

Long-acting and Permanent Methods: IUD and Vasectomy

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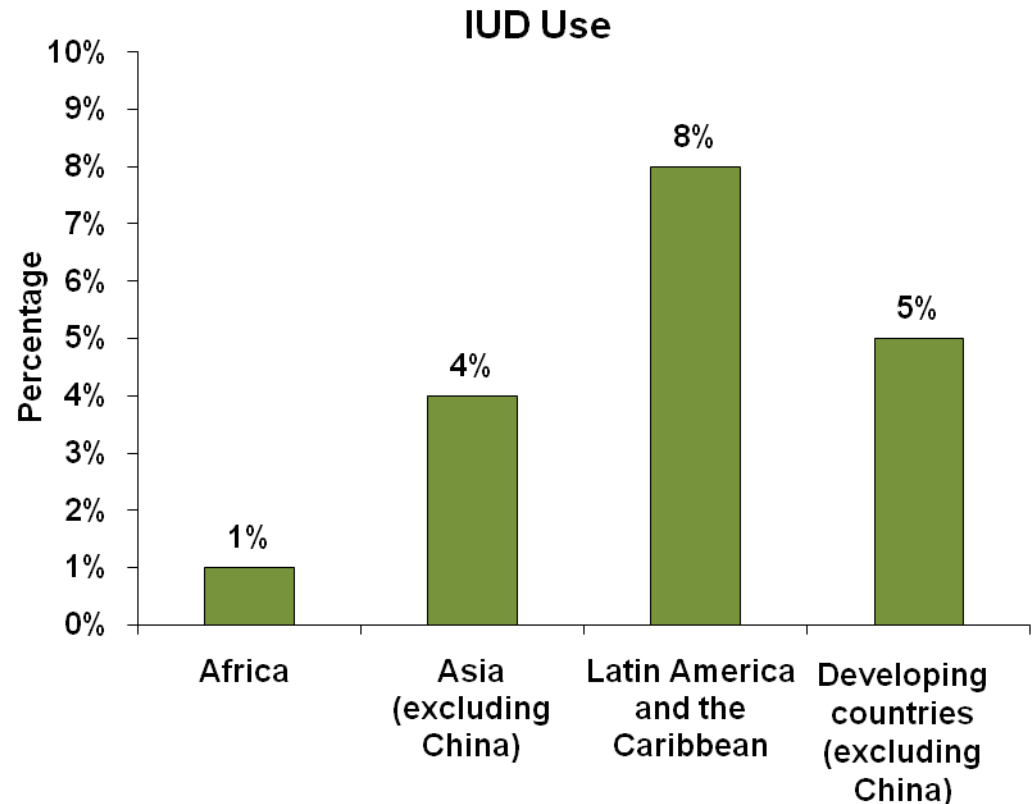


The dilemma of IUD in developing countries

Although the IUD has many advantages:

- Safe and effective
- Long duration and high-continuity
- Convenient
- Cost-effective

It is not widely used



Seven diagnostic and intervention studies

Country	Type of study	
	Diagnostic	Intervention
Ghana	1	1
Guatemala	1	1
Honduras		2
India		1

Diagnostic studies: Supply side reasons for low IUD use

- Lack of equipment and trained staff
- Only offered in service delivery facilities with physicians or professional nurses
- Inadequate information for potential clients and provider biases
- Inadequate knowledge of providers and lack of confidence in skills

Diagnostic studies: Demand side reasons for low IUD use

- Lack of awareness or knowledge, and misconceptions about IUD
- Sources for obtaining IUD and costs often unknown

Interventions tested to increase access and use of IUD

Problem

- Poor access to IUD services
- Ineffective training: few providers completed training and used skills afterward
- Lack of community awareness and correct understanding of IUD

Solutions tested

- Training paramedical staff providers at clinic and community level
- Training in busy centers
- On-site training
- Outreach and in-reach, along with awareness-raising

Increasing access to IUD services

Training paramedical staff to insert IUDs

- OR in Ghana, Guatemala and Honduras demonstrated that paramedical staff can safely provide IUD
- In all countries, they delivered safe and effective IUD services:
 - 4 pregnancies and one perforation in more than 2,500 insertions in Honduras and Guatemala
 - No problems with withdrawals or addressing side effects

Increasing the effectiveness of training

Training in high-volume centers in Honduras

- Majority of nurse auxiliaries (NA) in rural health posts
- 62% of 183 NA certified
- 58% of certified NAs inserted IUDs after training
- Mean 0.6 insertions per month

On-site training of Auxiliary Nurses (NA) in Guatemala

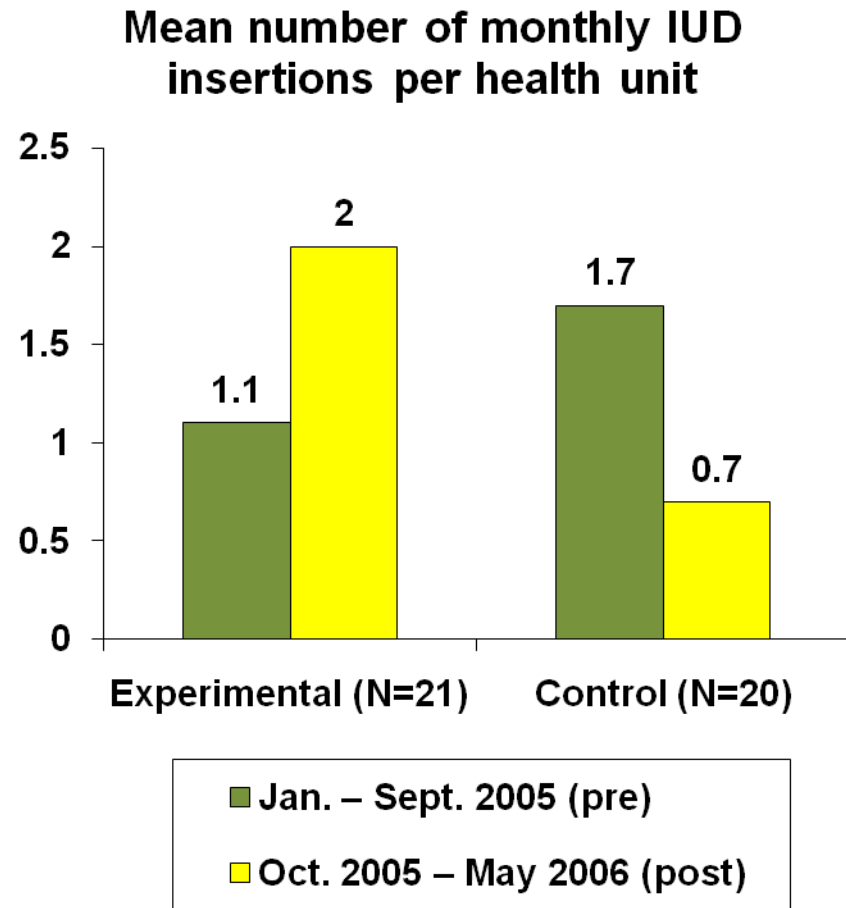
- Majority of nurse auxiliaries in health centers
- 66% of 84 NA certified
- 5.6 months mean duration of training
- Mean of 1.2 insertions per month
- 75% continued providing services 9-20 months later

**Increasing community
awareness and correct
information about IUD**

Outreach increases use of IUD services in Honduras

Intervention:

- Training providers and CHWs in use of manual, poster, flyer and IUD brochure
- Significant increase in experimental over control groups
- Potential to increase annual number of new users nationally from 11,500 to 20,000

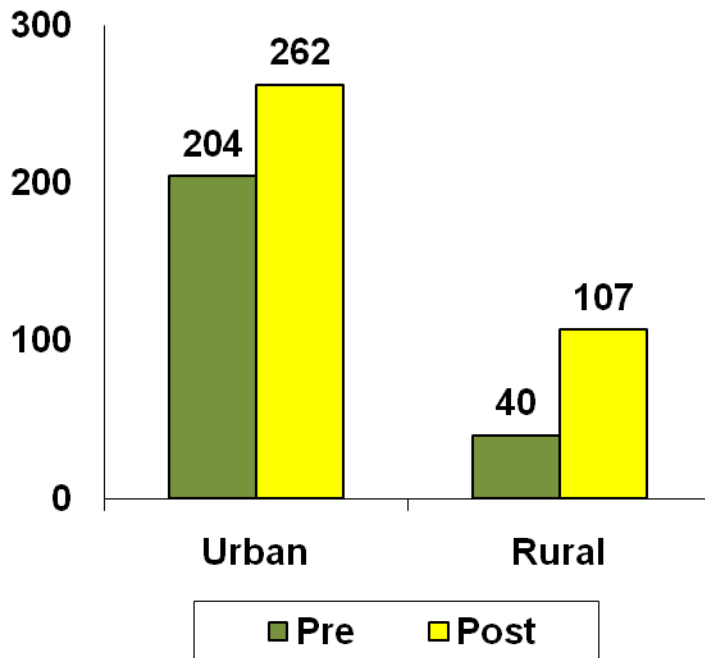


Outreach increases demand for services in India and awareness in Ghana

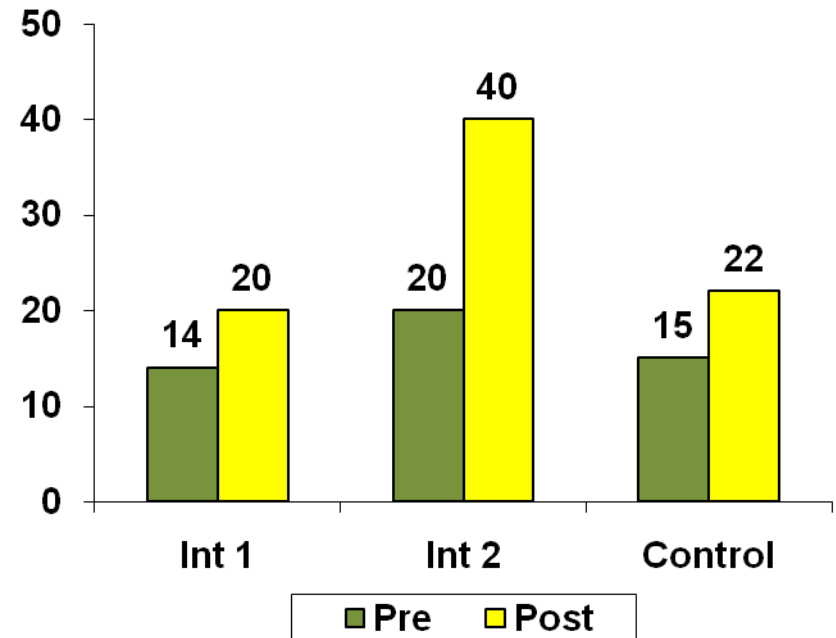
India: Training of paramedical staff, **plus** outreach activities with counseling aids and distribution of leaflets and posters

Ghana: Updates to CHOs and CHVs, **plus** increasing awareness among community members through community structures and processes

Increase in monthly mean insertions per facility

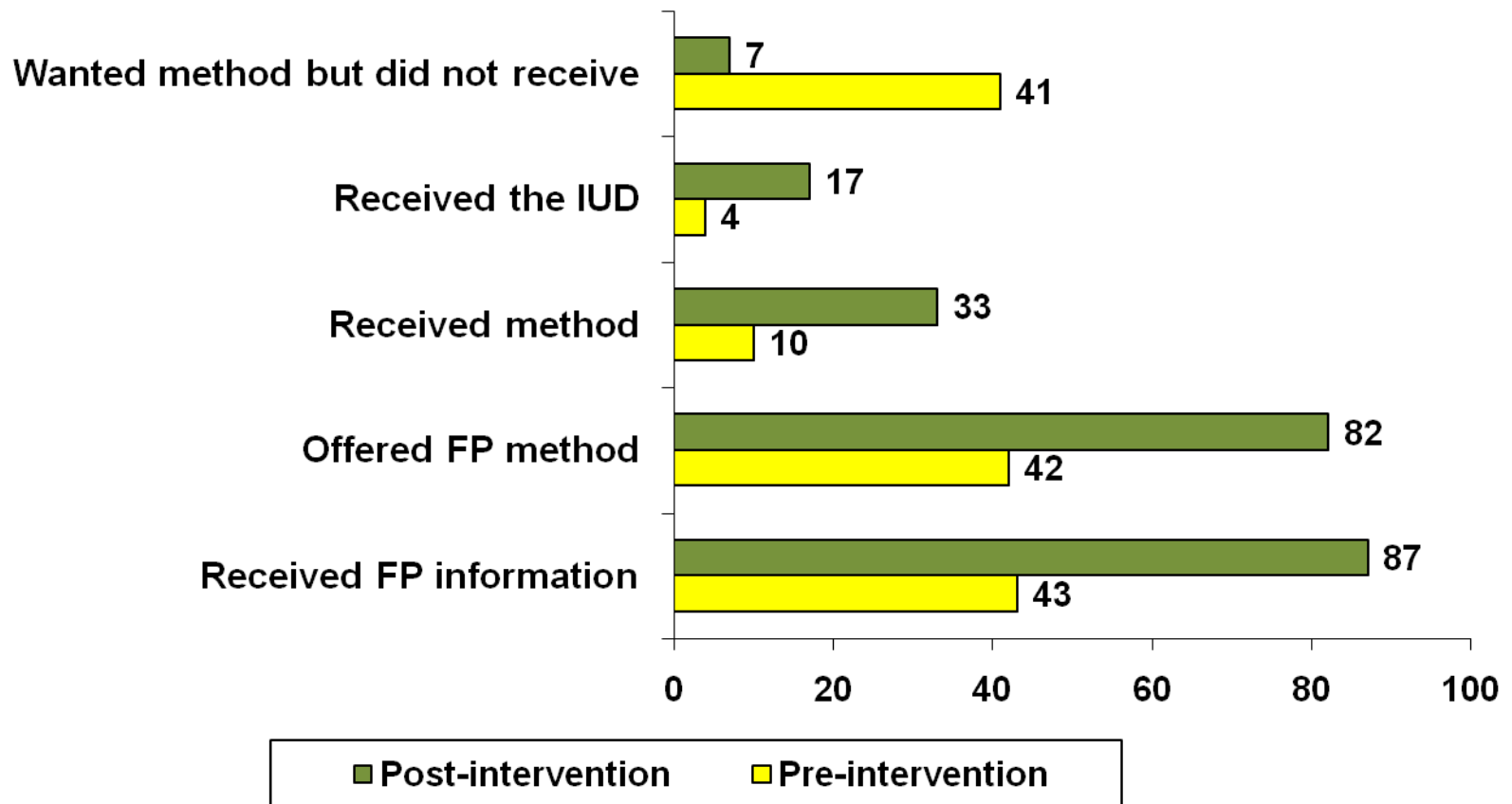


% women aware of IUD



Strengthening delivery of IUD for postpartum contraception

Percent of postpartum women who received FP information and services in 5 hospitals in Honduras



Most underused method in developing countries—vasectomy

Hardly anyone uses it:

- LAC 1%
- Asia 1%
- Africa 0.01%

But compared to female sterilization, vasectomy is:

- Quicker and cheaper
- Safer and faster to recover from
- Suitable to more settings

Female sterilization much more common than vasectomy:

- Asia 8 times
- LAC 22 times
- Africa 40 times

Reasons for low use of vasectomy

- Lack of awareness and inaccurate beliefs
- Health concerns
- Cultural and gender norms
- Anxiety about the procedure and follow-up
- Limited access to services
- Poor quality of care
- *Provider and program bias*

Successful introduction of vasectomy in MOH in Guatemala

- MOH trained 4 surgeons in 2001, who performed less than 25 vasectomies annually between 2001 and 2003

Systemic introduction model:

- Information for potential clients: poster, leaflet, brochure, banners in hospitals, maternities and health centers.
- Half day whole-site sensitizing of staff in maternities and health centers
- Theoretical group training and individual on-site practical training of surgeons

Results of introductory strategy

- Six surgeons trained and 159 vasectomies performed in eight months
 - Mean of 3.7 training sessions (2-7) and 12 weeks (9-24) to train one surgeon
 - Mean of 8.2 supervised vasectomies (4-22)
 - Mean of 3.5 sessions, 9 vasectomies in following 22 weeks per surgeon
 - Productivity sustained and additional surgeons trained during next year

Conclusions

- Paramedical staff can provide safe IUD services and can greatly increase access
- On-site training in delivery of clinical methods is feasible in low prevalence settings and seems to lead to greater institutionalization of service
- In-reach and community awareness activities are essential to increase demand and institutionalize the service
- Both methods well accepted in postpartum period