MEDICAL CHANNEL

Original Article

CONTRACEPTION MYTHS IN WOMEN ATTENDING A TERTIARY CARE HOSPITAL

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ABSTRACT:

Background: Throughout history, regardless of their culture, women have tried to avoid unwanted pregnancies by using more or less reliable method however most cultures have certain myths based upon rumors without any medical or scientific proof, which are often linked to taboos.

Material and Methods: This was an observational study which was carried out over the duration of 4 weeks i.e. from 30thSeptember 2011 to 28th October 2011 at Outpatient department of Civil Hospital Hyderabad.Total numbers of participants were 280. All the married women of reproductive age group were included in the study and those who are single and who are already practicing oral contraceptive pills were excluded from the study.

Results: The majority of women were between the age group of 15-29 years(50.7%) while 49.2% of the sample was between the age group of 30-45 years.

Among 280 women, 176(62.8%) were educated and 104(37.1%) were illiterate. Majority of educated women (103) got secondary education. 46 women received primary education while only 27 women were graduated. 144(81%) educated women and 100(96%) uneducated women believes in misperceptions about OCPs.160(57.1%) women belong to urban while 120(42.8%) women belong to rural areas.

Conclusion: We should educate and empower women to make informed choices about their reproductive health, and reaffirm our shared values: healthy women, healthy families, and a healthy environment.

Keywords: Contraception, pregnancy, healthy women

INTRODUCTION

Contraception is of paramount importance to many women of all ages, but there are many myths and misconceptions circulating about how method works and what are the side effects. A study of 55 women, reveals that women do not end up with the best form of birth control for them due to false beliefs and fears.[1]Despite massive campaign by different health sectors in the government regarding contraceptive methods many women are still reluctant to respond the call.[2] There are still myths that are associated with contraception. Some of these tales may seem really weird or even out of whack, but there is a need to address even the most common ones so that unwanted pregnancy can be prevented.

Pakistan's estimated population in 2011 is over 187 million making it the world's sixth most populous country behind Brazil and ahead of Bangladesh[3]the main contribution to rapid population growth in the recent past is most definitely high fertility. This alarming growth rate is causing immense pressure on head of the families who are to support them. Given that about 40% of the population is already living under poverty

line and 5.6% of the population unemployed, the ever growing population of Pakistan is just adding to the problems of the already under pressure nation.[4]

The contraceptive prevalence rate(CPR) as reported by Pakistan Demographic health survey 2006-7, is around 30%.CPR is the lowest in Baluchistan(14%) and the highest in Punjab(33%). [5]

Women in urban areas are almost twice as likely to use contraception as women in rural areas. Other factors positively influencing use, included women's level of education, urban location, husband's education, and socioeconomic status and number of living children. [6]

RATIONALE AND OBJECTIVE:

This study is carried out to determine the existence of various myths regarding oral contraceptive pills (OCPs)in women so that they can be clarified and women could be more educated about this contraceptive choice to prevent the unwanted pregnancies and effective measures could be taken to increase the contraception practices in our country.

MATERIAL AND METHODS

This was an observational study which was carried out over the duration of 4 weeks i.e. from 30thSeptember 2011 to 28th October 2011 at Outpatient department of CivilHospital Hyderabad.Total numbers of participants were 280. All the married women of reproductive age group were included in the study and those who are single and who are already practicing oral contraceptive pills were excluded from the study.

A questionnaire developed by the research team was distributed to women. The questionnaire contained 10 questions and comprises of 2 major sections including 1) demographic information of the sample; and 2) level of myths and false beliefs regarding the oral contraceptive pill. Data was entered and analyzed by using the SPSS version 14 and simple frequencies and percentages were drawn.

RESULTS

The majority of women were between the age group of 15-29 years(50.7%) while 49.2% of the sample was between the age group of 30-45 years.

Among 280 women, 176(62.8%) were educated and 104(37.1%) were illiterate. Majority of educated women (103) got secondary education. 46 women received primary education while only 27 women were graduated. 144(81%) educated women and 100(96%) uneducated women believes in misperceptions about OCPs.160(57.1%) women belong to urban while 120(42.8%) women belong to rural areas.

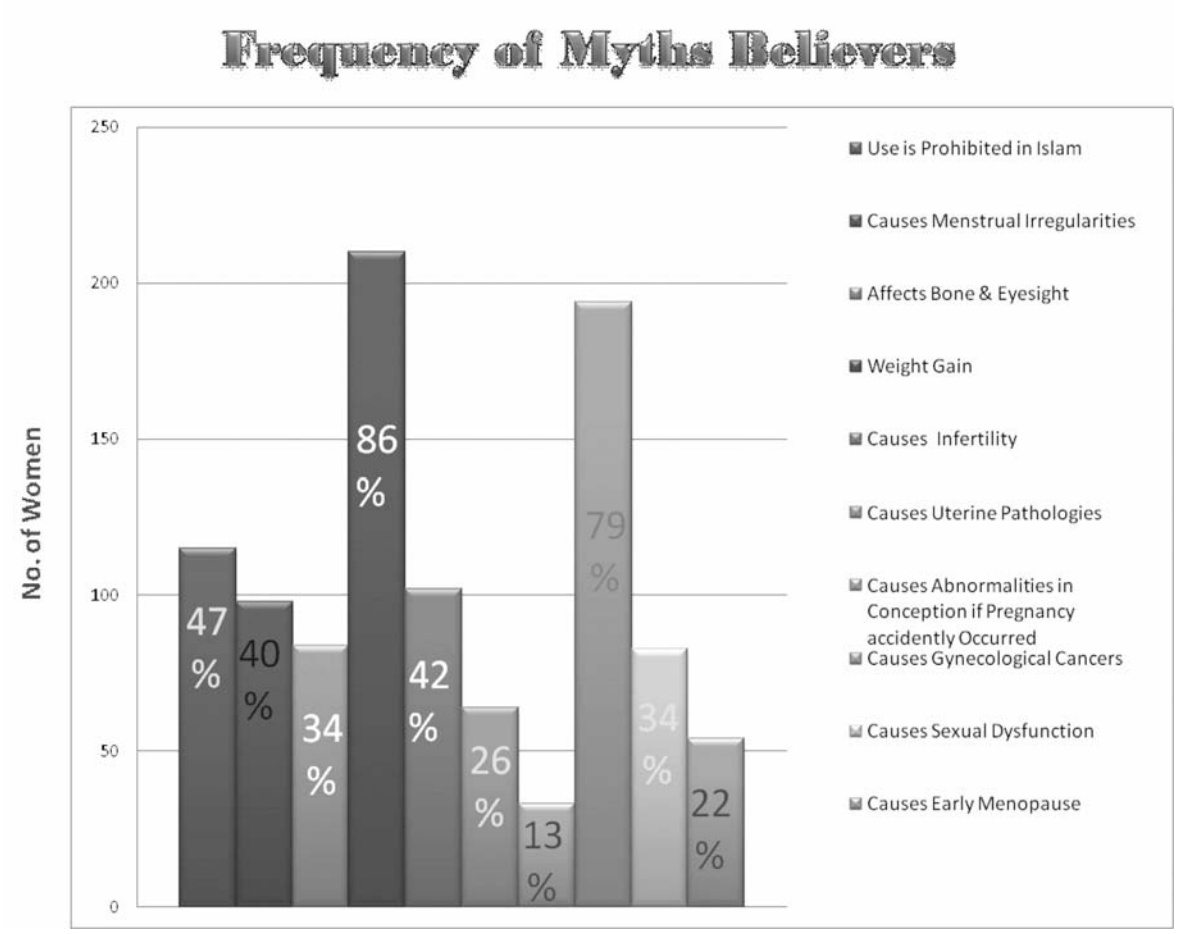
Among the sample size, 244 women believes in myths. The frequencies and percentages for the total population for each applicable myth question were calculated. Most common myths

DemographicData

Age Group	No. of Women & Percentage	No. of Women Believe in Myths & Percentage
15-29 Years	142 (50.71)	119 (83.80)
30-45 Years	138 (49.29)	125 (90.6)
Total	280	244

Literacy	No. of Women & Percentage	No. of Women Believe in Myths & Percentage
Educated	176 (62.86)	144 (82.76)
Uneducated	104 (37.14)	100 (96.15)
Total	280	244

Residency	No. of Women & Percentage	No. of Women Believe in Myths & Percentage
Rural	120 (42.86)	118 (98.33)
Urban	160 (57.14)	126 (78.75)
Total	280	244



were weight gain (86%) and association of certain gynecological cancers(79.5%) with the pill however the least common myth was that the pill causes abnormalities in the conception if pregnancy accidently occurs during its use(13.5%). Apart from this 40% women believes that they causes menstrual irregularities, 42% believed that they affect future fertility and 34% believed that they affect the sexual performance also.

DISCUSSION

Oral contraceptive pills are one of the best studied medications available, with over 50 years of data backing up their safety and effectiveness.[7] Despite this, myths and misperceptions about these medications are prevalent and particularly the young people underestimate the effectiveness and overestimate the sideeffects associated with contraception.[8]

Findings of my studies show that rumors about the side effects of hormonal contraceptive were the main barriers to their use and were wide spread among many women. As the present study shows that young women have less believes in myth, this may be associated to more orientation of young women with mass media in today's world and probably high level of literacy rate now a days. As in this study it is evident that the literacy affects the presence of misconceptions because they found more common in the uneducated sample size. This statement is in contrast to 1993 Gallop survey, which shows that highly educated women were just as likely to associate OCPs with substantial risk as less educated women.[9]Also another study by Bryden et al shows that an educated sample of women is relatively uneducated about OCPs benefits and risk.[10]

Present study shows that women belong to rural areas have false believes more in contrast to urban women. Possible factors behind it could be low literacy rate, less awareness, low contraceptive prevalence and probably reduce access to health care providers who can clarify these misconceptions. In this study almost all women believes in more than one myth.

The commonest myth observed in the present study was the association of weight gain with the OCP as 86 % women believes in this. This is in comparison to a study conducted at Jinnah Hospital Lahore where 78% of the study population associates weight gain with the pill use.[11]Estrogen in the pill causes water retention while progestin increases the appetite, resulting in weight gain, however this effect can be reduced by switching to a lower dose pill.[12] Also studies shown that women often begin using the pill during a time of life that happens to coincide with weight changes, giving the pill an unfair reputation for causing weight gain.[13]

Another common myth observed in the study was an increase risk of certain gynecological cancers among the pill users. This misconception has been shown over and over again, in research, to not be true. A 1993 Gallop poll conducted for the American college of Obstetrician and Gynecologist found that 65% of patient believes oral pill use to be at least as dangerous as pregnancy[14]and

29% of women believed that cancer, in general, were a risk associated to OCPs use.[10]Another study also stated that the leading perceived risk of OCPs use was cancer.[9]

It is probably observed because the mass media is focusing more on the side effects of OCPs and even some health professionals may have handed down their misperception totoday's potential users. for example the American Life League has claimed that birth control pill "kill women" and "can also cause cancer, pelvic inflammatory disease, depression and much more", grossly mischaracterizing the risk of birth control.[15]

The pill actually has a protective effect against certain types of cancers. Women who use the pill are 1/3 less likely to get ovarian or uterine cancer than those who don't use it. Protection against these cancers increases with each year of use and can last up to 30 years after ending the pill use.[16]someexperts'advice that all women use the pill for at least 5 years, solely for ovarian cancer protection particularly those women who have strong family history of ovarian cancers. [14]

A study conducted in 2010 found that users of oral contraception had significantly lower rates of death from all cancers compared with women of similar age not using oral contraceptive.[17]

OCP reduces the risk of endometrial cancer by 50% with protective effects that lasts forup to 20 years.[16] There also appears to be evidence that pill use can result in an 18% reduction in the risk of developing colorectal cancer. This protective effect is greatest for recent pill user. Also the association of COC use with increased risk neither of cervical cancer nor breast cancer has not been confirmed. Controversy still persist over the association of long term (longer than 8 years) COC use by young women and breast cancer. The risk in this group of users is probably slightly increased, but no authorities recommended any restriction of OCP prescription.[18]

In present study the least common myth was an association of birth defects in pregnancies which occurred while taking the pills, however in studies pill has not been linked to any type of birth defects even if accidently taken through early pregnancy. It has been shown that myths like increase birth defects, stunting growth of teenagers or causing infertility, may influence decisions of women and causes unmet need of contraception. [19]

Present study shows that vicarious experiences and misconceptions of our women largely related to safety and side effects are common reasons for this method acceptability and gaps in use.

CONCLUSION

The more we can put appropriate information to the public about the availability of different methods of contraception, about their advantages and disadvantages, the better. It is important that access to advice is made as easily as possible for all ages. Also myths communicated via the social network can have a significant impact on acceptance or rejection of effective contraceptive methods. Insightful contraceptive counseling for this population should address this factor to the extent possible.

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