

FEMALE REPRODUCTIVE LIFE - MYTHS & REALITIES

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ABSTRACT

Objective: To determine the knowledge and practice of myths associated with female reproductive life prevailing in our society.

Place and Duration of Study: The study was taken in Gynaecology Department of Military Hospital Rawalpindi from 01st May 2008 to 30th May 2008.

Patients and Methods: About 250 female patients attending the Gynae / Obst department of the Military Hospital as out patient were involved. Each patient was asked to fill up a Performa designed to assess knowledge and practice of myths associated with female reproductive life prevailing in our society. The participants ranged from various socio - economic and educational background; however majority of the patients reporting at the Gynae / Obst department of Military Hospital Rawalpindi belong to lower socio - economic and poor educational background. Age was not selected as a criteria however only adult, married women were interviewed since these constitute the bulk of patients attending to the Gynae / Obst department of the Military Hospital Rawalpindi.

Results: A majority believed in myths related to menstruation, pregnancy, epidural analgesia, infertility and menopause. However the knowledge about family planning and C-section was quite up to date and majority did not believe in the myths related to these aspects of female reproductive life.

Conclusion: The study shows that although the myths related to family planning and C-section are not affecting the life styles of majority of our population, but still there are areas in the female reproductive life like menstruation, pregnancy, epidural analgesia infertility and menopause where concepts are not very clear in the general population and there is a need of proper health education of the masses regarding these aspects.

Keywords: Myths, Reproductive life, Realities, Health Education.

INTRODUCTION

The reproductive life of women is surrounded with various myths, which have a profound effect on the life style of our women, not only in the rural area but in the developed parts of the country as well. Myths are frequently associated with the incredible or wholly imaginary. It gives the impression of a story invented or coming from an irresponsible source.

Older ladies in the families are very much convinced about these myths and try forced imposition of their beliefs on the life style of younger women in the family as they passes through the various stages of their reproductive life. Some of the measure taken / adopted as a result of their believe in these myths may have deleterious effects on the

health of the women.

Some effected women may seek medical advice for the practices imposed however only a small minority has access and education to seek medical advice. USAID reports that the average duration of schooling for boys is 1.9 years while that for girls is 0.7 years. Some 37 percent of all boys and 55 percent of girls never enter school. Of those who do, 50 percent drop out within the first five years. The results are not surprising: Illiteracy rates among Pakistanis are approximately 41 percent for men and 65 percent for women¹.

The relief in turn depends upon the information supplied to them by the health care professionals who should have accurate, up-to-date knowledge and skills. In the present study we wanted to assess the practicing of various types of myths in our society associated with the reproductive life-span of women and to find out the relative importance of these myths, so

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that the need to address these areas is highlighted.

SUBJECTS AND METHODS

A prospective study was carried out at Obstetrics and Gynecology Department of Military Hospital Rawalpindi. Using non-probability convenience sampling technique, 250 patient were included. Most of the patients reporting at Obstetrics and Gynecology Department of Military Hospital Rawalpindi belong to lower socio - economic and poor educational background, since officer class is not entitled here. All the subjects were required to fill a questionnaire. The subjects were not required to disclose their identity as a pre-requisite. This affect was left optional. The importance of the study and briefing about the Performa was given to the respondents. It was designed to assess believes of the respondents on various myths related to the reproductive life of women prevailing in our society.

RESULTS

A total of 250 subjects were studied. The response to filling-up of Performa was 100%. The participants ranged from various socio-economic and educational background, however majority of the patients at Military Hospital Rawalpindi belong to lower socio - economic and poor educational background. Age was not selected as criteria but only adult, married women (having an age range between 21-40 years with a mean age of 27 year approx) were interviewed in this study. My subjects being from an army background were not only residents of Rawalpindi city but were posted in Rawalpindi from different parts of the country thus provided a mixed ethnic and racial group.

Out of 250 subjects, 229 (92%) believe that menstruation begins early by eating so called "hot food". 228 (91%) are of the opinion that the quantum of menstrual bleeding decreases by eating so called "cold foods". 222 (89%) believe in the myth to avoid bathing during menstruation. Myths regarding pregnancy are given in (Table-1).

The response about believing C-section to be a risk to life remained nearly equal in affirmation and otherwise. Only a minority

consider that after C-section women loses power to become pregnant. Similarly majority don't believe in the myth that once a C-section always a C-section (Table-1).

About epidural analgesia, 123 (49%) consider that epidural analgesia leads to permanent backache. 182 (73%) believe that avoidance to undertake labour pains by employing epidural analgesia to conduct painless delivery will lead to weak bond between mother and baby.

On myths about family planning, only a minority believe that taking pills (OCP) will make women infertile. The majority of the study group doesn't believe it to be true that taking pills (OCP) lead to cancer. Only a minority believe that women who take pills have abnormal babies. Only 21% consider that pills (OCP) convert women into intersex (Table-2).

On the issue of infertility, majority believe in the myth that men cannot be infertile. 50% believe that women once pregnant will remain fertile in future. Only a minority out of the study group believe in the myth that adopting a child will bless fertility in women (Table-4).

Regarding myths about menopause, 70% don't agree to the myth that cessation of menstrual bleeding makes the women happy - because of relief from mess. However the majority considers that cessation of menstrual bleeding has bad effects on health. Similarly 80% of the study group believes in the myth that onset of menopause leads to refractive error of eyes (Table-4).

DISCUSSION

There are many explanations about the origins of myths. No country or person is free from superstitious believes. Some believe that myths are derived from some sort of taboos exciting in different inhabitants of ancient communities. Others consider these to arise from humane people trying to sympathize with the sick.

Myths have been around since the beginning of time. It originated with the Greek's account of creation and covers all

Table-1: Myths regarding pregnancy and C-section

Pregnancy	Yes	No	No comments
Eating "Hot foods" leads to abortion	222 (89%)	25 (10%)	3 (1%)
Women should drink oil (ghee) near delivery.	206 (82%)	29 (12%)	15(6%)
Eclipse leads to deformed babies.	189 (76%)	46 (18%)	15(6%)
Women should avoid drinking water after delivery to reduce weight.	196 (78%)	42 (17%)	12 (5%)
C-Section	Yes	No	No comments
Is a risk to life	126 (50%)	117 (47%)	7 (3%)
Women loose power to become pregnant after C-section.	30 (12%)	213 (85%)	7 (3%)
Once a C-section, always a C- section.	66 (26%)	170 (68%)	14 (6%)

Table-2

Family planning	Yes	No	No comments
Taking pills (ocp) will make a Woman infertile.	55 (22%)	175 (70%)	20 (8%)
Pills (ocp) lead to cancer	44 (18%)	175 (70%)	31 (12%)
Women who take pills (ocp) will have abnormal babies.	33 (13%)	198 (79%)	19 (8%)
Pills (ocp) convert a women into intersex	52 (21%)	178 (71%)	20 (8%)

Table-3

Infertility	Yes	No	No comments
Husband can also be infertile.	42 (17%)	195 (78%)	13 (5%)
Women once pregnant will remain fertile in future.	124 (50%)	88 (35%)	38 (15%)
Adopting a child will bless fertility in women.	96 (38%)	127 (51%)	28 (11%)

Table-4

Menopause	Yes	No	No comments
Onset makes the women happy - because of relief from mess	72 (29%)	176 (70%)	2 (1%)
Onset upset the women.	206 (82%)	42 (17%)	2 (1%)
Onset leads to refractive error of eyes.	200 (80%)	29 (12%)	21 (8%)

others imaginable subjects². Much of the symbolism and many of the stories of Bible may be traced to earlier myths of Persians, Egyptians and other people from near east³.

The word "Mythology" refers to a body of myths / stories that a particular culture believes to be true and that uses the supernatural to interpret natural events and to explain the nature of the universe and humanity⁴. Myths found this part of the world were initially part of the Hindu culture and in our existing set-up have undergone drastic changes and are far away from their original form. The knowledge of Islam and science has helped in the process of demythization of the society, but still these prevail in many sectors of our society.

Different myths are associated with different stages of female reproductive life. As for the myths associated with menstruation,

medical literature don't support the myths that menstruation begins early by eating so called "hot foods", the quantum of bleeding decreases by eating so called "cold foods" or women should avoid bathing during menstruation. In actual fact the usual age of menarche in girls is anywhere between 10 and 16 years (peak time is 13 years), and there is no relation of type of food intake with it⁵. The duration of menstrual blood loss varies between 2-7 days with a mean of 5 days⁶.

Similarly there is no medical evidence that in pregnancy eating hot foods leads to abortion, that women should drink oil (ghee) near delivery, "cold food" should be avoided during pregnancy, eclipse leads to deformed babies or women should avoid drinking water after delivery to reduce weight. In fact a normal mixed diet relatively low in fat and

carbohydrates with some milk supplement should be the aim in pregnancy⁷.

Whenever indicated C-section is only performed to save the life of the mother and the baby. The UK national Health Science gives the risk of death for the mother after C-section as three times that of a vaginal birth. However it is misleading to directly compare the mortality rates of vaginal and caesarean deliveries. Women with severe medical disease often require caesarean section which can distort the mortality figures⁸. The once true adage of "once a C-section, always a C-section" has been discarded. In fact more than 80% of women will be able to have a vaginal birth after C-section (VBAC). Rather VBAC is safer than repeat cesarean section and VBAC with more than one previous caesarean does not pose any increased risk⁹.

Back pain is very common after pregnancy and labor. 10% of women will develop lower back pain during pregnancy or around time of delivery. The likelihood of having continued back pain after delivery are the same whether or not epidural analgesia was employed during labor¹⁰. The effect of epidural of epidural analgesia on the newborn has been extensively investigated. The overall effect is to neither harmful nor help the child¹¹.

There is no medical evidence that the intake of oral contraceptive pills (OCP) makes women infertile or will be associated with birth of abnormal babies. However certain side effects are reported in the literature. Regarding association of OCP with cancer, the risk of endometrial and ovarian cancer actually goes down the longer you are on pill. After one year the risk decreases by 50 percent¹². Current or former oral-contraceptive use has been found not to be associated with a significantly increased risk of breast cancer¹³. Husband can also be infertile. Infect male factor infertility is responsible for up to 25% of all cases of infertility¹⁴. Women who become pregnant once can develop secondary infertility later in their life. Past performance is not a guarantee of future performance. At least one factor has definitely changed since the last pregnancy, and that is age. Similarly there is no data to support

that if you adopt a baby you will get pregnant; while there can be many examples of this happening to support it¹⁵.

With menopause, comes moodiness, but it is inevitable. However women are not specifically happy or upset about the onset of menopause. The fact is that passing through the transition makes women a bit more vulnerable to stress. If she is unlucky to have a stressful incidence at the same time, it will be more difficult for her to cope¹⁶. There is no evidence that menopause leads to refractive error of eyes. Symptomatology of menopause doesn't include any vision changes¹⁷.

Realities and myths do not go together. Myths basically evidence because of lack of education, awareness of fact and old believes of people. Stronger strategies would be required to eradicate myths that prevail in our society.

General awareness can be spread through poster among the local population. In our school syllabus especially at middle and metric level basic health knowledge can be included in simple language. The higher literacy rate will help eradicate the evil effects of myths. Good doctor-patient relationship can go a long way in cleaning the misconceptions of patients about their health. Electronic media can also raise general knowledge of the population to help alleviate their misconceptions about female reproductive health.

CONCLUSION

The study shows that myths relating to "Female Reproductive Life" are very much prevalent in our society. As per this study, the myths related to family planning and C-section are not very much affecting the life styles of our population, but still there are areas in the "Female Reproductive Life" like menstruation, pregnancy, epidural analgesia, infertility and menopause where concepts are not very clear in the general population and there is a need of proper health education of the masses regarding these aspects.

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