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The unforeseen psychological, behavioral and physiological complications associated with intra uterine device use contraceptions



TO THE EDITORS: I read with great interest the recent article by Kebodeaux et al¹ published in the Journal. This retrospective study evaluates the effectiveness of intrauterine device (IUD) insertion in sexually active (SA; n = 128) and never sexually active (NSA; n = 82) adolescent females. The office-alone subanalysis results shows that compared with SA adolescent females (n = 121), NSA adolescent females (n = 43) are likely to have unsuccessful IUD insertion outcomes (16.3% vs 4.3%) and higher procedural intolerance outcomes (81.4% vs 94.2%). It is surprising to identify that abnormal uterine bleeding, pelvic pain, and dysmenorrhea are the noted reasons for IUD insertion to SA and NSA adolescent females.¹

An earlier retrospective cohort study from Bangladesh (n = 330) reports 47.3% of women discontinued the IUD by 1 year after insertion; discontinuation was associated with menstrual bleeding, doubling of menstrual days, blood loss, abdominal pain, and sociopsychological boundaries. During menstrual periods, women in south Asia often face social and cultural isolations that may turn into an abusive, violent, and disrespectful environment if male members of the family find IUD insertion as the cause of abnormal bleeding.²

Beyond psychological, behavioral, and physiological adversities, IUD insertion does not provide protection against sexually transmitted disease such as transmission of human immunodeficiency virus (HIV).³ Also, that hormonal IUDs are suspected to accelerate HIV infection may increase psychological pressure in women opting for long-term contraception devices.³ However, any decision that cuts down use of hormonal contraception for women at higher risk of acquiring HIV can be more harmful than expected goodness.³ Use of the copper-based IUD may counter this argument because these devices does not involve the use of hormones.

I would argue against the health care recommendation by Kebodeaux et al¹ that IUD uptake should increase in adolescent NSA females. Why should adolescent NSA females go through the painful events related to IUD insertion before being psychologically prepared for sexual life? Arguably, IUD recommendations to SA or NSA adolescent females belonging to Asian reserved-culture societies that still do not accept the use of condom and contraceptive pills as birth control option may be futile.² Sexual education and large-scale intention-to-treat clinical trials may pave the foundation toward acceptance of next-generation contraceptive approaches. ■

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