

CHANGING TRENDS IN CONTRACEPTIVE USAGE

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SUMMARY

Acceptability of Family Planning method in Cama & Albeess Hospital was evaluated over a period of 30 yrs. Permanent method of sterilization was more popular than temporary methods till 1980. Over last 15 years IUCDs have gradually become more acceptable. MTP was practised as spacing method by 12-27% of couples. Usage of other methods of temporary contraception has always remained below 5%.

The year 1994 was designated as the "The international Year of the Family". It stresses the importance for individual development-socially and psychologically. The importance of a "small family, happy family" is well understood. Though India was the first country to involve family planning and birth control in the National programmes way back in 1952, strong steps have been taken to spread the message of birth control and limiting family size in the last 10 years.

We, at the Cama and Albeess Hospital, Bombay, evaluated our performance from

1965 to March 1994. Beginning with sterilization (both male and female) and temporary methods, MTP was also included as a method of birth control in 1972. Today, we have involved mass immunization of children under five as well as pre-and post-marital counselling. Through our 'Hospital Outreach Programme' we cater MCH services to some of the slum areas of Bombay.

METHOD AND MATERIAL

The available hospital data from 1965 to March 1994 was reviewed. Hospital records are kept from April-March for a budget year. Deliveries, abortions and MTP make up the total obstetrics admis-

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sions for that year. These women are given information about temporary and permanent contraception. There is a changing trend in contraception according to the supply. Condom packets are distributed in dozens. Each woman is given two dozen condoms for that month or one packet of oral pills. At each visit a woman gets a quota for three months only.

Here we have evaluated data every five years.

OBSERVATIONS

Obstetric Admissions

Total obstetric admissions were increasing till 1980 but started declining thereafter. Increase was mainly due to addition of MTP cases. Total delivery numbers had remained more or less constant in the last 25 years; whereas abortion cases and MTP have reduced to one-fourth and half respectively—may be due to increasing use of contraceptives and avoiding unwanted pregnancies. Figures during 1975-76 are higher than the two adjacent years because

of the "Emergency period" when forced sterilization was practised which defamed the national policy.

Sterilizations

Though our hospital is for women and children, Vasectomies were done in family planning department on day care basis in OPD minor OT. Approximately 30-50 vasectomies were performed each year. After the "Emergency period" Single Spike of forced vasectomies was followed by steep fall. For the last 10 years, no vasectomy has been done at our centre (Table II)

Female sterilizations have increased from 10% to 18% of obstetric admissions over last 30 years. There was sudden increase in forced tubectomies in the "Emergency Period" from 1975 to 1977.

Medical Termination of Pregnancy (MTP)

After liberalising the abortion laws in India, MTPs are being done in our hospital as indoor procedure on day care basis. Almost 22-23% of obstetric admissions

Table 1
Showing Obstetric Admissions

Year	Deliveries	Abortions	MTPs	Tot. Obst. Admissions
65-66	4978	NA	-	4978
70-71	4295	783	-	5078
75-76	3999	1075	1587	6651
76-77	4204	963	1553	6720
80-81	4358	884	1573	6815
85-86	4425	404	757	5586
90-91	4248	379	596	5223
93-94	4096	273	630	4999

Table II

Year wise Distribution of Contraceptive Methods at Cama Hospital

Year	Obstetric Admissions	Sterilization (Female + Male)	Total Sterilizations	MTP	IUCD	Other Methods
65-66	4978	447 + 54	501 (10.28%)	-	NA	NA
70-71	5078	483 + 31	514 (10.1%)	-	27 (0.6%)	208 (4.14%)
75-76	6661	897 + 14	911 (13.6%)	1587 (23.8%)	671 (10%)	-
80-81	6818	607 + 6	613 (8.98%)	1573 (23.7%)	645 (9.5%)	-
85-86	5586	683 + 0	683 (12.2)	757 (13.5%)	1002 (17.9%)	-
90-91	5280	809 + 0	808 (15.3%)	596 (27.8%)	1469 (27.82%)	-
93-94	4970	896 + 0	896 (18%)	630 (12.0%)	1632 (32.83%)	-

Table III

IUCD Users every two years

Year	IUCD Users	% Users	Year	IUCD Users	% Users
70-71	27	0.6	81-82	564	8.27
72-73	210	3.58	85-86	1002	17.5
74-75	476	7.4	87-88	968	15.2
75-76	671	13.3	89-90	1037	20
76-77	897	13.3	91-92	1128	20.9
77-78	302	4.5	93-94	1632	32
79-80	570	8.5	-	-	-

were therapeutic abortions from 1973 to 1982. A gradual fall was noticed in later years and today only 12-13% of obstetric admissions are for therapeutic abortions (Table II).

Intra Uterine Devices

Acceptance for IUCD was very low in 1970-71. Till 1975 before 'Emergency Period', 5-7% of women were protected by IUCD each year. In 1975-76 and

Table IV

Distribution of Condoms and Oral Pills packets

Year	Condoms		Oral Pills	
	Dozen	% users	Packets	% users
65-66	NA	NA	NA	NA
70-71	1313	1.07	612	0.25
75-76	3726	2.33	940	1.08
76-77	2882	1.78	936	1.07
80-81	NA	-	NA	-
85-89	525	0.39	515	0.70
90-91	1862	1.46	443	0.64
93-94	3125	261	606	0.93

Table V

Acceptors of other methods in our hospital

Year	Spermicidal Jelly	Foam Tablets	Diaphragm	Total	Percentage
65-66	NA	NA	NA	NA	NA
70-71	72	91	45	208	4.14
71-72	157	187	20	364	7.16
72-73	192	1152	27	1371	23.38
73-74	2	Nil	20	22	0.39
74-75	34	Nil	13	47	0.7
75-76	Nil	Nil	Nil	Nil	-

1976-77, 10% and 13% women used IUCD respectively. It again reduced to 5-8% till 1980. From 1980-81, IUCD regained its acceptability. It is continuously rising thereafter. In the year 1990 - 91, 27.8% women used IUCD. Last year (1993-94), 32% women accepted Copper-T as a contraceptive method.

Lippe's loop was used till 1976-77.

Slowly, it has been replaced by Copper-T. After 1980, all women have been using Copper-T only. In 1993-94, few women were offered 'Zicoid' under Research Project at our centre.

Continuation rate of IUCD is also good. 1-2% came for removal for medical reasons. 5-6% are lost to follow-up.

Table VI
Percentage distribution of contraceptive users

Year	% Sterilization	IUCD	Other method	OC	Condoms	Total
65-66	10.28	-	-	-	-	10.28
70-71	10.10	0.64	4.14	1.00	1.07	16.95
72-73	11.24	3.58	23.38	NA	2.04	40.24
75-76	13.6	10.0	-	1.17	2.33	27.1
76-77	24.6	13.3	-	1.16	1.78	40.23
80-81	8.98	9.5	-	NA	NA	18.48
85-86	12.2	17.9	-	0.76	0.39	31.25
90-91	15.3	27.8	-	0.69	1.47	45.28
93-94	18.0	32.83	-	1.01	2.61	54.45

Table VII
Percentage performance of Maharashtra State and India in contraception

Method	Maharashtra	India		
	90-91	70-71	80-91	92-93
Tubectomy	42.4	35.5	31.6	44.3
Vasectomy	NA	NA	NA	1.2
IUCD	6.7	12.6	9.7	24.9
Oral Pills	3.3	Nil	1.4	6.7
Condoms	4.2	52.1	57.3	22.9
Total	56.6	100	100	100

Condom and Pills

Condoms are given to couples after interviewing them. Each couple was given two dozen condoms per month. A Three months quota was given at each visit. Number of users is calculated by dividing these distributed packets by 24 and then calculating percentage user. Condoms are used by percentage of less than 3% of

our obstetric admissions. Continuation rate and follow-up rate is poor.

Each woman opting for oral pills is given three packets at a time and is expected to follow up after three months to report any problem and collect quota for the next three months. Hence number of packets distributed per year is divided by 13 to get number of users and then

percentage users is calculated. Oral pills seems to be less popular amongst our patients. Throughout 30 years, the figures have not changed remarkably. About 1% obstetric admissions use oral pills. Follow-up rate is poor and discontinuation rate is very high.

OTHER METHODS

Foam tablet, spermicidal jelly, diaphragm were distributed from our family planning department from 1971 to 1975. After Emergency Rule, distribution of these stopped probably due to lack of supply from the Government or lack of demand. Table V shows that following a short term popularity these disappeared fast from contraceptives available to our customers.

Couple Protection Rate

Table 6 shows that couples protected from pregnancy have certainly increased from 16.95% in 70-71 to 54.45% in 93-94. Low figure quoted in 80-81 and 65-66 is because some data was missing 40% couple protection rate in Emergency Rule was due to high sterilisation rate and introduction of IUCD. Soon after Emergency Rule it dropped to 20%. After 1982, there is a steady increase in the number of couples protected.

DISCUSSION

In our hospital, couple protection rate has increased from 17% in 70-71 to 54.45% in 93-94. This only indicates the percentage beginners using any method of contraception. This appears to be satisfactory when compared to national average of contraceptive prevalence of 34.9% in 1982 and

37.5% in 1987. In Maharashtra, couple protection rate is 54.9% in 1982 and 56.6% in 1991. According to the study done by IRR in 1986, prevalence of contraceptive usage in general population is 28.1%. This is due to high incidence of discontinuation of temporary methods after short term use.

After 1976 it appears that male partners have withdrawn themselves from the responsibility of birth control. The vasectomy rate has dropped to zero at our hospital. Similar decline in vasectomy rate is reported in yearbook of Family Welfare Programme 1987-88.

IUCDs are more popular among women may be due to "once insertion and no botheration later on". IUCDs were accepted by 25.9% women in India and Maharashtra in 1991-92.

Use of Oral pills and condoms is very erratic in our hospital women. Following a low acceptance i.e. less than 2% in the last 20 years, discontinuation in 4-6 months is very high, whereas in India 6.7% of contraceptive users used oral pill in 91-92 as well as 92-93 and 22.9% used condoms in 1992-93 and 19.1% in 1991-92. Firm motivation and assurance of good followup care is essential to improve continuation of contraceptive use. Since these are freely available in market, hospital source is not utilised.

Since 1968-69, diaphragm, spermicidal and foam tablets were available for free distribution only through government and municipal hospitals. But soon they lost their popularity as indicated in the table which quotes figures from the yearbook of Family Welfare Programme 1987-88. Report of Post-Partum Programme of India

1992-93 does not mention these barrier methods and indicates that its supply through hospital has stopped.

Intense health education and major socio-cultural change in our society can only improve the contraceptive usage. Similarly, knowledge, attitude and interest of doctor in charge also is very important in success of National Population Control Programme.

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