



ANALYSIS OF USAGE OF VARIOUS CONTRACEPTIVE METHODS IN A TERTIARY HOSPITAL

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ABSTRACT

BACKGROUND: India is the second large populated country in the world next to china. Government of India has introduced the 'cafeteria approach' in the field of family planning services. Family planning services is crucial for achievement of sustainable development [1] goals and need to be made to improve the accessibility and quality of the family planning services.

AIM OF THE STUDY: To analyse the usage pattern of different method of contraception according to the individual needs.

MATERIALS AND METHODS: The present study is a retrospective study and was done in Government Raja Mirasudhar Hospital, Thanjavur, South India in the Department of Obstetrics and Gynaecology. The period of study being April 2019 to March 2020. (1 year)

RESULTS: In this study Total deliveries were 14,316. Total no. of Puerperal sterilization being 2,945(20.56%) and in the temporary method postpartum insertion of Copper T device(PPIUCD) inserted within 48 hours of delivery is 6,918(40.32%) and IUCD within 7 days of delivery was 61(0.42%). So, total family planning coverage in one year for both temporary and permanent method comes to 69%.

CONCLUSION: Due to the availability of various methods in temporary contraception, beneficiaries are free to choose their contraception of choice. More effective communication and education about various family planning methods both temporary and permanent by basic health care workers will lead on to successful and effective family planning coverage.

KEYWORDS : Family planning method, temporary, permanent, puerperal sterilization, postpartum insertion of copper T device(PPIUCD), IUCD.

BACKGROUND

Population growth is the big challenge for India and family planning is highly prioritized by Government of India. Sterilization is the most common voluntary method in India for permanent method[2] and Copper T being the most popular temporary method in India [3]and variety of temporary method like Copper T, CHHAYA, ANTARA, condom, E-pill. These are widely distributed to all levels of hospital from primary to tertiary levels. As number of methods are available, individuals has to be informed and educated about temporary and permanent methods, regarding the pros and cons and that individual chooses the contraception of their choice(Tailor- made India was the 1st country to launch the national family planning programme.-In 1952, India launched the National Family welfare programme in order to decrease the birthrate and to stabilize the population.[3]. Contraceptive basket of choice under national family planning programme are condoms, combined oral contraceptives, centchroman(CHHAYYA), emergency contraceptives(EZY pills), IUCD 380 A, 375 and Injectable MPA are available[4]. In permanent methods, male sterilization and female sterilization are available.

Female sterilization was the most popular method ,Mini lap method was followed in postpartum sterilization which was done within 7 days of delivery. In the males easy method was No scalpel vasectomy(NSV). It is done in local anaesthesia in office setting, though it is the easy procedure, acceptability is very low in the society.

Laparoscopic sterilization can be done in the op setting, patient experience the rapid recovery and short hospital stay. [5]In India, the mortality rate is 4.8 per 1 lakh sterilization surgeries and mostly due to anaesthetic complications[6]. Other complication being ectopic pregnancy, infection and bladder and bowel injuries and perforation of the uterus.[7]

Most common reasons for not using any form of contraception are not completed the family, religious reasons[8], worried of side effects, just married, not accepted by husband/mother-in-law and family members. Inclusion criteria of permanent methods are family limitations , atleast having two children, HIV negative, No serous heart or lung disease, Normal gynaecological examination, Age being 22 to 45 years.

AIMS AND OBJECTIVES

Both in temporary and permanent methods, there are lot of choices that are employed, so that the mothers are free to choose the contraception of their choice.

MATERIALS AND METHODS

Our study was done in the tertiary centre,Raja mirasudhar hospital

attached to thanjavur medical college, Thanjavur.South India.

Study period included 1 year(April 2019- March 2020), and out of 14,316 deliveries, total number of permanent methods i.e., puerperal sterilization covered 2945 mothers accounting to 20.56%.[9] In IUCD 61 were covered, accounting to 0.4% and those opted for postpartum insertion of copper T device(PPIUCD) were 6918 mothers accounting to 48.3%. So total mothers covered either with temporary or permanent mothers counts to 10,178 i.e., 69%. On studying the clinical information permanent methods were opted by those who have completed their families i.e., 2nd 3rd and above. Temporary methods were opted by primigravida after delivery, it was found that proper counselling and education and information that was given to the mothers and their family members in their antenatal period itself has motivated the mothers for the high postpartum insertion of copper T device(PPIUCD) coverage(48.3%) and postpartum insertion of copper T device(PPIUCD) is the most effective method for spacing of the birth.

The number of IUCDs inserted post-placental (i.e. within 10 min of delivery of placenta) and within 48 h (of vaginal childbirth) and intra-caesarean (intrauterine insertion while performing caesarean) were recorded and analysed. Also, sterilizations (tubectomy) .

OBSERVATION**Table 1- Total Number Of Puerperal Sterilization In Total Deliveries**

	N=14,316
Total number of deliveries	14,316
Total number of puerperal sterilization	2945
Percentage[%]	20.56

Table 2- Percentage Of Postpartum Insertion Of Copper T Device(ppiucd) In Total Deliveries In The Given Period

	N=14,316
Total number of deliveries	14,316
Number of PPIUCD users	6918
Percentage	48.32

Table 3- Total Number Of Iucd In Total Deliveries.

	N=14,316
Total number of deliveries	14,316
Number of IUCD users(within 7 days of delivery)	61
Percentage	0.42

Table-4- Distribution Of Gravida Status In Total Deliveries

TOTAL DELIVERIES =14,316	NUMBER N=14,316	PERCENTAGE[%]
PRIMIGRAVIDA	7939	55.45
2 ND GRAVIDA	5341	37.30
3 RD GRAVIDA & ABOVE	1036	7.2

Figure-1, Percentage Of Gravida Status In Total Deliveries

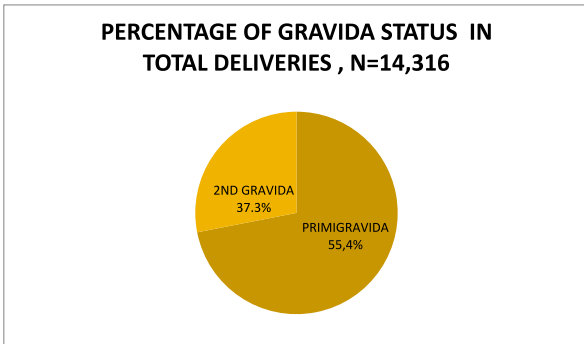


Figure 2 Contraception Coverage In Total Deliveries

	N=14,316
Total number of deliveries	14,316
Total number of puerperal sterilization	2945
Percentage	20.56

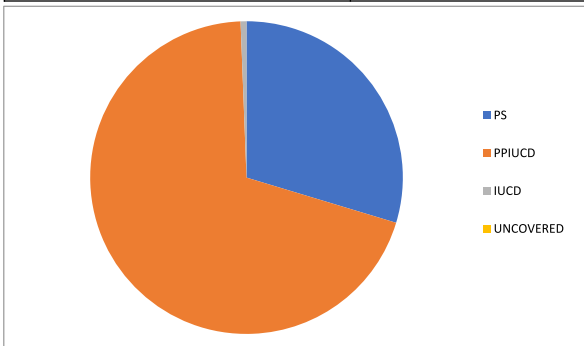
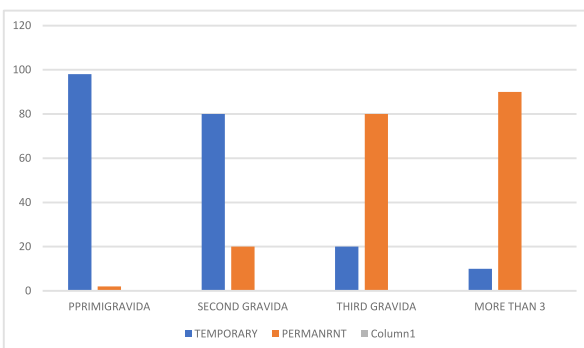


Figure 3-graph Depicting Usage Of Temporary And Permanent Methods Related To Gravida Status.



DISCUSSION

Our hospital is a Tertiary care centre, and total Deliveries in 1 year period -14,316, Tamil Nadu is playing a role model for the other States in the implementation of the Family Welfare Programmes.[11] The major factor behind the success of the programme in the State is strong social and political commitment coupled with a systematic administrative backup. Among the various family planning methods adopted, the use of temporary measures accounted for a larger share of 62.6 percent and the remaining being sterilized (37.4%).[12] The same was noted in our study, i.e. In one year study in our centre, total contraceptive coverage is 69%

CONCLUSION

The most common method for temporary contraception is PPIUCD and IUCD, and they are adopted increasingly as side effects are low, and low failure rate.

while for Permanent method ,Puerperal Sterilisation [PS] ranks NO.1 ,and now Laparoscopic Sterilisation has become popular because of low morbidity, and decreased Hospital stay, and more information, education and communication given by the Basic Health workers, taluk hospitals and Tertiary care centers lead on to the Successful Family planning Coverage .

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