

Rumors and Misconceptions about Implants

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. **Give examples of people who are satisfied users** of the method (only if they are willing to have their names used). This kind of personal testimonial is most convincing.
9. **Reassure the client** by examining her and telling her your findings.
10. **Counsel** the client about all available family planning methods.
11. Reassure and let the client know that you care by conducting **home visits**.

Rumors and Misconceptions about Implants

Rumors or Misinformation and Facts and Realities	
Rumor or Misinformation	Facts & Realities: Information to Combat Rumors
<p>I have heard that you can remain infertile after removal of implants.</p>	<p>Implants stop working once they are removed and their hormones do not remain in your body. The implant will not affect your ability to have another child. You can become pregnant again once your implant is removed.</p>
<p>I am afraid the implant will move from my arm to other parts of my body.</p>	<p>Implants cannot travel to other parts of your body. They remain where they are inserted until they are removed. In rare cases, a rod may start to come out of the skin, usually during the first four months since insertion. This typically happens because the implants were not inserted well or because of an infection at the insertion site. If the implant does come out, You should return to the clinic as soon as possible and use a back-up family planning method in the meantime. Your health care provider can replace the implant.</p>
<p>It stops my bleeding so that blood cannot leave my body.</p>	<p>Changes in menstrual bleeding like spotting, or prolonged bleeding, or no menstrual bleeding are common. These side effects are normal and are not a sign of sickness. The absence is similar to the effect pregnancy has on your body and is the effect of the hormones in the implant.</p>
<p>Implants can't be used following an abortion.</p>	<p>Implants are appropriate for use immediately post-abortion (spontaneous or induced), in either the first or second trimester, and should be initiated within the first seven days postabortion, or anytime the provider can be reasonably sure that the client is not pregnant. Ovulation returns almost immediately postabortion: within two weeks for first-trimester abortion and within four weeks for second-trimester abortion. Within six weeks after an abortion, 75% of women have ovulated.</p>
<p>I heard that an implant may cause an abortion if you are pregnant when it is inserted.</p>	<p>Implants do not cause an abortion. There is good evidence that the implant will not harm a baby if you are already pregnant when the implant is put in. Your provider will check carefully to make sure you are not pregnant before the implant is inserted.</p>

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<p>I have heard that the implant is very painful to have inserted and sometimes it causes an infection and it is hard to remove once it has been inserted.</p>	<p>Health providers who insert implants have been specially trained to insert the implant. The provider will give you a small injection in your arm so that you do not feel the insertion. The incision is very small and does not require stitches. Your arm may be a bit sore for a few days, but this will go away. Infection can occur after the implant has been inserted, but this is very rare. If it happens you should return to your provider to be treated.</p>
<p>You might get cancer or go blind if you have an implant inserted</p>	<p>After the implant is inserted, you may have changes in your menstrual bleeding. In some cases, women complain of headaches, abdominal pain or breast tenderness. These are not signs of illness and will usually go away within the first year of use. You will not get cancer or go blind because of the implant.</p>