

Factors Influencing the Uptake of Intra-Uterine Contraceptive Device (IUCD) in Selected Provinces in Zimbabwe: A 2016 Qualitative Study



The Intra-Uterine Contraceptive (IUCD) device is a highly effective, long acting reversible contraceptive (LARC) and once inserted, remains effective for several years, up to 12 years; thus eliminating the need for daily contraceptive action. For this reason the Ministry of Health and Child Care (MOHCC) and the Zimbabwe National Family Planning Council (ZNFPC) have embarked on a drive to intensify uptake of LARCs including the IUCD. Utilisation of IUCDs remains low, despite the recent increase in the uptake of IUCDs among women 15-49 years from 0.2% in 2010, to 1% in 2015 (ZDHS).

With technical and financial support from UNFPA, in collaboration with the Ministry of Health and Child Care and ZNFPC, a qualitative study was commissioned to explore factors influencing the low utilisation of the IUCD, identify challenges in the provision of IUCDs in selected provinces in Zimbabwe and provide recommendations for improving access and utilisation of the IUCD.



Findings

Community Perceptions on IUCDs

Several myths and misconceptions which undermine IUCD use were identified by women that have never used IUCDs, men and community leaders

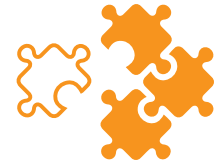
Myths and misconceptions of women who have never used IUCDs



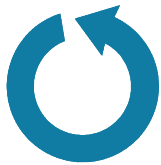
Adolescents and young women who have never had children should never use IUCDs.



Women who use IUCDs are promiscuous.



IUCDs have to be kept inserted for the full duration (5 -12 years) of the method before a woman can decide to get pregnant.



IUCDs and Implants are not reversible, and cause permanent infertility.



The perceived side-effects are "punishment from God."



The IUCD may disappear from the uterus to other parts of the body & require surgical operation to save the woman.



Myths and misconceptions of men and community leaders



Women who use IUCDs and other modern FP methods are witches, murderers and "women of loose morals."



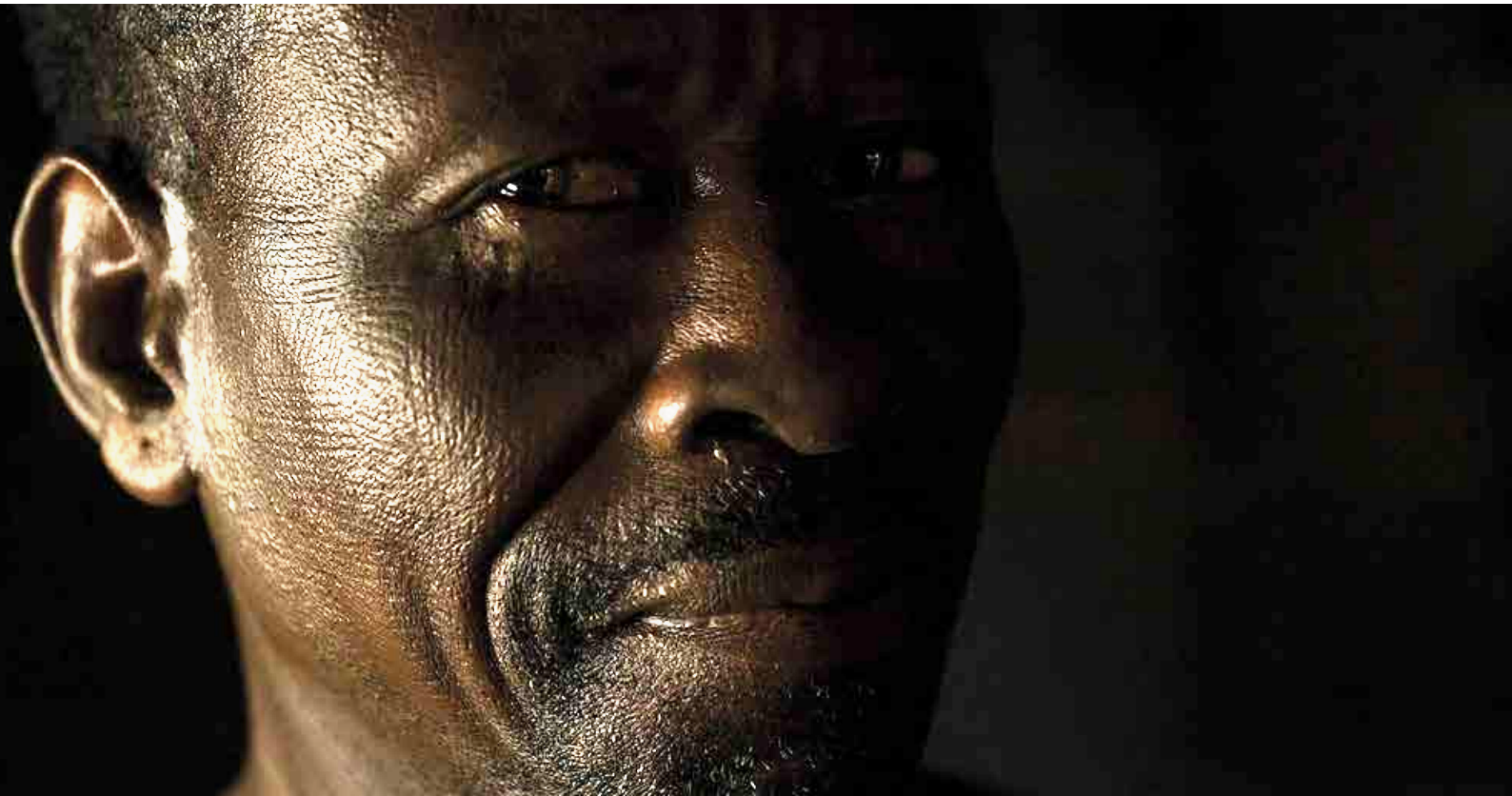
Affects sexual pleasure as it pricks the penis on penetration.



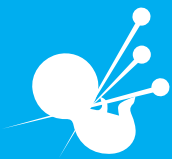
Use of IUCDs undermines the "sacredness" and "dignity" of a woman's body – "it is a foreign object in a woman's body."



Affects sexual relations (no sex on demand as the woman deals with side-effects particularly extended menstrual bleeding & diminished libido).



Fears of Men and Women - The IUCD:



...causes abortion...



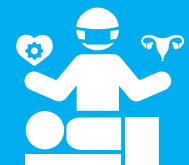
...causes cancer...



...results in the baby coming out holding the IUCD...



...it causes infertility as it involves tying of the fallopian tubes...



...results in dysfunction of the uterus as it entails removal of the uterus & then putting it back...

Lived Experiences of IUCDs Users

Positive experiences

Women who used the IUCD spoke about the empowering dimensions of the method.



Use of the IUCD gives women ability to exercise control & autonomy over their lives & bodies.



Women have full control in using this method as it is not visible externally



Negative experiences

Past users of IUCDs also shared negative experiences that influenced their decision to discontinue using the method as follows:

- Husband complaining about IUCD strings pricking him or coiling on his penis;
- Partner disapproved the method thus causing conflict;
- Pelvic inflammatory disease;
- Initial side-effects in the first few months – heavy bleeding, irregular menstrual cycle etc.

Community Values and Social Norms that Influence use of IUCDs

Shona and Ndebele culture/traditions, shun the use of IUCDs as they are perceived to cause infertility, pregnancy complications and birth defects.

“Our cultural beliefs may not allow the 10 years because it may be too long, and also the issue of having foreign objects is taboo...”(Masvingo Urban - IUCD User)

According to cultural principles, the woman’s reproductive system is sacred. These principles object to a woman’s ‘private parts’ being touched by other people, and even herself, with the exception of her husband.

“The woman’s body belongs to the man therefore the woman’s body or private parts should not be touched by anyone besides the husband.”



Service Provider Factors That Influence Utilisation

Women’s perceptions of Health Care Workers’ attitudes on and knowledge of IUCDs

Women felt that the HCWs had negative attitude and limited skills in IUCD insertion and removal, and hence were not offering or prioritizing IUCD as a viable contraceptive method.

“Some nurses have an attitude over methods they have not been taught about. If you consult them they will end up not counselling you about it. They overreact and tell you that they did not learn about it. So they need to be taught about it first.” (Bubi Badala - IUCD User)



Health Care Workers' (HCWs') attitudes on and knowledge of IUCDs

- Majority of HCWs in the study only recommend IUCD for women who already have children and no longer desire to have more, as the method is believed to cause problems in childbearing.
- Some HCWs advanced the view that use of IUCD is not reversible, and discouraged women to use the method for less than 5-10 years.
- However, Community Based Distributors (CBDs) were found to have a good understanding of different family planning methods including IUCD.

Institutional factors

- In some instances, facilities were not receiving IUCD supplies.
- User fees were noted as a significant barrier to uptake of IUCD. Women and men complained that user fees for IUCD insertion and removal were too high.

Gender Dimensions of Family Planning



Women were generally noted as embracing modern methods of contraception. This is apparently influenced by women's realization that the burden of child care falls squarely on them.



IUCDs are among FP methods that women believe can be utilised discretely without partner's consent.



Utilising FP methods without a partner's agreement can result in gender based violence in some cases.



Conclusion

Table below summarises the barriers and facilitators for IUCD uptake

Barriers to IUCD Uptake	Facilitators of IUCD Uptake
<ul style="list-style-type: none">• Negative cultural and religious factors	<ul style="list-style-type: none">• Religious and traditional leaders' engagement
<ul style="list-style-type: none">• Negative social influence	<ul style="list-style-type: none">• Male involvement
<ul style="list-style-type: none">• Myths, misconceptions, fears, concerns, misinformation & rumours	<ul style="list-style-type: none">• Information and education for women
<ul style="list-style-type: none">• Negative past experiences	<ul style="list-style-type: none">• Improvement and strengthening of FP health care delivery systems
<ul style="list-style-type: none">• Limited access to services	<ul style="list-style-type: none">• Inclusion of IUCD in the standard package of FP counselling
<ul style="list-style-type: none">• Unavailability of services	<ul style="list-style-type: none">• Promotion of the IUCD as a viable contraceptive option
<ul style="list-style-type: none">• Limited capacity of HCWs to provide IUCDs	
<ul style="list-style-type: none">• Poor social marketing	
<ul style="list-style-type: none">• Negative HCW's attitudes	

Recommendations

1. Strengthen the health and IUCD service delivery and institutional arrangements, and invest in HCWs' capacity building to improve service provision.
2. Engage community champions and key social influencers to intensify awareness on IUCD, and LARCs in general.
3. Design and implement comprehensive communication strategy to encourage male involvement, dispel myths related to the perceived effects of IUCD and LARCs in general.

