

Introducing the Standard Days Method: a modern contraceptive based on fertility awareness

Empowering couples with an entirely natural family planning method

Key points

- The Standard Days Method (SDM) is a natural and modern method of family planning that is 95% effective at preventing unintended pregnancy when used correctly.
- Pilot studies suggest that the SDM attracts first-time contraceptive users, and could be an appropriate option for eligible women who do not want to use other modern methods or cannot use them.
- During family planning counselling, trained healthcare providers should assess a woman's eligibility to practise the SDM, teach her how the method works, and support a couple's continued use.

Although the Standard Days Method (SDM) is a fairly new method of contraception, it has already been successfully introduced into public, private, and community-based family planning programmes in several African countries. As introductions continue, healthcare providers will help women determine their eligibility to use the method. Women whose eligibility is confirmed will also rely on healthcare providers to teach them how to use the method effectively.

How the method works

Scientists at Georgetown University's Institute for Reproductive Health (IRH) in the United States developed the SDM as a natural family planning option for women with menstrual cycles between 26 and 32 days long. To use the method, most women rely on CycleBeads – a colour-coded string of beads that helps them track their menstrual cycle and identify the days when pregnancy is most likely to occur (cycle days 8 through 19). With this information, women can avoid unprotected intercourse on those days. Some couples choose to abstain from sex during a woman's 12 fertile days. Others use condoms to prevent pregnancy during this time.

When practised perfectly, the SDM is 95% effective at preventing pregnancy. (This means that about 1 in 20 women who practise the method correctly will become pregnant during a year of use.) During typical use, a woman might have unprotected intercourse on a fertile day, or she might forget to track her cycle every day. Even with lapses such as these, the method is about 88% effective – similar to the effectiveness of the male condom with typical use, and better than the effectiveness of other barrier methods (i.e., female condoms, diaphragms, cervical caps, and spermicides) with typical use.¹

Attracting new users

Scientists at IRH have been collaborating with ministries of health, local research organisations, family planning

associations, and nongovernmental organisations during the last decade to introduce the SDM into family planning programmes around the world. In 2008, they documented the results of 14 pilot studies that introduced the method into six developing countries.²

Collectively, results from these pilot studies show that it is feasible to introduce the SDM into a variety of family planning programmes and that the method is acceptable to women, especially those who do not want to use a method that causes side-effects. However, few of the women in the studies switched to the SDM from



A woman who practises the Standard Days Method can use CycleBeads to help track her menstrual cycle

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Kerry Aradhya, Senior Science Writer, Family Health International, Research Triangle Park, NC, USA

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a more effective method. Instead, the data show that the SDM mostly attracts new contraceptive users.

'In general, these studies show that in most settings, between 60% and 70% of SDM users are new family planning users,' says Susan Igras, IRH's director of field programmes. In 13 of the 14 pilot studies, more than half of all women reported that they had never used a family planning method before or were using only a traditional method before they started the SDM. Additional studies conducted by IRH in other countries show similar results.

Socially and culturally acceptable

Recently, Family Health International (FHI) has been collaborating with IRH, Kenya's Ministry of Public Health and Sanitation, and the APHIA II Project (led by Pathfinder International) on a pilot study to introduce the SDM into Ijara district, in Kenya's North Eastern Province.

Between January and June 2009, 254 women accepted the SDM from providers trained to offer the method at six facilities in the district. Results of the study confirm that the method attracts new contraceptive users, which has particularly strong implications for places like Ijara.

Most of the population of Ijara is influenced by Islam and Somali cultural practices. In general, the community has not been receptive to modern methods of family planning. Contraceptive prevalence is less than 1%.

'By offering a method that is socially and culturally acceptable, women who would otherwise not use family planning or who are likely to discontinue use now have an option for limiting or spacing births,' says Caroline Mackenzie, a research associate at FHI in Nairobi.

Mackenzie and her colleagues plan to release the details of their findings in November 2009 at the International Conference on Family Planning: Research and Best Practices, which will be held in Kampala, Uganda.³

Eligibility

As more family planning programmes offer the SDM, healthcare providers and their clients should keep in mind that not all women who are interested in the method are eligible to use it (see 'Assessing eligibility'). For instance, only about 80% of women have menstrual cycles that range from 26 to 32 days, says Igras.

For women who are eligible, the SDM is a low-cost, simple way to prevent unintended pregnancy without side-effects or other health concerns. The method is a useful addition to the family planning options that healthcare providers can offer to their clients.

For a list of resources about the SDM, see <http://www.irh.org/resources-SDM.htm>.

References

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2. Gribble JN, Lundgren RI, Velasquez C, Anastasi EE. Being strategic about contraceptive introduction: the experience of the Standard Days Method. *Contraception* 2008; 77: 147–54.
3. Mackenzie C, Tumlinson K, Solomon M, Homan R, et al. *Offering socially and culturally acceptable family planning methods: who accepts and what were they doing before?* Preconference abstract [August 2009]. The International Conference on Family Planning: Research and Best Practices, Kampala, Uganda, November 15–18, 2009.

Assessing eligibility

A woman is eligible to practise the SDM if she has regular cycles between 26 and 32 days long and is sure that she and her partner can avoid unprotected intercourse during days 8 through 19 of each cycle.

No medical conditions contraindicate the use of the SDM. However, the World Health Organization (WHO) recommends that some women delay adopting the method until a certain condition is resolved. The WHO advises women with certain other conditions to practise the SDM cautiously, which usually means that they receive special counselling so they can use the method correctly. The WHO has adopted the following criteria to determine a woman's eligibility to practise the SDM:¹

- A young woman whose menstrual cycles have just started, or an older woman who is approaching menopause, can experience menstrual irregularity. These women should use the SDM cautiously, because irregular cycles – and cycles shorter than 26 days or longer than 32 days – can make the SDM less effective.
- A postpartum woman, whether or not she is breastfeeding, should delay using the SDM until she has had at least three postpartum menstrual bleeds, the most recent of which was in a cycle between 26 and 32 days long.
- A woman who is taking a drug that could affect cycle regularity either should use the SDM cautiously (if the provider knows how the drug is affecting her cycle) or should delay use until she is no longer taking the drug.

Scientists at IRH recommend that a woman who has used a 3-month progestin-only injectable should delay practising the SDM until 3 months have passed since her last injection – since in most circumstances, it takes at least 3 months for ovulation to return – and until her most recent menstrual cycle has run between 26 and 32 days. Until her menstrual cycle returns to its normal pattern and her eligibility for the SDM can be determined, she should be counselled to use another contraceptive method.

Once a provider determines that a woman is eligible to practise the SDM, he or she should focus on teaching the client how the method works. The provider should check to make sure the client understands it, and should support her continued use.² Because a woman's partner must be willing to abstain from sex or use condoms for 12 days each cycle, the effectiveness of the SDM is directly related to a couple's commitment to use the method.

References

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2. Cachan J, Lundgren R. *Reference Guide for Counseling Clients: Standard Days Method*. Washington, DC: Georgetown University, Institute for Reproductive Health, 2002.

