

PHYSICAL AND PSYCHOLOGICAL PROBLEMS EXPERIENCED BY THE INTRA-UTERINE CONTRACEPTIVE DEVICES USER: A DESCRIPTIVE STUDY

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Abstract

Background: With regard to the unmet family planning needs, the lack of staff in the healthcare industry, and the delegation of task-sharing to lower-level health professionals, a number of initiatives have developed to improve women's access to a comprehensive range of family planning products and services.⁶

Methods: In the present study quantitative approach with descriptive research design was adopted. Self-administered questionnaire was administered to the women who is attending ANC OPD at selected hospital of Gurugram. Non-randomized conventional sampling technique was used and total 100 responses were received.

Result: The majority of the samples, 46% belonged to the age group of 26-35 years, and around 66% of women give birth vaginally. Most of the respondents preferred inserting of IUCD during interval period i.e., 66% and 64% of respondent like to use Cu-T 380. Majority of 53 % participants feel weak with IUCD followed by 34% feel the lower back pain, 64% have experienced excessive vaginal bleeding after inserting IUCD, 71% have experienced foul vaginal discharge after insertion IUCD. Majority of 63% have fear that might become pregnant with IUCD, 54% feel more anxious, 50% get more irritated than before, 62% Are experiencing lack of interest in sexual activity after inserting IUCD. **Conclusion:** users score is 0.491 which is moderate positive correlation and the obtained chi square value of the variables, like education ($\chi^2 = 8.491$, $p > 0.05$) is significant at 0.05 level of significance.

Keyword: intra-contraceptive device, intra-contraceptive users, physical problems, psychological problem.

INTRODUCTION

Women's healthcare includes specific physical, psychological, and social needs as well as healthcare related to reproduction and women's lifelong goals. Family planning is the deliberate choice made at any point during the reproductive years about when to become pregnant or not. ¹Women first seek care from the healthcare system for issues connected to their gender, such as pelvic inflammatory disease, irregular menstruation, pregnancy, need for contraception, failure of contraception, and adverse effects from family planning methods, particularly those associated with IUCD use.² It is crucial that healthcare professionals acknowledge the necessity of health promotion and maintenance once women are enrolled in the system and provide these services to them for the duration of their lives. Women are more likely to seek out counselling and contraceptives that are tailored to their unique requirements as they grow more knowledgeable about healthcare and themselves. Some women initially seek out such counsel from the healthcare system.⁷

The best way to persuade women to choose family planning strategies based on their preferences and the true benefits to risk ratios is through education. Providers have the power to affect a

user's drive and aptitude for applying the technique correctly. Despite the many benefits of the IUCD, some people are unable to handle it due to side effects include pain, bleeding, vaginal discharge, and moderate infection. Extremely uncommon cases of dangerous complications such as perforation, ectopic pregnancy, and severe pelvic infection may require laparotomy.³ Expulsion can happen in certain situations, sometimes unintentionally resulting in failure. One of the main side effects of long-term IUCD use is reproductive tract infection. It is acknowledged that using IUCD alters the vaginal flora quantitatively rather than qualitatively.

It has been observed that IUCD results in alterations to cervical cytopathology as well as inflammation. One of the biggest drawbacks of IUCDs is increased bleeding, which, together with pain, accounts for 2–10 per 100 users' removal within the first year of usage. Reports on Population (2008). Most studies have indicated an increase in mean menstrual blood loss of 20–30% (Newton, 2007).⁴ With IUCDs, intermenstrual bleeding—which typically takes the form of spotting—is not unusual; in most cases, endometrial damage is to blame. Even though many sexually active women would prefer not to get pregnant, they do not use any kind of contraception.¹⁰ It is believed that these

women have unmet family planning needs. Unmet needs are most frequently caused by inconvenient or inadequate services, ignorance, concerns about the negative effects of contraceptives, and resistance from spouses or other family members.⁸ When the investigator is assigned to the Family Planning Outpatient Clinic, she finds that approximately 2-4 postnatal women visit the clinic daily to have IUCDs inserted; this amounts to a monthly rate of 150-200 mothers. Additionally, it was said that two to four women each day visited the outpatient clinic for a follow-up following the installation of an IUCD.⁵ The majority of IUCD users who were older than eighteen reported experiencing similar physical or psychological symptoms on a frequent basis in person with the researcher. Using this data, the researcher was able to determine the most prevalent issues that IUCD users encounter and develop nurse interventions to address these minor issues.⁹

MATERIAL AND METHODS

Study Objectives

1. To assess the physical problems of IUCD users. 2. To assess the psychological problems of IUCD users. 3. To find out the correlation between physical and psychological problems of IUCD users.

Study Design

The quantitative approach with descriptive research design.

Setting

The setting of present review was SGT Hospital and Samar emergency Hospital of Gurugram, Haryana.

Sample and Sampling Techniques

Total 100 women enrolled in study using Non-randomized conventional sampling technique.

Inclusion and Exclusion Criteria

Women’s who are attending ANC outpatient department, Females who are eager to take part in research were included. Women who refuse to take part in the study were excluded from the study.

Tools for data collection

Self-structured Perception questionnaire To evaluate the physical issues & psychological issues encountered by the IUCD users. Tools were developed after extensive review of literature and were validated by experts in field of Obstetrics and Gynecological Nursing.

Data Collection

The institutional ethical committee of SGT University, as well as the relevant authorities of SGT Hospital and Samar Hospital Gurugram, Haryana, provided ethical approval for the study. Information was gathered in June 2022. The researcher approached the sample after getting approval from both institutions' medical superintendents. Conventional sampling, which was non-randomized, was used to enrol participants. Following the women's assent, information about demographics, medical issues, and psychological issues was gathered using a structured interview schedule. They underwent a 15 to 20 minute in-person interview. Following the interview, the researcher addressed any questions that the women and their families had.

Data Analysis

It was intended to evaluate demographic factors using descriptive statistical methods like means and percentages and to analyse physical and psychological issues and their use inferential statistical techniques, such as the chi-square test, to establish correlations to demographic variables.

RESULTS

SECTION A

Figure 1, depicts that majority of the samples i.e., 46% women were from the age group of 26-35 years, In terms of education mostly respondents were having secondary education i.e., of 33%. 27% of the respondents have education of higher secondary, In terms of religion majority are Hindu 87%, The area of residence of respondents residing in rural area is 60%, and majority 39% of the sample family income is in between 20000-30000 rps. Majority 65% of the participants were unemployed

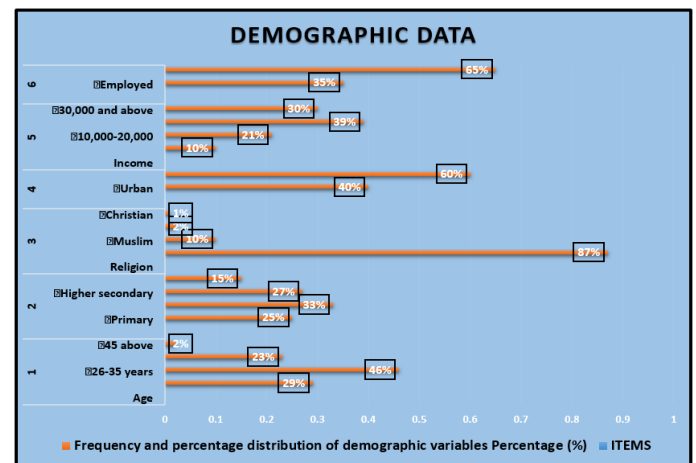


Figure 1: Frequency and percentage distribution of demographic variables (n =100)

Figure 2, Depicts that majority of the samples are having normal vaginal delivery i.e about 66%, About 68% of the women is having regular menstrual period. Majority of women having two living children i.e., 47%, whereas the majority of the place of IUCD insertion is about 46%. Most of the respondents preferred inserting of IUCD during interval period i.e., 66%. and In terms of using type of IUCD mostly respondent had use Cu T 380 i.e., 64%. The data presents the duration of IUCD users are more than 1 year i.e., 65%. Majority of the women’s duration of marriage more than 5 years of marriage is 40%.

SECTION B

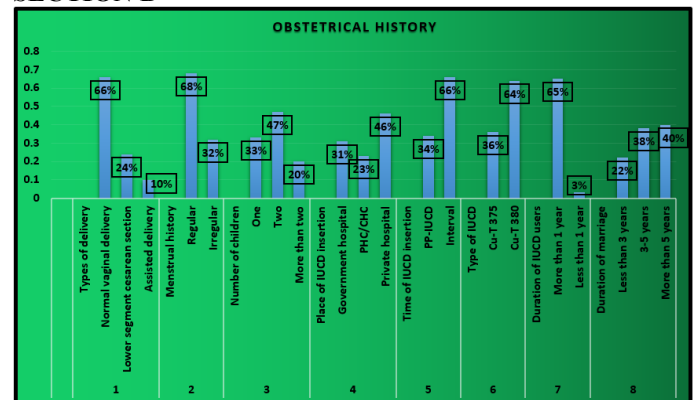


Figure 2: Frequency and percentage distribution of obstetrical history (n =100)

SECTION C

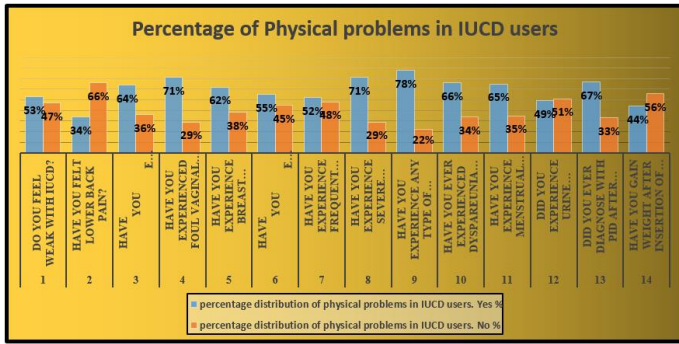


Figure 3: Percentage distribution of physical problems in IUCD users (n = 100)

Figure 3, show the Frequency and percentage distribution of physical problems in IUCD users. Majority of 53 % participants feel weak with IUCD followed by 34% feel the lower back pain, 64% have experienced excessive vaginal bleeding after inserting IUCD, 71% have experienced foul vaginal discharge after insertion IUCD, 62% have experience breast tenderness after inserting IUCD, 55% have experience ache problem after inserting IUCD, 52% have experience frequent urination, 71% have experience severe dysmenorrhea after inserting IUCD, 78% have experience allergic reaction, 66% have experienced dyspareunia after inserting IUCD, 65% have experience menstrual irregularities after inserting IUCD, 49% experienced urine micturition, 67% diagnose with PID after insertion of IUCD, and 44% have gain their weight after insertion of IUCD.

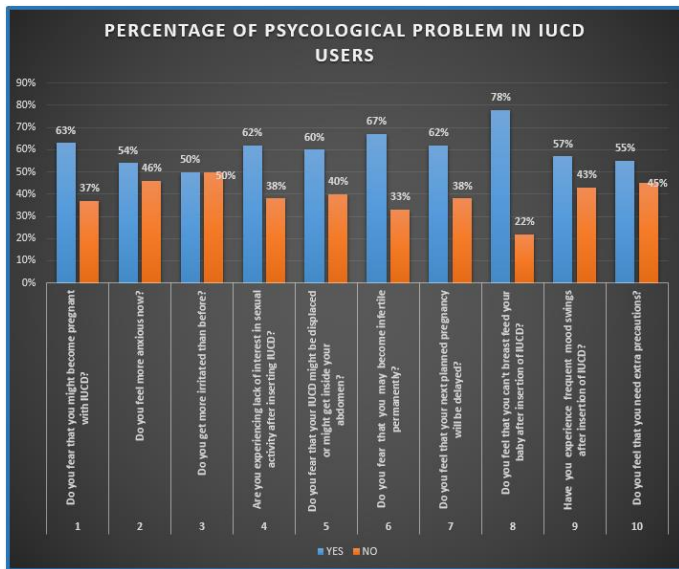


Figure 4: Percentage distribution of psychological problems in IUCD users (n = 100)

Figure 4 show the percentage distribution of psychological problems in IUCD users. Majority of 63% have fear that might become pregnant with IUCD, 54% feel more anxious, 50% get more irritated than before, 62% Are experiencing lack of interest in sexual activity after inserting IUCD, 60% have fear that IUCD might be displaced or might get inside abdomen, 67% get fear that may become infertile permanently, 62% feel that next planned pregnancy will be delayed, 78% feel that can't breast feed the baby after insertion of IUCD, 57% have experience frequent mood swings after insertion of IUCD and 55% feel that they need extra precautions.

SECTION D

Table 1: assess the correlation between physical and psychological problems of IUCD users n=100

Items	Max. Score	Mean ± SD	Mean %	Correlation score	Inference
Physical problem Score	14	8.31±2.46	59.35%	0.491	Moderate positive correlation
Psychological Problem score	10	6.08±2.16	60.8%		

Above table 1 shows the correlation between physical and psychological problems of IUCD users. The mean problem score is 8.31 with SD 2.46 and mean % is 59.35% similarly in psychological problem score is 6.08 with SD 2.16 and mean % is 60.8%. the obtained correlation score is 0.491 which is moderate positive correlation between physical and psychological problems.

SECTION E

The obtained chi square value of the variables Age ($\chi^2 = 2.991$, $p > 0.05$), religion ($\chi^2 = 0.368$, $p > 0.05$), area of residence ($\chi^2 = 0.241$, $p > 0.05$), income ($\chi^2 = 7.488$, $p > 0.05$), occupation ($\chi^2 = 1.056$, $p > 0.05$) are not significant at 0.05 level of significance. other variable like education ($\chi^2 = 8.491$, $p > 0.05$) is significant at 0.05 level of significance.

DISCUSSION

The objective of the current study, which involved 100 subjects and was done at Gurugram, Haryana's SGT and Samar hospitals, was to evaluate the psychological and physical issues that IUCD users in a particular hospital in Gurugram were facing. The participants present in the study, interviewed by administered the self-structured questionnaire, with using descriptive statistical methods, evaluate demographic factors like means and percentage and to analyze physical and psychological issues, use inferential statistical techniques, such as the chi-square test, to establish correlations to demographic variables.

The first objective was to identify the physical problems of IUCD users. –

According to the study, the majority of IUCD users experience physical issues. For example, 64% of participants report experiencing excessive vaginal bleeding after inserting an IUCD, 71% report foul vaginal discharge, 62% report breast tenderness following IUCD insertion, 71% report severe dysmenorrhea following IUCD insertion, 78% report allergic reaction, 66% report dyspareunia following IUCD insertion, 65% report menstrual irregularities following IUCD insertion, 49% report urine micturition, and 67% are diagnosed with PID after implanted.

In their study Trends in use of and complications from intrauterine contraceptive devices and tubal ligation or occlusion, Brandon Howard and colleagues found that amenorrhoea (7.36–11.59%), heavy menstrual bleeding (4.85–15.69%), and pelvic pain (11.12–14.27%) were the most common side effects and complications. My research is consistent with their findings. Another research by G. Kalaiselvi found that following IUCD insertion, half of the IUCD users, or 61 (61.0%), experienced painful coitus, and the majority of users, or 76 (76.6%), experienced lower back discomfort. Most IUCD users had physical issues such dyspareunia, pelvic

discomfort, low back pain, vaginal discharge, and irregular menstruation. They also had psychological issues, including fear, annoyance, rage, and a lack of desire for sexual engagement.

The second objective was to assess the psychological problems of IUCD users:-

In this study, the majority of participants—63%—fear that they might become pregnant after insertion of an IUCD, while 54% feel more anxious and 50% become angrier than before. Additionally, 62% report losing interest in sexual activity after the IUCD is inserted, 60% worry that the IUCD may become displaced or lodge inside their abdomen, 67% worry that they may become permanently infertile, and 62% anticipate delaying their next planned pregnancy.

My research coincides with a study by Yesim Akdemir and her colleagues titled "Psychological factor associated with pain during intrauterine device insertion: emotional reactivity." Women with anxiety and moderate-to-severe pain showed increased emotional reactivity ($p = 0.001$). Emotional reactivity was greater in women who were not apprehensive in those who anticipated moderate-to-severe pain or experienced IUD insertion discomfort compared to those who anticipated mild pain or experienced IUD insertion pain ($p = 0.001$).¹²

The correlation between physical and psychological problems or IUCD:

The study illustrates that there is a relationship between IUCD users' psychological and physical issues. The mean percentage is 59.35% and the mean difficulty score is 8.31 with SD 2.46. Similarly, the mean percentage is 60.8% and the psychological issue score is 6.08 with SD 2.16. The link between the psychological and physical problems is somewhat positive, as indicated by the derived correlation value of 0.491.

My research aligns with the study title: Assessing the Physical and Psychological Issues Faced by Users of Intrauterine Contraceptive Devices Attending the Institute of Obstetrics and Gynecology's Family Planning Outpatient Department, led by G. Kalaiselvi. The psychological and physical issues were significantly positively correlated ($p=0.001$).

CONCLUSION

The majority of the women taking IUCD had corresponding psychological and physical issues, according to the investigator. Physical problems were found to be more prevalent than psychological problems among the linked problems. The most common physical problem was experience allergic reaction, foul vaginal discharge, dyspareunia, PID, vaginal bleeding, menstrual irregularities breast tenderness, weakness, urine micturition, have gain their weight, frequent urination, severe dysmenorrhea, lower back pain. The major psychological problem were feel that can't breastfeed the baby, get fear that may become infertile permanently, have fear that might become pregnant, feel that next planned pregnancy will be delayed, more anxious, more irritated, lack of interest in sexual activity, might get inside abdomen, frequent mood swing, and that they need extra precaution. Despite its many benefits, some women refuse to embrace it. As nurses, it is our duty to support these ladies and encourage them to embrace IUCD. Giving IUCD users the right instructions both before and after insertion will improve acceptance of their use. The majority of issues are avoidable, hence prompt inference is provided.

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Conflict of Interest: The authors declare that there are no conflicts of interest.

Ethical Approval: The study was approved by the institutional ethical committee of SGT University.

Informed Consent: Informed Consent was obtained from the participants.

Data and Materials Availability: Upon justifiable request, the corresponding author will make all of the data sets gathered during this investigation available.

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