

# Standard Days Method<sup>®</sup> and CycleBeads<sup>®</sup>: Top 20 Most Frequently Asked Questions

## 1. What is the Standard Days Method<sup>®</sup>?

The Standard Days Method<sup>®</sup> (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 on days 8 through 19 of their cycles. Therefore, 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.<sup>1</sup> SDM is used with CycleBeads<sup>®</sup>, the visual tool that helps a woman determine the days when she is most likely to be fertile. SDM was tested 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.

## 2. How effective is SDM?

In an efficacy study, SDM was found to be more than 95% effective. That means that out of 100 women using the method for one year, fewer than five of them would get pregnant if they used 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 pregnancies occurring with correct use and with incorrect use of the method were added together, the total was approximately 12 pregnancies for every 100 women/year of method use.<sup>2,3,4</sup> Further studies in several countries showed effectiveness rates in the same range.<sup>5</sup> The effectiveness of SDM is similar to that of some other user-dependent methods of family planning.

## 3. How do CycleBeads work?

CycleBeads is a visual tool that facilitates use of SDM by helping a woman keep track of the days of her cycle and know when she is likely to get pregnant if she has unprotected intercourse. It is a string of 32 color-coded beads, with each bead representing a day of a woman's menstrual cycle. CycleBeads has 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 on a day represented by the white beads (days 8-19), she may be fertile and could get pregnant if she has unprotected intercourse.

## 4. Can SDM be used without CycleBeads?

Yes. 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.

## 5. 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 or need to order CycleBeads outside of the USAID procurement cycle can purchase them at a negotiated bulk rate by contacting Cycle Technologies at [info@cyclebeads.com](mailto:info@cyclebeads.com).

## 6. Can SDM be obtained in pharmacies?

Yes. Studies show that pharmacy sales clerks can provide SDM. Because there is less interaction than with a clinic-based provider, clients rely more on printed information received 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. It is important for them to receive accurate, comprehensible information that can help them use the method correctly.<sup>6</sup>

## 7. What percentage of family planning users can be expected to choose SDM?

Program experience shows that in well-run programs, demand has tended to plateau at five to 15% of all new family planning clients choosing SDM. Demand for SDM tends to be higher in countries/sites with lower contraceptive prevalence.<sup>7, 8, 9, 10, 11, 12</sup>

## 8. Who can use SDM?

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.<sup>13</sup> 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, 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.<sup>14</sup>

## 9. 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 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.

## 10. Why is it important that the partner be willing to use 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 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.

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.

## 11. Can illiterate women use 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.<sup>15</sup>

## 12. Is 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 a scientific model and utilizing tools of modern science, including mathematics and computer modeling.
- Was field-tested following protocols 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.<sup>16</sup> SDM 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.

## 13. How is SDM different from the Rhythm (or calendar) method?

It is very different. The Rhythm (or calendar) method requires that a woman have exact information about her last six or more menstrual cycles and requires that she make arithmetical calculations – adding and subtracting – every month to figure out which days in the current cycle she is likely to get pregnant.<sup>17</sup> The rhythm method has never actually been tested in a well-designed efficacy study. 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.

## 14. 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.<sup>18</sup>

## 15. Why does SDM identify so many days as fertile?

Three biological factors contribute to the fertile window: 1) the lifespan of sperm (up to five days) and egg (12-24 hours),<sup>19</sup> 2) the timing of ovulation in the cycle (highly correlated with mid-cycle),<sup>20</sup> and 3) the length of the cycle (median 28-29 days).<sup>21,22</sup> These processes vary from woman to woman and from cycle to cycle, and can move outside of their “average” ranges. The factors must take all possible variations into account. That is why the fertile window is longer than would be necessary if all cycles were the same length and ovulation always occurred on the same day.

## 16. Do women need to be “regular” to use SDM?

Women do not need to have all cycles of the same length to use SDM, but they do need to have most cycles between 26 and 32 days long. In other words, their periods should come about once a month. Some participants in the efficacy trial had up to two cycles outside this range. Analysis of the theoretical efficacy of SDM for women with cycles out of the 26 to 32 day cycle range suggest that the method is not as effective for them, but still provides considerable protection from pregnancy.

## 17. Is it necessary for women to keep track of their cycles for a few months before they start using SDM?

Women do not need to monitor their cycles before using SDM (participants in the efficacy trial did not do it). There are screening questions that can give the provider a fairly good idea of whether the woman's cycles tend to be within 26 to 32 days long. For example, “Do you have your periods about once a month?”, “Does your period come about once a month?”, or “Do you get your period when you expect it?”

## 18. What are the essential steps to integrating SDM into programs?

Programs need to follow a systematic approach when integrating 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.

## 19. 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 reduces unmet need, as shown by study results published in the March 2008 issue of *Contraception*.<sup>23</sup>
- 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 SDM in both the public and private sectors and at the community level.
- empowers women. Women who learn and use 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 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.

## 20. Can SDM be provided at the community level?

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



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