

A B S T R A C T

The objectives of this study were a) to compare some selected socio-demographic and other characteristics of the women using Depo Medoroxo Progesterone Acetate (DMPA) and Intra-Uterine Contraceptive Device (IUCD). b) to identify reasons for accepting and using one or the other method and c) to make recommendations to improve the acceptance and continuation of IUCD which is more cost effective for the National Family Planning Programme.

The study units consisted of 264 and 262 current users of DMPA and IUCD respectively.

This study revealed that the mean age of a current user of DMPA is 26.4 years whereas for an IUCD, it is 28.1 years, while the mean age at marriage was similar being 23 years. Significantly more Intra-Uterine Contraceptive Device users (20.2%) compared to Depo-provera users (9.5%) used this method as their subsequent method after child birth; this difference is significant. Higher percentage of DMPA users (56.5%) commenced using the method within first three months after childbirth compared with those using the IUCD (23.9%). A little over one third of DMPA users (36%) were unaware of the IUCD (even after close questioning), whereas all users of IUCD knew their own method. Awareness of Copper-T was

low among both groups but it was very low among DMPA users. The failure rate for the IUCD was higher compared to DMPA, but the difference is statistically not significant. Public Health Midwife was the main source of information to both users. However, the data indicated that satisfied IUCD users were an important source for motivation of others. Nearly one quarter of the DMPA users stated that they did not use the IUCD because the facilities for IUCD insertion were not available or even when available, it is not regular while fear of pregnancy with loop in-situ and other complications (mainly observed with the Lippe's Loop) were other limiting factors.

This study highlights that, to increase IUCD acceptance it is important to provide regular clinic services, opportunities for women to clarify doubts by giving adequate and correct information regarding Copper_T, which can be given during family planning counselling sessions. Another strategy is to direct counselling not only for potential acceptors of family planning methods but also to those who are already on other methods as well. Another aspect is to find solutions for women who get pregnant due to IUCD failures and lastly by giving information to all women all about Copper-T, which is in use at present with high effectiveness with less side effects.