A total of 10 focus groups were conducted: four with women who were using resupply methods, four with women who were sterilized and two with current or past IUD users. Following norms for conducting focus groups, we selected 6–10 participants for each group. Discussion groups for sterilized women and users of resupply methods were held in both rural and urban settings; a total of 37 sterilized women and 32 women using resupply methods participated. The IUD user groups were conducted in urban areas only and had a total of 20 women (18 current and two past users). Participants received refreshments, a small incentive and transportation costs.

A team of two people, a moderator and a recorder-observer, conducted the focus groups. Discussions with women using methods other than the IUD emphasized perceptions of the IUD, rumors about it and experience with other family planning methods, including barriers to obtaining methods. Among IUD users, factors of particular interest included women’s reasons for choosing the method, their experience with it and why they liked or did not like it.

### Data Analysis

In-depth interviews and focus-group discussions were conducted in Spanish, recorded on audiocassette and transcribed into word-processing files. After a close reading of the first several transcripts, the research team developed an initial list of codes. Using these codes, we categorized data from the text files into broad topical areas: family planning counseling, myths and taboos surrounding IUD use, and perceptions of the IUD. Researchers then added the appropriate codes in each text file, using DSearch. The in-country team used EPI-INFO to enter data from the simulated clients. Frequencies and cross-tabulations of key variables were produced in SPSS.

### RESULTS

#### Clients’ Perceptions of the IUD

Not surprisingly, given the low level of IUD use in El Salvador, most participants in the focus groups for women using resupply methods and women who were sterilized had negative opinions of the IUD. At the same time, most participants in the focus groups for IUD users had positive opinions of the method.

The most common reason for the negative impressions was fear, which was generally based on rumors or myths. Often, no specific reason was given for the fear; focus-group participants merely stated that they felt the method was “dangerous” or “harmful.” One sterilized woman spoke about the effect the rumors had on her impression of the IUD:

“Well, I have heard the same as the others have mentioned: It causes cancer, you can get pregnant and the baby will be born with the IUD. Those things are what frighten people.”

During in-depth interviews, providers observed that commonly held rumors and myths are the biggest barrier to IUD use. In the providers’ view, the most common rumors are that the IUD causes cancer, a baby will be born with the IUD in its body, an IUD can get lost in a woman’s body and the IUD becomes embedded in the uterus.

One reason for the rumors, according to providers, is that since the public has little factual information, rumors and myths circulate without being countered. Actual cases that are exaggerated can be a principal source of frightening rumors and myths. One physician described the process:

“[One rumor] has become folklore, because [women] heard that someone became pregnant while using the IUD. That was passed on from person to person. By the time the information has gone from the first person to the fifth person, the information has already been distorted. So the story is no longer that the person became pregnant while using the IUD, but that the baby was born with an IUD in its head... From that point the story would change to [that] the child was born paralyzed, and they would just keep adding and adding.”

Providers should help to dispel rumors and myths, and in 48% of simulated clients’ visits, providers spontaneously discussed a rumor or myth—for example, that the partner can feel the IUD and the IUD causes cancer (Table 1). But in 55% of visits, the provider either reinforced a rumor or did not provide adequate information to dispel it (20% and 35%, respectively—not shown). The most common rumor that providers reinforced was that the IUD can move around in the body.

Some providers told interviewers they felt that counseling to clarify misconceptions did little or no good, since many clients who received such counseling continued to fear the IUD.

“Yes, we tell them, ‘Other things cause cancer. If the IUD...