Ghana IUD Assessment Tools
Frontiers in Reproductive Health Program-Population Council

The following instruments were developed as part of a comprehensive review of IUD services conducted by the Frontiers in Reproductive Health Program in 2002-2004. The overall aim of the studies was to inform the Ghana Health Services, USAID and other partners on future directions for contraceptive promotion and supply.

The immediate objectives included:

- To examine the determinants and switching pattern/behaviour of IUD users;
- To assess the role of socio-cultural perceptions and misperceptions on the use of the IUD;
- To assess providers’ and clients’ attitudes towards the use of the IUD;
- To assess the content and quality of information exchange between the provider and client on the IUD;
- To identify provider and other system barriers including pre-service and in-service training, logistics, supply and cost issues that may restrict clients’ access to the IUD; and
- To identify policy and program implications for the revitalization, if necessary, of IUD use in Ghana.

This overall study methodology involved both quantitative and qualitative methods of data collection. The first part of the studies was a secondary analysis of data from the health services, and existing service statistics, to explore trends in the use of the IUD. The second component of the studies involved the collection of qualitative data through in-depth interviews, focus group discussions and the use of simulated clients.
Appendix I: Service Provider Instrument

Region:-----------------------------------------------------------------------------------------------
District:------------------------------------------------------------------------------------------------
Facility:------------------------------------------------------------------------------------------------
Date of Interview:----------------------------------------------------------------------------------------
Provider Position:----------------------------------------------------------------------------------------
Interviewer Name:----------------------------------------------------------------------------------------
Duration in service as FP provider:---------------------------------------------------------------------

A. Training In Reproductive Health Service

1. Have you ever been trained to provide the following family planning services? *(Prompt the list item by item)*

<table>
<thead>
<tr>
<th>Family Planning</th>
<th>Yes or No</th>
<th>Initial (Pre Service)</th>
<th>Refresher (In-service)</th>
<th>Training Conducted by?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Family Planning Counseling</td>
<td>1 Yes</td>
<td>Month: _______</td>
<td>Month: _______</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 No</td>
<td>Year: _______</td>
<td>Year: _______</td>
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<td>Duration: _______</td>
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<tr>
<td>Family Planning</td>
<td>Yes or No</td>
<td>Initial (Pre Service)</td>
<td>Refresher (In-service)</td>
<td>Training Conducted by?</td>
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<tr>
<td>-----------------</td>
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</tr>
<tr>
<td>2) Male condom</td>
<td>1 Yes</td>
<td>Month: _______</td>
<td>Month: _______</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 No</td>
<td>Year: _______</td>
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<td>Duration: _______</td>
<td>Duration: _______</td>
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</tr>
<tr>
<td>3) Female condom</td>
<td>1 Yes</td>
<td>Month: _______</td>
<td>Month: _______</td>
<td></td>
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<tr>
<td></td>
<td>2 No</td>
<td>Year: _______</td>
<td>Year: _______</td>
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<td></td>
<td></td>
<td>Duration: _______</td>
<td>Duration: _______</td>
<td></td>
</tr>
<tr>
<td>4) Foaming tablet/spermicide</td>
<td>1 Yes</td>
<td>Month: _______</td>
<td>Month: _______</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 No</td>
<td>Year: _______</td>
<td>Year: _______</td>
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<td></td>
<td></td>
<td>Duration: _______</td>
<td>Duration: _______</td>
<td></td>
</tr>
<tr>
<td>5) Combined pill</td>
<td>1 Yes</td>
<td>Month: _______</td>
<td>Month: _______</td>
<td></td>
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<tr>
<td></td>
<td>2 No</td>
<td>Year: _______</td>
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<td>Duration: _______</td>
<td>Duration: _______</td>
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<tr>
<td>6) Mini pill</td>
<td>1 Yes</td>
<td>Month: _______</td>
<td>Month: _______</td>
<td></td>
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<td></td>
<td>2 No</td>
<td>Year: _______</td>
<td>Year: _______</td>
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<td></td>
<td></td>
<td>Duration: _______</td>
<td>Duration: _______</td>
<td></td>
</tr>
<tr>
<td>Family Planning</td>
<td>Yes or No</td>
<td>If Yes, ask When was training received for that method and fill in the month, year and duration for initial and refresher training</td>
<td>Initial (Pre Service)</td>
<td>Refresher (In-service)</td>
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<td>---------------------</td>
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<td>------------------------</td>
</tr>
<tr>
<td>7) IUD</td>
<td>1 Yes</td>
<td>Month: _______ Year: _______ Duration: _______</td>
<td>Month: _______ Year: _______ Duration: _______</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 No</td>
<td>Month: _______ Year: _______ Duration: _______</td>
<td>Month: _______ Year: _______ Duration: _______</td>
<td></td>
</tr>
<tr>
<td>8) injectable</td>
<td>1 Yes</td>
<td>Month: _______ Year: _______ Duration: _______</td>
<td>Month: _______ Year: _______ Duration: _______</td>
<td></td>
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<td></td>
<td>2 No</td>
<td>Month: _______ Year: _______ Duration: _______</td>
<td>Month: _______ Year: _______ Duration: _______</td>
<td></td>
</tr>
<tr>
<td>9) norplant implant</td>
<td>1 Yes</td>
<td>Month: _______ Year: _______ Duration: _______</td>
<td>Month: _______ Year: _______ Duration: _______</td>
<td></td>
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<tr>
<td></td>
<td>2 No</td>
<td>Month: _______ Year: _______ Duration: _______</td>
<td>Month: _______ Year: _______ Duration: _______</td>
<td></td>
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<tr>
<td>10) VSC counseling/ referral</td>
<td>1 Yes</td>
<td>Month: _______ Year: _______ Duration: _______</td>
<td>Month: _______ Year: _______ Duration: _______</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 No</td>
<td>Month: _______ Year: _______ Duration: _______</td>
<td>Month: _______ Year: _______ Duration: _______</td>
<td></td>
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<td>11) tubal ligation</td>
<td>1 Yes</td>
<td>Month: _______ Year: _______ Duration: _______</td>
<td>Month: _______ Year: _______ Duration: _______</td>
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<td></td>
<td>2 No</td>
<td>Month: _______ Year: _______ Duration: _______</td>
<td>Month: _______ Year: _______ Duration: _______</td>
<td></td>
</tr>
<tr>
<td>Family Planning</td>
<td>Yes or No</td>
<td>If Yes, ask When was training received for that method and fill in the month, year and duration for initial and refresher training</td>
<td></td>
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<td>---------------------------------------------</td>
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<td>--------------------------------------------------------------------------------</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Initial (Pre Service)</td>
<td>Refresher (In-service)</td>
<td>Training Conducted by?</td>
<td></td>
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<tr>
<td>12) vasectomy</td>
<td>1 Yes</td>
<td>Month: _______</td>
<td>Month: _______</td>
<td></td>
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<tr>
<td></td>
<td>2 No</td>
<td>Year: _______</td>
<td>Year: _______</td>
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<td></td>
<td></td>
<td>Duration: _______</td>
<td>Duration: _______</td>
<td></td>
</tr>
<tr>
<td>13) natural family planning counseling/referral</td>
<td>1 Yes</td>
<td>Month: _______</td>
<td>Month: _______</td>
<td></td>
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<tr>
<td></td>
<td>2 No</td>
<td>Year: _______</td>
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<td></td>
<td></td>
<td>Duration: _______</td>
<td>Duration: _______</td>
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<tr>
<td>14) LAM</td>
<td>1 Yes</td>
<td>Month: _______</td>
<td>Month: _______</td>
<td></td>
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<td></td>
<td>2 No</td>
<td>Year: _______</td>
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<td>Duration: _______</td>
<td>Duration: _______</td>
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<td>15) diaphragm</td>
<td>1 Yes</td>
<td>Month: _______</td>
<td>Month: _______</td>
<td></td>
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<td></td>
<td>2 No</td>
<td>Year: _______</td>
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<td></td>
<td>Duration: _______</td>
<td>Duration: _______</td>
<td></td>
</tr>
<tr>
<td>16) IEC / Health Talks</td>
<td>1 Yes</td>
<td>Month: _______</td>
<td>Month: _______</td>
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<td></td>
<td>2 No</td>
<td>Year: _______</td>
<td>Year: _______</td>
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<td>Duration: _______</td>
<td>Duration: _______</td>
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</tbody>
</table>
B. Professional Experience With IUD
   2. In the past one-year how many IUD insertions have you made? (general estimate) __________
   3. Which types of IUD do you know?
      1. Copper T 380 A
      2. Nova T
      3. Multiload
      4. Lippes Loop
      5. Other (specify) _____________________________________________________________
   4. Which one do you prefer most?
      _____________________________________________________________
   5. Why?
      ________________________________________________________________________
   6. What common side effects occur during IUD use (please list them)
      1. _____________________________________________________________
      2. _____________________________________________________________
      3. _____________________________________________________________
      4. _____________________________________________________________
   7. Would you say that you can manage side effects:
      1. Effectively
      2. Some what
      3. Not at all
C. Supplies And Equipment
8. During the past one year have you experienced any shortages of the following IUD related expendables:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. IUD</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2. Gauze</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3. Disinfectant</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>4. Gloves</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

9. In the absence of IUD related-expendables what do you ask your clients to do?

10. Do you have an IUD kit?
    1. Yes   2. No   9. NA

D. Indications And Contraindications For Use

11. In your opinion which category of clients should use the IUD and why? *(Please fill the table below)*

<table>
<thead>
<tr>
<th>Category of client</th>
<th>Reasons for using IUD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
</tbody>
</table>
12. In your opinion which category of clients should not use the IUD and why? *(Please fill the table below)*

<table>
<thead>
<tr>
<th>Category of client</th>
<th>Reasons not to use IUD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
</tbody>
</table>

E. Concerns About Transmission Of STD/HIV/AIDS

13. a. If a client requested for an IUD and you suspected the client to have an STI, what would you do?
   1. 
   2. 

b. If a client requested for an IUD and you suspected the client to be HIV positive, what would you do?
   1. 
   2. 

14. What health assessment do you perform at your clinic for clients who request for the IUD?
   1. 
   2. 
   3. 
   4. 

15. Regarding the timing for IUD insertion, when do you ask women who request for the method to come for the insertion and why?
    Why?

16. On average, how much time does it take you to insert the IUD? *(Please indicate time in minutes)* ------
17. When inserting the IUDs what things do you worry about?
   1.  
   2.  
   3.  
18. Do you worry about being infected with HIV?
   1. Yes  2. No
19. Why?
   1.  
   2.  
20. After inserting the IUD what advice do you give women who have chosen the method?
   1.  
   2.  
21. Why?  

F. Provider Views/ Attitude Towards IUD
22. Would you recommend an IUD to a friend?
   1. Yes  2. No
23. Why/why not? (Probe for reasons)
   1.  
   2.  
24. Would you use the IUD yourself?
   1. Yes  2. No
25. Why/why not? (Probe for reasons)
   1.  
   2.  
26. Would you say that IUD use in this clinic has:
   1. Increased 
   2. Decreased 
   3. Stayed the same
4. Have no idea and why?

Note: confirm with records of 2000 and 2001

27. Are clients switching from the IUD to other methods?
   1. Yes  2. No

28. Why?…………………………………………………

29. When you compare IUD with other long-term FP methods (Norplant, Depo-provera injectable) provided at this clinic; would you say it is:
   1. First in preference for clients  2. Second in preference for clients  3. Third preference for the clients

30. Why?---------------------------------------------------------------------------------

31. In general:
   a. What do clients say or think about the IUD?
   b. What do other providers say or think about the IUD?
   c. What do you say or think about the IUD?

32. What training / additional training do you need to help you to improve proficiency in service delivery specifically in relation to the IUD?

33. What do you think should be done to improve IUD promotion?
   1.  
   2.  
   3.  
34. Reference Materials

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Do you have a copy of the National Reproductive Health Service Policy and Standards document?</td>
<td>1. Yes</td>
<td>2. No</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>When did you receive your copy? <em>(Month and Year)</em></td>
<td>Date: ________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>How did you receive your copy? <em>(Probe and tick all that apply)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. At a training session</td>
<td>1. Yes</td>
<td>2. No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. From a supervisor from Head Quarters</td>
<td>1. Yes</td>
<td>2. No</td>
<td></td>
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<tr>
<td></td>
<td>c. From a supervisor from Region</td>
<td>1. Yes</td>
<td>2. No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. Other (please specify)</td>
<td>1. Yes</td>
<td>2. No</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Have you been trained in how to use the guidelines at the service delivery site?</td>
<td>1. Yes</td>
<td>2. No</td>
<td></td>
</tr>
</tbody>
</table>
Appendix II: Simulated Client Study Instrument

Instructions: When clinic visit is completed, sit down in a private place and complete this instrument.

A: Identification

District: 
Health facility name: 
Date of visit (DD/MM/YY): __/___ __/___ __/___
Simulated client name: 
Team Leader (Name): 

Background Information reported to provider

Age: __________

Level of education: 1. Primary 2. Secondary
3. Tertiary 4. No Education

Parity 0 1 2 3 4 5 or more children

Reason for the visit: 1. Interested in spacing
2. Interested in delaying child birth
### B: Counseling and method choice

1. Did the provider discuss with you a range of FP methods available in the clinic?
   1. Yes  
   2. No

2. Which FP methods did the provider mention, discuss and/or explain to you?

<table>
<thead>
<tr>
<th>Method</th>
<th>Mentioned</th>
<th>Discussed/Explained</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes = 1</td>
<td>No = 2</td>
</tr>
<tr>
<td></td>
<td>Yes = 1</td>
<td>No = 2</td>
</tr>
<tr>
<td>a. Oral contraceptives (pill)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>b. Female Condom</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>c. Male Condom</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>d. Spermicides</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>e. IUD</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>f. Injectables</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>g. Norplant</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>h. Tubal ligation</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>i. Vasectomy</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>j. Natural methods</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>k. Abstinence</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
3. Did the provider spontaneously discuss and/or explain the IUD, or did you have to ask?
   1. Spontaneously discussed and explained  2. I had to ask

4. Which of the following visual aids did the provider use to discuss and/or explain available methods? (Multiple response)
   1. None
   2. Contraceptive samples
   3. Flip charts
   4. Pamphlets
   5. Models
   6. Other (specify) ---------------------------------------------------------------

5. Did the provider ask you which method you were interested in?
   1. Yes  2. No

6. When you told the provider that you were ONLY INTERESTED IN THE IUD, what was his/her response?
   (Please describe in detail)
   -----------------------------------------------------------------------------------------------

7. Did the provider discuss and clarify any rumors or mistaken ideas about the IUD?
   1. Yes  2. No (go to 9)
8. What rumors or mistaken ideas did the provider discuss and clarify about the IUD?

<table>
<thead>
<tr>
<th>Rumors</th>
<th>Yes = 1</th>
<th>No = 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. IUD can move and get lost inside the body</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>b. IUD can move to the heart</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>c. IUD can fail and will be in the babies head</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>d. Partner can feel the IUD (pinching)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>e. IUD can fall out</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>f. IUD causes cancer</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>g. IUD causes abortion</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>h. Other (specify)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Revenge of Parthenope</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

9. Did the provider show/give you a sample of the IUD to examine?
   1. Yes  2. No

10. How long did she say you would use the IUD?
    1. Number of years ____  2. Indefinitely  3. Not mentioned

11. Did the provider tell you you could remove or switch to another method should you feel that the IUD does not suit your needs any longer?
    1. Yes  2. No

12. Did the provider tell you any advantages of the IUD?
    1. Yes  2. No (go to 14)
13. Which advantages were mentioned?

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Yes = 1</th>
<th>No = 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Effectiveness</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>b. Long duration</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>c. Ease of use</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>d. Does not interfere with sex</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>e. Quick return to fertility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Other (specify)</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

14. Did the provider tell you any disadvantages and/or complications of the IUD?
   1. Yes  2. No (go to 16)

15. Which disadvantages and/or complications were mentioned?

<table>
<thead>
<tr>
<th>Disadvantages</th>
<th>Yes = 1</th>
<th>No = 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Pain during insertion/removal</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>b. Irregular or Heavy menstrual bleeding</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>c. “Missing” strings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Amenorrhoea with IUD in place</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>e. Abdominal Cramping</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>f. Other (specify)</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

16. Did the provider discuss STD/HIV/AIDS with you?
   1. Yes  2. No (go to 18)
17. What did the provider say about STD/HIV/AIDS?

18. Did the provider over-emphasize any method other than the IUD?
   1. Yes  2. No (go to 21)

19. Which particular method? (One method)
   1. Pills
   2. Condoms
   3. Spermicides
   4. Injectables
   5. Norplant
   6. Tubal ligation
   7. Natural methods
   8. Others (specify)

20. What was/were reasons?

21. While waiting to be attended, did other clients talk about the IUD?
   1. Yes  2. No (go to 23)

22. What did they say about the IUD?
C: Assessment of Clients Reproductive Health Needs:

23. Did the provider ask/take information from you about your:

<table>
<thead>
<tr>
<th></th>
<th>Yes = 1</th>
<th>No = 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a. Personal identification data</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Age</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Address</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Occupation</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>b. Social history</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marital status</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Social habits</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>c. Medical and surgical history</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High blood pressure</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>(dizziness, severe headache)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart problems</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>(breathlessness, palpitations)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory problems</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>(TB, cough, asthma)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Joint pains, jaundice</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>(sickle cell)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Surgery or hospitalization</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Allergies to food or medicine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>(weight loss, fatigue, thirst and frequent urination)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Migraines</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Previous and current medication</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### d. Family history
- High blood pressure (dizziness, severe headache)
- Heart problems (breathlessness, palpitations)
- Diabetes

### e. Menstrual history
- Date of 1st menstrual period
- Last menstrual period
- Cycle pattern (Duration of period, Flow of blood, Painful menstruation)

### f. Obstetric history
- Previous pregnancies and their outcomes, (No of abortions, type of deliveries)
- No of deliveries

### g. Contraceptive history
- Methods used (past and current)
- Length of use
- Reasons for continuing / changing (if applicable)

### h. Sexual history/STD
- Number of partners (past/present)
- Vaginal discharge, odor, itching, pain
- History of Reproductive Tract Infection, including STD/HIV/AIDS

### 24. Did the provider tell you that you could not use the IUD?
1. Yes  2. No (go to 28)

### 25. What reasons did the provider give?

### 26. Given the reasons the provider gave, did he/she help you to choose an appropriate method?
1. Yes  2. No
27. Which appropriate method was recommended? (Multiple response)
   1. Pills
   2. Condoms
   3. Spermicides
   4. Injectables
   5. Norplant
   6. Tubal ligation
   7. Natural methods
   8. Others (specify) ............................................................

D: Availability and Cost of the IUD

28. When you asked about availability of the IUD in the clinic today, did the provider say they were available?
   1. Yes  2. No

29. Did the provider tell you that if you accepted an IUD, you would have to pay for IUD related supplies such as gloves, lotion, or gauze?
   1. Yes  2. No (go to 32)

30. Approximately how much? Cedis ________
31. Do you think the cost is:
   1. Reasonable  2. Just okay  3. Too much

E: Reception

32. Overall, was the reception cordial?
   1. Yes  2. No  3. Somehow

33. Why would you say so?
   ........................................................................................................................................................................
34. During the counseling process, did the provider encourage you to raise questions or share any doubts or apprehensions you had, especially about disadvantages of the IUD?
   1. Yes 2. No

35. Would you say that the provider received your questions, doubts or apprehensions:

36. Were you counseled in private?
   1. Yes 2. No
Appendix III: Key Informant Guide

Training Agencies (Engenderhealth, Prime Intrah, JHPIEGO, Public Health School, GRMA Training Centers)

1. What training activities does your agency undertake?
2. What has been the major focus of your training curriculum over the past 10 years?
3. How has the curriculum changed over time and what has shaped this change?
4. What role do funding agencies play in determining your training content?
5. How many courses have you run in the past 10 years? How many of these have focused on FP? How many of these specifically target the IUD?
6. Which courses have been in high demand?
7. Do you follow-up your trainees after training to ascertain the usefulness of the training?
8. How many trained? How many still at post practicing?
9. In your opinion what is the future IUD use pattern in relation to other contraceptives?
10. In your opinion what are the reasons for preferring particular methods in future?

Guide for Policy Makers (MoH, NPC)

What is MoH’s role in shaping policy concerning FP?

1. What is the current policy with respect to FP?
2. Is there any policy shift towards or against particular methods and why?
3. Are there any barriers towards policy implementation?
   a. Legal
   b. Administrative
   c. Resources
   d. Training
4. In building capacity for service provision, has there been any change in the curriculum?
5. What has been the trend in contraceptive use over the past 10 years generally and for specific methods?
6. Is there a reduction in IUD use?
7. In your opinion what are some of the reasons for the observed trend in the use of the IUD?
8. What has been the level of availability of the following:
   a. IUDs and what types are available?
   b. IUD equipment, including IUD insertion kits and gloves
   c. Infrastructure (clean, private rooms where insertion can be done)
   d. Training of service providers
9. What role does the media play in shaping the demand for IUD and other methods in general?
10. What will be the position of the IUD in the Ghana FP program in future?
11. What factors have been responsible for the success of other long-term methods e.g. implants and injectables?
12. In your opinion what is the future IUD use pattern in relation to other contraceptives?
13. In your opinion what are the reasons for preferring particular methods in future?

**Guide for GSMF & PPAG**

1. What have been your major FP activities in the past 10 years?
2. What is the current organizational policy with respect to FP?
3. Is there any activity shift towards or against promotion of a particular method and why?
4. Have you carried out any market studies in the past years? What do they reveal about the demand profile for the various FP methods?
5. What is the organization’s position on IUD as a FP method in Ghana?
6. What role have your different distributors or access points played in creating a demand for the various methods and IUD in particular?
7. Do you envisage a future/place for the IUD in this country?
Appendix IV: Focus Group Discussion (Spacing)

Women who want additional children but would like to space them

Warm-up questions
1. What is Family planning? / What have you heard about Family planning?
2. Why do women generally decide to use family planning?

Knowledge about IUD
3. What FP methods do you know about? (Probe: How about the Loop/ IUD? Have you heard about it before? Have you seen one before? From where/whom did you hear /see the IUD?
4. What have you heard about the IUD? (Probe: what about that? How do you feel about that? How does your husband feel about that? Why? Please explain said)

Perceptions about the IUD/loop
1. What are your thoughts about the IUD?
2. Tell me about your personal experiences with IUD/loop
3. Have you ever used the IUD before?
4. How long have you used the IUD/loop?
5. How do you find this method?
6. What are the positive things you have experienced with this method? Please explain why you think they are positive?
7. Have you had any negative experiences with the method? Why do you find these negative? What do you intend to do?

Rumours and Myths
1. Have you heard from others anything about IUD/loop? (Probe; what health workers, friends, family members, past users, current users, the population in general say about the IUD/loop.)
2. What do you think about these things? (Probe fears, true, false, will stop, using, will continue.)
3. Do you think use of the IUD should be promoted? How best can this be done?

Dual protection
STD/HIV/AIDS
1. Do you know about STD/HIV/AIDS? How can one protect himself/herself from contracting STD/HIV/AIDS?
2. What do you think about the use of FP methods probe IUD/loop and the protection of oneself from contracting STD/HIV/AIDS?
3. Do you think that women nowadays are switching from IUD/loop to other methods? Why is this so?
Appendix V: Focus Group Discussion (Stopping)

Women who want to stop having children

Warm-up questions
1. What is Family planning? / What have you heard about Family planning?
2. Why do women generally decide to use family planning?

Knowledge about IUD
1. How do you intend to stop having children or space your birth
2. What FP methods do you know about?
   a. (Probe: How about the Loop/ IUD? Have you heard about it before? Have you seen one before? From where/whom did you hear /see the IUD?
3. What have you heard about the IUD? (Probe: what about that? How do you feel about that? How does your husband feel about that? Why? Please explain said)

Perceptions about the IUD/loop
1. What are your thoughts about the IUD?
2. Tell me about your personal experiences with IUD/loop
3. Have you ever used the IUD before?
4. How long have you used the IUD/loop?
5. How do you find this method?
6. What are the positive things you have experienced with this method? Please explain why you think they are positive?
7. Have you had any negative experiences with the method? Why do you find these negative? What do you intend to do?

Rumours and Myths
1. Have you heard from others anything about IUD/loop? (Probe; what health workers, friends, family members, past users, current users, the population in general say about the IUD/loop.)
2. What do you think about these things? (Probe fears, true, false, will stop, using, will continue.)
3. Do you think in future you will try to use the IUD?
4. Are you willing to undergo a pelvic examination?
5. If yes, who would prefer to perform the pelvic examination?
6. Do you think use of the IUD should be promoted? How best can this be done?
Dual protection
STD/HIV/AIDS

10. Do you know about STD/HIV/AIDS? How can one protect himself/herself from contracting STD/HIV/AIDS?
11. What do you think about the use of FP methods probe IUD/loop and the protection of oneself from contracting STD/HIV/AIDS?
12. Do you think that women nowadays are switching from IUD/loop to other methods? Why is this so?