How to Deal with Rumors and Misconceptions about IUDs

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.

Despite much scientific evidence about the IUD, rumors or misconceptions still persist among the general population. Unfortunately these rumors are sometimes spread by health workers who may be misinformed about the method or who have religious or cultural beliefs pertaining to family planning which they allow to impact on their professional conduct. Similarly, these rumors can also be spread by the general population.

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 the IUD make rational sense to clients, or potential clients.

Methods for Counteracting Rumors and Misconceptions

- When a client mentions with a rumor or misconception, **always listen politely. Don't laugh.**

- **Define** what a rumor or misconception is.

- **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.

- Explain the facts.
- **Use strong, but easy to understand, scientific facts** about the IUD to counteract misinformation.
- Always **tell the truth**. Never try to hide side effects or problems that might occur with the IUD.
- Recognize that **different women can have different experiences**, whether positive or negative. If they have used the IUD before and had a negative experience, discuss the experience with them and provide reassurance that you will provide them with continuing support.
- **Clarify information** with the use of demonstrations and visual aids.
- **Give examples of people who are satisfied users** of the IUD (only if they are willing to have their names used). This kind of personal testimonial is most convincing.
- **Reassure the client** by examining her and telling her your findings.
- **Counsel** the client about the possible side effects of the IUD and prepare her to recognize signs of a possible complication. Clients uneducated about possible side effects can become the source of rumors, rather than satisfied clients.
- Reassure and let the client know that you care by encouraging her to return if she has any questions or concerns about her IUD.
- Seek the support of other experienced providers for assistance with counseling or insertions.
- Providers should openly discuss among themselves common rumors and how to address them.

Rumor or Misconception	*Facts & Information to Combat Rumors*
The thread of the IUD can harm the penis during intercourse.	The strings of the IUD are soft and flexible, cling to the walls of the vagina and are rarely felt during intercourse. If the string is felt, it can be cut very short, (leaving just enough string to be able to grasp with a forceps). The IUD cannot trap the penis, because it is located within the uterine cavity and the penis is positioned in the vagina during intercourse. The string is too short to wrap around the penis and cannot cause injury to it. (For greater reassurance, use a pelvic model to show how an IUD is inserted or demonstrate with your fingers how it would be impossible for the IUD to trap the penis.)
A woman who has an IUD cannot do heavy work.	Using an IUD should not stop a woman from carrying out her regular activities in any way. There is no correlation between the performance of chores or tasks and IUD use.
The IUD might travel inside a woman's body to her heart or her brain.	There is no passage from the uterus to the other organs of the body. The IUD is placed inside the uterus and unless it is accidentally expelled, it stays there until removed by a trained health care provider. If the IUD is accidentally expelled, it comes out of the vagina, which is the only passage to the uterus. (Teach the client to feel the string, especially after menstruation, to confirm that it is in place.)
A woman can't get pregnant after using an IUD.	A woman's fertility returns to normal very soon after the IUD is removed. Studies have shown that most women who discontinue the IUD become pregnant as rapidly as those who have never used contraception.
A woman who was using an IUD became pregnant. The IUD became embedded in the baby's forehead.	The baby is very well-protected by the sac filled with amniotic fluid inside the mother's womb. **If a woman gets pregnant with an IUD in place, the health provider will remove the IUD immediately due to the risk of infection.** If for some reason the IUD is left in place during a pregnancy, it is usually expelled with the placenta or with the baby at birth.

Rumor or Misconception	*Facts & Information to Combat Rumors*
The IUD rots in the uterus after prolonged use.	Once in place, if there are no problems, the IUD can remain in place for at least 12 years. The IUD is made up of materials that cannot deteriorate or "rot." Yet, its effectiveness as a contraceptive decreases after 12 years.
An IUD can't be inserted until 12 weeks postpartum.	**Note: The information and misconceptions below apply more directly to health workers** If health-care providers are specially trained, the IUD can be inserted immediately after the delivery of the placenta or immediately following a Cesarean section, or up to 48 hours following delivery. Expulsion rates for postpartum insertion vary greatly, depending on the type of IUD and the provider's technique. Current information indicates that expulsion rates may be higher during the period from 10 minutes to 48 hours after delivery, as compared with the first 10-minute period. To minimize the risk of expulsion, only properly trained providers should insert IUDs postpartum. Use of an inserter for IUD insertion tends to reduce the expulsion rate. After the 48 hour postpartum period, a Copper T may be safely inserted at four or more weeks postpartum. Insertion between 48 hours and four weeks postpartum is not recommended. The withdrawal technique for Copper T insertion helps minimize perforations for inserting IUDs four to six weeks postpartum. Other types of IUDs may have different perforation rates. It has been shown that IUDs do not affect breastmilk and can be safely used by breastfeeding women postpartum.
The IUD causes ectopic pregnancy.	IUDs do not cause ectopic pregnancies. In fact, since IUDs are so effective in preventing pregnancy, they protect well against ectopic pregnancy. One study found that women who use copper IUDs have a 91 percent lower chance of ectopic pregnancy than do women using no contraception (Sivin, 1991).

Rumor or Misconception	*Facts & Information to Combat Rumors*
	In the unlikely event of pregnancy in an IUD user, that pregnancy is more likely to be ectopic than is a pregnancy in a non-user. Still, the pregnancy in an IUD user is far more likely to be normal than ectopic
In IUD that is discolored in the package is dangerous and can't be used.	The copper on IUDs sometimes changes color in the package as it oxidizes (reacts to air). The IUD can still be used and is safe as long as the package is not torn or broken open and as long as it is not past the expiration date printed on the packaging.
An IUD can't be inserted after an abortion.	With appropriate technique, the IUD may be inserted immediately postabortion (spontaneous or induced) **if the uterus is not infected**, or during the first seven days postabortion (or anytime you can be reasonably sure the client is not pregnant). Expulsion rates vary greatly, depending both on IUD type and on provider technique. To minimize the risk of expulsion, only providers with proper training and experience should insert IUDs. Clients must be carefully counseled to detect expulsions. Postabortion IUD insertion after 16 weeks' gestation requires special training of the provider for correct fundal placement. If this is not possible, insertion should be delayed for six weeks postabortion.
Women who have never given birth cannot use an IUD.	WHO carefully reviewed all of the literature before listing nulliparity as Category 2, (benefits of IUD risk outweigh potential or known risks). WHO noted that women who have never been pregnant have a slightly increased rate of expulsion. If the IUD is expelled, there is no harm to the woman, but she is no longer protected from pregnancy.
Women infected with HIV cannot use an IUD.	IUD use appears to be safe for HIV-infected women and for women with AIDS who remain well on anti-retroviral treatment. A cohort study of IUD use among HIV-infected women in Nairobi showed no significant increase in the risk of complications, including infection, in early months of use. Also, viral shedding did not increase among these users.

Rumor or Misconception	*Facts & Information to Combat Rumors*
IUDs increase the risk of Pelvic Inflammatory Disease (PID) and must be removed when it occurs.	Many studies have confirmed that the risk of infection and infertility among IUD users is very low (Hatcher 2004). Studies also indicate that the insertion process and not the IUD or its strings, pose the temporary risk of infection. Good infection prevention procedures should be practiced. Antibiotic prophylaxis should **not** be used routinely prior to insertion. Risk of infection following IUD insertion returns to a very low or normal level after 20 days (Farley et al. 1992). When PID in an IUD user does occur, the PID is caused by (recognized or unrecognized) sexually transmitted infections (STIs) with the organisms *Chlamydia trachomatis* or *gonococcus* (agent that causes gonorrhea), not by the IUD itself.