INJECTABLE CONTRACEPTION (NET-EN) AND ITS ACCEPTANCE

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SUMMARY

A total of 52 women in 430 women months were analysed with Injectable contraception NET-EN 200 mg administered at 60 days interval.

Of the 52 subjects, 37 (71.1%) had complications, all of which were minor and were seen mostly following the first and second injections. They included menstrual disturbances of which amenorrhoea (28.9%) irregular spotting (19.3%) and bleeding (9.8%) were seen.

Discontinuation rate was 44.2% and was commonly due to menstrual disturbances and discouragement from friends relatives.

This method was better accepted by lower educational status group, because reassurance by the doctors regarding minor menstrual disturbances resulted in better tolerance of the menstrual disorders, compared to that of higher socio economic groups.

Efficacy of the drug was found to be 100% with no accidental pregnancies.

There is probably a place for Injectable contraception for short term contraception.

INTRODUCTION

Steroidal contraception is one of the reversible methods of contraception. The discovery by karl Junkman and his associates in Berlin (1953) that the esterification of a progestogen in alcohol produced a systemically active long acting progestin, led to the

synthesis of a series of long acting fertility regulating agents.

MATERIAL AND METHOD

This study was carried out through ICMR Project in the rural areas through 2 Primary Health Centres from February 1985 to November 1986. 52 women had been enrolled for the study and a total of 430 women months of use were studied. The

Dept obst. & Gynaecology. Dept. of Community Medicine, Kasturba Medical College, Manipal. Accepted for publication: 31-10-90. drug used was NET-EN (Schering AG Berlin) with 200 mg of Norethisterone Oenanthate.

The following were the contra-indications for selection-

- (a) Breast feeding in the initial 6 months
- (b) Liver diseases, breast cancer or any other genital malignancies.
- (c) Undiagnosed vaginal bleeding.
- (d) Suspected pregnancy.
- (e) Cardio-vascular disease
- (f) Hypertension, history of thromboembolism or diabetes.

Injection schedule

The first injection was given on the 5th day of the menstrual cycle or on the day if MTP had been performed. The subsequent injections were given at 2 monthly intervals with a margin of ±14 days. Follow-up was

done either by a doctor at the PHC or by the concerned A.N.M.at the patient's residence.

RESULTS

TABLE I

Educational status of patient (N=52)

	Number P	ercentage
Illiterate	12	23.08
Low (Primary)	30	57.69
Average (upto pre-degree)	6	11.54
High (Graduate)	4 min 2 4	7.69
inia. Leni edi garni	52	100.00

The acceptors belonged to various educational status. Maximum 30 (57.69) belonged to low educational status. 12 (23.08%) were illiterates. Of all the acceptors 41 were interval cases and 11 were post MTP cases.

TABLE II

Reasons for discontinuation and number of injections

Total discontinued = 23 (44.23%)

Reasons		No. of Injections				Total No. discontinued		
victori agrico and in.	1	2	3	4	5	No.	%	
Irregular spotting (N = 10)	2	2	of _56	t travato ti , avia	N-10	4	17.39	
Irregular bleeding (N = 5)	2	2	-2	uiscos do Testo resilva d	all his	4	17.39	
Amenorrhoea (N = 15)	1	1	1	02	dialy	3	13.04	
Polymenorrhoea (N = 2)	1	15.00	-	4-11	-	AT multiple principles of	4.34	

Reasons		No.	of Inj	Total No. discontinued			
	1	2	3	4	5	No.	%
Giddiness (N = 2)	701	1	-	121	-	1	4.34
+Discouragemnt	4	2	1	FIL	***	8	34.78
(N = 8) Change of address (N = 2)	1 ((r))	-		1	-	2	8.10
Am2+0×4	11	8	2	2	_	23	100.00

Fig. 1 shows types of complications seen in various patients. Major complications such as heavy and prolonged bleeding were not seen in any patient. Amenorrhoea was the 37 (71.1%) had minor complications. Amenorrhoea was the commonest complication and was seen in 15 (28.9%) subjects, followed by irregular spotting in 10 (19.23%), 75.6% minor complications were seen following the first two injections.

The reasons for discontinuation at various injections are given in Table II. Out of the 52 subjects studied 23 (44.23%) discontinued. Although, 37 (71.1%) had minor complica-

NUMBER OF PATIENTS

AMENORRHOEA AS DAYS

AMENORRHOEA AS DAYS

SCANTY PERIODS

SCANTY PERIODS

ADDITION

AMEDICAL

MEDICAL

AMENORRHOEA

ADDITION

TYPES OF COMPLICATIONS SEEN IN VARIOUS PATIENTS

Fig.1

TABLE III

Educati	on status	and discon	itinuation	no la	Amilla return
Tenths smilled the may be a first tree of the second trees.	Illiterate N=12	Low N=30	Average N=6	High N=4	Total 52
Complications (N=37)	9	23	and m3now l	2	37
Discontinued due to complications (N=13)	3 (33.3%	5 (21.7%)	3 (100%)	2 (100%)	13
Discontinued due to discouragement (N=8)	Minima Minima	5	2	ti may no	8
Discontinued due to change of address (N=2)	1	1	e in realbo	morage sa	2
Total discontinued	4	11	5	3	23

TABLE IV

Country	Patients	Women	Discontinuation Rate (One year)
Thailand	57	701	49.1 + 6.6%
Pakistan	2147	1232	78.6+5.1%
Bangladesh	85	958	55.2 + 3%
Brazil	99	1450	46.4 + 5.0%
Phillipines	100	1397	47.0 + 5.0%
England	383	5521	28.4 + 2.0
WHO Multinational Study	789	10361	49.7 + 1.8%
Our Study	52	480	44.6%

tions only 13 (35.0%) discontinued, whereas 24 (64.9%) continued inspite of the minor complications.

Following the first injection, 11 discontinued and following second, third and fourth injection - 8,2 and 2 subjects discontinued respectively.

Table III shows the education status and discontinuation rate. It was found as in the previous Table that all the patients of average and high educational status groups who developed complications discontinued (100%), whereas only 33.3% and 21.73% of the illiterate and low educational status groups discontinued.

Though only 430 women months were studied, there was not a single accidental pregnancy.

DISCUSSION

The discontinuation rate in our study at the end of one year is 44.6% which is well comparable to various others as shown in Table IV.

WHO Comparitive trials (1978 & 1982) showed similar discontinuation rates for irregular bleeding (10-13%). As reported by

Castaneda and Rios (1976) Ali and Jalil 1978 50% of users have irregular cycles in the first year. NET-EN given at 60 day interval throughout its use resulted in a pregnancy rate of less than 1 per 100 women years at 18 months in the WHO Multinational Clinical Trial in 1982, whereas there were no pregnancies in 383 women studied for 5521 women months of use by Howard G et al (1982).

CONCLUSION

There seems to be a certain place for Injectable Progestogen among the available methods for fertility control. This may be good method in those who need a short term contraception for various reasons.

REFERENCES

- W.H.O.Expanded Programme Contraception 17 (5) 395, 1978.
- W.H.O. Special Programme Contraception 25 (1) 1 Jan 1982.
- 3. W.H.O. Bulletin 60 (2): 199, 1982.
- ALi M.N. & Jalil M.A., Bangladesh Medical Reservation Council Bulletin 4 (2) 63, 1978.
- 5. Castaneda Leal & Rios Castro B., I.P.P.F. 8: 1976.
- 6. Howard G., Blair M., Chin J.K., Fotherby K., Contraception 25 (4): 33, 1982.