

Mshibe, L. C. (2008). Impact of myths and misconceptions of contraceptive practices in mdp participants, durban. . Microbicides 2008. Delhi.

The background MDP 301 is a phase III microbicide trial. High pregnancy rates continue to pose a challenge to microbicide trials resulting in decreased microbicide exposure follow-up data and negatively impacting on the power of the study.

Mandatory contraception use is not an inclusion criteria but women are counseled and contraception at the trial sites is promoted. Many women were not on contraceptives at the time of screening, we explored the reasons for this.

OBJECTIVES To determine the common myths/misconceptions regarding non-use of contraceptives. **METHODOLOGY** Sexual behavior interviews at enrollment were analyzed to determine the number of women not on contraception and the reasons for this. Intensive counseling was done to correct the misconceptions and explain the side effects of hormonal contraceptives. Sexual behavior interviews were then analyzed at follow-up to determine how many women took up contraception.

RESULTS Of the 1552 participants enrolled by the end of August 2007, 95 (6%) reported the following for not using contraception: Hormonal contraceptives cause obesity, and water retention; retained water leads to excessive lubrication during sexual intercourse, which is not appealing to their male partners, as this is regarded as a sign of promiscuity and it decreases sexual pleasure; hormonal contraceptives lead to absence of menstruation it means the blood goes to the brain and causes persistent headaches and nosebleeds; they can interfere with a man's sexual functioning also leading to impotence; women on contraception are loose, as they fear not knowing who fathered the baby; hormonal contraceptives lead to infertility when taken before a person starts family. Of these 95 women, 60 (63%) were successfully counseled into taking up hormonal contraceptives. **CONCLUSIONS:** Many myths and misconceptions regarding side effects of contraceptives exist. With additional targeted counseling and education, these misconceptions can be corrected resulting in an increase in uptake of effective contraception.