

# Results of the Study on Long-Acting Reversible Contraception (LARC) in the Philippines

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# Study on LARC in the Philippines, 2024



- Objectives:
  - Identify the specific training needs of health providers and community motivators;
  - Assess the knowledge, attitudes, and practices of the target population and providers regarding LARC; and
  - Review the status and current initiatives on FP promotion and services, including LARC
- Findings will serve as basis for developing targeted strategies and plans for LARC education and training in collaboration with key stakeholders

# Methodology: Quantitative & Qualitative Approaches

## Quantitative: Training Needs Assessment (Online Survey)

*Level of knowledge, practices, barriers and desired training needs of health service providers*

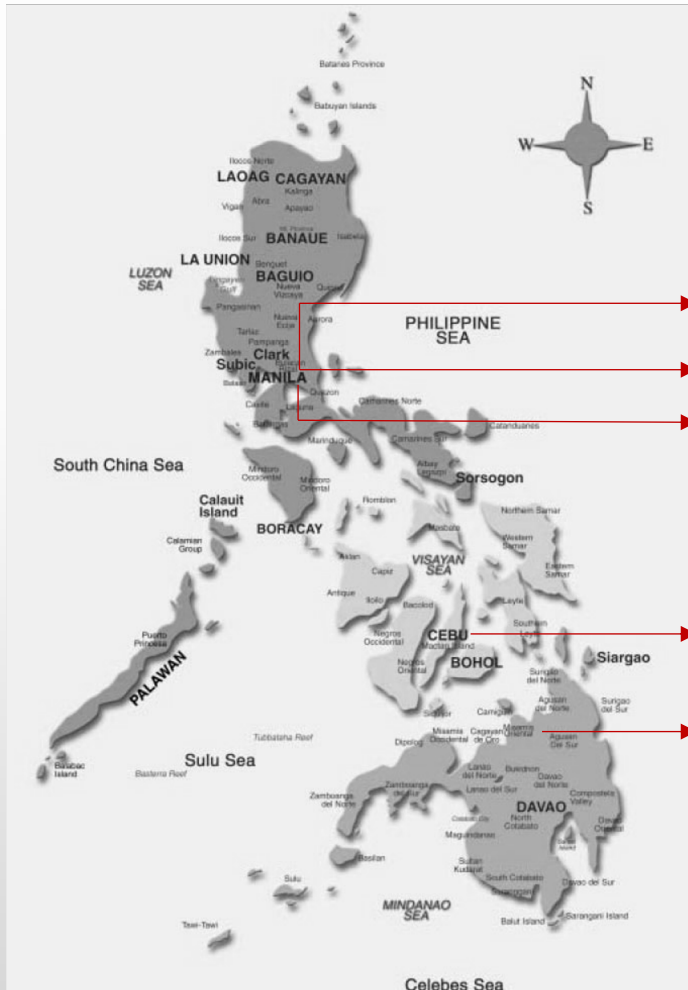
## Qualitative

- Key Informant Interview: Individual experiences, challenges and perspectives on LARC promotion and provision
- Focus Group Discussion: Collective insights, shared challenges and innovative solutions

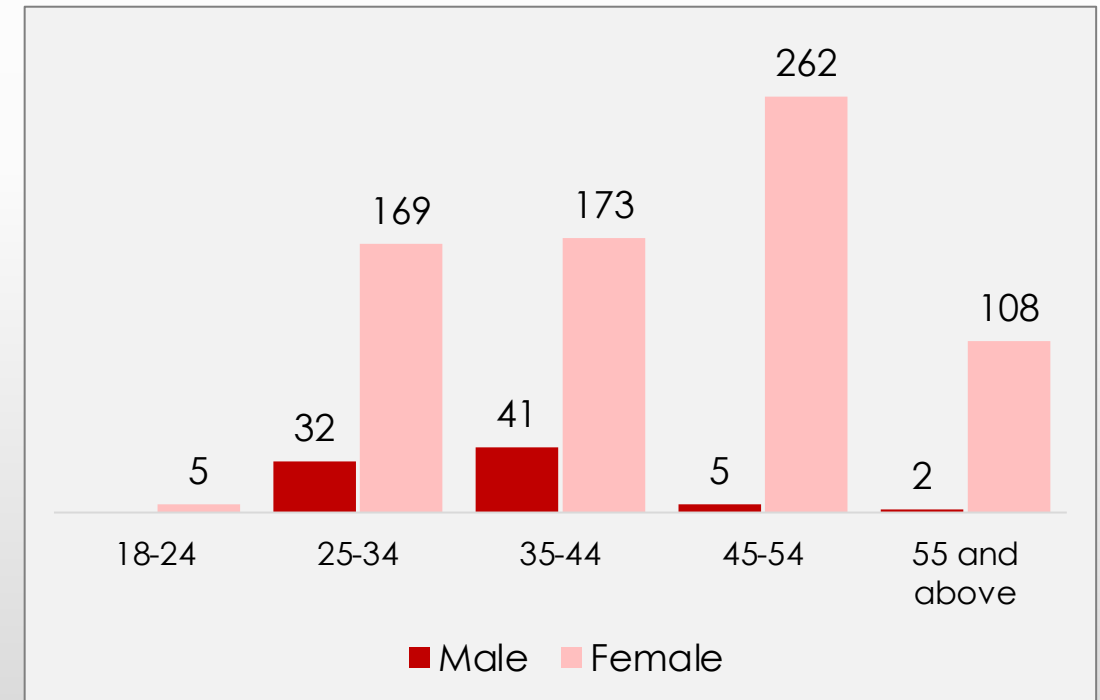
## Five (5) Project Sites:

**District II of Quezon City** (NCR), **Bulacan** (Central Luzon), **Rizal** (CALABARZON), Province of **Cebu** (Central Visayas) and **Misamis Oriental** (Northern Mindanao)

797 HSPs participated in the TNA; 90% were females;  
34% belonged to the 45 to 54 age group



Number of HSPs, by age group and by sex

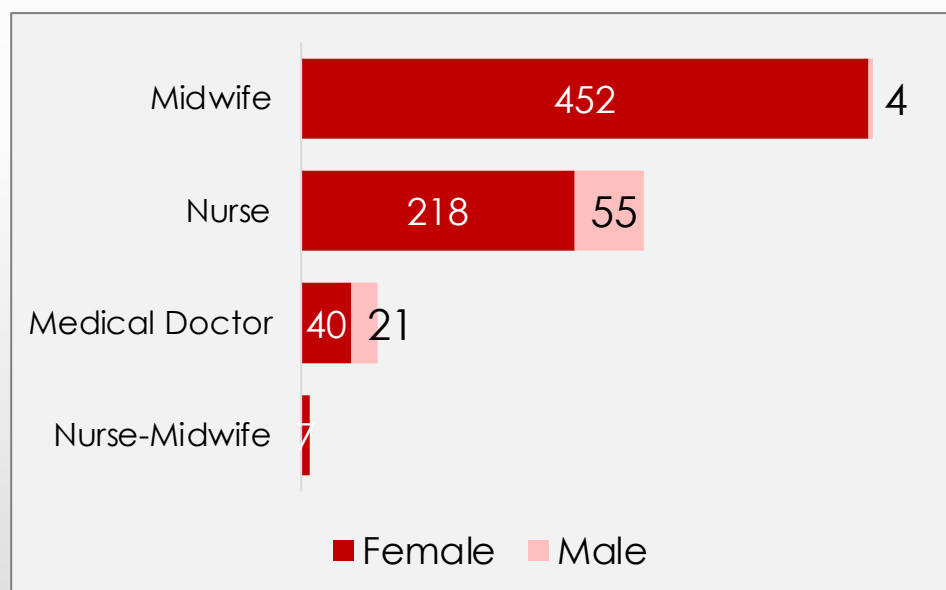




**Practice of profession, primary area  
of practice and provision of family  
planning services**

# Practice of profession and primary area of practice

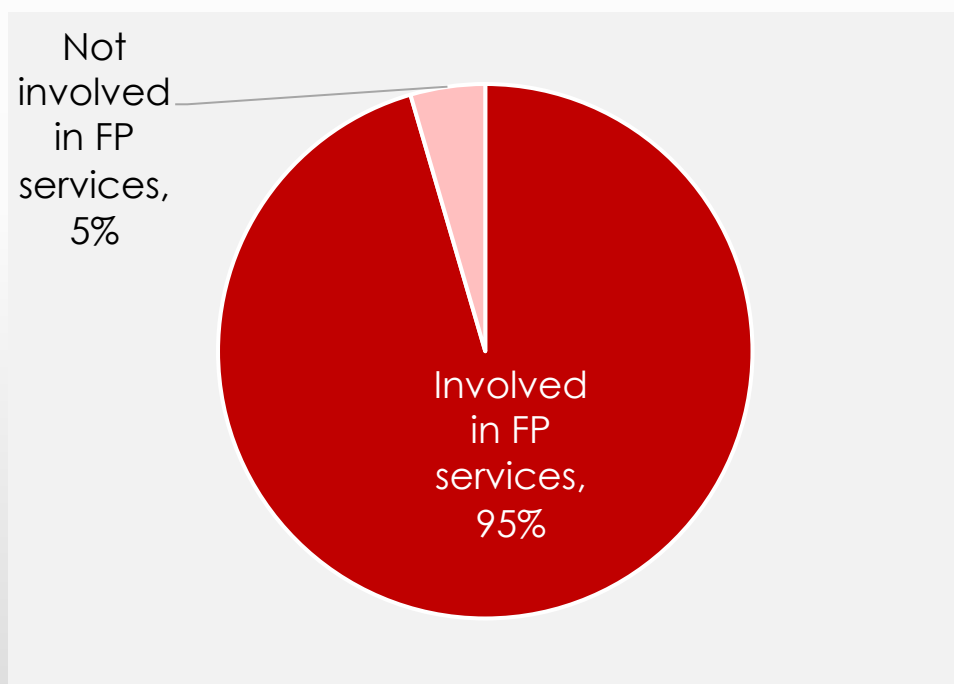
Number of HSPs, by profession



- 57% of the 797 HSPs (n=456) were midwives
- HSPs have been practicing their profession for 15 years (average)
- 90% of the 797 HSPs (n=716) were in public or government-owned operated facilities

# Provision of family planning services

HSPs providing FP services



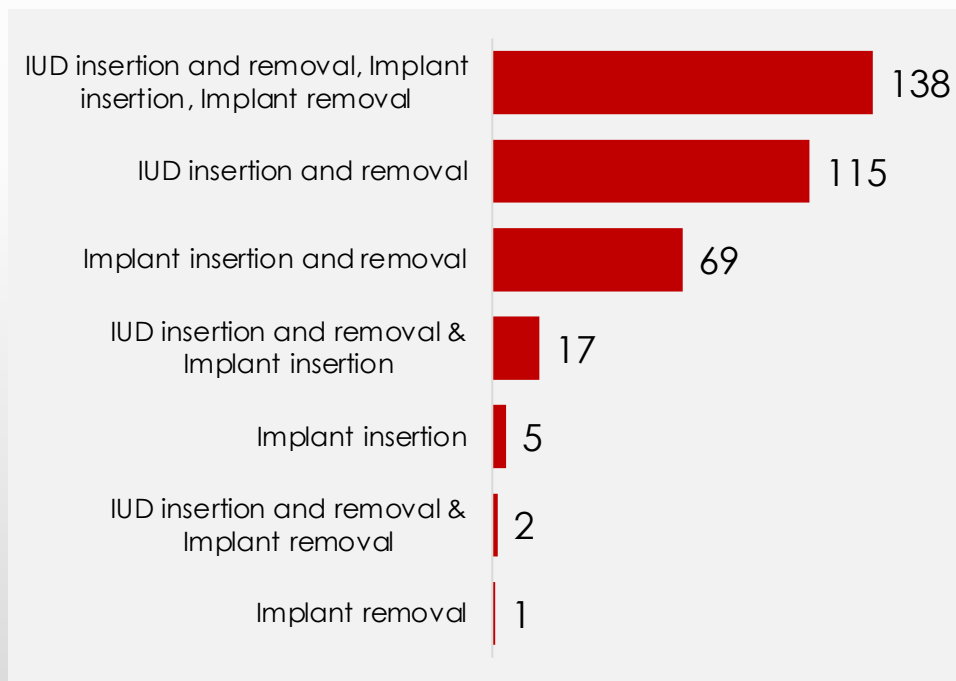
- Of the 797 HSPs:
  - 95% (n=761) said that they were providing FP services
  - 5% (n=36) were not involved in providing FP services
- Average number of years HSPs have been providing FP services was 11 years

# Capacity building for LARC



# Training in IUD/contraceptive Implant insertion and removal

Number of HSPs with training in IUD/Implant insertion and removal



- 46% (n=347) of the 761 HSPs providing FP services were trained in IUD insertion and removal only, Implant insertion and removal only or both
- *KI findings: More than half of the key informants shared that only a few HSPs from health facilities were trained in LARC primarily due to limited slots offered*

# Formal training in IUD insertion and removal

**36%** (n=272) had formal training in **IUD insertion and removal**

Type of training received (n=272):

- 71%: **Accredited Basic FPCBT Program**
- 46%: Accredited Comprehensive FPCBT Program
- 34%: IUD insertion and removal certification program
- 21%: mentorship program with a qualified healthcare provider
- 5%: online training module from a reputable source

**30%** (n=229) had formal training in contraceptive **Implant insertion**

Type of training received (n=229):

- 71%: **Accredited FPCBT Program**
- 54%: Implant insertion certification program
- 38%: mentorship program with a qualified healthcare provider
- 7%: online training module from a reputable source

**28%** (n=210) had formal training in contraceptive **Implant removal**

Training received (n=210):

- 71%: **Accredited FPCBT Program**
- 50%: Implant removal certification program
- 42%: mentorship program with a qualified healthcare provider
- 7%: online training module from a reputable source

## Rating of current access to training opportunities

- 34% of the 761 HSPs said that there are training opportunities available for IUDs and Implant insertion and removal **but** finding ones that fit their schedule is challenging
- *From the KII:*
  - *HSPs mentioned the following challenges when accessing LARC training: synchronizing their schedule; limited slots offered; lack of funds*
  - *More than half mentioned CHDs as the main training institution for LARC*



# Areas in the training where HSPs would benefit from



**55%** of 761 HSPs would mostly benefit from contraceptive Implant management such as **troubleshooting side effects**



**51%** of 761 HSPs would benefit from **effective counseling** strategies for promoting FP



**50%** of 761 HSPs would mostly benefit **from latest updates** on LARC effectiveness, safety, and eligibility criteria



# Typical preferred learning experience

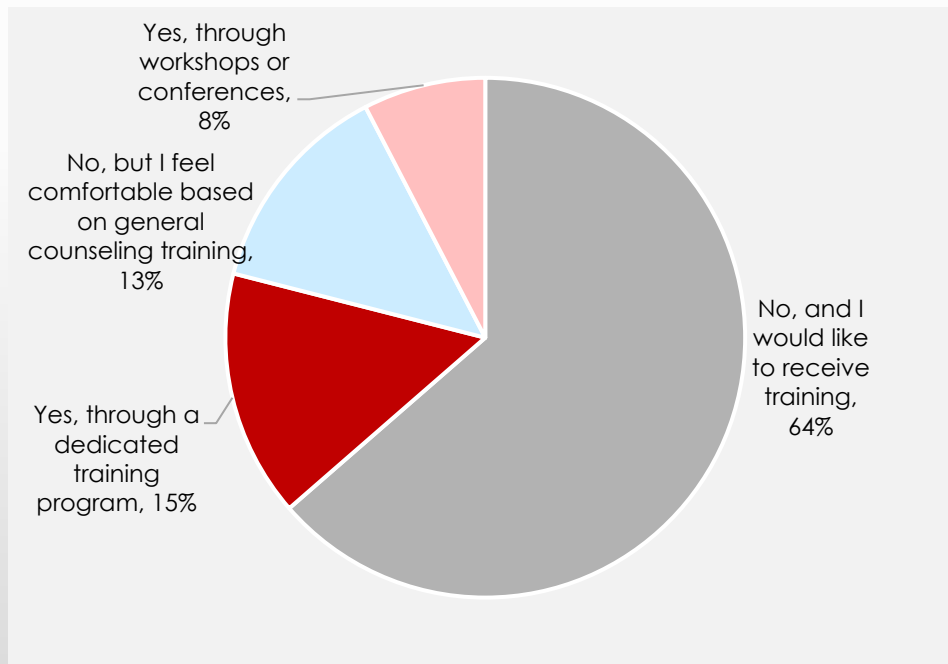


Of the 761 HSPs:

- 81% preferred hands-on workshops with simulation
- 51% preferred peer learning and knowledge sharing through group activities
- 43% favored didactic presentations with clear visuals

# Formal training in counseling adolescents about IUDs and contraceptive Implant (parous and nulliparous adolescents)

Formal training in counseling adolescents about IUDs and contraceptive Implant



Of the 761 HSPs:

- 15% received formal training in counseling adolescents through a dedicated training program
- 64% had no training and are willing to be trained

# **Provision of LARC services**

# Actual provision of IUD and contraceptive Implant services



**65%** of 272 HSPs who were providing FP services and with formal training in IUD insertion and removal actually provided IUD insertion service

**65%** of 272 HSPs who were providing FP services and with formal training in IUD insertion and removal actually provided IUD removal service



**82%** of the 229 HSPs who were providing FP services and with formal training in contraceptive Implant insertion actually provided contraceptive Implant insertion services

**84%** of the 210 HSPs who were providing FP services and with formal training in contraceptive Implant insertion actually provided contraceptive Implant removal services



# Actual provision of IUD and contraceptive Implant services (Sharing from KIIs)



- Observed increase in demand for contraceptive Implant compared to IUD
- Less than 30% of the sites experienced stock-out in either IUD or Implant in 2023 in their own facility; clients were referred to nearby health facility or to CHD



- To ensure effective counseling, HSPs conduct quality improvement, monitoring and supervision, observation, mentoring and coaching and feedbacking
- Major obstacles misconception, social stigma, disagreement with husband/partner about FP method (demand side); and inadequate support from the government and lack of logistics (supply side)

## Level of confidence in the ability to perform IUD and contraceptive Implant insertion/removal after the training

- Of the 761 HSPs:
  - 40% were confident to perform IUD and contraceptive Implant insertion/removal procedures after the training
  - 60% needed more practice before feeling comfortable about performing IUD and contraceptive Implant insertion/removal procedures
- *KII: Training and subsequent monitoring; and promotion and funding mentioned as important to HSPs to improve access of to LARCs*

# Confidence in current level of skills when providing contraceptive Implant and/or IUD services

Of **272** HSPs with formal training in IUD insertion and removal:

- **70%** were confident in providing IUD insertion
- **76%** were confident in providing IUD removal services

Of the **229** HSPs with formal training in contraceptive Implant insertion:

- **85%** were confident in providing contraceptive Implant insertion services

Of the **210** HSPs with formal training in contraceptive Implant removal:

- **88%** were confident in providing contraceptive Implant removal services

## Promotion of FP services (KII)

- Existing **outreach programs** to raise awareness on FP including LARC: medical mission, health education activity, caravan, Usapan series, monthly activities in the health facility
- Few have allocated budget to produce their own educational/promotional materials; mostly **DOH materials** were shared
- Few had collaboration with local media outlets to disseminate FP but they have existing **social media platforms** to interact with clients; only one mentioned having a TV unit in the facility showing videos about common misconceptions of FP





# **Knowledge and attitude on IUD and contraceptive Implant**

# Knowledge on IUD and contraceptive Implant

■ **36%:** Average score on knowledge on IUD among 761 HSPs (score from 4% to 75%)

■ **49%:** Average standard score on knowledge on contraceptive Implant among 761 HSPs (score from 0% to 87%)



■ **FGD:**

- *Most women have fair knowledge on IUD but their knowledge on Implant were more accurate*
- *According to most women, Implant is better: “mas hindi hassle, kasi pag sa pwerta ilagay, nakakatakot”*
- *Some misconceptions:*
  - *IUD can cause abrasion in the uterus (“gasgas sa matris”); painful for the man during sex*
  - *Needle (Implant) will go deeper into the skin (“bumabaon sa laman, mahirap tanggalin”)*
  - *Implant transfers to other parts of the body (“lumalakad ang contraceptive Implant”)*

# Attitude on prescribing IUD or contraceptive Implants to nulliparous adolescents

- Percent of HSPs who strongly supported prescribing IUDs or contraceptive Implants to nulliparous adolescents
  - 47% among those with formal training on IUD insertion and removal
  - 48% among those with formal training in contraceptive Implant insertion
  - 50% among those with formal training in contraceptive Implant removal

# Provision of IUD and contraceptive Implant insertion to adolescents

- TNA: Obstacles HSPs faced when managing requests from nulliparous adolescents for IUD or contraceptive Implant insertion
  - Uncertainty about legal requirements and parental involvement for adolescents (54%)
  - Knowledge or experience gap in adolescent IUD/contraceptive Implant insertion techniques (50%)
  - Concerns about potential medical risks for adolescents compared to adults (50%)

- FGD: Barriers/challenges in accessing LARC (according to adolescents)
  - People gossiping about adolescents using FP methods
  - Disapproval of partner about the use of FP
  - Lack of complete and correct information about FP methods
  - Parents not allowing adolescent to use FP
  - Requirement of having a partner to use FP method
  - Requirement of having children first before using FP

**Offering a new IUD variant**

## Offering a new IUD variant



- 49% (n=374) agreed that offering a new IUD variant designed for smaller uteruses would be beneficial in expanding IUD access for their patients (46% of 374 strongly supported prescribing IUD or Implants to nulliparous adolescents)
- 38% of HSPs would consider recommending new IUD type for younger women or women who have not given birth
- 38% of HSPs agreed that higher cost, which is usually equated with better quality or effectiveness in medical products, would influence women's preference for potentially more expensive Silverline Cu IUD compared to a regular copper IUD





# Summary of findings

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1. Training needs of HSPs and community motivators
  - Few HSPs with training in LARC: 34% had formal training on IUD insertion and removal; 30% had formal training in contraceptive Implant insertion; and 28% had formal training in contraceptive Implant removal
  - Less than 20% with formal training on counseling adolescents about IUD and contraceptive Implant
2. Knowledge, attitude and practices on LARC
  - Low level of knowledge of HSPs on IUD (average=36%) and contraceptive Implant (average=49%)
  - Incomplete information on FP provided to clients
3. Current initiatives on promotion of FP including LARC
  - Incomplete understanding of clients about LARC in general and clamor for more information about IUD and contraceptive Implant for adolescents

# Recommendations

# Recommendations

1. Enhance the training design to put more focus and include in-depth sessions on specific areas like **counseling** and **troubleshooting** in training; more practice of skills in IUD/contraceptive Implant insertion and removal; and **hands-on workshop** with simulation and peer learning and knowledge sharing through group activities.
2. Include in the training sessions mock discussion of myths and misconceptions and how these will be **dispelled**.

# Recommendations

3. Strengthen **Post Training Monitoring and Evaluation** (PTME) to determine extent of delivery of services for IUD and contraceptive Implant and assess performance of HSPs vis-a-vis training.
4. Strengthen training in **adolescent-friendly approach** among HSPs to ensure that there are no missed opportunities in the provision of services to this sub-population group.

# Recommendations

5. Identify clear strategy on how to **disseminate information** to all adolescents while ensuring **collaboration** with other stakeholders, including the family and community to ensure that messages or information are consistent and reinforced.
6. Enhance initiatives to increase awareness of **legitimate sources** of information from various websites from DOH, academe and stakeholders
7. Within the health facility: HSPs should use existing official materials shared with all the facilities within the service delivery network to ensure **consistency of information** provided to clients.

# Thank you very much!



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