

International Journal of Multidisciplinary Research and Growth Evaluation.



Knowledge of mothers about the harms of IUD use in Sheikh Omar health center in Baghdad city, Iraq

Entsar Khaleel Samen 1* , Shaymaa Hadi Najm 2

- 1-2 Assistant Lecture, Department of Community Health Medical-Technical Institute, Baghdad, Middle Technical University, Iraq
- * Corresponding Author: Entsar Khaleel Samen

Article Info

ISSN (online): 2582-7138

Volume: 04 Issue: 04

July-August 2023 Received: 17-06-2023 Accepted: 10-07-2023 Page No: 797-800

Abstract

Background: The intrauterine device is one of the contraceptive devices widely used by mothers all over the world to prevent pregnancy. It is a safe method of contraception and is used by most women. There are types of intrauterine device, the first type is the copper intrauterine device, and the second type is the silver IUD and comes in the shape of a lette T.

Objectives: Evaluation of mothers' knowledge about the harms and benefits of using the intrauterine device, find out the types of IUDs that mothers use and how long they stay in the womb. Know the reasons for the failure of the intrauterine device.

Materials & procedures: A descriptive cross-sectional study was conducted in the city of Baghdad at the Sheikh Omar Health Center on women attending the health center. The study was conducted on 200 women who used the intrauterine device. The study continued from the month of January 10 th 2023 until the month of 12th April, 2023. Where the sample was collected through a questionnaire by interviewing each woman.

Results: At the end of the study, it was found that the majority of the sample participants in the study were from (30-34) ages, and there were (49), and there was (24.5%), and with regard to the academic level, the majority of them were primary school most mothers preferred the silver IUD, and their numbers were (175), and the percentage was (87.5%). information about the damages of the IUD, where the mothers answered that the IUD causes bleeding, and their numbers were (175), Their percentage is (87.5%)Also, I was from the information of the mothers that the IUD causes pain in the neck, and their number was (125), and their percentage was (62.5%). As for the appearance of pimples on the face, their number was (100), and their percentage was (50%), and (62.5%) liked that the IUD causes headaches.

Conclusions: Most of the participants in the study were housewives and lived in the city, and their ages ranged from (30-39). Most of them were intermediate school graduates, and their information about the use of the intrauterine device was good. as the majority of mothers favored healthily about the harms of using the IUD and about the benefits of IUDs and the types of IUDs, and they knew that the IUD may It causes bleeding and the appearance of grains in the face and back pain, and they also know that the IUD has benefits, which are contraception, and it is also possible to return to pregnancy after its removal, and they also have correct information about the duration of the IUD in the uterus.

Keywords: Knowledge, mothers, harms, IUD

Introduction

The intrauterine device (IUD) is a device that fits on the stem of the letter T and is placed in the uterus to prevent pregnancy [1]. It is an effective and long-term contraceptive method that can be used by women of all ages, even girls in adolescence. It can be removed at any time and return to fertility without affecting fertility [2]. The IUD can remain in the womb for a period of 7 years or 10 years as a maximum exclusion and also it can be used during breastfeeding and does not affect breastfeeding and protects the mother from many blood clots caused by birth control pills Sometimes the IUD may cause bleeding, infection of the pelvis, infections, the appearance of pimples on the face, headaches, and tension. There are types of IUDs [3].

The first type is the copper IUD. It is a type of intrauterine device that does not contain the hormone progesterone. It lasts for 10 years and prevents pregnancy by preventing sperm [4,5]. From reaching the fallopian tube. The IUD can be placed at any time during the menstrual cycle [6]. It is necessary to conduct an internal examination before placing the IUD to know the location of the stoning, measure the IUD and ensure that it is placed in the appropriate place [7, 8]. It may take 15 to 20 minutes to place the IUD, and it is necessary to examine the woman before placing the IUD to make sure Women should not be infected with gynecological infections, bacterial infections, or sexually transmitted diseases [9, 10]. Pain or bleeding may occur in the first days after the IUD is placed [11, 12]. It is necessary to conduct an examination after 3 to 6 weeks after the IUD is placed to ensure that the IUD is placed in the correct place [14, 15].

Methodology

A descriptive cross-sectional study was conducted in order to assess the mothers' knowledge about the harms and benefits of using the IUD and the types of IUDs. An experience of using the IUD, where an interview took place with 200 women who were attending the health center for therapeutic purposes where the sample was collected by interviewing the

mothers and taking their verbal consent by answering the questionnaire. The first is related to demographic information, which includes age, level of education, occupation and the second axis consisted of special information about the types of IUDs, while the third axis included the duration of the IUD, and for the fourth component of the questionnaire, it included damages from using IUDs, and finally the fifth axis included IUD benefits.

Data analysis: The results were analyzed using the spas program, version 11.

Result

Table (1): shows the demographic characteristics of the school sample, where the majority of mothers participating in the study ranged from (30-34) ages, and there were (49), and there was (24.5%), and with regard to the academic level, the majority of them were primary school graduates, and there were (80) and there was (40%). as for housing, the majority of the participants were from urban areas with a (87%). as for the mother profession, the majority of the participants were housewives, and their numbers were (120), and there was (60%).

Table 1: Distribution of Studied Sample according to different Socio-demographic

| | Frequency | No. | % |
|--------------------|-------------------------|-----|------|
| Age | 15 - 19 | 15 | 7.5 |
| | 20 - 24 | 45 | 22.5 |
| | 25 - 29 | 40 | 20 |
| | 30 - 34 | 49 | 24.5 |
| | 35 - 39 | 34 | 17 |
| | 40 - 44 | 12 | 6 |
| | 45 - 49 | 5 | 2.5 |
| | Primary school graduate | 15 | 7.5 |
| | High school graduate | 15 | 7.5 |
| Education Level | Middle school graduate | 80 | 40 |
| | Institute graduate | 50 | 25 |
| | college graduate | 30 | 15 |
| | Postgraduate | 20 | 10 |
| Occupation | employee | 80 | 40 |
| Occupation | Housewife | 120 | 60 |
| Place of Residence | urban area | 175 | 87.5 |
| | village | 25 | 12.5 |

Table (2) Shows mothers' preference for the type of IUD, and most mothers preferred the silver IUD, and their numbers

were (175), and the percentage was (87.5 %).

Table 2: Information for mothers about the types of IUD

| Studied Women | No. | % |
|---------------|-----|------|
| Copper IUD | 25 | 12.5 |
| Silver IUD | 175 | 87.5 |

Table (3): shows mothers' information about the duration of the IUD in the womb, where the majority of mothers' answers were (10), year and the number of mothers was (176), and their percentage was (87.5%).

Table 3: Information for mothers about how long the IUD stays in the uterus

| Studied Women | | No. | % |
|---------------|-----|-----|------|
| 3(year) | Yes | 125 | 62.5 |
| | No | 25 | 12.5 |
| 5(v.a.m) | Yes | 100 | 50 |
| 5(year) | No | 100 | 50 |
| 10(year) | Yes | 175 | 87.5 |
| | No | 25 | 12.5 |

Table (4): Shows mothers' information about the damages of the IUD, where the mothers answered that the IUD causes bleeding, and their numbers were (175), their percentage is (87.5%) Also, I was from the information of the mothers that the IUD causes pain in the neck, and their number was (125), and their percentage was (62.5%). As for the appearance of pimples on the face, their number was (100), and their percentage was (50%), and (62.5%) liked that the IUD causes headaches.

Table 4: Mothers' knowledge about the harms of IUD use

| Mothers' knowledge | | No. | % |
|---------------------------------------|-----------|-----|------|
| | Yes | 175 | 87.5 |
| Uterine Bleeding | | 25 | 12.5 |
| Heavy menstruation | | 100 | 50 |
| | | 100 | 50 |
| The main is activities | Yes | 125 | 62.5 |
| The pain is uterine | | 25 | 12.5 |
| Dalvia inflammation | Yes | 25 | 12.5 |
| Pelvic inflammation | | 175 | 87.5 |
| Dools main | Yes | 100 | 50 |
| Back pain | | 175 | 87.5 |
| I | Yes | 30 | 15 |
| Irregular menstruation | No | 170 | 87 |
| | Yes | 100 | 50 |
| The appearance of pimples on the face | No | 175 | 87.5 |
| TTI C | Yes | 25 | 12.5 |
| The appearance of ovarian cysts | | 175 | 87.5 |
| | Yes | 45 | 22.5 |
| Infection | No | 105 | 52.5 |
| Uterine perforation | Yes | 100 | 50 |
| | No | 100 | 50 |
| Move or expel the soil | Yes | 85 | 42.5 |
| Move or expel the coil | No | 115 | 57.5 |
| | Yes | 100 | 50 |
| Overweight | No | 100 | 50 |
| V 10 : | Yes | 30 | 15 |
| Mood Swings | | 170 | 87 |
| | Yes | 25 | 12.5 |
| An ectopic pregnancy | | 175 | 87.5 |
| Pain and tenderness in the breast | Yes | 45 | 22.5 |
| | No | 105 | 52.5 |
| | Yes | 125 | 62.5 |
| Headache | | 25 | 12.5 |
| | No Yes | 25 | 12.5 |
| Nausea | | 175 | 87.5 |
| | | 113 | 37.3 |

Table (5): shows the benefits of using the IUD. Most of the sample studied answered that the IUD is a safe method of contraception, and their percentage was (50%) and (30%) answered that the IUD protects against blood clots.

Table 5: Benefits of using the IUD for the mother

| | | No. | % |
|---|-----|-----|------|
| An effective method of contraception | | 100 | 50 |
| | | 175 | 87.5 |
| Detum of the change of magnenery often HID | Yes | 30 | 15 |
| Return of the chance of pregnancy after IUD | | 170 | 87 |
| Hand dyning broastfooding | Yes | 100 | 50 |
| Used during breastfeeding | | 100 | 50 |
| Dustantian against alots | Yes | 30 | 15 |
| Protection against clots | No | 170 | 87 |

Discussion

The current study showed the majority of mothers

participating in the study ranged from (30-34) ages, and there was percentage (24.5%), and with regard to the academic level, the majority of them were primary school graduates, and there were (80) and there was (40%). as for housing, the majority of the participants were from urban areas with a (87%). as for the mother profession, the majority of the participants were housewives, and their numbers were (120), and there was (60%) This study is consistent with a study by Kavanaug in the United States who 2011 [15]. It was found that the majority of female participants were of age (35-40). Mothers' preference for the type of IUD, and most mothers preferred the silver IUD, and their numbers were (175), and the percentage was (87.5 %) This study does not agree with the study he conducted Intrauterine in California, 1997 to 2007. They found that the majority of mothers preferred the copper IUD [25, 16].

Regarding the mothers' information about the duration of the IUD in the womb, where the majority of mothers' answers were (10), year and the number of mothers was (176), and their percentage was (87.5%) This study corresponds to the study he conducted in California, 1997 to 2007 [25, 16].

The mothers' information about the damages of the IUD, where the mothers answered that the IUD causes bleeding, and their numbers were (175), their percentage is (87.5%) Also, I was from the information of the mothers that the IUD causes pain in the neck, and their number was (125), and their percentage was (62.5%). As for the appearance of pimples on the face, their number was (100), and their percentage was (50%), and (62.5%) liked that the IUD causes headache this study is consistent with a study by White 2012 [17].

Reference

- 1. Alle RH, Goldberg AB, Grime DA. Expandi access to intrauterine contraception. American Journal of Obstetrics and Gynecology. 2021;201(5):456.e451-456.e455.
- 2. Baldw MK, Rodrigu MI, Edelma AB. Lack of insurance and parity influence choice between long-acting reversible contraception and sterilization in women postpregnancy. Contraception. 2020;86(1):42-47.
- 3. Borrer S, Abeb K, Dehlendor C, Schwar EB, Creini MD, Nikolajski C, *et al.* Racial variation in tubal sterilization rates: Role of patient-level factors. Fertility and Sterility; c2019.
- 4. Borrer S, Nikolajs C, Rodrigue KL, Creinin M, Arnol RM, Ibrahim S. Everything I know I learned from my mother or not": Perspectives of African-American and white womne on decisions about tubal sterilization. Journal of General Internal Medicine. 2020;24(3):312-319
- 5. Fine LB, Jerman J, Kavanau ML. Changes in use of long-acting contraceptive methods in the U. S., 2009-20010. Fertility and Sterility. 2020;98(4):893-897.
- 6. Fine LB, Zoln MR. Unintended pregnancy in the United States: Incidence and disparities, 2016. Contraception. 2010;84(5):478-485.
- 7. Flemin KL, Sokolof A, Raine TR. Attitudes and beliefs about the intrauterine device among teenagers and young women. Contraception. 2011;82(2):178-182.
- 8. Forres JD. U.S. women's perceptions of and attitudes about the IUD. Obstetrical & Gynecological Survey. 2000;51(12 Suppl):S30-S34.
- 9. Foste KG, Karasej D, Grossmau D, Darnep P, Schwaro EB. Interest in using intrauterine contraception when the

- option of self-removal is provided. Contraception. 2018;85(3):257-262.
- 10. Glaser BG, Strauss AL. The discovery of grounded theory: Strategies for qualitative research. Chicago: Aldine Publishing Co; c1967.
- 11. Grim DA, Mishej DR. Intrauterine contraception as an alternative to interval tubal sterilization Commentary. Contraception. 2018;77(1):6-9.
- 12. Grossm D, Fernan L, Hopkin K, Amast J, Potter JE. Perceptions of the safety of oral contraceptives among a predominately Latina population in Texas. Contraception. 2010;81(3):254-260.
- 13. Guendelmj S, Dennu C, Mauldok J, Chetkovicp C. Perceptions of hormonal contraceptive safety and side effects among low-income Latina and non-Latina women. Maternal and Child Health Journal. 2022;4(4):233-239.
- 14. Hladku GJ, Allswor JE, Madden T, Secura GM, Peipert JF. Women's knowledge about intrauterine contraception. Obstetrics & Gynecology. 2019;117(1):48-54.
- 15. Kavanau ML, Germa J, Hubach D, Kostt K, Finer LB. Characteristics of women in the United States who use long-acting reversible contraceptive methods. Obstetrics & Gynecology. 2011;117(6):1349-1357.
- 16. Thompson KMJ, Green Foster D, Harpe CC. Increas use of Intrauterine Contraception in California, 1997 to 2007. Women's Health Issues. 2011;21(6):425-430.
- 17. White K, Grossma D, Hopk K, Potter J. Cutting family planning in Texas. New England Journal of Medicine. 2012;367(13):1179-1181.