HOW TO ADDRESS COMMON MISCONCEPTIONS ABOUT THE STANDARD DAYS METHOD® (SDM)
Common misconceptions about SDM

1. "Because SDM is natural, it can’t be very effective."
2. "SDM does not seem like a modern method."
3. "SDM sounds just the same as the rhythm method."
4. "Women will not have the power to decide when to have sex."
5. "Men won’t like this method."
6. "If we offer this method, clients using modern methods will switch to SDM."
7. "There wouldn’t be much demand for SDM."
8. "SDM counseling would take too much time, just like other natural methods."
9. "It would be hard for illiterate women to use SDM."
10. "More educated women would not be interested in using SDM."
“Because SDM is natural, it can’t be very effective.”
Fact: SDM is natural and effective

- Rigorously tested in a multi-site efficacy trial.
  - Found to be 95% effective with correct use.
  - Efficacy rate compares to other user-directed methods.
- Successful use requires motivation by the couple to avoid unprotected sex during the fertile window.
  - 97% of the couples in the efficacy study followed this rule.
“SDM does not seem like a modern method.”
Fact: SDM is a modern FP method

- Based on recent findings of research in reproductive biology.
- Developed following the scientific model and using modern research tools, including computer modeling.
- Clinically tested following universally accepted research methodology.
- It is included in State of the Art (SOTA) guidelines published by WHO.
Included in SOTA documents

- WHO Medical Eligibility Criteria – 2002, 2004
- WHO Selected Practice Recommendations – 2004
- USAID Global Health Technical Briefs – 2004
- Pocket Guide to Managing Contraception – 2004
- Pop Report (New Contraceptive Methods) – 2005
- WHO FP Decision-Making Tool – 2005
- Ministries of Health norms and policies 2003 – 2010
“SDM sounds just the same as the rhythm method.”
## How is the SDM different from the Rhythm Method?

<table>
<thead>
<tr>
<th>Standard Days Method</th>
<th>Rhythm Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>SDM uses a fixed formula for the fertile phase</td>
<td>Rhythm requires information about the previous 6 cycles</td>
</tr>
<tr>
<td>SDM clients use the same fertile window for all cycles</td>
<td>Rhythm users must make complex monthly calculations</td>
</tr>
<tr>
<td>SDM has been tested in a well-designed clinical trial</td>
<td>Rhythm has never been tested in clinical trials</td>
</tr>
</tbody>
</table>
“Women will not have the power to decide when to have sex.”
Fact: SDM is best suited for couples that can communicate about sex

- SDM is unlikely to succeed with couples whose relationship is characterized by gender inequity and gender-based violence.

- For correct SDM use, it is important:
  - That both the woman and man agree about whether or not they want a pregnancy.
  - That both understand how SDM works.
  - FP counselors encourage couples to decide how to manage the fertile days beforehand.
Counseling should address options for managing the fertile phase

<table>
<thead>
<tr>
<th></th>
<th>Admission</th>
<th>Exit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural India</td>
<td>30%</td>
<td>35%</td>
</tr>
<tr>
<td>Urban India</td>
<td>87%</td>
<td>98%</td>
</tr>
<tr>
<td>El Salvador</td>
<td>25%</td>
<td>34%</td>
</tr>
<tr>
<td>Philippines</td>
<td>22%</td>
<td>30%</td>
</tr>
</tbody>
</table>

Project reports, IRH
“Men won’t like this method...”
Fact: Men support SDM use

- Results from efficacy trials and introduction studies show that men participate in SDM use in a number of ways:
  - Using a condom or abstaining during fertile days
  - Following wife’s instructions
  - Keeping track of fertile days
  - Purchasing CycleBeads and condoms
Comparison of mean coital frequency

<table>
<thead>
<tr>
<th>Category</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>All sexually active women</td>
<td>5.5 per cycle*</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>4.9 per cycle*</td>
</tr>
<tr>
<td>SDM users</td>
<td>5.5 per cycle</td>
</tr>
</tbody>
</table>

*Stover et al, 2001
“If we offer this method, clients using modern methods will switch to SDM.”
Fact: SDM integration has no negative effects on FP use and method mix

- Research shows that SDM brings new users to family planning
- In fact, in the state of Jharkhand, India, 87% of new SDM users are new to family planning
What method were clients using two months before adopting the SDM?

Government Statistics collected during SDM Impact Study
CPR in study area before and 18 months after SDM introduction (rural villages, El Salvador)

<table>
<thead>
<tr>
<th></th>
<th>Pre</th>
<th>Post SDM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total prevalence</td>
<td>45%</td>
<td>58%</td>
</tr>
<tr>
<td>Permanent Methods (T.L. and Vasectomy)</td>
<td>16%</td>
<td>19%</td>
</tr>
<tr>
<td>Birth Spacing Methods</td>
<td>28%</td>
<td>39%</td>
</tr>
<tr>
<td>SDM</td>
<td>0%</td>
<td>4%</td>
</tr>
</tbody>
</table>

Source: Community survey, Project Concern International, 2002
CPR in study area before and 18 months after SDM introduction (urban slums, India)

<table>
<thead>
<tr>
<th></th>
<th>Pre SDM</th>
<th>Post SDM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Prevalence</td>
<td>49%</td>
<td>58%</td>
</tr>
<tr>
<td>Tubal Ligation</td>
<td>20%</td>
<td>24%</td>
</tr>
<tr>
<td>DMPA</td>
<td>&lt; 1%</td>
<td>1%</td>
</tr>
<tr>
<td>Condom</td>
<td>15%</td>
<td>17%</td>
</tr>
<tr>
<td>IUD</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>SDM</td>
<td>0%</td>
<td>1%</td>
</tr>
</tbody>
</table>

Source: Community survey, TNS MODE, 2004
“There wouldn’t be much demand for SDM”
Effect on method mix and contraceptive prevalence

<table>
<thead>
<tr>
<th>Countries/organizations</th>
<th>Percent of new users</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benin/ASPF</td>
<td>7.1</td>
</tr>
<tr>
<td>India/CASP</td>
<td>2.9</td>
</tr>
<tr>
<td>Ecuador/CEMOPLAF</td>
<td>2.2</td>
</tr>
<tr>
<td>Honduras/ASHONPLAFA</td>
<td>1.6</td>
</tr>
</tbody>
</table>
Family planning use worldwide

“SDM counseling would take too much time, just like other natural methods.”
Fact: SDM is easy to teach in about the same amount of time as other methods

- Can be taught in about 20 minutes, even in low-literacy settings
- Continuation and correct use improved with 2\textsuperscript{nd} visit but not necessary
Comparison of SDM, sterilization, and pill counseling at government clinics (Jharkhand, India)

<table>
<thead>
<tr>
<th></th>
<th>SDM (n=59)</th>
<th>Pill (n=59)</th>
<th>Sterilization (n=59)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interpersonal relations</td>
<td>78%</td>
<td>78%</td>
<td>83%</td>
</tr>
<tr>
<td>Information exchange</td>
<td>64%</td>
<td>58%</td>
<td>44%</td>
</tr>
<tr>
<td>Session length</td>
<td>17 min.</td>
<td>13 min.</td>
<td>15 min.</td>
</tr>
</tbody>
</table>

Source: Simulated clients, endline
“It would be hard for illiterate women to use SDM.”
Fact: Low literacy or illiterate women can learn how to use SDM correctly

- It is entirely possible for low literacy and illiterate women to use this method. There is no need for them to be able to read in order to use it.
- CycleBeads serve as a helpful visual tool for women, regardless of whether or not they are literate.
- Pictorial inserts support method use among low-literacy users.
Among women and men who had heard of the SDM, 70-90% knew that the SDM...

- defines the fertile days as 8-19
- comes with a visual aid

and that it requires:
- 26-32 day cycles
- partner cooperation
- abstinence/condom use
- keeping track daily
“More educated women would not be interested in using SDM.”
Fact: SDM appeals to women from a range of socio-economic backgrounds

- SDM is offered in over thirty countries worldwide, including the United States, in both the public and private sectors
- Women worldwide choose SDM because:
  - It is natural and free of health side effects
  - It teaches them about their fertility and helps them monitor their cycle lengths
  - CycleBeads help women negotiate & discuss sex with their partners