Standard Days Method® of Family Planning:

Expanding Choice and Increasing Prevalence

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®, a 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 SDM is **95 percent effective with correct use and 88 percent effective with typical use**, well within range of other user-controlled methods. For example, combined oral contraceptives are 99 percent effective with correct use and 92 percent with typical use, while male condoms are 98 percent effective with correct use and 85 percent effective with typical use.[1]

The World Health Organization (WHO) recognizes SDM as an evidence-based practice and includes it in its guidance documents for modern methods of family planning.[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. The method is currently offered in more than 30 countries.

By incorporating SDM into their method mix, family planning programs enhance their contributions to achieving the goals of the Programme of Action approved by 197 countries at the 1994 International Conference on Population and Development (ICPD), which called for expanding method choice. SDM also helps achieve the population-based and reproductive health-related Millennium Development Goals (MDGs) through healthy timing and spacing of pregnancies. Increasingly, programs appreciate SDM because:

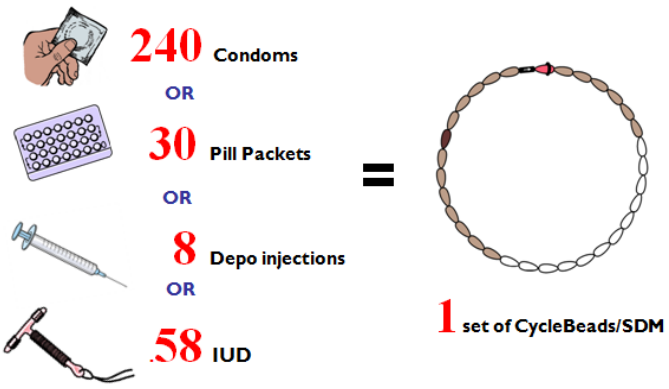
- SDM is a convenient, cost-effective approach to family planning.
- SDM can increase contraceptive prevalence by reaching previously unserved populations.
- SDM helps reduce unmet need.
- SDM is easy to integrate into existing clinic and community-based family planning and other development programs.

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 resupply 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.[3] Couples find SDM easy to learn and use—with a few minutes of instruction or with appropriate print materials—thus reducing the need for follow-up family planning visits.

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.

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 had never previously used another modern family planning method. Figure 2 shows the results from a study that examined the profiles of SDM users in five countries and found that between 60 percent of women (India-rural) and 81 percent of women (Benin) in the study had never used modern family planning.[4] Among SDM users who had previously used a method, most had not used any method in the previous several months. By offering SDM, programs can reach those who may not initiate or may not continue using other methods.

"[In Mali]…in addition to training providers in health facilities, community-based providers were also trained [on SDM]. This helps respond to the high level of unmet need for family planning at the community level, which is estimated to be 29 percent."

—Dr. Binta Keita, Ministry of Health, Mali

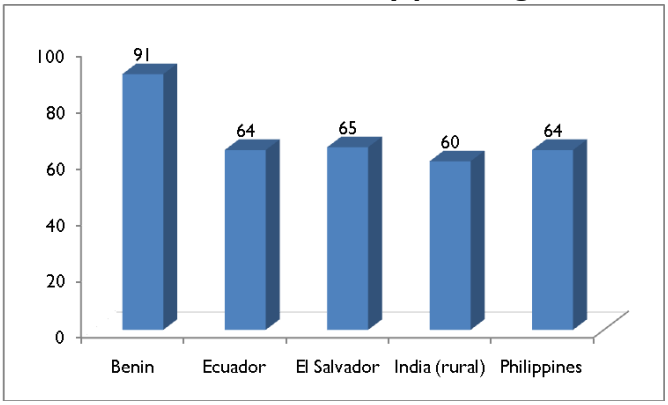
SDM helps reduce unmet need.

Reducing unmet need for family planning remains a challenge for family planning and reproductive health programs. 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 women give for not using contraception is fear of side effects and health complications.[5] 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.[6] In addition, while most of these women continue using SDM for years, some eventually switch to other modern methods.

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 contraceptive methods. Training requirements for providers are minimal; as little as two hours of training is necessary to prepare family planning providers to offer SDM.[7] SDM can be offered by public sector clinics and outreach programs, family planning associations, 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 organizations, and nongovernmental organization (NGO) sites. SDM is also easily integrated into existing programs because CycleBeads are included in the USAID contraceptive and reproductive health commodity procurement system. This makes it more feasible for country programs to include SDM as a contraceptive option.

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] 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.

[4] 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).

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

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

[7] 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