

# Global Health eLearning Center


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## Standard Days Method®

### SDM Basics

### What Is SDM?



**The Standard Days Method® (SDM)** is an effective, inexpensive and modern family planning method that is easy-to-teach and use. The [SDM Fact Sheet](#)  provides essential information on the method to share with potential users.

It identifies a fixed fertile window in a woman's menstrual cycle when pregnancy is most likely.

To prevent pregnancy, users avoid unprotected intercourse by using a condom or abstaining on days 8 to 19 of the cycle - a formula based on computer analysis of 7,500 menstrual cycles.

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.



*Source: Arevalo, et. al., 1999.*

The CycleBeads app shows daily the fertile and infertile days in the person's menstrual cycle after entering the period date. An image of the cycle shows the first day of the period as a red dot.

Fertile days when pregnancy is very likely are shown in white, and infertile days in brown color.

#### Highlights

SDM is a modern, scientific method that provides two couple years of protection (CYP) per user.

SDM fits into facility-based as well as community-based programming, and from the original efficacy study through new [digital/mobile tools](#) . SDM has already been incorporated into [guidelines for contraceptive use](#)  published by the World Health Organization (WHO 2004).



## Highlights

An [SDM repository](#), available on the Institute for Reproductive Health website, ensures that knowledge and tools are accessible to those who seek to integrate this method into programs. The repositories host the latest and most relevant SDM resources available, in a cohesive and well-organized manner, and focus on Programmatic How-to's (critical resources for program implementation) and Training (how to get a provider ready to offer the method).

The intended audiences include program managers, policymakers, trainers and providers.

# Probability of Pregnancy from Intercourse on Days Relative to Ovulation



Source: Wilcox et al. 1998

SDM is based on reproductive physiology. A woman's fertile "window" (days in the menstrual cycle when she can get pregnant) begins approximately five days prior to ovulation and lasts up to 24 hours after ovulation. The ovum can be fertilized for up to 24 hours following ovulation, but sperm have a lifespan in the woman's reproductive tract for up to five days.

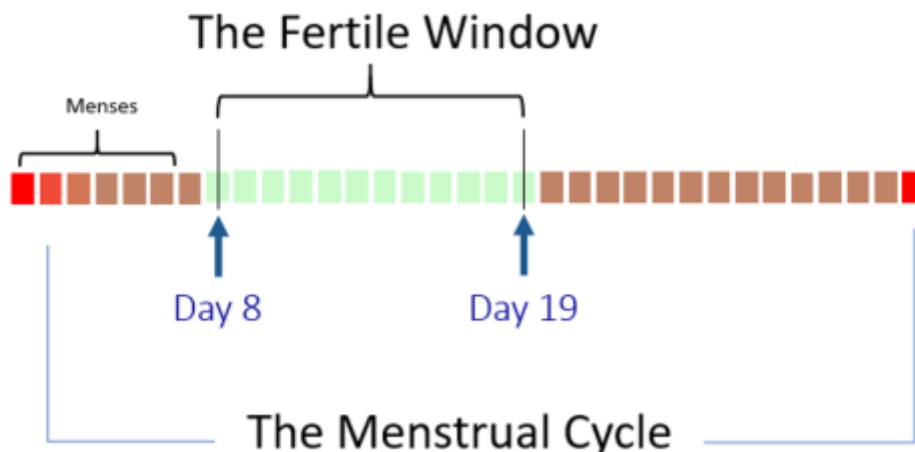
Most ovulations occur around the mid-point of the menstrual cycle (+/- 3 days).

About one-third of ovulations occur on the mid-point day (e.g., day 14 in a 28-day cycle, day 16 in a 32-day cycle).

At least 88% of ovulations occur within 3 days before or after the mid-point day.

Source: Wilcox, Dunson, and Baird, 2000.

## SDM Fertile Window



Researchers at the Georgetown University Institute for Reproductive Health identified the fertile window in the woman's menstrual cycle, using a computer simulation that took into account the probability of pregnancy, probability of ovulation occurring on different cycle days, and variability in cycle length from woman to woman and from cycle to cycle.

Their analysis found that avoiding unprotected sex on days 8 through 19 of the cycle provided maximum protection from pregnancy while minimizing the number of days to avoid intercourse.

Women with menstrual cycles between 26 and 32 days long can use SDM to prevent pregnancy by using a condom or abstaining during the 12 fertile days (days 8 to 19 of the cycle) identified by SDM.

Source: Arevalo, Sinai, and Jennings, 1999.

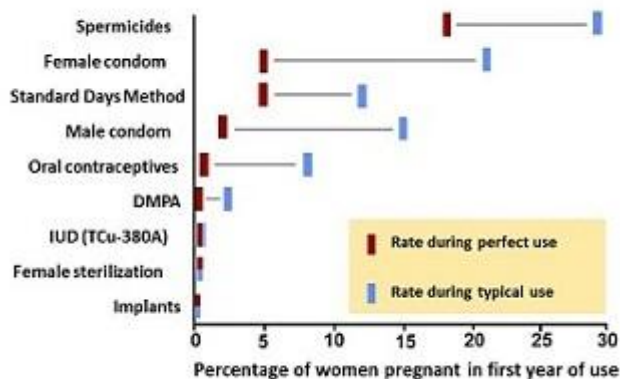
## Highlights

If a woman has unprotected sex on Thursday and she ovulates on the following Saturday, she has about a 25% chance of getting pregnant, given the viable life of the sperm.

Source: [Arevalo M., et al., 2002](#) ↗

# How Effective is the SDM?

## Effectiveness



Source: CCP and WHO, 2007; updated 2008.

The SDM formula was tested and its efficacy was established in a multi-site perspective study in which the method was offered to potential clients visiting existing services.

Clients in the study were followed for 13 cycles and results indicated that couples used the method correctly in 97% of the cycles. Out of 478 women in the study, 43 got pregnant.

The efficacy of the method was established at 95% with correct use and 88% with typical use.

Source: Arevalo M, Jennings V, Sinai I, 2002.

## Did you know?

SDM efficacy is comparable to other user-dependent methods with an efficacy rate of 95% with correct use.

Source: Arevalo M, Jennings V, Sinai I, 2002.

# Who Can Use SDM? (Cycle Length)

To be able to use SDM:

- Women should have regular menstrual cycles between 26 and 32 days long.
- Couples should be able to use a condom or avoid sex during the fertile days in order to prevent pregnancy.

To determine if the woman's cycle is between 26 and 32 days long, the appropriate length for SDM users, the provider asks simple questions.

- Do your periods come about once a month?

- Do your periods usually come when you expect them?

If the woman answers yes to these questions, she can use SDM.

Women who meet these eligibility criteria and remember when their last period started can begin to use SDM immediately.

Those women who meet the criteria but do not remember the date of their last period can start using SDM as soon as their next period begins.

Women in the special circumstances listed in the chart above must wait to have their cycle regularity re-established to begin using SDM.

## Who Can Use SDM? (Cycle Length)

Postpartum/breastfeeding	Wait for 4 consecutive periods Start after 2 most recent periods are about a month apart
3-month injection, pill, patch, implant, IUS	Wait 90 days after last use of the long-term method Start after 3 most recent periods are about a month apart
EC, miscarriage or abortion	If cycles before pregnancy were 26 to 32 days long Start on first day of next period

### Highlights

According to the World Health Organization's [Medical Eligibility Criteria for Contraceptive Use](#) <sup>↗</sup>, SDM, like other fertility awareness-based methods, has no negative effect on a woman's health.

Initial screening is essential to help providers and women determine if SDM is appropriate.

## Who Can Use SDM? (Managing Fertile Days)



To determine if the woman and her partner can use condoms or avoid having sex, on days 8 through 19 of her cycle when she can become pregnant, providers ask some probing questions.

- Have you talked about this method with your partner?
- How will you communicate about the fertile days?
- How will you and your partner handle the fertile days?
- Have you and your partners ever used condoms?
- How do you and he feel about using them?

In counseling, providers make sure the client leaves with a plan for handling her fertile days.

### Ideas in action

It is important for the provider to help a woman or couple assess if either partner is at risk of STIs or HIV. If so, they should be counseled about the importance of consistent condom use.

## How do Couples Handle the Fertile Days?

Couples who use SDM have different ways of managing their fertile days. Many users abstain from intercourse, while others use condoms.

Couple strategies vary widely between rural and urban areas and among programs offering SDM, depending on the extent to which condom use is included in the counseling.

[Results from studies](#) <sup>↗</sup> in several countries have shown that few women and men really understand their fertility, and that this lack of knowledge constrains their ability to protect their reproductive health. However, couples who begin using a fertility awareness method of family planning, like the Standard Days

How users manage fertile days		
	Abstain	Condom Use
Rural India	70%	30%
Urban India	13%	87%
Philippines	70%	30%
U.S.	15%	86%

Method® (SDM), improve their understanding of how fertility works. Users of these methods grow in their knowledge about their own bodies and their partner's. With knowledge comes confidence.

Because SDM depends on both partners agreement on how to handle the fertile days, it also engages men actively in family planning—through outreach, counseling and practice. Both male and female SDM users report that communication between the couple improved as a result of using SDM.

## Why Do Clients Choose SDM?

In studies conducted in several countries (six countries plus the U.S.), it was found that the overwhelming reason why women choose the SDM is that it doesn't affect their health and has no side effects.

- We know that most contraceptives do not have negative health effects for the vast majority of women.
- There is good evidence that some methods actually have health benefits.
- We know that most side effects are transitory and manageable.

Still, there are women who want a method that is natural and nonhormonal.

In the search for simplifying the use of SDM, a mobile phone app was developed to help users track their cycle as well as use a digital version of CycleBeads. Different studies looked at the user experience and value of this app among clients in several countries.

An exploratory study of fertility apps use in the U.S. provides insights on users' profile and preferences in the use of mobile apps for preventing pregnancy.

- [User profile and preferences in fertility apps for preventing pregnancy](#) ↗
- [Market-testing a smartphone application for family planning](#) ↗

Reasons for Choosing the SDM		
	Six Countries <sup>1</sup>	U.S. <sup>2</sup>
Doesn't affect health	70%	80%
No side effects	20%	30%
Economical	30%	5%
Easy to learn/use	10%	45%

<sup>1</sup>Interviews with users in 6 countries; <sup>2</sup>Survey of Internet purchases

## SDM Rates of Continuation



At the end of a one-year efficacy study, forty-six percent of participants were still using the method. The most common reason for method discontinuation was having two cycles out of the 26 to 32 day range in a year.

Twenty-eight percent of women left the efficacy study for that reason. Most of the unintended pregnancies occurred in the first three months of method use. Users found the method acceptable. Only 3% of efficacy study participants left the study in the first year because they or their

husband did not like or trust the method.

A long-term follow-up study followed SDM users for up to two years beyond the first year of use.

Results showed that two-thirds of the women who continued to use the method beyond the first year were still using the method two years later. Most continued to be satisfied with the method, and very few became unintentionally pregnant in the 2nd and 3rd year of use.

*Source:* Arevalo M, Jennings V, Sinai I, 2002.

### **Did you know?**

Women who successfully use SDM for a year are very likely to continue using it.

## **Advantages of SDM**

### **Effectiveness**

- SDM and CycleBeads® are 95% effective with correct use, and 88% effective with typical use.
- No side effects associated with use of SDM.

### **Empowers Women and Involves Men**

- SDM is empowering to women because it requires knowledge about how their bodies work and when they are fertile, and offers opportunities for discussions with a partner about how to manage the fertile days.
- Because SDM entails using condoms or abstaining on days 8 to 19 of the cycle, men are necessarily involved. Educating men about SDM and women's fertility can enhance male participation in family planning and enhance couple communication.



### **Broad eligibility**

- The only medical requirement is that a woman's cycle remain between 26 and 32 days in length.
- 80% of women's cycles occur every 26 to 32 days.

### **Low Cost**

- Requires a one-time, low cost purchase for CycleBeads® users.

*Source:* Kalaca et al. 2005.

### **Highlights**

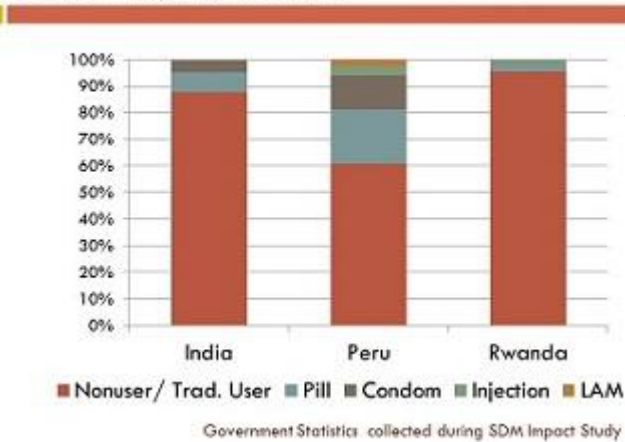
SDM, compared with traditional periodic abstinence, is more effective, easier to use, and helps couples to better understand on which days to use a condom or avoid sexual intercourse to prevent pregnancy.

## **Advantages (continued)**

### **High acceptability and continuation of SDM as a family planning method:**

- SDM is a modern, natural method. It can appeal particularly to couples who want to use family planning but prefer to use a natural or non-hormonal method because of health concerns, religious beliefs, financial constraints, or other reasons.

## What method were clients using two months before adopting the SDM?



- Easy to teach, learn and use.
- Introduces family planning to women who have not previously used a family planning method or have used ineffective approaches to identify their fertile days.
- Creates an entry point for family planning. Women who start using SDM and then find it is not appropriate for them (because of cycle length or personal preference) are very likely to switch to another effective method.

Source: Kalaca et al. 2005.

### Did you know?

SDM is easy for providers to teach and clients to use, and CycleBeads® are a useful tool for teaching users to identify their fertile days.

## Common Challenges

### Client challenges include:

- SDM is not appropriate for women with cycles outside the 26 to 32 day range. For those women, SDM will be less effective, and they will need to consider another method.
- Women who are breastfeeding or recently have used some hormonal contraceptives may need to wait a few cycles to begin using SDM.
- Successful use of SDM requires male participation, which may be challenging in some cases.

### Program challenges may include:

Programs are expected to offer clients a mix of methods, and resources spent on one method, regardless of how simple and inexpensive it might be to introduce. This means less resources to spend on other methods.

WHO recommends, "... there is a need to examine the entire method mix, client and community needs, and the capacity of the service delivery system to provide quality services prior to making decisions about contraceptive introduction."



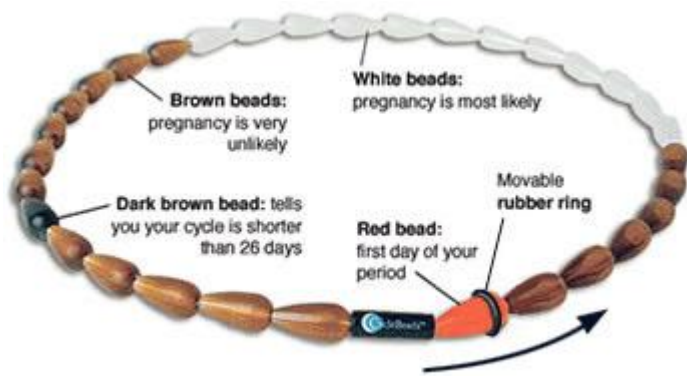
### Highlights

Types of SDM clients:

- Clients who have never used a family planning method
- Women who do not desire a hormonal method or devices
- A woman with little or no access to a healthcare facility
- A breastfeeding woman with regular menses


## SDM Use

## SDM is Used with CycleBeads®



CycleBeads® have:

- A **red** bead to indicate the first day of menstrual bleeding.
- **Brown** beads to indicate non-fertile days.
- **White** beads to indicate the fertile days.
- A **darker brown** bead that helps a woman monitor her cycle length and know if it is shorter than 26 days.

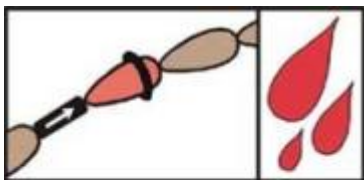
Click [here](#)  to watch a video explanation of how CycleBeads® are used.

### Highlights

CycleBeads® are a color-coded string of beads that represent the days of the menstrual cycle.

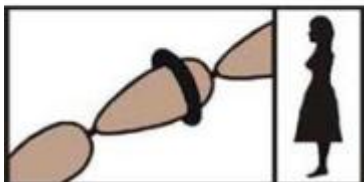
They help women track their cycle days, know on which days they are fertile, and monitor their cycle length.

## How to Use CycleBeads®



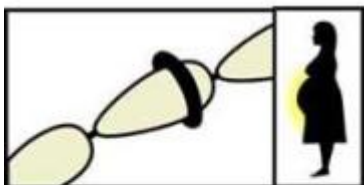
On the first day of her menstrual period, the woman moves the ring to the red bead. She moves it forward one bead each day, always in the direction marked by the arrow.

When the ring is on the red bead or any of the brown beads, **pregnancy is very unlikely**.





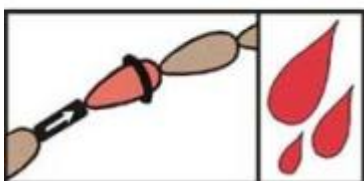
When the ring is on a white bead (days 8 through 19 of her cycle) the **likelihood of getting pregnant is high** if the woman has unprotected sex. On white-bead days, she should use a condom or avoid sex.

When she gets her period again, the woman moves the ring to the red bead to start all over again.



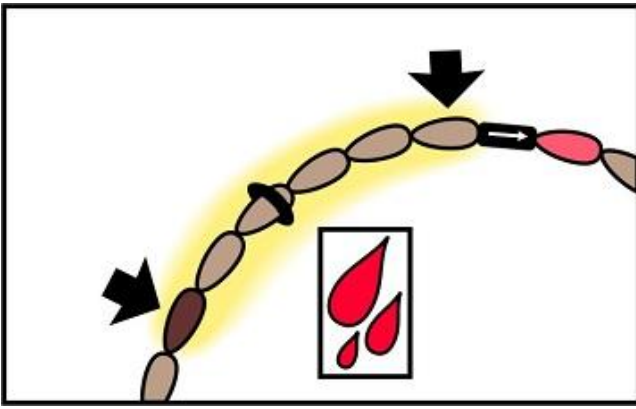
### Highlights

SDM users can also follow this method using a mobile app called iCycleBeads. The app is free and available in both the [Apple Store](#)  and [Google Play](#) .



## Monitoring Cycle Length





To continue using SDM effectively, a woman's period should start between the dark brown bead and the last brown bead.

If the period starts before the dark brown bead, the cycle is too short to use SDM.

If the period has not started by the day after the ring is on the last brown bead, the cycle is too long to use SDM.

If the **period starts too soon or too late** the woman should consult her provider about switching to another method.

## Highlights

CycleBeads® helps the user know the lengths of her cycles.

## Tips for using cyclebeads



The following will help women use the method correctly:

Mark on a calendar the day her period started, as a back-up in case the woman does not remember if she moved the ring on a specific day.

Establish a routine for moving the ring at a certain time each day to help her remember to move it.

Agree in advance with partner how to manage the fertile days.

## Highlights

SDM is a couple's method:

- When men understand the method, couples are more likely to use it correctly.
- Special effort should be made to involve men.
- CycleBeads® also works as a visual communication tool that men appreciate.

## Tips for the Couple



- Talk with your partner when you are both in relaxed and positive moods.
- Explore ways to let your partner know when you do and do not want to have sex and how to handle your fertile days.
- Have sex more frequently on days when pregnancy is very unlikely (brown-bead days). Discuss condom use and have condoms available.
- Talk ahead of time with your partner about what to do if either one wants to have sex during the fertile days. If alcohol use is a problem, talk in advance about what to do if one of you has been drinking and wants to have sex.

- Plan work or travel around the fertile days.

## Highlights

Supporting the couple's correct use of SDM involves:


- Talking with clients about how to manage the fertile days, and
- Encouraging women to discuss SDM use with their partners


# SDM Service Delivery

## What Is Involved in SDM Counseling?

SDM counseling process is simple and straightforward. It involves:

- **Screening** - helping women determine if the method is appropriate for them and their partners
- **Teaching** - providing women with the information and tools they need to understand the instructions and use the method correctly
- **Supporting** - helping women decide how to manage the fertile days with their partners and encouraging them to return for additional information and services

A [job aid](#)  to help providers become familiar with screening and teaching SDM counseling is available in different languages.

The counseling process including the above three steps takes less than 15 minutes, as shown on this [video](#) .



## Highlights

Clear and simple service delivery guidelines are effective in helping providers screen potential clients for method eligibility.

# How Long Does It Take to Counsel Women?

**SDM can be taught in about 20 minutes even in low-literacy settings:**

- Data from SDM scaling up studies that show average counseling time for various methods offered in public sector clinics indicate that the length of SDM counseling was in line with that of two other methods.
- Although a follow-up visit can be helpful, studies have shown that it is not necessary as long as providers encourage users to return if they have concerns or questions.



**Clients must be advised on when to contact their service provider if she:**

- Had sex without a condom on a fertile day
- Thinks she might be pregnant
- Has more than one short or long cycle per year
- Is at risk of an STI (or partner at risk)
- Is not satisfied with the method

Studies in typical family planning service delivery in public sector clinics in Peru and Rwanda found the average counseling time in SDM ranged between 17-20 minutes.

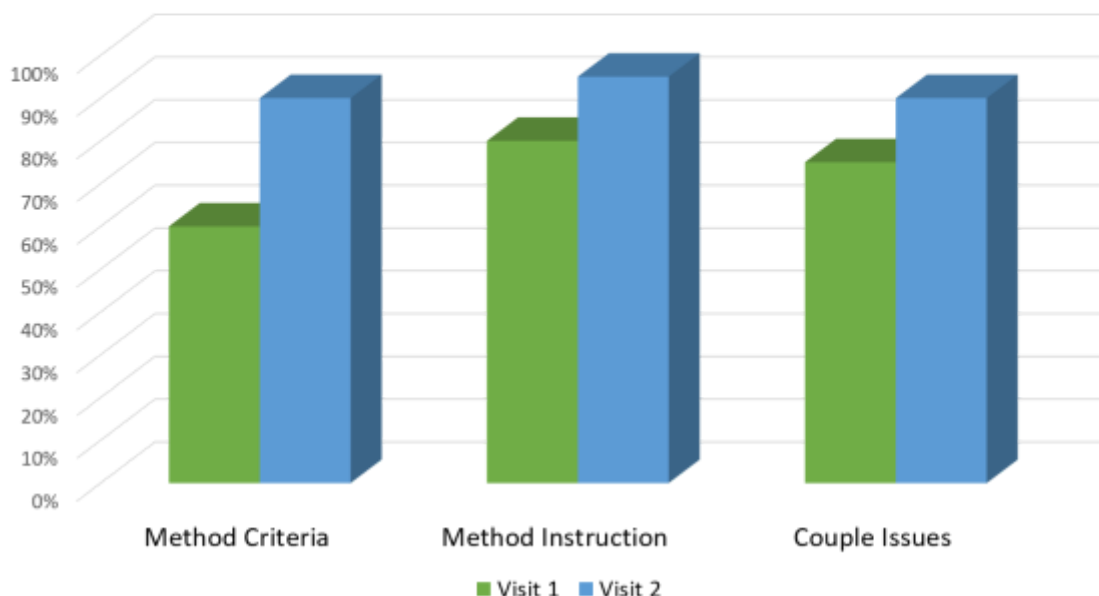
## Who Can Offer SDM?



## Provider Competency in Key Elements of SDM Counseling

- SDM can be offered effectively by personnel with different levels of training. Providers can range from clinically trained physicians and nurses to low-literacy community health volunteers.
- Low-literacy providers, however, need more training than facility-based providers, who can be trained in SDM in two hours.
- Low-literacy providers also need specifically tailored materials, which are available in different languages, and more follow-up and supervision.

## Provider Competency in Key Elements of SDM Counseling



A [Knowledge Improvement Tool\(KIT\)](#) [↗](#) has been successfully used to improve provider competence and close the gap in counseling between community health volunteers and clinicians who are more experienced counselors.

The KIT was administered to over 230 providers in El Salvador, India, Guatemala, Bolivia, and Honduras at three and six months after initial training.

Questions in the KIT were grouped into three main competencies:

- Applying method eligibility criteria
- Method instruction
- Counseling on couple issues related to managing their fertile days

Results of KIT show a significant increase in competency in areas that were initially weaker at the first supervision visit. Scores were over 90% in all areas six months after the initial training.

*Source:* Naik S, et al., 2010

## Comparison of Competency Among Community and Clinic-Based Providers Twelve Months After Training

Competency among community volunteers and clinicians is comparable, although volunteers require more support in learning and applying the screening criteria for method eligibility.

Such support involves additional time and practice opportunities during training as well as closer on-the-job supervision.

A 2018 study in Rwanda, that examined provider competence in mix-method family planning services, showed that nearly all SDM clients (99 percent) believed that CHWs were able to counsel them adequately. These results suggest that CHWs were able to offer SDM as part of their family planning responsibilities,

and the study adds to the evidence on the role of CHWs in expanding contraceptive access and choice.

A study comparing the quality of providers counseling for the pill compared to SDM in Rwanda established that the exchange of method-relevant information was significantly higher when providing SDM and that the rigor of provider's pill counseling remains below capacity compared to SDM counseling.

[This study assesses the competency and acceptability of community-based provision of Standard Days Method® \(SDM\) to first-time users in Rwanda.](#) ↗

<b>Comparison of Competency in SDM Counseling Among Community and Clinic-Based Providers Twelve Months After Training</b>		
Performance Areas	Community-based Providers (n=76)	Clinic-based Providers (N=46)
Screening for method eligibility criteria	83%	92%
Teaching method use	96%	95%
Addressing couple issues	92%	91%

## Provider Perspective and Common Medical Barriers

Barriers to offering the SDM have been identified as providers' perceptions that natural methods are ineffective, difficult, and time-consuming to teach, that few clients will choose them, and that women who otherwise would use other contraceptive options may choose the SDM instead.

Providers offering the SDM have been satisfied by: teaching women about their fertility, introducing women using an ineffective method to an effective family planning method, helping women to talk with their partners about family planning and serving women previously underserved.

### Medical Barriers

Medical barriers are "scientifically unjustifiable policies that inappropriately prevent clients from receiving the contraceptive method of their choice" -International Family Planning Perspectives, 1995.

Some of the common barriers that prevent access to SDM include:

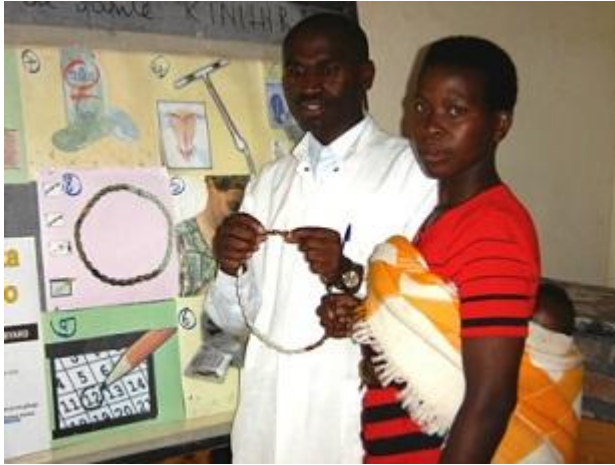
- Requiring women to identify their cycle length precisely.
- Requiring women to chart their cycles for three months.
- Requiring the partner to be present during counseling.
- Excluding women with cycle variability from using SDM.

- Dissuading clients from choosing SDM because of their misconceptions or disincentives towards natural methods.

## Addressing Medical Barriers

### Facts to dispel common medical barriers:

- Most women know if they have their period once a month



and can predict the first day of their next cycle. Specific calculations and tracking is not necessary.

- Eighty percent of menstrual cycles are between 26 and 32 days in length. Women whose cycles vary within this range are still eligible to use SDM.
- Use of CycleBeads® helps women to continuously monitor their cycles. With CycleBeads®, women can identify when they should no longer use SDM (if their cycles are less than 26 days or more than 32 days).

### Highlights

The only medical eligibility [↗](#) requirement for SDM use is that women have regular cycles between 26 and 32 days.

## Common Provider Misconceptions

Some misconceptions about SDM include the following:

- Fertility awareness-based methods (FAM) and natural planning methods are ineffective, difficult and time-consuming to teach.
- Very few clients will choose to use SDM because it does not seem like a modern method.
- SDM is not accessible by illiterate women, nor does it appeal to more educated clients.
- Clients using modern methods will switch to SDM, if offered.
- Men will not support use of SDM.

These misconceptions can sometimes become disincentives for the provider. However, with training and experience can be overcome lead to opportunities for learning.



### Highlights

When introducing a new contraceptive method, it is important to recognize the range of factors that may affect facilitate or hinder its introduction. [This brief](#) describes evidence to address misconceptions and establish SDM is a modern method.

## Misconceptions



### **MISCONCEPTION:**

**Natural family planning methods are ineffective, difficult and time-consuming to teach.**

**FACT:** The SDM has shown to be 95% effective with correct use. The SDM makes it easy for women to identify their fertile days and provides them with a simple device (CycleBeads®) to help them track days when it is safe for them to have unprotected intercourse.

Many providers are skeptical about natural methods. Providers may have seen or heard that many women who use natural methods, particularly periodic abstinence, do not understand their menstrual cycle or their fertile window. Providers may believe that women will not use the method correctly and that men will not cooperate.

Virtually any provider, regardless of education level or literacy, can learn to counsel women on the SDM.

While some providers may not feel confident in their counseling skills, particularly in supporting couples to communicate about their behaviors around the fertile time, with proper training, any healthcare provider can gain the skills and confidence to counsel women on SDM.

Some providers are aware that some natural methods require several hours of counseling and assume that SDM counseling will be similar.

*Source:* Arevalo M, et al., 2002

### **Highlights**


SDM and CycleBeads® counseling is simple. It takes less than 20 minutes, even in low-literacy settings.

Almost all types of health provider can gain the skills and confidence to provide SDM counseling.

## Misconceptions (continued)

### **MISCONCEPTION:**

**Very few clients will choose to use SDM because it does not seem like a modern method.**

**FACT:** SDM meets the criteria of a [modern method](#) . It is based on recent research on reproductive biology and was tested clinically using universally accepted research methodology.

SDM is included in State of the Art guidelines published by the World Health Organization and country family planning protocols.

### **MISCONCEPTION:**

## Included in SOTA documents



- IPPF Medical Bulletin – 2000, 2003
- IRH Reference Guide – 2002
- WHO Medical Eligibility Criteria – 2002, 2004
- WHO Selected Practice Recommendations – 2004
- Contraceptive Technology – 2004, 2007
- USAID Global Health Technical Briefs – 2004
- Pocket Guide to Managing Contraception – 2004
- Pop Report (New Contraceptive Methods) – 2005
- WHO FP Decision-Making Tool – 2005
- WHO Global Handbook for Family Planning – 2008
- Pop Council Balanced Counseling Strategy – 2006
- Ministries of Health norms and policies 2003 – 2010

**SDM cannot be used by low-literacy women and unappealing to more educated clients.**

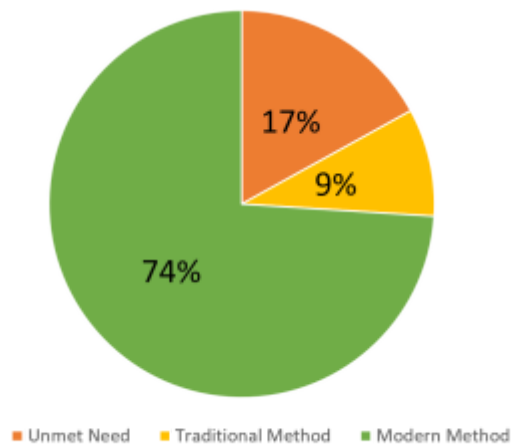
**FACT:** Women and men of low literacy or illiteracy can learn how to use SDM - even from a community health worker - in as little as one 20 minute training session.

CycleBeads® are especially useful in low-literacy settings because they are a visual tool that does not require women to read in order to monitor their cycle and identify their fertile window.

Women in high-literacy settings are also choosing SDM in over thirty countries worldwide. SDM is appealing to educated women because is a natural and free of side-effects, it helps them understand their fertility and monitor their cycle lengths.

CycleBeads® have also been proven to be a useful tool for empowering women to discuss sex with their partners.

## Misconceptions (continued)



**MISCONCEPTION:** Side effects are not a concern to many women, so a natural method like SDM is not as important to offer.

**FACT:** Offering SDM within the family planning method mix expands options for women. As a natural and modern method, SDM can address an important concern for women with unmet need for family planning - the side effects of method use.

According to data from Demographic and Health Surveys (DHS) analyzed by the [Guttmacher Institute](#), 17% of women wanting to avoid pregnancy are not using any method of family planning (illustrated in the chart above).

In Africa, this number is more than double the global average at 40%. When married women with an unmet need for family planning were asked why they were not using any method, a quarter of them indicated side effects and health concerns - the second most common response globally and most common reason for non-use in Africa (Facts on Unmet Need in Developing Countries, Guttmacher Institute).

Source: Darroch J, et al., 2011; Guttmacher Institute, 2010.

## Misconceptions (continued)



## CPR in study area before and 18 months after SDM introduction (urban slums, India)

	Pre SDM	Post SDM
Total prevalence	49%	58%
Tubal Ligation	20%	24%
DMPA	< 1%	1%
Condom	15%	17%
IUD	5%	5%
SDM	0%	1%

### **MISCONCEPTION:**

**Clients using modern methods will switch to SDM, if offered.**

**FACT:** Evidence from operations research and introduction studies shows that SDM has had no negative effect on discontinuation or uptake of other modern family planning methods.

SDM has been very effective in bringing new users to family planning methods, and meeting an unmet need for many women who desire a natural method to prevent pregnancy.

### **MISCONCEPTION:**

**Men will not support use of SDM.**

**FACT:** Men are able and willing to use SDM. Research shows that men have willingly participated in SDM by using condoms or abstaining from sex during fertile days, helping their partner keep track of the fertile days, and purchasing CycleBeads®.

Studies also show that CycleBeads® can greatly improve communication between men and women about sexuality. CycleBeads® are a visual aid; men can see when the beads indicate that a woman is fertile.

*Source:* Arevalo M, 2010 ; Lundgren R, et al., 2005.

## **Integrating SDM into Programs**

- Providers can be trained quickly - in 2 to 10 hours, depending on experience and education.
- The SDM is low in cost, can facilitate clients' acceptance of another barrier method, and poses little logistical burden because it does not require re-supply.
- Training is not the only avenue for providers to be aware of the SDM, dissemination of information can also be through electronic sources, informal education in the clinic, and outreach to community groups.

- It is vital to plan how CycleBeads will be distributed within the program, whether they will be imported or locally manufactured.
- Some advantages to including the SDM are: increasing contraceptive alternatives, and reducing the gap between contraceptive commodity needs and donor support.

## Why Make SDM Part of your Program?

SDM has been successfully introduced into family planning, reproductive health and community development programs around the world and offered by physicians, auxiliary nurses, community-based health workers, outreach workers, and community volunteers. [Key reasons](#) cited most often by practitioners for integrating SDM into services include:



- **SDM improves the quality of and access to FP services**, as it attracts new users and can be offered in facility as well as community-based services.
- **SDM reduces cost**, as it does not require special equipment, facilities, or costly commodities. It can be offered in many program settings by different levels of providers without significant additional resources.
- **SDM empowers women**. Women who learn and use SDM have increased knowledge of their bodies.
- **SDM 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 efforts to reach men with FP information and services.
- **SDM addresses unmet need** for an effective, natural FP method among women who are not interested in or are unable to use hormonal methods.
- **SDM is easy to learn and use**, requiring on average a 20 minute teaching session.

### REFLECTION:

Why is the Community Health Worker (CHW) an important provider when it comes to integrating SDM?  
[Feedback](#).

### Glossary Term:

Why is the Community Health Worker (CHW) an important provider when it comes to integrating SDM?

### Ideas in action

In Guinea, a post introduction assessment of the Extending Service Delivery (ESD) program showed SDM was included in norms and guidelines, successfully integrated into FP training curricula, and supervision.

General community awareness of the method also resulted from IEC efforts and effective word of mouth.

### Highlights

USAID Repositioning in Action E-Bulletin, SDM | [view](#)

Family Planning High Impact Practices: Community Health Workers | [view](#)

# Essential Steps for Integrating SDM into the Method Mix



Programs follow a systems approach when integrating SDM into programs, as they would when introducing any new method of family planning. Ensuring that SDM is integrated and made a regular part of the service delivery system involves:

- Creating a supportive environment to facilitate integration and sustainability of SDM within existing services.
- Training providers on how to screen and teach SDM to clients.
- Raising awareness within the community about the availability of SDM.
- Including SDM in the on-going supervision and monitoring and evaluation system.
- Collecting data on SDM clients to document demand and monitor users.
- Ensuring that CycleBeads® are available where services are offered.

## **REFLECTION:**

Why using a systems approach for SDM integration into a program so important? [Feedback](#).

### **Glossary Term:**

Why is using a systems approach for SDM integration into a program so important?

## **Highlights**

The **ExpandNet** framework is an effective systems approach for introduction and scale up of SDM. It is a nine-step guide to in the process of developing a scaling-up strategy.

## **Highlights**

[Essential Steps to SDM Introduction](#) [↗](#)

SDM Implementation Guidelines for Program Personnel | [view](#) [↗](#)

# Creating a Supportive Environment to Facilitate Sustainability

Advocating to and securing the support of stakeholders at various levels is key for successful method introduction.

Because the survival of a new intervention is dependent on designing it with scaling up in mind, it is important that programs:

- Plan the program based on existing gaps
- Build SDM into national norms and program guidelines
- Receive regular feedback from stakeholders, and develop strategic partnerships with relevant organizations
- Monitor the program once it is underway to identify needed corrections and to maintain momentum

### Did you know?

Selecting credible partners working in areas of high unmet need can go a long way to ensure the success of initial introduction efforts, as well as acceptability of SDM.

## Building SDM into Norms and Policies

To help ensure that incorporating SDM into a community's family planning method mix is successful and sustainable, programs must:

- Include SDM in national norms, protocols and/or program guidelines;
- Regularly include on-going provider training and invest in efforts to add in pre-service and continuing education; and
- Brief and regularly update policymakers, program managers and influential family planning and reproductive health professionals about SDM as new experiences and findings emerge.

### Highlights

Standard Days Method of Family Planning: Program Managers | [view](#)

Monitoring and Evaluating Scale-Up: Doing it Right for Sustainable Impact | [view](#)

## Training Providers



Training providers is one of the first steps in building capacity to offer any method including SDM.

SDM can be offered by facility-based providers such as nurses and doctors, as well as community-based health workers, who may have less experience in counseling.

Because of provider diversity, training approaches to match the needs of the trainees have been developed, including:

- Two-hour workshop for health and family planning providers with counseling skills and experience
- One and two-hour modules to include in existing contraceptive technology updates



- One-day workshop covering information about the method and practice in SDM counseling primarily for training trainers
- Country-specific modules tailored to Community Health Worker (CHW) training
- Pre-service training for medical, nursing and midwifery students
- Computer-based instruction for experienced providers with access to internet connection is available online
- Self-study course for health care professionals

Supervisors can play an important role in monitoring and supporting providers in offering the method correctly. SDM should be incorporated into on-going supervision of FP services.

In the initial phases of introduction, some programs interested in assessing provider competence have used a quality assurance instrument called the [SDM Knowledge Improvement Tool \(KIT\)](#) [↗](#). KIT supports supervision by identifying and assessing provider skills essential to quality SDM services.

A [flip-chart from WHO](#) [↗](#) used during family planning counseling or in group sessions with clients includes the SDM.

### Ideas in action

A SDM self-study course for training health care professionals was implemented in Guatemala and Peru by the Social Security Institute (IGSS) and College of Nurse Midwives respectively.

Costs of classroom training and time providers spent away from services were greatly reduced.

*Source:* IRH Progress Report 2010 & 2012

### Highlights

Training Workshop SDM: Bringing New People to Family Planning | [view](#) [↗](#)

Offering CycleBeads® : A Toolkit for Training Community Health Workers | [view](#) [↗](#)

## Forecasting & Procurement: Assuring CycleBeads®

Most programs offer SDM in conjunction with CycleBeads® and considerations apply for making them available in programs.



### How many CycleBeads® should a program order?

Most programs rely on historical consumption data to determine future demand for family planning commodities, and thus how much of a certain product should be ordered to meet demand.

In most settings, SDM with CycleBeads® is considered a new and/or underused method of family planning and historical data is limited. Programs need to carefully think through how many CycleBeads® will be needed to serve the program's target population.

Consider factors that influence method uptake, such as:

- Client need and preferences
- Provider capacity and perceptions
- Financial implications of offering the method
- Where and by whom the method will be offered

### Highlights

Info on how to support forecasting for new and underused methods is available as a [downloadable guide](#) ↗.

### Highlights

To request a quote on bulk ordering, fill out this [form](#) ↗.

## Supply Chain: Assuring CycleBeads®



If CycleBeads® are new to a service delivery setting, it will take time to integrate the product into the health management information system (HMIS) which includes inventory/storage, distribution, and reporting. Until the product is integrated into the HMIS, it will be a challenge to move the product through the supply chain.

As a short-term alternative, while the program is in its early stages, it is advantageous to:

1. Supply providers and service delivery points with an initial stock of CycleBeads®.
2. Train providers and facility staff to keep track of the number of CycleBeads® that are distributed to clients to understand and report uptake, as well as know when to order re-supply. For reporting, facilities can write in "CycleBeads" on the existing reporting form until SDM/CycleBeads® is formally added to the reporting form.
3. Utilize program staff to monitor data collection described above and analyze the results so that course corrections can be applied.
4. Ensure that providers/facilities know about the mechanism through which they can order additional stock.

In the longer-term, the inclusion of CycleBeads® in the HMIS is essential for product availability and sustainability.

## Direct-to-Consumer Approaches



As a knowledge-based method that is proven to be easy-to-teach and learn, SDM is well suited to be made available directly to consumers without relying on a service provider. Program experience from several countries suggests that there are a number of viable direct-to-consumer approaches for SDM, including:

- Selling CycleBeads® in retail outlets such as salons, kiosks and pharmacies
- Providing paper versions of CycleBeads® to drive online or retail outlet sales or visits to health facilities

- Mobile phone services that support SDM use

Other direct-to-consumer approaches that have been used in well-segmented markets include Ready to Use Mobile Phone and Web-Based Services - CycleTel™ and iCycleBeads™.

- [The iCycleBeads™ smartphone app](#) enables a woman to use SDM on her iPhone, iPod Touch, iPad or Android phone.

In the search for solutions to the global burden of unmet need for family planning, one opportunity is to offer methods that extend access beyond the traditional public health system. Tapping on mobile social media, social marketing campaigns were launched to monitor cost and distribution of the CycleBeads app in seven countries. Read findings from the evaluation of the campaigns.

## Lessons Learnt

Lessons from introduction and market studies identified key elements to help design successful direct-to-consumer interventions for SDM.

- Low-literacy users will seek assistance from other people like sisters or partners if necessary to better understand instructions.
- SDM is well-suited for the marketplace through community-based distribution programs.
- Approaches to offer SDM in the commercial sector are more suitable for higher economic level consumers because:
  1. Consumers need a minimum level of literacy to read the user instructions that come with CycleBeads® , and
  2. Instructions cannot be purely pictorial and require some words so people can learn to use the method correctly.

## Increasing Awareness



When a method is introduced for the first time, people need to know that it exists and is an available option from the service provider. While this is common knowledge, it does not happen in practice. If individuals or couples do not know about a method, they will not ask for it.

Studies show that more than half the women who selected SDM as their method had never used family planning before ([Contraception, 2008](#)). [SDM](#) is a bridge to additional services, as women who otherwise will not visit a health center or are not interested in hormonal contraceptives are often attracted to SDM. Thus, it is important to direct program efforts to reach out to potential clients in the public at large, who might choose SDM if they knew it was offered.

Successful strategies and channels for providing information about SDM to the public include:

- Incorporating SDM into family planning informational materials like posters, waiting room videos and client brochures
- Including information about SDM in communication strategies with a wide variety of stakeholders
- Using the mass media: radio, TV, newspapers, magazines
- Promoting SDM in health fairs and community events, alongside other methods
- Encouraging satisfied users to share success stories widely

#### REFLECTION:

How do you balance sharing information on a new, modern method in the market while minding the importance of informed choice? **Feedback.**

#### Glossary Term:

How do you balance sharing information on a new, modern method in the market while minding the impor

#### Ideas in action

A social diffusion approach, "Each One Invites Three", in Rwanda, Mali and Guatemala has family planning users give invitation cards to three individuals in their social network who are not yet using family planning.

The invitation cards include family planning messages and individuals are invited to speak with a trusted service provider about an appropriate method for the woman or couple.

*Source:* IRH Progress Report 2012.

#### Highlights

Bolivia Poster, FP Methods | [view](#)

## Management Information System (MIS)

New SDM Users (4136 users by Dec 05)



Source: DISA San Martin

Routine data collection that includes SDM helps monitor services and acceptability for this method.

Data collection is also very significant to program sustainability because support for the method suffers if programs are unable to demonstrate through service statistics that there is demand for the method.

- Including SDM in clinic records and service statistic forms and in regional and national reporting systems;



- Training providers to record and report users; and
- Assisting supervisors to use and analyze the data to monitor their program. In addition, special studies can be conducted to assess quality of services and method continuation.

Adjustments to the MIS can take a great deal of effort and can be a significant undertaking, especially if the system is already weak.

Even when the program has not yet made the necessary adjustments in the system, including adding SDM in FP service statistic or inventory forms, some marginal efforts are needed during the introduction phase to ensure records are accurately recording new SDM users.

### **Ideas in action**

In Peru, when family planning records incorporated SDM as an option on the forms that providers could easily check, evidence of method uptake became apparent and showed an increasing demand for the method.

*Source:* IRH, 2008.

## **Broadening Partnerships**



Expanding family planning options for couples requires commitment from different sectors including the ministry of health, private health providers, social marketing organizations, faith-based organizations, civil society, as well as community-based organizations not directly working in health.

Partnering with NGOs that do not traditionally work in family planning has proven a successful strategy for bringing SDM to the communities. These organizations range in focus from water and sanitation to gender equality and nutrition.

An example is COFEMALI, a grassroots coalition of women's savings and loans associations that used a community-focused approach to inform women about health topics and increase access to family planning. This intervention created a comfortable environment in which women felt safe to discuss family planning with someone familiar to them and whom they trusted. Providers trained 170 association leaders on the advantages of family planning, discussing different contraceptive methods, including SDM.

### **Ideas in action**

A useful guide features a series of Bible studies on family planning and related topics to be used with Christian audiences to inspire discussion on family planning and provide accurate information about each method.

### **Highlights**

A Powerful Framework for Women: Introducing the Standard Days Method to Muslim Couples in Kinshasa | [vie w](#)

## **Partnering with Faith Based Organizations**

Partnering with faith-based organizations (FBOs) also has proven effective as in many rural, poor and underserved communities. FBOs play major roles in providing health services. A trusted FBO provides a safe and comfortable opportunity to incorporate family planning for people who may not normally seek methods from services such as health care clinics.

Examples of successful FBOs include:

- **Mamans AN'SAR** - a group of Muslim women seeking to improve the status and well-being of women in the DRC. Religious leaders are working to develop a consensus on family planning in the Islamic faith. The religious leaders signed a declaration endorsing the acceptability and necessity of a fertility awareness method like SDM.
- **CEVIFA** - a Honduran Catholic-based organization. In partnership with local public and private sector organizations, established itself as a national resource for the Ministry of Health (MOH) and other organizations in the area of natural family planning. Their credentials helped them secure UNFPA's support to expand services to additional sites, and today they continue to train staff of other NGOs and MoH providers in SDM.

Because SDM is culturally appropriate in many settings and consistent with religious beliefs favoring natural family planning, SDM continuously serves to establish a bridge for FBOs and the public sector.

## Highlights

Faith-Based Organizations as Partners in Family Planning | [view](#) ↗

Partnerships with Faith-Based Organizations to Expand Access to Family Planning | [view](#) ↗

## Highlights

[A guide](#) ↗ with methodology, objectives, and activities to strengthen the capacity of community-based family planning provision in church-based health networks. The booklet includes seven discussion guides based on Bible passages. It was developed with and for health workers, pastors, church leaders and members of different Christian denominations in DR Congo, Kenya, Malawi, Rwanda, Tanzania and the U.S.