

ORIGINAL RESEARCH ARTICLE

What Happened to the IUD in Ghana?

I Osei¹, H Birungi^{2*}, G Addico³, I Askew² and JO Gyapong¹

Health Research Unit, Ghana Health Services¹; Frontiers in Reproductive Health Program, Population Council, Nairobi, Kenya²; United Nations Population Fund, Ghana³

*For Correspondence: E-mail: hbirungi@pcnairobi.org and Phone: 254 20 2713 480

Abstract

The intrauterine contraceptive device (IUD) is a safe and reversible contraceptive method that requires little effort on the part of the user. Once inserted, it offers 10 years of protection against pregnancy. However, its use in Ghana has stagnated in relation to other contraceptive methods. An exploratory study was, therefore, conducted to examine the client, provider and system characteristics that affect the demand for IUD. Data were gathered through secondary analysis, in-depth interviews, focus group discussions and simulated client survey. The stagnating demand for IUD is attributed to clients' perceptions and rumours about IUD. The fear of excessive bleeding and weight loss discourages potential users. The product design was also perceived to be unacceptable. Demand creation for the IUD has been poor and the number of providers with practical experience of insertion is insufficient. Contrary to the belief that providers' bias contributes to the decline in use, findings show that providers have a favourable attitude towards the product. (*Afr J Reprod Health* 2005; 9[2]: 76-91)

Keywords: IUD, perceptions, eligibility, STI, HIV, demand, Ghana

References

1. Costello MP, Chaves CM, Echavez CR, Encena J and Pagulayan OP. Integrating RTI case management within LGU health centers: an intervention study. Final report submitted to the Asia and the Near East Operations Research and Technical Assistance Project. Family Planning Operations Research and Training Program. Population Council, Manila, in Collaboration with the Department of Health. USAID contract No. DPE-C-00-90-0002-10. Strategies for Improving Family Planning Service Delivery, 1998.
2. Ghana Statistical Service GSS and Macro International Inc. *Ghana Demographic and Health Survey 1998*. Calverton: GSS and MI, 1999.
3. Stanback J, Odhiambo O and Omuondo D. Why has IUD use slowed in Kenya: qualitative assessment of IUD service delivery in Kenya. A report for Family Health International, 1995.
4. Brambila C. Availability and acceptability of IUDs in Guatemala. A Frontiers in Reproductive Health diagnostic study proposal, 2001.
5. Ghana Statistical Service. *Second Round Situation Analysis Study of Family Planning Service Delivery Point in Ghana*. Accra: Ghana Statistical Service, 1997.
6. Hoesni, RHM, Tan A, Tuladhar JT, Effendi JS, Hadijanto B and Hartono P. Follow-up among IUD acceptors of Java, Indonesia. Final report of the Asia and the Near East Operations Research and Technical Assistance Project. Sub-contract No. CI94.31A, 1995.
7. Bhatia JC and Cleland J. Self reported symptoms of gynecological morbidity and their treatment in South India. *Stud FamPlann* 1995; 26: 203-216.
8. World Health Organization. *Improving Access to Quality of Care in Family Planning: Medical Eligibility Criteria for Contraceptive Use*. Geneva: World Health Organization, 1996.
9. Sunei SK, Morrison CS, Sekadde-Kigundu C, Allen M and Kokonya D. Complications of use of intrauterine devices among HIV-1 infected women. *Lancet* 1998; 351(9111): 1238-41.
10. Magadi M, Zulu E, Ezech A and Curtis S. *Contraceptive Use Dynamics in Kenya: Further Analysis of Demographic and Health Survey (DHS) Data*. African Population and Health Research Center (APHRC) & MEASURE Evaluation Project ORC Macro, Calverton, Maryland, USA, 2001.
11. Speizer SI, Hotchkiss DR, Magnani RJ, Huuard B and Nelson K. *Do Family Planning Service Providers in Tanzania Unnecessarily Restrict Access to Contraceptive Methods?* Tulane University, USA, 1998.
12. Ngom P. Women's informal communication about family planning in West Africa. A Ph D dissertation in demography submitted to the Faculties of the University of Pennsylvania, 1994.
13. Rutenberg N and Watkins SC. The buzz outside the clinics: conversations and contraception in Nyanza Province, Kenya. *Stud FamPlann* 1997; 28(4).
14. Huntington D and Schuler SR. The simulated client method: evaluating client-provider interactions in family planning programs. *Stud FamPlann* 1993; 24(3).
15. Ministry of Health. National Reproductive Health Service Protocols, January 1999.