

IUDs: An Informed, Rational Choice for Women in Paraguay

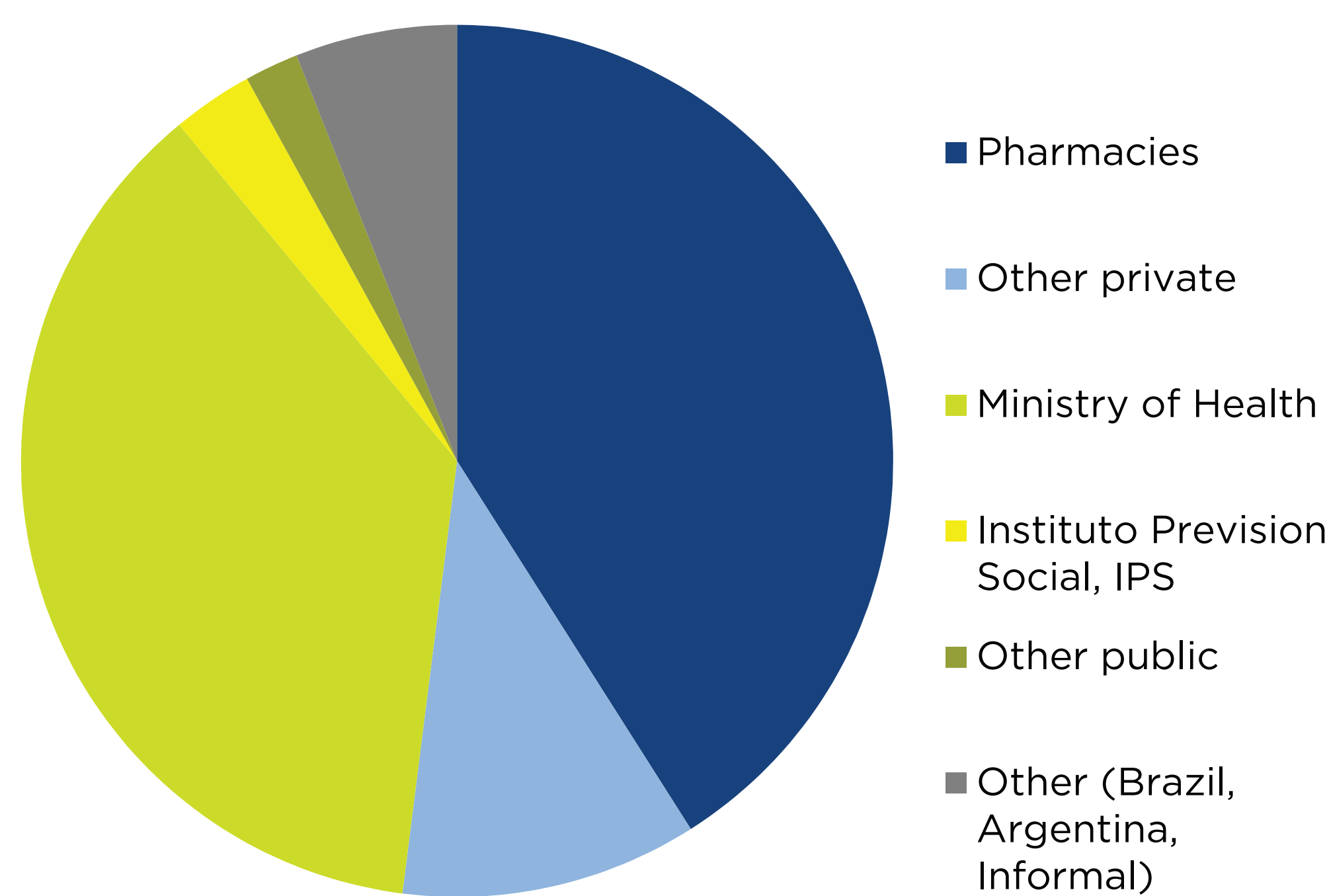
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FP in Paraguay: Findings from SHOPS Private Sector Assessment (2010)

- 2004–2008: sharp increase in CPR for all WRA and WIU of reproductive age
- Balanced method mix (2008): 5 modern methods at/over 10% prevalence
- Private sector represents 52% of contraceptive sourcing
- Social Security Institute (IPS) represents only 3% of contraceptive sourcing
- Public sector effective in targeting; as public sector grew, market segmentation further refined itself (new users from lower quintiles and rural areas)
- **Challenge:** graduation from USAID support in health slated for 2012

Sourcing of Modern Contraceptive Method by Sector



Instituto de Previsión Social (Background)



Created in 1943 by the government of Paraguay to protect the health of working Paraguayans.

Broad coverage:

- 64 primary health care centers
- Secondary level facilities
- Regional hospitals
- Central hospital
- Covers 18–20% of Paraguayan population

Inefficiency effect:

- Underutilized resource (covers up to 20% of population; only provides 3% of FP methods)
- Network infrastructure gives IPS comparative advantage in FP services (e.g. LAPM)

SHOPS Support to IPS

- Training of trainers in interval and postpartum IUD insertions and removals, and informed choice counseling
- Qualitative study of clients' perceptions of IPS' FP services
- Training of 130 IPS doctors and nurse midwives in IUD insertions & removals, and informed choice counseling
- Distribution of IUD kits and autoclaves to 38 facilities
- Development of a client re-capture and communication strategy

Overview of Process Evaluation and Qualitative Assessment

July 2011: Qualitative study of client perceptions of IPS' FP services. Participants were contraceptive users with IPS coverage, some IPS clients and some not

Aim: determine users' perceptions of IPS FP program

Results (according to clients):

- Low visibility of FP program at IPS
- Perceived low quality
- Perceived stockout issues in contraceptives

SHOPS response:

Design demand generation and communications strategies for IPS' FP program

Fall 2012: Process and implementation evaluation of SHOPS work with IPS

Aim: document perspectives of IPS FP providers, study beneficiaries' experiences with IUD insertions at IPS after SHOPS technical assistance

- 44 IPS providers interviews (35 trained/9 non-trained)
- 72 beneficiaries interviewed
- Analysis of contraceptive distribution data across IPS network
- Analysis of service statistics from IPS' Central Hospital

Sample Characteristics: Beneficiaries



Age:
21-29 = 32%
30-39 = 49%
40-49 = 19%



Parity:
1 = 15%
2 = 50%
3 = 26%
4 = 3%
5 = 3%
6 = 3%



Marital status:
Single = 4%
Widowed/separated = 8%
Married/living in union = 88%



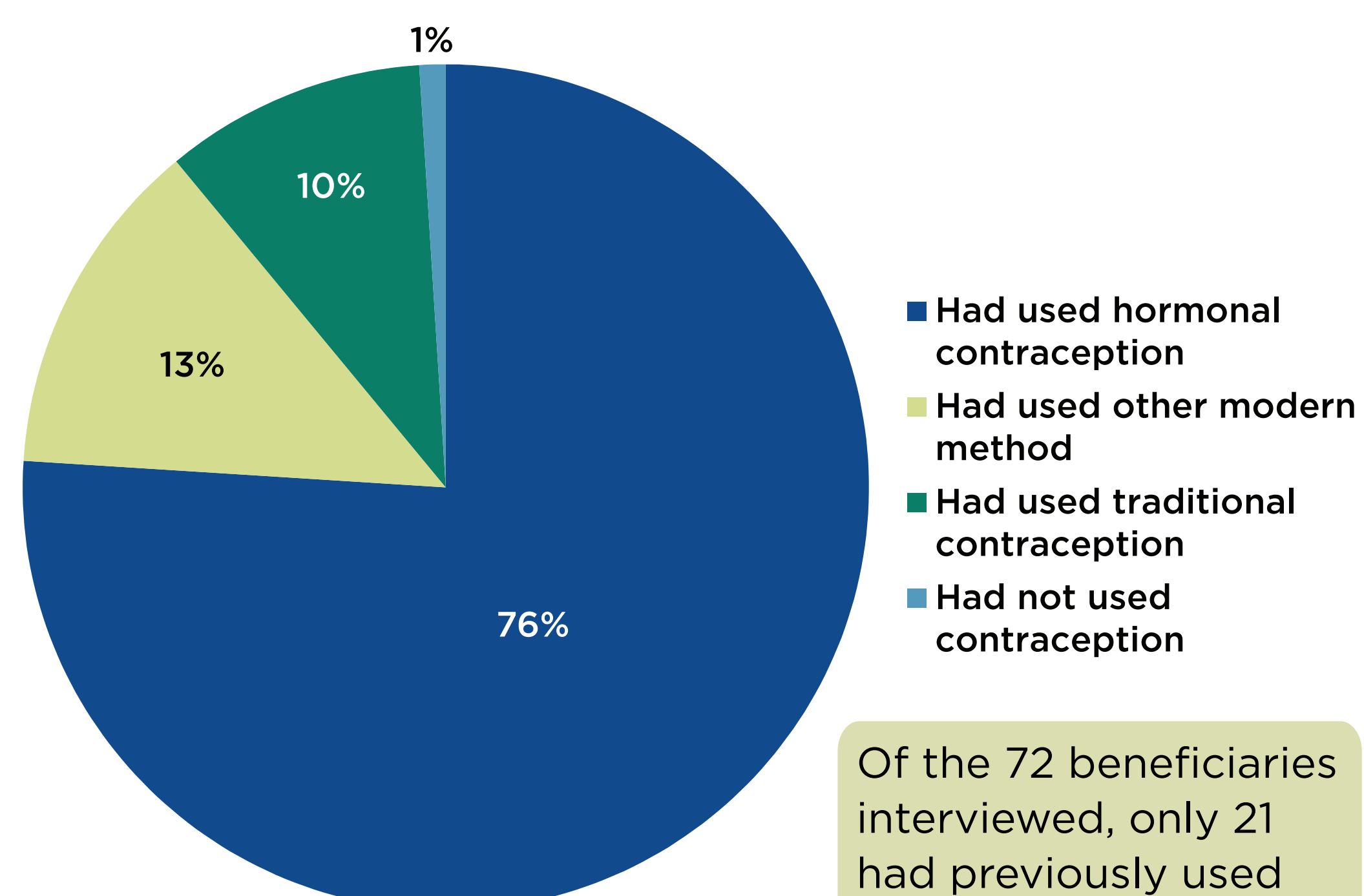
Education:
< 9th grade = 60%
> 9th grade = 40%



All beneficiaries interviewed except for one had used contraception before their IUD insertion at IPS

IUD: Not a Contraceptive Entry Method

Use of Contraception Prior to IUD Insertion



Of the 72 beneficiaries interviewed, only 21 had previously used an IUD

Source of Information about IUDs



61% of interviewees got information about or recommendation to use the IUD from an IPS medical provider



43% from a friend or family member



15% from a magazine or book

No respondent said they received information about or recommendation to use the IUD from a pharmacy, the radio or television

Why the IUD? A Rational Choice

- Convenient
"It is really convenient; you only have to do periodic checks." (Regional Hospital, Ciudad del Este)
- Long-acting
"My girl friends told me it was very safe and lasts a long time." (Central Hospital, Asuncion)
- Safe and reliable
"I feel safe with it [...] if I ever get pregnant, it is because I decided to." (Central Hospital, Asuncion)

Why the IUD ? An Informed Choice

- Recommended by a medical provider
"...I did not want any more children, so the doctor recommended that I use an IUD." (Regional Hospital, Ciudad del Este)
- Recommended due to medical conditions
"[I chose the IUD] because I have hypertension and cannot take the pill; it doesn't work for me." (Health Center, Ypacarai)

Important Takeaways

- IUD was not beneficiaries' first introduction into contraception (71/72 beneficiaries had prior contraceptive use)
- Common transition observed from hormonal to IUDs, mostly due to side effects or medical contraindications of hormonal, or transitioning from wanting to space to wanting to limit
- When making this decision, beneficiaries sought out reliable, credible sources of information

Discussion/Global Relevance

- Is there a gateway relationship between previous hormonal use and future IUD use?



- Potential questions for future research
 - Understanding the relationship between side effects of hormonal and recommendations for IUD use
 - Understanding the relationship between medical contraindications of hormonal and recommendations for IUD use
 - The role of IUDs in women transitioning from wanting to space to wanting to limit