

Phenomenology: Exploring Women's Experiences of First Time IUD Insertion

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Purpose: This study aims to explore Indonesian women's experiences of first-time IUD insertion.

Method: This study using phenomenological approach. Three Javanese women who lived in Malang Indonesia were interviewed using an unstructured process and the women's native language was utilized. Soon after the interview, transcripts were translated from Indonesian into English, and phenomenological analysis of data was used.

Result: The results revealed one major and three minor themes and identify embarrassment as the major contribution to women's feelings of powerlessness. These feelings emerged because women experienced a lack of privacy during the insertion procedure. Women are vulnerable especially when there is no support received while facing a stressful medical procedure.

Conclusion: Women need assistance from the health staff in order to deal with this traumatic experience. This improvement will includes the enhancement of clinic staff communication skills, the enrichment of health practice in providing better service and the upgrading of health policy that focuses on nurses/ doctors' attitudes to give women-centered care.

Key words: phenomenology, women, IUD insertion

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Introduction

Some women choose an IUD over other methods and repeatedly have IUDs inserted during their reproductive life. However, the choice concerning subsequent contraception may be linked to their experience during the first encounter with any contraceptive method. This may especially hold true for first-time IUD users. Although dated, Chi, Wilkens, Siemens, and Potts (1987) found that personal distress, embarrassment, inconvenience, and unforeseen events relating to IUD insertion may lead to the rejection of IUDs and/ or women's hesitation to use an IUD as their method of contraception. Chi's study (1987) describes the factual situation experienced by women during the insertion procedure whereas others look at the women's views of the IUD usage and safety issues. In addition, in the researcher's experience as an intern at Indonesian Women's and Children's Hospital, she observed that wanita (Indonesia for women) were frequently afraid (of) and appeared self-conscious, uncomfortable, and sometimes ashamed during the IUD insertion procedure because of their lack of contraceptive information. The focus of this study is essential in the women themselves and their experience (s) as first time users of an IUD. The aim can be stated as the exploration of the lived experiences of women experiencing the insertion of an IUD for the first time in Malang Indonesia.

Method

This research design used the six steps of van Manen's (1990) hermeneutic phenomenology. The potential participants were selected using the following criteria: women who had not previously has an IUD as their contraceptive method and women who had experienced first time IUD insertion less than 1 month previously. This study explores three women who lives in Malang, East Java around December 2008.

Data analysis

The researcher listened and re-listened to the recorded interview more than once and identified basic themes. This activity is an important aspect of phenomenological study. Soon after the interview transcript was translated from Indonesian into English, analysis of the data commenced. These procedures were followed in order to minimize the loss of data/ theme through language differences. In addition, the certified translator was used to do double check. The analysis continued when the English transcripts were further explored by the researcher's supervisors. Then, the writing process started. During the writing process, the researcher found other minor themes emerged from the re-listening activities, and hence, the researcher re-wrote the themes until they were complete. All participants' language are presented as spoken and directly translated into English. The transcripts are not corrected as it's usual in academic writing as this might alter the intent of the participants' stories.

Result

Feeling of embarrassment

The embarrassment generated by this experience (s) for these women was devastating.

Mrs. A describes this as:

"I was so embarrassed. I did not expect the doctor to be male..."

These women's feelings of embarrassment have their foundation in the minor themes contributing to the overall experience. Their embarrassment emerged as a manifestation of their religious and cultural beliefs, and the insecurity of their modesty and privacy. The minor themes of *religion, exposure, strangers, and lack of privacy* are considered in the next section.

Religion. In terms of religious concern, all participants were Muslim and their religious beliefs influenced their thoughts and feelings when they were having the first IUD insertion. They were embarrassed as well as feeling guilty to God and their husband.

“Actually it is very bad. Islam warns women [not] to expose their body in front of another person except their husband” (Mrs. B)

One participant knew that IUD insertion is embarrassing and was in conflict with her religion but she accepted IUD insertion without concern about the doctor's sex because she and her husband believed that the doctor's knowledge and skills are more important than their sex.

“Based on my religion, we should choose female doctors or nurses if women want to have health services because it is related to women's bodies...[However] we agreed that knowledge and skills are more important than the doctor's sex” (Mrs. C)

Exposure. Two participants experienced distress and embarrassment during their first IUD insertion because of the unlocked door and the short blanket.

“Something that always was in my mind and made me nervous and scared was the unlocked door...If someone comes into the insertion room without any permission while my genitals were exposed, it would be very embarrassing” (Mrs. B)

Strangers. Exposing their genital area to someone else made all participants experience embarrassment.

“Of course I felt embarrassed even though I opened my genitals in front of women. I realized that I needed midwives to insert the IUD into my body” (Mrs. B)

Lack of privacy. Two participants experienced distress and embarrassment when people entered and left the IUD insertion room without permission.

“It was the women that always supported me during the insertion procedures, except for the midwife. She came in without knocking on the door, just came in without any permission...” (Mrs. B)

Discussion

Chi, Wilkens, Siemens and Potts (1987) mentioned embarrassment as an experience for women during the insertion procedure. However, Chi's study did not explore the source of the women's feelings therefore the reason behind the women's feeling of embarrassment was not identified. This present study found *embarrassment* as a central theme with four minor themes: *religion, strangers, exposure* and *lack of privacy*. These key themes, as the source of the women's embarrassment, are closely linked to the nature (to do with reproduction) and the foundation (religion and culture) of women's beliefs. This central theme consists of mixed ideas; some ideas that have not previously been presented in the literature and some ideas support these from the previous studies. The explanation of the women's feelings of embarrassment will be presented below.

Religion and culture

Religion has not previously been highlighted as an issue. However in this study the three participants were Muslim women. Therefore, it became a focus during the interviews. The Islamic rules *Al Ahzab (Qur'an 33:59)*; *An Nur (Qur'an 24:31)* prescribe that Muslim women should protect their adornment and their body should not be displayed to others except to those who are mentioned in the Qur'an. These rules influence women's thoughts when they have to face the insertion procedure during which the woman is required to expose her intimate body to others. Actually, in terms of family planning and contraception, the Holy

Quran or *Shariah*, does not prohibit birth control; therefore the greater part of Islamic jurists believe that family planning is acceptable in Islam (Roudi-Fahimi, 2004). Moreover, the Indonesian Islamic leaders also give their permission for an IUD to be used as contraceptive method, even though they make some exceptions regarding who can insert the device (Sciortino, Natsir&Mas'udi, 1996).

As contraception is acceptable by the Islamic beliefs, the feeling of embarrassment experienced by the participants occurred as women still hold to their cultural values and their religious beliefs. Their religious beliefs influenced their thoughts and behaviors in relation to their daily activities including their roles as a part of society.

One of the participants, *Mrs. C* knew that IUD insertion would be embarrassing. The need to expose her body to others without consideration of her privacy was in conflict with her religion but she took the procedure without concerning the doctor's sex because she and her husband believed that the doctor's knowledge and skills to be more important. *Mrs. C* lived in a small village in Indonesia where there is limited number of health workers eligible to perform an IUD insertion. Often this may mean that only a man (male doctor) is able to conduct the procedure. Although it seems impossible to provide a female health provider to perform an IUD insertion procedure but continual training of how to insert IUD to the health workers may improve the clinic's staffs skills related to this procedure. The health care professionals should take this action into consideration the issue of gender in providing care and to give better quality services to women. The establishment of a family planning clinic which is run by women is recommended as female providers may more easily understand the women's feelings than male providers. It is also suggested that the Indonesian health department should consider the importance of skilling up health providers in the rural area.

In line with this minor theme which is religion, it should be considered the relationship between this study finding and the terms of intentionality in the phenomenology inquiry. As van Mannen (1997) defined intentionality as “the inseparable connectedness of the human being to the world” (p. 181), women are allied with the world by their religious and cultural beliefs. This study's findings show that women feel embarrassed during the IUD insertion procedure, their feelings are influenced by the rules that exist in their lived world. They are linked to their beliefs. Therefore these values control every life event.

Exposure

The nature of the insertion of an IUD requires a certain amount of exposure as with any gynaecological procedure. This exposure is especially concerning for the participants given their religious and cultural heritage. *Mrs. B* told how she felt ashamed during the procedure when she knew that the room was unlocked. *Mrs C* also had similar feelings when her lower body was exposed for more than five minutes because of the short blanket and the nurses did not protect her privacy. These women felt ashamed and at the same time upset and angry because their feelings were disregarded. They wanted to declare their right as a patient but their cultural beliefs to respect the superiors' order inhibited them. These women felt they should obeying the provider's rules and accepting their own lack of dignity which led them to feel powerless to speak out about their rights.

Strangers

The impact of *strangers* has not previously been seen in the literature. This finding emerged because of the presence of others, not the women's husband, to whom women have to expose their body in the insertion room. Women felt embarrassed even when they had to expose their body in front of another woman such as female doctor, nurse or midwife because they saw them as strangers in the insertion room. Therefore, when one of the participants, *Mrs. A* experienced the procedure with male doctor, she felt not only embarrassed but also

devastated since *Ana* had not considered this possibility. In addition, *Mrs C* and *Mrs B* felt ashamed when suddenly someone came into the room in the middle of procedure. As this insertion procedure is involving women's intimate body there is no excuse for other people to enter the room at that time. Women are vulnerably and cannot do anything in relation to decision making especially when it is related to the health policies. What they can do is only comply with the present policy without considering their own thought and feelings.

Lack of privacy

A woman's modesty and privacy are an important issue since lack of it can be devastating to a woman. One of this study's participants, *Mrs. C* said that she felt so embarrassed as well as angry when suddenly a male laboratory officer came, without any permission, into the insertion room during the procedure. Similarly, *Mrs. B* also felt embarrassed as well as upset when the midwife's assistant came into the room without knocking on the door. Given the themes already discussed it is not difficult to understand how these women felt, ignored by others in what was for them a stressful condition. Therefore, this is a significant finding in this study. Indeed, when the women's modesty and privacy is ignored they may well refuse to seek any health services in particular to contraception in the future because the role of women in the family planning program is essential. Once women's modesty is shattered they will decline to participate in any contraception program (Creel et al., 2002) and hence reduce the acceptability of family planning program in general. This has the potential to place some woman at risk.

This study's finding is supported by Gupta's study (2001) of women's first experience of pelvic examination. Gupta found one important aspect of internal examination is having an uninterrupted examination and the presence of others in the examination room was not expected by any women. Therefore, it is argued that the importance of keeping women's modesty and privacy secured should be taken as the primary consideration by the health care

professionals. The quality of care framework offered by the International Planned Parenthood Federation (IPPF) that protects a family planning client's rights is crucial. Health professionals should not disregard women's rights as these are related to the basic human rights offered to all people.

It is essential to educate the nurses on what women need based on these findings, not the usual - what nurses think the women needs. Moreover, introducing the IPPF values in relation to the family planning client's rights and the privacy-related issue of vaginal examination to student nurses' are crucial as the earlier nurses get the information from their school the more they preserve that information in their mind. Hopefully, they would be applying it in the practice soon afterwards. It is recommend using the notions of this study in the content in nursing courses, both in-class teaching and clinical placement in order to give nursing students more understanding in relation to empowerment of women particularly regarding contraception and family planning. Further, the health care centre should have routine training or a course regarding the health professionals' abilities in performing invasive procedure regarding contraception.

It is the role of health care providers to offer a quality service to women, it is suggested that the health care providers train more female nurses to insert the device and also increase the support for females entering medicine, to provide an approach which would be more women to women centred care. Nurses should be trained in the IUD insertion procedure and techniques so that nurses could perform the procedure in the wider range of health service facilities where sometimes there is an absence of doctors.

As the women in this study, women mentioned the presence of nurses that come in and out the insertion room and the pharmaceutical salesman that interrupt the health provider-patient consultation time particularly during the actual procedure. This study finds this unacceptable and suggests the health providers make a strict rules related to the presence of

doctors, nurses/ midwives in the examination room, and direct the pharmaceutical salesman's schedule to times outside of patient care appointments. This is part of the nurses' role as the patient advocate. A simple sign like "do not enter" or "knock and wait" would reduce the need for people to enter the room.

It is suggested by this study that to reduce the women's sense of powerlessness regarding contraception, a mutual collaboration between the Indonesian government and health care providers in providing policies and facilities that ease women to seek information and get health services nationally would be beneficial to the program. Moreover, the role of gender equity is also important, in order to promote an understanding of the equal status of men and women in all aspects of life, including their various roles in managing the health and their well-being, their family and the community, such consideration must still pay regard to religious beliefs. The presence of women's husbands during the procedure could be considered as a way of gaining the husbands' support and may help women to cope with this traumatic situation.

In regards to women's modesty and privacy, women in this study suggest the health care professionals respect and protect them during this intimate IUD insertion. Moreover, since all of these participants are Muslim, the health care provider should give special care to them cognisant of their religious beliefs and practices. For that reason, the researcher suggests the health care providers consider these religious and cultural considerations in their practices. Women's beliefs should be respected and taken into consideration during any medical procedures that involves the exposure of a women's body.

Conclusion

This research has been shown that women's feeling of embarrassment during this medical procedure is not tolerable in term of women's feeling of their right as a human being. Women's experiences and feeling of vulnerability relate to exposure and lack of respect and privacy and are devastating to the women's perception of how things should be and how they should be treated. No one wants their right to be ignored, thus keeping the women's modesty and privacy secured is paramount as it could contribute to the women's part in the success of the contraceptive program.

Thus, this research concludes that there appeared to be no security for these women. It is harmful enough when other health care workers entered the room but the pharmaceutical salesman also interrupted the provider-patient consultation time. It seems not difficult to understand how this can create embarrassment and result in these women feeling powerless.

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