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Research Article

Expanded access to intra-uterine devices: impact of a work process promoting autonomy in contraception

Acesso ampliado ao dispositivo intrauterino: impacto de um processo de trabalho promotor da autonomia na anticoncepção

Acceso ampliado al dispositivo intrauterino: impacto de un proceso de trabajo que promueve la autonomía en la anticoncepción

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Abstract

Introduction: Intrauterine device (IUD) is one of the most effective contraceptive strategies. Despite being widely distributed by the Brazilian Unified Health System (*Sistema Único de Saúde* – SUS), there is low adherence to the method. There are several barriers to this situation, such as lack of knowledge about the device, in addition to the reduced offer for contraceptive insertion by primary health care providers. Given that increased access to the IUD can contribute to reducing unplanned pregnancies, as well as empowering women, some strategies have been developed by a primary health care team to facilitate access to IUDs. **Objective:** This research reflected on the impact of incorporating health education strategies to disseminate the method and reduction of barriers to insertion, broadening IUD access, the number of devices inserted, the number of unplanned pregnancy and the possibility of increased female empowerment. **Methods:** Data were extracted from information present in spreadsheets and reports produced by the team itself. Descriptive statistics were used to present and analyze the data obtained, using tools for formulating graphics and tables. **Results:** After changing the work process to expanded access to IUD insertion, an increase in the number of procedures and the percentage of planned pregnancies was observed. **Conclusions:** The IUD appears as an instrument to enable the exercise of sexual and reproductive rights and to leverage women's emancipatory attitudes. The fewer barriers women encounter when inserting an IUD, the greater the choice for this method, with insertion being on spontaneous demand and continuing education activities, powerful tools to enable greater access to it. Long-term studies are necessary for these hypotheses to be evaluated, however, there appears to be a positive link between these two variables.

Keywords: Contraception; Family development planning; Intrauterine devices; Empowerment for health; Women's health.

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Resumo

Introdução: O dispositivo intrauterino (DIU) é uma das estratégias contraceptivas mais eficazes. Porém, apesar de ser amplamente distribuído pelo Sistema Único de Saúde (SUS), há baixa adesão ao método. São constatadas diversas barreiras para esse quadro, tais como desconhecimento acerca do dispositivo, além da reduzida oferta para inserção do contraceptivo por parte das Equipes de Saúde da Família (eSF). Tendo em vista que a ampliação do acesso ao DIU pode contribuir para a diminuição das gravidezes não planejadas, bem como para a autonomia e para o empoderamento das mulheres, algumas estratégias foram desenvolvidas por uma eSF para facilitar o acesso ao DIU. **Objetivo:** Refletir a respeito do impacto da incorporação de estratégias de educação em saúde para divulgar o método dentro da própria equipe, de sua área de cobertura e da diminuição de barreiras para a inserção, na ampliação do acesso ao DIU, no quantitativo de dispositivos inseridos, no número de gestações não planejadas e na possibilidade de aumento do empoderamento feminino. **Métodos:** Os dados coletados foram extraídos das informações presentes em planilhas e relatórios produzidos pela própria eSF. Utilizou-se da estatística descritiva para apresentar e analisar os dados obtidos, a partir de ferramentas de formulação de gráficos e tabelas. **Resultados:** Após mudança no processo de trabalho, visando ao acesso ampliado à inserção do DIU, observou-se um aumento no quantitativo do procedimento assim como na percentagem de gravidezes desejadas. **Conclusões:** O DIU surge como um instrumento para possibilitar o exercício dos direitos sexuais e reprodutivos e para alavancar atitudes emancipatórias das mulheres. Quanto menos barreiras as mulheres encontram para a inserção do DIU, maior é a escolha por este método, sendo a inserção por demanda espontânea, ou seja, no momento em que a mulher procura a eSF para fazê-la. Nesse sentido, as atividades de educação continuada tornam-se potentes ferramentas para possibilitar maior acesso ao método. Fazem-se necessários estudos de longa duração para que essas hipóteses sejam avaliadas, todavia, parece haver uma ligação positiva entre essas duas variáveis.

Palavras-chave: Anticoncepção; Planejamento familiar; Dispositivos intrauterinos; Empoderamento para a saúde; Saúde da mulher.

Resumen

Introducción: El dispositivo intrauterino (DIU) es una de las estrategias anticonceptivas más efectivas. Sin embargo, a pesar de su amplia distribución a través del Sistema Único de Salud, existe una baja adhesión a este método. Se han identificado diversas barreras para esta situación, como el desconocimiento sobre el dispositivo y la oferta limitada de su inserción por parte de los equipos de salud familiar (eSF). Con el objetivo de ampliar el acceso al DIU y reducir los embarazos no deseados, así como promover la autonomía y empoderamiento de las mujeres, algunos equipos de eSF han desarrollado estrategias para facilitar su acceso. **Objetivo:** Reflexionar sobre el impacto de la incorporación de estrategias de educación en salud para difundir el método dentro del propio equipo y su área de cobertura, así como la eliminación de barreras para la inserción, en la ampliación del acceso al DIU, en la cantidad de dispositivos insertados, en el número de embarazos no planeados y en la posibilidad de aumentar el empoderamiento femenino. **Métodos:** Los datos recopilados se extrajeron de las hojas de cálculo e informes producidos por el propio eSF. Se utilizó estadística descriptiva para presentar y analizar los datos obtenidos mediante herramientas de creación de gráficos y tablas. **Resultados:** Después de un cambio en el proceso de trabajo destinado a ampliar el acceso a la inserción del DIU, se observó un aumento en la cantidad de procedimientos realizados. También se registró un aumento en el porcentaje de embarazos deseados. **Conclusiones:** El DIU se presenta como una herramienta que permite el ejercicio de los derechos sexuales y reproductivos y promueve actitudes emancipatorias en las mujeres. Cuantas menos barreras encuentren las mujeres para la inserción del DIU, mayor será la elección de este método, con la inserción a demanda, es decir, cuando la mujer lo solicita al eSF, y las actividades de educación continua como poderosas herramientas para facilitar un mayor acceso. Se necesitan estudios a largo plazo para evaluar estas hipótesis, aunque parece existir una relación positiva entre estas dos variables.

Palabras clave: Anticoncepción; Planificación familiar; Dispositivos intrauterinos; Empoderamiento para la salud; Salud de la mujer.

INTRODUCTION

Historically, women were often portrayed as fragile, sickly, and disease-prone. In the 18th century, this perception led to the female body becoming an object of medical scrutiny, and social control over their bodies intensified.[1] The pathologization and control of the female body were reflected in health policies that primarily focused on the pregnancy-puerperal cycle, with a strong emphasis on birth control.[2] There have been numerous feminist movements aimed at challenging these birth control policies and advocating for comprehensive improvements in women's healthcare.[2,3]

In this context, the Ministry of Health established the Comprehensive Assistance Program for Women's Health in 1984. This program provided care for women during prenatal periods, childbirth, postpartum, and menopause, as well as including family planning, efforts to combat sexually transmitted diseases, and cancer prevention. In 2004, the program was integrated into the National Policy for

Comprehensive Attention to Women's Health, which emphasized a gender-focused approach. This policy also addressed the need for attention to rural women, women with disabilities, Black women, indigenous women, prisoners, and lesbians.[3]

In line with this perspective, the National Policy on Sexual and Reproductive Rights defined family planning as a "free decision of the couple, with the State being responsible for providing resources for the exercise of this right."[4] The State is required to ensure that families have the opportunity to decide whether to have children, how many, and when.[5] Additionally, the policy mandates the inclusion of all contraceptive techniques and methods that do not endanger people's lives or health, ensuring that these options are available to all women and men of childbearing age who wish to control their fertility.[4]

Despite the range of contraceptives offered by the Brazilian Unified Health System (*Sistema Único de Saúde* – SUS) and the high percentage of women using some form of contraception, the rate of unplanned pregnancies in the country remains high. According to a 2022 report from the United Nations Population Fund,[6] 63% of women in Brazil used a modern contraceptive method (IUD, hormonal implants, hormonal injectables, pills, male and female condoms, diaphragms, emergency contraception, and lactational amenorrhea). Unplanned pregnancies are those that occur when a woman was not intending to have children or that occur earlier than desired.[6,7] Each year, there are approximately 121 million unplanned pregnancies worldwide, or more than 330,000 per day, underscoring the significant challenge of ensuring women's right to make informed choices.[6]

Unplanned pregnancies are linked to several negative outcomes, including unsafe abortions, increased maternal and infant mortality, and social challenges such as unemployment, difficulties accessing education and the job market, and strained family relationships.[7,8] Estimates suggest that 60% of maternal deaths and 57% of infant deaths could be prevented by reducing the rate of unplanned pregnancies.[8] Additionally, advancements in family planning policies over the past 20 years in developing countries have been associated with a 40% reduction in maternal mortality.[9]

According to The Contraceptive CHOICE Project,[10] half of the women who experience an unplanned pregnancy were using some form of contraception at the time of conception. However, most of these women used contraceptive methods that require perfect use for optimal effectiveness. As a result, many pregnancies occurred not due to a failure of the method itself but because of errors in its application.[10] Therefore, the importance of long-acting reversible contraceptives (LARCs) is recognized in strengthening family planning policies. LARCs, which include methods effective for three years or more and do not rely on the woman's actions to maintain their effectiveness, have lower failure rates compared to other methods.[8]

The copper IUD is one such highly effective contraceptive method, with a duration of up to 12 years[11,12] and a Pearl index ranging from 0.6 to 0.8% in the first year of use.[8] It is known for being safe, effective, and cost-effective. Despite these advantages, it remains underutilized.[10] In Brazil, only 2% of women use the copper IUD,[13] which is the only LARC offered by SUS for exclusive contraceptive purposes.

In recent decades, female empowerment has become a central focus in global development discussions and is highlighted as one of the United Nations (UN) Millennium Development Goals, aiming "to achieve gender equality and empower all women and girls."[14] According to Kabeer,[15] empowerment refers to ""the expansion of people's ability to make strategic life choices in a context where this ability was previously denied to them." Black feminist writer Joice Berth[16] defines empowerment as

> *closely linked to the social work involved in the strategic development and conscious recovery of the potential of individuals affected by systems of oppression. It primarily aims at the social*

liberation of entire groups through a broad process that includes various fronts of action, such as intellectual emancipation.

Achieving gender equality and empowering all women and girls are Millennium Development Goals set by the UN. Given the high number of unplanned pregnancies in Brazil and their adverse effects on the lives of many women and families, contributing to the persistence of gender inequality, it is essential to reassess the role of IUD in family planning within Primary Health Care (PHC).

Based on these considerations, this study aimed to examine the effects of reformulating the process for offering IUD in a Family Health Strategy (FHS) by analyzing the number of pregnancies, unplanned pregnancies, and the total number of IUD inserted. Additionally, from a feminist perspective, the study discusses the IUD's role as a tool for women's autonomy and empowerment.

METHODS

This was a quantitative, cross-sectional, and descriptive study conducted at a Family Practice Unit in Rio de Janeiro. Data were collected from a spreadsheet developed and updated daily by a family health team (FHT), specifically for this research. The decision to analyze data from this particular FHT was due to significant changes in the work process regarding the provision of IUD as a contraceptive method. These changes were implemented through continuing education activities, health education, and expanded access to perform the IUD insertion procedure.

In team meetings, efforts were made to emphasize the importance of consistently offering contraceptives to users. Strategies were developed to ensure that Community Health Agents (CHA), nursing technicians, and nurses systematically offered the IUD during home visits, when administering injectable contraceptives, in prenatal consultations, during childcare, and while collecting cervico-vaginal exams. These strategies included training on how to offer the IUD, addressing concerns about its side effects, and dispelling myths about the method. Special attention was given to women who visited the FHT for pregnancy tests and did not plan to become pregnant. Whenever possible, these women were provided with an IUD insertion on the same day. Women who came in-person for IUD insertion were also able to undergo the procedure on the day they requested it.

Furthermore, in line with the literature, FHT eliminated the requirement for pre-procedure tests (such as ultrasound or cytopathology) and separated the insertion from the menstrual period. Current evidence indicates that these tests are unnecessary and that the procedure can be performed at any time during the menstrual cycle, provided there is reasonable certainty that the woman is not pregnant.[17]

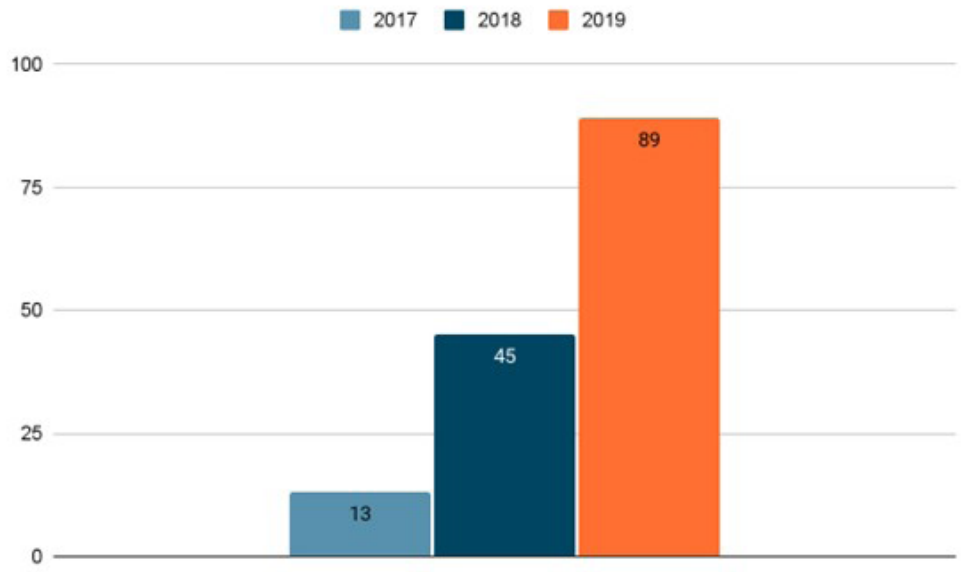
The spreadsheet used for data collection recorded the number of pregnant women monitored each month from January 2017 to December 2019, indicating whether the pregnancies were planned or unplanned. Concurrently, data on the number of IUD inserted by the team during the same period were gathered from consolidated team reports. Descriptive statistics were employed to present and analyze the data, using graphical and tabular tools for the formulation of results.

The research was conducted in accordance with the standards outlined in Resolution No. 466/12 of the National Health Council (*Conselho Nacional de Saúde* – CNS), which regulates research involving human subjects. The study was approved by the Research Ethics Committee of the Sérgio Arouca National School of Public Health (*Escola Nacional de Saúde Pública Sérgio Arouca* – ENSP), under CAAE number 21400719.2.0000.5240.

RESULTS

By eliminating the need for prior scheduling for IUD insertion, the requirement to perform the procedure during the menstrual period, and the need for a cytopathological examination for cervical cancer screening in the year before the procedure, along with implementing continuous education strategies and involving the entire team, including CHA in reproductive counseling, the FHT saw a significant increase in IUD insertions. The number rose from 13 in 2017 to 45 in 2018, representing a 346% increase, and from 45 in 2018 to 80 in 2019, a 178% increase. Comparing the first and third years of this study, there was a 615% increase in the number of IUD inserted in women of childbearing age, as illustrated in Graphic 1.

Table 1 displays the number of IUD inserted each month over the three years evaluated. It shows that in every month of 2018 and 2019, at least one IUD was inserted. In 2019, the team averaged approximately 1.66 IUD insertions per week.



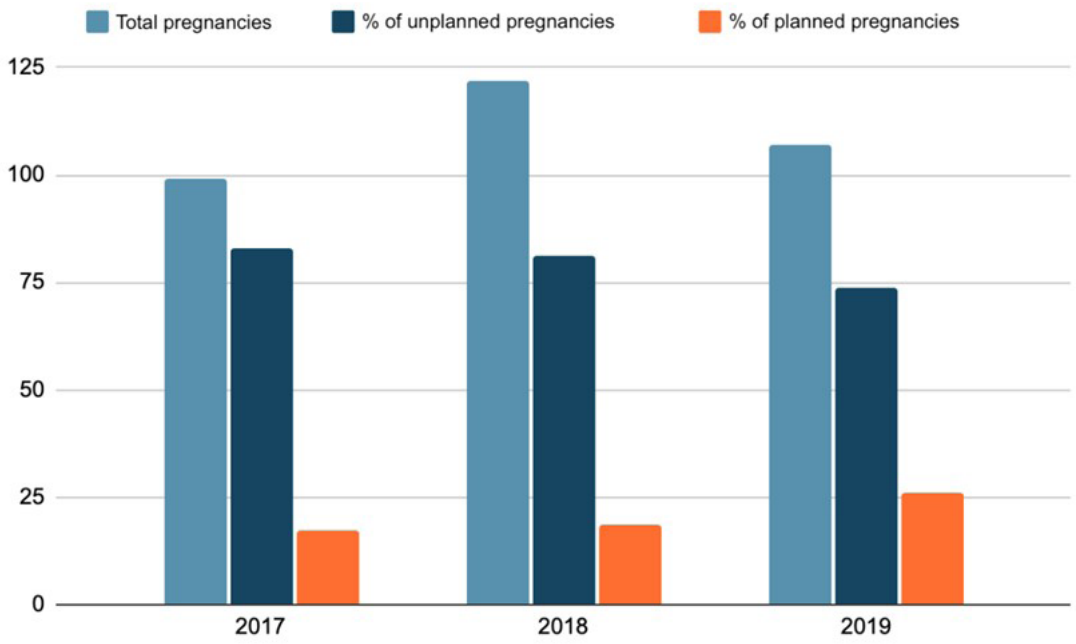
Graphic 1. Number of IUDs inserted in 2017, 2018, and 2019.

Table 1. Number of IUDs inserted per month over the years 2017, 2018, and 2019.

	2017	2018	2019
January	3	3	9
February	0	1	5
March	1	2	4
April	3	3	11
May	0	2	8
June	0	3	3
July	3	5	2
August	1	6	2
September	1	6	12
October	0	5	7
November	0	1	5
December	1	6	12
Total	13	45	80

Regarding the number of pregnant women in the years evaluated, in 2017, the FHT monitored 99 pregnant women, of whom 17 planned their pregnancies (17.1%). In 2018, 122 pregnant women were monitored, with 23 planning their pregnancies (18.5%). In 2019, the team monitored 107 pregnant women, with 28 (26.1%) having planned their pregnancies, as illustrated in Graphic 2.

In relation to the enrolled population, Table 2 shows the number of women of childbearing age registered with the team at the end of each evaluated year. There was a 9.4% increase in the population of women of childbearing age between 2017 and 2018, followed by a 2.1% decrease between 2018 and 2019. Overall, from the first to the last year of this study, there was a 5.2% increase in the number of women of childbearing age monitored by the team.



Graphic 2. Comparison of pregnancies between the years 2017, 2018, and 2019 .

Table 2. Number of women of childbearing age registered with the team at the end of 2017, 2018, and 2019.

	2017	2018	2019
Women of childbearing age	1,080	1,145	1,121

DISCUSSION

Access to the intrauterine device

The low rate of IUD use can be attributed to several barriers. These include a lack of knowledge among health professionals and women about the IUD's mechanism of action and effectiveness, a shortage of trained professionals, difficulties in scheduling its insertion, and fears of potential side effects. Additionally, there are misconceptions about the method that are not supported by evidence, such as: beliefs that nulliparous women cannot use the device; that IUD causes cancer; that it increases the risk of developing pelvic inflammatory disease, and that it raises the likelihood of ectopic pregnancy.[10,18,19]

There is a high percentage of IUD acceptance when it is actively offered alongside qualified contraceptive guidance,[10,18] which prompts reflection on the low prevalence of this method among women in Brazil. Gonzaga and collaborators[18] also note that many healthcare professionals do not recognize the organizational barriers to accessing the IUD, which complicates or even prevents changes in work processes that could promote greater adherence to this contraceptive method.

There is extensive literature on the impact of reducing access barriers to IUD on their acceptance by women. The Contraceptive CHOICE study,[10] which involved 5,529 women in St. Louis (USA), demonstrated that after receiving contraceptive counseling and the offer for immediate device insertion, 47% of women chose the hormonal IUD and 9% chose the copper IUD, resulting in an increase in IUD acceptance from 3% to 56%.[10] Gonzaga et al.[18] highlight that when prior scheduling for IUD insertion is required, it increases the likelihood that women may become pregnant, encounter obstacles that prevent them from returning, or abandon the idea of using the IUD altogether. The more appointments required before obtaining an IUD, the lower the adherence to the method.[18]

After recognizing the existing barriers to obtaining the intrauterine device and implementing modifications in the work process to reduce these obstacles, the FHT observed an increase in IUD acceptance, similar to findings reported in the literature.[10,18] It was also noted that the process of IUD placement became increasingly less bureaucratic as the team made it a more routine practice.

According to data provided by the Subsecretariat of Primary Care, Surveillance, and Health Promotion (*Subsecretaria de Atenção Primária, Vigilância e Promoção da Saúde* – SUBPAV),[20] 2,752 IUD were inserted in the city of Rio de Janeiro between January and November 2019. Of these, the study team's share was 2.47%. Given that the municipality had approximately 1,290 family health teams during the study period,[20] one FHT would represent only 0.07% of the total number of teams. Thus, the studied FHT conducted around 32 times more IUD insertions than the proportional average per FHT in the municipality. At the Family Practice Unit where the team is based, this team was responsible for 43.4% of all IUD insertions that year.

It is recognized that the diversity of the population profile among different teams can influence the need for more or fewer reproductive planning actions, as well as the choice of various contraceptive methods, as noted by Casique.[21] However, the perception of barriers to accessing the IUD and the efforts to reduce these obstacles, involving the entire team in the process, may have contributed to the significant numbers achieved by this FHT. These efforts are consistent with findings in the literature on the subject.[10,18]

Between June and August 2019, there was a shortage of IUDs at the Family Practice Unit where this research was conducted, leading to a reduction in the number of women opting for this method in the following months, as shown in Table 1. During this period, a list of 22 women who had expressed interest in an IUD while it was out of stock was compiled. When contacted later, only 10 of these women returned to have the procedure, indicating that delays and multiple appointments increase the likelihood of dropout. This observation aligns with Gonzaga and collaborators' study on the scheduling barriers associated with IUD access.[18]

Another important observation is that on September 21st, 2019, an IUD insertion event was organized, during which 43 procedures were performed. However, only three of these procedures were for women registered with the team evaluated in this study. One possible explanation for this is that these women already have expanded access to IUD on a daily basis and, therefore, may not feel the need to participate in an event with a pre-established date.

Reproductive planning

In Brazil, a woman of childbearing age is defined as being between 10 and 49 years old. It is estimated that the rate of unplanned pregnancies in Brazil is 67 per 1,000 women aged 15 to 49 years. In the most developed regions of the world, this rate is 34 per 1,000 women in the same age range. In the team under study, in 2017, the rate of unintended pregnancies was 76 per 1,000 women of childbearing age.

Following the intervention carried out by the team, there was an increase in planned pregnancies, consistent with findings in the literature regarding the impact of using LARC.[8] Between 2017 and 2018, despite an absolute increase in the number of pregnant women monitored, there was a higher proportion of planned pregnancies. Between 2018 and 2019, there was an absolute reduction in the total number of pregnancies, along with an increase in the percentage of women who planned to become pregnant. During this same period, there was also a significant rise in the number of IUD inserted by the team. By the end of 2019, after adjusting the data for comparison, the rate of women who did not plan to get pregnant was 70 per 1,000, which is 8% lower than the rate found in 2017, prior to the intervention.

Several factors may have influenced these results, including population migratory movements and the use of other contraceptive methods. However, the change in the pattern of total pregnancies and planned pregnancies is clear, with a 9% increase in the number of women who planned to become pregnant between 2017 and 2019. It is likely that the actions implemented by the team contributed to this change.

It can be observed that between the first and last year of this research, there was an increase in the number of registered women of childbearing age. Therefore, it is likely that migratory movements did not have a major impact on the results.

Autonomy in choosing when to conceive

It is crucial to emphasize that expanding access to IUD is not merely a hygienic practice but is intended to empower women to decide when to become mothers. An advanced approach to IUD access aims to foster an environment conducive to female empowerment. Historically, the IUD has been used as a tool of control, particularly over the bodies of Black, Latina, and low-income women.[22,23] However, from a feminist perspective, offering women the choice to use the IUD, along with providing other contraceptive methods in a qualified manner, positions the IUD as a valuable tool for promoting female empowerment and autonomy. Given the high discontinuation rates of short-acting contraceptives, persistent shortages, and elevated rates of unplanned pregnancies, it is evident that women are often victims of an oppressive system that restricts their ability to exercise their sexual and reproductive rights.

The relationship between effective family planning and increased female empowerment is not entirely clear, largely due to the challenge of defining which variables should be considered to determine a woman's "level of empowerment." Nevertheless, the use of contraceptives at some point in a woman's life is positively associated with greater female empowerment.[21,24,25]

It is important to note that this positive association between contraceptive use and female empowerment becomes stronger when the use of contraceptives is targeted at those who need them most, such as women of childbearing age who are not pregnant and do not wish to become pregnant in the near future,[21] as well as Black women and those who are more socially vulnerable. Elliot, in his ethnography of women using IUDs, describes that many view choosing this method as an emancipatory decision.

For these women, the IUD provides freedom from the fear of pregnancy and alleviates the financial burden of other contraceptive methods.[23]

Roos and Bietch discuss the correlation between female empowerment and the age of the youngest child. They find that as the youngest child gets older, women are more likely to engage in formal work activities, small businesses, and other activities outside the home, including social engagements. This increased involvement contributes to greater gender equality and women's emancipation.[25]

The research results indicate a 9% increase in the number of planned pregnancies compared to the period before the modification of the work process aimed at expanding access to the IUD. This change reflects a greater autonomy for women in deciding when to become pregnant. For those who choose not to become pregnant, using a long-acting reversible contraceptive method becomes a liberating choice, as described by Elliot.[23]

CONCLUSION

Family planning is a constitutional right for women in Brazil. However, many women face challenges in exercising this right, experiencing unplanned pregnancies that contribute to unsafe abortions and an increase in female mortality. These challenges also hinder women's participation in the job market and have negative financial and emotional impacts on many families.

One of the UN Millennium Development Goals is to "achieve gender equality and empower all women and girls." In this context, the IUD serves as a tool to enable the exercise of sexual and reproductive rights and to foster emancipatory attitudes among women. It has been observed that reducing barriers to IUD insertion increases the likelihood of women choosing this method, especially when insertion is available on spontaneous demand, that is, at the moment the woman seeks the FHT for the procedure. In this sense, continuing education activities present themselves as powerful tools to enable greater access to the device.

In the evaluated team, there was a noticeable short- and medium-term increase in the number of women opting for the IUD as a contraceptive method, as well as an increase in the percentage of planned pregnancies within the population. It is believed that these changes could have a positive long-term impact on the demographic profile of this population and contribute to women's emancipation. While long-term studies are needed to evaluate these hypotheses fully, there appears to be a positive correlation between these two variables.

It is crucial to remember the historical impact of birth control policies on women's bodies, particularly affecting Black, Latina, and poor women from the Global South. This awareness is vital to prevent the recurrence and perpetuation of these issues. Additionally, it is necessary to advocate for the implementation of permanent reproductive planning policies that prioritize female autonomy. This includes discussions on the right to safe abortion and the promotion of gender and racial equality.

Finally, there is a highlighted need for new research to deepen this discussion. The focus should be not only on observing the long-term effects of IUD use on female autonomy but also on listening to and amplifying women's voices about their experiences with its use.

CONFLICT OF INTERESTS

Nothing to declare.

AUTHORS' CONTRIBUTIONS

MOLM: Project administration, Formal analysis, Conceptualization, Data curation, Writing – original draft, Writing – review & editing, Methodology, Validation. EFN: Formal analysis, Conceptualization, Data curation, Writing – review & editing, Supervision, Validation. IBC: Formal analysis, Writing – review & editing, Methodology, Validation. RCFS: Formal analysis, Writing – review & editing, Methodology, Supervision, Validation.

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