

*Research Article***Myths and misconceptions about contraceptive methods among Egyptian women and care providers others****Mohamed A. Ahmed, Abd El-Haleem E. Amen, Ahmed M. Ezz El-Din and Heba H. Ahmed**

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Abstract

Background: Several misconceptions about the consequences of using contraceptive methods such as; fear of infertility, cancer and tumors, 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. **Aim and objectives:** The aim of this study is to explore myths and Misconceptions about contraception among women in Minia governorate. **Subjects and methods:** This is a Prospective cross-sectional study, was carried on Women in reproductive period from age 18ywards to 40 years, at Minia university hospital, family planning centers, Central & General Hospitals. **Results:** the results revealed that there was statistical significant difference between women misconception as regard pills and other methods of contraception. **Conclusion:** 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.

Keywords: misconceptions, family planning, contraceptive, cross-sectional, Myths.**Introduction**

Contraception are one of the most significant subjects in family arranging strategies and have a lot of favorable position (Agarwal et al., 2016) . At family level to offer legitimate pregnancy dispersing for the mother and child (Russo et al., 2013). Focal points for the mother to forestall pregnancy in situations when pregnancy is contra cured (Common preventative fantasies, 2012). Contraception utilize was built up in 1877 in the United Kingdom to instruct open about the significance of family arranging (Hauck et al., 2015). Number of fantasies and misguided judgments created about utilization of contraception (Sufrin et al., 2012). Negative fantasies and misguided judgments about family arranging are hindrance to present day contraception use (Mohllajee et al., 2006) . Numerous investigations in creating nations appeared, half 70% of ladies felt that utilizing the pill presented impressive wellbeing dangers, however no examination in our nation talked about these fantasies and misguided judgments. Legends and misguided judgments about strategies can spread through casual correspondence by means of informal

organization and lead to proceeded with negative observations to date. A great part of the examination on contraception fantasies and confusions has concentrated on singular level mentalities and contraception use ((Sufrin et al., 2012) Family arranging is the arranging of when to have youngsters and utilization of conception prevention and different systems to execute this arrangement (Marions et al., 2011). It is accomplished by utilizing preventative techniques and the treatment of automatic fruitlessness. In spite of the great increase, prophylactic use is still low and the requirement for contraception is high. The purpose behind not utilizing any family arranging techniques are absence of information and training, strict conviction and dread of reactions.

Aim The Work

The aim of this study is to explore myths and Misconceptions about contraception among women in Minia governorate .

Patients and Methods

Technical design: Type of study: cross-sectional study.

Study setting

The investigation was led at Minia college medical clinic, family arranging focuses, Central and General Hospitals The examination populace Ladies in regenerative period from age 18yvars to 40 years. Incorporation criteria All ladies in conceptive age Rejection criteria Would not fill poll.

Operational structure

Clarification of the strategy to all ladies partaking in the investigation. A composed assent was taken from all patients before beginning the investigation with guiding about hazard and advantage of study.

Results

Table (1): Demographic characteristics of the study population (n=1022):

| Data | | Frequency | Percent |
|------------|------------------|----------------|---------|
| Age | Range | 18-40 | |
| | Mean \pm SD | 28.2 \pm 5.2 | |
| Residence | Urban | 260 | 25.4% |
| | Rural | 762 | 74.6% |
| Occupation | House wife | 838 | 82% |
| | Employee | 184 | 18% |
| Education | Illiterate | 139 | 13.6% |
| | Primary | 96 | 9.4% |
| | Secondary | 579 | 56.7% |
| | Higher education | 208 | 20.3% |

This table shows that Mean \pm SD age of participant women is 28.2 \pm 5.2 years old, majority of them 73.3% from rural areas, 82% were housewife and 56.7% of women were secondary educated.

Table (2): gynecological history of the study population (n=1022):

| Data | Frequency | Percent | |
|------------------------------------|-----------|---------|-------|
| Parity | p1 | 232 | 22.7% |
| | p2 | 255 | 25% |
| | p3 | 272 | 26.6% |
| | p4 | 186 | 18.2% |
| | p5 | 67 | 6.6% |
| | p6 | 10 | 1% |
| Pattern of Menstrual cycle | Irregular | 200 | 19.6% |
| | Regular | 822 | 80.4% |
| History of PID | No | 853 | 83.5% |
| | Yes | 169 | 16.5% |
| DUB | No | 741 | 72.5% |
| | Yes | 281 | 27.5% |
| Past history of Infertility | No | 898 | 87.9% |
| | Yes | 124 | 12.1% |
| History of Fibroid or ovarian cyst | No | 930 | 91% |
| | FIBROID | 40 | 3.9% |
| | Ovarian | 52 | 5.1% |

This table shows gynecological history of participants and revealed that majority of participants 26.6% were parity more than 3 times, 80.4% had regular menstrual cycle, only

16.5% who had history of PID, 27.5% only who had DUB, 87.9% had no past history of infertility and majority of women (91%) had no history of fibroid nor ovarian cyst.

Table (3): medical history of the study population (n=1022):

| Data | | Frequency | Percent |
|---------------------------|-----|-----------|---------|
| Hypertension | No | 918 | 89.8% |
| | Yes | 104 | 10.2% |
| DM | No | 951 | 93.1% |
| | Yes | 71 | 6.9% |
| Cardiac | No | 998 | 97.7% |
| | Yes | 24 | 2.3% |
| Hepatic | No | 995 | 97.4% |
| | Yes | 27 | 2.6% |
| renal | No | 1009 | 98.7% |
| | Yes | 13 | 1.3% |
| Thrombo embolic disorders | No | 984 | 96.3% |
| | Yes | 38 | 3.7% |

This table shows that 10.2% had hypertension, 6.9% had DM, 2.3% of women had cardiac diseases, only 2.6% of women had hepatic

disease and 1.9% had renal disease while 3.7% of women had thromboembolic disorders.

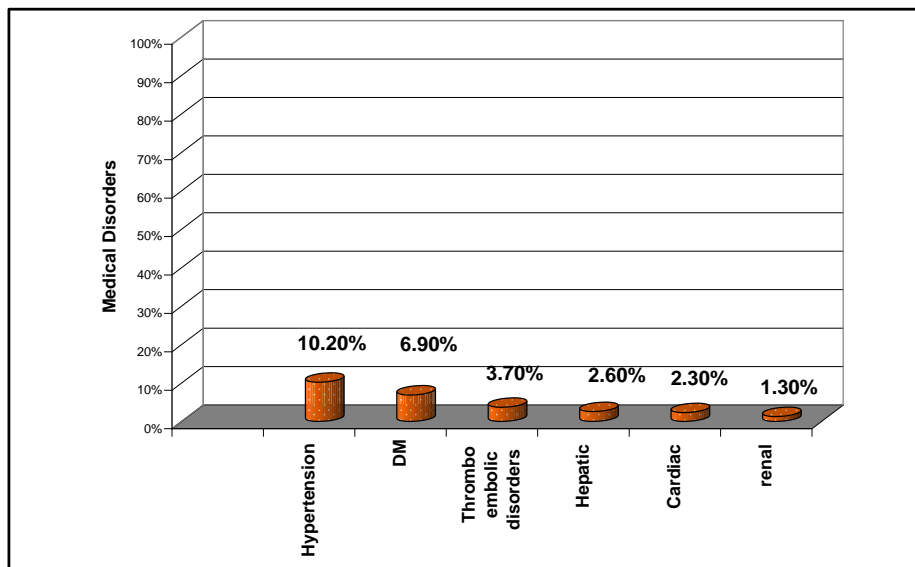


Table (4): surgical history of the study population

| Past history of operation | No | 526 | 51.5% |
|---------------------------|--------------------|-----|-------|
| | Yes | 496 | 48.5% |
| | CS | 470 | 94.7% |
| | Ovarian cystectomy | 9 | 1.8% |
| | Myomectomy | 5 | 1.1% |
| | Appendicectomy | 12 | 2.4% |

This table shows that majority of participants had no past history of operation, while 94.7% of who had past operation had cesarean section, 1.8% had ovarian cystectomy, 1.1% myomectomy and 2.4% did appendicectomy.

Discussion

The Egyptian Ministry of Health has declared that the extent of current clients of contraceptives stays at under half and is far beneath the relating extent of wedded ladies (>80%) who want no more youngsters (El-Zanaty and Way, 2014). With the quick development of the Egyptian populace from 20.8 to 91.5 million occupants in the previous 50 years (CAPMAS 2016), strenuous endeavors have been made to advance maternal and youngster wellbeing through family arranging programs that engage the family to settle on educated choices in regards to the number and interim of childbearing and to decrease unintended pregnancies (Eshak, 2019).

It is certain that the utilization of contraceptives ought to be guided by ladies' wellbeing status. Be that as it may, in low-and center pay nations, culture and other non-clinical components have been appeared to assume a significant job in ladies' choice to utilize contraceptives (Eshak et al., 2018).

In spite of the proof of the effect of preventative use – on controlling ripeness inclines as well as on ladies' wellbeing, family government assistance and public activity when all is said in done – legends about contraceptives are as yet predominant in such networks and may obstruct

prophylactic take-up, which thus credits to bringing down general wellbeing and uncontrolled richness rates, which speak to hindrances for compelling family arranging programs (Russo et al., 2013).

Legends and misinterpretations about contraceptives are extremely basic in denied zones and low-and center pay networks. In Egypt, particularly in rustic zones, apparently neediness, lack of education and confused strictness have made a culture and condition that encourage the transmission of deception about contraceptives since their presentation in 1967 (Eshak, 2019).

Negative legends and misguided judgments about family arranging are an obstruction to current preventative use. Most research regarding the matter has concentrated on singular convictions about contraception; be that as it may, given that legends spread effectively inside networks, it is likewise imperative to look at how the pervasiveness of negative fantasies in a network influences the total degree of technique use (Gueye et al., 2015).

Another significant obstruction to preventative use is legends and confusions about present day strategies, for example, misrepresented or mistaken reports about symptoms, misguided judgments about short-or long haul medical issues and adverse generalizations about people who practice family arranging. For instance, in both created and creating nations, numerous ladies mistakenly see utilization of oral contraceptives to be more hazardous than pregnancy (Lee and Jezewski, 2007).

The point of this investigation is to investigate fantasies and Misconceptions about contraception among ladies in Minia governorate.

This is a Prospective cross-sectional examination, was carried on Women in conceptive period from age 18yvars to 40 years, at Minia college emergency clinic, family arranging focuses, Central and General Hospitals.

The current examination evaluated segment qualities of member ladies and found that mean \pm SD old enough of member ladies is 28.2 ± 5.2 year's old, greater part of them 73.3% from rustic regions, 82% were housewife and 56.7% of ladies were optional taught, somewhat like our outcomes, the investigation of Eshak, 2019 uncovered that most of the individuals who had misguided judgments about contraceptives were provincial, uneducated or respectably instructed, and jobless ladies who are hitched to ignorant or decently taught periodically working men.

In another investigation of Gueye et al., 2015 that intended to evaluate the faith in Family Planning Myths at the Individual and Community Levels and Modern Contraceptive Use in Urban Africa the greater part of ladies in every nation were matured 20–34 (69% in Kenya, 56% in Nigeria and 55% in Senegal). Seventy-seven percent of ladies in Nigeria had an auxiliary or advanced education; 58% of ladies in Kenya and 36% in Senegal had that degree of instruction. 90% of ladies in Senegal were Muslim, while a similar extent in Kenya was non-Muslim; ladies in Nigeria were similarly part between the two religions. Most of ladies in every nation was or had been hitched (60–68%) and, true to form, ladies in every nation were decently equitably appropriated between riches quintiles. In Kenya and Senegal, the most elevated extent of ladies lived in the capital city (75% and 49%, separately), though in Nigeria, the most elevated extents of ladies were from urban areas other than the capital (30% from Ibadan and 29% from Kaduna).

Numerous variables impact ladies' choices with respect to prophylactic techniques. Information on a preventative strategy's adequacy can be a significant factor in a lady's decision of technique. General prophylactic information shifts broadly across populaces, with prominent

inconsistencies among minority and more youthful populaces who have less mindfulness and comprehension of different preventative strategies (Stanwood and Bradley, 2006).

The current examination surveyed the gynecological history of members and uncovered that lion's share of members 26.6% were equality multiple occasions, 80.4% had customary menstrual cycle, just 16.5% who had history of PID, 27.5 % just who had DUB, 87.9% had no previous history of barrenness and greater part of ladies (91%) had no history of fibroid nor ovarian pimple.

Since maternal clinical comorbidities forecast pregnancy-related difficulties, giving preventative guiding to ladies in problematic well-being is particularly significant, in an investigation of Perritt et al., 2013 by and large, 77% of moms detailed having gotten antenatal prophylactic directing. Ladies with constant hypertension were almost certain than unaffected ladies to report an ongoing undesired pregnancy, and were not bound to report getting preventative guiding. Diabetic moms likewise were not bound to report preventative guiding, and were essentially less inclined to utilize baby blues contraception.

Conclusion

Seeing how convictions of legends and confusions about F.P. in a network in the total, just as among people – are related with prophylactic practices is significant for the improvement of projects and arrangements that expect to expand preventative pervasiveness.

One needs to comprehend the degree of mindfulness and practices in the network before actualizing the family arranging program. There is a need to teach and spur the couple alongside progress in family arranging administrations to advance the prophylactic.

Recommendations

So as to improve the wellbeing states of a populace, significant changes in financial examples and increase of social strategies are vital. Along these lines, it is incredibly important to lead concentrates on molding components and Social Determinants of Health so the activities favorably affect the personal satisfaction of the populace.

Further investigations with wellbeing training projects to improve precise logical originations about oral preventative pill advising for ladies who going to family arranging facility at Primary Health Care Centers. Dispersion of handouts to instruct them notwithstanding varying media about how utilizing preventative strategies in precise and flawless manner which help ladies to forestall undesirable pregnancy.

Bleeding edge essential wellbeing laborers and developers need to scale-up mindfulness creation projects to change the disposition, legends and confusions of customers on contraception.

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