

The Standard Days Method® (SDM): A modern family planning method

Standard Days Method® (SDM) is a highly-effective, inexpensive and modern family planning method that is easy-to-teach 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.

History records that 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. In addition to providing significant protection from unintended pregnancies, modern methods such as sterilization, hormonal methods and condoms share certain characteristics, including that they:

- are based on a sound understanding of reproductive biology,
- follow a precise protocol for correct use, and
- have been tested in an appropriately designed study to assess efficacy under various conditions.

The Standard Days Method (SDM) is a new fertility awareness-based family planning method which meets these criteria and as such, is regarded as a modern method by international organizations and ministries of health around the world. Below are reasons why the SDM is considered a modern method.

Based on reproductive biology

SDM is based on research that identifies the "fertile window" during the woman's menstrual cycle when she can become pregnant. Usually, this "fertile window" begins approximately five days prior to ovulation and lasts up to 24 hours after ovulation. This is because of the 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.ⁱⁱ

Analysis of approximately 7500 menstrual cycles from a number of published studies and a large dataset from the World Health Organization 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.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

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 internationally recognized procedures used in efficacy studies for all modern family planning methods. Operations research examined acceptability of the method to providers and users, the feasibility of offering the method, and its effectiveness in typical service delivery settings. Results showed that the 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 satisfac-



International family planning guidance documents that include SDM

“The fact is that the Standard Days Method 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 at USAID

tion 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 fertile days. Data further indicates that the SDM reaches women with unmet need but who do not want to use hormonal contraceptives or devices. Among the 1165 women in the operations research, 55% had never used any modern method prior to SDM use.^{iv} Additional evidence comes from 1200 women who were provided the 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 use at six months.^v

Included in 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 practice and includes it in their family planning guidance documents.^{vi} Contraceptive Technology, the family planning reference book for health professionals, includes SDM as a modern method.^{vii}

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

The DHS conducted by ICF Macro are the international standard in population-based surveys. In surveys of 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 it in this category as SDM 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 now order CycleBeads through the CCP system, just as other contraceptives and condoms are procured.

Table 5.1 Knowledge of contraceptive methods

Percentage of all women and currently married women, and percentage of all men and currently married men, who know any contraceptive method, by specific method, Philippines 2003

Method	All women	Currently married women	All men	Currently married men
Any method	97.9	99.1	97.3	98.2
Any modern method	97.6	98.8	97.1	97.9
Female sterilization	86.5	92.0	72.2	82.1
Male sterilization	66.6	74.3	59.1	71.3
Pill	96.6	98.3	89.6	93.9
IUD	83.6	91.0	64.1	75.2
Injectables	81.5	90.1	49.5	60.2
Male condom	93.9	96.0	95.4	96.3
Diaphragm	16.2	15.7	14.2	15.6
Foamjelly	11.4	11.5	7.4	8.1
Implants	7.5	6.8	6.5	6.9
Female condom	14.8	13.3	14.9	15.1
Mucus/Billings/ovulation	14.4	15.1	7.3	8.4
Basal body temp	15.3	15.0	7.5	8.0
Symptothermal	6.7	6.8	2.2	4.0
Standard days method	9.8	10.4	5.8	6.4
Lactational amenorrhea	18.8	22.3	7.7	9.9
Emergency contraception	10.4	10.0	11.4	11.4
Any traditional method	83.2	90.3	80.1	88.9
Calendar/rhythm/periodic abstinence	72.6	79.2	57.6	68.7
Withdrawal	76.5	85.8	76.1	85.9
Other traditional methods	4.5	5.4	0.0	0.0
Mean number of methods known	7.9	8.4	6.5	7.3
Number	13,633	8,671	4,766	2,746

Data table classifying SDM as a modern method, DHS Philippines 2003

SDM included in country norms

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|---------------|-------------|
| Benin | India |
| Bolivia | Madagascar |
| Burkina Faso | Mali |
| Dem.Rep.Congo | Nicaragua |
| Ecuador | Peru |
| El Salvador | Philippines |
| Guatemala | Rwanda |
| Honduras | Senegal |



National Norms, Peru

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