

Addressing Common Concerns, Rumors and Misconceptions about ECPs

Rumors are **unconfirmed stories** that are **transferred** from one person to another **by word of mouth**.

In general, rumors arise when:

- an issue or information is important to people, but it has not been clearly explained.
- there is nobody available who can clarify or correct the incorrect information.
- the original source is perceived to be credible.
- clients have not been given enough options for contraceptive methods.
- people are motivated to spread them for political reasons.

A **misconception** is a **mistaken interpretation of ideas or information**. If a misconception is imbued with elaborate details and becomes a fanciful story, then it acquires the characteristics of a rumor.

Unfortunately, rumors or misconceptions are sometimes spread by health workers who may be misinformed about certain methods or who have religious or cultural beliefs pertaining to family planning which they allow to impact on their professional conduct.

The **underlying causes** of rumors have to do with people's knowledge and understanding of their bodies, health, medicine, and the world around them. Often, rumors and misconceptions about family planning make rational sense to clients and potential clients. People usually believe a given rumor or piece of misinformation due to **immediate causes** (e.g., confusion about anatomy and physiology).

Methods for Counteracting Rumors and Misinformation

1. When a client mentions with a rumor, **always listen politely. Don't laugh.**
2. **Define** what a rumor or misconception is.
3. **Find out where the rumor came from** and talk with the people who started it or repeated it. Check whether there is some basis for the rumor.
4. Explain the facts.
5. **Use strong scientific facts** about family planning methods to counteract misinformation.
6. Always **tell the truth**. Never try to hide side effects or problems that might occur with various methods.
7. **Clarify information** with the use of demonstrations and visual aids.
8. Without giving names or descriptions, **use examples of other women you have provided ECPs for.**
9. **Reassure the client** by discussing the effectiveness of ECPs.

Rumors or Misinformation and Facts and Realities

Rumor or Misconception	Facts & Realities: Information to Combat Rumors
ECPs have very bad side effects	ECPs are extraordinarily safe. Most women have no side effects. ECPs can cause changes in monthly bleeding patterns, with the next menstrual period coming early or late. ECPs can cause nausea. This happens in about 20% of women who take ECPs. ECPs may cause nausea/vomiting, headaches, dizziness, cramping, fatigue, or breast tenderness. These side effects are not common and are not serious. They usually go away within a few days after you take the ECPs.
<p>ECPs are dangerous and cause cancer.</p> <p>ECPs can cause birth defects if taken by a woman who is already pregnant.</p> <p>ECPs can cause an abortion if you are already pregnant</p> <p>If the emergency contraceptive pills do not work and I become pregnant, the pregnancy may not be normal.</p> <p>I heard that I can use emergency contraceptive pills every time I have sex.</p> <p>I have heard that emergency contraceptive pills prevent sexually transmitted infections.</p>	<p>Numerous studies have disproved this rumor. ECPs have been used safely by millions of women for over 30 years and have undergone rigorous testing. They are safe for all women, even women who cannot use ongoing hormonal contraceptive methods.</p> <p>ECPs will not harm a fetus if a woman is already pregnant, nor will they cause birth defects. If ECPs are taken after a pregnancy has been established, they will have no harmful effects on either the woman or the fetus.</p> <p>ECPs are taken to prevent conception, not to cause an abortion. ECPs prevent ovulation. If a woman is already pregnant it has no effect on the pregnancy.</p> <p>Evidence shows that ECPs do not change the course of a pregnancy or harm a fetus if a woman is already pregnant when she takes ECPs or if ECPs do not prevent pregnancy.</p> <p>A woman can use ECPs whenever she needs them, even more than once in the same cycle. There are no health risks to repeated use of ECPs. However, relying on ECPs as an ongoing method is not advised. This is because ECPs taken every time after sex is probably not as effective as regular, continuing methods of contraception. Also, women who often take ECPs may have more side effects.</p> <p>No. ECPs do not protect against HIV/AIDS or other sexually transmitted infections (STIs) like syphilis, gonorrhea, chlamydia, and herpes. If you are worried about whether you have an infection, talk to your health care provider or pharmacist about your concerns and ask how you can get treatment and protect yourself in the future.</p>

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<p>ECPs can cause infertility or makes it more difficult for a woman to become pregnant once she has used it.</p> <p>Adolescents are too young to take ECPs.</p> <p>Easy access to ECPs may encourage women, especially adolescents to increase risky sexual behavior or decrease their regular use of contraception.</p>	<p>Studies have clearly shown that ECPs do not cause infertility or decrease a woman's chances of becoming pregnant in the future.</p> <p>Studies of ECPs among adolescents have found that they are safe and effective for adolescents. They also found that adolescents were able to use ECPs correctly and that access to ECPs does not influence sexual behavior. The safety of ECPs does not change with age; therefore, they carry no added risks for young people. ECPs are safe and an important option for young women. The consequences of an unintended pregnancy can be particularly high for young women. Barriers to accessing other contraceptives, stigma, limited ability to plan for sex, errors in using other contraceptive methods, and high rates of forced sex all make ECP an important method for adolescents to have access to.</p> <p>Reports of studies conducted around the world have shown that increased access to ECPs does not increase risky sexual behavior or decrease regular contraceptive use. Studies compared women who received ECPs in advance for use as needed with women who received it only after unprotected sex. The research showed that there was no difference between the two groups in the frequency of unprotected sex. These studies also showed that women who had ECPs on hand took them sooner after having unprotected sex than women who had to seek them out, which increases their effectiveness. They were also generally more likely to use ECPs. They continued to use other contraceptive methods as they did before getting the ECPs in advance.</p>