International Journal of Reproduction, Contraception, Obstetrics and Gynecology
Shyam P et al. Int J Reprod Contracept Obstet Gynecol. 2019 Nov;8(11):4230-4232
www.ijrcog.org

pISSN 2320-1770 | eISSN 2320-1789

DOI: http://dx.doi.org/10.18203/2320-1770.ijrcog20194595

Original Research Article

The socio-demographic profile of the acceptor of copper intrauterine device after medical termination of pregnancy in a tertiary care centre

Paresh Shyam[1], Mili Ronghangpi[2]*, Ram Chandra Rongphar[1]

[1]Department of Obstetrics and Gynecology, Silchar Medical College, Assam, India
[2]Department of Community Medicine, Silchar Medical College, Assam, India

Received: 28 September 2019
Accepted: 05 October 2019

***Correspondence:**
Dr. Mili Ronghangpi,
E-mail: ramili16675@gmail.com

ABSTRACT

Background: India is going to be highest populous country within less than a decade. To stabilize population growth as well as to reduce maternal mortality and morbidity resulting from unwanted pregnancy, greater utilization of the spacing methods is essential. In spite of several decades of effort the popularity of Cu-T among the Indian woman is not high. Aim of the study was to find out the profile of the Cu-T acceptor after medical termination of pregnancy (MTP).
Methods: It was a retrospective study. Socio-demographic data of the woman accepting Cu-IUCD after MTP was collected from family planning operation theatre record book.
Results: The majority of the participants were from rural area. The mean age of the acceptor was 27.28±4.78. The maximum number of woman was para two 74 (44.3%). The number of woman with LCB 2 years or less than 2 years was 96 (57.5%) and that of woman with LCB more than two years was 71 (42.5%).
Conclusions: A significant number of woman use Cu-T after a long gap of two years after last child birth. Woman found to be inclined to use Cu-T after having at least one male child.

Keywords: Birth spacing, Copper-T acceptor, Family planning, Gender preference, Medical termination of

INTRODUCTION

India will be highest populous country in the world after 2024. Around 2024, the population of India is expected to surpass that of China.[1] This huge burden of population is a big obstacle for all round development of the country. Reversible method of contraceptive practice by the eligible couple plays a vital role in the controlling the population explosion. Spacing is one of the key strategies in the family planning component of the RMNCH+A.[2] World health organization (WHO) recommended interval before attempting the next pregnancy is at least 24 months after a live birth in order to reduce the risk of adverse maternal, perinatal and infant outcomes.[3] Long acting reversible contraceptive (LARC) are very effective method for spacing childbirth. Intra uterine contraceptive device (IUCD) is a suitable LARC method for Indian woman. Insertion of an IUD immediately after abortion is safe and practical.[4] It is free from hormonal side effect, does not disturb regular cyclical menstruation. Though Cu-T, an intrauterine contraceptive device (IUCD), is freely provided by Government of India for last few decades the acceptance is very low. Cu-T must be popularized among the Indian woman for spacing of childbirth and to reduce unwanted pregnancy. In addition, adoption of effective method of contraception will lead to

reduction of abortion related mortality and morbidity. To know about the socio-demographic pattern of the IUCD acceptor is essential to increase the acceptance of Cu-T among eligible couple. Analysis of the factor influencing the acceptance of Cu-T will help to deal with the relevant factors by adopting proper family planning programme. Insertion of an IUD immediately after abortion is safe and practical.[4]

In this backdrop it is very pertinent to document the profile of the women who accepted Cu-T. The present study was conducted to find out the profile of the Cu-T acceptor after undergoing medical termination of pregnancy (MTP).

METHODS

The study was conducted in woman who accepted Cu-T after MTP in the Department of Obstetrics and Gynaecology, Silchar Medical College, Silchar, Assam. The period of study was from June 2017 to July 2018. It was a retrospective descriptive study.

Inclusion criteria

- All cases who accepted Cu-T after MTP by suction evacuation.

Exclusion criteria

- Cu-T inserted after delivery (PPIUCD) were excluded.

The data were collected from records of family planning operation theatre record book.

Statistical analysis

Data were entered into MS excel. Statistical analysis was performed by "MS Excel" and "Soscistatistics". Categorical data were presented as frequencies and continuous data as mean± standard deviation (SD).

RESULTS

The total number of Cu-T inserted after MTP was 167 during the study period.

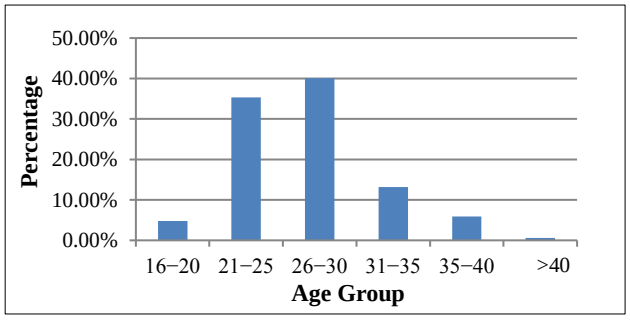

Figure 1: Age group.

The number of acceptors in the age group 21-25 years and 26-30 years age group together was highest 126 (75.4%). The mean age was 27.28±4.78.

The maximum number of woman was para two 74 (44.3%). The number of primipara was 50 (29.9%). Most of the acceptor were para two or less 124 (74.2%).

Table 1: Place of residence.

Residence	Number	Percentage
Rural	139	16.8%
Urban	28	83.2%

The residence of the most of the acceptor was rural 139 (83.2%).

Table 2: Last child birth.

Last child birth	Number	Percentage
<1-1 Year	42	25.2%
>1-2 Year	54	32.3%
>2-3 Year	18	10.8%
>3 Year	53	31.7%

The number of woman with last child birth (LCB) two years or less than two years was 96 (57.5%) and that of with more than two years was 71 (42.5%). The total number of living children of the acceptor was 347. The number of male child and female child was 282 and 165 respectively.

DISCUSSION

The mean age of Cu-T acceptor was 27.28±4.78. The highest number of patients 126 (75.4%) belongs to age group 21 years to 30 years. Similar finding were reported by Biswas R and Chandra S, Samel DR.[5-7] The number of woman beyond 30 years of age is less. Most of the women might have the desired number of children (completed her family) by 30 years of age and they opt for permanent method of contraception. The number of woman in the age group less than 21 years is very less (5%) in the present study. This might be because marriage and pregnancy before 21 years of age are uncommon.

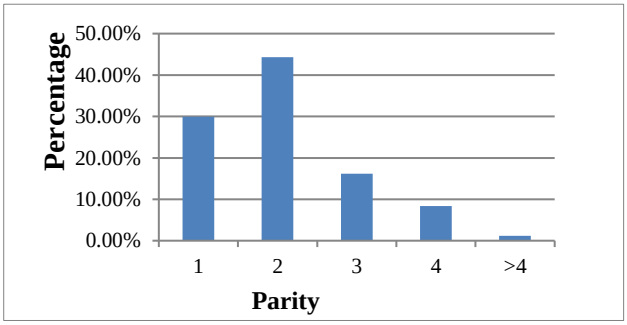

Figure 2: Parity.

Most of the acceptors were multiparous 117 (70.1%). Several studies had similar finding.[8,9] Primipara woman are less 50 (29.9%). Primipara woman might be less inclined to accept Cu-T for contraception. So, there is scope for increasing awareness among the primigravida woman and to motivate them for accepting Cu-T. Woman with parity two or three was 101 (60.5%) and woman with parity more than three was very few 16 (9.6%). This might be due to preference for permanent method by woman of higher order parity.

The number of woman who had their last childbirth more than two years back was 71 (42.5%). This finding shows that a significant number of acceptors had long gap from last childbirth to acceptance of Cu-T. Some studies have found most of the acx`ceptor used Cu-T within less than 2 years of last childbirth.[7]

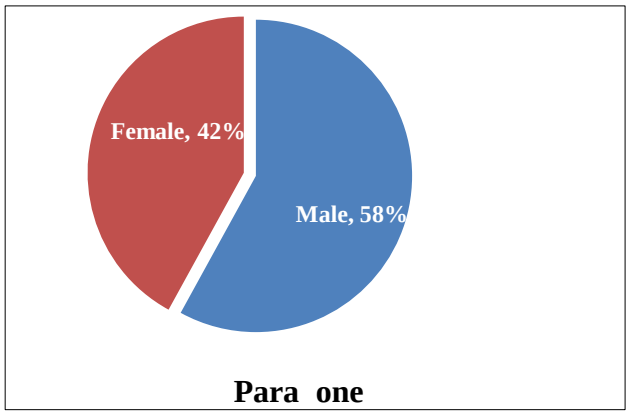

Figure 3: Primipara with only male /female child.

The number of woman with parity one with male child accepting Cu-T is higher 29 (58%) than that of with female child 21 (42%). Similarly, woman with para two having two male child is higher 13 (56.5%) than that of woman with parity two having only two female child (43.48%).[10] This might be due to preference for male child. Samel, Malhi P, Channon and Hamed reported similar finding.[7,10-12]

CONCLUSION

The present study has shown that there is a long interval of more than two years from last child birth to acceptance of Cu-T in the majority of the woman. They had unwanted pregnancy during this period due to inconsistent use or total lack of use of effective contraceptive. So, there is a scope of improvement in the family planning activities so that these gaps could be filled up and thereby avoid abortion related mortality and morbidity. Some of the finding suggests that gender of children had influenced the timing as well as use of Cu-T. This aspect needs more extensive study to substantiate our finding and to devise strategies to deal with the problem.

Funding: No funding sources
Conflict of interest: None declared
Ethical approval: The study was approved by the Institutional Ethics Committee

REFERENCES

1. United Nations, World Population Prospects, 2017 Revision, Available at: https:// www.un.org/ development/desa/publications/world-population-prospects-the-2017-revision.html.
2. A strategic approach to reproductive, maternal, newborn, child and adolescent health in India (RMNCH+A). Available at http://164.100.154.238/ images/pdf/RMNCH+A/ RMNCH+A_ Strategy.pdf.
3. World Health Organization Report of a WHO technical consultation on birth spacing, 2005. Available at: https://www.who.int/maternal_ child_adolescent /documents/ birth_spacing05/en/.
4. Okusanya BO, Oduwole O, Effa EE. Immediate postabortal insertion of intrauterine devices. Cochrane Database Syst Rev. 2014;7:CD001777.
5. Biswas R, Nandy S, Mitra K, Mandal PK, Ray S, Biswas AB. Profile of IUD acceptors attending postpartum unit of a teaching hospital. Indian J Comm Med. 2002;27(3):130.
6. Chandra S. A study of copper T acceptors. The J Family Welfare. 1996;42(2):55-7.
7. Samel DR, Senapati JN, Paradkar GV. Socio-demographic profile of copper-T beneficiaries in the family planning out-patient department of a teaching hospital: a record-based descriptive study. Int J Res Med Sci. 2016;4(9):4067-71.
8. Abasiattai AM, Bassey EA, Udoma EJ. Profile of intrauterine contraceptive device acceptors at the university of oyu teaching hospital, Uyo, Nigeria. Ann Afr Med. 2008;7(1):1-5.
9. Bedi PK. A prospective study to assess the safety and expulsion rate of copper T380A in immediate post-partum period during caesarean section, Int J Reprod Contracept Obstet Gynecol. 2016;5(9):3195-9.
10. Malhi P, Singh S. Son preference and reproductive behaviour in rural Punjab. Guru Nanak J Sociol. 1995;16(2):31-40.
11. Channon MD. Son preference, parity progression and contraceptive use in South Asia, population. Horizons. 2015;12(1):24-36.
12. Hameed W, Azmat SK. Women's empowerment and contraceptive use: the role of independent versus couples' decision-making, from a lower middle income country perspective. PLoS One. 2014;9(8):e104633.

Cite this article as: Shyam P, Ronghangpi M, Rongphar RC. The socio-demographic profile of the acceptor of copper intrauterine device after medical termination of pregnancy in a tertiary care centre. Int J Reprod Contracept Obstet Gynecol 2019;8:4230-2.