

Assessment of Menorrhagia Associated with Intra-Uterine Contraceptive Device (Cut 380a) Among Women Attending Idi-Ogungun Primary Health Care Centre, Ibadan North Local Government Area of Oyo State

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Introduction

Background of the study

There is global use of IUD among women. It is seen as the safest and reversible family planning method compared to other methods. It is a wise choice for women within the sexual active period of life that are yet to commence or complete the number of children so desired and to also prevent unwanted pregnancy and the consequences of abortion. For the married couples yet to complete number of children desired it serves as a form of child spacing method of choice with high level reliability.

Despite its safety and reversibility, it uses in developing country like America is low, estimated at 2% in 2002 (Mosher, 2004). Based on 2004 United Nations data, Eastern and Western Europe represent 4-5% of global IUD use. The reason for this low practice may be associated with its possible side effects like menorrhagia. However, WHO estimates that approximately 160 million women worldwide use IUDs today. China has an estimated two-thirds of these users, or 96 million. Only a small percentage of current users are in Eastern or Western Europe or other industrialized countries (10%). The remaining 24% are in developing countries other than China, concentrated in Vietnam, Egypt, Indonesia, India, and Uzbekistan, and Turkey – those six countries alone contain half of all users in developing countries excluding China. All developing countries fall into the following clusters, which show widely different determinants of use rates. They also help to identify programmatic reasons for greater or lesser uptake, (WHO, 2007).

In Nigeria according to Dinwoke V, Okafor C, Eke A, (2015) in a study conducted in an Eastern Nigerian Teaching Hospital “the IUD was the most popular, being accepted by 56.7% of all clients” of all family methods. This was attributed to some women believe that using modern methods would endanger their health and future fertility. This concedes with a study carried out in Port Harcourt, south-south Nigeria by Enyindah C, Ojule J, Bassey G, indicating IUCD users in the range of 47 to 66% of contraceptive acceptors in different family planning centers and it is used longer than other reversible contraceptive methods.

Though it is the safest reversible family planning method studies have associated it with the leading cause of menorrhagia among family planning user as shown in this study compared to other complications in Eastern Nigeria Teaching Hospital in which “No complication 83% 275, Menorrhagia/ irregular bleeding 23%, Abnormal vaginal discharges 4.55% , Missing 0.61%, Others-nonspecific 3.64% and Failure 0% agreeing with the study in South-south Nigeria of Port Harcourt as follows Menorrhagia/ irregular bleeding 30.3%, Amenorrhea 14% , Hypomenorrhea 2.0%, Dysmenorrhea 20.6%, Missing 5.3%, Expulsion 2.7%, Coital discomfort 2.4% ,Coital bleeding 0.6%, Accidental pregnancy 0.3%, Vaginal discharge 20.8%, Lower abdominal pain 18.7% and PID 1.5%.

However, the investigator is so concerned with the association of IUD and menorrhagia. Therefore, the study aims to assess the menorrhagia associated with intra-uterine contraceptive device (Cut 380A) among women attending Idi-Ogungun Primary Health Care Centre, Ibadan North Local Government Area of Oyo State, Nigeria.

Methods

Study site

Idi Ogungun PHC is located in Ibadan North LGA, Ibadan, Oyo state, Nigeria. Ibadan North is bounded by Akinyele Local Government in the north, by Ibadan North East and Lagelu Local

Governments in the East. In the West, by Ido Local Government, Ibadan South West and Ibadan South East Local Government Area. Ibadan North LGA is multi-ethnic and is dominated by the Yoruba, the Igbos, Edo, Urobos, Itsekiris, Ijaws, Hausa, Fulanis and some foreigners who are from Europe, America, Asia and other parts of the world are also resident in the LGA. The Local Government Area has a population of 308, 119 people. This comprises of 152, 608 males and 155, 511 females (Federal Republic of Nigeria Printers, 2009).

Ibadan North Local Government Area is divided into twelve wards. The LGA can be stratified in to three developmental zones based on the characteristics, pattern of evolution and socio-economic status in accordance with the stratification model adapted by Osundare, (1990). However, this has been modified by other researchers as development progresses. These are the inner core, transitional and peripheral zones.

Idi Ogungun health centre was established as a dispensary but was converted and commissioned as a health centre on the 21st March 1996. It was made up of several units including: Infant Welfare Clinic, Immunization Clinic, Antenatal Clinic, Labour Ward and Post-natal Ward Laboratory (Headed by a Laboratory Technician), Family Planning Clinic headed by a Public Health Nurse, Tuberculosis DOTS (Tuberculosis Dispensary Unit).

The health centre rendered 24 hours health services with 4 qualified Nurses (Public Health Nurses), 3 Community Health Officers, 6 Community Health Extension Workers, 3 Health Assistants, 1 Medical Record officer, Technician etc. Numbers of patient patronizing the health centre are 300-400 per week and 1000 patients monthly. All services are rendered on out-patient basis except labour cases which are handled in the labour ward which has an 8 bedded ward. Services on family planning are on out-patient basis. An activity in the family planning unit includes:

1. Counselling (Health Education)
2. Outreach Services
3. Home Visiting
4. Obtaining Clients Consents
5. Administrative and Removal of all Family Planning method including (IUCD, Implants, Injectable, etc.).
6. Treatment of STIs and Counselling of affected Clients
7. Arresting of Bleeding
8. Organizing of workshops, training programmes and seminars

Study population

Women patronizing the family planning unit at Idi-Ogungun primary health centre (PHC) Ibadan North LGA, Oyo State, within the study period.

Study design

Descriptive, cross-sectional.

Study period

September, 2015 to September, 2016

Sample size determination

Women patronizing the family planning unit at Idi-Ogungun primary health centre (PHC) Ibadan North LGA, Oyo State, during the period of recruitment were eligible.

Sampling method

Purposive sampling technique of non-probability was used to select 100 respondents in the family planning unit of the PHC where permission was granted by nursing department; subsequently, women attending the family planning clinic during the period of recruitment and gave informed consent were enrolled into the study.

$$n = \frac{N}{1 + N(e^2)}$$

Where N = Total Population

n = Sample size

e = 0.05

$$n = \frac{230}{1 + 230(0.05^2)}$$

$$n = \frac{230}{1 + 230 \times 0.025}$$

$$n = \frac{230}{1 + 0.55}$$

$$n = \frac{230}{1.55}$$

n = 104.9

≈ 105

Inclusion criteria

All women attending the Family planning clinic (FPC), who gave written and informed consent.

Exclusion criteria

All women who refused consent, or was ill or absent during the period of recruitment.

Instrument

A pre-tested self-administered questionnaire was used to obtain information from the participants on socio-demographic characteristics, assessment of menorrhagia associated with intra-uterine contraceptive device (cut 380a), knowledge on menorrhagia associated with intra-uterine contraceptive device (cut 380a), prevalence of menorrhagia among IUCD user, knowledge of women on the treatment of menorrhagia associated with intra-uterine contraceptive device (cut 380a), causes of menorrhagia associated with intra-uterine contraceptive device (cut 380), perception of menorrhagia among the IUCD users and quality of life of IUCD users

Rating scale

Assessment of menorrhagia associated with IUD in the study centre. Utilizing questionnaire designed in English language. Pre-test of the questionnaires was carried out with 5 questionnaires was administered to women attending family planning clinic in UCH Ibadan

Statement of confidentiality

All information obtained from this study has been kept confidential and will not be linked to the participants in anyway. They were not assigned any identification numbers neither nor identified by their names.

Data analysis

Data was entered and analyzed using SPSS (Statistical Package for Social Science) version 21.0. Descriptive statistics has been used to summarize the data while chi-square was used to test hypothesis. Analysis were done at a 5% level of significance ($p < 0.05$). Data that was collected in this study was statistically analysed using descriptive statistics like frequency distribution, table and simple percentage method and bar charts.

Limitation

This study is limited to women attending family planning clinic at Idi-Ogungun primary health centre.

Time and financial constrain were the major hindrance factor that limit the researcher's effort, however, high response rate from the respondents is the major strength of the study.

Ethical consideration

Ethical approval was obtained from the OYO State ethical committee and permission given by the Nursing Officer in charged. Verbal informed consent was given by the respondents.in order to respect the rights of the study participants to participate or not.

Results

Introduction

This chapter presents the results derived from the data generated through questionnaire administered to the respondents. The data was analyzed using descriptive statistics of frequency counts, percentages and the results presented in tables and charts. Inferential statistics of chi- square test and t-test was used to test the hypothesis formulated at significant level of 0.05.

Section A: Socio demographic information

The socio demographic characteristics indicated, thirty-one (31.0%) of the respondents fall within the 25-29 years age bracket. This group is followed by 35 years and above, 30-34 years and 19-24 years age groups who were 29 (29.0%), 26 (26.0%) and 14 (14.0%) respectively. The distribution of the respondents according to their marital status revealed that 50 (50.0%) of the respondents were married, 35 (35.0%) were single, 9 (9.0%) were separated, 4 (4.0%) were divorced while 2 (2.0%) were widowed.

Christianity was the predominant religion practiced by 54 (54.0%) of the respondents while Muslims were 46 (46.0%) (Table 4.1). Majority of the respondents were traders, representing 34 (34.0%), 23 (23.0%) were artisans, 21 (21.0%) were professionals, 12 (12.0%) were unemployed while 10 (10.0%) were privately employed as shown in table 4.1. Most of the respondents' husbands 43 (43.0%) had secondary education, 20 (20.0%) had primary and tertiary education respectively while 17 (17.0%) of the respondents' husband had no formal education as highlighted.

The Yoruba constituted the predominant 64 (64.0%) of the ethnic group followed by the Igbos and other tribes which accounted for 14 (14.0%) respectively while 8 (8.0%) of the respondents were Hausas. Most of the respondents got married within 19-24 age range followed by 33 (33.0%) got married between 25-29 age range and 11 (11.0%) within 30-34 age range while 8 (8.0%) got married above 35 years as highlighted in table 4.1. Most of the respondents 32 (32.0%) had two children, 31 (31.0%) had three children, 21 (21.0%) had above four children while 16 (16.0%) of the respondents had only one child. The result further showed the financial situation of the respondents with 32 (32.0%) of the respondents who had no income, 30 (30.0%) earned between 11,000 and 20,000 naira, 22 (22.0%) earned less than 5,000 naira, 9 (9.0%) earned between 21,000 and 40,000 naira while only 7 (7.0%) of the respondents earned above 40,000 naira.

Assessment of menorrhagia associated with intra uterine contraceptive device

SS seventy-nine (79%) respondents never had menorrhagia at regular interval while 21 (21%) of the respondents had menorrhagia occurring at regular interval.

How long respondents had menorrhagia

Seventy-nine (79%) of the respondents never experienced menorrhagia, 10 (10.0%) experienced it between 8-11 months and above, 6 (6.0%) experienced it between 4-7 months while 5 (5.0%) also experienced menorrhagia for 3 months.

Days between respondents' menstrual circle

Thirty-two (32%) of the respondents have 26-30 days between each menstrual circle, 30 (30%) have 21-26 days between each menstrual circle, 20 (20.0%) also have 30-35 days between each menstrual circle while 18 (18.0%) of the respondents have 35 days and above between menstrual circle.

How many times respondents changed pads every 24 hours before menorrhagia

Thirty-six (36%) of the respondents changed pads before menorrhagia every 8-9 hours, 34 (34%) changes pad every 6-7 hours, 17 (17%) mentioned every 4 hours while 5 (5%) of the respondents' changes pad before menorrhagia every 5 hours.

How many times respondents changed pads every 24 hours after menorrhagia

Sixty five (65%) of the respondents changed pads after menorrhagia every 8-9 hours, 15 (15%) changes pad every 10-11 hours, 14 (14%) mentioned every 12 hours while 6 (6%) of the respondents changes pad after menorrhagia every 6-7 hours.

Whether respondents use more than one sanitary pad at the same time

Seven six (76%) of the respondents do not use more than one sanitary pad at the same time, 14 (14%) used tampon and sanitary pad while 10 (10%) of the respondents also used tampon + sanitary 2pads. This is shown in table 4.2.6 above.

Duration of menstruation

Fifty-seven (57%) of the respondents mentioned that they menstruate between 3-7 days, 29 (29%) mentioned 3 days, 10 (10%) mentioned 8-10 days while 4 (4%) of the respondents also mentioned that they menstruate above 10 days.

Respondents' idea on severity of menstrual bleeding

Revealed 43 (43%) of the respondents who mentioned that menstrual bleeding is moderate, 23 (23%) mentioned mild, 21 (21%) mentioned severe while 13 (13%) also mentioned that menstrual bleeding is very severe.

Respondents' experience during menstruation

Revealed 77 (77%) and 57 (57%) of the respondents did not get their underwear dirty before and after menorrhagia respectively. Seventy-eight (78%) and 82 (82%) did not get dirty on linen before and after menorrhagia respectively while 88 (88%) and 90 (90%) of the respondents did not get dirty on the furniture before and after menorrhagia.

Whether respondents have dysmenorrhea

Revealed 43 (43%) of the respondents never experience dysmenorrhea, 20 (20%) and 17 (17%) experienced mild, moderate and sever dysmenorrhea before menorrhagia respectively. Thirty (30%) experience moderate dysmenorrhea after menorrhagia while 27 (27%), 25 (25%) and 23 (23%) also experienced mild, severe and no dysmenorrhea after menorrhagia.

The association between menorrhagia and relations

Demonstrated that 53 (53%) of the respondents have a female relation that have had menorrhagia while 56 (56%) of the respondents also have a relation that has had menorrhagia before.

Knowledge on menorrhagia associated with IUCD

Distribution showing whether respondents have heard about family planning
Fifty-six 56 (56%) of the respondents have heard about family planning while 44 (44%) have not heard about family planning.

Whether respondents have heard about menorrhagia

Sixty-four (64%) of the respondents have not heard about menorrhagia before while 36 (36%) have heard about menorrhagia.

Respondent's source of information

Indicated that 55 (55%) of the respondents heard the information through health workers, 18 (18%) heard about it through television while others 12 (12%), 10 (10%) and 5 (5%) mentioned other source, radio and newspapers respectively.

Knowledge on menorrhagia associated with IUCD

The cumulative result showed that majority of the respondents 57% disagreed to the statement that pelvic inflammatory disease is contraindication to IUCD use, 77% disagreed that dysfunction of the ovaries can result to menorrhagia, 83% disagreed that uterine fibroid can cause menorrhagia while 68% also disagreed that menorrhagia is a well-known side effect of using a nonhormonal IUD. The result further revealed that 56% of the respondents disagreed that pregnancy complications may lead to menorrhagia, 74% disagreed that menorrhagia makes a woman to feel pain, 78% also disagreed that menorrhagia has a negative effect on a woman's quality of life while 57% of the respondents disagreed that menorrhagia is a heavy cyclical menstrual bleeding over several consecutive cycles.

Prevalence of menorrhagia among IUCD users

Respondents currently using IUCD

Fifty seven (57%) of the respondents are not using IUCD while 43 (43%) of the respondents are using IUCD.

How long respondents have been using IUCD

The question is not applicable to 57 (57%) of the respondents who are not using IUCD. However, 20 (20%) have been using IUCD between 4-6 years, 13 (13%) mentioned 1-3 years while 10 (10%) have been using IUCD for more than 6 years.

Distribution showing whether women in respondents' community use IUCD

Seventy three (73%) of the respondents mentioned that women in their community do not use IUCD while 27 (27%) of the respondents mentioned that women in their community use IUCD.

Whether respondents noticed bleeding after insertion if IUCD

Sixty seven (67%) respondents did not noticed bleeding after insertion of IUCD while only 33 (33%) of the respondents who uses IUCD noticed bleeding after insertion of IUCD. This is shown in table 4.4.4

What respondents did when they noticed the bleeding?

Thirty four (34%) respondents visited the clinic and 34 (34%) also did nothing when they noticed the bleeding after insertion of IUCD while 32 (32%) of the respondents used herbal concoction.

Duration of bleeding experienced

Fifty (50%) of the respondents had no response to the question, 27 (27%) mentioned that it lasted for a month while 23 (23%) also mentioned that it lasted between 2-3 weeks.

Knowledge of women on the treatment of menorrhagia associated with intra-uterine contraceptive device (cut 380a)

Revealed that 70% of the respondents agreed that essential menorrhagia can be treated medically or surgically. However, 80% disagreed that medical treatments include oral medication and LNG-IUS, 82% disagreed that surgical options includes mini-invasive surgery and hysterectomy while 84% also disagreed that only medical treatments are effective. The result also showed that 88% of the respondents disagreed that surgical treatment is more effective in women, 65% agreed that herbal

treatment is more preferable, 75% also disagreed that there are no treatments for menorrhagia while 65% of the respondents agreed that essential menorrhagia can be treated medically or surgically

Causes of menorrhagia associated with intrauterine contraceptive device (Cut 380A)

The computed cumulative responses in table 4.6 shows the causes of menorrhagia with 65% respondents who disagreed that sex causes bleeding (menorrhagia), 70% disagreed that excessive intrauterine bleeding at regular intervals due to IUCD is a cause, almost all the respondents 98% agreed that the copper use in intrauterine contraceptive device causes bleeding while 84% also agreed that sexual transmitted diseases cause bleeding.

Effect of intrauterine contraceptive device (Cut 380A) on the users

The cumulative responses in table 4.7 above revealed that 54% and 46% of the respondents experience mild and moderate level of itching while using intrauterine contraceptive device respectively. Thirty nine (39%), 35%, 16% and 10% of the respondents experienced mild, moderate, severe and very severe fainting as a result of bleeding (menorrhagia) respectively. Sixty eight (68%), 15%, 12% and 5% of the respondents experienced moderate, severe, mild and very severe level of dysmenorrheal during bleeding while using IUCD respectively. Forty seven (47%) and 53% also experienced moderate and mild discomfort during bleeding as a result of IUCD. The result also showed 50%, 24%, 16% and 10% of the respondents who experienced moderate, mild, severe and very severe bleeding in the 3 – 6 months of insertion of IUCD. Eighty (80%), 12% and 8% experience moderate, mild and very severe level of peperish sensation while using intrauterine contraceptive device respectively. Seventy eight (78%), 20% and 2% mentioned that the degree of anaemia experience as a result of menorrhagia is mild, moderate and very severe. The result also revealed that 77%, 18% and 5% of the respondents mentioned that the effect of financial implication in management of menorrhagia is mild, moderate and severe respectively. Sixty five (65%), 25% and 5% experienced mild, moderate, severe and very severe level of discomfort experience in association with others during exclusive bleeding (menorrhagia). Forty six (46%), 34%, 15% and 5% also experienced moderate, mild, severe and very severe level of anxiety during excessive bleeding (menorrhagia).

Perception of menorrhagia among IUCD users

The cumulative responses in table 4.8 above revealed that almost all the respondents 95% agreed that their health can withstand menorrhagia, 85% agreed that culture only treats heavy bleeding with herbal medicine, 97% agreed that excessive intrauterine bleeding is normal and can be treated with good hygiene, 90% agreed that excessive uterine bleeding has no cure, 88% also agreed that their religion encourages excessive uterine bleeding for purification while 97% of the respondents agreed that pre and post insertion counselling is important. The result also showed that 90% of the respondent agreed that client feel threatening when device string is felt, 51% agreed that IUD effectively prevents occurrence of pregnancy, 98% also agreed that IUD methods can cause permanent infertility while all the respondents 100% agreed that IUD is a major cause menorrhagia. The result further revealed that 100% respondents agreed that IUD damages the uterus, 51% have experienced heavy bleeding as a result of IUD, and 80% also agreed that IUD is not an effective birth control method while 79% of the respondents agreed that menorrhagia side effect of IUD is discouraging

Menorrhagia and quality of life perception of menorrhagia among IUCD users

The cumulative responses in table 4.9 above revealed that 57% of the respondents disagreed that menorrhagia improves the quality of life, 77% also disagreed that intake of adequate diet during excessive bleeding improves quality of life while 83% of the respondents disagreed that intake of multivitamin drugs improves quality of life.

Hypotheses testing

Hypothesis1: There is no significant relationship between perception of women and the use of intrauterine contraceptive device

Showing Chi- square of relationship between perception of women and the use of intrauterine contraceptive device

S = Significant

Respondents who had poor perception were likely not to use IUD ($P < 0.05$).

Decision: The null hypothesis stated above is hereby rejected since the calculated p - value is lower than 0.05 (that is 0.079), then it can be concluded that there is significance between perception of the respondents and the use of IUD.

Hypothesis2: There is no significant relationship between level of knowledge of women and treatment of menorrhagia

T-test of significant relationship between level of knowledge of women and treatment of menorrhagia

Respondents who had low knowledge about menorrhagia were likely to have low knowledge about treatment ($P < 0.05$).

Decision: The null hypothesis stated above is hereby rejected since the calculated p - value is lower than 0.05 (that is 0.067), then it can be concluded that there is significance relationship between knowledge of women and treatment of menorrhagia.

Hypothesis 3: There is no significant relationship between age of women and the use of IUD

Relationship between age of women and the use of intrauterine contraceptive device. Significant at 0.05

As stated in table 4.10.3, respondents who are older were more likely to use IUD ($P < 0.05$).

Decision: The null hypothesis stated above is rejected since the calculated p - value is less than 0.05(that is 0.047), then it can be concluded that there is significance relationship between age of women and use of IUD among the respondents.

There is no significant relationship between number of children and knowledge of menorrhagia

Relationship between number of children and knowledge of menorrhagia, NS = Not significant

As stated in table 4.10.4, respondents' number of children are not like to influence their knowledge about menorrhagia ($P > 0.05$).

Decision: The null hypothesis stated above is not rejected since the calculated p - value is greater than 0.05(that is .632), then it can be concluded that there is no significance between number of children of women and knowledge about menorrhagia.

Discussion of findings

Discussions of findings are based on research questions and the extent to which the general objective was met, the implication of the study and makes recommendation and suggestion for further research.

This study focuses on the assessment of the menorrhagia associated with intra-uterine contraceptive device (cut 380a) among women attending Idi-Ogungun Primary Health Care Centre, Ibadan North Local Government Area of Oyo State, Nigeria.

Socio-demographic characteristics of the respondents

Majority of the respondent (31%) were within the age bracket of 25-29 years and (29%) were above 35 years. This is in connection to the fact that these age group form part of the reproductive age because most of the women are still child bearing age women. This study equally reveal that majority of respondent (50%) were married, (54%) were Christians, (34%) were traders while majority of the respondents (43%) had secondary education. This is in agreement with a study conducted in Oyo State by Ajibade and Thomas, (2009) on mothers' interest on the use of IUCD, it revealed that most of the participants were between ages 25-39 years and majority were married. Full housewives, traders and artisans responded mostly to the questionnaire while majority of the participants also had primary and secondary education.

The modal ethnic groups of respondents were Yoruba (64%). This was not unconnected to the study setting. More so the study testifies to the fact that majority of the respondent (32%) had no income and most of the respondents (48%) got married between 19-24 years of age.

Assessment of menorrhagia associated with intra uterine contraceptive device

Majority of the respondent (79%) do not experience menorrhagia at regular interval. Most of the respondents (32%) have 26-30 days between each menstrual circle, (30%) also have 21-26 days between each menstrual circle. Majority of the respondents (65%) changed pads after menorrhagia every 8-9 hours, while (76%) of the respondents do not use more than one sanitary pad at the same. Respondents menstrual bleeding is moderate and mild respectively, most of them never had dysmenorrhea while (77%) and (57%) of the respondents did not get their underwear dirty before and after menorrhagia. However, (53%) and (56%) of the respondents have a female and relation that has had menorrhagia before. This is contrary to the study of Bahamondes, (1995) on "Use of IUD among women the Bahamas" he asserted that rates were higher in adolescents (and decreased with increased age), women with heavy menstrual flow, and women with a history of cramping pain (dysmenorrhea), with a 30% chance of repeat expulsion. This study addresses the issue of menstrual disruption in the normally menstruating woman. However, local application and impact of progestin on the endometrium is an important intervention for women who bleed too much due to age related changes of the endometrium or certain benign but problematic pathologic changes.

Knowledge on menorrhagia associated with IUCD

From the analysis of the study majority of the respondents (56%) claimed to have heard of family planning. This study equally reveals that (64%) of the respondents have not heard about menorrhagia, 57% disagreed to the statement that pelvic inflammatory disease is contraindication to IUCD use, 77% disagreed that dysfunction of the ovaries can result to menorrhagia, 83% disagreed that uterine fibroid can cause menorrhagia while 68% also disagreed that menorrhagia is a well-known side effect of using a nonhormonal IUD. The result further revealed that 56% of the respondents disagreed that pregnancy complications may lead to menorrhagia, 74% disagreed that menorrhagia makes a woman to feel pain, 78% also disagreed that menorrhagia has a negative effect on a woman's quality of life while 57% of the respondents disagreed that menorrhagia is a heavy cyclical menstrual bleeding over several consecutive cycles. From the results in this study, it can be deduced that respondents have low knowledge on menorrhagia associated with IUCD.

This is contrary to the findings of Rees (1987), Garry, (2004) and Shapley (2004). They all stated that menorrhagia affects women's quality of life and an important health care problem. Rees (1987), Livingstone and Fraser (2002) also asserted that menorrhagia may be the result of systemic or uterine disorder or iatrogenic causes. Systemic disorders include hypothyroidism and hematological disorders such as bleeding diatheses, e.g. von Willebrand's disease.

Prevalence of menorrhagia among IUCD user

Majority (57%) of the respondents are not using IUCD while other have been using it for 4-6 years, 1-3 years and above 6 years respectively. It also revealed that (33%) of the respondents who uses IUCD noticed bleeding after insertion. Having noticed the bleeding, majority of the respondents (34%) visited the clinic and 34% also did nothing when they noticed the bleeding after insertion, however 32 (32%) of the respondents used herbal concoction. This is in agreement with Hidalgo (2002) who asserted that the impact of suppression on menstrual blood loss in IUD users is notable within the first 2 months of use and sustained. In one single-center follow-up study, 25% of 250 women had irregular spotting as opposed to normal menses at 6 months post insertion, and 44% had amenorrhea. At 24 months, 11% of women continued to have irregular spotting and 50% of women reported amenorrhea. Two large multicenter randomized trials by Bavega (1989) and Sivin (1994) reported an amenorrhea rate of 17% at one year and 30% at 2 years. WHO (2012) also stated that across all of sub-Saharan Africa there is consistently low use: no country exceeds 3%. Causes of low use are apparently multiple: neglect of the method at the policy/program level, poor infrastructures and low clinical capacity, damaging rumors, female prejudices against an intrauterine foreign body, fear of infection or other complications, and either misinformed or reluctant providers. In any case, the universality of the IUD absence is striking compared to other regions.

Knowledge of women on the treatment of menorrhagia associated with intra-uterine contraceptive device (cut 380a)

A summary of the knowledge of women on treatment of menorrhagia was examined and 70% of the respondents agreed that essential menorrhagia can be treated medically or surgically. However, 80% disagreed that medical treatments include oral medication and LNG-IUS, 82% disagreed that surgical options include mini-invasive surgery and hysterectomy while 84% also disagreed that only medical treatments are effective. The result also showed that 88% of the respondents disagreed that surgical treatment is more effective in women, 65% agreed that herbal treatment is more preferable, 75% also disagreed that there are no treatments for menorrhagia while 65% of the respondents agreed that essential menorrhagia can be treated medically or surgically. From the above result, it can be concluded that respondents have low knowledge about treatment of menorrhagia. This is contrary to the study of Vuorma, (2003) and Wheeler et al. (2012) who asserted that essential menorrhagia can be treated medically or surgically. Medical treatments include oral medication and LNG-IUS. Surgical options include mini-invasive surgery (EA) and hysterectomy. The choice of treatment depends on personal choice of the woman, desire for future pregnancy and general health status. In addition, safety, efficacy, cost and availability of different treatment modalities affect which treatment is chosen. Guidelines for treatment of menorrhagia were released in Finland in 2005 (Current Care editorial office 2005, updated 2009), and two years later in the UK. Medical treatment is usually preferred as first-line treatment of menorrhagia by women and professionals according to NICE (2007) and Nelson (2010).

Causes of menorrhagia associated with intrauterine contraceptive device (Cut 380A)

From the analysis, majority 65% respondents disagreed that sex causes bleeding (menorrhagia), 70% disagreed that excessive intrauterine bleeding at regular intervals due to IUCD, almost all the respondents 98% agreed that the copper use in intrauterine contraceptive device causes bleeding while 84% also agreed that sexual transmitted diseases cause bleeding. From the results from this study, it can be concluded that respondents have average knowledge about the causes of menorrhagia. This is in agreement with Harrison-Woolrych (2003) who stated that it is difficult to estimate ease or difficulty of IUD insertion. Until recently most data regarding perforation and expulsion of the IUD were collected in expert centers and were specific to the copper IUDs. With increasing introduction and uptake, new data demonstrate not only the risk of both with the LnG IUD but also the risk of complications associated with the resulting intra-abdominal location, once thought to be of much less concern than with the copper IUDs. However, more like the copper bearing IUDs, the LnG IUD continues to release progestin following perforation and presents a problem.

A recent retrospective study from the Netherlands by Van Houdenhoven, (2006) reported a perforation rate of 2.6/1,000 LnG IUD insertions. Previous studies of uterine perforation related to several of the copper bearing IUDs estimated the incidence of perforation of 1 per 1,000. Risk factors for perforation include the experience of the provider however it seems that perforation is less likely to occur if a withdrawal rather than a push out technique (as is the case with the Mirena LnG IUD) is used.

Effect of intrauterine contraceptive device (Cut 380A) on the users

From the analysis, majority 54% and 46% of the respondents experience mild and moderate level of itching while using intrauterine contraceptive device respectively. Thirty nine (39%) of the respondents experienced mild fainting as a result of bleeding (menorrhagia) respectively. Sixty eight (68%), of the respondents experienced moderate level of dysmenorrheal during bleeding while using IUCD. Forty seven (47%) and 53% also experienced moderate and mild discomfort during bleeding as a result of IUCD. The result also showed 50%, of the respondents who experienced moderate, bleeding in the 3 – 6 months of insertion of IUCD. Eighty (80%), experienced moderate level of peperish sensation while using intrauterine contraceptive device. Seventy eight (78%) mentioned that the degree of anaemia experience as a result of menorrhagia is mild, 77% of the respondents mentioned that the effect of financial implication in management of menorrhagia is mild. Sixty five (65%) experienced mild level of discomfort experience in association with others during exclusive

bleeding (menorrhagia). Forty six (46%) also experienced moderate level of anxiety during excessive bleeding (menorrhagia).

This is in line with Backman (2005) and Lyytinen. (2010) stating that the most frequent adverse effect (around 10-15% of users) is unscheduled erratic menstrual spotting, which usually occurs during the first 3-4 months following LNG-IUS insertion. He also stated that irregular bleeding is the most common adverse effect. Some women experience hormonal side effects, pain and mood changes. An increased incidence of ovarian cysts (10%-20% of users) is reported in women using LNG-IUS. Uterine perforation is a rare complication, but expulsion rates seem to be higher among menorrhagia patients than in the general population of LNG-IUS users.

Perception of menorrhagia among IUCD users

Majority of the respondents 95% agreed that their health can withstand menorrhagia, 85% agreed that culture only treats heavy bleeding with herbal medicine, 97% agreed that excessive intrauterine bleeding is normal and can be treated with good hygiene, 90% agreed that excessive uterine bleeding has no cure, 88% also agreed that their religion encourages excessive uterine bleeding for purification while 97% of the respondents agreed that pre and post insertion counselling is important. The result also showed that 90% of the respondent agreed that client feel threatening when device string is felt, 51% agreed that IUD effectively prevents occurrence of pregnancy, 98% also agreed that IUD methods can cause permanent infertility while all the respondents 100% agreed that IUD is a major cause menorrhagia. The result further revealed that 100% respondents agreed that IUD damages the uterus, 51% have experienced heavy bleeding as a result of IUD, and 80% also agreed that IUD is not an effective birth control method while 79% of the respondents agreed that menorrhagia side effect of IUD is discouraging. From this result, it can be concluded that respondents have poor perception. This is in agreement with Brandsborg (2008) who asserted that the mechanisms of chronic postoperative pain are poorly understood, but nerve damage during surgery or a continuous inflammatory response, or both, may lead to an altered pain perception. He also stated that perception of menorrhagia is subjective and management usually depends upon what symptoms are acceptable to an individual. However, Kuh and Stirling (1995) agreed that some cultural influences have been found to determine whether or not a woman will seek medical care for menorrhagia, including her status in the society.

Quality of life among IUCD

Majority of the respondents 57% disagreed that menorrhagia improves the quality of life, 77% also disagreed that intake of adequate diet during excessive bleeding improves quality of life while 83% of the respondents disagreed that intake of multivitamin drugs improves quality of life. This is in line with Shapley (2004) who asserted that menorrhagia affects women's quality of life and an important health care problem. Coulter et al. (1994) also corroborates the study stating that menorrhagia markedly interferes with daily activities and impairs the quality of life (QoL) of affected women.

There is no significant relationship between perception of women and the use of intrauterine contraceptive device

This study shows that there's significant difference between perception of women and the use of intrauterine contraceptive device. This was rejected. This is in consonance with the study of WHO (2012) which states that across all of sub-Saharan Africa there is consistently low use: no country exceeds 3%. Causes of low use are apparently multiple: neglect of the method at the policy/program level, poor infrastructures and low clinical capacity, poor perception, damaging rumors, female prejudices against an intrauterine foreign body, fear of infection or other complications, and either misinformed or reluctant providers.

There is no significant relationship between level of knowledge of women and treatment of menorrhagia

Respondents who had low knowledge about menorrhagia were likely to have low knowledge about treatment. This result showed that there is significance relationship between knowledge of women and treatment of menorrhagia and so the null hypothesis stated above is rejected since the calculated P

value is less than 0.05 ($P < 0.05$). This is line with Fraser (2002) who stated that low knowledge about menorrhagia may affect the response to treatment.

There is no significant relationship between age of women and the use of IUD

Respondent who are older were more likely to use IUD. The null hypothesis stated above is rejected since the calculated p - value is less than 0.05 (that is 0.047). This is in consonance with the WHO (2012), stating that few countries exceed 4% using IUDs, including the highly populated countries of India, Bangladesh, and Pakistan. The reasons differ greatly and it's associated to low clinical capacity, age and ignorance. Broadly, adoption rates are very low. Therefore there is significance relationship between age of women and use of IUD among the respondents

There is no significant relationship between number of children and knowledge of menorrhagia

Children are not like to influence their knowledge about menorrhagia with a P value of 0.632 which is greater than 0.05. This null hypothesis is not rejected. This is agreement with Adekunle and Adaeze (2013) in a study on family planning and knowledge of child bearing age women which stated that number of children of mothers had no significant influence on mothers; knowledge on menorrhagia.

Summary

This study was carried out at Idi-Ogungun primary health centre Ibadan North LGA, Oyo State. 100 questionnaires were administered. Using a structured questionnaire on the assessment of menorrhagia associated with intra-uterine contraceptive device (cut 380a), the study reveals that the respondent has poor knowledge about menorrhagia associated with intra-uterine contraceptive device (cut 380a), there was poor knowledge on the treatment and poor perception on the use of IUCD. However, necessary step need to be taken to implement programs that educate mothers on these poor knowledge

More so education and sensitization programmes would assist immensely in reducing the rate of mortality as a result of inappropriate attention to women's health.

Recommendations

Based on the findings of the study the following recommendations were suggested;

- Mothers should be educated more on the poor perception on the use of IUCD for family planning
- Sensitization campaign should be organized by health workers to equipped mother in their community with adequate information on menorrhagia
- Government at the local, state and federal level should make necessary provisions that will increase the well-being of mothers in Nigeria
- Policy makers should create a law that will make family planning services available free of charge for all women of reproductive age in Nigeria.
- Mass mobilization of the public on the causes and effect of menorrhagia among mothers.
- Governments at local and state level should partner to create more awareness at the grass root, and the partnership should involve faith based organizations and traditional leaders.

Conclusion

According to the findings of this study utilizing Idi-Ogungun primary health centre Ibadan North LGA, Oyo State, most women have low knowledge and poor perception towards menorrhagia and use of IUCD. It can also be said that lack of proper interventions by health care centres and family planning providers contributed to the low knowledge and poor perception among mothers at Idi-Ogungun primary health centre Ibadan North LGA, Oyo State.

Hence, low knowledge and poor perception coupled with low knowledge on the causes and effects of menorrhagia may result to increased death rates among mothers in this community. In conclusion result of this present study connotes that women were not knowledgeable about menorrhagia. Therefore health care providers should establish a programme that will keep mothers informed about their health and how they can prevent certain diseases.

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