

Marketing and Communication Strategies for “Revitalizing” the IUD

Introduction

This document summarizes some of the key consumer issues regarding the IUD and programs designed to address those issues. The material is drawn from consumer-directed IUD communications that have been conducted to date, although it should be noted that IUD marketing has been relatively limited, and few programs have been rigorously evaluated. Examples are drawn from programs conducted in various cultural settings.

The focus is on communication to consumers, although some strategies that are directed to providers are covered as well (for more information related to communications to providers, please see the provider training component of the Toolkit). This document supplements existing social marketing and BCC resources with IUD-specific issues to consider, and as such, contains links to more general family planning marketing information and examples of communications materials. As with any promotional campaign, project managers should conduct research locally to identify the most pertinent messages and the most effective means of conveying them to their specific target audience.

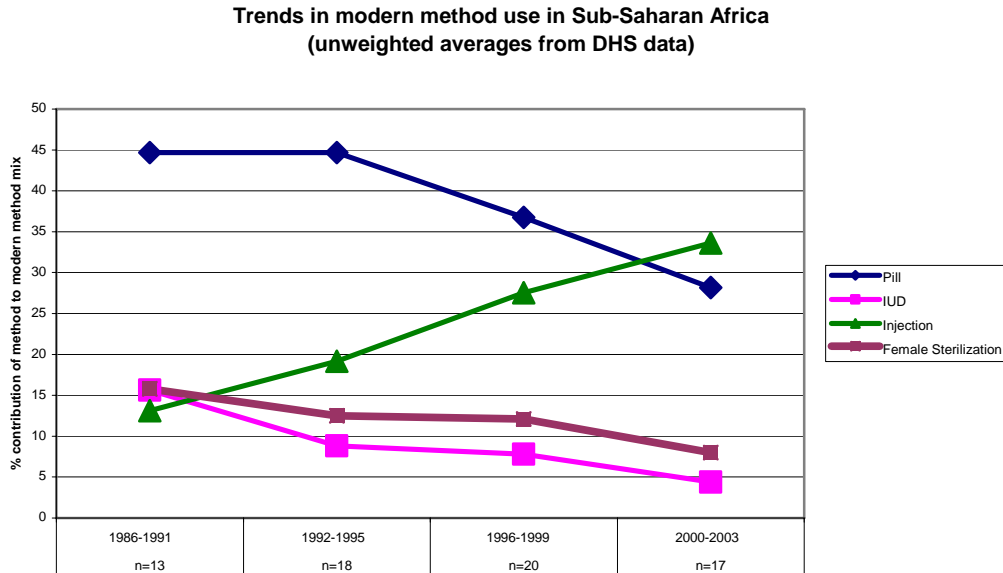
Revitalizing the IUD: Key Marketing Issues

The Need for IUD Marketing

The IUD has been available for over 75 years, and is popular in many countries as both a medium- and long-acting method. Worldwide, almost 152 million married women of reproductive age—13 percent of all such women— currently use IUDs. The IUD is the second most commonly used contraceptive method among married women of reproductive age, after female sterilization, and the most commonly used reversible contraceptive¹.

However, in many developing countries, the IUD is used at a very low rate compared to other modern methods. In a significant portion of these countries, particularly in Sub Saharan Africa, IUD use is rapidly decreasing in proportion to short-acting methods such as pills, injectables, and condoms.

The chart below shows the contraceptive prevalence trends in Sub-Saharan Africa over the last ten years. It shows a typical trend for IUD use relative to other modern methods:



Several factors contribute to declines in IUD use, but from a marketing perspective, a major factor is the fact that less information has been available to consumers about this method than about short-acting methods. Historically, promotional efforts by pharmaceutical manufacturers to both providers and consumers have focused largely on hormonal methods, with little investment in IUD promotion. Additionally, donor-funded social marketing projects have traditionally focused on non-clinical methods such as condoms, and oral and injectable contraceptives.

Currently, a large proportion of women is unaware of the IUD or has less knowledge about the method and its benefits than about short-acting methods. The following table demonstrates the gap in knowledge about the IUD vs. short-acting methods among married women of reproductive age in several African countries:

Knowledge of IUDs Relative to Other Modern Methods

Country	Any Modern Method	Injectables	IUD	Gap
Kenya	95.3%	93.5%	74.6%	20.7%
Tanzania	95.3%	87.7%	59.5%	35.8%
Guinea	69.1%	54.9%	15.3%	53.8%
Ethiopia	82.0%	70.1%	10.2%	71.8%

In addition, many women, men, and providers have heard and believe negative myths and misinformation surrounding the use of IUDs. The resulting negative perceptions among providers and consumers are a significant barrier to the method's wider use and often overshadow its benefits, which are not often perceived by consumers. Common misperceptions heard in focus groups include the belief that:

- the IUD can move through the body and cause damage/needs to be surgically retrieved
- the IUD causes cancer
- IUD users feel weak and their ability to work is impaired
- the IUD is not effective and if a woman becomes pregnant using the IUD, it will harm the fetus (a commonly cited myth in Asia, Latin America and Africa is that the baby will be born holding the IUD or will have been scarred or damaged by the device)
- the IUD strings interfere with intercourse
- the IUD causes back pain, fatigue, and infections

Unlike pills and injectables, there has been little marketing support for IUDs to counterbalance negative myths and misinformation. Thus a common profile seen in many countries is that use of some hormonal methods, notably injectables, has increased with a concomitant decrease in use of IUDs. Other challenges affecting perceptions of the method may include the following:

- **Poor reputation from prior negative experiences:** Negative experiences with poorly skilled providers or older IUD models can influence both provider and client attitudes towards the IUD;
- **High initial costs:** While less expensive than other methods in the longer-term, IUD insertion sometimes requires higher up-front costs to cover the insertion service. This may be a limiting factor among low-income individuals who may not have sufficient cash flow to afford the one-time payment;
- **Provider biases:** Providers may harbor similar negative perceptions of the method, based on misinformation, and may also have disincentives to provide the method, given the time and equipment required to insert it.

Clearly, communications efforts are needed to address the factors underlying low IUD acceptance and use. Intensifying consumer-directed information on the method would potentially also have the broader benefits of improving access to and provision of the method by providers:

- Pre-counseling exposure to accurate information reduces the burden on individual counselors by familiarizing clients with the IUD and its attributes.
- Consumer-directed information creates 'pull': Clients who have been informed about the IUD and its benefits prior to their clinic visit may be more likely to ask their provider about it, thereby helping to ensure its inclusion among contraceptive options presented, in case it is omitted by the provider.

Addressing Key Communications Issues: Lack of Awareness, the Prevalence of Myths and Rumors, and Lack of Knowledge about the Benefits of the IUD

IUD marketing campaigns carried out in several countries in recent years have in fact been successful in addressing barriers to IUD acceptance through targeted communications. Examples of different types of IUD marketing programs are described below.

Campaigns Designed to Raise Awareness: “Introducing the IUD”

In countries where awareness of the IUD is low, the key issue is raising awareness of the method and communicating its benefits. While many who are aware of the method (but are non IUD-users) can harbor negative myths and perceptions, misinformation tends *not* to be prevalent in countries with low general awareness, and therefore should not be emphasized in campaigns. For example, in Ethiopia, knowledge about the IUD as a family planning method among married women of reproductive age is 10.2%. Two research studies conducted in Ethiopia found 54 to 60 percent^{ii,iii} of family planning clients who are aware of the IUD have not heard negative rumors about the method. In a case such as this, focusing on IUD myths in communications may have the opposite of the intended impact by actually raising new issues that potential users may not have heard before.

In Nepal, PSI’s Sun Quality Health (SQH) clinics undertook outreach initiatives to improve knowledge and access in rural areas to a full range of methods, including the IUD (see the marketing case study on the online IUD Toolkit called “Increasing Awareness and Access of Long-Acting & Permanent Methods through Clinic Franchising & Health Fairs in Nepal” at http://www.maqweb.org/iudtoolkit/marketing_comm/index.shtml). To improve the awareness of long-acting methods, SQH held a series of health fairs, where all family planning methods and their benefits were discussed. These health fairs offered couples, who may not be reached through mass media, in-depth information on each method, as well as the opportunity to ask questions and raise specific concerns. To address lack of access to clinical services in rural areas, SQH coupled the fairs with mobile clinic services to offer an entire range of methods. While uptake of all methods increased, long-acting methods such as the IUD experienced a large increase since SQH was able to combine the provision of accurate information to clients concurrently with convenient access to services.

Similarly, the ACQUIRE project is launching campaigns in both Ethiopia, in the Amhara region, and in Guinea, in the Haute Guinea region of the country, in order to introduce the IUD as a viable family planning method to women. In both of these countries, because the level of awareness of the method is so low (10.2% and 15.3% respectively), and myths and rumors are not prevalent, the campaigns are focusing on ‘introducing’ the method, raising awareness of the method and of where services are available,

conveying correct knowledge about the method, and using campaign themes that position the method in a positive light. In both countries, channels include rural radio, IEC materials at clinics, and community level interventions, including satisfied users speaking about the method through various community outreach programs. The program in Guinea, which launched in early 2006 is showing positive early results. The Ethiopia campaign will launch in the third quarter of 2006.

Campaigns Designed to Address Myths and Rumors: “Polishing the Image of the IUD”

In countries where the IUD is widely known, but is underutilized largely due to fears, myths and rumors, a campaign that directly addresses these, provides correct information, and presents the IUD in a more positive light is required.

In Pakistan, formative research showed that women and men feared the IUD as a foreign object which could do harm to a woman’s body. A television advertisement, which featured a provider holding an IUD in his hand, emphasized the small size of the IUD. This ad was cited by a number of women as being informative and helping them to realize that the IUD was smaller than they initially had thought and it reduced some of their fears about the method (see the marketing case study on the online IUD Toolkit called “Promoting Long-Term Methods through the Greenstar Network in Pakistan” at http://www.maqweb.org/iudtoolkit/marketing_comm/index.shtml).

Similarly, in Kenya, where awareness is high and research also indicates that negative myths and fears are nearly universally believed by non-IUD users, the ACQUIRE project is launching a campaign directly aimed at dispelling key myths and repositioning the IUD as a good contraceptive choice rather than the method widely feared (except by those who use the method). The campaign has the slogan “Fahamu ukweli wa mambo” (Translation: *Now you know the truth*), and features women ‘standing up’ to challenge myths and negative images of the method. The campaign was launched in July 2006. The campaign is described in the marketing case study on the online IUD Toolkit called “Challenging Myths and Barriers to IUD Use: The Truth Campaign” at http://www.maqweb.org/iudtoolkit/marketing_comm/index.shtml.

Other Considerations for IUD Marketing

Communication to Providers: Provider Misinformation and Client Choice

Research has also shown that provider attitudes and biases affect client method choice, and that in some cases providers themselves harbor and spread misinformation. For example, in Kenya, focus group studies carried out in 2005^{iv} showed that many clients have been told by their provider that the IUD causes cancer. A quantitative study in Tanzania surveyed medical staff who provide the IUD to assess their knowledge about the method, and found that providers confirmed that myths and rumors are prevalent among the community, but that they also believed the following information: that the IUCD causes abdominal pain (21%), is easily expelled (13%), makes reproductive tract infections worse (8%) is difficult/painful to remove (8%) and causes cancer (4.2%)^v. This

medical misinformation can also combine with disincentives to providing the IUD (e.g., it takes too much time, or the provider feels it is more complicated than offering another method, such as pills), to create a provider bias against the method. Provider biases therefore form an additional communications challenge to be addressed.

Evidence is currently lacking on the most appropriate strategies to address provider biases or disincentives. One approach adapted from the private sector (with yet undetermined effectiveness) is the use of trained medical representatives, or “academic detailers” whose role goes beyond the promotion of specific branded products to include support supervision to providers. With pharmaceutical or other clinical backgrounds, medical representatives have the credibility to answer provider questions, address concerns related to specific methods, observe provider client-interactions, and provide support where needed. In the case study referenced here in Pakistan, PSI and its Pakistan partner, Greenstar used Sales Promotions Officers to generate demand among providers and disseminate information (see the marketing case study on the online IUD Toolkit called “Promoting Long-Term Methods through the Greenstar Network in Pakistan” at http://www.maqweb.org/iudtoolkit/marketing_comm/index.shtml). SPO visits complemented on-going support supervision by Greenstar trainers and ensured regular product supply during a period when annual IUD sales increased two-fold (from 106,00 in 1995 to 215,000 in 2004). While anecdotal evidence suggests that detailing did increase IUD sales in Pakistan, information is not available that allows for examination of impact in isolation of concurrent activities, such as mass media, community outreach, and provider training. A 2005 study in Kenya, however, which measured the impact of detailing in the public sector, found that a detailing intervention conducted with providers resulted in no significant increase in IUD uptake, and that combining provider detailing at the clinic level with detailing to community outreach agents was only slightly more effective^{vi}. Differences between the Kenya and Pakistan experiences could be due to numerous factors, including detailing budgets, size, and experience of the detailing teams. Results to date on the benefits of detailing are inconclusive and more work and research is needed to draw conclusions.

Linking Clients to Services

A unique feature of the IUD as a family planning method, as with all longer-acting and permanent methods, is that it is provider-dependent. The service is part of the “product.” As such, IUD marketing usually involves promotion of service sites in addition to promotion of the method itself. IUD promotion programs also require careful integration with measures to address supply-related factors. These include training to address provider skills and attitudes towards the IUD, quality assurance, counseling and informed consent procedures -- all of which must be in place for the marketing to be successful.

Promotion of the IUD to potential clients should be timed to complement and support provider trainings. Without immediate application, providers may lose the enthusiasm and skills needed to provide IUD insertions with confidence, and may stop offering the method.

Choosing the Right Message

Messages should be tailored to reach the needs of specific user segments. Ideally, formative research should be used to identify benefits or misconceptions most significant to a particular group, thereby creating focused messages that resonate among the target audience. Attempts to address multiple issues at once, particularly in shorter formats (radio or television spots, posters), would result in dilution of individual messages and less overall impact.

For example, reversibility should be emphasized to women who want to use the IUD to space births, while those who limit will benefit from information on the IUD's long-acting efficacy. Generic communications and provider communications need to effectively address the fears that consumers may need to overcome in order to appreciate these benefits.

While people living in different societies or at different life stages will value different attributes of the IUD, in general, the benefits valued by IUD users include that the method is:

- Hassle/worry free
- Has no need to remember daily pill or scheduled injections
- Non-surgical
- Safe & highly reliable
- Inexpensive over the medium or long term
- Without hormonal effects¹
- Reversible with an immediate return of the client's normal fertility

Different situations regarding levels of awareness, knowledge and attitudes necessitate different communications strategies. The particular strategy that will be most effective depends upon the specific communications needs of the target audience; furthermore the suitability of any campaign can only be determined by pre-testing materials with the program's target audience.

Choosing Channels

Ideally, interventions use multiple and varied channels to deliver and reinforce messages. These might include electronic media such as radio and television, print, or events. Outreach events which are targeted in nature have shown to be effective media to address some of the side effects associated with complex methods such as the IUD. Pakistan's Greenstar program utilized frequent '*Mohalla Meetings*' to facilitate communication between women's groups and female providers. In this forum, questions and concerns about the IUD could be brought up freely, and addressed by a respected and knowledgeable professional in a confidential setting (see the

¹ This is for IUDs not containing hormones, such as the Copper T IUD.

marketing case study on the online IUD Toolkit called “Promoting Long-Term Methods through the Greenstar Network in Pakistan” at http://www.maqweb.org/iudtoolkit/marketing_comm/index.shtml).

Segmenting the Market and Reaching New Groups of Users

One factor limiting IUD use is the outdated information that providers and counselors have about whom the method is or is not suited for. Traditionally in many settings, IUDs were recommended to women who had at least one child and preferably two or more children. However, IUDs are appropriate for most women. The new WHO Eligibility Criteria have cited the IUD as a viable, if not excellent method, for specific potential users who are ‘new’ audiences for the method, such as nulliparous women or HIV-infected women. Other key audience segments for the IUD include women and couples who want to space the births of their children, but do not currently see the IUD as a choice for limited term contraception, and women/couples wishing to limit pregnancy indefinitely but who do not want a permanent method.

These new research findings that have expanded the potential user base should be communicated to the newly eligible target audiences, including providers, to ‘reposition’ the IUD and encourage consideration of the method for and by all eligible women.

ⁱ Population Reports. Baltimore, Maryland: INFO Project, Center for Communication Programs, the Johns Hopkins Bloomberg School of Public Health. Series M, Number 19, 2005.

ⁱⁱ Habtemariam, G. (Pathfinder International). Factors that Determine the Low Utilization of IUD in Ethiopia. Presented at: APHA 131st Annual Meeting; 2003 Nov 15-19; San Francisco, California.

ⁱⁱⁱ Family Health International . IUD Rehabilitation Initiative: Formative Assessment, April, 2005.

^{iv} (Steadman Research International). Kenya IUD Research Project: Knowledge and Attitude Research. For communications strategy design, a focus group study report. The ACQUIRE Project, 2005 May.

^v EngenderHealth. Technical Report: An Exploratory Study to Determine and Document Factors Affecting IUD Use in Tanzania. 2002.

^{vi} Wesson, Jennifer. FHI Final Report. Academic Detailing. 2006