

Standard Days Method®: A modern family planning method

Standard Days Method® is a highly-effective, inexpensive and modern family planning method that is easy to learn and use. It identifies a fixed fertile window in a woman's menstrual cycle when pregnancy is most likely. CycleBeads®, a visual tool, helps women track their cycles to know when they are fertile. An efficacy trial showed SDM to be more than 95% effective with correct use and 88% effective with typical use.



SDM is included in international family planning guidance documents

For thousands of years, couples have tried various techniques to avoid pregnancy.ⁱ More recently, women and men have had access to modern methods of family planning which are more effective than traditional approaches. These modern methods, such as sterilization, hormonal methods and condoms, provide significant protection from unintended pregnancies.

The Standard Days Method® (SDM) is a fertility awareness-based family planning method which meets three criteria (see Box 1) that are critical in order to be regarded as a modern method by international organizations and ministries of health worldwide.

Based on reproductive biology

SDM is based on research that identifies the “fertile window” of a woman’s menstrual cycle during which she can become pregnant. Analysis of approximately 7500 menstrual cycles from a World Health Organization (WHO) dataset as well as evidence from a number of published studies shows that women with most menstrual cycles between 26 and 32 days long can prevent pregnancy by avoiding unprotected intercourse on days 8-19 of their cycles.ⁱⁱ

Usually, this “fertile window” begins approximately five days prior to ovulation and lasts up to 24 hours after ovulation. This approximation is based on life span of the sperm, which remain viable in the woman’s reproductive tract for up to five days, and the fact that the ovum can be fertilized for up to 24 hours following ovulation. At least 88% of ovulations occur within +/- 3 days of the mid-point day of the menstrual cycle.ⁱⁱⁱ

Follows a precise protocol for correct use

To use SDM correctly, women monitor their cycle days and avoid unprotected sex on days 8 through 19 (fertile days). They also monitor their cycle lengths; if they have more than one cycle outside of the 26 to 32 day range in a 12-month period, they are no longer eligible to use SDM.

Scientifically studied for efficacy in a variety of settings

A clinical trial assessed the effectiveness of SDM in actual use. The study included nearly 500 women in three countries – Bolivia, Peru, and the Philippines – who used the method for up to one year. It followed the internationally recognized procedures used in efficacy studies for all modern family planning methods. Operations research examined acceptability of SDM to providers and users, feasibility of offering the method, and its effectiveness in typical service delivery settings. Results showed that SDM appeals to a broad range of women in many settings. SDM users report using abstinence or condoms to manage the fertile days. Both men and women report high levels of satisfaction with the method. The across-study first year failure rate of 14.1 pregnancies is similar to typical-use rates found in the efficacy trial. The leading reason for method failure was that couples knowingly took the risk of having unprotected sex on days SDM identifies as potentially fertile. Data further indicates that SDM reaches women who do not want to use hormonal contraceptives or devices.

Box 1: Characteristics of a modern method

1. Based on sound understanding of reproductive biology,
2. Follows a precise protocol for correct use, *and*
3. Has been tested in an appropriately designed study to assess efficacy under various conditions

Among the 1,165 women in the operations research studies, 55% had never used any modern method prior to SDM use.^{iv} Additional evidence comes from 1200 women who were provided SDM by Ministry of Health clinics in Peru. The 12-month pregnancy rate among this group was estimated at 10%; moreover 89% were continuing SDM users at six months.^v Couple Years of Protection (CYP) for SDM is calculated at 1.5y per trained user.^{vi}

“The fact is that SDM is considered a modern method, based on the way it was developed and tested in clinical trials. WHO has included it in all of its guidelines as a modern method.”

-Jeff Spieler, Senior Science and Technology Advisor, Division of Population and Reproductive Health, USAID

SDM is included in the national family planning guidelines in these countries:

- Benin
- Bolivia
- Burkina Faso
- DR Congo
- Ecuador
- El Salvador
- Ghana
- Guatemala
- Honduras
- India
- Kenya
- Madagascar
- Mali
- Nicaragua
- Peru
- Philippines
- Rwanda
- Senegal
- South Sudan

Included in international norms and guidelines

SDM is incorporated into national family planning norms and policies in 16 countries around the world. WHO recognizes SDM as an evidence-based and modern method as demonstrated in their [classification of family planning methods](#). WHO also includes SDM in various family planning guidance documents.^{vii} Contraceptive Technology, the family planning reference book for health professionals, includes SDM as well.^{viii}

Considered a modern method in Demographic and Health Surveys (DHS)

The DHS are the international standard for population-based surveys. In surveys in Rwanda, Peru and the Philippines, SDM is considered—along with sterilization, hormonal contraceptives, condoms, and IUDs—as a modern method of family planning. Additional countries are including SDM in this category as services become more widely available.

Included in USAID’s contraceptive procurement system

CycleBeads®—the visual tool used with SDM—are included among the commodities available through the USAID Central Contraceptive Procurement Project (CCP). USAID missions can order CycleBeads through the CCP system, just as other contraceptives and condoms are procured.

Method	All women	Currently married women	Sexually active unmarried women ¹
Any method	98.9	99.6	99.7
Any modern method	98.9	99.5	99.7
Female sterilization	90.3	95.5	89.6
Male sterilization	69.5	77.2	66.4
Pill	97.9	99.0	99.2
IUD	81.8	90.9	79.5
Injectables	86.2	94.3	88.4
Implants	17.2	18.1	23.3
Patch	9.9	10.0	16.9
Male condom	95.5	96.8	99.0
Female condom	20.0	19.3	33.5
Mucus/ Billings/ Ovulation	28.7	31.7	40.5
Basal body temperature	27.4	29.6	35.8
Symptothermal	14.9	16.1	22.3
Standard days method	26.2	29.4	31.5
Lactational amenorrhea (LAM)	32.7	38.6	31.2
Emergency contraception	14.0	14.8	25.3
Any traditional method	88.8	96.1	95.6
Rhythm	76.0	84.8	80.0
Withdrawal	84.3	94.3	93.4
Folk method	2.4	3.2	2.4
Mean number of methods known by women 15-49	8.8	9.4	9.6
Number of women	16,155	9,729	188

Data table classifying SDM as a modern method, DHS Philippines 2013



National Norms, Peru

REFERENCES

- i Riddle, J.M, Eve’s Herbs: A History of Contraception and Abortion in the West. Cambridge: Harvard University Press, 1999.
- ii Arevalo M, Sinai I, Jennings V, A Fixed Formula to Define the Fertile Window of the Menstrual Cycle as the Basis of a Simple Method of Natural Family Planning. Contraception. 60 (1999): 357-360.
- iii Sinai I, Jennings V, Arevalo M. The two-day algorithm: A new algorithm to identify the fertile time of the menstrual cycle. Contraception. 60(2) (1999):65–70.
- iv Gribble J, Lundgren R, Velasquez C, Anastasi E. Being strategic about contraceptive introduction: the experience of the Standard Days Method®. Contraception. 77 (2008): 147-154.
- v Introducing the Standard Days Method® into Public Sector Services in Peru. February 2008. Washington, D.C.: Institute for Reproductive Health, Georgetown University for USAID
- vi Couple Years of Protection. US Agency for International Development, 2011. Accessed at: http://www.usaid.gov/our_work/global_health/pop/techareas/cyp.html
- vii 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)
- viii Hatcher RA, Trussell J, Nelson AL, Cates W, Stewart FH, Kowal D. Contraceptive Technology: Nineteenth Revised Edition. New York NY: Ardent Media, 2007.

