

Misbelieves about Intra Uterine Device (IUD) in Isfahan, Iran

Leila Manzouri, M.D.; Pezhman Aghdak, M.D., M.P.H.; Shahrbanoo Nematollahi, B.Sc.;
Ashraf Mansouri, B.Sc.; Aghdas Aghababaeian, B.Sc.; Sedigheh Dehghan Nasiri, B.Sc.

Department of population and family planning, Provincial health center, Isfahan University
of Medical Science, Isfahan, Iran

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Abstract

Objective: Despite Intra Uterine Device (IUD) has the advantage of providing long-term contraception and does not require daily attention, only %8 of Iranian women use it. This study was conducted to enhance understanding of why women in the Isfahan appear reluctant to consider IUD as a contraceptive method.

Materials and methods: It was a qualitative study that was done in Isfahan in May 2009. Five urban health centers of Isfahan city were selected randomly. In each center by purposive opportunistically sampling, interview was done with referring women of reproductive age that had never used IUD without any contraindication by one interviewer. One to one semi-structured interviews were continued until a level of information saturation was reached and no new themes were emerging. Each woman's believe about IUD and her reasons for not using IUD as a contraceptive method was asked by interviewer. Also all participants were asked about the official (leaflets, health care professionals, books and school) and unofficial (personal narratives recounted by friends and relatives) sources of their information. Eleven interviews were conducted in total. Key words in ideas of each woman were identified to develop major misconceptions about IUD use.

Results: Fear of side effects of IUD, religious believes, anxieties related to fitting of an IUD, make difficulty in intercourse and damage to fetus were the major misconceptions about IUD use. Religious believes were the most impediment factor for IUD use.

Conclusion: All of the items identified mirrored those found in other studies except the prominent worries about religious aspects of using IUD that are new and need wider exploration.

Keywords: IUD, Misbelieves, Isfahan

Introduction

The intrauterine device (IUD) is one of the most highly effective, safe, private, long-acting, and rapidly reversible methods of contraception with few side effects (1, 2). It does not interfere with the spontaneity

of sex, offers several no contraceptive health benefits, and can be used by women who want or need to avoid exogenous estrogen. In addition, it represents an effective alternative to surgical sterilization, which many American women choose in order to avoid the side effects and frequent attention required by most reversible methods of contraception (2). Worldwide, 12% of women of reproductive age use an IUD (1).

By comparison, IUDs were used by over 50 percent of contraceptive users in Europe (2). In Scandinavian countries, 18% of women use an IUD, and in China IUD use approaches 33% (1).

Correspondence:

Dr. Leila Manzouri, Department of population and family planning, Provincial health center, Isfahan University of Medical Science, Isfahan, Iran
Tel: (+98) 913-186-7975 , Fax: +98 (311) 4471005
E-mail: manzourileila@yahoo.com

In Iran according to Integrated Management & Evaluating Survey (IMES) that was done in 2005, total family planning coverage was 84.2% (Isfahan: 83.8%) but 8.1% of Iranian women used IUD as contraceptive method and it was 8.5% in Isfahan province and since 2005–2009 IUD use has been decreased (% 8.5, %8, %7.6 and %5.8, respectively) (3).

Several factors have limited widespread use of the IUD in the United states, including a history of negative publicity; misperceptions; misinformation about the risks of ectopic pregnancy, infection, and infertility; lack of clinician training; and fears of litigation (2).

The result of another study showed that contraceptive method choose was highly individual and heavily influenced by a woman's personal circumstances and perceptions rather than by demographic characteristics such as age group, family size or social grade. Also, women who have never used an IUD may base their decision making upon the negative experiences or perception of others.

The available literature suggests a number of factors that may be associated with a reluctance to use IUDs, too. These include: doubts about effectiveness, menstrual disturbances, pain, infection, expulsion of the device. In Great Britain's study, lack of objective information about IUDs, reported side effects of IUDs, anxieties about the process of fitting an IUD, IUDs as an infection risk and lack of personal control of an IUD were explored as women's views or perceptions about IUD use (4).

In another study failure to inform Australian women about availability, benefits and risks of IUD use was depriving them of the opportunity to use a very effective, low cost, low – maintenance method of contraception (5). Another study showed that most young women were unaware of IUDs but were likely to think positively about IUDs after being educated about it (6).

Because there are few studies that explore women's views or perceptions about contraception and even fewer that examine the way in which they perceive IUDs, this study was conducted to explore the perceptions and lay beliefs about IUDs among women who had never used this method of contraception in Isfahan.

Methods and Materials

Married women in reproductive age (15–49 years) were eligible to participate in the study if they had never used an IUD, if there were no restrictions on

their use of an IUD (according to WHO criteria), if they required contraception, and if they were able and willing to give informed consent (7). Purposive opportunistically recruitment of women was carried out within 5 randomly selected health centers of Isfahan. Women were given a letter of invitation to take part in the study together with an information sheet and offered an opportunity to discuss their involvement in the study. All participants provided informed, written consent to participate in the study and for the taping and transcribing of the interviews. All interviews were conducted in urban health centers of Isfahan in May 2009. Women attended at a time convenient to them. One researcher undertook all the interviews, which were semi-structured in nature. The interviews began with short, simple and biographical questions to help the participants feel at ease and to check respondents' understanding of the terms IUD. These were followed by open-ended questions about attitudes to and knowledge about IUDs and their reasons for non-use. Also all participants were asked about the official and unofficial sources. Official sources were leaflets, health care professionals either community clinic or general practice-based), books and school. Unofficial sources included personal narratives recounted by friends and relatives. Each interview lasted about 45–60 minutes. During the interviews no clues or directions were provided by the interviewers and only when the interviewees seemed to disagree, they were led back to the question at hand.

The open-ended questions were followed by more focused question on areas such as the side effects associated with IUD use.

All participants were asked what, if anything, could be changed about an IUD to make it more acceptable. This last question aimed to explore the most significant reasons for non-use. Participants were free to introduce any issues they considered important and a conversational style was used throughout. Questions were not asked in a specific sequence with the interviews were audio taped and fully transcribed. Notes were also taken during the interviews including observations of body language. Interviews continued until a level of information saturation was reached and no new themes were emerging. Eleven interviews were conducted in total.

Transcripts were read repeatedly by researcher to get a feel for what each participant was saying and were then analyzed manually line-by-line. Key words in ideas of each woman were identified to develop major misconceptions about IUD use and noted within

the transcript themselves. Framework analysis was used to group similar ideas and develop analytical themes. Reconstructed meaning was rechecked by participants to assure form the accuracy of extracted meanings.

Results

Vague statements about not really liking an IUD were explored during the interviews. The main thrust of the research was to seek women's perceptions of IUDs. It became clear after the first few interviews because there was a considerable variation in the quality of respondents' information about all aspects of IUDs. All participants were asked about the source of their information and they all cited both official and unofficial sources. Official sources were leaflets, health care professionals either community clinic or general practice –based), books and school. Unofficial sources included personal narratives recounted by friends and relatives.

Five themes emerged from the analysis:

- 1) Fear of side effects of IUDs
- 2) Religious believes
- 3) Anxieties related to fitting of an IUD
- 4) Make difficulty in intercourse
- 5) Damage to fetus

Letters of the alphabet had been used to identify respondents. Interviews from all 11 respondents contributed to the analysis.

Fear of side effects of IUDs

The fear of the side effects of an IUD was a commonly cited reason for non–use it.

women had inaccurate information about the side effects of IUDs.

“One of the main things that puts me off is just the fact that my periods becomes longer and heavier. It also will be associated with developing anemia, back pain and genital infection.” [A]

These concerns were also propounded by most of the participants. [C, D, E, G, H, I, G]

“I have heard that IUD may go up, ruptures the uterus and penetrates into the heart.” [A]
“IUD ruptures the uterus and penetrates into the intestine; so I would not choose it as the contraceptive method.” [B]

All participants pointed to this item, too. [C, D, E, F, G, H, I, G, K]

“I had a friend that had an ectopic pregnancy since using IUD. Also, my aunt had twine pregnancy despite using IUD.” [11]

The possibility of developing unwanted pregnancy was the worry of some women. [A, C, D, E, H, G]

On the other hand, some women believed that they may become infertile after removal of IUD. [E, F, H]

“One of our relatives had one child and used IUD, but she didn't become pregnant after IUD removal”. [C]

“I have heard of people that IUD use leds to weight loss in some user and weight gain in others. My husband doesn't like me to become fat or thin”. [I]

The fear of becoming fat or thin was one of the points that had significant importance for women. [A, C, F, H, G]

“I am carpet marker and I must do heavy works; if I use IUD, I can't do my work”. [B]

“Doing heavy work even stair going up and down is forbidden after inserting IUD.” [C]

Limitation in doing heavy works and fear of IUD expulsion were reported by other participants, too. [A, F, H, I, G]

“IUD using is one of the causes of developing cancer of cervix and endometrial cancer. So, I never choose this method for contraception.” [I]

“IUD causes deformity in uterus and after its removal the possibility of pregnancy is very low.” [E]

“My friend says: IUD like oral contraceptive pills is associated with depression and psychiatric problem. I have positive history of postpartum depression, so I fear it relapses again.” [H]

Religious Believes

Some participants believed that using contraceptive methods such as IUD is prohibited.

“I have heard of religious people that using IUD is prohibited because it leads to fetal death if pregnancy occurs.” [A, B, C, K]

“It is a sin to use IUD, because it prevents pregnancy even after its removal” [A]

“Using IUD is inauspicious”. [A, E]

“It is abominable and sin that women genitalia be seen even by other women since inserting

IUD.” [B]

“If we use IUD, we will always have spotting. So, we can’t pray easily.” [B, C]

Anxieties related to fitting of an IUD

An important reason for not considering the method was the need for an IUD to be fitted. Many of these concerns were related to other experiences of gynecological examination during the taking of cervical smears and child birth.

All women reported that it had to be fitted while they were having a period and they found this extremely off-putting.

“I fear to fit IUD because it induces severe pain.” [A]

“It’s difficult to have a large device in uterus for a long time.” [H]

“Inserting IUD in health centers has low quality because it’s free; on the other hand its cost in private ward is high.” [I]

Make difficulty in intercourse

Women expressed concern that their partner might feel the device during sex.

“I’ve heard stories that men can feel it during intercourse.” [A, B, C, D, F, H, I, G]

“IUD leads to partner being locked together during intercourse.” [A, B, C, D, E, I, K]

“IUD is associated with decrease in libido.” [C]

“My husband says if you use IUD, I wouldn’t have intercourse with you because it may lead IUD to be dislocated.” [G]

Damage to fetus

Women talked about damage to a pregnancy. They referred to this point that failure of contraception with an IUD in place is high.

“I’ve sort of heard the horror stories that people have actually got pregnant on IUD and it’s been embedded in the embryo, but I don’t know how true that can be.” [B]

“I have heard of things that if you do get pregnant, horrible things like the coil wrapped around babies’ necks will occur.” [H]

“I’ve heard of people that IUD may go to the baby’s head and things like that It really puts you off.” [I]

Discussion

The findings of our study were in line with others. An international mail survey being conducted by international planned parenthood federation (IPPF) and the world Health Organization has found that inaccurate information about IUDs is a barrier to use worldwide and misperceptions about the safety of the IUD help explain low rates of use in many countries (8, 9). It is disappointing to see that the situation has not changed, with participants still feeling ill-informed about IUDs. The power of personal narratives is reflected in the fact that women appear to be more influenced by a friend having experienced a “terrible time” with an IUD than any number of statistics (4). Use by women of “unofficial” sources of information was found in almost all the themes that emerged from data analysis. The most common misconceptions were that IUDs work by causing an abortion, causes cancer, moves outside the uterus and can travel as far as the heart or brain. Also incorrect or out-of-date information extended to concerns about infection. Another barrier has been the requirement that women must be menstruating before they receive an IUD. For some clients, fear of IUD side effects was a deterrent to IUD use. Some of the barriers to acceptance of IUD in the state included: general lack of knowledge about IUD 380 A or its benefits, poor product image among clients, fears and myths associated with IUD, limited access to skilled providers and low insertion skills, resulting in complications that consequently lead to non-acceptance (10). Some women referred to this point that we have heard that IUD cause discomfort for the man during intercourse.

Occasionally, a man may feel the IUD string and some of them believed that cooper T IUDs are too large for small women. In Ghana & Guatemala, fear and misperceptions limited demand for IUDs, among family planning clients. Women in both countries mentioned legitimate side effects such as cramping and bleeding as reasons for not using the IUD. However, women had many misconceptions about the IUD and its side effects: it causes marital disharmony, infertility, severe bleeding and even death. They also expressed apprehension about how such an object could be inserted into one’s body (11). In the United States some people believed that the IUD like other foreign objects lowers the body’s natural defenses and facilitates the development of pelvic inflammatory disease and infertility among women exposed to sexually transmitted bacteria (12).

On the other hand, in the late 1980s, a survey of obstetrician–gynecologists and family physicians in San Diego found that 40% were not recommending the copper IUD to anyone, citing concern about medical liability as their primary reason and in another study results showed the gap between family physicians' perceptions of the risks of and indications for use of IUDs, and despite guidelines describing the safety of IUDs, PID (pelvic inflammatory disease) and ectopic pregnancy were ranked as mayor risks by more than 60% of surveyed family physicians (12, 13).

Several studies in Cambodia have shown that satisfaction with a method is balanced with effectiveness, suitability to a woman, and real and perceived side effects. The respondents that had heard rumors about IUDs, cited the following side–effects, rumors, and perceptions in order of frequently:

- 1) inability to work hard,
- 2) inflammation, tumors or cancer of the uterus,
- 3) vaginal discharge,
- 4) vaginal bleeding,
- 5) chronic illness,
- 6) weight gain or loss,
- 7) fatigue,
- 8) hot in the body,
- 9) movement of the IUD around the body,
- 10) IUD can rust in the body
- 11) difficulty with next delivery or inability to have children after IUD removal (13).

The findings illustrate that the extent to which woman did believe such rumors were directly linked to whether they had seen or heard of such experiences from IUD users.^[14] Interestingly, and very important, nearly all women in one study referred to this point that if they saw or knew of more women using the IUD successfully and without bad experiences, they would be convinced and would do the same as those women. This finding has important implications for the use of satisfied clients as a channel to spread the word about IUDs (14).

In our study all of the above items were mentioned by women but religious beliefs about IUD were a new finding that in any of the other studies wasn't noted. It seems that these beliefs arise from lack of correct information about mechanism of IUD, because they thought IUD induces abortion. There are large knowledge gaps that are influencing a woman's decision not to consider an IUD, so providing sufficient correct information about the method clearly needs to be one of the first steps of any effort to encourage

women to consider using the IUD. Specifically, communications should focus on: information about the method, its advantages, method of use, affordability and availability of the method. Also a strong focus should be put on explaining and reassuring women about side–effects, and dispelling misperceptions and rumors.

We suggest that the findings of this study could form the basis for changes to written educational materials about IUDs, for both clinicians and potential users. Information about participants' fears could be presented in such materials in tandem with objective information about IUDs.

Inclusion of positive personal narratives may help to counteract the negative impact of unofficial information sources. These challenges include the need for more infrastructure, supplies and equipment to provide IUD services than for many other reversible methods. It seems that the proper way to provide IUDs is to explain all the known risks in enough detail that the patient can make a truly informed decision about whether to have a device inserted.

In addition, it is wise for legal purposes to have a patient sign the manufacturer–issued document stating that she understands the written and oral material, and that the decision to choose an IUD was her own.

But providing correct information alone will be insufficient to influence behavior change. Before behavior can change, it is vital that women believe correct information and form a favorable attitude toward IUDs. The source of information has to be credible and trustworthy. On the other hand moving clients from considering IUD use to actual use also depends on the counseling and health care a woman receives. Counseling has a very important role to play in promoting the method, helping clients to make informed choices, and ensuring that women benefit from, and continue to be satisfied with their IUD.

Successful communication programs do more than just provide information. Creating a first generation of satisfied IUD users will require a comprehensive approach that supports women through the processes and stages of behavior change. To be effective, the program requires an approach that will encourage and build discussion among couples and communities to increase acceptability of the method and generate demand by increasing knowledge, reflection and providing encouragement, support and reassurance.

Conclusion

A multi–channel approach is required; involving all

the relevant people— those who will be affected by the program and those most likely to have an influence in making changes. Four key strategies will be used to achieve these objectives:

- 1) Promote the key benefits of IUDs.
- 2) Use satisfied clients and health workers to improve social acceptability and reduce fear about IUDs.
- 3) Advertise IUD service sites.
- 4) Provide specialized counseling for prospective clients.

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