

# The Pattern of IUD Use in Vietnam

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*A 1993 study to examine the pattern of IUD use in three provinces of Vietnam questioned 2,996 women who first used an IUD between 1981 and 1992. Results suggest a high continuation rate—81% at 12 months—and a low failure rate; about 3% of women experience accidental pregnancy after 12 months of use. Among reasons for termination, expulsion is the most common and is reported more frequently than in other countries; approximately 9% of users say they expel their IUD within 12 months. Health problems are the second most common reason, cited by about 7% of women who terminate use. No data were collected on the type of IUD used or on respondents' characteristics at the time of insertion.* (International Family Planning Perspectives, 21:6–10, 1995)

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The IUD is the most popular contraceptive method in Vietnam. According to the 1988 Demographic and Health Survey (DHS), slightly more than 60% of all currently married Vietnamese women aged 15–49 have ever used a contraceptive.<sup>1</sup> Of these, about 80% have ever used a modern method; 86% of women who have ever used a modern method have used the IUD. At the time of the DHS, modern methods other than the IUD were not widely used. Periodic abstinence and withdrawal were more popular than oral contraceptives, condoms or sterilization.

Vietnam's Ministry of Health and its National Committee for Population and Family Planning—as well as the international donors to Vietnam's family planning program, most prominently the United Nations Population Fund—have worked to increase the diversity of contraceptive practice. Nevertheless, the IUD remains the most widely used contraceptive method, and other modern methods are not particularly well known. The DHS found that 92% of ever-married women of reproductive age knew about the IUD, but only about 45% knew about condoms and the pill, respectively.<sup>2</sup>

Lack of knowledge of the full range of

methods results in a variety of misconceptions among women and providers, and some of these misconceptions have undoubtedly discouraged the acceptance and use of other contraceptive methods. For example, the belief that there is a need to stop taking the pill for one or two cycles each year is widespread. Adhering to this advice would make the pill considerably less convenient and probably substantially increase the risk of pregnancy.<sup>3</sup>

In addition, the government family planning targets and the various incentive schemes that are employed appear to have favored the IUD and, more recently, sterilization. Finally, although the situation is improving, supplies of other methods have not always been available, particularly at rural clinics.

Despite its popularity and its importance as a determinant of fertility in Vietnam, very little attention has been paid to the dynamics of IUD use. The Vietnam DHS did not collect information about the duration of IUD use or about IUD-related failure rates, and neither have other studies of contraceptive practice, including one that specifically examined use of the IUD.<sup>4</sup>

Officials at the Ministry of Health have been eager to understand how the IUD is being used and the reasons women stop using the device. They hope that learning more about IUD use will enable them to promote a more diverse method mix without risking a reduction in overall prevalence or a slowdown in the fertility decline, which is an important goal of Vietnam's population policy. We designed the IUD Use Dynamics Study to estimate continuation and termination rates and to provide information on contraceptive failure that would enable the Ministry of

Health and the National Committee for Population and Family Planning to improve the quality of their programs.

## Methodology

### Study Design

The Maternal and Child Health and Family Planning Department of Vietnam's Ministry of Health conducted fieldwork for the IUD Use Dynamics Study between March 1 and May 18, 1993, in three provinces: Nam Ha, Thai Binh and Quang Nam–Da Nang. Information available at the ministry's headquarters in Hanoi identified these provinces as having higher rates of IUD acceptance than other provinces, as well as the commune-level records needed to sample and follow up acceptors. However, since the family planning program's management information system is not well developed, the true extent to which acceptance and use of the IUD are higher in the three selected provinces than elsewhere is difficult to judge. Because of a lack of detailed data on IUD acceptors, no province from Vietnam's southern region was included in the study.

We compiled a list of all family planning service delivery sites by type, such as provincial maternal and child health and family planning centers, obstetric hospitals, clinics at provincial general hospitals, district family planning teams, and intercommunal and polyclinics. A team from the Ministry of Health and from the maternal and child health and family planning center in each selected province visited service delivery sites of different types that had been selected at random from each list. In each province, 30% of the commune health centers—the staff of which reported to a higher level, already-sampled service delivery site—were randomly selected for the study. If a selected service delivery point had been established after 1987, if its records of IUD acceptors were not adequate, or if it were especially difficult to reach, a substitute service delivery point was selected.

All women from the sampled service delivery sites who were recorded as having accepted an IUD between January 1, 1981, and February 28, 1993, as being younger than 49 in March 1993, and as living within 15 kilometers of a sampled ser-

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vice delivery outlet served as the universe for the study. On the basis of lists of acceptors available at each commune, 1,000 IUD acceptors were sampled in each province, with a probability of selection proportional to the total number of IUD acceptors per commune. Ten percent of the respondents were selected at random for X-ray examinations to establish the reliability of women's reports of whether or not an IUD was in place.

Selection of the provinces may have been biased because the provincial and commune-level data on contraceptive acceptance by method and year that are available from the ministry are not always reliable. The selection of service delivery points was influenced by time since establishment, quality of records and ease of access. For example, a somewhat remote service delivery point that served a large number of clients but kept poor records could be excluded from the study. This is an inevitable problem with studies that depend on the quality of existing reports for their sampling frames. However, the selection of women receiving services from particular service centers appears to have less chance for bias, in part because selection was based on registers of IUD acceptors kept at commune health centers.

## Data Limitations

Questions needed to calculate extended use-effectiveness or to examine the dynamics of method switching were not included in the questionnaire. Continuation rates can be estimated only for the first segment of IUD use because data on contraceptive use or other events between intervals of IUD use were collected only for women who specified that switching methods or pregnancy were reasons for terminating a segment of IUD use.

The questionnaires solicited data on respondents' education, occupation, marital status and number of living children at the time of the interview, not at the time of first IUD insertion, which could have occurred more than 10 years before the survey. Consequently, with the exception of age at the time of insertion, data are not available to examine differences in continuation by characteristic or status at the time of insertion.

Educational status probably did not change very much over time, but the likelihood of changes in other variables is harder to estimate. Vietnam's expanding nonagricultural employment opportunities may mean that some respondents who began practicing contraception when they were employed in agricultural occupa-

tions have since shifted to employment in the service or manufacturing sectors. Likewise, some women probably experienced a birth and some a marital disruption since the first interval of IUD use.

### Sample Characteristics

A total of 2,996 IUD acceptors were interviewed. Table 1 shows the characteristics of the respondents by province; there were differences among the provinces. Quang Nam-Da Nang had a larger proportion of illiterate or semiliterate women than did the other two provinces (22% compared with 6% and 1%), whereas Thai Binh had the most highly educated sample. Approximately 90% of the acceptors from Thai Binh had received a second degree or more of education,\* but less than 50% of those in Quang Nam-Da Nang had achieved these levels.

Quang Nam-Da Nang also had a smaller proportion of women who were engaged in agricultural occupations than did the other two provinces. More than 95% of the acceptors from Nam Ha and Thai Binh worked in agriculture, but only 42% of those from Quang Nam-Da Nang did so. Forty-two percent of the women from Quang Nam-Da Nang were employed in other, unspecified occupations or did not work. Since Quang Nam-Da Nang is a more urbanized area than the other two provinces, most of these women surveyed were probably vendors or engaged in trading activities or services. Teachers, those working in manufacturing and housewives were also included in this category.

The distribution of women by the number of living children varies somewhat among the sample provinces. Most acceptors had two or more children, although a significant minority had only one child. A smaller proportion of those from Nam Ha province had one child or none (9%) than did women from Quang Nam-Da Nang (17%), and women from Thai Binh were most likely to have had no

**Table 1. Percentage distribution of IUD acceptors, by characteristic, according to province, Vietnam, 1993**

Characteristic	Nam Ha (N=996)	Thai Bin (N=1,000)	Quang Nam- Da Nang (N=1,000)
<b>Age at 1st IUD use</b>			
15-19	2.7	4.3	1.9
20-24	35.1	50.6	26.7
25-29	41.6	31.2	40.9
30-34	17.2	10.8	23.4
35-39	2.8	3.0	6.8
40-44	0.5	0.1	0.3
<b>Education*</b>			
Illiterate/semiliterate	5.7	.9	21.8
4-5 years (degree I)	24.3	8.4	32.0
5-9 years (degree II)	61.3	78.4	28.7
8-12 years (degree III)	6.3	10.9	12.6
Vocational/university	2.5	1.4	4.9
<b>Occupation</b>			
Agriculture	95.4	97.3	41.8
State employee	2.6	1.0	14.1
Nonstate employee	1.1	1.3	2.6
Other or unemployed	0.9	0.4	41.5
<b>Living children</b>			
0-1	8.5	27.2	16.5
2	33.8	45.0	41.8
3	31.5	20.5	21.0
≥4	26.1	7.3	20.7
<b>Current methods</b>			
IUD	75.8	77.8	74.0
Sterilization	3.9	2.1	1.1
Condoms	1.9	3.7	7.6
Pills/injectables	0.5	0.2	0.2
Rhythm	3.1	0.8	1.9
Withdrawal	7.5	5.4	7.5
None	7.2	10.0	7.7
Total	100.0	100.0	100.0

\*Years of schooling for degrees I, II and III overlap because of changes made in the years of education required for the degrees.

more than one child (27%). Likewise, a smaller proportion of the women from Thai Binh had four or more children at the time of the survey than did the women in the other sample provinces.

Almost identical proportions of women from all three provinces said they were currently using the IUD: 74-78%. The second most popular method was withdrawal (5-8%), followed by condoms (2-8%) and sterilization (1-4%). About 8% of the respondents said that they were not currently using a contraceptive method.

## Results

### IUD Continuation

Table 2 (page 8) presents data on continuation rates from 12 months to 60 months following acceptance. To control for differential recall among those who accepted during different time periods, we present the data by year of first use. Some of the most recent IUD acceptors began use

\*Categories for years of schooling are not mutually exclusive because of changes in the system of education, and therefore, in the number of years required for the I, II and III degrees.

**Table 2. Life-table cumulative continuation rates for first-time IUD users, by 12-month periods, according to user characteristics**

Characteristic	N	12 mos.	24 mos.	36 mos.	48 mos.	60 mos.
<b>Year of acceptance</b>						
1981–1983	323	83	72	62	49	35
1984–1986	550	77	60	41	22	11
1987–1989	1,123	79	64	48	32	25
1990–1991	800	84	69	56	na	na
<b>Age</b>						
15–24	1,129	77	60	42	26	16
25–34	1,539	83	68	54	37	27
35–44	128	89	84	66	52	41
<b>Education</b>						
Illiterate/semiliterate	266	85	73	58	40	31
Degree I	589	82	65	48	32	24
Degree II	1,585	79	64	49	34	24
Degree III	356	82	67	51	29	19
<b>Living children</b>						
0–1	478	85	72	55	38	30
2	1,131	81	66	51	34	22
3	686	78	62	44	31	21
≥4	502	80	63	49	34	26
<b>Province</b>						
Nam Ha	933	76	60	47	35	26
Thai Bin	954	78	59	45	32	20
Quang Nam–Da Nang	910	88	78	58	34	24

Note: na=not applicable. N=2,797; not all categories add to total because of missing data.

less than 12 months before the survey.

The data indicate a consistent pattern of use over time. Twelve-month continuation rates ranged from 77% among those who first used an IUD during 1984–1986 to 84% among those who started IUD use in 1990–1991, for an overall average of 81%. The earliest acceptors had a somewhat higher than average continuation rate at every level, suggesting that there may have been a bias toward reporting longer intervals of use among this group. On the other hand, there were fewer contraceptive options available in the early 1980s than there are today, and longer intervals of first use may have been typical.

Women who reported first using an IUD in the 1984–1986 time period have the lowest continuation rates. The differences were marked after 48 months of use, and were caused by an especially low rate among women who accepted during 1986 (not shown). It is not clear why this is so. The pattern of continuation by year is not regular, however, in that women who accepted in 1990–1991 have a pattern of continuation not much different from those who began use in 1981–1983, so it would be a mistake to make too much of the fluctuations.

At the time that the National Committee on Population and Family Planning was established in 1984, fertility control was promoted energetically, but it was based on the use of an inferior IUD that many women may have tried and discontinued. Vietnam's economy was also

suffering severe troubles in the mid-1980s. The government-run, centrally planned strategy was significantly revised following the Sixth Party Congress in December 1986. This cycle of economic stagnation, changing policy and faster growth may have had an effect on fertility regulation behavior as well.<sup>5</sup>

Younger women had lower rates of continuation than older women, because a larger proportion of women who first used the IUD at ages 15–24 than of those who first used the device at an older age wished to have another birth. Moreover, part of the lower rate among younger acceptors was probably due to higher fecundity, as reflected in the high rates of termination because of accidental pregnancy among the youngest acceptors (not shown).

The women with the least education had the highest continuation rates, but since the number of respondents in this category was small and their distribution by province irregular, the importance of this observation is unclear. The difference between the highest and the lowest educational levels was particularly marked at longer durations of use.

Given the relatively long period of observation for the earliest acceptors, the current number of living children, as shown in the table, is likely to be different from the number of children at the time of the first IUD insertion. Interpretation is further complicated because the women with no more than one living child had higher continuation rates than women with a larger number of children. This finding is counterintuitive because one supposes that low-parity women, especially those with no children, would not be inclined to use an IUD longer than higher parity women. Of course, women with higher continuation rates are those who, other elements being equal, end up with fewer children, but this seems an unlikely reason for the observed differences.

The reasons for other differences among the groups, such as the lower continuation rates among women with three living children than among women with fewer or

more children, are also not clear. However, differences by family size among respondents with at least two children were not great, and given that the wording of the question referred to living children at the time of the survey, should not be subjected to too much scrutiny.

Differences in IUD continuation by province favor Quang Nam–Da Nang, especially during the first 36 months of use when substantially more women from this province continued to use an IUD than did women from Nam Ha or Thai Bin. Expulsions were lower in Quang Nam–Da Nang than in the other provinces (not shown), and unlike the other provinces, were less important as a reason for termination than health reasons. This suggests that client selection and insertion procedures are better in Quang Nam–Da Nang. A better-than-average provincial maternal and child health and family planning center and superior health services may also explain part of the higher rate. Moreover, only in Quang Nam–Da Nang did the sample include women who received their IUDs at a hospital-based clinic. Unfortunately, source of service was not determined, so we were unable to examine the impact of this aspect of service delivery on continuation rates.

The Quang Nam–Da Nang sample contained far more nonfarm workers than did those of other provinces, and on average, such workers had higher continuation rates than agricultural workers (data not shown), but that alone does not explain the continuation rate differences among the provinces. The number of nonfarm women in Nam Ha and Thai Bin was too small for meaningful comparisons of continuation rates by province and occupational status, but both farm and nonfarm women from Quang Nam–Da Nang had higher continuation rates than did women from other provinces. Some characteristics of the province and its family planning services were likely to have been more important influences on the contraceptive experience of the sampled IUD acceptors than was occupation.

#### Failure and Termination

Table 3 presents data on the rate of accidental pregnancy among IUD acceptors at 12 months and 24 months after first insertion, by year of acceptance. Failure rates range from 2.3–4.2 per 100 users at 12 months, and from 6.5–11.3 at 24 months. The low failure rates result in part because only pregnancies that occurred while the IUD was in situ were included, not pregnancies following expulsions.

**Table 3. Among IUD users, 12-month and 24-month life-table termination rates, by reason for termination, according to year of first insertion**

Year of insertion	Accidental pregnancy	Expulsion	Planned pregnancy	Health reason	IUD expired	Other
<b>12-month rates</b>						
1981–1983	2.3*	8.4	1.3*	6.0	0.0	0.0
1984–1986	4.2	11.2	2.0*	7.3	0.0	0.2*
1987–1989	2.6	11.0	0.9*	7.7	0.0	0.7*
1990–1992	3.1	5.5	0.7*	6.6	0.0	0.5*
<b>24-month rates</b>						
1981–1983	6.6	12.4	3.7	9.3	0.0	0.0
1984–1986	11.3	17.6	6.2	11.6	0.3	0.2*
1987–1989	7.4	16.3	4.4	12.2	0.9*	1.2
1990–1992	6.5	11.0	3.0	12.6	0.5*	1.5*

Note: Rates shown are gross rates, which adjust for competing risks by treating users who terminate for reasons other than accidental pregnancy as if they were going out of observation while continuing use (see reference 5, p.14, note 5). \*Rate based on 10 or fewer cases.

Trussell and colleagues estimate that American couples using an IUD (although not necessarily for the first time) have an average failure rate of 3% during the first year of use if they do not stop use for any other reason.<sup>6</sup> That estimate corresponds closely to the one in this study.

Table 3 also presents data on all reasons for termination of the first segment of IUD use, by year of insertion. The 12-month data indicate that the most important reason for termination was expulsion, followed by removal for health reasons and accidental pregnancy. Among those terminating a first segment of use for health reasons, the most important symptoms leading to removal were bleeding and abdominal pain (not shown). The pattern of reasons for termination among those stopping IUD use within two years following acceptance was the same as for termination within one year.

Most other studies have found that health reasons are the most frequently mentioned reason for stopping IUD use.<sup>7</sup> Although health reasons were frequently mentioned in the Vietnam study, they were less important reasons for termination than expulsions, except among the most recent acceptors. It is not clear why the rate of expulsions was so high in Vietnam, especially if we allow for an even higher rate caused by the inclusion of un-noticed expulsions, which Trussell and colleagues claim are “not uncommon.”<sup>8</sup>

We suspect that some of the expulsions are due to problems of technical competence, especially inserting the device too low in the uterus. IUDs have sometimes been provided in temporary camp-type facilities. Problems are probably more likely to occur among women who receive their IUDs in these circumstances than during more routine insertions.

Expulsion rates would be increased if some women report having expelled the device—when they have not—because

the pain or discomfort associated with insertion has disappeared. There have also been rumors of IUDs being removed shortly after insertion by neighbors or family members. If women had their IUDs removed in this way, they may also report having expelled the device.

The type of device may be another factor leading to the higher-than-average expulsion rate. In general, expulsion rates were lowest among the most recent acceptors—that is, among those most likely to be using copper IUDs. (The exception was women who initiated use between 1981 and 1983 and who, because of the length of time between the insertion and the interview, may have underreported the number of expulsions.)

Rates of expulsion and failure vary by type of device and by the characteristics of acceptors and of the system that delivers contraceptive services. Differences in termination rates by reason and by year may be influenced by the proportion of acceptors using different types of IUDs. Copper IUDs are a fairly recent innovation in Vietnam, and their distribution is not uniform among all service delivery outlets. No information on the type of IUD was collected during the study; therefore, we cannot estimate the influence of the type of IUD on reasons for termination.

A small percentage of acceptors said they terminated the method because the useful life of their IUD had expired. Five years was an accepted life span for most IUDs in use in Vietnam during the 1980s. We do not know if women were told the useful life of their IUD was five years, nor do we know whether women’s judgment of the life of their IUD was influenced by the opinions of relatives, friends or providers.

#### *Reliability of Self-Reports*

To establish the reliability of women’s reports regarding IUD use, the Ministry of Health examined a random sample of 10%

of nonpregnant respondents by X ray to verify whether or not an IUD was in place.\* Some IUDs used in Vietnam have no string, and on devices that do, some providers cut the strings off at the time of insertion. Thus, physical examination to verify IUD use was not thought to be adequate.

The responses of 92% of the women were confirmed upon X-ray examination, indicating a high overall level of reliability. However, a much larger proportion of users than nonusers correctly reported their status. The X-ray examination verified that 94% of the 258 women who said they were using an IUD were in fact doing so, and that 21% of the 38 women who said they were not using an IUD also had a device in place. If 20% is the approximate proportion of self-reported discontinuers who are in fact still using an IUD, the continuation rates among IUD users in Vietnam are very high indeed.

It is not clear why so many users reported not using an IUD. The number of cases is very small and errors are possible, especially among women who thought their last IUD was accidentally expelled. But other factors may play a role as well. Judging by the internal consistency of the questionnaire replies, interviewer quality was high and, therefore, not a factor. A cross-check of data on current IUD use with data on the last IUD segment found only 13 inconsistencies, less than 0.5%. The courtesy bias often expected among survey respondents in Southeast Asia would presumably operate in the opposite direction, in that women would report contraceptive use to please interviewers from the health establishment, whose fertility-reduction goals are well known.

It is notoriously difficult to conduct interviews in private in rural Vietnam. Family members, friends and neighbors were frequent observers during many of the interviews. Some women may have misrepresented their contraceptive practice to hide what they were doing from their husband, their mother-in-law or other people.

Another possible explanation is more ominous. Given Vietnam’s growth-reduction policy as well as its history of method-specific acceptor targets and social pressure to control fertility, some women may have received an IUD without being told about it. This seems especially possible following childbirth, abortion or menstrual regulation procedures. (One report refers to women who “accepted [an] IUD right after having a menstrual regulation” as “un-

\*Respondents could refuse to have the X ray, and a few women did so.

voluntary and abnormal," compared to those who accepted in a "voluntary and normal circumstance."<sup>9</sup> It is not clear, however, what these designations signify with respect to informed consent.) Pregnancy ended the last reported IUD segment of use of two of the eight women who reported themselves to be nonusers but who had an IUD in place.\*

## Conclusions

The 12-month continuation rate of 81% estimated in the IUD Use Dynamics Study conducted in Vietnam in 1993 is consistent with international experience, in which 12-month IUD continuation rates typically fall between 70% and 85%, even after controlling for age and family size. According to a 1993 review of program data from 13 studies, the median 12-month continuation rate is 74%, with a range of 48–92%.<sup>10</sup> The rates in Vietnam, for example, are consistent with the experience in Thailand, where the continuation rate at 12 months varied between 64% and 81% for women who accepted the method prior to 1983.<sup>11</sup>

The results of the Ministry of Health's reliability sample caution against putting too much weight on the precision of the present study, however. The data should be taken as indicative of the overall level and pattern of IUD continuation in three typical provinces in Vietnam rather than as a precise estimate of contraceptive continuation.

Some knowledgeable observers have speculated that IUD failure rates may be higher in Vietnam than in other countries.<sup>12</sup> On the basis of data from the three provinces studied, this does not appear to be the case; an in situ failure rate of about 3% at 12 months is within established limits. The sample was weighted toward more recent (post-1987) acceptors and, therefore, toward acceptors of more effective IUDs. It is possible—even likely—that IUD use-effectiveness has increased over time. Given that modern IUDs were not easily available until recently in Vietnam and that client selection and counseling were not always adequate, the overall failure rate is surprisingly low.

The IUD Use Dynamics Study represents a useful beginning and highlights the need for further research. A larger, more

carefully drawn sample, a more comprehensive questionnaire and a more thorough analysis will yield results that are important for the continued development of family planning services in Vietnam and for understanding its fertility transition.

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12. J. Allman et al., 1991, op. cit. (see reference 5), p. 312.

## Resumen

*En un estudio realizado en 1993 en tres provincias de Vietnam para examinar las tendencias de uso del DIU, se entrevistó a 2.996 mujeres que utilizaron un DIU por primera vez entre 1981 y 1992. Los resultados sugieren una elevada tasa de uso continuo—el 81% a los 12 meses—y una baja tasa de falla—después de 12 meses de uso, aproximadamente el 3% de las mujeres quedaron accidentalmente embarazadas. Entre las razones esgrimidas para discontinuar el uso del DIU, la más común fue la expulsión del dispositivo, una razón que es más frecuentemente aducida en Vietnam que en otros países; aproximadamente el 9% de las usuarias vietnamitas indicaron que expulsaron el DIU dentro de un período de 12 meses. La segunda razón más común fueron los problemas de salud, indicados por aproximadamente el 7% de las entrevistadas. No se recabaron datos con respecto al tipo de DIU utilizado o sobre las características de las entrevistadas en el momento en que se realizó la inserción.*

## Résumé

*2.996 femmes ayant recouru, pour la première fois, à la méthode du stérilet entre 1981 et 1992, ont été interrogées dans le cadre d'une étude*

*menée en 1993 sur l'usage du stérilet dans trois provinces du Viêt Nam. Les résultats semblent indiquer un taux de persévérance élevé (81% au terme de 12 mois) et un faible taux d'échec (environ 3% des femmes avaient connu une grossesse accidentelle après 12 mois d'usage). Parmi les raisons d'abandon, l'expulsion s'est révélée la plus commune; elle est signalée, aussi, plus souvent que dans les autres pays. Environ 9% des utilisatrices ont déclaré avoir expulsé leur stérilet en l'espace de 12 mois. Les problèmes de santé sont apparus comme la deuxième cause d'abandon, citée par environ 7% des femmes qui ont abandonné la méthode. Aucune donnée n'a été recueillie concernant le type de stérilet utilisé ou les caractéristiques, au moment de l'insertion, des femmes interrogées.*

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\*Article 2, Chapter 8 of the Family Planning and Mother and Child Health Care section of the June 1989 Health Law states that "Institutions of the State, collectives, or individuals must respect everyone's desire to use the method of birth control of their own choosing." Article 4 of the same law states that "All acts of preventing or forcing the implementation of family planning are prohibited." (See: reference 5, p. 314.) Most observers feel that the law is being upheld, although abuses may occur in some places.