Does Age Influence Knowledge and Attitudes about Intrauterine Devices?

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Does Age Influence Knowledge and Attitudes about Intrauterine Devices?

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Background

• Intrauterine devices (IUDs) are considered “top tier” birth control, including for adolescent and nulliparous women.
• Usage in the U.S. has increased but lags far behind that of other similar countries.
• Barriers to IUD usage include patient attitudes and lack of education, both of which fuel persistent misinformation and lack of awareness.
• Disparities in contraceptive knowledge by age and race and in contraceptive use by race and ethnicity have been previously documented.
• There have been no published studies to date looking at the attitudes patients have about IUDs depending on age.

Objective

• Primary objective: Are there differences in attitudes and beliefs about IUDs based on age?
• We hypothesized that older women may be more familiar with the negative outcomes of earlier models of the IUD and therefore may hold more negative attitudes toward IUDs.

Materials and Methods

• We investigated women’s attitudes through a paper survey completed privately and anonymously.
• Recruitment occurred by approaching all women in the Thomas Jefferson OB-GYN outpatient office from June 13 – July 18, 2016.
• Exclusion criteria:
  • No English
  • <14 years old
  • Previously completed
  • Declined
• Survey Questions:
  • Sexual, contraceptive, and obstetric history
  • Socioeconomic questions
  • Familiarity with and feelings about IUD
  • Statements to agree/disagree with on a 5-point Likert scale, gauging opinions and accuracy of knowledge about IUD (see Figure 1)

Results and Discussion

• Response Rate: 38% (521 surveys/1366 individual women approached)
• Overall IUD usage in sample:
  • 25% of sample had used an IUD (110/445), and 66% of those had a positive experience (73/110)
  • 43% felt IUD was reliable (181/421)
  • Mean self-reported IUD knowledge: 5.5 (on 1-10 scale)

Figure 2 (below): Demographics of Respondents

<table>
<thead>
<tr>
<th>Age</th>
<th>n (%)</th>
<th>Race</th>
<th>n (%)</th>
<th>Education Level</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>14-20</td>
<td>26 (5%)</td>
<td>White</td>
<td>231 (46%)</td>
<td>Grade school</td>
<td>17 (4%)</td>
</tr>
<tr>
<td>21-34</td>
<td>296 (58%)</td>
<td>Black</td>
<td>212 (42%)</td>
<td>Some HS/GED</td>
<td>99 (19%)</td>
</tr>
<tr>
<td>35-50</td>
<td>125 (25%)</td>
<td>Asian</td>
<td>35 (7%)</td>
<td>Any College</td>
<td>279 (54%)</td>
</tr>
<tr>
<td>&gt;50</td>
<td>61 (12%)</td>
<td>Other</td>
<td>26 (5%)</td>
<td>Any Graduate School</td>
<td>120 (24%)</td>
</tr>
</tbody>
</table>

Figure 3 (below): Before accounting for confounding factors, five survey outcomes, including two Likert scale statements, appeared to differ among age groups with statistical significance.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>14-20 (n=294)</th>
<th>21-34 (n=301)</th>
<th>35-50 (n=125)</th>
<th>&gt;50 (n=61)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-reported knowledge</td>
<td>3.4 (+/- 2.59)</td>
<td>3.6 (+/- 2.58)</td>
<td>3.3 (+/- 3.05)</td>
<td>3.0 (+/- 3.05)</td>
<td>.024</td>
</tr>
<tr>
<td>Ever used IUD</td>
<td>Y - 0 (5%)</td>
<td>Y - 0 (5%)</td>
<td>Y - 0 (5%)</td>
<td>Y - 0 (5%)</td>
<td>.009</td>
</tr>
<tr>
<td>IUD reliability</td>
<td>1-3 (20%)</td>
<td>1-3 (20%)</td>
<td>1-3 (20%)</td>
<td>1-3 (20%)</td>
<td>.025</td>
</tr>
<tr>
<td>&quot;IUD insertion requires surgery&quot;</td>
<td>D - 8 (53%)</td>
<td>D - 7 (39%)</td>
<td>D - 6 (48%)</td>
<td>D - 3 (50%)</td>
<td>.046</td>
</tr>
<tr>
<td>&quot;Hormonal birth control is safe and effective.&quot;</td>
<td>A - 2 (13%)</td>
<td>A - 2 (13%)</td>
<td>A - 2 (13%)</td>
<td>A - 2 (13%)</td>
<td>.012</td>
</tr>
</tbody>
</table>

Conclusions and Next Steps

• We found no significant differences in what women think or know about IUDs based on age.
• Study limitations include voluntary nature of the survey and use of the Jefferson OB-GYN waiting area as representative of the population at large (the question of external validity).
• If attitudes about IUDs differ, perhaps specific contraception counseling interventions can be created to target these beliefs.
• Areas for further research within survey data include investigations into several possible significant differences between black and white respondents, as well as survey results related to provider trust, sources of birth control information, and health literacy.

References