

Prospects

With the global prevalence rate for all modern contraceptive methods being 56% among women who are either married or in a union, the highest method-specific rate is for female sterilisation at 20% with the second highest being for the IUD, which is the most popular reversible method at 16%, but with wide geographical variations: 14% in Europe, as high as 45% in China and 44% in Cuba and less than 2% in the USA and sub-Saharan Africa.²⁸ These geographical differences in the pattern of IUD utilisation provide testimony that the time is ripe for a renaissance of intrauterine contraception by ensuring its prominence in the range of methods for both limiting and spacing births. With the current trend for women to complete childbearing at a younger age, copper IUDs offer a most valuable alternative to permanent irreversible contraception in the international setting.²⁹

IUD insertion is a simple non-surgical task that can be performed easily in a variety of settings by well-trained primary care providers such as nurses and midwives, as exemplified by current practice in numerous countries including Sweden and the USA.²⁴ Despite extensive IUD training, a shortage of skilled inserters is often a problem. Trainees should be selected according to criteria that indicate their likely involvement in IUD activities during subsequent practice. When a high turnover in jobs is a problem, on-the-job competency-based training should be emphasised. Increasing the utilisation of IUDs will necessitate advocacy with policymakers and generation of demand through communication, with unbiased information and counselling for potential users. It is crucial to dispel the myths and misconceptions that are often rampant among non-users. With good provision of information by trusted advocates, side effects are better tolerated, thus increasing continuation rates. Up-to-date evidence and authoritative guidance from professional bodies, including the World Health Organization, should be used to develop local service guidelines on eligibility criteria and to eliminate inappropriate barriers due to restrictive policies.²⁴ Wide dissemination and implementation of service guidelines, especially for the training of service providers, should be part of initiatives to reposition family planning.

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