Current Practices of IUD Insertion Among Physicians in Central America

International Conference on Family Planning: Research and Best Practices

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Background

• PSI has placed special focus in long term contraceptive methods, IUDs and Implants.

• In Central America, the percentage of sexually active women using IUDs is low (Guatemala, 2002; 1.9%, El Salvador, 2002/3; 1.3%, Nicaragua, 2006/7; 3.4%).

• Knowing the barriers and drivers of IUDs among providers (NGOs, public and private) will allow for the design of a health program that actually provides women with equal options of contraception.
  – Separately, PSI/PASMO conducted research with users and held meetings with opinion leaders.
Where, and when?

- Metropolitan areas of:
  - Guatemala
  - El Salvador
  - Nicaragua

- March and April 2009
Research Objectives

General Objective:
Obtain in-depth understanding of drivers and barriers of providers towards the offer of IUD as part of their family planning practice in Central America.

Specific objectives:
• Identify positive and negative features conferred by providers to the IUD.
• Understand how the IUD fits the current practice and business model of providers.
Methodology

- Qualitative
- 72 in-depth interviews of health providers (24 per country).

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<tr>
<th>IUD Providers</th>
<th>Public Sector</th>
<th>Private Sector</th>
<th>NGO</th>
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<tr>
<td>General practitioner:</td>
<td>OB / GYN:</td>
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<th>IUD Non-providers</th>
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<th>Private Sector</th>
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Topics covered during interviews

• Past and current training on IUDs.
• Experience in family planning counseling training.
• If applicable, experience with IUD insertion.
• Institutional and personal incentives or barriers for IUD insertion.
Findings

• Physicians recognized positive aspects of the IUD, such as:
  – Effectiveness
  – Fewer side effects
  – Cost
Findings - Barriers

**Beliefs:**
- Myths and personal religious beliefs.

**Training:**
- Need of adequate training.
- Fear of negative consequences if problems arise due to their lack of skills.

**Infrastructure / equipment / material:**
- Limitations in infrastructure and equipment.
- Lack of educational and promotional material.
- Difficulty in finding IUDs locally.

**Services and counseling:**
- High workload/little time (public sector).
Findings

• There is no equity on information and supply of FP methods.
• Training is well accepted because it gives competitive advantages.
• Need to include FP in the curricula of medical schools with emphasis on procedures and counseling.
• Public sector should calculate real time for IUD procedures, to avoid overloading physicians.
• Need for adequate infrastructure, equipment and material.
• Availability and access to IUDs.
Findings

Public Sector
- Work overload.
- Little time for each patient.
- Little personal or institutional incentives.

Private Sector
- More value in patient-physician relationship.
- Patients are treated like clients.
- Better personal incentives

NGO
- Several specific projects
- Specialization.
- Institutional incentives
At PSI/PASMO - from theory to practice...
## Intervention model

<table>
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<tr>
<th>Barriers</th>
<th>Solutions</th>
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<tr>
<td><strong>Beliefs</strong></td>
<td>Information based on scientific knowledge.</td>
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<tr>
<td>Myths and religious beliefs.</td>
<td>Local staff working on promotion.</td>
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<tr>
<td></td>
<td>Master trainers work directly with health providers.</td>
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<tr>
<td><strong>Lack of Training / certification</strong></td>
<td>PASMO ToT → Master trainers → new trained providers (multiplying effect).</td>
</tr>
<tr>
<td><strong>Lack of Infrastructure / Equipment</strong></td>
<td>Provide equipment.</td>
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<td>Invest in the improvement of infrastructure.</td>
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<td>Sell and distribute IUDs.</td>
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<tr>
<td><strong>Lack of Promotional / educational material</strong></td>
<td>Development of promotional material.</td>
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<tr>
<td></td>
<td>Development of educational material.</td>
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<tr>
<td><strong>Limitations on Services / counseling</strong></td>
<td>Demand creation through local staff.</td>
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Results

• With these strategies, PASMO has been able to serve 15,000 women from January to November (15,000 IUDs inserted in the three countries).

• More IUDs inserted than in the last 5 years.

• Planning next round of research (quantitative) for 2010.
Thank you!