

A Study of Copper-T 200 Acceptors

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Introduction

The Copper-IUD -- Cu-T 200 -- is a reliable, safer simple and cost effective method of contraception. And yet, its general acceptance is low as compared to sterilization even in the state of Goa where female literacy is over 68 per cent. During 1990-91, the effective couple protection rate in Goa was 33.9 per cent and the contribution of Cu-T towards this was only 3.9 per cent as against 24.4 per cent provided by sterilization and the remaining 5.6 per cent by other methods [1].

The main objectives of the present study thus were (a) to understand the characteristics of the Cu-T acceptors as in the author's institution which is the only medical college in the state, no such baseline study has been conducted, and (b) to identify segments of the population among whom the acceptance of the device could be promoted so that greater and focussed efforts could be directed to these segments by medical and paramedical workers.

Data and Methodology

The data for the study were collected from the records maintained by the Postpartum Unit of Goa Medical College over a four-year period extending from 1st April 1989 to 31st March 1993. A total of 1,305 IUD insertions were registered and have been analyzed with respect to selected socio-demographic characteristics of the acceptors and the reasons given by those who discontinued IUD use.

Results

Of the 1,305 insertions, 457 (35 per cent) were performed at the time of MTP, 331 (25.4 per cent) were performed within one month of delivery, and 517 (39.6 per cent) were interval insertions. Thus, overall, 788 (457+331) or 60.4 per cent of the total were performed during the postpartum period or were 'direct' acceptors.

The literacy status of the respondents indicated that only about 10 per cent were illiterate, and the largest single group (43 per cent) had attained primary

education 20 per cent had completed middle school, 21 per cent had completed high school, and 6 per cent had attained graduate and postgraduate levels. A religion-wise distribution showed 72.8 per cent of the acceptors to be Hindu, 20 per cent Christian and 7.2 per cent Muslim. Table 1 presents the age and parity wise distribution of the IUD acceptors.

Table 1: Distribution of acceptors by age and parity

	Number (%)
Age (years)	
15 - 19	11 (0.8)
20 - 24	398 (30.5)
25 - 29	554 (2.5)
30 - 34	257 (19.7)
35 - 39	69 (5.3)
40 - 44	16 (1.2)
Total	1304 (100.0)
Parity	
0	13 (1.0)
1	572 (43.8)
2	591 (45.3)
3	106 (8.1)
4	22 (1.7)
5/5 + 1 (0.1)	
Total	1305 (100.0)

The findings (Panel A) show that as many as three-fourths (73 per cent) of the acceptors were in their peak childbearing ages: 30.5 per cent in the 20-24 age group and 42.5 per cent in the 25-29 age group. The findings also indicate that almost 44 per cent had accepted the IUD after the first child. This is a promising trend and compares well with the acceptance of the device after two children (in 45 per cent of the cases). Thus, an impressive 89 per cent who had one child or two children had accepted the IUD thereby reflecting the desire for maintaining the small family norm.

Table 2 presents a distribution of the IUD acceptors by the reasons given by 233 women (17.6 per cent of all acceptors) who discontinued its use.

Table 2: Distribution of acceptors by reason for discontinuation

Reason	Number	% of all removals (N = 233)	% of all insertions (N = 1305)
Desiring a child	15	(6.4)	(1.1)
Pregnancy with Cu-T in situ	10	(4.4)	(0.8)
Husband gone abroad	15	(6.4)	(1.2)
Menstrual problems	27	(11.6)	(2.1)
PID, backache	72	(30.9)	(5.5)
Wants tubectomy	21	(9.0)	(1.6)
Removal and reinsertion	73	(31.3)	(5.6)
Total IUD removals	233	(100.0)	(17.8)

As the table indicates, almost a third of the acceptors had the IUD removed for reinsertion (renewal); this was the commonest reason for removal. An almost equal number had the device removed because of PID, vaginal discharge and backache. Menstrual irregularities were responsible for discontinuation to a lesser extent while Cu T failure had occurred in 4 per cent of the cases, and about a tenth wanted to switch over to tubectomy.

Discussion

In the present study, over a third (35 per cent) of the IUDs were inserted concomitant with MTP which is in sharp contrast to 2.17 per cent in Sarbajna's [4] study and six per cent in Patel's study [3]. Women in Goa are therefore keen to adopt contraception along with a MTP. At the same time, it reflects the counseling efforts of the service providers of the institution.

Age wise and parity wise distributions of the acceptors did not reveal any outstanding features although they did point to the considerable scope to enhance acceptance after one child (as it was only 44 per cent). Concentrated and intensified efforts with this group would go a long way towards promoting the small family norm and perhaps, the acceptance of the one-child family norm.

Acceptance of the IUD was highest among the Hindus as is the general pattern in various other parts of the country. However, differences existed with regard to acceptance by Christians and Muslims. IUD acceptance was almost three times greater (20 per cent) among the Christians in Goa as compared to that (6.7 per cent) reported by Kamalajayaram [2] while acceptance amongst Muslims was 7.1 per cent and therefore lower than 15.3 per cent observed by Kamalajayaram.

Other variables such as socioeconomic status, per capita income, type of occupation, migrant population etc. may have influenced this. The analysis of these variables was not included in this study.

A significant observation was that education higher than primary did not contribute to greater acceptance of the device: 43 per cent of the acceptors had attained primary education, about 21 per cent upto higher secondary, and only 6 per cent were graduates and post-graduates. This again is in contrast to Kamalajayaram's [2] study in which 41 per cent of the acceptors had completed their secondary education and 22.4 per cent were graduates.

In the present setting, it is possible that women who had received high school or higher education were utilizing the services of private practitioners rather than those of a general hospital. Further, Goa has a high per capita income and a high doctor population ratio (1:839) which makes this more likely.

The IUD was removed for various reasons by about 18 per cent of the acceptors. The largest group of removals was for renewal, and about a tenth because they wanted a tubectomy which necessitated the removal of the IUD. Therefore, two-fifths or 40 per cent of the discontinues opted to continue contraception in another form.

Vaginal discharge, backache and PID was the second largest category of removals followed by menstrual problems was 2.07 per cent. This disagrees with the study by Sarbaina [4] and Patel [3] where bleeding problems formed the commonest reasons for removal i.e. 4.6 per cent and 6.8 per cent respectively. This difference may be because in this study 35 per cent of the Cu-T insertions were performed along with MTP unlike 2.2 per cent in Sarbajna's [4] and 6 per cent in Patel's' study.

It is worth noting that removal for desire of another child was expressed by only 1.1 per cent of cases as against 22.4 per cent in Kamalajayaram's [2] study. This again strongly reflects the general desire for the small family norm by women in Goa and the high continuation rate. The failure rate in this study was 0.77 per cent lower than that reported by Zehra et al [5] in their study (3.8 per cent). No uterine perforations were observed in this series.

Conclusion

The study showed that women in Goa are eager to accept the Cu-T with MTP and are desirous of a small family norm. Further, it provided insight into segments of the community where greater efforts of the health functionaries

could be focussed in the future for enhancing Cu-T acceptance and the one child family norm.

References

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