Original Article

Behaviors and Barriers: Utilization of Intrauterine Contraceptive Devices

Utilization of Intrauterine Contraceptive **Devices**

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ABSTRACT

Objective: To evaluate the behaviors and Barriers regarding the usage of intrauterine devices for the purpose of contraception.

Study Design: Observational study.

Place and Duration of Study: This study was conducted at the Al-Tibri Medical College and Hospital, Karachi from January 2021 to June 2022.

Materials and Methods: Total 100 numbers of married females with age of 20 and above from different communities and professions were included in the study after taking a verbal consent and ethical approval from the concerned authority. Those females were not willing excluded from the study. The samples were taking as nonprobability convenient sampling. After explaining the importance of the study to the participants, the proformas were filled by the doctors. Descriptive data was represented as Frequency and Percentage.

Results: About 47% of females lie in 20-30 units of age Group, 27% from 31-40 years of age group and 26% from more than 40 years. Almost 45% were in >5-10 years of duration of marriage. 66% educated, 64% presenting with less information of devices, 57% were not intended to use the contraception methods, and about 88-89% had a misinformation about the contraindications and benefits of method. 54% female's shows poor social support in this regards.

Conclusion: This study reveals the facts about the low interest of females towards the utilization of contraceptive devices or even other methods due to lack of information regarding benefits, side effects and services. Insufficient social and family supports especially from partner. Religious matters should be encounter. To cover all the aspects, awareness program and full support of their doctors, paramedics and health care workers can improve and correct the concept and minimize the fear and anxiety regarding the procedures.

Kev Words: Contraception, Behaviors, Health Care

Citation of article: Saeed S, Masood Z, Bhutto RA, Imtiaz R, Kamran S, Khan H. Behaviors and Barriers: Utilization of Intrauterine Contraceptive Devices (IUDs). Med Forum 2022;33(12):87-90.

INTRODUCTION

Now more than ever, the prevention of pregnancy still is considered a very important aspect of modern medicine ¹. This is more alarming when considering the rising global population worldwide, which is estimated to reach approximately 9-11 billion by 2050².

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August, 2022 Received: Accepted: October, 2022 December, 2022 Printed:

Therefore, in this day and age population control and family planning has become even more critical to tackle the rising population, in a deflating economy, and a world at risk of food security ³. With almost 70% of the population of Pakistan below the age of 30, a key concern for the green nation is population growth. Therefore, it is prudent that population growth must be reduced, with family planning being the most effective method to stagnate this growth ⁴. Family planning is a dual effort by the couple to limit the number of children or space the birth of their children using various contraceptive methods 5. It is damning to see that despite modern contraceptive methods available to reduce the number of abortions and limit both maternal and neonatal morbidity and mortality, family planning is still unmet in vast sectors of the developing world 6-8. Now there are a vast array of devices available in the market that are build with the purpose of preventing contraception. One of them is the intrauterine contraception device (IUDs), which is by far the most widely used reversible contraception device, with 14.5% of women using it in the developing countries 9.

IUDs are highly effective in their function, with a failure rate estimated to be less than 1% ¹⁰. IUDs are a safe, effective, and long-lasting form of mechanical and reversible contraception, and its use since the 1960s has now spread to be utilized as post-partum contraceptive agent as well¹¹. Women need to have adequate awareness of contraception, how to carry it out, and how using it could impact their live and ultimately reduce the chances of unintended pregnancies¹². A country like Pakistan, has very little education pertaining to family planning and contraception. With this in mind, a study was conducted to assess the behavior and barriers regarding utilization of intrauterine contraceptive devices.

MATERIALS AND METHODS

Total 100 numbers of married females were selected on non-probability convenient sampling. After taking an ethical approval from the concerned authority the study was conducted from January 2021 to June 2022 at Al-Tibri Medical College and Hospital and some other setups. After taking a verbal consent, all married females using or not using the intrauterine devices for the purpose of contraception were included in this study; proforma was filled by the doctor after explaining the importance of this survey. For statistical analysis the data was presented in the form of Frequency and percentage.

RESULTS

From 100 numbers of data, about 47% of females lie in 20-30 units of age Group, 27% from 31-40 years of age group and 26% from More than 40 years as shown in Table 1

Almost 45% were in >5-10 years of duration of marriage. 66 % educated, 64% presenting with less information of devices as shown in Table 1.

Table No.1: Percentage of demographic data of the study

Age	%	Job	%	Source of Information	%
20-30	47	House wife	41	Family	16
31-40	27	Laborer	20	Personal consultant	21
>40	26	Business	9	Media	22
Duration of marriage	%	Health professional	14	Friend	18
<5	28	Private employee	8	Health Workers	23
>5-10	45	Government Employee	5	Status of information	%
11-15	17	others	3	Good	21
>15	10	Gender of child	%	Enough	15
Religion	%	All Boys	24	Less	64
Islam	78	All Girls	25		
Others	22	Both	51		
Educated (Above matric)	Yes	66	•	•	
	No	44			

Table No.2: Percentage of Intended and nonintended reasoning among the participants

Intended		14%
Not Intended	Reasons	57%
	Fear/Anxiety	100%
	Fear of infertility	78%
	Husband factor	64%

Family pressures		68%
	Fear of loss of uterus	68%
	Fear of side effects	81%
	Religious factors	58%
	Feeling ashamed	28%
Not know		29%

Table No.3: Percentage of Misperception / improper
information of (IUDs) and Social Status

Information				
Definition	56%			
Contraindication	74%			
Usage	69%			
Side effects	88%			
Services	52%			
Benefits	87%			
Percentage of status of social support to the participants				
Good	23%			
Normal	26%			
Poor	54%			

57% were not intended to use the contraception methods, and 29% not know about the methods as shown in Table 2.

About 88-89% had a misinformation about the contraindications and benefits of method. 54% female's shows poor social support in this regards as shown in Table 3.

DISCUSSION

This study suggests that there are multiple factors which are responsible for the uptake and continuation of Intrauterine contraceptives devices. One of them is the fear or anxiety in placing the Intrauterine Devices (IUDs), internally. Adult respondents who participated in this study's interviews who had never used an IUD but had heard of them all expressed a widespread concern of the device's internal implantation. Participants provided a variety of justifications for why they feared the IUD, some emotional and some more precise (e.g., fear or anxiety of pain and adverse effects of IUDs) (e.g., the idea of intervention from a foreign source). The key point made was that fear would be a significant deterrent to getting an Intrauterine Devices (IUDs).

Adult women have reported having IUD-related anxiety^{13,14}, which is probably related in part to a lack of knowledge of female anatomy. Participants' worries about the IUD's potential harm indicate that they do not fully comprehend the physical interactions between the private organs such as vagina, urethra, uterus, ovaries, and abdominal cavity.¹⁵

With a better understanding of anatomy, some worries that adults express, including pain during urine or intercourse, may be alleviated. Identifying the vagina in Contraception start with the uterus; educating teenage girls about their anatomy at the commencement of puberty may help to reduce misinformation. Young girls, who are still formulating their beliefs, might be more willing to change their minds than older women. ^{16, 17}

Additionally, we learned that "someone else" would choose the IUD as a contraceptive option. Although the interviewer did not specifically ask about the respondents' sexual preferences or whether they intended to use an IUD. But majority of them had responded that factors like language make the type of IUD ideal for the user themselves. Participants also stated that a potential Intrauterine contraceptive devices (IUD) user wouldn't routinely use condoms and would have already carried a pregnancy. This belief that women should use the IUD only after trying other methods of contraception may be the root of this idea. Contraception professionals have been shown to hold similar beliefs about IUDs. Participants noted that choosing an IUD would be hindered by their lack of control over its insertion and removal, albeit this concern was raised less frequently than fear. In addition, qualitative research has demonstrated that young women would have preferred or select IUDs more if there was a self-removal option, as Foster et al. demonstrated18.

Themes from this study also point to a lack of obstacles to IUD use. It's interesting to note that young women didn't voice any worries about a higher risk of STDs with IUD use. In contrast, clinicians and adult women have raised worries regarding infection. ^{19,20}

Our study has a number of drawbacks. All female adolescents had not been represented in the study population. Since we restricted our recruiting to urban young females who had already heard of the IUD. However, in order for us to specifically examine teenagers' informed attitudes of IUDs, this inclusion criterion was necessary. For instance, young girls who enroll in any consultation program and seek care there may be more likely than other adolescents to think that the IUD is available there. Additionally, it's possible that adolescents from diverse backgrounds are not represented in the demographic analyzed, which includes minority, urban teenagers.²¹

Because of this anxiety, they are unable to see the IUD as a reliable method of birth control. Improved IUD education, counselling, and knowledge of female anatomy may ease these concerns²². We also discovered widespread myths regarding ideal IUD candidates (such age and parity), which need to be dispelled if the IUD is to be accepted as a reliable method of birth control for the majority of adolescents. By comprehending how adolescents see IUDs, clinicians may provide better contraceptive counsel on a little-used, very effective method. This study suggests that in order for women to accept the IUD as a credible source of contraception, clinicians must do a better job of explaining it in terms that everyone can comprehend.

CONCLUSION

This study reveals the facts about the low interest of females towards the utilization of contraceptive devices

or even other methods due to lack of information regarding benefits, side effects and services. Insufficient social and family supports especially from partner. Religious matters should be encounter. To cover all the aspects, awareness program and full support of their doctors, paramedics and health care workers can improve and correct the concept and minimize the fear and anxiety regarding the procedures.

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Conflict of Interest: The study has no conflict of interest to declare by any author.

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