DISSERTATION PRESENTATION

March 21, 2022 – June 18, 2022

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CENTRE FOR HEALTH AND SOCIAL JUSTICE

- Centre for Health and Social Justice is registered as a Public Charitable Trust based in New Delhi and works by field interventions and partnerships in more than 10 states of India.
- CHSJ works with the marginalised section of the society which includes women, single women, dalit, tribals, manual scavengers, urban poor and others on issues like health, gender equality, violence against women and governance.

The four units working autonomously on diverse themes which are inter-related across the Country

MITRA
Men's Initiatives
FOR TRANSFORMING RELATIONSHIPS THROUGH ACTION

SEHER
A women's collective
for better health and rights

Parichiti
Making women visible

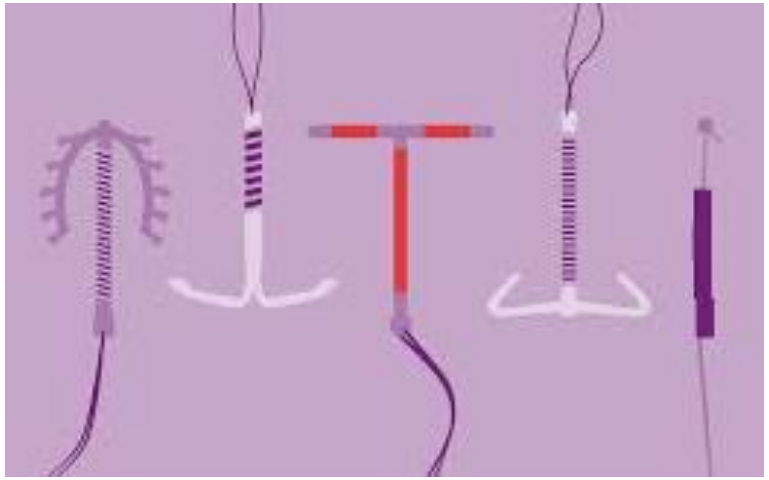
People's Forum for Justice and Health

PART 1: Introduction

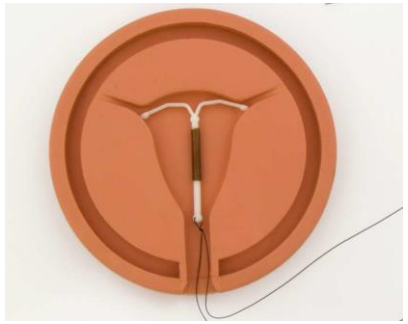
RESEARCH TOPIC

PRACTICE OF IMPLANTING COPPER – T WITHOUT CONSENT AND ITS IMPLICATIONS ON THE HEALTH OF THE WOMEN IN SHAHDARA DISTRICT, DELHI

What is Copper – T?



- Copper T is an intrauterine device which is said to be an effective form of contraception for women.
- Insertion of Copper T is an invasive procedure that needs to be conducted by an expert.
- There are two kinds of IUDs available:
  1. Hormonal IUDs
  2. Copper IUDs



How does Copper – T work? And how effective is it?

- Once a Copper T is in place, the copper ions produced from the wire wrapped around the plastic T influence the uterine environment to prevent pregnancy
- Copper ions prevent pregnancy by inhibiting the movement of sperm
- Once placed in the uterus, a device like Copper T can provide protection for about a decade
- The long – lasting effects make this IUD an exceptionally inexpensive method, which doesn't require taking a pill or putting on a condom
- In most cases, a Copper T can provide up to 98 percent of protection from unwanted pregnancy

What is the purpose of this study?

- Many Indian women reject the IUD, preferring less reliable techniques or none
- According to experts, many women would rather have abortions than have an IUD put. Insufficient access to health-care practitioners, prevalent myths, and a lack of information about contraception methods, according to family planning organizations
- The copper T, which is free for low-income patients at government health institutions, is usually the only form of IUD available to Indian women who rely on government hospitals for their health care
- The copper T has been around since the 1970s and operates on a simple mechanism

BACKGROUND

The first mention of placing in uterus the contraceptive devices with intent to prevent conception appeared in the scientific literature around the beginning of the 20th century. The first intrauterine device (IUD) was a contraceptive ring made of various materials such as steel and silk moth intestines.

IUCDs in the form of Lippes Loop were introduced in the National Family Welfare Program of the Government of India (GOI) in 1965 and has always been considered an important spacing method. Based on the results of clinical trials conducted by the Indian Council of Medical Research in 1972, Copper T 200 B was introduced in the program in 1975. In 1997, ICMR conducted a comparative study between IUCD 200B and 380A based on which CuT 380A was introduced in 2002, replacing CuT 200B in the programme.

AIMS AND OBJECTIVES

Primary aim is to study current scenario in the Shahdara w.r.t. Copper – T insertion in women without consent and post insertion complications

- To study the current family planning techniques in India
- To analyze the contraceptive methods used by women in Janata Majdoor Colony, Shahdara
- To identify the cases behind forced or non-informed IUD insertion in Government hospitals

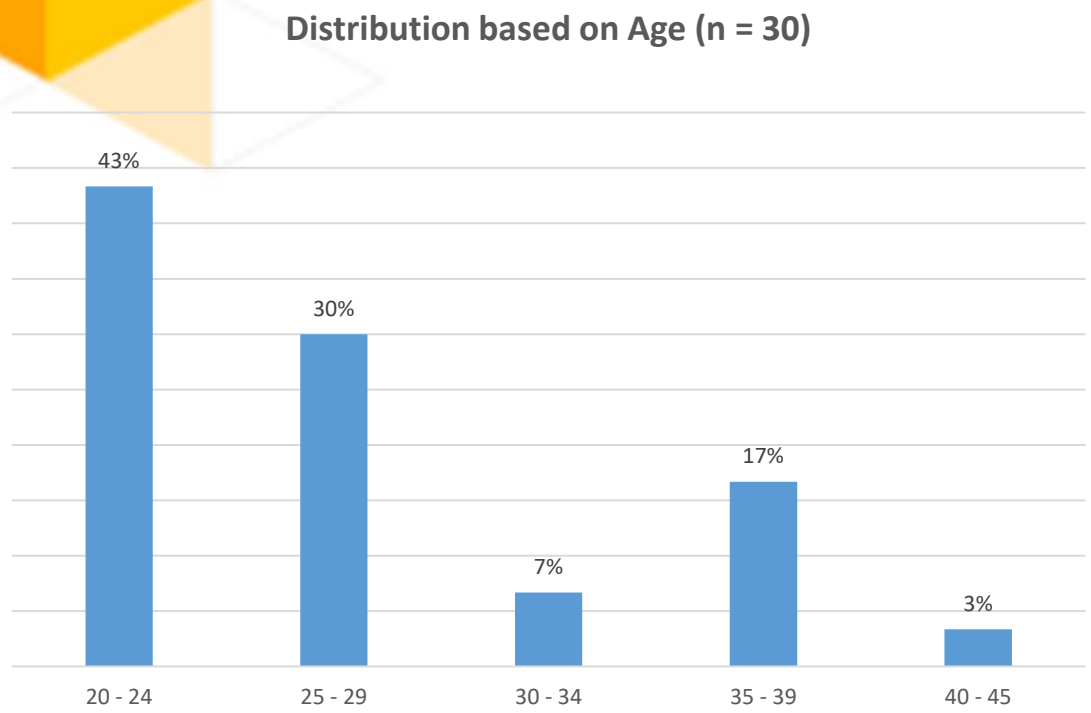
METHODOLOGY

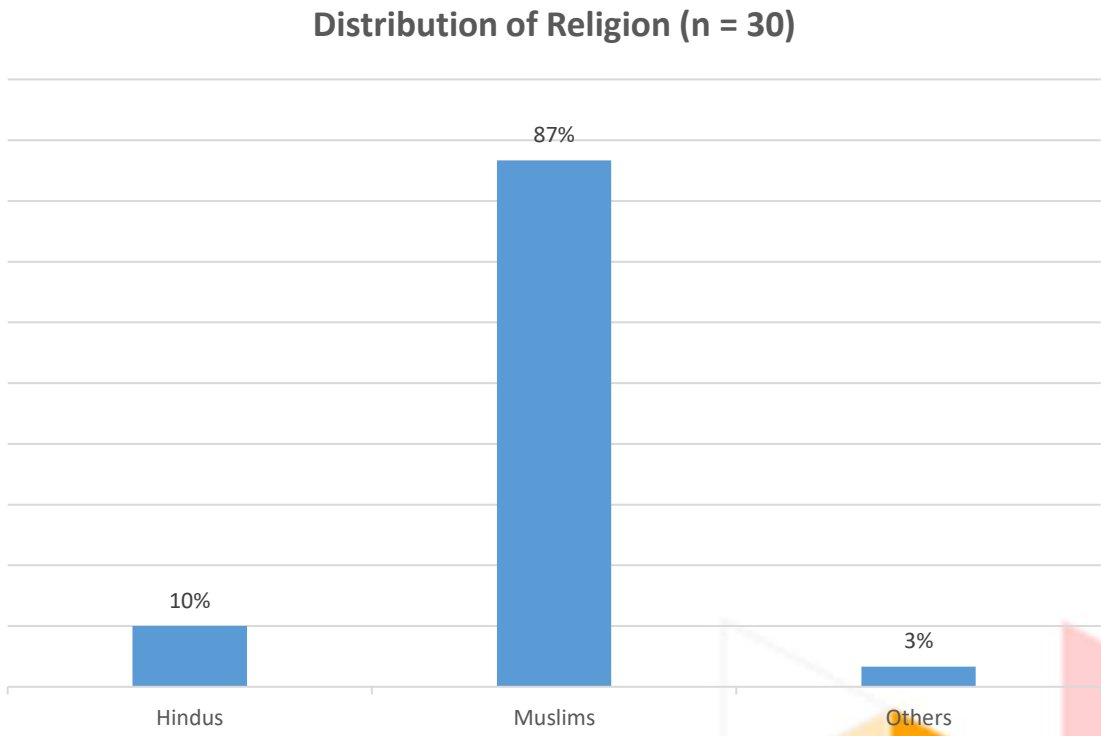
The data was collected for a group of 30 women were interviewed from Janata Majdoor Colony, Shahdara district of Delhi. For the study undertaken, I have only used the data pertaining to the Copper – T insertions in women and the consent and complications that they have faced.

- Study Population:
  - Inclusion criteria: Women who have received Copper T insertion without consent
  - Exclusion criteria: Women who opted for Copper T/ other sterilization method
  - Study tools: A semi structured questionnaire

DATA ANALYSIS

Background Study of the Women Surveyed



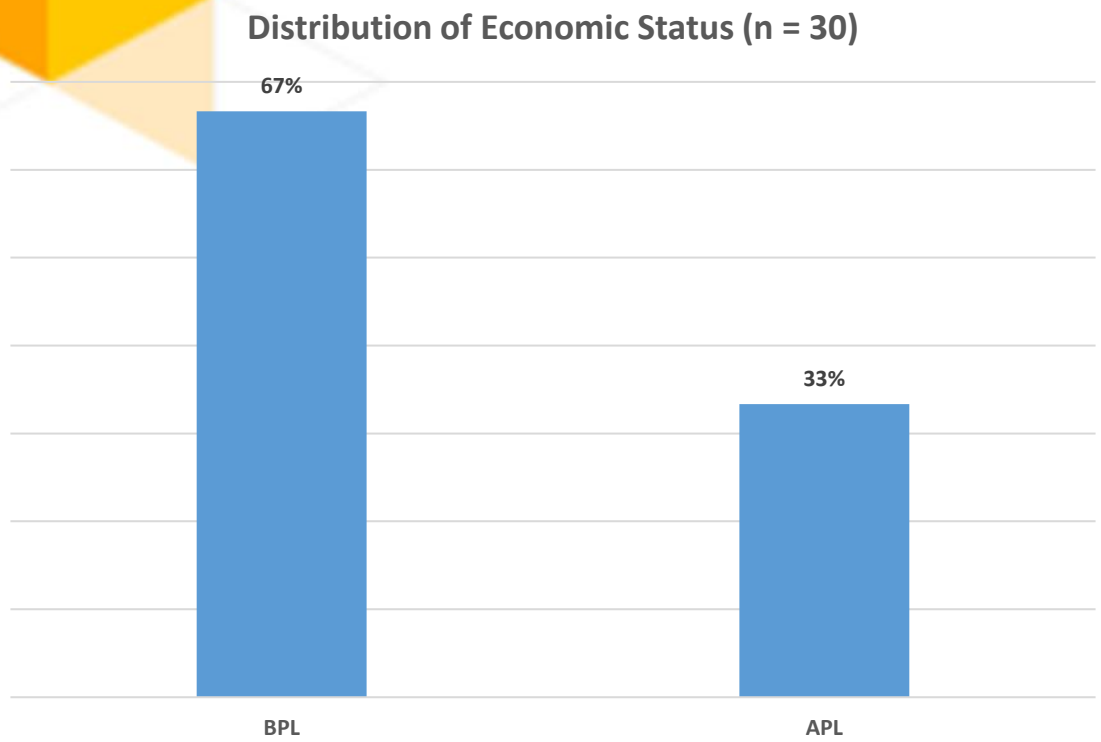


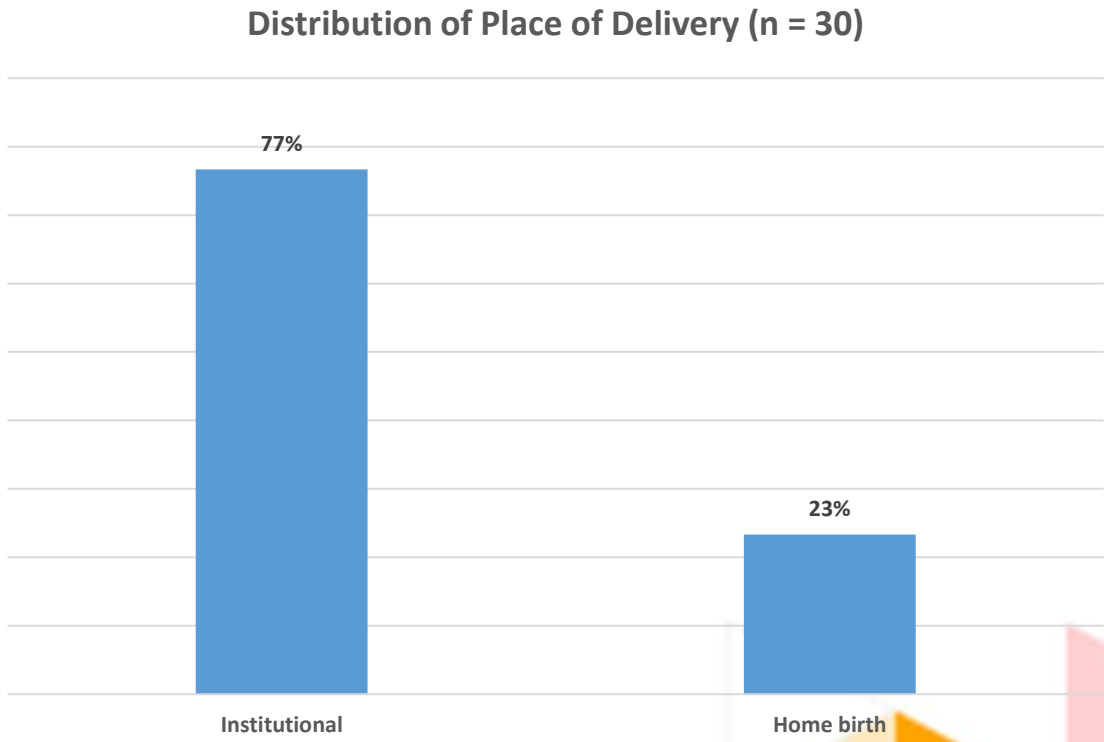
INTERPRETATION

For ease of analysis the age groups were divided into 5 classes with class interval of 5 starting from 20 year to 45 year. As we can see, the maximum number of ladies belonged to the age group of 20 – 24 and only 3% of them belonged to the 40 – 45 year of age group.

INTERPRETATION

Approximately 87% of the women surveyed were Muslims and only 10% of them were Hindus with other religion in a minority with 3%



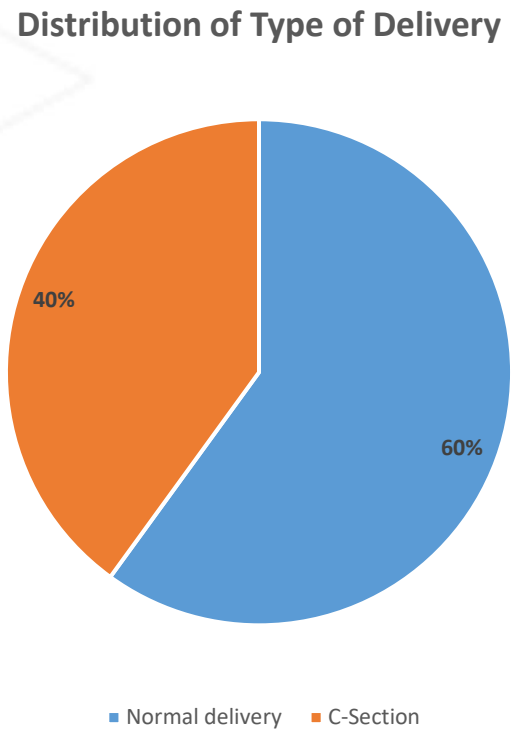


INTERPRETATION

Most of the women belonged to the below poverty line with 67% and only 33% belonged to the above poverty line

INTERPRETATION

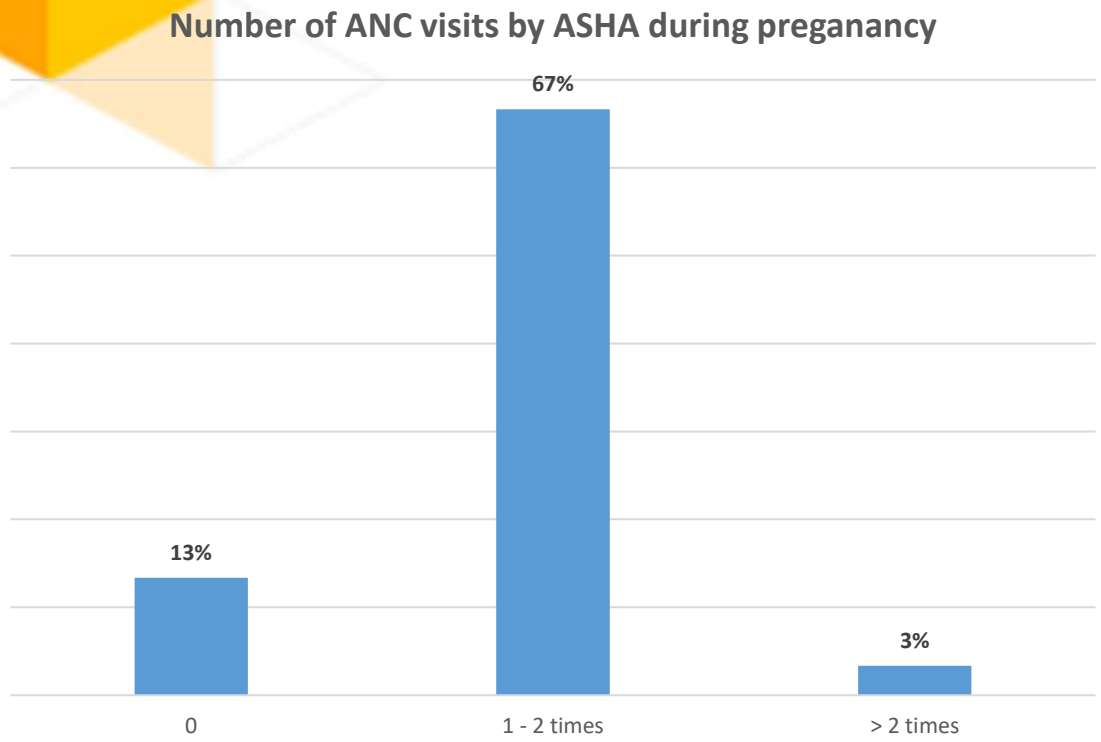
Maximum number of births were institutional, which includes government hospitals and dispensaries at 77% and approximately 23% of them had home births which were assisted by dai/ midwives

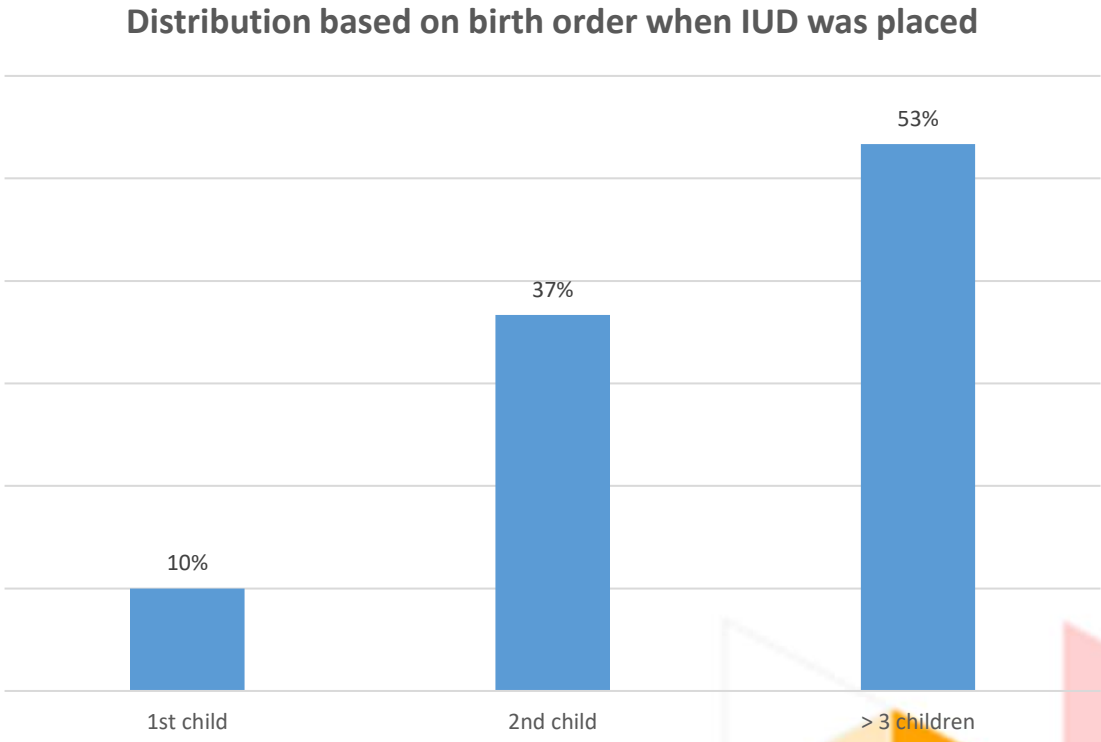


INTERPRETATION

Most of the women had normal delivery at 60% and those who had C-section was 20% lesser than the later.

Before contraceptive procedure



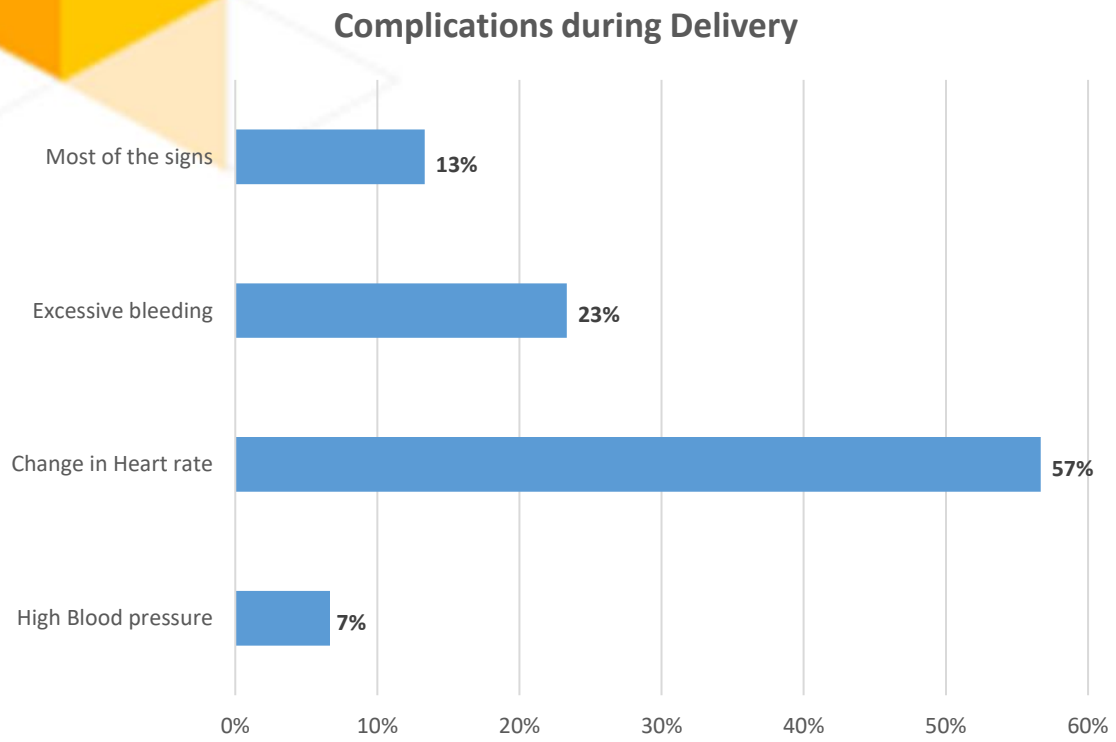


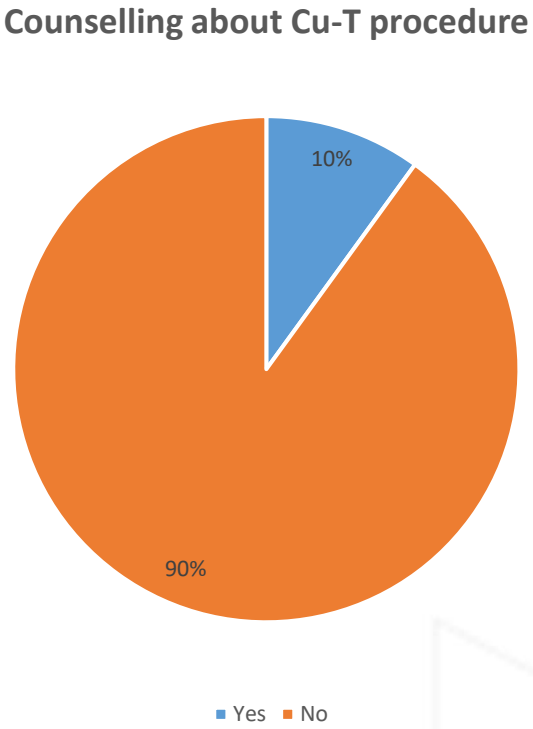
INTERPRETATION

For computing this data, we have sub-grouped it into never visited, visited 1 – 2 times and >2 times. Most of the women have been visited 1 – 2 times during their whole pregnancy duration and sadly only 3% of them were visited more the 2 times and 13% of them had not been visited at all by the ASHA workers

INTERPRETATION

We can see that majority of the women who have had their 3rd or more children have been inserted with IUD, which is almost half of the surveyed women, approximately 53%. It is followed by two-fifth of the women having their 2nd child and around one-tenth of them got it placed after their 1st child was born.



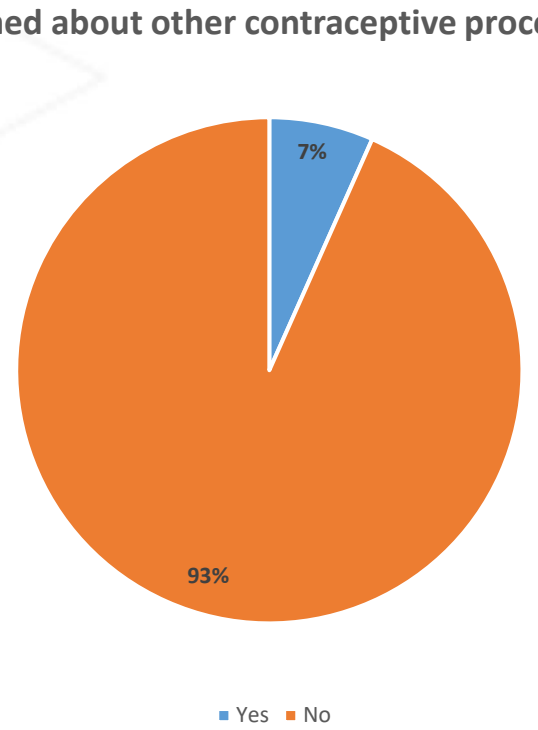


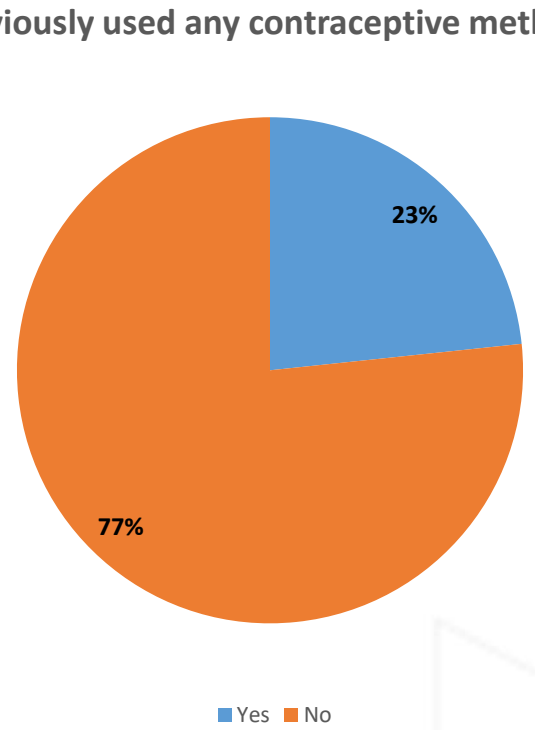
INTERPRETATION

Three-fifth of the women showed signs of change in heart rate during delivery which is followed by 23% of them having excessive bleeding

INTERPRETATION

Around 90% of the surveyed women stated that they had not been counselled about Cu-T procedure and nor were their husbands educated about it. And the 10% of them who had the knowledge was given by their relatives or close family members



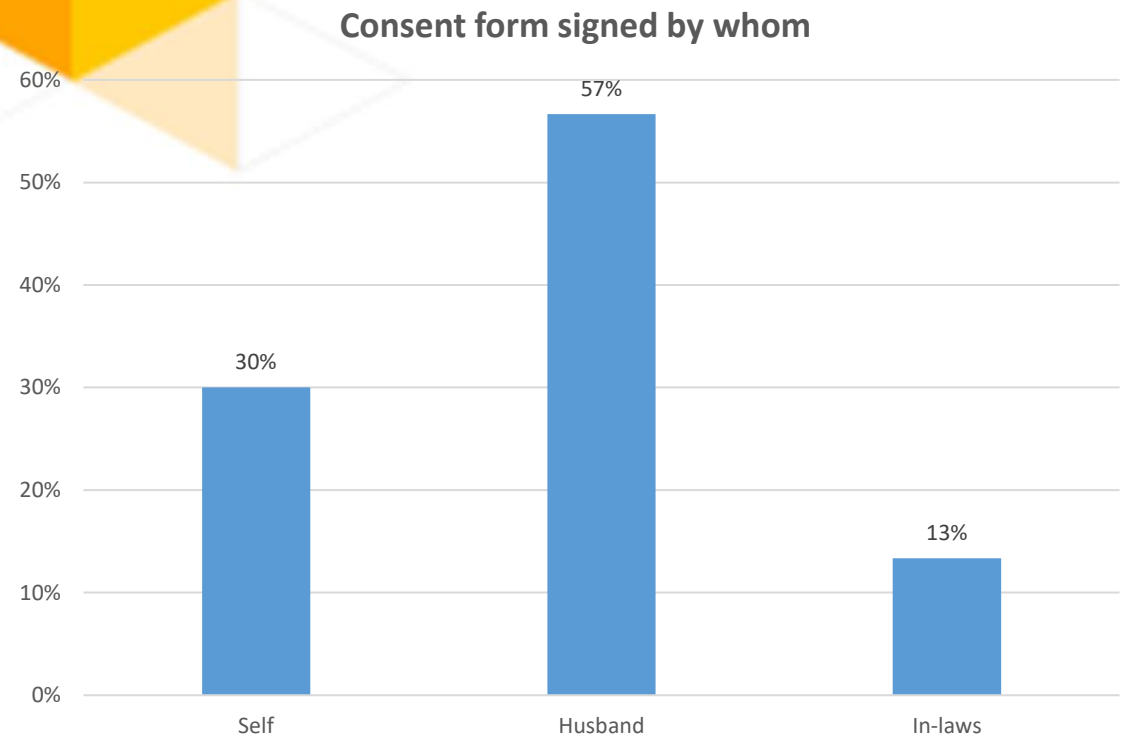


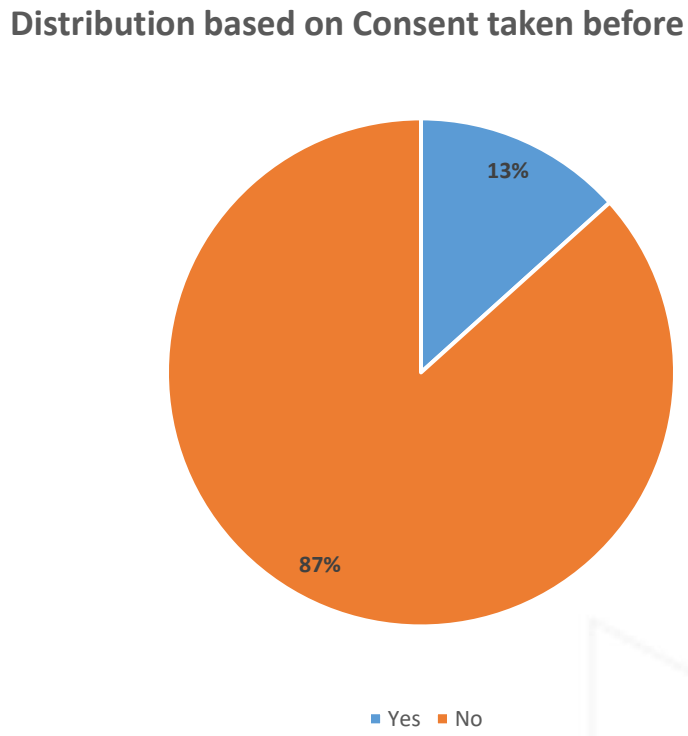
INTERPRETATION

Approximately 93% of the women had no knowledge or awareness about contraceptive procedures with just 7% having information about them, specifically condoms

INTERPRETATION

About four-fifth of the women had never used a contraception, includes condoms, pills, etc. previously and slightly lower than one-fourth of them had used condoms before





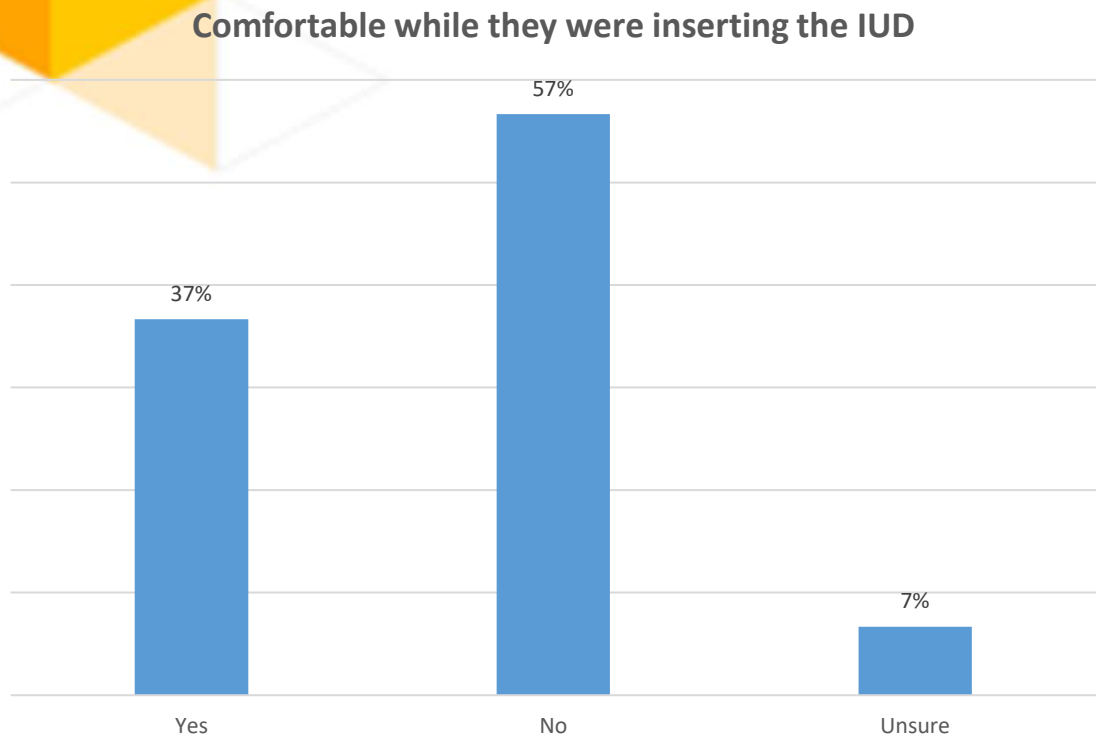
INTERPRETATION

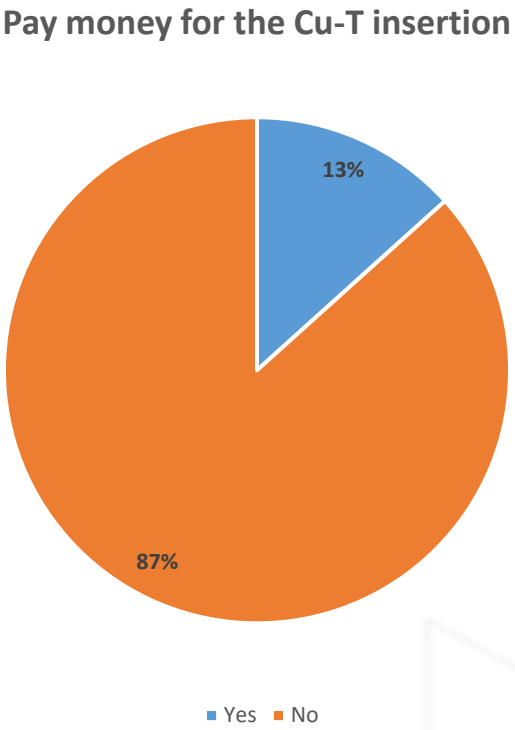
Husbands had to sign the consent form which is approximately one-fifth of the women we surveyed followed by slightly higher than one-third of them who signed it for themselves after the procedure was carried out and for a mere 13% it was signed by their in-laws

INTERPRETATION

Roughly 87% of the women were not asked for permission before being inserted with the Cu-T and slightly higher than one-tenth of them had been consented to get the procedure. The consented women include the ones who had planned to get the Cu-T and approached the physicians herself

During Contraceptive Procedure



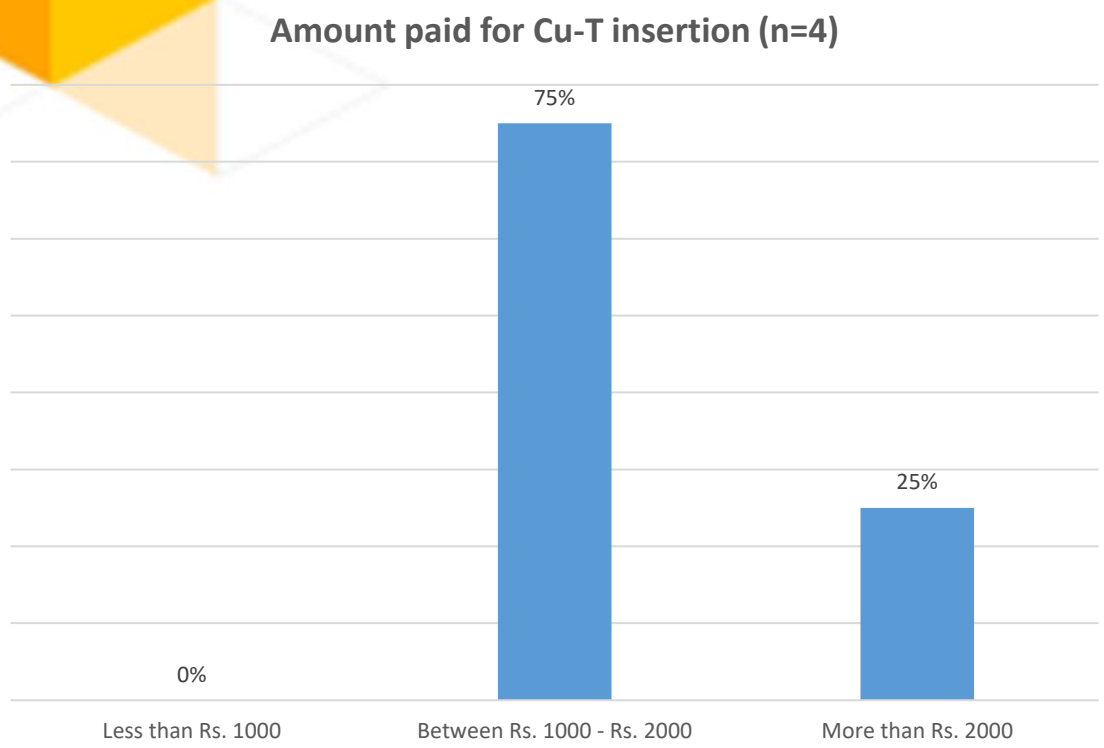


INTERPRETATION

Slightly lower than three-fifth of the women said that they were not comfortable while getting the Cu-T inserted as the hospital staff was abusive, and forceful the whole time. Around two-fifth of them said that they were comfortable and approximately 7% of them were unsure as they were unconscious

INTERPRETATION

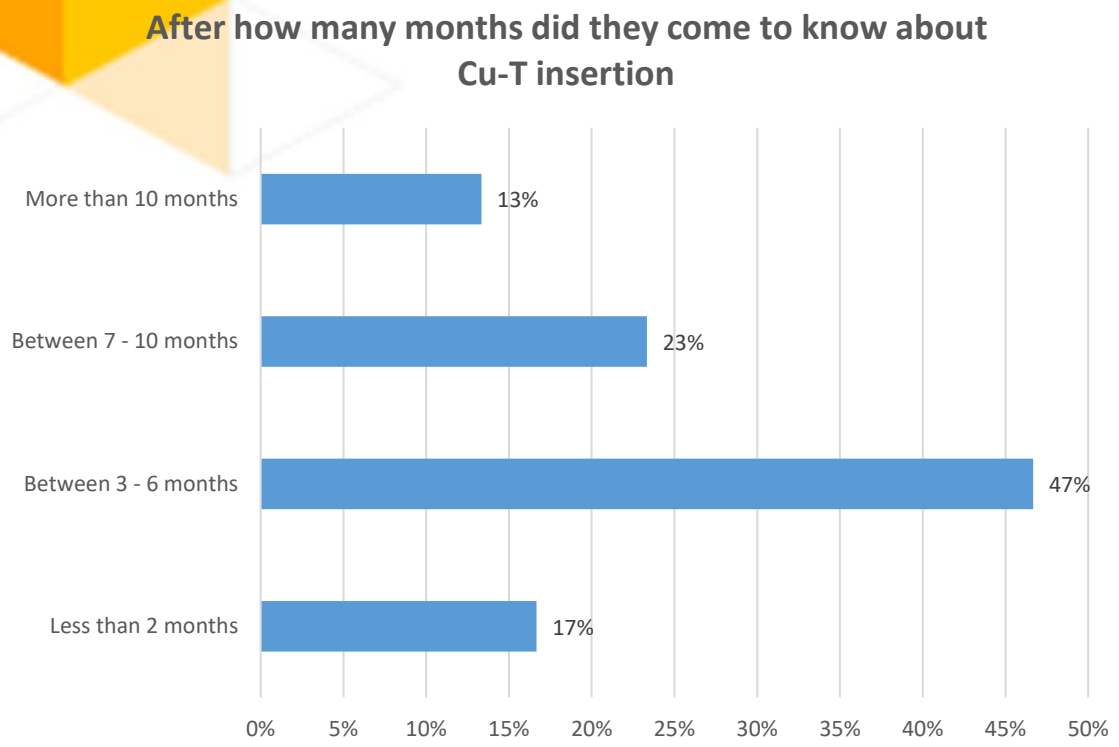
87% of the women did not have to pay any amount to get the Cu-T inserted which is because the procedure was carried out in the hospital after she delivered whereas 13% of them did pay some amount to get the Cu-T inserted and these cases are the consented ones



INTERPRETATION

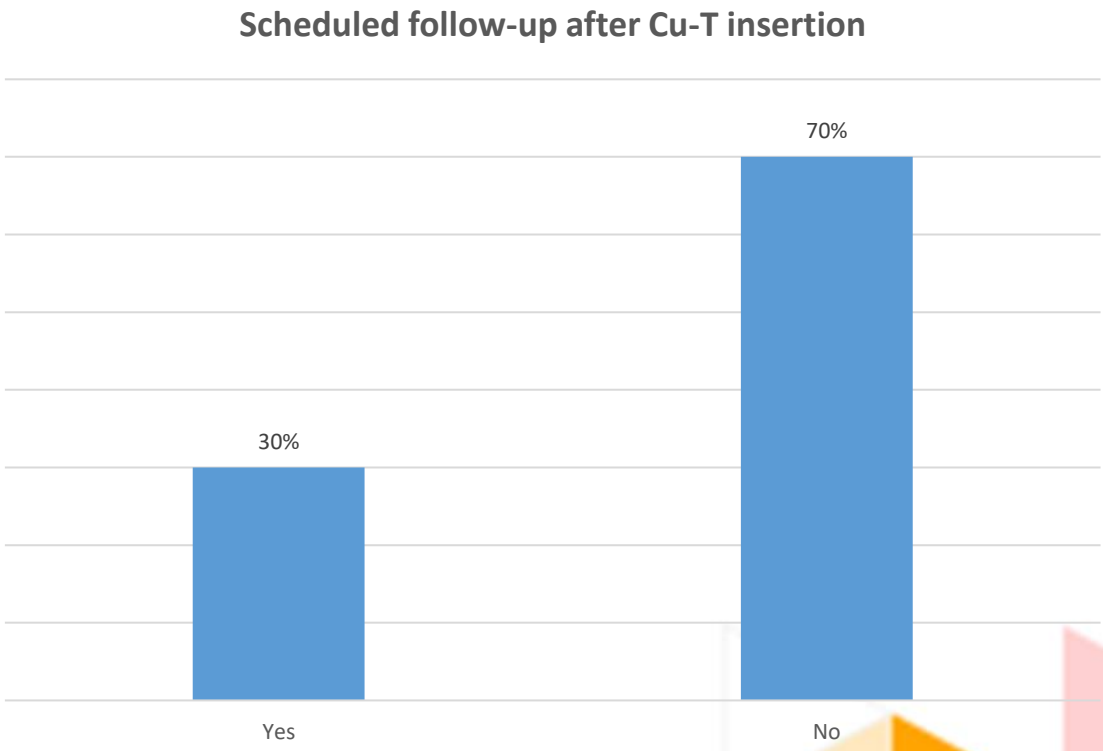
The total number of women included here is 4 and three-fourth of them had to pay between Rs. 1000 – Rs. 2000 to get the Cu-T inserted and one of them had to pay more than Rs. 2500. These procedures were conducted in private clinics

Post Insertion of Copper – T



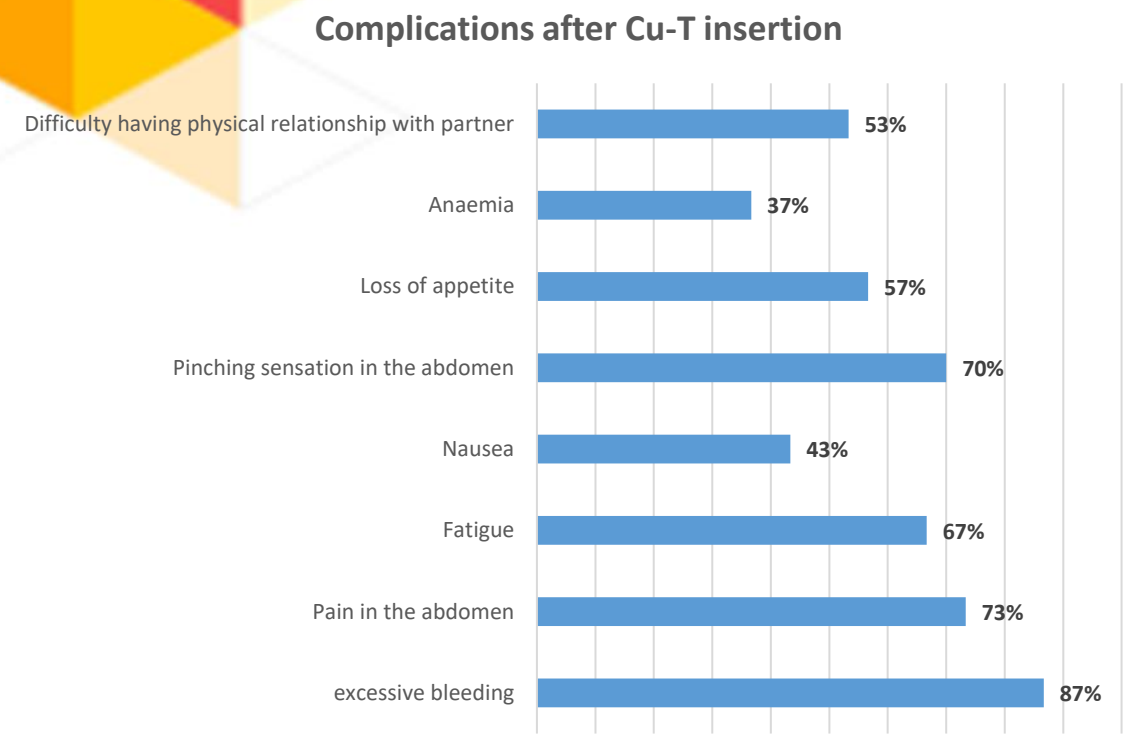
INTERPRETATION

Around half of the women got to know that they have Cu-T inserted after 3 – 6 months of delivery followed by one-fourth of them who realized it after 7 – 10 months.



INTERPRETATION

70% of the women did not have any scheduled follow-up in the hospital whereas 30% of them did which is mostly in the private hospital/ clinic settings



INTERPRETATION

Maximum number of women here complained of excessive bleeding which spanned over weeks followed by pain in their lower abdomen and pinching sensation due to the incorrect placement of the Cu-T. Around 67% of them mentioned feeling tired and fatigued. Around 50% of them said that they had lost their appetite and difficulty having any kind of physical relationship with their husband due to constant pain.

CONCLUSIONS

- Ninety percent of the women who responded to the survey said neither their husbands nor they had received any counselling on the Cu-T procedure and the 10% of those who had the knowledge received it from their relatives or close family members
- Approximately 87 percent of the women were not asked for consent before having the Cu-T inserted, and barely more than one-tenth of them had given it
- Majority of the women who have had three or more children—roughly half of the women who were surveyed—had had an IUD implanted
- 87% of the women did not have to pay any amount to get the Cu-T inserted which is because the procedure was carried out in the hospital after she delivered whereas 13% of them did pay some amount to get the Cu-T inserted
- Women lack awareness about contraception and family planning
- The ASHA workers need to be trained and talked about their responsibilities towards the women especially during their pregnancy and after the delivery of their baby.

- We need more robust policies and plans to strengthen the family planning techniques in the urban slum areas of the metropolitan cities
- The mistreatment of the ladies during delivery or when they visit the hospitals to get their Cu-T removed should be highlighted and they need to speak up against such behaviour towards them
- Over the last few years, the use of Cu-T or any kind of a IUCD has significantly increased which shows us that we need to promote use of condoms in people belonging to the BLP or underdeveloped areas of the city as well as inform them about male sterilization techniques.

THANK YOU