

Reintroducing the Intrauterine Device in the Mandiana District of Guinea

Summary

The Problem:

Although research has clearly demonstrated the benefits of using the intrauterine device (IUD), rates of use remain low in many developing countries. In the district of Mandiana in Guinea, Save the Children USA recognized that lack of access was at least partly responsible for low rates of use there.

The Intervention:

In collaboration with the Guinea Ministry of Health, Family Health International (FHI), and additional stakeholders, Save the Children reintroduced the IUD in Mandiana. The partnership focused on raising awareness and support of IUDs, improving IUD services, and expanding access to services.

The Impact:

Access to IUD services improved, and IUD insertions increased five-fold in four health facilities in Mandiana. Since the intervention ended, Save the Children has added IUD services to an additional health center in Mandiana and opened two new centers offering IUD services in the district of Kouroussa. The organization continues to work with health authorities to expand IUD services to additional health facilities, as appropriate.

Despite the safety, effectiveness, convenience, and low cost of the intrauterine device (IUD), few Guinean women use this method of family planning. In the district of Mandiana, for example, only 13 IUD insertions were recorded in the second half of 2004 among four health facilities offering IUD services.

As in other parts of Guinea, most women in Mandiana live in rural areas without easy access to health facilities. Others do not access services because they are unaware of IUDs or are misinformed about the risks and benefits of the method. Moreover, some health care providers favor other methods or lack the skills needed to provide IUDs to their clients.

Save the Children USA has worked with the Guinea Ministry of Health since 1997 to improve maternal and child survival in Mandiana. This program eventually encompassed family planning services for women, including the provision of oral contraceptive pills, condoms, and injectables.

After identifying a gap in the provision of IUDs in Mandiana, Save the Children with assistance from FHI embarked on a pilot initiative to address this gap. In collaboration with a diverse group of stakeholders, the partners in November 2004 launched an eight-month intervention to reintroduce the IUD to the district.

Facilitating change

Gaining stakeholder support

Before the intervention began, Save the Children and FHI identified and recruited stakeholders including community leaders, religious leaders, community agents and volunteers, and members of the Ministry of Health and local nongovernmental organizations.

Project organizers also built ongoing stakeholder involvement into the intervention. They organized advocacy days to inform political, community, and religious leaders about IUD

services and garner their support for family planning services. They also elicited recommendations from these leaders for expanding IUD services in Mandiana.

Improving community awareness

The partners used nine public-awareness campaigns to bring messages about the benefits of family planning and IUDs to villages. Community members also included the messages in organized theater and folklore ceremonies. To reach a wider audience, local radio stations broadcast discussions on the merits of IUDs, sponsored on-air competitions promoting IUD use, and played songs about the IUD. Radio programs also included testimonials from satisfied users.

Training community workers

EngenderHealth supported the training of health care providers from four facilities, supervisors from Mandiana's Health Department, and staff from Save the Children on infection prevention, family planning, contraceptive counseling, and IUD insertion and removal. A "supervision team" was also established to monitor newly trained providers and assist with IUD insertions when needed.

The partners also trained community agents on IUD advocacy. The trained agents, who had already been promoting family planning in their communities, held weekly meetings in their villages to sensitize community members about the IUD. They also referred interested women to the nearest health center offering IUD services.

Increasing access to services

Save the Children strengthened centers where women could obtain IUD services. This included expanding services for IUD provision at two rural health centers and adding services for IUD counseling and referral to nine others.

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The partners also revitalized the flagging IUD services at the only urban health center and the only hospital in Mandiana.

Documenting changes

The intervention led to a five-fold increase in the use of IUDs in the four participating health facilities. The number of IUDs inserted in these facilities increased from 13 in the six months preceding the intervention to 73 during the active phase of the project. Women in 113 villages were able to access IUD services because of increased promotion of IUDs, counseling about the method, and referrals.

Importantly, this increase in the use of IUDs extended beyond the initial intervention. The rate of use 15 months after the intervention was as high as the rate of use at the peak of the project. Furthermore, health care providers continued to uphold the accepted international standards for IUD insertion and removal, and to maintain the medical supplies necessary to offer the method.

Promoting further use

In June 2005, district leaders in Mandiana convened a local meeting to share the results of the intervention. They invited authorities from the district and regional health departments, community representatives, and staff from partner organizations, including EngenderHealth.

Project leaders then presented the results at a national gathering of the Ministry of Health in August 2005. They also developed a dissemination strategy to persuade policy-makers to expand the provision of IUD services to the rest of Guinea.

Save the Children has since obtained approval from regional health authorities to introduce the IUD to the district of Kouroussa. As of February 2008, one additional health center in Mandiana and two new centers in Kouroussa are offering IUD services. Further expansion will depend on the availability of funds.

Resource

Keita DR, Mwebesa W. *Rapid Impact Assessment of the IUD in the Medical District of Mandiana, Guinea*. Washington, DC: Save the Children USA, 2006.

The Evidence Base

Countless research studies have demonstrated the safety and effectiveness of IUD for most healthy women, as well as for women with HIV or AIDS, who wish to prevent pregnancy. The IUD is convenient for users since it can be used for up to 12 years and its effectiveness is not dependent on daily or monthly action. Over time, the IUD is also cost-effective both for the women who use it and for health systems. Research has shown that the cost of the IUD, when spread over a period of at least three years, is lower than the cost of any other method. Also, continuation rates for the IUD—approximately 80 percent after one year of use—are much higher than continuation rates for most other methods. Two of the few side effects of the IUD are a disturbance in monthly bleeding patterns and pelvic pain, which are also the reasons most women give for discontinuing the method before they wish to become pregnant.

Despite the many advantages of the IUD, rates of use remain low in many places and have even declined in recent years in some developing countries. Several efforts have been launched to make the IUD part of a more balanced method mix, especially in sub-Saharan Africa where most women use short-acting methods such as oral contraceptive pills or injectables.

In 2003, the Kenya Ministry of Health launched an initiative to revitalize the IUD in Kenya. Over the next two years, the number of new IUD acceptors at 97 AMKENI-supported facilities more than doubled to approximately 2,800 women. To add to this work, in 2006 the ACQUIRE Project (managed by EngenderHealth) and the Kenya Ministry of Health launched a multimedia campaign and accompanying outreach activities to address common myths and misconceptions about the IUD in the Kisii District. Within a year, awareness of the IUD had improved and uptake of the method had more than doubled in the district. These two initiatives have directly influenced more recent efforts to reintroduce the IUD to several other countries, including Guinea.

To learn more about this topic, see <http://www.fhi.org/en/Topics/IUD.htm>.



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