



Updates from the Field

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PROMOTING THE INTRAUTERINE DEVICE FOR LONG-TERM CONTRACEPTION

Background

Intrauterine devices (IUDs) are small flexible devices made of metal and/or plastic inserted inside the uterine cavity to prevent pregnancy through a combination of actions. The IUD inhibits sperm migration in the upper female genital tract, inhibits ovum transport, and prevents fertilization. It is effective (96–99%), inexpensive, and has long-term effect, making it the world's most widely used reversible method of contraception.

In the Philippines, results of the 2002 Family Planning Survey showed that an IUD is used by only 3.7% of married women of reproductive age. This is the highest prevalence rate yet recorded for IUD, although the method still ranks only fifth among all family planning methods used by married Filipino women. The proportion of women using an IUD has not varied significantly in recent years, ranging from 3.3% to 3.7% during the period 1995–2002. Among educational groups, women with at least a high school education posted the highest prevalence rate (4.2%) for IUD use. Also, IUD use was slightly higher among the poor (3.8%), compared to the non-poor (3.6%).

Given the advantages of the IUD over other reversible family planning methods, the Matching Grant Program (MGP) of the Department of Health has promoted IUD use in its project sites, along with permanent methods such as voluntary female sterilization and vasectomy.

Promoting IUD Use in Three Sample Sites

Three MGP sites have been relatively successful in promoting IUD use among their constituents. They are: Pantukan in Compostela Valley (Southern Mindanao Region), Makilala in North Cotabato (Central Mindanao Region), and Tanza in Cavite (Southern Tagalog Region).

All three municipalities embarked on the active promotion of the IUD as a family planning method for several reasons: 1) there are few barriers to the acceptance of IUD use, making recruitment of clients easier; 2) there are few prerequisites to its use; 3) there is existing capability to provide the service; and 4) although it is a temporary method, it is effective in the long term.



The project sites adopted different approaches to increase IUD utilization among their target constituents. Pantukan deployed an IUD mobile clinic to far-flung barangays where the midwives were still untrained in IUD insertion and, thus, had very few IUD acceptors. In Barangay Tagugpo, Pantukan's pilot barangay, the Municipal Health Office (MHO) organized activities over three consecutive months to recruit clients. These activities provided opportunities for interaction among current users and non-users and served as venues for health personnel and Barangay Health Workers to conduct counseling and IEC activities. The MHO also oriented the barangay councils on the initiative to enlist their support. The initiative was eventually expanded to cover the barangays of Araibo and Las Arenas.

The Municipality of Makilala organized a referral center for IUD insertion in each of three districts. Interested clients may make use of services at any of these three sites, depending on proximity and accessibility. This strategy was adopted to ensure that services are available when needed. Since there are only seven health personnel trained in IUD insertion, it was necessary to identify and assign key service points (i.e., those with a trained service provider and that are strategically located). An orientation activity for health staff, Barangay Health Workers, and potential clients was held before launching the initiative in one of the participating barangays.



MATCHING GRANT PROGRAM
Department of Health

Tanza's strategy was to identify seven satellite clinics from among its Barangay Health Stations where IUD services could be obtained. Five of these sites are fully equipped with a bed, lamp, sterilizer, instruments, and IUD insertion kits. However, the midwives in these clinics are still untrained in family planning. Therefore, three nurses from the Main Health Center visit these clinics twice a month to perform IUD insertions and provide follow-up care, bringing with them any other equipment and supplies that may be needed. Initially, call cards were sent to non-users of family planning as a strategy to improve service coverage; for a while, the strategy was successful. But Tanza has now ceased to issue call cards and, instead, has been conducting mothers' classes on family planning during scheduled immunization days to motivate clients, primarily postpartum women. Meetings among midwives and Barangay Health Workers have also been conducted to strengthen the referral system, particularly between the priority barangay(s) and adjacent barangay(s).

In the three municipalities highlighted here, potential clients have been identified using the results of their respective Community-Based Monitoring and Information Systems. The potential clients are either sent call cards or personally informed by the Barangay Health Workers of scheduled service delivery in the community. Those who fail to come on the appointed date are either fetched by the concerned Barangay Health Workers or followed up with at a later date. The Barangay Health Workers in priority barangays are also trained in family planning counseling to enable them to actively participate in the recruitment of potential acceptors.

Is Implementation Working?

As of March 2002, there were only 30 IUD acceptors in the three pilot barangays of Pantukan. By March 2003, the figure was 190, a remarkable increase in one year (see Table 1). In terms of distribution, 39% of current family planning users in the pilot barangays were using IUDs as of December 2002, far more than the 7% recorded in March 2002.

	March 2002	March 2003
Tagugpo	3	79
Las Arenas	10	44
Araibo	17	67
Total	30	190

In Makilala, the number of IUD acceptors increased from 292 in 2000 to 405 in 2002, with the East district accounting for 45% of the total. Available data as of March 2003 showed the East and Central districts recording 186 and 161 IUD users,

respectively. As of December 2002, 3.8% of Makilala's women of reproductive age were using IUDs, making it the third most popular family planning method in the area.

The Municipality of Tanza also has made headway in its IUD promotion. In Tanza's MGP priority barangays, the number of IUD users rose from 265 in August 2002 to 395 by July 2003, a 49% increase.

Next Steps

The three LGUs have mapped out other strategies to sustain the gains that have been achieved through the strategies described here. The MHO of Pantukan plans to organize satisfied IUD users into a Copper T Club, whose members will be tapped as program advocates. The initiative will also be expanded to include the coastal areas as well as inland areas. In anticipation of the eventual phase-out of family planning commodities from USAID, the MHO will lobby the barangays for funding support as well as coordinate with the Provincial Health Office and neighboring LGUs to ensure that there will be IUD supplies available when needed. It also plans to conduct on-the-job or hands-on training in IUD insertion for its untrained midwives, so that all midwives will be trained to perform this service. The Barangay Health Workers will also be regularly monitored and assessed in terms of their family planning counseling skills.

The Municipality of Makilala will establish an additional service delivery point in the West district. To further increase the number of IUD acceptors, the IUD will be actively promoted among postpartum and prenatal women, particularly those in their final trimester of pregnancy.

Tanza plans to train the Rural Health Midwives in all of its nine priority barangays to provide IUD insertion services on a regular basis. It will continue to set up additional family planning satellite clinics in an effort to expand these services. It will also train additional midwives and nurses in IUD insertion. Mobile IUD teams will continue to be deployed in areas where there are no facilities. To support this strategy, the MHO will lobby the municipal government to assign a vehicle for permanent use by the mobile team. To encourage more clients to use the IUD, the health office will strive to address any remaining misconceptions regarding the method.

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