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Standard Days Method® and CycleBeads®: Top 20 Most Frequently Asked Questions

1. What is the Standard Days Method?

The Standard Days Method® (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 – or able to get pregnant – on days 8 through 19 of their cycles. The probability of pregnancy on other days of the cycle is very low. Therefore, the 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.¹ The SDM is used with CycleBeads®, the visual tool that helps a woman determine the days when she is most likely to be fertile.

The Institute tested the SDM 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. That is, out of 100 women using the method for 1 year, fewer than five became pregnant. The total pregnancy rate (correct plus incorrect use) was slightly less than 12 pregnancies per 100 women/year.² This is similar to the effectiveness of some other user-dependent methods.

2. How do CycleBeads work?

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

3. Can the SDM be used without CycleBeads?

Yes, it can. 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.

4. 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 can purchase them at a negotiated bulk rate by contacting Cycle Technologies at info@cyclebeads.com.

5. What percentage of family planning users can be expected to choose the SDM?

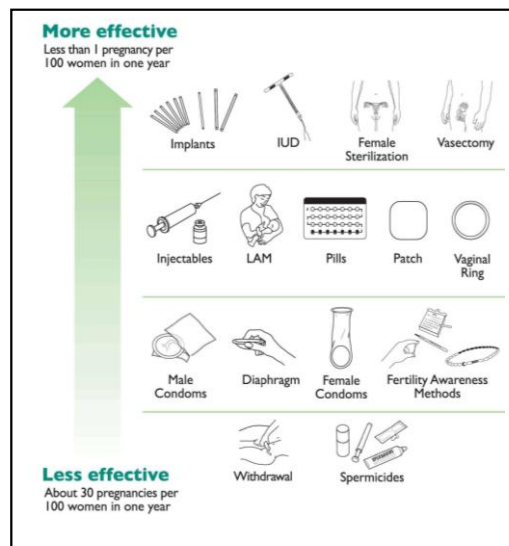
Program experience shows that in well-run programs, demand has tended to plateau at 5-15% of all new family planning clients choosing the SDM. Demand for the SDM tends to be higher in countries/sites with lower contraceptive prevalence.^{3, 4, 5, 6, 7, 8}

6. How effective is the SDM?

In an efficacy study conducted by the Institute for Reproductive Health, the SDM was found to be more than 95% effective. That means that, out of 100 women using the method for 1 year, fewer than five of them would get pregnant if they used the 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 we added pregnancies occurring with correct use and with incorrect use of the method, the total was approximately 12 pregnancies for every 100 women/year of method use.^{9, 10, 11} Further studies in several countries showed effectiveness rates in the same range.¹² The effectiveness of the SDM is similar to that of some other user-dependent methods.

7. How does efficacy of the SDM compare to that of other methods?

The SDM is at least as effective as many other methods of family planning, including barrier methods (see chart on next page). It is 88% effective with typical use and 95% effective with correct use.



Source: [Family Planning: A Global Handbook for Providers](#), WHO/RHR and JHU/CCP, INFO Project, updated 2008

8. What if women switch from more effective methods to SDM?

What we are seeing in programs that are already offering and providing the SDM to their regular clientele is that most women who choose the SDM were either completely new to family planning (had never before used a method), were practicing periodic abstinence (based on vague, and almost always incorrect information), were inconsistent users of a modern method, or had discontinued their previous method because of side effects or other personal reasons. Very few new SDM users report recent use of another family planning method. However, it is important for women to have the option to switch to the SDM if they want to do so. Also the efficacy of the SDM is similar to that of some other user-dependent methods.

9. Who can use the SDM?

The 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.¹³ 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 conducted by IRH, 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.¹⁴

10. 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 the 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.

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

In the efficacy study, only about 2% of women dropped out of the study because their partners did not want to use the method. What we found was that, once men understand the method, they are very supportive.¹⁵ Other studies show similar results. 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.

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

Programs need to follow a systematic approach when integrating the 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.

13. 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 reduce unmet need**, as shown by study results published in the March 2008 issue of *Contraception*.¹⁶
- **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 the SDM in both the public and private sectors and at the community level.
- **empowers women**. Women who learn and use the 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 the 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.

14. Can the SDM be provided at the community level?

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

15. Can illiterate women use the 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.¹⁷

16. Can the SDM be obtained in pharmacies?

Yes. Studies have been conducted that show the feasibility of pharmacy sales clerks providing the SDM. Because there is less interaction than with a clinic-based provider, clients rely more on printed information that they receive 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. The important thing is for them to receive accurate, comprehensible information that can help them use the method correctly.¹⁸

17. Is the 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 the scientific model and utilizing tools of modern science, including mathematics and computer modeling.
- Was field-tested following the rules and methodology 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.¹⁹ It 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.

18. How is the SDM different from the rhythm (or calendar) method?

It is very different. The rhythm (or calendar) method requires having exact information about the last six or more menstrual cycles and making arithmetical calculations – adding and subtracting – every month to figure out which days in the current cycle a woman is likely to get pregnant.²⁰ The rhythm method has never actually been tested in a well-designed efficacy study. The 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.

19. 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.²¹

20. Why does the SDM identify so many days as fertile?

The fertile window incorporates three variables: the viable lifespan of the gametes (approx. 5 days for the sperm, 12-24 hours for the egg),²² the timing of ovulation (very strong correlation between midpoint of the cycle and ovulation)²³ and duration of cycle (median 28-29 days, with strong tendency to cluster within 2-3 days of this).^{24, 25} However, these variables can move outside their “average” ranges, and the method must take into account these possible variations to make it as effective as possible. That is why the window is longer than would be necessary if all cycles were the same length and ovulation always occurred on the same day.

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- ¹ Arevalo, M., I. Sinai, and V. Jennings. 1999. "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) 357-360.
- ² Arevalo, M. V. Jennings, and I. Sinai. 2002. "Efficacy of a new method of family planning: the Standard Days Method." *Contraception*: (65) 333-338.
- ³ Institute for Reproductive Health. 2008. "Burkina Faso country report: 2002–2007." *AWARENESS Project Final Report*. Washington, DC: IRH, Georgetown University.
- ⁴ Institute for Reproductive Health. 2008. "Comparison of Standard Days Method® user tools." *AWARENESS Project Final Report*. Washington, DC: IRH, Georgetown University.
- ⁵ Institute for Reproductive Health. 2008. "Long-term use of Standard Days Method®: Experience of operations research study participants." *Project AWARENESS Final Report*. Washington, DC: IRH, Georgetown University.
- ⁶ Institute for Reproductive Health. 2008. "Mali country report: 2006–2007." *AWARENESS Project Final Report*. Washington, DC: IRH, Georgetown University.
- ⁷ Institute for Reproductive Health. 2008. "Rwanda country report: 2002–2007." *AWARENESS Project Final Report*. Washington, DC: IRH, Georgetown University.
- ⁸ Institute for Reproductive Health. 2008. "Social marketing final report: Three country overview." *AWARENESS Project Final Report*. Washington, DC: IRH, Georgetown University.
- ⁹ Arevalo, M. V. Jennings, and I. Sinai. 2002. "Efficacy of a new method of family planning: the Standard Days Method." *Contraception*: (65) 333-338.
- ¹⁰ 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. 2007. *Family Planning: A Global Handbook for Providers*. Baltimore and Geneva: CCP and WHO.
- ¹¹ Hatcher, R. et al. 2007. *Contraceptive Technology 19th Revised Edition*. New York: Ardent Media, Inc.
- ¹² Institute for Reproductive Health. 2008c. "Long-term use of Standard Days Method®: Experience of operations research study participants." *Project AWARENESS Final Report*. Washington, DC: IRH, Georgetown University.
- ¹³ Sinai, I., V. Jennings, and M. Arevalo. 2004. "The importance of screening and monitoring: the Standard Days Method and cycle regularity." *Contraception*: (69) 201-206.
- ¹⁴ Gribble, J. et al. 2008. "Being strategic about contraceptive introduction: The experience of the Standard Days Method." *Contraception*: (77) 147-154.
- ¹⁵ Arevalo, M. V. Jennings, and I. Sinai. 2002. "Efficacy of a new method of family planning: the Standard Days Method." *Contraception*: (65) 333-338.
- ¹⁶ Gribble, J., R. Lundgren, C. Velasquez, and E. Anastasi. 2008. "Being strategic about contraceptive introduction: the experience of the Standard Days Method®." *Contraception*. 77(3): 147-154.
- ¹⁷ Institute for Reproductive Health. 2008. "Comparison of Standard Days Method® user tools." *AWARENESS Project Final Report*. Washington, DC: IRH, Georgetown University.
- ¹⁸ Institute for Reproductive Health. 2008. "Social marketing final report: Three country overview." *AWARENESS Project Final Report*. Washington, DC: IRH, Georgetown University.
- ¹⁹ Trussel, J. and K. Kost. 1987. "Contraceptive failure in the United States: A critical review of the literature." *Studies in Family Planning*: (18) 237-283.
- ²⁰ World Health Organization. 1981. "A prospective multicenter trial of the ovulation method of natural family planning. II The Effectiveness Phase." *Fertility and Sterility*: (36) 152.
- ²¹ Ecochard, R. 2005. "Heterogeneity: The masked part of reproductive technology success rates." *Rev. Epidemiologique de Sante Publique*: (53) 2S 107-117.
- ²² Wilcox, A.G., C.R. Weinberg, and D. Baird. 1998. "Post-ovulatory aging of the human oocyte and embryo failure." *Human Reproduction*: (13) 394-397.
- ²³ *ibid*
- ²⁴ Speroff, L. and M. Fritz. 2005. *Clinical Gynecologic Endocrinology and Infertility, 7th Ed*. Philadelphia: Lippincott Williams & Wilkins.
- ²⁵ Vollman, R. 1977. *The Menstrual Cycle*. Philadelphia: WB Saunders Co.