



# Expanding Contraceptive Options in South Africa: Knowledge, Attitudes, and Practices Surrounding the Intrauterine Device (IUD)

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# Information about Copper T IUDs

Copper T IUDs are safe, highly effective, long-acting, convenient, private, cost effective

- Safe - Serious morbidity from IUD use is rare.
- Very efficacious - 1% pregnancy rate per year
- Long life span - Lasts 10 years, fewer visits to health providers than other methods.
- Convenient and Private - Can be inserted at any time. Does not interfere with sexual intercourse or medications.
- Cost effective - Government procurement and service delivery costs low compared to other methods. Average annual cost decreases over time compared to other methods.
- Potential drawbacks – No protection from STIs, women must be counselled about condoms/dual protection. Device must be inserted/removed by trained provider.

# IUD Misperceptions and Barriers to use

- **Myths and misinformation - Many women and healthcare providers hold incorrect or negative impressions of IUD. These myths are barrier to increased use.**
  - **Link between IUD and PID - This association has been disproved. Risk of upper genital tract infection associated with IUDs is temporarily linked to insertion.**
  - **Providers misinformed about who can use IUD – According to WHO, women of any reproductive age or parity can use IUD as long as have no health conditions that preclude IUD use. Providers restrict IUD use for nulliparous, HIV-infected women, women with a history of STIs, women not in monogamous relationship.**
- **Barriers to use - In developing countries, many providers lack sufficient training, equipment, and supplies to insert IUDs.**

# IUD Use Worldwide and in South Africa

## ■ Use around world

- IUD is one of most frequently used methods of reversible contraception.
- In sub-Saharan Africa, levels of IUD use are lowest in world with only 1% of women using method.

## ■ Current usage in South Africa

- Method under-utilised - In public sector health services, IUDs usually only offered in urban centres as referral method - Copper T and Mirena available
- 8.5% reported ever using IUD in South Africa
- 1% of women currently using method
- In South Africa, 85% of women report ever use of family planning, yet 55-75% reported that last pregnancy was unintended.

# Study Design

Cross-sectional survey to assess current knowledge, attitudes, and practices of potential users and health care providers with respect to Copper T IUD and to inform strategies for expanding IUD use in South Africa.

## ■ Study Setting

- Urban setting in Western Cape and rural setting in Eastern Cape.
- In each region, 2 primary level public sector clinics selected for client interviews, 6 for provider interviews.
- Clinics provided range of primary care services: STI diagnosis and treatment, HIV care, family planning. Participants recruited from family planning and STI care services.

## ■ Study population

- Clients: 205 (100 Western Cape and 105 Eastern Cape) women 15-49 years
- Providers: 32 providers from 12 clinics (six per province), all providing family planning services at clinic

# Methods

## Sampling strategy

- **Clients:** Participants selected consecutively as exited clinic and log used to record proportion who did not participate (non-participation <3% of those approached)
- **Providers:** Within each facility, a minimum of two health care providers who provide any family planning services selected to participate. All “providers” in this study were nurses (various nursing grades - both senior and junior as well as enrolled nursing assistants).

## Data Collection

- **Client interviews:** Structured, 30 minutes, conducted by trained female interviewers in participant’s preferred language in private rooms at facility.
- **Health care provider interview:** Structured, 45 minutes, administered in private room at facility by study coordinator in provider’s preferred language.

**Ethical approval:** Obtained from both University of Cape Town and Walter Sisulu University. Permission also given by local and provincial health services.

# Client Results – Demographic and Reproductive Characteristics

## Socio-demographic Characteristics

- Mean age of participants - 26 years
- 82% had some secondary school education
- Majority unemployed (59%)
- 80% married/stable relationship

## Reproductive and Sexual History

- 95% in current sexual relationship and 74% had only 1 sexual partner in last year
- Mean number biological children - 1.9
- Mean age at first pregnancy - 19.3 years
- 99% ever used modern contraceptive, 93% currently using modern method - (Injectable - 88%)
- 57% reported having ever had unintended pregnancy

# Client Results - Awareness, Knowledge, and Use of the IUD

- 26% ever heard of IUD
  - 8% reported knowing how Copper T IUD works
  - No participants knew Cooper T could be used over 5 years.
- 3 women (6%) had ever used a Copper T IUD. All three in Western Cape. None using it currently.
- Overall – older women and women from urban Western Cape more likely to know about IUD method

# Client Results - Misconceptions

- 40% of women who knew about IUD had misconceptions or incorrect information about IUD that negatively influenced their opinion of method
  - Might move to another place in body (14%)
  - Might harm womb (14%)
  - Could cause women to get STIs/HIV (14%)
  - Might cause cancer (9.5%)

# Client Results - Attitudes towards and Perceptions of IUD

- All participants read brief, standardised description of Copper T
- 90% thought were advantages to using IUD
  - Used for a long time (64%)
  - Highly effective at preventing pregnancy (48%)
  - Once IUD removed, fertility returns quickly (39%).
- 14% thought may be disadvantages to IUD use
  - Unspecified health problems (8%)
  - Not yet familiar to women (6%)
  - Might be painful to use (5%).
- 74% of clients would consider using IUD

# Provider Results

## Provider Characteristics

- All providers were nurses who provided family planning services
- 59% had completed family planning course

## IUD Knowledge

- Provider knowledge of method was inadequate.
  - All providers had heard of IUD
  - 84% correctly explained how Copper T IUD prevents pregnancy
  - 19% think Copper T IUD very effective at preventing pregnancy
  - 13% said Copper T IUD could be used for up to 10 years
  - 50% believed IUDs need monthly or 6 monthly check-ups

## With respect to effectiveness – IUD is better than...

- Rhythm method (88%), withdrawal method (84%), pill (72%), male condom (59%)

About 63% thought injectable was better than IUD at preventing pregnancy.

# Provider Results

## IUD Practices

- Methods of family planning they suggest to clients, 2 providers mentioned IUD
- 19% ever counselled woman about IUD
- 13% ever inserted an IUD

## IUD Attitudes and Perceptions

- 66% believed IUD had serious health risks related to it
  - Increased risk of contracting an STI (59%)
  - Ectopic pregnancy (28%)
  - Developing PID (22%)
  - Uterine perforation (16%)
- Providers thought IUDs contraindicated for:
  - Women with a history of STIs (47%)
  - HIV-positive women (28%)
  - Teenage women (25%)
  - Nulliparous women (22%)

# Provider Training Needs

- 91% of providers believed that they needed more training and information about IUD
- Areas for more training and information:
  - How to insert and remove IUD (72%)
  - General knowledge about method (48%)
  - Advantages and disadvantages (21%)
  - Recommendations about whom IUD appropriate for (17%)
- Only 2 providers (6%) thought they could safely insert IUD

# Limitations

- Results may not be generalizable to all South African women of reproductive age - our sample was women attending public sector primary care clinics for family planning or STI care in two areas of South Africa.
- Small number of providers were interviewed.

# Conclusions

- Among clients, IUD relatively unknown and knowledge about method was poor
- Few women held misconceptions about method that negatively influenced their opinion.
- Despite little exposure to IUD in past, women had positive attitudes towards IUD once learned more about method.
- Results suggest IUD is acceptable method to women we sampled. However, hypothetical acceptability does not necessarily translate into long-term use.
- Providers had inadequate knowledge with respect to safety, efficacy, mode of action, duration of use, appropriate candidate selection, and contraindications to use.
- Many providers still believe IUD causes PID, think HIV positive women and women with STIs cannot use method.
- Providers did not feel they had adequate skill to counsel or insert.

# Recommendations

- Public education programs would be necessary for building public support and interest in IUD.
- Education campaigns could focus on key advantages with only minimal attention given to dispelling myths that were not especially prevalent among those surveyed.
- Knowledge and training for providers will need to focus on areas of misinformation, building clinical competence for proper insertion and removal techniques, and emphasizing medical safety and acceptability of current IUDs so that provider misperceptions are not a barrier to increased use.
- With a concerted effort from government along with education and training for providers and clients, the IUD could be successfully reintroduced into the contraceptive method mix.

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- QUESTIONS ???