Standard Days Method® of Family Planning:
Reducing Fertility and Improving Health

What is SDM?

The Standard Days Method® (SDM) is a simple and effective modern family planning method. Women with menstrual cycles between 26 and 32 days long can use SDM to prevent pregnancy by avoiding unprotected sex on days 8 to 19 of their cycles. SDM can be used with CycleBeads®, an inexpensive visual tool that helps a woman track her cycle and aids couples in communicating about when unprotected sex should be avoided. Studies have shown that the **SDM is 95 percent effective with correct use and 88 percent effective with typical use**, well within range of other user-controlled modern methods.[1]

The World Health Organization (WHO) recognizes SDM as an evidence-based practice and includes it in its family planning guidance documents.[2] Georgetown University's Institute for Reproductive Health, which developed the method and conducted its efficacy trial, has been studying and facilitating the introduction of SDM into programs around the world since 2002. Couples in more than 30 countries now use SDM.

Why expand contraceptive choices? Why incorporate SDM?

Having a wide range of methods from which to choose makes it more likely that clients will find the family planning method that is right for them. Research gives evidence of this: family planning uptake and continuation are highest in countries where the majority of the population has access to a variety of family planning methods.[3] Collectively, when sustained use of contraception goes up, a country's fertility and population growth rates decline.

Therefore, incorporating SDM into a country's method mix can help policymakers achieve both demographic and reproductive health goals. It increases the family planning options available to its citizens, as called for by the Programme of Action approved by 179 governments at the 1994 International Conference on Population and Development.

SDM also helps policymakers achieve the Millennium Development Goals aimed at reducing child and maternal mortality, through facilitating healthy timing and spacing of pregnancies. Policymakers and program managers increasingly appreciate the following features of SDM:

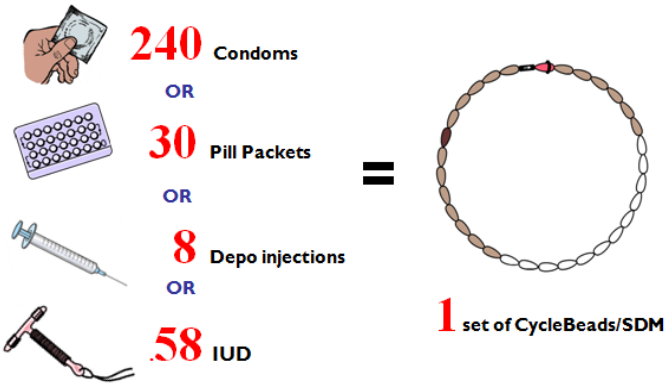
- SDM is a convenient, cost-effective approach to family planning.
- SDM can increase contraceptive prevalence by reaching previously unserved populations.
- SDM helps reduce unplanned pregnancy and unmet need for family planning.
- SDM is easy to integrate into existing clinic and community-based family planning and other development programs.

For more information on procurement of CycleBeads®, e-mail deliverprocurement@jsi.com for USAID-funded programs or info@cyclebeads.com for non-USAID programs. For access to publications on research, program integration, and other aspects of SDM, visit www.irh.org. For further information, e-mail: irhinfo@georgetown.edu.

SDM is a convenient, cost-effective approach to family planning.

SDM does not require special equipment, facilities, or costly commodities, so it can be offered in many program settings without significant additional resources. SDM can be used with CycleBeads, which cost approximately US $1 and last for many years, making it ideal for countries prone to high stock outs of re-supply methods. Using CycleBeads accounts for two couple-years of protection (CYPs), which is equivalent to the protection offered by 240 condoms, or 30 pill packets, or eight Depo Provera® injections, as shown in Figure 1.[4]

Figure 1. Supplies needed for two couple-years of protection



Adapted from USAID Office of Sustainable Development, Bureau for Africa, *Health and Family Planning Indicators Volume I*, July 1999.

SDM can increase contraceptive prevalence by reaching previously unserved populations.

Research shows that the primary users of SDM are women who were not previously using another modern family planning method. Figure 2 shows results of a study that examined the profiles of SDM users in five countries and found that between 60 percent (India-rural) and 81 percent of women (Benin) in the study had never used modern family planning.[5] Among those who had previously used a method, most who chose SDM had not used any method in several months. By offering SDM, programs can reach those who may not initiate or may not continue using other methods.

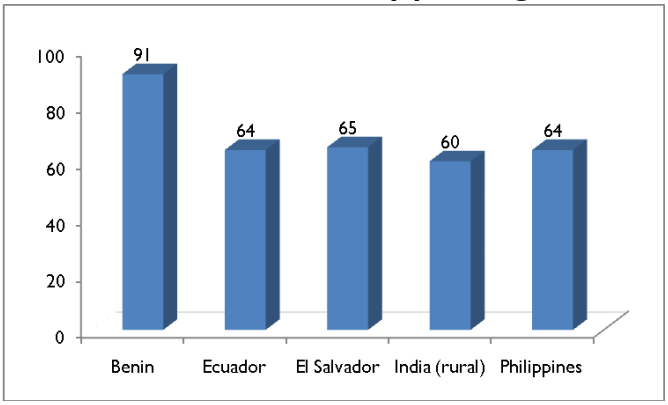
SDM helps reduce unplanned pregnancy and unmet need for family planning.

Reducing unmet need for family planning remains a challenge. According to Demographic and Health Surveys, 130 million married women in developing countries who want to delay or avoid pregnancy are not using family planning. The most common reason they give for not using contraception is fear of side effects and health complications.[6] Others find most methods to be too costly or difficult to obtain. SDM attracts new users to the practice of family planning because it is an effective, low-cost method to avoid unplanned pregnancies with no health side effects.[7]

SDM is easy to integrate into existing clinic and community-based family planning and other development programs.

Family planning programs and community networks in more than 30 countries have integrated SDM successfully into their array of methods. Training requirements are minimal; as little as two hours of training—easily added to a contraceptive technology update—are necessary to prepare providers to offer SDM.[8] SDM can be offered by public sector clinics and outreach programs, family planning associations and other nongovernmental organizations (NGOs), pharmacies, and private clinics, as well as through non-traditional channels, such as faith-based organizations, women's associations, and agricultural cooperatives. For example, in Rwanda, where 9,000 women currently use SDM, it was first introduced in public health clinics, clinics run by religious groups, and NGO sites. CycleBeads are now available through the USAID procurement system for contraceptive and reproductive health commodities.

Figure 2. Percentage of SDM users who had never used a modern family planning method



Policy Recommendations

Expanding a country's method mix to include SDM can help achieve national health and development goals by bringing new users to family planning, thereby lowering fertility rates and improving health outcomes. Recommended steps for integrating SDM into country programs include:

- Ensuring that SDM is part of national family planning norms and reproductive health plans;
- Including SDM in reporting systems;
- Including SDM in training of health providers as well as in pre-service and continuing education;
- Increasing awareness of SDM through mass media and other communication strategies;
- Including CycleBeads in procurement and logistics systems for health-related commodities; and
- Offering CycleBeads within health facilities, family planning networks, pharmacies, and through community groups.

[1] World Health Organization Department of Reproductive Health and Research (WHO/RHR) and Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP), INFO Project. *Family Planning: A Global Handbook for Providers* (2008 update). Baltimore and Geneva: CCP and WHO, 2008. See also Arévalo M, Jennings V, Sinai I. 2002. Efficacy of a new method of family planning: the Standard Days Method. *Contraception*: 65: 333-338.

[2] World Health Organization. *Medical Eligibility Criteria for Contraceptive Use* (2004) , *Selected Practice Recommendations for Contraceptive Use* (2005) , *Decision-Making Tool for Family Planning Clients and Providers* (2005), *Family Planning: A Global Handbook for Providers* (2007).

[3] Ross, J. et al. 2001. Contraceptive method choice in developing countries. *International Family Planning Perspectives*, 28 (1): 32-40; M. Ali and J. Cleland. 1995. Contraceptive discontinuation in six developing countries: A cause-specific analysis. *International Family Planning Perspectives*: 21(3) 92-97.

[4] USAID and AED. 1999. *Health and Family Planning Indicators: A Tool for Results Frameworks, Volume 1*. Washington, DC: USAID, Africa Bureau's Office of Sustainable Development (AFR/SD) and Academy for Educational Development's SARA Project.

[5] Long-Term Use of Standard Days Method®: Experience of Operations Research Study Participants. February 2008. Washington, D.C.: Institute for Reproductive Health, Georgetown University for the U.S. Agency for International Development (USAID).

[6] Ashford, Lori. 2003. Unmet need for family planning: Recent trends and their implications for programs. Washington DC: Population Reference Bureau.

[7] Gribble, J. et al. 2008. Being strategic about contraceptive introduction: The experience of the Standard Days Method. *Contraception*: 77: 147-154.

[8] Gribble, J. et al. 2004. Mind the gap: Responding to the global funding crisis in family planning. *Journal of Family Planning and Reproductive Health Care*: 30(3): 155-157.

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Using evidence to expand choice, empower women, and involve communities