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Research Article

THE FACTORS AFFECTING THE ACCEPTANCE OF IUD (INTRA UTERINE DEVICES) AMONG WOMEN OF DISTRICT BUDGAM, KASHMIR

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Abstract

A descriptive study to assess the factors affecting the acceptance of IUD (intra uterine devices) among women of Budgam, Jammu and Kashmir. The non-experimental research approach was adopted for the study with descriptive design. 100 married women were selected by using non probability purposive sampling technique from different anganwadi centres of district Budgam. The self-structured tool was developed and was used for the data collection the data collected were analysed using both descriptive and inferential statics More than 59% were in the age group of 25-35 years, in currently residing 79% were belonging to urban areas, in educational qualification 34% were middle pass, in occupation 95% were homemaker, in monthly income 50 %in less than Rs10,000, in 50% hold two number of children, in ever used an IUD 60 %were using IUD as a contraceptive method, in type of IUD 42% were using copper IUD. Mean knowledge to assess awareness and understanding of IUD among women of Budgam was 35.93,and its standard deviation is 14.34%, Mean knowledge to assess the factors affecting the acceptance of IUD among women of Budgam was 19.80. and its standard deviation is 5.09%, concluded that area and educational qualification VS IUD use significantly influences IUD acceptance. Women with higher education are more likely to use IUDs. Age, income, occupation, does not significantly affect IUD acceptance.

Keywords: Intrauterine Device (IUD), Family Planning, Contraceptive Acceptance, Women's Awareness

1. Introduction

Women's are the important members of the society. Women's Health is crucial for individuals, families' communities and societies as a whole good Health enables women to pursue education careers and personal goals[1]. Physical and mental Health is interconnected. Women's health encompasses various aspects including physical, mental and reproductive wellbeing. Becoming Mother is the most blissful moment of every woman's fulfilment of life. This not only brings a new life to earth but also gives her a feeling of caring, loving and compassion[2].

The birth of child has a great importance when it is planned and the family needs the new one but the couple especially mother must have the liberty to opt the time when they are ready to have a child. This choice makes it more fruitful for parents. Yet all pregnancies are not welcomed by the couple, there arise the need of family planning measures, for to avoid unwanted pregnancies and to bring about wanted pregnancies[3].

1.1 Background of the Study

The government had developed lot of programmes and plans for the betterment of mother and child. Unregulated fertility, unsafe abortion, inadequate antenatal care are some of the factors that contribute to maternal and perinatal deaths.

Contraceptives and reproductive health services have enhanced couples' choices and opportunities to time and space the births and to limit family size at their desired level. Family planning programmes have actively been contributing to fertility reduction by legitimizing small families and by promoting the use of modern contraceptive methods[4].

Family planning is very slow in practice ever since its initiative in 1970, Family Planning provides protection against unwanted and high-risk pregnancies, and it also helps improve the woman's health and lowers maternal mortality. Spacing methods of contraception are very important to avoid unwanted births. When mothers are chasing the method of contraception that is right for her it is important to think about how well each method works and to talk openly about her options with her partner[5].

One method choose will depend on a range of factors such as her general healthy lifestyle and relationships, risk of getting sexually transmitted infection (STI).The contraception used today in India are generally condoms, IUDS, contraceptive pills and others an IUD is a small contraceptive device often 'T' shaped Often containing copper, which is inserted into the womb. An IUD is a device made of plastic or copper and is inserted into the womb by way of vaginal canal. The IUD releases copper ions which immobilize the sperm and makes it really hard for them to move around the womb. The IUD once inserted into can stay on place for up to 5-10 years depending on type or until you realize to remove it[6].

2. Need for Study

The Family Planning Programme is being characterized by an enormous variation in its performance over the region, at the state as well as over districts in a state. Recently study conducted by National Family Health Survey the level of contraceptive prevalence rate was among the major states, the highest in Kerala (54.4 percent) and the lowest in Uttar Pradesh (18.5 percent) (IIPS 1994). Studies revealing the determinants of Family Planning acceptance and reasons for non-acceptance will facilitate the strengthening of the programme. The goal is to assess the value of an international family planning strategy through consideration of its implications in a particular local context Women empowerment constitutes a discourse within the field of family planning, internationally and locally within country or own state[7]. It is concerned with the empowerment discourse produced by international development agencies in regard to family planning and whether the empowerment discourse is constructed and used by family planning expert in state. Access to contraceptives empowers women and can save their lives. Contraception can prevent 2.7 million infant deaths a year. It can reduce poverty, slow population growth, ease the pressure on the environment and make a more stable world. India suffers from the problem of overpopulation. India's current fertility rate as of 2015 is 2.4 births per woman[8]. A fertility rate of this value drastically increases a population over time. Although the fertility rate (average number of children born per woman during her lifetime) in India has been declining, it has not reached the average replacement rate yet. The total fertility rate of India stands at 2.2 as of 201.According to WHO, maternal health is defined as the health of women during pregnancy,

child birth and postpartum period. Family planning through contraception offers women the opportunity to gain time between child births by deciding when to get pregnant in relation to their obligations. Having fewer children and long spacing between births provides women and children a better quality of life and an opportunity to be more productive members of their communities. Intrauterine devices (IUDs) are highly effective contraceptives, but their use may be limited by reported adverse effects and user concerns. Common adverse effects include increased menstrual bleeding, dysmenorrhea, and cramping with copper IUDs, while hormonal IUDs may cause irregular bleeding, amenorrhea, headaches, or breast tenderness. Less common but serious complications include expulsion, pelvic inflammatory disease shortly after insertion, uterine perforation, and ectopic pregnancy if contraceptive failure occurs[9]. Many women are reluctant to use IUDs due to fear of pain during insertion, concerns about side effects, misconceptions about infertility or device migration, cultural or religious beliefs, partner or family opposition, and inadequate counseling by health-care providers. Studies emphasize that improved education and counseling can significantly reduce these fears and improve acceptance and continuation of IUD use[10].

Uptake of family planning methods remain low in India. This may be associated with high incidence of unintended pregnancies, unsafe abortions and maternal deaths. Family planning has also been found to promote gender quality as well as to promote educational and economic empowerment. For women short intervals between births are linked to higher maternal and child mortality and morbidity. Lack of knowledge about IUD'S can affect the acceptance and the adverse side effects if the individuals and couples plan their pregnancies and families with improved use of contraception, they are more likely to have fewer and healthier children, allowing them to invest more in each child's care and education, helping to break the cycle of poverty. Which motivated us to have a study on IUDS in order to find out the factors affecting and level of awareness and understanding of IUDs among women's[11].

Hasan Rawashdeh, et al., (2024) conducted a cross-sectional observational study at King Abdulla University Hospital among women attending antenatal clinics after 20 weeks of gestation between January 2020 and May 2021. One thousand and 30 women had completed a structured questionnaire in Arabic. Only 41.4% of the sample was aware of the PPIUCD. The attitude toward PPIUCD after a brief introduction was 56.3%. Women who had used Interval IUCD were 5.82 times more likely to express a positive attitude toward PPIUCD, while postgraduate women were 1.35 times more prone to show the same attitude. Only 34% accepted PPIUCD if offered, whereas the main barrier to acceptance was the false fear of extra complications in 34.5% of the sample. The rate of unintended current pregnancy was 35.8%, where 53.4% were using natural methods[4].

Sneha Gupta, et al., (2023) conducted a observational study between 2018 and 20 at a tertiary care institute in North India. PPIUCD was inserted following a detailed counselling session and consent. The majority of these women were between 25 and 30 years (40.6%), primigravida (61.7%), educated (86.1%), and from urban areas (61.7%). Retention rates at six months were about 65.6%, while 13.9% and 5.6% were either removed or expelled. Women declined PPIUCD due to refusal by spouses, partial knowledge, inclination towards other methods, non-willingness, religious beliefs, and fear of pain and heavy bleeding. Adjusted logistic regression depicted that higher education, housewife status, lower-middle and richest SES, Hinduism, and counselling in early pregnancy promoted acceptance of PPIUCD. The most common reasons for removal were AUB, infection, and family pressure (23.1%)[5].

Sunita Singal et al., 2022. This study, conducted by Engender Health as part of the Expanding Access to IUD Services in India project, examines IIUD and PPIUD continuation rates over time and investigates factors associated with IUD continuation. We

recruited respondents (N = 5024) through a repeated cross-sectional household study between February and December 2019. We identified respondents using IUD client data from public health facility registers in 20 districts of Gujarat and Rajasthan. We compared continuation rates for IIUD and PPIUD adopters and used regression analyses to measure the association between continuation and demographic, quality of care, and counselling variables. IIUD continuation rates decreased from 85.6% to 78.3% and PPIUD rates decreased from 78.5% to 70.7% between month 3 and month 12. Clients experiencing side effects or other problems[7].

2.1 Statistical Analysis and Interpretation

Table 1: Shows Frequency, percentage frequency Distribution According to Age (n=100)

Age (in Years)	Frequency	Frequency Percentage
Upto 25	6	6
25-35	59	59
35-45	32	32
Above 45	3	3
Total	100	100

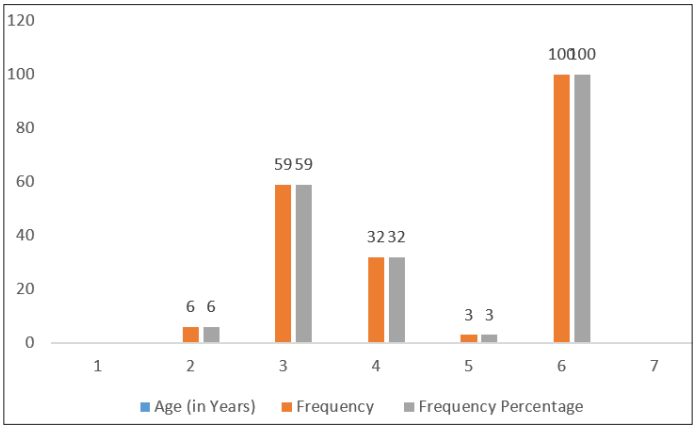

Figure 1: Bar diagram shows Frequency According to Age

Table 2: Shows Frequency, percentage frequency Distribution According to Age (n=100)

Area of belonging	Frequency	Frequency Percentage
Urban	79	79
Rural	21	21
Total	100	100

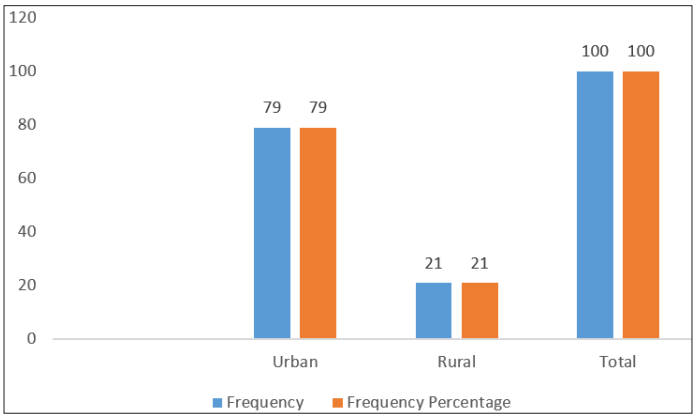

Figure 2: Bar diagram shows Frequency Distribution According to Area

Table 3: Shows Frequency, percentage frequency Distribution According to Educational Qualification (n=100)

Educational Qualification	Frequency	Frequency Percentage
Illiterate	18	18
Middle Pass	34	34
12th pass	29	29
Graduation or PG	19	19
Total	100	100

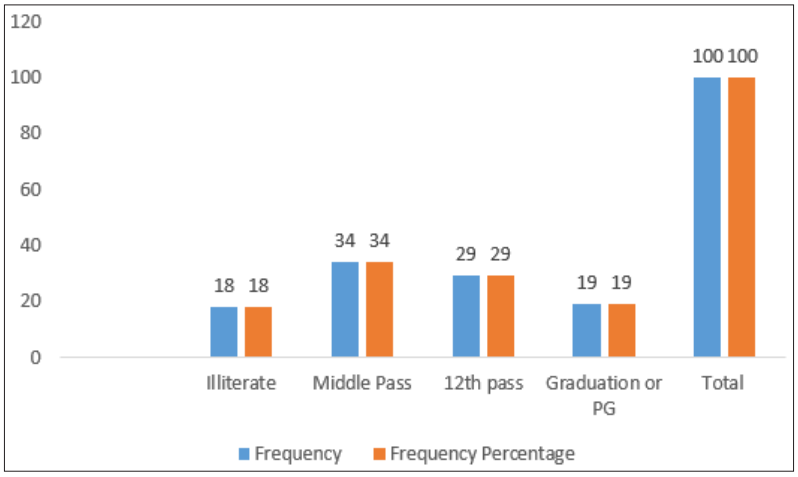

Figure 3: Shows Frequency, percentage frequency Distribution According to Educational

Table 4: Shows Frequency, percentage Distribution According to occupation (n=100)

Occupation	Frequency	Frequency Percentage
Homemaker	95	95
Daily wage Worker	0	0
Farmer	0	0
Employee Govt./Pvt.	5	5
Total	100	100

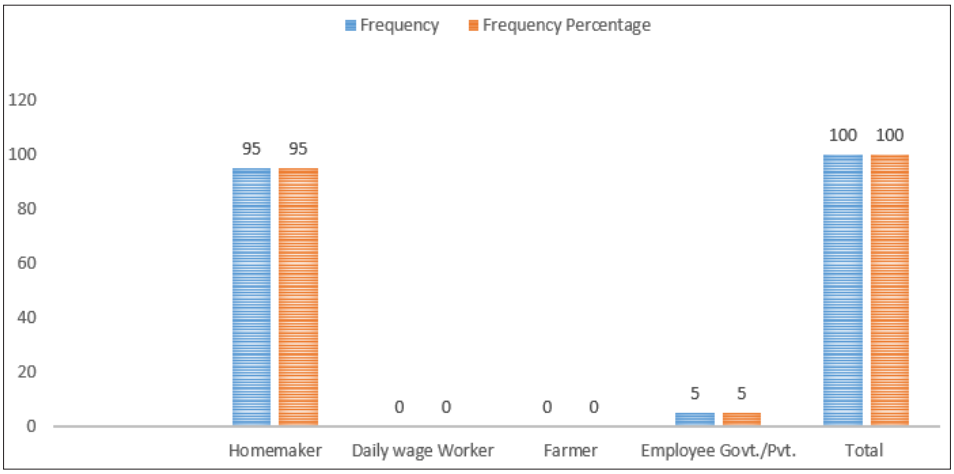

Figure 4

Data presented in above table and figure reveals the frequency percentage of majority of subjects were belonging to the age group 25-35 i.e., 59% followed by belonging to the age group 35-45 i.e. 32%. 6% Upto 25 and rest 3% above 45 age group (Figure 1).

Data presented in the above figure and table reveals that frequency percentage of majority of subjects i.e. 79 were belonging to Urban areas 79% followed by 21 subjects were belonging to the Rural areas i.e. 21% (Figure 2).

Data presented in above table and figure reveals that frequency percentage of the majority of subjects were middle pass i.e., 34% followed by 12th pass i.e., 29% ,Graduate 19% and illiterate 18% (Figure 3).

With regard to the above table and figure reveals that majority of subjects, frequency percentage 95 (95%) Were home makers followed by 5% i.e. 5 were Govt./Private employee. No subject was found farmer (Figure 4).

Table 5: Shows Frequency, percentage Distribution According to Income (n=100)

Total income in Rupees	Frequency	Frequency percentage
Upto 10,000	50	50
10,000-20,000	22	22
20,000-30,000	14	14
Above 30,000	14	14
Total	100	100

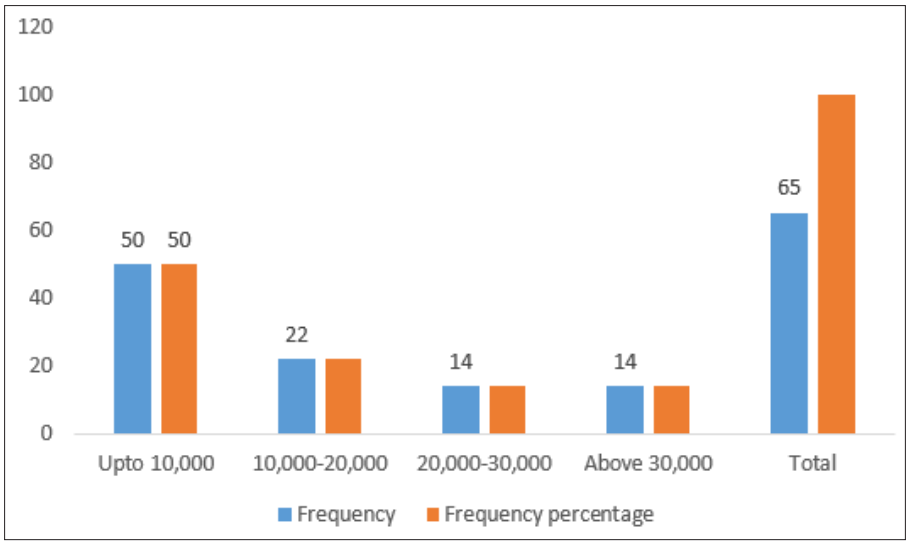

Figure 5: Bar diagram shows Frequency, percentage Distribution According to income

Table 6: Shows Frequency, percentage Distribution According to number of children (n=100)

No. of children	Frequency	Frequency Percentage
One	25	25
Two	50	50
Three	25	25
Four and more	0	0
Total	100	100

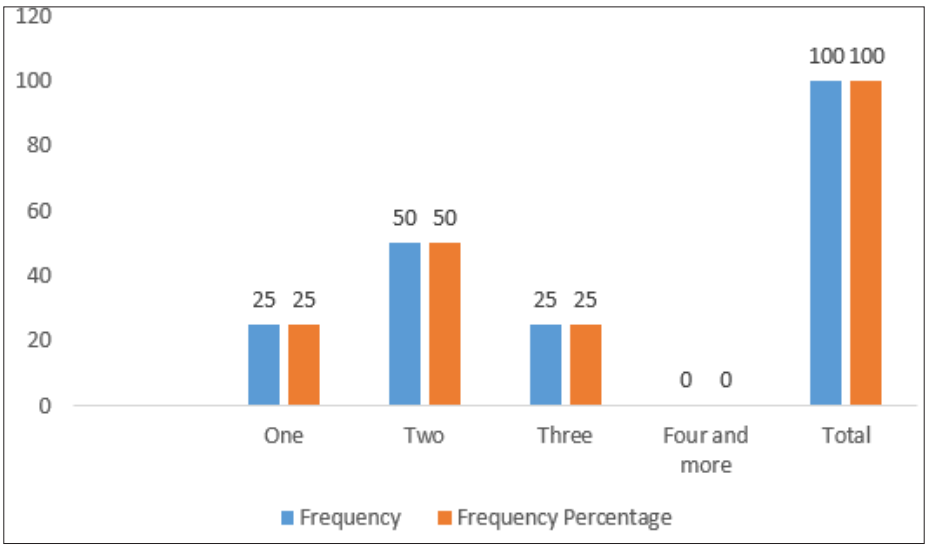

Figure 6: Bar diagram shows Frequency, percentage Distribution According to no. of children

With regard to monthly income 50 (50%) get a monthly income less than Rs.10000, 22 (22%) receive a monthly income of Rs.10, 000 – Rs.20000, 14 (14%) of subjects receive Rs 20,000- Rs. 30,000 and above 30,000 respectively (Figure 5).

From the above table and fig. reveals that 50% holds no. of children two followed by 25% holds no. of children either one or three. No children hold four and more (Figure 6).

From the Above table and Bar diagram reveals that out of total 100 respondents 60% i.e. 60 of respondents have used IUD as contraceptive method rest 40% of Respondents do not used IUD as contraceptive method (Figure 7).

From the Above table and bar diagram reveals that 46% of respondents not used IUD. Among them copper IUD (42 users) followed by Hormonal IUD (12 users). No respondents reported using LNG-IUD (Figure 8).

Table 7: Shows Frequency, percentage Distribution According to IUD as contraceptive Method (n=100)

IUD as contraceptive method	Frequency	Frequency percentage
Yes	60	60
No	40	40
Total	100	100

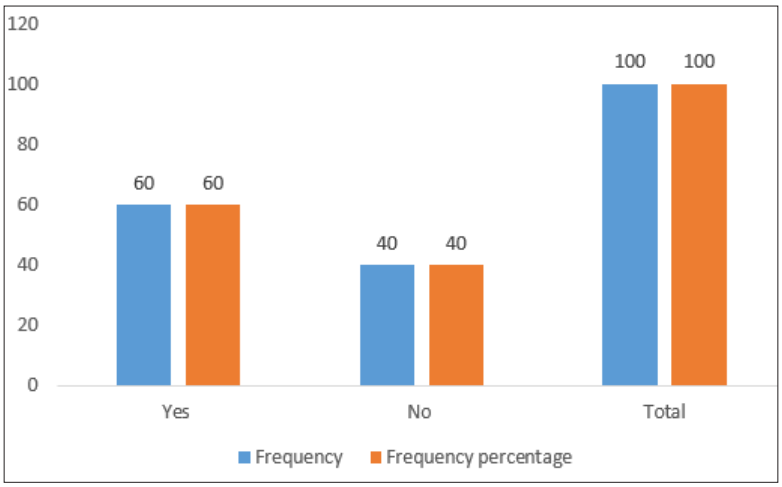

Figure 7: Bar diagram shows Frequency, percentage Distribution according to IUD as contraceptive

Table 8: Shows Frequency, percentage Distribution According to Type of IUD used before (n=100)

Type of IUD used before	Frequency	Frequency Percentage
Copper IUD	42	42
Hormonal IUD	12	12
LNG-IUD	0	0
None	46	46
Total	100	100

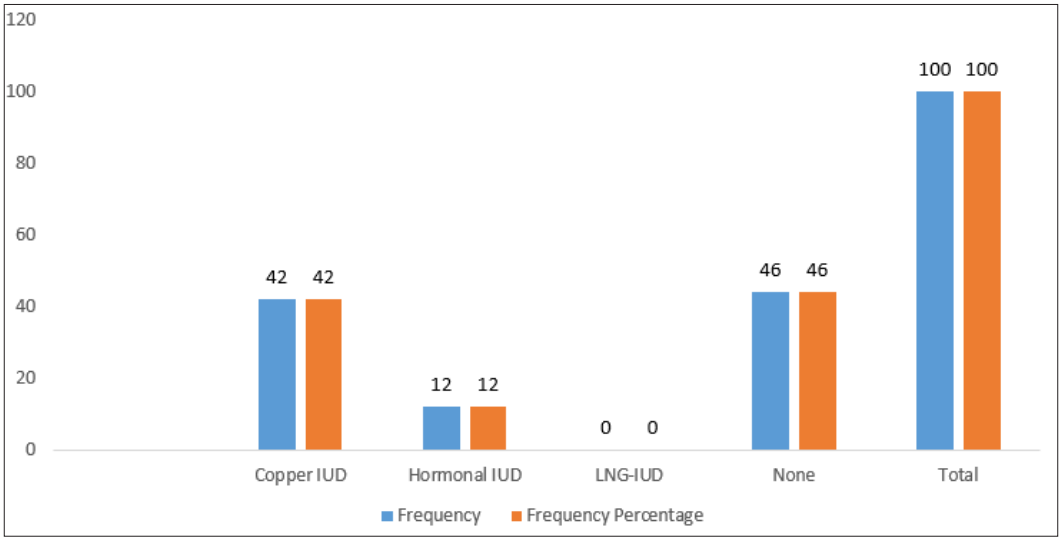

Figure 8: Bar diagram shows Frequency, percentage Distribution According to type of IUD used before

A. Descriptive analysis to assess awareness and understanding of IUD among rural women's of Budgam

	N	Range	Minimum	Maximum	Mean	Std. Deviation
new	100	47.00	19.00	66.00	35.9300	14.34795
Valid N (list wise)	100					

B. Descriptive analysis to assess Factors Affecting the acceptance of IUD among rural women's of Budgam

11 Descriptive Statistics

	N	Range	Minimum	Maximum	Mean	Std. Deviation
new	100	19.00	11.00	30.00	19.8000	5.09307
Valid N (list wise)	100					

Association between Selected Demographic variables and Identified Factors (Knowledge, Awareness) with IUD use. For this we have done Chi- square test.

A. Association between age and identified Factors

Demographic Variables	Knowledge of IUD			Awareness of IUD			
Age (in years)	**poor**	**Average**	**Good**	**poor**	**Average**	**Good**	
Upto 25 25-35 35-45 Above 45	6 37 0 0	0 25 0 0	0 0 29 3	6 30 0 0	0 30 3 0	0 2 26 3	
Chi square	1.056			86.998			
P value	0.000			0.000			Significant
Area	**poor**	**Average**	**Good**	**Poor**	**Average**	**Good**	
Urban Rural	43 25	11 0	0 21	36 0	33 0	10 21	
Chi square	56.487			59.167			
P value	0.000			0.000			Significant

Demographic Variables	Knowledge of IUD			Awareness of IUD			
Educational Qualification	**poor**	**Average**	**Good**	**Poor**	**Average**	**Good**	
Illiterate Middle pass 12th pass Graduation or PG	18 25 0 0	0 10 15 0	0 0 15 17	18 18 0 0	0 17 16 0	0 0 14 17	
Chi square	1.012			1.025			
P value	0.000			0.465			**Insignificant**
Chi square	1.432			1.180			
P value	0.25			0.63			**Insignificant**
Demographic Variables	**Knowledge of IUD**			**Awareness of IUD**			
No. of children	**poor**	**Average**	**Good**	**poor**	**Average**	**Good**	
One Two Three	24 0 0	19 25 7	0 0 25	24 12 0	0 33 0	0 6 25	
Chi square	1.024			1.221			
P value	0.000			0.000			**Significant**

Demographic Variables	Knowledge of IUD			Awareness of IUD			
Contracept	**poor**	**Average**	**Good**	**poor**	**Average**	**Good**	
Yes No	43 0	17 8	0 32	36 0	24 9	0 31	
Chi square	77.333			72.727			
P value	0.000			0.000			Significant

Demographic Variables	Knowledge of IUD			Awareness of IUD			
Type of Iud	poor	Average	Good	poor	Average	Good	
Copper IUD Hormonal IUD None	42 0 0	1 11 0	0 14 32	36 0 0	6 12 15	0 0 31	
Chi square	1.248			1.06			
P value	0.00			0.00			Significant

3. Major Findings

Section I: Description of socio-demographic variables

More than 59 (59%) were in the age group of 25-35 years, in currently residing 79 (79%) were belonging to urban areas, in 34(34%) were middle pass, in occupation 95 (95%) were homemaker, in monthly income 50 (50%) in less than 10,000, in 50 (50%) hold two number of children, in ever used an IUD 60 (60%) were using IUD as a contraceptive method, in type of IUD 42 (42%) were using copper IUD.

Section II: Descriptive analysis to assess awareness and understanding of IUD among women of Budgam

Objective I: To assess the level of awareness and understanding of IUD among women of Budgam.

- Mean knowledge to assess awareness and understanding of IUD among women of Budgam was 35.93,and its standard deviation is 14.34%

Section III: Descriptive analysis to assess the factors affecting the acceptance of IUD among women of Budgam

Objective II: To assess the factors affecting the acceptance of IUD among women of Budgam.

- Mean knowledge to assess the factors affecting the acceptance of IUD among women of Budgam was 19.80. and its standard deviation is 5.09%

Section IV: Statistical analysis to find association between identified factors and selected demographic variables with IUD use using Chi-square test

Objective III: To find out the association between identified factors and selected demographic variables.

Association of identified factors with socio-demographic variables such as age, area of belonging, educational qualification, occupation, income, number of children, ever used IUD, what type of IUD used before had concluded that area and educational qualification VS IUD use significantly influences IUD acceptance. Women with higher education and area are more likely to use IUDs. Age, income, occupation, does not significantly affect IUD acceptance.

4. Summary

IUD are the intrauterine devices that is a type of birth control that a health care provider inserts in the uterus.IUDs are most commonly used type of long acting reversible contraception (LARC). Once an IUD is inserted you don't have to worry about birth control until it's time to replace it (3-10years) depending upon the brand. It's an effective form of birth control that doesn't require surgery. So, to assess the knowledge regarding factors affecting the use of IUDs in women a descriptive study was done.

5. Conflict of Interest: No

6. References

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