ORIGINAL ARTICLE

"They say it may cause cancer:" A Qualitative Exploration of Filipinos' Contraceptive Misconceptions and Primary Healthcare Interventions

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ABSTRACT

Background and Objective. Contraceptives are widely acknowledged for preventing unwanted pregnancies. However, there is a prevalent lack of awareness regarding contraceptives, leading to unaddressed misconceptions. This study aimed to identify common contraceptive misconceptions among men and women of reproductive age and explore how primary health workers address them.

Methods. A qualitative study was conducted in two phases within District 5, Manila City. Phase 1 comprised focused group discussions with men and women of reproductive age (n=60), while Phase 2 involved conducting in-depth interviews with primary healthcare providers (n=16). MAXQDA, a qualitative software, to organize and code the data, was utilized.

Results. Women of reproductive age reported several misconceptions about contraceptives, including concerns about adverse health effects, emotional and behavioral changes, perceived ineffectiveness, and cosmetic or bodily changes. For instance, they believed that contraceptives could lead to serious health complications, such as cancer, genital injury, and even death. Primary healthcare providers addressed these misconceptions through open dialogue during service delivery, particularly during prenatal and postpartum check-ups and infant immunizations. They utilized patient education strategies, including the teach-back method, and conducted community outreach and workshops on contraceptives and family planning, especially during Women's Month.

Conclusion. Several misconceptions were identified among women of reproductive age regarding the proper use and safety of contraceptive methods, as well as misguided beliefs. In contrast, men did not exhibit any misconceptions about contraceptives, which warrants further investigation. Primary healthcare providers have taken a proactive approach to address this issue by offering comprehensive explanations and ensuring clear understanding between healthcare providers and women. Promoting contraceptive health literacy could help bridge the knowledge gap between men and women of reproductive age.

Keywords: contraceptives, health literacy, misconceptions, Philippines, primary healthcare providers

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INTRODUCTION

Contraceptives, employed to prevent pregnancy through various methods, offer significant advantages. They empower individuals to plan their families and engage in intimate relationships without the risk of unintended pregnancies.[1] However, despite these benefits, prevalent misconceptions often deter both men and women from using contraception, ultimately jeopardizing its potential benefits and leading to unintended pregnancies.

A study conducted by the World Health Organization (WHO) across 36 countries revealed that two-thirds of sexually active women interested in delaying or limiting childbearing discontinued contraceptive use due to health concerns, fear of adverse effects, and underestimation of the likelihood of getting pregnant.[2] As a consequence, one in four pregnancies resulted in being unwanted. While unintended pregnancies are not always synonymous with unwanted pregnancies, they pose significant health risks for both the mother and the unborn child, including diseases, malnourishment, abuse, and even death.[2] Furthermore, unwanted pregnancies can contribute to cycles of high fertility, poverty, and reduced opportunities for education and employment, creating challenges that may persist across generations.[2]

In the Philippines, misconceptions about contraceptives abound. Women often fear infertility, cancer risk, and other health concerns associated with contraceptive use, while men may incorrectly associate contraceptives with abortion or other adverse outcomes.[3-4] Despite implementing policies promoting family planning, the country continues to face challenges with high fertility rates and low usage of modern contraceptives, leading to numerous unintended pregnancies, sexually transmitted diseases, induced abortions, and maternal deaths annually.[3,4]

To address these issues in the Philippines, there is an urgent need for improved counseling, service quality, and a broader range of acceptable contraceptive options.[2] Additionally, significant disparities exist, with educated women being one-third more likely to use modern contraceptives compared to their less educated counterparts.[2]

Common misconceptions about contraceptive use among men and women in the Philippines have yet to be thoroughly explored. Furthermore, the roles of primary healthcare providers in addressing these misconceptions still need to be clarified. This study aimed to fill these gaps by identifying common contraceptive misconceptions among men and women of reproductive age in the Philippines and examining how primary healthcare providers address them. The findings from this study could serve as a foundation for bridging gaps in knowledge and sexual and reproductive health (SRH) service delivery, highlighting the need for interventions to enhance contraceptive health literacy at the community level.

METHODS

Study Design

The study employed a phenomenological qualitative research design, guided by the interpretive paradigm, to explore misconceptions about contraceptives among men and women of reproductive age (18-49). Phenomenology focuses on understanding the lived experiences of individuals, making it well-suited for uncovering both personal and shared experiences regarding contraceptive use.[5] The interpretive paradigm, which emphasizes that reality is socially constructed and co-created through researcher-participant interaction, provided a framework for analyzing participants' perspectives.[6] This approach enabled the study to identify contraceptive misconceptions through focus group discussions with men and women, and examine how primary healthcare providers address these misconceptions using in-depth interviews to gather detailed narratives.

Study Area

The study was conducted in District 5, Manila City, Metro Manila, selected for its substantial data on live births and a total population of 1,837,785.[7] District 5 comprises six main areas: Ermita, Intramuros, Malate, Port Area, San Andres, and South Paco. As the largest district in Manila City with the highest population, it provides a comprehensive and representative setting for the study.

Additionally, District 5 is home to the highest number of health centers in the city, positioning it as a critical hub for healthcare access. This concentration of facilities increases the likelihood that healthcare providers will engage with a diverse patient population, leading to more frequent discussions about contraceptive use. The availability of multiple health centers allows for greater opportunities to address various health topics, including family planning and reproductive health, thereby enhancing providers' exposure to and understanding of patients' needs and misconceptions surrounding contraceptives.

Study Participants

Data from two participant groups were gathered. The first group comprises men and women aged 18-49 who reside in District 5, Manila City. Exclusions apply to those under 18 who reside outside District 5. The second group includes primary healthcare providers, such as barangay (community) health workers, midwives, nurses, and general practitioners. Eligibility requires them to work in primary health centers located in District 5.

Data Collection

A physician and a pharmacist validated the semi-structured topic guides (Appendix). Afterward, pre-testing was conducted among 12 participants, consisting of five male, five female, and two physicians to determine if the interview questions were applicable and appropriate. Responses given

in the pre-testing determined the proper approach and improvement of the topic guide.

This study was conducted in two distinct phases to comprehensively explore the perceptions and practices regarding contraceptive use among the target population.

Phase 1: Focus Group Discussions (FGDs) with Men and Women of Reproductive Age

In Phase 1, 12 focus group discussions (FGDs) were conducted to gather insights from men and women of reproductive age (18-49) residing in District 5 of Manila City. This included six FGDs for women and six FGDs for men. The recruitment process involved approaching barangay leaders to identify potential participants who met the age requirements and resided in the designated barangays. Interested individuals were invited to participate through community announcements. Each FGD consisted of separate groups for men and women, with five participants in each group. These discussions were conducted individually for men and women within each barangay, yielding 60 participants across all sessions. The primary objective of Phase 1 was to explore the diverse perspectives, beliefs, and experiences related to contraceptive use within the community.[8] Data saturation was achieved after conducting six FGDs for each sex, as no new themes or notable findings emerged from the discussions.

Phase 2: In-depth Interviews with Primary Healthcare Providers

Building upon the findings from Phase 1, Phase 2 focused on gaining deeper insights into the healthcare providers' perspective regarding contraceptive counseling and service delivery. In this phase, in-depth interviews was conducted with 16 primary healthcare providers instead of FGDs due to their busy schedules and limited availability at each health center. This phase included interviews with general practitioners, nurses, midwives, and barangay health workers to gather detailed information about contraceptive provision and counseling. The recruitment process involved approaching barangay leaders to identify potential participants who work in the designated health centers. Interested individuals were invited to participate through community announcements. These interviews were conducted at health centers in District 5 of Manila City. Data saturation was achieved after completing the 16 in-depth interviews, as no new themes or notable findings emerged from the interviews.

The decision to conduct the study in two phases was guided by the need to capture both community perspectives and healthcare provider insights comprehensively. Phase 1, consisting of FGDs with community members, allowed for a rich exploration of societal attitudes, beliefs, and barriers surrounding contraceptive use. Phase 2, comprising in-depth interviews with healthcare providers, provided a nuanced understanding of the challenges and opportunities within the healthcare system regarding contraceptive provision and counseling.

By employing a sequential approach, the study aimed to triangulate findings from multiple sources and perspectives, thereby enhancing the validity and robustness of the research outcomes.[9] This iterative process enabled a holistic examination of the factors influencing contraceptive behavior and decision-making, ultimately informing the development of targeted interventions and policies to improve reproductive health outcomes in the study area.

The two primary methods of data collection involved sessions lasting approximately 60 minutes each to gather comprehensive insights into perceptions and practices related to contraception. Two investigators facilitated the focus group discussions (FGDs) with men and women of reproductive age. Sample questions included: (1) What contraceptives do you know about or use? (2) Where did you learn about these contraceptives? (3) Are you aware of any misconceptions regarding the contraceptives you mentioned? Two investigators conducted in-depth interviews with primary healthcare providers. Sample questions for these interviews included: (1) Have you encountered patients using contraceptives? (2) What misconceptions do patients commonly express about contraceptives? (3) How do you address or correct these misconceptions?

All interviews continued until data saturation was reached, which was the point at which no new information or themes emerged. This determination was made through iterative analysis and comparison of findings across multiple sessions, following best practices in qualitative research. The sample size and saturation criteria were based on established guidelines and recommendations, in line with the principles outlined by Dworkin.[10] These principles suggest that interviews with 5 to 50 participants are sufficient to achieve saturation and redundancy goals in qualitative studies. The study spanned nine months, with data collection concentrated in May 2023.

Data Analysis

A thematic analysis was conducted to identify patterns within data, following the systematic processes outlined by Braun and Clarke.[11] MAXQDA was utilized as the coding tool to facilitate the organization and analysis of the data. The first step involved familiarizing the research team with the data through multiple readings of the transcripts and verbatim transcriptions of the interviews. During this process, preliminary notes were taken to highlight emerging concepts and ensure that the context of the conversations was thoroughly recorded. These notes formed the basis for the coding procedure.

In the second step, the data were systematically coded by pinpointing significant textual elements, such as phrases or sentences, that conveyed essential meanings. This allowed for identifying recurrent themes by grouping similar text segments under corresponding codes. Throughout the coding process, iterative reviews and adjustments were necessary to ensure that all critical insights were captured and accurately represented in the analysis.

The third step involved identifying more general themes within the coded data. After reviewing the initial codes, Patterns of related concepts that could indicate overarching themes were sought. Further analysis and refinement were undertaken to ensure these initial themes accurately reflected the primary concepts within the data set.

In the fourth step, each theme was rigorously outlined and finalized, ensuring that each theme adequately represented a substantial portion of the data. Each theme was evaluated for its uniqueness and clarity, leading to the creation of descriptive definitions for each subject. Additionally, precise guidelines were established for employing these themes in the final analysis. To ensure that the identified themes provided a comprehensive understanding of the main findings, the entire data set was reviewed again. This iterative process was essential in confirming the validity and relevance of the themes derived from the analysis.

To demonstrate rigor or trustworthiness, the study adhered to the guidelines established by Lincoln and Guba[12] and followed basic qualitative research principles to enhance its credibility[13]. First, field notes were taken, transcribed the interviews verbatim, and conducted member checking to ensure that the transcripts accurately reflected participants' experiences. Second, the reliability and credibility of the results were ensured through a collaborative process with co-researchers, who reviewed the coded data sets and theme development. Third, peer debriefing sessions with a nurse were conducted to validate the findings and interpretations. At the same time, input from barangay officers and health center staff further supported the accuracy of interpretations. Additionally, reflexivity and positionality were incorporated into the research process by recognizing and reflecting on biases and perspectives, and their potential influence on the study. This was achieved through self-reflection and ongoing dialogue with co-researchers, which helped understand and manage how these factors could impact the research.

Ethical Considerations

Ethical approval from the University Ethics Review Committee of Adamson University (2022-02-PHA-17) was secured and further approval from the Manila City District Office and the Manila City Health Office was obtained. All participants provided written consent before engaging in interviews, and their participation was entirely voluntary. FGDs and in-depth interviews occurred in designated private rooms offered by barangay officers and health centers.

RESULTS

General Characteristics of Men and Women of Reproductive Age 18-49 Years

Table 1 delineates the demographic characteristics of men and women aged 18-49 participating in the study, including sex, age, educational background, and marital status. Sixty participants were interviewed, with an equal distribution of ten individuals from each sex in each barangay. Most respondents in the FGDs were between 39 and 49 years old (36.7%), had a high school educational background (33.3%), had a history of using contraceptive pills (36.7%), and were predominantly married (46.7%).

General Characteristics of Primary Healthcare Providers

Table 2 presents the demographic characteristics of primary healthcare providers, including sex, age, and occupation within their local health centers. Sixteen healthcare professionals were interviewed, all of whom were female. The majority are aged 46-55 years (60.0%). Regarding occupation, most are nurses (37.5%), followed by midwives (31.2%).

Table 1. General Characteristics of Men and Women of Reproductive Age 18-49 Years (n = 60)

General characteristics	n	%
Sex		
Male	30	50.0
Female	30	50.0
Age (years)		
18 - 28	21	35.0
29 - 38	11	18.3
39 - 49	22	36.7
Educational background		
Elementary	5	8.3
High school	20	33.3
Some College	3	5.0
Types of contraceptives used		
Condom	5	8.3
Pills	22	36.7
Marital status		
Married	28	46.7
Single	7	11.7
Separated	2	3.3

N may not total to 60 due to missing responses

Table 2. General Characteristics of Primary Healthcare Providers (n = 16)

General characteristics	n	%
Sex		
Female	16	100.0
Age (years)		
25 - 35	1	10.0
36 - 45	6	10.0
46 - 55	6	60.0
56 - 65	3	20.0
Occupation		
Nurse	6	37.5
Midwife	5	31.2
Barangay Health Worker	4	25.0
Primary Physician	1	6.3

Misconceptions among Women of Reproductive Age 18-49

Table 3 presents a comprehensive analytical framework detailing misconception prevalent among women aged 18-49 in District 5, Manila City. Men in this study were not aware of contraceptives. These misconceptions span adverse health effects, emotional and behavioral changes, perceived ineffectiveness, and cosmetic and body changes associated with contraceptive use.

Adverse Health Effects

The study unveiled a substantial prevalence of misconceptions concerning the adverse health effects of contraceptives, indicating a significant deficit in accurate knowledge among participants. Many expressed concerns about specific health conditions, such as myoma, high blood pressure, kidney stones, and cancer, erroneously attributing them to contraceptive use.

> *"It seems like it causes something. It can cause cancer or cysts. It feels like pain in the kidney. When you take medicine, it worsens the kidney condition. If you get sick, especially those with high blood pressure, you will get even sicker."* – (Woman, 46, Intramuros)

Emotional and Behavioral Changes

Reported misconceptions regarding emotional and behavioral changes, such as irritability and loss of appetite, underscore the influence of anecdotal accounts over scientific evidence. Participants appeared to form beliefs based on individual experiences rather than factual information.

> *"As far as I know, the pills are strong and have side effects after taking them. Your head becomes hot and irritable if you take them long. Those are the side effects for women."* – (Woman, 40, Intramuros)

> *"Sometimes you do not feel like eating, and sometimes you get headaches. If you are compatible with injectables, you will gain weight because that is the reason I gained weight."* – (Woman, 24, Paco)

Perceived Ineffectiveness

The study identified a common misconception among participants regarding the perceived insolubility of contraceptive pills when administered, signifying a lack of understanding about their mechanisms of action and effectiveness.

> *"They say it may cause cancer or not dissolve properly, leading to side effects such as sickness, undissolved pills, or even high blood pressure [laughing]."* – (Woman, 31, Baseco)

> *"I know about condoms, but I do not know the names of the tablets – it is hard to use those things when you do not know – there are tablets that are taken, but you do not know if they are good or not. Sometimes I hear about people dying from those."* – (Woman, 26, Ermita)

Cosmetic and Body Changes

In contrast to other misconceptions, some participants expressed desires for specific cosmetic and body changes, revealing a misguided belief about the effects of contraceptives on physical appearance.

> *"It makes you gain weight – it does. I took pills after giving birth, and I gained weight, and my skin lightened [laughing] – that was good – it is like I had glutathione, and my breasts grew and became firmer."* – (Woman, 46, San Andres)

Programs, Interventions, and Strategies by Primary Healthcare Providers

Table 4 presents the strategies employed by primary healthcare providers in District 5 Manila Health Centers to address misconceptions about contraceptives. These include the types of contraceptives offered and the programs or interventions implemented.

Table 3. Misconceptions about the Effects of Using Contraceptives among Women of Reproductive Age

Key Themes	Sub-themes	Description
Adverse health effects	Development of diseases	Development of health complications (e.g., cancer, myoma, among others)
	IUD genital injury	Injuries and bleeding related to IUD
	Amenorrhea	Absence of menstrual bleeding
	Breakthrough bleeding	Small amount of spotting at a time, not expecting menstruation
	Weight gain	Increase in weight with the use of contraceptives
	Death	Imposes health risk that results in death
Emotional and behavioral changes	Loss of appetite	Decreased appetite during contraceptive use
	Irritability	Getting annoyed quickly
Perceived ineffectiveness	Insolubility	Insolubility of contraceptives once inside the body
Cosmetic and body changes	Skin whitening	Lightening of skin tone
	Breast hardness	Hardness of breast tissue
	Breast enlargement	Slight increase in breast size

IUD – Intrauterine Device

Open Dialogue during Service Delivery

Primary healthcare providers adeptly address misconceptions during critical healthcare encounters, strategically utilizing opportunities such as prenatal and postpartum check-ups, and infant or child immunizations. This integrated approach allows providers to recommend diverse contraceptive methods, offer detailed explanations of proper usage and precautions, and actively promote family planning.

> *"In the prenatal [check-up], I have already done that. I am already explaining to them that while they are pregnant, they should know what family planning is...all the explanation about the different types of family planning."* – (Nurse, Health Center E)

> *"When someone consults...even if it is prenatal, I advise them to do family planning, and then I explain the possible methods they can use here at the center already offered by the Manila Health [Department]."* – (Physician, Health Center E)

Patient Education

Primary healthcare providers are pivotal in dispelling misconceptions through proactive health education initiatives. By offering comprehensive explanations about contraceptives, including detailed information on proper usage and potential limitations, providers actively work to rectify misunderstandings and foster accurate knowledge among their patients.

> *"We have already explained that the human body is different. How your body accepts family planning is different. It is different until you have the contraceptive you are compatible with. Of course, you will try different contraceptives such as pills, IUD or whatever is first. If it is not your thing, you can switch to another method. That is it."* – (Midwife, Health Center F)

> *"Before we give them contraceptives, we first explain it to them thoroughly so that they are at least informed and so that they do not ask what it is. We will tell them ourselves, and then they will decide to continue for that."* – (Nurse, Health Center C)

Healthcare providers employ health teaching as a strategic means to impart knowledge and dispel misconceptions. These involve interactive sessions, lectures, and the teach-back method to assess patient understanding.

> *"Health Teaching is held at least once a month, wherein there is a gathering for women of reproductive age. So, we will have activities wherein we can explain what is available, what the benefits are, and what are the advantages and disadvantages of the contraceptives that are available here at the center."* – (Nurse, Health Center H)

Community Outreach and Workshops

Primary healthcare providers actively engage in health promotion initiatives as a proactive measure to counter misconceptions. Programs such as the "Usapan Series" [Talk Series] and "Women's Month" are strategically designed to underscore the advantages of family planning, providing detailed information about diverse contraceptive options. These programs encourage women to participate in local health centers' family planning initiatives.

> *"That 'Usapan Series,' wherein we group them by age. For example, teenage pregnancies, [those who are] pregnant, we are already doing family planning."* – (Midwife, Health Center F)

> *"We have a 'Women's Month' celebration that includes all women aged 18 and above and those younger than 18. Teenage pregnancy is discussed. We have invited mothers and pregnant women to join our activities, during which a lecture about contraceptives is given."* – (Nurse, Health Center B)

Table 4. How Primary Healthcare Providers Address Common Misconceptions about Contraceptives

Key Themes	Sub-themes	Description
Open dialogue during service delivery	Prenatal check-ups	During prenatal check-ups, primary healthcare providers offer different contraceptives and encourage family planning among pregnant women and first-time mothers.
	Postpartum check-ups	During postpartum check-ups, primary healthcare providers suggest different contraceptives and encourage family planning among postpartum mothers.
	Infant/child immunizations	During infant/child immunizations, primary healthcare providers offer different contraceptives and encourage mothers to practice family planning.
Patient education	Health teaching	Primary healthcare providers facilitate, explain, and teach what needs to be expected while on contraceptives.
	Teach-back method	How primary healthcare providers verify if the patient understands their discussion.
Community outreach and workshops	"Usapan Series" (Talk Series)	A regular program wherein primary healthcare providers facilitate teaching the reproductive age about contraceptives and family planning.
	"Women's Month"	Every March, a program focuses on women and provides activities involving talks/ seminars about contraceptives and family planning.

> *"We put much effort into persuading mothers to be on contraceptives, especially when they are back for their prenatal check-ups. All of the things are explained to the patient why they need to be on contraceptives."* – (Nurse, Health Center A)

DISCUSSION

This study was conducted in two phases to assess the knowledge of men and women of reproductive age and how the roles of primary healthcare providers address misconceptions about contraceptives. Four main findings focus on the understanding of men and women of reproductive age: (1) different adverse health effects that women experience in using contraceptives, (2) emotional, behavioral, and body changes, (3) perceived ineffectiveness of contraceptive pills, and (4) lack of awareness in the male population about contraceptives. Meanwhile, two main findings are related to primary healthcare providers' roles in addressing these misconceptions: (1) Patient education and (2) Health promotion.

Women participants who used contraceptives lacked accurate knowledge about the specific mechanisms and safety profiles of contraceptive methods. This leads to a significant misconception observed in this study, as women believe in adverse health effects associated with contraceptive use. Some misconceptions included the notion that contraceptives could lead to the development of diseases and health complications, such as myoma, high blood pressure, kidney stones, and cancer. Similar misconceptions have been reported in other studies conducted in various countries, including Egypt and Kenya.[14,15] These misconceptions often lead to unwarranted concerns about contraceptive safety and efficacy. To address these misconceptions, comprehensive education programs that provide evidence-based information about the actual risks and benefits of contraceptives are essential.

Women in this study also reported experiencing emotional and behavioral changes that they attributed to contraceptive use. This misconception is not unique to this study and has been observed in other regions. In some cases, irregular menstruation due to contraceptive use is associated with feelings of dizziness, bloating, and fainting.[14] It is crucial to provide accurate information to individuals to dispel these misconceptions. Emotional and behavioral changes may result from individual experiences or anecdotal accounts rather than scientific evidence.

Some participants reported body changes while using contraceptives, such as skin whitening, breast firmness, and breast enlargement, which they found appealing. This mindset highlights a lack of education about how contraceptives work and how the reproductive system functions. It underscores the need for proactive health education and promotion, especially in economically disadvantaged areas. Providing accurate information can empower individuals to make informed decisions about their contraceptive choices and set realistic expectations.

Another misconception that was observed was that participants expressed their belief that contraceptive pills were insoluble when administered, leading to doubts about their effectiveness and concerns about safety. This finding aligned with a research conducted in South Africa, where similar misconceptions were observed regarding contraceptive pills.[16] Addressing this misconception is vital to ensure that individuals have accurate knowledge about the mechanisms of action of contraceptive pills and their effectiveness in preventing pregnancy.[16] Clear explanations and information can enhance confidence in the efficacy of contraceptive pills and alleviate perceived inconveniences associated with their use.

Most of the misconceptions that women expressed were due to lack of awareness in the male population about contraceptives. In the Philippines, there is a significant gap in reproductive health education, with men primarily using the 'control' method as their preferred contraceptive. This finding contrasts with a qualitative study conducted in Kenya, where men are aware of various contraceptive options.[15] Lack of awareness may be due to cultural taboos and a reluctance to discuss sexual and reproductive health openly. This hinders men from seeking information and engaging in conversations about contraceptives. Traditional gender roles and expectations also limit men's involvement and understanding of contraception. Often, men are the primary decision-makers, while women are responsible for contraception. In South Africa, there is a need for comprehensive information about sexual and reproductive health.[17] Similarly, in the Philippines, wherein reproductive health programs focus on women, and a lack of educational initiatives addressing male reproductive health further contribute to the knowledge gap.[3]

To address this knowledge gap, the International Conference on Population and Development (ICPD) working group, with representatives from over 180 countries, including the Philippines, developed the ICPD Programme of Action.[18,19] This initiative emphasized the importance of men's involvement in reproductive health. However, most Filipino programs focus primarily on women's engagement, and the ICPD goal must still be met.[20,21] A qualitative analysis in Albay, Philippines, found that while men are aware of contraceptives and the need for involvement in sexual and reproductive health (SRH) and family planning, cultural taboos and patriarchal hierarchies limit their participation.[22] Significant changes are still required for men to fully share responsibility in these areas. Despite this recognition, meaningful progress has yet to be achieved. In contrast, a monitoring report from UNESCO highlights Sweden's comprehensive approach to sex education and social policy. Sweden was the first country to mandate sex and gender education and has a long history of providing youth-friendly sexual reproductive health services that cater to both men and women of all age groups.[23]

District 5 Manila City health centers have addressed misconceptions reported by women of reproductive age

in various ways, primarily through continuous patient interaction. Primary healthcare providers offer health education, mainly targeting women, to correct misconceptions about contraceptives. They assess women of reproductive age through open dialogue during various health services to determine whether they are using contraceptives and family planning methods. During these assessments and interactions, they provide accurate information about side effects and impacts, and recommend guidelines to ensure comprehensive understanding. The teach-back method assesses women's knowledge of contraceptive effects and expected outcomes. A systematic review in the US describes the teach-back method as a way to verify patients' understanding of their health information.[24] This approach is also recommended by the Agency for Healthcare Research and Quality and the Institute for Healthcare Improvement as a strategy for taking universal precautions regarding health literacy.[24] This is similar to the prospective cohort study design in the United States, which also describes the teach-back method as a way to help healthcare providers assess their patients' understanding. This method allows providers to reteach or modify their approach if comprehension is not demonstrated, acknowledging that patients play a crucial role in their health. Understanding the health information provided to them significantly impacts their health behavior and its possible outcomes.[25]

In addition to interactions in different health centers, other health promotional activities aligned with the Department of Health (DOH) programs, focusing on women's sexual and reproductive health, are being discussed. For instance, the "Women's Month" program focuses on women's reproductive health and raises awareness about contraceptives. The "Usapan Series" is regularly conducted by primary healthcare providers in each health center. This combination of personal interaction and promotional activities ensures that women, especially those of reproductive age, first-time mothers, and those with multiple children, are well-informed about their chosen contraceptives, dispelling misconceptions and providing accurate information to the public.

This study has some limitations as it was conducted exclusively within a single district of Manila City. Thus, the findings cannot be generalized to other districts or regions outside Manila. Additionally, the inability of some participants to communicate their sincere and personal knowledge may introduce potential gaps in the collected data. To overcome this, we tried to establish rapport by spending more time in the field and asking probing questions to obtain richer data. However, the male population may need more confidence in responding to inquiries regarding contraceptives, as they only gave limited answers to none.

Nevertheless, this study also has some strengths. It was conducted in two phases: one involved men and women of reproductive age to assess contraceptive knowledge and misconceptions, and the other focused on how primary healthcare providers address these misconceptions. Additionally, the research took place in a high-population district in Manila City with numerous health centers. Hence, the findings provided valuable insights into the community and the health sectors regarding contraceptive use and promotion.

CONCLUSION

The study on contraceptive misconceptions among women of reproductive age in District 5, Manila City, revealed gaps in knowledge that could influence family planning decisions. Primary healthcare providers play a crucial role in dispelling these misconceptions through comprehensive strategies encompassing service delivery, health education, and health promotion. By addressing multifaceted concerns related to adverse health effects, emotional changes, perceived ineffectiveness, and cosmetic expectations, providers contribute to fostering informed decision-making among women. This study underscores the importance of continuous efforts to enhance contraceptive literacy and promote accurate understanding among healthcare providers and the community.

Currently, the Philippines is still in the process of expanding knowledge about the use of contraceptives, particularly among individuals of reproductive age. The government, especially the health sector, should consider revisiting existing national policies, such as the Reproductive Health Law, by assessing their implementation in various communities. To further enhance contraceptive knowledge, engaging with communities, particularly in secluded and remote areas, is recommended through house-to-house teaching or community outreach programs supported by local government units. Additionally, the district of Manila can hold seminars in community and academic settings to further educate the public about contraceptives and eliminate prevalent misconceptions. Empowering barangay health volunteers with comprehensive training in contraception and reproductive health is essential, enabling them to provide accurate health information and support within their communities. By adopting these strategies, the government can promote informed decision-making regarding contraceptive use, ultimately improving reproductive health outcomes.

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APPENDICES

Table 1. Topic Guide for Men and Women of Reproductive Age

Socio-demographic characteristics
1. State your age and sex (e.g., 24 - F)
2. State your marital status.
3. State your occupation and educational background
Personal History
4. Have you ever used contraceptives? If yes, kindly state the contraceptives you have used.
5. If yes, where did you know how to use it?
6. If no, kindly state if you know someone who has ever used contraceptives (e.g., No, but I know someone) (Kindly don't mention his/her name).
7. What is your reaction/s when you discover that he/she is using contraceptives?
Knowledge and Awareness
8. Where did you learn about this contraceptive?
9. Do you know how to use any contraceptives properly? Elaborate on how to properly utilize your identified contraceptives.
For what reasons or factors are you using contraceptives?
10. Are you aware of common contraceptive myths/misconceptions that greatly influence social norms/taboos in the Philippines? Where did you know these types of myths/misconceptions?
11. Where did you learn about this contraceptive?
Characteristics and Attitudes
12. If ever you used contraceptives, did you ever ask a health worker how to use them?
13. If yes, what are your behavior and actions when asking how to use it?

Table 2. Topic Guide for the Healthcare Providers

Socio-demographic characteristics
1. State your age and sex (e.g., 24 - F).
2. State your marital status.
3. State your occupation and educational background.
4. What are your roles and responsibilities in your barangay? Please specify.
Personal History
5. Have you encountered patients using contraceptives? If yes, what are the common contraceptives they were asking for?
6. Based on the previous question, what misconceptions do they encounter about contraceptives?
Knowledge and Awareness
7. What are the contraceptives offered in your health center?
8. Do you know common contraceptive myths/misconceptions that greatly influence social norms/taboos in the Philippines? Explain.
9. How did you address and correct those misconceptions?
Characteristics and Attitudes
10. Do you have any interaction with a patient in your health center asking how to use a contraceptive? Explain.
11. If yes, how do you react to this encounter? Explain your behavior and action.
12. As a health worker, do your behavior and action adhere to ethical and professional standards for your patient? Explain.