planning trips or absences on white-bead days*
 - *Satisfying the partner sexually without having vaginal sex.*
 - *Finding other ways of spending time together*

Plan a follow-up visit if necessary.

Ask the client:

- *Ask the client to return with her CycleBeads and Calendar around the date she expects her next period. Invite her to come back any time she has any questions or concerns.*

Feedback Checklist 3: Supporting the Couple

Instructions to Participants

1. After the role play, complete this form.
2. Check “Yes”, ”Partial,” or “No” for each question regarding your partner’s SDM counseling in the role play. In instances where you wrote “Partially” or “No,” please write a comment in the “Comments” column regarding how he or she could have done better.
3. Provide this feedback to your partner once you have completed the checklist.

	Yes	Partially	No	Comments
Did my colleague:				
• Help identify potential problems the couple may have using the SDM?				
• Encourage behaviors that will support correct method use?				
• Help identify possible solutions to the problems the client identified?				
• Schedule a follow-up visit if necessary?				

10

Follow-Up Visit

Learning Objectives:

- Identify key issues to address during a follow-up visit.
- Practice applying follow-up visit assessment criteria.

Time:

45 minutes

Materials:

- Flipcharts:
 - “Follow-Up Visit Assessment Criteria”
 - “Is the SDM still Suitable for Client and Partner?”
- Job Aid for: Follow-Up Visit

Instructions

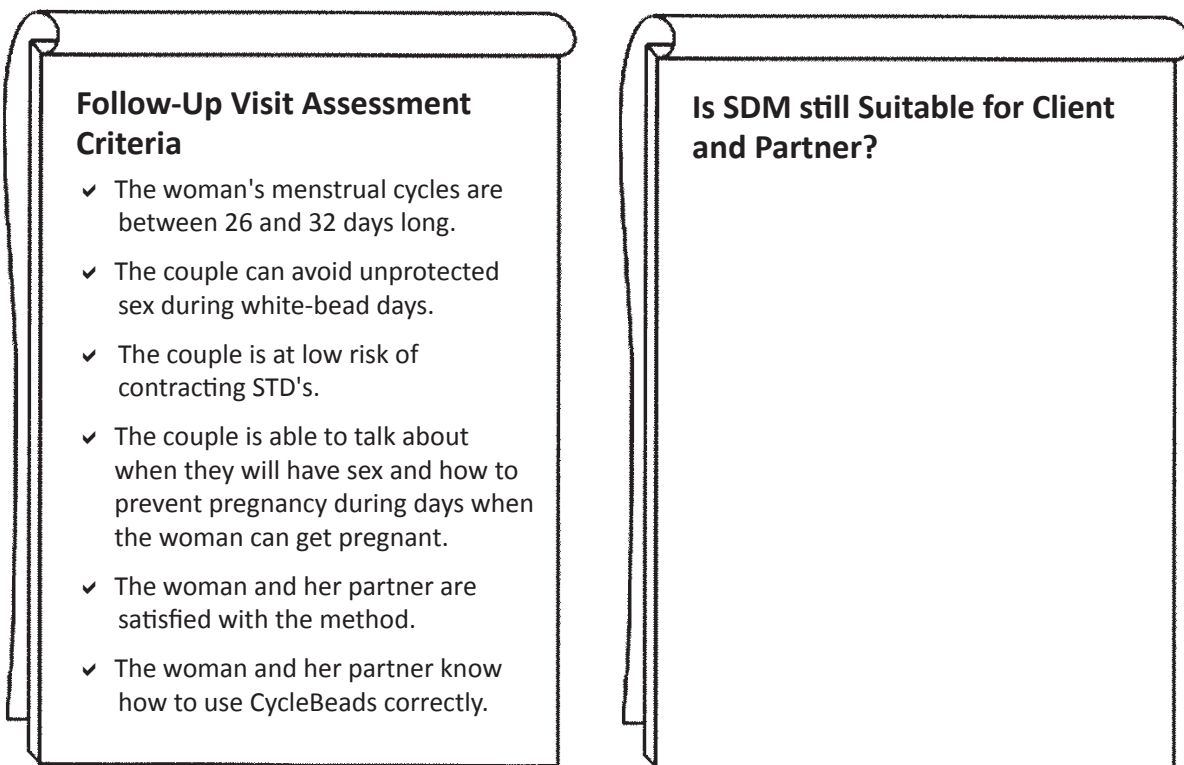
Before You Begin

Review the problem-solving case studies for the follow-up visit and adapt, if necessary, the numbers and situations so that they correspond to the work context of the participants.

Large Group Discussion (15 minutes)

1. Give an example of a client who has used Cycle-Beads for a month and returns for a follow-up visit. Ask the participants, “What do you need to know in order to determine whether the SDM is still suitable for the client and her partner?”
2. Write down the answers on the prepared flipchart sheet “Is the SDM still suitable for Client and Partner.” Then present the list you have already prepared for “Follow-Up Visit Assessment Criteria.” Review the participant contributions and then read aloud with them the assessment criteria for a follow-up visit.
3. Direct participants to the Follow Up Visit Job Aid and answer any questions.

FLIPCHARTS USED BY THE TRAINER IN THIS ACTIVITY



Conducting the Activity

It is important to convey to the participants that a follow-up visit is optional and should be scheduled based on their and the client's decision, unless the program's requirements mandates scheduled follow-up visits for family planning clients.

Stress that the follow-up visit is an ideal time to engage the client in concrete problem-solving related to using the SDM successfully with her partner. Since the client has had an opportunity to use the method, she is better able to discuss specific aspects of her own personal experience. Providers may seize this opportunity to further support the client.

Aspects to Consider in the Follow-Up Visit

Management of special cases

- Client with long or short cycles
- Possible pregnancy
- Unusual bleeding

Clients with Long or Short Cycles

What should the client do?

- If the woman **starts menstruating before reaching the dark brown bead**, she should see her provider. (This means she is having a short cycle of less than 26 days.)
- If the woman **gets to the last brown bead and her period does not start by the next day**, she should see her provider. (This means she is having a long cycle of more than 32 days.)

What should the provider do?

- For the **woman with a cycle shorter than 26 or longer than 32 days**, the provider should:
 1. Inquire with the woman if whether, during the year, she had periods that started before reaching the dark brown bead, or periods that did not start the day after the last brown bead.
 2. If she had only one long or short cycle she can continue to use the method. If she had two or more long or short cycles, she should use a different method, because the SDM may not be significantly effective for her.
- If the woman had **only one cycle out of range**, she can continue to use the SDM with caution. Tell her that, if she wishes, she can keep using the method but if she has another short or long cycle, the method will no longer be suitable for her. Explain to her that, if her period arrives before she puts the ring on the dark brown bead or doesn't arrive by the day after she finishes the last dark bead, this means that the method is no longer suitable. She should return and receive guidance about other methods.
- If she had **two or more cycles out of range**, explain to her that this method no longer offers her the protection she needs and that she could get pregnant. The SDM will no longer work well for her because her menstrual cycle no longer fits the requirements for this method. Counsel her about other methods.

Possible Pregnancy

What should the client do?

- If the woman thinks she **could be pregnant**, she should see her provider.
- If the woman had unprotected sex on a white-bead day, she should see her provider right away.

What should the provider do?

- Find out how many days have passed since the first day of her last menstruation.
- If more than 42 days have passed, explain that she could be pregnant and offer her a pregnancy test (or refer her for a pregnancy test).
- **If the pregnancy test is negative and this is the first time she has had a cycle** out of range, she can still use the SDM with caution. Tell her that if she wishes, she can still use the method but, if she has another short or long cycle, the method is no longer suitable for her.
- **If the pregnancy test is negative but this is not the first time she has had a cycle** out of range, explain that the SDM will no longer work due to the length of her cycle. Counsel her about other methods.
- **If the pregnancy test is positive**, give her the appropriate guidance and refer her for prenatal and/or the appropriate care. Review how the woman has been using the SDM to find out whether she had unprotected intercourse during days 8 through 19 of her cycle. Document all pregnancies and note when during the cycle the unprotected intercourse seems to have occurred.

Unusual Bleeding

What should the client do?

- If the woman observes **vaginal bleeding at unusual times**, she should see her provider.

What should the provider do?

1. Ask the woman to describe the unusual vaginal bleeding. (Some women notice a very light flow, spotting or a very thin tinge of blood on a white-bead day. Although this does not happen with all women, usually it is a normal sign of impending ovulation and not a sign of a health problem.) Tell her that she can continue to use the method and explain to her that spotting of this kind is not a concern and does not affect use of the method. (Add that, on the contrary, bleeding is a problem when it occurs for more than one day outside regular menstruation or if it is accompanied by abdominal pain).
2. Follow your agency/organization's guidelines and refer the woman with unusual vaginal bleeding for a medical consultation.

JOB AIDS USED BY THE PARTICIPANT IN THIS ACTIVITY

Job Aid—Follow-Up Visit

Standard Days Method

Who can continue using the SDM?
Screening Checklist - Follow-up Visit

WOMEN WHO CONTINUE TO HAVE CYCLES BETWEEN 26 AND 32 DAYS LONG

1. Have her menstrual cycles been between 26 and 32 days? YES NO

2. Was her most recent cycle still between 26 and 32 days? YES NO

COUPLES WHO CAN CONTINUE TO AVOID UNPROTECTED SEX DURING THE FERTILE DAYS

3. Do both partners still want to avoid pregnancy at this time? YES NO

4. Is the couple able to avoid unprotected intercourse on the days when she can get pregnant (white-bead days)? YES NO

5. Are both partners free of risk for sexually transmitted infections? YES NO

6. Are both partners satisfied with the method and do they want to continue using it? YES NO

7. Is the couple able to use CycleBeads correctly? YES NO

Decision Rules:

If the answer to all of the questions is YES, the SDM continues to be appropriate.

If the answer to any of the questions is NO, the couple may no longer be appropriate.

11

Assessment, Evaluation, and Conclusion of Workshop

Time:

30 minutes

Materials:

- Post test Assessment
- Participant Evaluation
- Certificates

Instructions:

1. Go back to the parking lot flipchart. Answer any remaining questions. Ask if there are any pending questions, comments or concerns regarding counseling in the SDM and resolve them.
2. Solicit general feedback about the workshop. Thank the group for their comments and for attending the workshop.
3. Distribute the Post-test and Final Evaluation form. Ask participants to complete these.
4. As soon as everyone has finished, present their certificates of completion.
5. Complete your Trainer Evaluation Form and fax or mail it to the Institute for Reproductive Health.

RESOURCES USED BY THE TRAINER IN THIS ACTIVITY

SDM Participant Post-Test—Answer Sheet

Instructions

Read the question and circle the correct answer.

1. A woman is more likely to get pregnant:

- a. At the beginning of her cycle
- b. Midway through the cycle
- c. 10 days before menstruating

2. A woman who is breastfeeding could consider using the SDM:

- a. As soon as her baby is 6 months old
- b. As soon as she starts menstruating again
- c. Once she has had four consecutive periods

3. To use the SDM correctly:

- a. The couple needs to be able to discuss when to avoid unprotected sex
- b. The woman should move the ring every day so she knows on which days she is most likely to get pregnant
- c. The woman and her partner should avoid unprotected sex on white-bead days when she can get pregnant
- d. All the above conditions should be met

4. Which of the following is a characteristic of the SDM?

- a. It protects couples against STIs
- b. It has no side effects
- c. Several people can use the same CycleBeads

5. If a woman has cycles between 26 and 32 days before she started the pill she can use the SDM:

- a. While taking the pill
- b. 2 months after she stops taking the pill
- c. After she has 3 consecutive periods about a month apart.

6. To use the SDM the woman must have menstrual cycles lasting:

- a. 5 to 7 days
- b. 20-30 days
- c. 26 to 32 days
- d. 28 days

7. What should an SDM user do every time she gets her period?

- a. Move the ring to the first white bead
- b. Move the ring to the red bead and mark her calendar**
- c. Move the ring to the red bead and see a provider
- d. See a provider

8. What do the brown beads represent?

- a. Days when a woman can get pregnant
- b. Days when a woman is unlikely to get pregnant**
- c. Days a woman must mark on her calendar

9. What do the white beads represent?

- a. Days with menstrual bleeding
- b. Days when a woman can get pregnant**
- c. Days when a couple can have intercourse without the woman getting pregnant

10. If a woman does not get her period the day after she places the ring on the last brown bead, what should she do?

- a. Move the ring to the red bead
- b. Use the calendar to count the days
- c. Continue having unprotected sex without worrying about getting pregnant
- d. See her provider**

11. If a woman starts her period before placing the ring on the dark brown bead, what should she do?

- a. Continue having unprotected sex without worrying about getting pregnant
- b. Move the ring to the red bead and see her provider**
- c. Continue moving the ring until she gets to the last bead

12. How effective is the SDM when it is used correctly?

- a. 70%
- b. 95%**
- c. 75%

13. If a woman used the 3-month injection, when can she start using the SDM?

- a. At anytime while using the injection
- b. When she starts her period
- c. A month after she starts her period
- d. 90 days after her last injection, and her last 3 periods are about a month apart**

Read all the statements about the tasks an SDM provider normally performs. Decide how comfortable you would feel when performing each task. Mark the box that best describes your level of comfort.

I would feel...	Comfortable	Relatively Comfortable	Relatively Uncomfortable	Uncomfortable
15. Asking a client questions about her menstrual cycle and other aspects of her reproductive health to establish whether the SDM could be suitable for her.				
16. Teaching a client to use CycleBeads.				
17. Asking questions to confirm whether a client understood the SDM explanations and whether she is satisfied with her choice.				
18. Exploring with a client aspects of her sexuality and her life with her partner that may affect correct use of the SDM.				
19. Talking with a client about alternatives to vaginal intercourse during white-bead days.				
20. Conducting an informational talk.				
21. Discussing couple's use of the method in front of the client's partner.				
22. Recommending another method to the client if the SDM is not suitable for her.				

Participant Evaluation

Your credentials (RN, NMW, MD, SW, etc.) or job title:

Please rate the extent to which you were able to meet each objective.

Agree Completely
Agree
Disagree
Disagree Completely

General Aspects				
1. The objectives of the training were fulfilled.	4	3	2	1
2. The material presented was new to me.	4	3	2	1
3. Working in groups was useful.	4	3	2	1
4. The length of the training was just right.	4	3	2	1
5. The time for discussion and questions was sufficient.	4	3	2	1
6. The handouts provided were appropriate.	4	3	2	1
7. The counseling tools (CycleBeads, Cue Card, Job Aids and Calendar) are useful.	4	3	2	1
Contents				
8. I feel that:				
a. I understand the scientific background of the SDM	4	3	2	1
b. I can apply SDM assessment criteria	4	3	2	1
c. I am able to explain how to use the CycleBeads	4	3	2	1
d. I am able to help clients determine how to handle their fertile days	4	3	2	1

Final Evaluation

9. What is your general impression of the workshop?

10. What topic or aspect of the workshop was the most valuable for the work you do?

11. What topic or aspect was the least valuable for the work you do?

12. What suggestions do you have for future training workshops?

13. Is there any additional information you need in order to be able to provide SDM counseling?

Thank you for your comments.

12

Alternate Activity

Menstrual Cycle Activities (Optional)

Learning Objectives:

- Define the menstrual cycle
- Identify the events that occur in the menstrual cycle

Time:

25 minutes

Materials:

- Flipchart sheet showing diagram of the menstrual cycle
- Markers and tape

Instructions

What is the menstrual cycle? Activity (25 minutes)

1. Introduce this activity on the menstrual cycle by indicating that the SDM is based on identifying the fertile days of the woman's cycle. Explain how important it is for providers to clearly understand the concept of the menstrual cycle.
2. Organize participants into four groups. You can group participants using any of the approaches described in the Games section of the Training Resources.
3. Once you have grouped participants, ask them to discuss and prepare, in 5 minutes, a description of what the menstrual cycle is and the events that occur during the cycle.
4. After they have finished, ask for a volunteer group to present their description. Invite other participants to complement or clarify the information presented by the volunteer group. Use 10 minutes for this discussion.
5. As a wrap-up, if necessary, provide a thorough definition of the menstrual cycle using the flipchart with the menstrual cycle diagram and the handout "Events During the Menstrual Cycle."

Role Play (15 minutes)

6. Divide the participants into pairs and ask them to take turns explaining how to use CycleBeads to each other. Tell them they can rely on the CycleBeads Cue Card to provide the explanation. Also, point participants to the flipchart you just discussed and encourage them to refer to those guidelines when completing the role play exercise.

Give them 10 minutes (5 minutes each) to carry out this activity. Circulate around the room to assess how well the participants are doing and provide additional support as necessary.

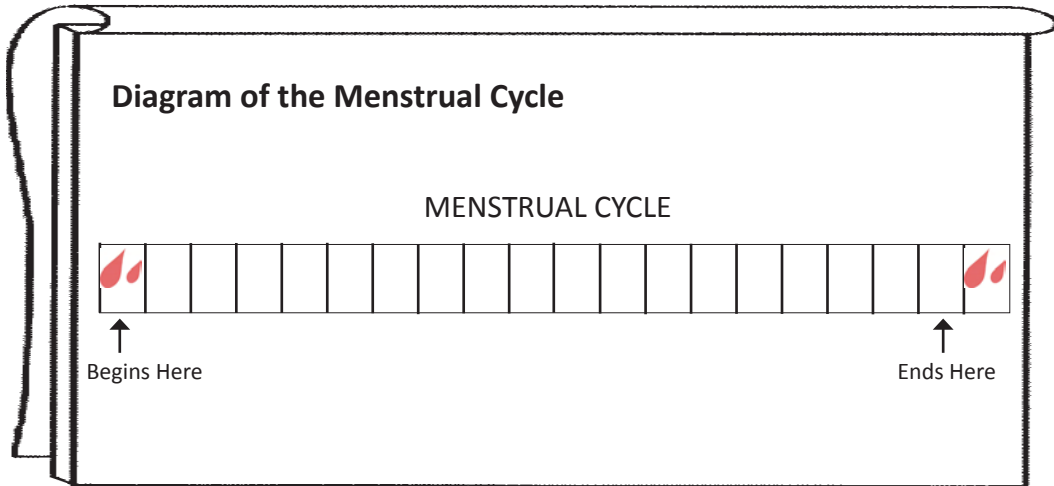
Conducting the Activity

The main objective of this activity is to clarify misconceptions and standardize provider's knowledge about the menstrual cycle and learn how the length of the menstrual cycle is calculated.

It is common for people to have different interpretations of what the menstrual cycle is, often confusing the period or menstruation with the menstrual cycle itself. It is important to provide a definition of the menstrual cycle to the participants and for them to understand it, as correctly calculating the length of the cycle is essential to knowing whether the SDM is suitable for the user.

Regardless of the providers' background, it is advisable not to skip a discussion of this topic. If necessary, adapt this activity so it is limited to a mini-lecture on the definition and events of the cycle as described in point 5. of the instructions for this activity. Alternatively you can ask participants to volunteer a description of how the length of the cycle is calculated and to complement or clarify his/her definition accordingly.

FLIPCHART USED BY THE TRAINER IN THIS ACTIVITY



RESOURCES USED BY THE TRAINER IN THIS ACTIVITY

Events During the Menstrual Cycle

The menstrual cycle is not the same thing as your period. Your period is when you are having your menstrual bleeding. The menstrual cycle starts the first day of the menstrual period and ends the day before the next period.

The menstrual cycle varies from woman to woman and can even vary for the same woman.

In the menstrual cycle there are days when the woman is at greater risk of becoming pregnant (these days are called “fertile days”) and other days when she is not at risk of pregnancy (these days are called “infertile days”). With the CycleBeads, the white beads represent the fertile days and the brown beads represent infertile days.

The woman is fertile because she produces an ovum (a woman’s reproductive cell or seed) in each cycle. Although the ovum only lives 24 hours, the woman can become pregnant during an interval of several days. This is possible because she doesn’t know in advance when exactly ovulation (the moment when the ovum emerges) will occur.

The sperm (the man’s reproductive cell or seed) can live for several days inside the woman and combine with (fertilize) the ovum.

During the menstrual cycle, various events take place: menstruation occurs, an ovum matures and is expelled, and there is a possibility of pregnancy. It is important to remember that the cycle covers all these events and lasts from one menstruall period to the next.

Counseling Clients in the Standard Days Method

Training Resources

G

Games

This section includes examples of grouping techniques a facilitator can use to form groups or assign tasks to groups. This section also includes selected icebreakers or energizers to use when participants don't know each other well or they need to take a quick break.

Grouping Techniques

1. Count, pointing gently at each person and saying out loud “One, two, three, four, five - you are Group A. One, two, three, four, five - that’s Group B ...”
2. Number everyone 1, 2, 3, 4 along the rows/front to back and then all the 1s become a group, all the 2s, all the 3s, all the 4s.
3. Make small balls made from newspapers. Crumple sheets of newspaper up about the size of a small hand and cover with masking tape. Make one ball for each person. Use a marker to write numbers on the balls. If you have a group of 30 people, you will number the balls from 1 to 6. You will thus have five number 1’s and so on. Tell the group to throw the balls in to the air and instruct them to keep throwing the balls to each other. Let this continue until everybody has a ball. Then the participants with the same number balls have to get into groups. This is a fun way which helps to relax participants.
4. Pairs—Ask that people turn to the person to their left/right or ask them to go around the room and find someone they don't know.
5. Random mix (for example, all those wearing brown shoes or have names beginning with the letters A to M).

Ice Breakers

Unique Characteristics

Instead of asking participants to say their names, you can divide the group into pairs and give participants a few minutes to interview each other. Then, each participant should introduce their partners by name and share at least two unique characteristics about them.

Your Favorite Things

The trainer divides the group into pairs and ask participants to tell each other their favorite food or name the animal they feel best describes them and why.

Three Questions

Participants write down three questions (or provide them with the questions) and find someone in the room they do not know well. Each participant then asks questions of the other. The participants then introduce their partners to the group by sharing both the questions and the answers. The questions can focus on what each other likes about their job, past jobs, family life, hobbies, favorite sport, etc.

The Interview

Break the group into two person teams (have them pick a partner that they know the least about). Have them interview each other for about 5 minutes (You can also prepare questions ahead of time or provide general guidelines for the interview). After the interviews, have each person introduce their partner to the group. This exercise helps them learn about each other.

Tell Us About Yourself

Pass around a bag of candy. Tell the participants to take as many as they want. Once all the participants have candy, tell them that for each candy they took they have to say one thing about themselves. For instance, if a participant took 10 candies, they would have to say 10 things about themselves.

Circulate

Have the group form two concentric circles with the same number of participants in each circle - the people in inner circle facing outwards and the people in the outer circle facing inwards. The inner circle remains stationary and the outer circle moves one person anticlockwise every 30 seconds. The aim is for everyone to introduce themselves in the shortest possible time. Source: Adapted from Reproductive Health Online (Repro-Line). "Icebreaker and Introductions." From the Web site, <http://www.reproline.jhu.edu/english/5tools/5icebreak/icebreak2.htm>

Energizers

Ball Toss Brainstorming

Announce a topic (things associated with a topic, a holiday, the course content, etc.). Then, toss around a ball. When someone catches the ball, they shout out something related to the topic and then toss the ball to someone else. Continue the exercise until everyone has had a chance to speak.

Counseling Basics

Counseling clients on the Standard Days Method (SDM) involves steps and principles common to counseling of and communication with clients, regardless of the topic involved. The following materials are meant to reacquaint you with the basics of counseling and interpersonal communication, and include some key definitions, basic principles and the GATHER model for counseling.¹

Counseling

Counseling is face-to-face communication in which one person helps another to make decisions and then to act on them. In the context of family planning services, counseling is a process that helps clients to decide if they want to practice family planning. If they do, counseling helps them to choose a contraceptive method that is personally and medically appropriate and that they want, understand how to use and are able to use correctly for safe and effective contraceptive protection.

Good family planning counseling occurs when:

1. Mutual trust is established between the client and the provider. The provider shows respect for the client and identifies and addresses her or his concerns, doubts and fears regarding the use of contraceptive methods.
2. The client and service provider give and receive relevant, accurate, and complete information that enables the client to make a decision about family planning.

¹ The following material has been adapted from:

Rinehart, W., Rudy, S. and Drennan, M. 1998. "GATHER Guide to Counselling." Population Reports, Series J. No. 48. Baltimore. JHU School of Public Health.

Solter, C. 1998. Module 3: Counseling for Family Planning Services. Comprehensive Reproductive and Family Planning Training Curriculum. Watertown, MA: Pathfinder International.

Types of Family Planning Counseling

General Counseling

- Usually takes place on first family planning visit
- Needs of clients discussed
- Client's concerns addressed
- General information about methods or options given
- Questions answered
- Misconceptions or myths discussed
- Decision-making and method choice begins

Method-Specific Counseling

- Decision-making and method choice made
- More information on method choice given
- Screening process and procedures explained
- Instructions about how and when to use method given
- What to do if there are problems discussed
- When to return for follow-up discussed
- Client repeats back key instructions
- Client given handouts and information to take home when available

Return/Follow Up Counseling

- Problems and side effects discussed and managed
- Continuing use encouraged unless major problems exist
- Instructions repeated
- Questions answered and client concerns addressed

Individual Counseling

- Appropriate when privacy and confidentiality are necessary
- Greet in a friendly manner
- Listen to client's reason for coming
- Ask about client's reproductive health and medical history
- Ask client what they know about family planning and explain family planning methods, including advantages, disadvantages, and possible side-effects
- Encourage questions and help client choose method
- Explain to client how to use their chosen method

- Ask client to repeat back key information
- Schedule a return visit

Group Education

- Appropriate when clients are more comfortable in a group situation or when individual counseling is not feasible
- Greet clients in a friendly manner
- Introduce benefits of family planning
- Elicit and discuss rumors and concerns about family planning
- Discuss family planning methods and encourage questions and group discussion
- Discuss how to obtain appropriate methods

Interpersonal Communication

Interpersonal communication is the face-to-face process of transmitting information and understanding between two or more people.

Face-to-face communication takes place in two forms, verbal and nonverbal, and is both conscious and unconscious, intentional and unintentional.

Types of Interpersonal Communication

Verbal Communication

- Refers to words and their meaning
- Begins and ends with what we say
- Is largely conscious and controlled by the individual speaking

Nonverbal Communication

- Refers to actions, gestures, behavior, and facial expressions which express, without speaking, how we feel
- Is complex and largely unconscious
- Often reveals to the observant the real feelings or message being conveyed
- Body posture, eye contact, physical appearance, as well as the use of space (or desks and chairs), can all communicate a message nonverbally.
- Nonverbal communication can involve all our senses, while verbal communication is restricted to hearing.
- Generally, verbal and nonverbal communication work together to convey and reinforce a message. If the verbal and nonverbal messages do not match, the message believed is the one conveyed nonverbally.

Motivation

- Provision of information that encourages and eventually results in a behavioral change in an individual or group
- Process based on an individual or group's felt need
- If a person or group is persuaded that a change will benefit them, it will often lead to making that change.
- In the context of family planning, motivation encourages a client to seek more.
- Information regarding family planning methods, and based on the perceived benefits of the behavior (i.e., practicing family planning), will often lead a client to adopt family planning
- Motivation should never be used to encourage a client to accept a specific method. The choice of an appropriate method must be the client's choice.

Informed Choice

Informed Choice is an integral part of the counseling process and means that a client has the right to choose any family planning method she or he wishes, based on a clear understanding of the benefits and risks of all the available methods, including the option not to choose or adopt any method.

In order to make a choice that is truly informed, the client needs to know:

- The range of all methods available (this assumes that a variety of methods actually are available, or that an effort is made to obtain or refer)
- Advantages and disadvantages of each
- Possible side effects or complications
- Precautions based on her individual medical history
- Information on risks of not using any method, such as risks associated with pregnancy/childbirth versus risks associated with contraceptive use
- How to use the chosen method safely and effectively

Informed Consent

Implies that a client has been counseled thoroughly regarding all the components described in the section on informed choice, and that based on this information, she or he has freely and voluntarily agreed to use the chosen method.

Informed consent is particularly important when a client chooses voluntary surgical contraception or any method that may have serious complications for a particular client (e.g., a woman over 35 who smokes and wants to use the pill).

Key Concepts

1. Counseling is a two-way communication process in which both client and service provider actively participate.

2. Counseling is an ongoing process and must be part of every client-provider interaction in health care delivery.
3. The decision to adopt a particular method must be a voluntary, informed decision made by the client.
4. It is the responsibility of the service provider to ensure that the client is fully informed and freely chooses and consents.
5. An informed client who has been given her or his method of choice is a satisfied client who is more likely to continue with the method.
6. The sensitive nature of reproductive health/family planning requires that clients' right to privacy, confidentiality, respect and dignity be always ensured.

Basic Counseling Principles

1. Counseling should take place **in a private quiet place** where client and provider can hear each other and with sufficient **time** to ensure that all necessary information, client's concerns and medical requirements are discussed and addressed.
2. **Confidentiality** must be ensured, both in the process of counseling and the handling of client records.
3. It is essential that counseling take place in a **non-judgmental, accepting and caring atmosphere**.
4. The client should be able to understand the **language** the provider uses (e.g., local dialect, simple, culturally appropriate vocabulary, no highly technical medical terminology, etc.).
5. Clinic staff must use good **interpersonal communication** skills, including the ability to question effectively, listen actively, summarize and paraphrase clients' comments or problems and adopt a non-judgmental, helpful manner.
6. The client should not be overwhelmed with information. The **most important messages should be discussed first** (e.g., what the client must do to use method correctly and safely) and be brief, simple and specific. Repeating critical information is the most effective way to reinforce the message. **Repeat, repeat, repeat.**
7. Use audiovisual aids and contraceptive samples to help the client better understand her chosen method.
8. Always **verify that the client has understood** what has been discussed. Have the client repeat back the most important messages or instructions.

The GATHER Approach

GATHER is a useful memory aid to help us to remember the basic steps in the counseling process and to add structure to a complex activity. It can be adapted to meet each individual client's needs.

The following are elements of a successful counseling session:

G=Greet client in a friendly, helpful and respectful manner

A=Ask client about family planning needs, concerns and previous use

T=Tell client about different contraceptive options and methods

H=Help client to make decision about choice of method she or he prefers

E=Explain to client how to use the method

R=Return: Schedule and carry out return visit and follow-up of client

Examples of tasks conducted under each step

Greet

- Welcome and register client.
- Prepare chart/record.
- Determine purpose of visit.
- Give clients full attention.
- Assure the client that all information discussed will be confidential.

Ask

- Ask client about her or his needs.
- Write down the client's age, marital status, number of previous pregnancies and births, number of living children, basic medical history, previous use of family planning methods, history and risk for STDs.
- Assess what the client knows about family planning methods.
- Ask the client if there is a particular method she or he is interested in.
- Discuss any client concerns about risks vs. benefits of modern methods (dispel rumors and misconceptions).

Tell

- Tell the client about the available methods.
- Describe how each method works, the advantages, benefits, possible side effects and disadvantages.
- Answer client concerns and questions.

Help

- Help the client to choose a method.
- Repeat information if necessary.
- Explain any procedures or lab tests to be performed.
- Examine client.
- If there is any reason found on examination or while taking a more detailed history that there are precautions for the method, help the client choose another method.

Explain

- Explain how to use the method (how, when, and where).
- Explain to the client how and when she or he can and should get resupplies of the method, if necessary.

Return

- At the follow-up or return visit ask the client if she or he is still using the method.
- If the answer is yes, ask if she or he is experiencing any problems or side effects and answer any questions.
- If the answer is no, ask why she or he stopped using the method and counsel the person to try another method or re-try the same method again.
- Make sure she or he is using the method correctly.

R

Reading

The following resources provide helpful tools and information related to family planning, counseling and sexuality.

Reproductive Health and Family Planning

Blumenthal, P., and McIntosh, N; 1996. *Pocket Guide for Family Planning Service Providers*. Baltimore: JHPIEGO Corporation. (Available online at www.reproline.jhu.edu/english/6read/6multi/multi.htm.)

Johns Hopkins Population Information Program; Center for Communication Programs. October 1996. Family planning methods: new guidance. *Population Reports*. series, No. 77. J44. (Available online at www.jhuccp.org/pr/j44edsum.stm.)

PATH (Program for Appropriate Technology in Health); 1995. Improving contraceptive access: WHO reviews eligibility criteria for contraceptive use. *Outlook* 13(4). (Available online at www.path.org/outlook/html/13_4.htm.)

PATH (Program for Appropriate Technology in Health); 1996. WHO Eligibility criteria for contraceptive use: combined injectables and sterilization. *Outlook* 14(1). (Available online at www.path.org/outlook/html/14_1.htm.)

World Health Organization (WHO); 2002. *Improving Access to Quality Care in Family Planning: Medical Eligibility Criteria for Contraceptive Use*. Geneva: Author. (Available online at www.jhuccp.org/pr/j44/j44who.stm.)

FHI Headquarters

P.O. Box 13950

Research Triangle Park, NC 27709, USA

Phone: 919 544-7040; Fax: 919 544-7261

Web: www.fhi.org

United Nations Population Fund (UNFPA)

UNFPA, the United Nations Population Fund, helps developing countries find solutions to their population problems. It is the largest international source of population assistance. The Fund has a number of resources and programs in reproductive health including family planning and sexual health. They publish a number of advocacy and technical documents, as well as evaluation reports.

220 East, 42nd Street

New York, NY 10017, USA

Web: *www.unfpa.org*

Reproductive Health Gateway

The USAID Population and Health Materials Working Group (PHMWG) has developed the Reproductive Health Gateway, a powerful one-stop search site that searches through more than 20,000 pages on over two dozen Web sites selected for information on reproductive health.

Web: *<http://www.rhgateway.org>*

Reproline

ReproLine(r), managed by the JHPIEGO Corporation, is a free source of up-to-date information on selected reproductive health topics. It also has a number of resources for training in reproductive health.

Web: *<http://www.reproline.jhu.edu>*

Reproductive Health Outlook

Published by Program for Appropriate Technology in Health (PATH), the RHO (Reproductive Health Outlook) Website provides summaries of up-to-date information, links to in-depth reproductive health information on the Web, and the chance to communicate with international experts and peers through message boards. RHO is especially designed for reproductive health program managers and decision makers working in low-resource settings.

Web: *<http://www.rho.org/>*

World Health Organization, Department of Reproductive Health

The Department of Reproductive Health and Research (RHR), World Health Organization houses a number of technical papers and research on reproductive health. They publish diverse technical and research reports and case studies.

Web: *<http://www.who.int/reproductive-health/publications/index.htm>*

Counseling

Engender Health

EngenderHealth addresses family planning, maternal/child health, reproductive health care for men, and the prevention and treatment of sexually transmitted infections and cervical cancer. They have a number of publications and training materials related to counseling and involving men in family planning.

440 Ninth Avenue

New York, NY 10001, USA

Phone: 212-561-8000; Fax: 212-561-8067

Web: <http://www.engenderhealth.org>

John Hopkins University/Center for Communication Programs

The Johns Hopkins University/Center for Communication Programs (CCP) is a pioneer in the field of strategic, research-based communication for behavior change and health promotion. They have publications and other materials in counseling and couple communication, including the GATHER counseling guide.

111 Market Place, Suite 310

Baltimore, MD 21202 USA

Web: <http://www.jhuccp.org>

General Reproductive Health Information

Family Health International

Family Health International (FHI) works to improve reproductive and family health around the world through biomedical and social science research, innovative health service delivery interventions, training and information programs. FHI has a number of training modules and newsletters related to all aspects of reproductive health, as well as job aids for counseling and a slide series on all methods of family planning.

Family Health International

2101 Wilson Boulevard, Suite 700

Arlington, VA 22201, USA

Phone: 703 516-9779 Fax: 703 516-9781

Interpersonal Communication

AVSC International; 1998 *Informed Choice in International Family Planning Service Delivery: Strategies for the 21st Century*. New York: AVSC.

Murphy, E., and Steele, C.; 2000 Client-provider interactions in family planning services: guidance from research and program experience. *MAQ Paper* 1(2). (Available online at www.maqweb.org/maqdoc/vol2.pdf.)

PATH (Program for Appropriate Technology in Health); 1999 Improving interactions with clients: a key to high-quality services. *Outlook* 17(2):1-8. (Available online at www.path.org/outlook/html/17_2.htm#articleimproving.)

Involving Men

Drennan, M.; Reproductive Health: New Perspectives on Men's Participation. *Population Reports*, Series J, No. 46. Baltimore, Johns Hopkins School of Public Health, Population Information Program. (Available at <http://www.jhuccp.org/pr/j46edsum.shtml>.)

Ndong, I., and Finger, W.R.; 1998 Male responsibility for reproductive health. *Network* 18(3). (Available online at www.fhi.org/en/fp/fppubs/network/v18-3/nt1831.html.)

Upadhyay, U.D., and Robey, B; 1999. *Why Family Planning Matters*. *Population Reports*, Series J, Number 49. (Available at <http://www.jhuccp.org/pr/j49/j49chap8.shtml>.)

Natural Methods for Family Planning

The Institute for Reproductive Health

The Institute is dedicated to helping women and men make informed choices about family planning as well as providing them with simple and effective natural methods for family planning. As part of Georgetown University's School of Medicine, the Institute, which developed the Standard Days Method, conducts research to develop natural methods and test them in service delivery settings. The Institute has a number of tools and training curricula related to the use of natural family planning methods.

Institute for Reproductive Health, Georgetown University

4301 Connecticut Ave., NW, Suite 310

Washington, DC 20008, USA

Phone: 202 687-1392; Fax: 202 687-6846

Web: *www.irh.org*

Screening for STDs

International Planned Parenthood Federation; 2002. *Counseling for STI/HIV Prevention in Sexual and Reproductive Health Settings*. New York: Author.

Available at <http://ippfnet.ippf.org/pub/Aids2002/CounsellingGuide.pdf>

Sexuality

The Alan Guttmacher Institute (AGI)

This organization's mission is to protect the reproductive choices of women and men around the world. AGI seeks to inform individual decision-making, encourage scientific inquiry, enlighten public debate, and promote the formation of sound public- and private-sector programs and policies. The organization produces a number of research briefs related to sexuality.

120 Wall Street, 21st Floor

New York, NY 10005, USA

Phone: 212 248-1111; Fax: 212/248-1951

1120 Connecticut Avenue, NW, Suite 460

Washington, DC 20036, USA

Phone: 202 296-4012; Fax: 202 223-5756

Web: *www.agi-usa.org*

International Planned Parenthood Federation (IPPF)

IPPF is the largest voluntary organization in the field of sexual and reproductive health including family planning, with representation in over 150 countries. The organization has numerous resources on sexuality education.

810 Seventh Avenue

New York, NY 10019, USA

Phone: 212 541-7800 or 800 230-PLAN; Fax: 212/245-1845

Web: *www.plannedparenthood.org*

Sexuality Information and Education Council of the United States (SIECUS)

SIECUS' mission is to affirm that sexuality is a natural and healthy part of living, to develop, collect, and disseminate information, to promote comprehensive education about sexuality, and to advocate the right of individuals to make responsible sexual choices. They produce diverse fact sheets, guidelines, resource manuals, and curriculum guides related to sexuality.

130 West 42nd Street, Suite 350

New York, NY 10036-7802, USA

Phone: 212/819-9770; Fax: 212/819-9776

1706 R Street

Washington, DC 20009, USA

Phone: 202/265-2405; Fax: 202/462-2340

Web site: *www.siecus.org*

Standard Days Method® and CycleBeads®: Top 20 Most Frequently Asked Questions

What is the Standard Days Method?

The Standard Days Method® (SDM) is a simple method of family planning that was developed and tested by Georgetown University's Institute for Reproductive Health (IRH) in 2001. The Institute developed a computer model, based on data from the World Health Organization, and determined that women who usually have menstrual cycles between 26 and 32 days long are most likely to be fertile – or able to get pregnant – on days 8 through 19 of their cycles. The probability of pregnancy on other days of the cycle is very low. Therefore, the SDM identifies a fixed set of days in each menstrual cycle as the days when a woman can get pregnant if she has unprotected intercourse. If the woman does not want to get pregnant, she and her partner avoid unprotected intercourse on days 8 through 19 of her cycle.¹ The SDM is used with CycleBeads®, the visual tool that helps a woman determine the days when she is most likely to be fertile.

The Institute tested the SDM in a clinical trial with almost 500 women in three countries – Bolivia, Peru and the Philippines. Women were able to use the method correctly, and when they used it correctly, it was more than 95% effective. That is, out of 100 women using the method for 1 year, fewer than five became pregnant. The total pregnancy rate (correct plus incorrect use) was slightly less than 12 pregnancies per 100 women/year.² This is similar to the effectiveness of some other user-dependent methods.

How do CycleBeads work?

CycleBeads are a visual tool that helps a woman use the SDM to keep track of the days of her cycle and know when she is likely to get pregnant if she has unprotected intercourse. They are a string of 32 color-coded beads, with each bead representing a day of a woman's menstrual cycle. They have a black rubber ring that the woman moves over one bead each

day, in the direction of the arrow. When the woman starts her period, she puts the ring on the first bead, which is red. She continues moving the ring one bead each day of her cycle. When the ring is on a dark bead, she is on a day in her cycle when she can have intercourse without getting pregnant. When she is in on a day represented by the white beads (days 8-19), she may be fertile and could get pregnant if she has unprotected intercourse.

Can the SDM be used without CycleBeads?

Yes, it can. CycleBeads have been found to be an easy-to-use tool for helping women keep track of their cycles and know which days are fertile and which are not, as well as to monitor cycle length. However, a woman could simply keep track of her cycle on a calendar and count the days, starting with her period so that she would know when she was in her fertile days – 8 through 19 of her cycle. She would also need to be sure that her cycles were usually between 26 and 32 days so that this fertile window is accurate for her.

Where can programs get CycleBeads?

Cycle Technologies is the licensed manufacturer/distributor of CycleBeads. USAID missions can order CycleBeads through the same procurement process they use for other contraceptives. Other programs that do not receive funding from USAID can purchase them at a negotiated bulk rate by contacting Cycle Technologies at info@cyclebeads.com.

What percentage of family planning users can be expected to choose the SDM?

Program experience shows that in well-run programs, demand has tended to plateau at 5-15% of all new family planning clients choosing the SDM. Demand for the SDM tends to be higher in countries/sites with lower contraceptive prevalence.^{3,4,5,6,7,8}

How effective is the SDM?

In an efficacy study conducted by the Institute for Reproductive Health, the SDM was found to be more than 95% effective. That means that, out of 100 women using the method for 1 year, fewer than five of them would get pregnant if they used the SDM correctly. However, the study also found that women who do not keep careful track of their cycle days or have unprotected intercourse on days 8 through 19 of their cycles are much more likely to get pregnant. When we added pregnancies occurring with correct use and with incorrect use of the method, the total was approximately 12 pregnancies for every 100 women/year of method use.^{9,10,11} Further studies in several countries showed effectiveness rates in the same range.¹² The effectiveness of the SDM is similar to that of some other user-dependent methods.

How does efficacy of the SDM compare to that of other methods?

The SDM is at least as effective as many other methods of family planning, including barrier methods (see chart). It is 88% effective with typical use and 95% effective with correct use.

What if women switch from more effective methods to SDM?

What we are seeing in programs that are already offering and providing the SDM to their regular clientele is that most women who choose the SDM were either completely new to family planning (had never before used a method), were practicing periodic abstinence (based on vague, and almost always incorrect information), were inconsistent users of a modern method, or had discontinued their previous method because of side effects or other personal reasons. Very few new SDM users report recent use of another family planning



method. However, it is important for women to have the option to switch to the SDM if they want to do so. Also the efficacy of the SDM is similar to that of some other user-dependent methods.

Who can use the SDM?

The SDM works well for women who usually have menstrual cycles between 26 and 32 days long. Between 50-60% of women have cycles between 26 and 32 days long.¹³ However, women who have cycles shorter than 26 days or longer than 32 days are not good candidates for this method. Also, women who would not be able to avoid unprotected intercourse on the days they might get pregnant are not likely to be successful using this method. According to studies conducted by IRH, SDM users have been women as young as 18 and as old as 47, with the average age ranging from 28-32 years. Their education levels range from no formal education to secondary or higher; which encompasses a large range of women.¹⁴

Twelve days seems like a long time, particularly since most couples also don't have sex during the women's period. How do people cope with that?

Research shows that people who use the SDM have sex about the same number of times a month as other people – they just have sex on the days outside the fertile window. People cope with it in different ways. They can abstain from intercourse but find other ways to show affection. And some people use barrier methods during those days.

Why is it important that the partner be willing to use the SDM and understand how it works?

First, it is important that both the woman and her partner agree about whether or not they want a pregnancy. It is also critical that both understand how the SDM works so they can decide how to deal with the days when she can potentially get pregnant. For best results, it is important that both understand that she is likely to get pregnant if they have unprotected sex during her "fertile window." It is also critical that they decide beforehand what they

will do during this “fertile window”— they may decide to use a barrier method or abstain from sex during this time.

In the efficacy study, only about 2% of women dropped out of the study because their partners did not want to use the method. What we found was that, once men understand the method, they are very supportive.¹⁵ Other studies show similar results. CycleBeads can help women and men talk about the method. And even if they don’t talk about it, CycleBeads are very visual – the man can see when the woman is on a fertile day, and he understands what they need to do to avoid pregnancy.

What are the essential steps to integrating SDM into programs?

Programs need to follow a systematic approach when integrating the SDM into programs, as they would when introducing any new method of family planning. To ensure that SDM is integrated and made a regular part of the service delivery system, a program must:

- create a supportive environment to facilitate integration and sustainability of SDM within existing services;
- train providers on how to screen and counsel clients;
- include SDM in the on-going supervision and monitoring and evaluation system;
- raise awareness within the community about the availability of SDM; and
- ensure that CycleBeads are available where services are offered.

What is the value added when integrating SDM into programs?

SDM is an addition to the method mix that provides a simple, easy and natural option to couples who are interested in preventing unplanned pregnancy. Offering SDM in programs:

- attracts new family planning users and reduce unmet need, as shown by study results published in the March 2008 issue of *Contraception*.¹⁶
- improves access to family planning methods by enabling programs to reach women through a variety of service delivery

approaches. Physicians, nurses, auxiliary nurses, and community volunteers can offer the SDM in both the public and private sectors and at the community level.

- empowers women. Women who learn and use the SDM have increased knowledge of their bodies and their menstrual cycles, increased self-confidence, and greater levels of communication with their partners.
- involves men, because the couple has to decide together how to manage the fertile days. Offering the SDM encourages and offers programs an opportunity to make serious efforts to reach men with family planning information and services and to incorporate gender issues into family planning counseling.

Can the SDM be provided at the community level?

Yes. IRH has developed simple tools and training that enable community-based workers to provide the SDM to their clients. This is happening successfully in India, DRC, Mali and several other countries.

Can illiterate women use the SDM?

It is entirely possible for illiterate women to use this method. There is no need for them to be able to read in order to use it. In fact, that is one of the reasons the CycleBeads are so helpful. They provide a visual aid for women, regardless of whether or not they are literate.¹⁷

Can the SDM be obtained in pharmacies?

Yes. Studies have been conducted that show the feasibility of pharmacy sales clerks providing the SDM. Because there is less interaction than with a clinic-based provider, clients rely more on printed information that they receive with their CycleBeads. However, they are just as able to understand how to use the method as women who received counseling from a family planning provider. The important thing is for them to receive accurate, comprehensible information that can help them use the method correctly.¹⁸

Is the SDM considered a “modern” method of family planning?

Yes. It meets the criteria of modern methods because it

- Is based on human reproductive physiology
- Was developed following the scientific model and utilizing tools of modern science, including mathematics and computer modeling.
- Was field-tested following the rules and methodology used to test other modern family planning methods.

It is not necessary for a method to involve drugs or surgical procedures to be a modern method.¹⁹ It should be differentiated from traditional practices, such as the rhythm (or calendar) method or other rules for periodic abstinence, which are based on popular beliefs and/or medical assumptions and have never been properly tested.

How is the SDM different from the rhythm (or calendar) method?

It is very different. The rhythm (or calendar) method requires having exact information about the last six or more menstrual cycles and making arithmetical calculations – adding and subtracting – every month to figure out which days in the current cycle a woman is likely to get pregnant.²⁰ The rhythm method has never actually been tested in a well-designed efficacy study. The SDM is simple – it does not involve any calculations, and it is the same every cycle. It has also been tested in a well-designed efficacy trial, with good results.

Doesn't ovulation occur 14 days before the next menstruation? That is what we all learned in medical school / that is what books say.

The strongest correlation is between the midpoint of the cycle and ovulation. In approximately 80% of all cycles, ovulation occurs on the midpoint day of the cycle or within 48 hours. Because a large percentage of cycles are around 28 days long, it is in a way true that ovulation tends to occur more or less 14 days before the next menstruation. However, in shorter or longer cycles, ovulation will tend to occur earlier or later than that. For example, in a 26-27 day cycle, ovulation will most likely occur around day 13; in a 31 or 32-day cycle, ovulation will most likely happen around day 15-16. This was determined in studies in which daily hormonal determinations were made to pinpoint the day of ovulation and was then correlated to total duration of the cycle.²¹

Why does the SDM identify so many days as fertile?

The fertile window incorporates three variables: the viable lifespan of the gametes (approx. 5 days for the sperm, 12-24 hours for the egg),²² the timing of ovulation (very strong correlation between midpoint of the cycle and ovulation)²³ and duration of cycle (median 28-29 days, with strong tendency to cluster within 2-3 days of this).^{24,25} However, these variables can move outside their “average” ranges, and the method must take into account these possible variations to make it as effective as possible. That is why the window is longer than would be necessary if all cycles were the same length and ovulation always occurred on the same day.

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² Arevalo, M. V. Jennings, and I. Sinai. 2002. “Efficacy of a new method of family planning: the Standard Days Method.” *Contraception*: (65) 333-338.

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⁵ Institute for Reproductive Health. 2008. “Long-term use of Standard Days Method®: Experience of operations research study participants.” *AWARENESS Project Final Report*. Washington, DC: IRH, Georgetown University.

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- ⁸ Institute for Reproductive Health. 2008. "Social marketing final report: Three country overview." *AWARENESS Project Final Report*. Washington, DC: IRH, Georgetown University.
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- ¹⁷ Institute for Reproductive Health. 2008. "Comparison of Standard Days Method® user tools." *AWARENESS Project Final Report*. Washington, DC: IRH, Georgetown University.
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- ²³ *ibid*
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