

**Review Article****Myths and Beliefs about Contraceptive Methods: A Review Article**Uzma eram<sup>1</sup><sup>1</sup>Assistant professor in the Department of Community Medicine, J.N.M.C.H, A.M.U., Aligarh**\*Corresponding Author:**

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**Abstract:** Negative myths and misconceptions about family planning (F.P.) are a barrier to modern contraceptive use. Myths and misconceptions about methods can spread through informal communication via social networks and lead to continued negative perceptions. To date, much of the research on contraceptive myths and misconceptions has focused on individual level attitudes and contraceptive use. Family planning is the planning of when to have children and use of birth control and other techniques to implement these plans. The reason for not using any family planning methods are lack of knowledge and education, religious belief and fear of side effects. Family planning counseling needs to be universally included into routine antenatal activities. Besides improving formal female education is certain to raise the existing knowledge and also to dispel the prevailing misinformation and misperception about family planning methods. There is also need to review the national family planning program with particular emphasis on contraceptive needs of adolescents to improve accessibility and availability of all family planning services. The aim of this study is to review the myths and beliefs of people regarding contraceptive methods.

**Keywords:** Myths, Beliefs, Contraceptive methods

**INTRODUCTION**

Negative myths and misconceptions about family planning (F.P.) are a barrier to modern contraceptive use. In a study of 8 developing countries, 50%-70% of women thought that using the pill posed considerable health risks(13). Myths and misconceptions about methods can spread through informal communication via social networks and lead to continued negative perceptions(14,15). To date, much of the research on contraceptive myths and misconceptions has focused on individual level attitudes and contraceptive use(16-20). Family planning is the planning of when to have children and use of birth control and other techniques to implement this plan. It is achieved by using contraceptive methods and the treatment of involuntary infertility. Despite the impressive gains, contraceptive use is still low and the need for contraception is high. The reason for not using any family planning methods are lack of knowledge and education, religious belief and fear of side effects.

The aim of this study is to review the myths and beliefs of people regarding contraceptive methods.

**REVIEW OF LITERATURE**

A study by **Shubhra A** [1] reported that religious beliefs were the most commonly cited barrier for surgical sterilization. Other barriers include fear of side effects about intra-uterine devices. Myths about copper-T *displaced into abdomen leading to surgery*

were also stated as barriers for its use. Fear of weight gain was the main barrier for adopting pills as F.P. methods. Preference for male child was found to be another important reason to have more children. The choice of contraceptives available, perception of risks involved with their use along with socio-religious barriers are the most important factors limiting use of contraceptive methods.

Another study [2] reported various myths and misconceptions

- IUDs cause abortion.
- IUDs cause infertility.
- LARC cause hair loss.
- LARCs cause osteoporosis.
- IUDs wont fit in my uterus.
- IUDs cause cancers.

**Myths regarding sex and contraception [3]**

I am breastfeeding, so I cannot get pregnant; I don't need contraception because we only have sex during the safe period; the pill is effective immediately after you begin taking it, etc.

A study [4] reported myths e.g. IUDs cause pelvic inflammatory disease. But the fact is that the mechanism of PID is believed to be ascension of pre-existing lower genital tract infection and not the IUCD itself [5, 6]. Another myth is that IUCD may impair future fertility. But the fact is that IUCD is not a risk

factor for infertility [7]. Another myth is that IUCDs are only suitable for older, parous women. But the fact is that the insertion failure rate is extremely low in nulliparous women and in most cases, the insertion procedure is straightforward from the clinician's perspective [8].

A study [9] reported reasons for non-using of contraceptive methods were fear of changes in menstrual patterns due to hormonal contraception methods, fear of infertility etc.

In rural Malawi [10], it was found that majority of women were not using any method of contraception. The major reasons for not using family planning methods included lack of knowledge and partner refusal. Among women who reported using modern contraception, Depo-Provera (injectable), was the most commonly reported FP method used. The women preferred this method because it is easy to hide the use from their partners. Many women thought that OCPs cause organ damage. Some traditional methods were also told by elderly females like watery medicine and the string method. For problems with infertility, they visited herbalists. There is a belief that Ngokota (pain in the body and lower limbs during menstruation) is due to witchcraft and that it renders a woman barren. There was a common belief among female respondents that contraception affects male reproductive organs, causing men to be impotent. Male respondents reported that condoms cause blisters and sores in their genitalia and weakens their manhood. Men also expressed concern over some of the methods which their wives use. Some men indicated that the foam produced by foam tablets weakens their manhood. Some women were scared to discuss F.P. issues with their spouses because they fear their spouses could beat them. Others felt that there is no need to discuss F.P. issues with a man simply because this F.P. is a woman thing.

The key one views of respondents on myths and misinformation mentioned in another study included [11] that F.P. makes unmarried people loose (46%), encourages female promiscuity (39%), is for married couples only (35%), encourages male infidelity (34%) and leads to infertility in women (33%).

The 3 myths most commonly endorsed by women in another study (12) were *people who use contraceptives end up with health problems, contraceptives are dangerous to womens health and contraceptives can harm your womb.*

A study [21] reported that of the total no. of men who had ever had sex, 40% of them perceived that condom use reduces pleasure. Only a few men perceived that condom use reduces erection. Some men

claimed that having sex with the use of a condom is not natural and this goes against their religion.

A study [22] in Pakistan reported various myths e.g. most of the respondents believed that condom use is linked with laziness, infections, joint pains and weight gain in both males and females and also impotency in males. Most of them believed that men lose their physical powers by vasectomy. One or two of the respondents also said that vasectomy is for females and also that it is done on the prisoners of rape charges. According to them, in this procedure, the vein of their big toe is cut and they become permanently impotent and sterile.

A study in Ghana [23], reported various myths. Many people believed that contraceptive use predisposed to cancers in females or implants could dislodge and go missing in the body through the blood stream causing discomfort or IUCDs might shift the uterus in such a way that the woman would not be able to give birth again or contraceptive methods usage lead to birth of an abnormal child. The general belief in southern Ghana is those married women who want to engage in extramarital affairs employ contraceptives as a strategy to prevent pregnancies. There is also belief that condoms lead to non-erection of penis and vasectomy would make man weak both physically and sexually.

A study in Uganda [24], reported that various herbs were used for preventing pregnancy by herbalists. Some herbs were used to drink, others inserted in the vagina or tied around the waist, a practice locally known as use of *yirizi*. Some women use umbilical cord that falls off their baby 2 weeks after birth. A herbalist then mixes baby's umbilical cord with herb which is then put in a waistband and tied around the breastfeeding mother. If a woman wishes to resume bearing children she would simply remove the waistband. Menstrual blood after delivery was mixed with herbs in a piece of paper and put in the kitchen chimney where the smoke gets out preventing from conceiving. Fear of modern contraceptives was associated with prolonged bleeding, birth of abnormal children, tumors in the womb, loss of libido etc.

## CONCLUSION

Understanding how belief of myths and misconceptions about F.P. in a community-in the aggregate, as well as among individuals –are associated with contraceptive behaviours is important for the development of programs and policies that aim to increase contraceptive prevalence. Education programs are needed to dispel common myths and misconceptions about modern contraceptives. Family planning counseling needs to be universally included into routine antenatal activities. Besides improving formal female education is certain to raise the existing

knowledge and also to dispel the prevailing misinformation and misperception about family planning methods. There is also need to review the national family planning program with particular emphasis on contraceptive needs of adolescents to improve accessibility and availability of all family planning services. In order to improve contraceptive use we need today multiple resources to educate couple, family members and society too so that we can reach up to the masses. One need to understand the level of awareness and practices in the community before implementing the family planning program. There is a need to educate and motivate the couple along with improvement in family planning services to promote the contraceptive.

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