The IUD is highly effective and is available free of charge in our public sector family planning services, but it is not utilised. In addition, the LNG-IUS is not available to women accessing these services and until this changes, access to the full spectrum of contraceptive choice will remain limited.

Better education of both clients and providers is essential in order to improve accessibility and acceptability of the IUD. The IUD needs to be promoted and clients must be made aware of the availability of this option, while providers need to explore the opportunities to update their knowledge and skills in order to deliver an effective service.

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## References

- 1 Mishell DR. Intrauterine devices: mechanisms of action, safety, and efficacy. *Contraception* 1998; **58**: 45S–53S.
- 2 Grimes DA. Intrauterine device and upper-genital-tract infection. *Lancet* 2000; **356**: 1013–1019.
- 3 Hubacher D, Lara-Ricalde R, Taylor DJ, Guerra-Infante F, Guzman-Rodriguez R. Use of copper intrauterine devices and the risk of tubal infertility among nulligravid women. N Engl J Med 2001; 345: 561–567.
- 4 Morrison CS, Sekadde-Kigondu C, Sinei SK, Weiner DH, Kwok C, Kokonya D. Is the intrauterine device appropriate contraception for HIV-1-infected women? *Br J Obstet Gynaecol* 2001; **108**: 784–790.
- 5 World Health Organization (WHO). Medical Eligibility Criteria for Contraceptive Use (3rd edn). 2004. http://apps.who.int/rhl/ fertility/contraception/mec.pdf [Accessed 12 October 2009].
- 6 United Nations. World Contraceptive Use 2007. Washington, DC: Department of Economic and Social Affairs: Population Division, 2007. http://www.un.org/esa/population/publications/ contraceptive2007/WallChart\_WCU2007\_Data.xls [Accessed 12 October 2009].
- 7 Salem R. Population Reports: New Attention to the IUD: Expanding Women's Contraceptive Options to Meet Their Needs. The Info Project. Johns Hopkins Bloomberg School of Public Health. Series B (7): XXX111 (2). http://www.population reports.org/b7/ [Accessed 12 October 2009].

- 8 Katz KR, Johnson LM, Janowitz B, Carranza JM. Reasons for the low level of IUD use in El Salvador. *Int Fam Plan Perspect* 2002; 28: 26–31.
- 9 Stanwood NL, Garrett JM, Konrad TR. Obstetriciangynecologists and the intrauterine device: a survey of attitudes and practice. *Obstet Gynecol* 2002; **99**: 275–280.
- Brambila C, Taracena B. Availability and Acceptability of IUDs in Guatemala. 2003. http://www.popcouncil.org/pdfs/frontiers/ FR\_FinalReports/Guatemala\_IUD.pdf [Accessed 12 October 2009].
- 11 Gyapong J, Addico G, Osei I, Abbey M, Kobinah DA, Agyarko HO, et al. An Assessment of Trends in the Use of the IUD in Ghana. 2003. http://www.popcouncil.org/pdfs/frontiers/FR\_ FinalReports/Ghana\_IUD.pdf [Accessed 12 October 2009]
- Department of Health. Contraception and fertility preferences (Chapter 4). South African Demographic and Health Survey, 1998. http://www.doh.gov.za/facts/1998/sadhs98/chapter4.pdf [Accessed 12 October 2009].
- Department of Health. II: Reproductive Health. South African Demographic and Health Survey. Preliminary Report, Part One. 2004. http://www.doh.gov.za/facts/index.html (select: South African Demographic and Health Survey – 2003) [Accessed 12 October 2009].
- 14 Glasier AF, Smith KB, van der Spuy ZM, Ho PC, Cheng L, Dada K, et al. Amenorrhea associated with contraception an international study on acceptability. *Contraception* 2003; 67: 1–8.
- 15 Glasier AF, Smith KB, Cheng L, Ho PC, van der Spuy Z, Baird DT. An international study on the acceptability of a once-amonth pill. *Hum Reprod* 1999; **14**: 3018–3020.
- 16 Department of Health. National Contraception Policy Guidelines. 2001. http://www.doh.gov.za/docs/index.html (select: Fact Sheets/Guidelines; Miscellaneous; National Contraception Policy Guidelines – Part 1 and Part 2) [Accessed 12 October 2009].
- 17 StataCorp. Stata Statistical Software: Release 8.0. College Station, TX: Stata Corporation, 2003.
- 18 Forrest JD. US women's perceptions of and attitudes about the IUD. Obstet Gynecol Surv 1996; 51: S30–S34.
- 19 Gilliam ML, Warden M, Goldstein C, Tapia B. Concerns about contraceptive side effects among young Latinas: a focus-group approach. *Contraception* 2004; **70**: 299–305.
- 20 Asker C, Stokes-Lampard H, Beavan J, Wilson S. What is it about intrauterine devices that women find unacceptable? Factors that make women non-users: a qualitative study. J Fam Plann Reprod Health Care. 2006; 32: 89–94.
- 21 Guillebaud J. Intrauterine devices. In: Guillebaud J, Contraception: Your Questions Answered (4th edn). Edinburgh, UK: Churchill Livingstone, 2004; 357–450.
- Binehart W. WHO Updates Medical Eligibility Criteria for Contraceptives: Info Reports. The Info Project. Johns Hopkins Bloomberg School of Public Health. 2004; 1: 1–8. http://info.k4health.org/inforeports/mec/mec.pdf [Accessed 12 October 2009].
- 23 Western Cape Provincial Government: Department of Environmental Affairs and Development Planning. Census 1996 & 2001: Provincial Population Statistics in the Western Cape. 2006. http://www.capegateway.gov.za/other/2006/6/ wc\_census\_1996\_&\_2001\_population\_optimised2.pdf [Accessed 12 October 2009].

**Fast Facts: Contraception (3rd edn).** Ailsa E Gebbie, Katharine O'Connell White. Oxford, UK: Health Press, 2009. ISBN-13: 978-1-905-83250-7. Price: £6.00. Pages: 115 (paperback)

This Fast Facts book provides a well-structured introduction to contraception, from choosing a method to details on various methods of contraception. It provides a sound knowledge base for newcomers to family planning, as well as further reading through the references provided at the end of each chapter. The range of topics and the detail of explanation are suitable for primary care physicians, family planning practitioners, trainees and nurse specialists.

The book details vital questions to be asked by health professionals during time-restricted consultations in clinic, which help establish a suitable and compliant method of contraception tailored to each woman. The chapters discuss a variety of preparations, mechanisms of action, benefits, contraindications, side effects and risks of combined hormonal contraception, progestogen-only methods, intrauterine devices and systems. The book also addresses issues around the barrier and biologically based methods of contraception. Chapters are also included to discuss surgical methods of male and female sterilisation, which is a useful aid for community health physicians as an introduction to procedures done within hospital care. A very useful chapter is the one on postpartum contraception, particularly after a Caesarean section. One chapter also discusses the physical, social and emotional risks associated with an unplanned pregnancy.

The book addresses the complexities of contraception by dissecting the knowledge required into easily digested, bite-sized chapters. An advantage is the inclusion of a glossary of abbreviations at the beginning that provided a clear understanding throughout the book. The explanations through the chapters maintained a good pace to allow understanding of the different themes. The data were presented using a diverse mix of colourful tables, graphs, pictures and flow charts.

There was a good reference section and explanation of the UK Medical Eligibility Criteria (UKMEC) for contraceptive use. It would have also been beneficial to include the Pearl indices for different contraceptive methods. A salient point to include in the chapter on female sterilisation is the common grievance of women who cease hormonal methods of contraception post-sterilisation, and associate heavier menstrual bleeding as a side effect of the procedure.

In conclusion, this is a concise book containing easy to read information, ideally addressed to primary care and family planning physicians, trainees and nurses, in the UK and USA.

Reviewed by Aisha Janjua, MBBS, BMedSci

Specialist Registrar in Obstetrics and Gynaecology, Birmingham, UK