

Convenient for Client and Provider



Factors to consider

In addition to long-term costs, the convenience and ease of use of various contraceptive methods — including the time required to initiate or maintain them — are important considerations. These factors can increase client satisfaction and lead to fewer discontinuations.

Provision of method

Initiation time varies from method to method. Providing packets of contraceptive pills and explaining how to use them is relatively straightforward. So too, is giving an injection. If a woman chooses an implantable contraceptive or an IUCD, on the other hand, her first clinic visit will take longer. With an IUCD, a trained health care provider must give the client a pelvic examination before inserting the device. This process typically takes no more than half an hour, and it not only prepares the client for the IUCD insertion but also offers an opportunity for the provider to detect any unrelated health conditions.

Insertion possible at any time during the menstrual cycle

IUCD insertion should not be restricted to the time of menses. Research conducted in Kenya has shown that the IUCD can be inserted outside of menses with minimal insertion difficulties and no significant increase in risk of IUCD-related complications. According to the World Health Organization's selected practice recommendations for contraceptive use, the IUCD can be inserted at any time during the menstrual cycle — at a woman's convenience — as long as she and her provider are reasonably certain that she is not pregnant.

Easy to maintain

After insertion, the IUCD requires only a single follow-up visit to the clinic at one month (to make sure no infection has occurred) and annual checkups thereafter. These annual checkups can be combined with annual gynaecologic checkups, which are recommended for every woman, regardless of her choice of contraceptive.

KEY POINTS FOR CLIENTS:

- Choosing an IUCD will mean fewer visits to the clinic each year.
- The IUCD requires no daily upkeep to ensure its contraceptive effect.

KEY POINTS FOR PROVIDERS:

- After insertion and follow-up visits, IUCD users need only return to the clinic once a year.
- Yearly IUCD visits can be combined with annual checkups.
- Time invested in providing the IUCD results in fewer repeat visits, allowing providers more time for new clients.

KEY POINTS FOR POLICY-MAKERS:

- Contraceptive methods that are convenient and easy to use can increase client satisfaction and reduce discontinuation rates.
- Low discontinuation rates lead to increased years of contraceptive protection, increased prevalence, and ultimately lower fertility rates.

The convenience of maintaining the IUCD means less time an IUCD user has to spend at the clinic for repeat visits. This results in more time health care providers have to meet, counsel, and care for new family planning clients. Today, approximately 25 percent of the female population of Kenya is 14 to 23 years old, just entering their child-bearing years. Including the IUCD in their range of choices could also reduce demand on the health care system.

No daily upkeep

Amongst reversible contraceptive methods, the IUCD is unique in that other than a one-month follow-up examination, annual checkups, and periodic self-checks by the user to confirm the IUCD is in place, the IUCD requires no attention from client or provider for up to 10 years — virtually eliminating the possibility of user error. In addition, IUCDs have the advantage of being instantly “ready” and discreet. They require no daily decision or action on the user’s part to ensure their contraceptive effect.

Summary

Convenience and ease of use are major factors in a woman’s choice of contraceptive method, and they are important considerations that health care providers should discuss with each client. If a woman is looking for a medium- to long-term contraceptive method, the IUCD could prove the most convenient, without compromising safety and effectiveness. However, the IUCD will not meet the needs of all women, so comprehensive counselling that includes the IUCD as well as all other available contraceptive options is essential.

These briefs were produced by the Kenya Ministry of Health and its collaborating partners.

This work is supported by the U.S. Agency for International Development (USAID). The contents do not necessarily reflect USAID policy.

For more information or additional copies, please contact:

Head, Division of Reproductive Health, Kenya Ministry of Health
Old Mbagathi Road, P.O. Box 43319, Nairobi, Kenya
Telephone: 254-2-2725105 Fax: 254-2-2716814

or

Regional Director, Population and Reproductive Health Programs
Family Health International, The Chancery, 2nd Floor, Valley Road
P.O. Box 38835, Nairobi, Kenya
E-mail: iucdbriefs@fhi.or.ke
Telephone: 254-2-2713913-6 Fax: 254-2-2726130

February 2003

