

ICHTF – AAP KY CHAPTER

June 2020

Beyond Contraception, cultural aspects

A 17-year-old Hispanic female presents to you for evaluation of irregular menses. Upon physical exam you note that she has mild hirsutism, central adiposity and acne. Her family history is significant for infertility problems in her maternal aunt and mother. When interviewing the patient alone, she denies history or current sexual activity. The remainder of her social history was reassuring. She had low risk behaviors.

The mother states that she had similar gynecologic issues when she “was her daughter’s age”. After complete laboratory evaluation, you have diagnosed your patient with Polycystic Ovarian Syndrome (PCOS). In addition to lifestyle modifications, you have recommended that she start a combined oral contraceptive as this can be a part of the treatment for PCOS. Her mother was opposed and felt strongly that she “would not be starting her on a birth control pill”. What factors do you consider that may be culturally specific? What is the next step in your discussion?

Discussion: Beyond Contraception

The advent of hormonal contraception in the United States has not been without significant controversy. The first combined oral contraceptive was formulated in 1960 but was only available to married couples. In 1972, hormonal contraception was legalized to be made available regardless of marital status. Obviously, this continues to be very controversial subject among various religious and cultural groups and often a long conversation when prescribing to adolescents.

Unfortunately, the term “birth control pill” was coined for a combined estrogen and progesterone medication decades ago and continues to this day. Despite that oral contraceptives (OCPs) are commonly called “birth control” or “the pill”, we know that it has many other medical uses. In the US, 11.2 million women ages 15-44 are taking OCP’s and 58% of these women report using it for other reasons other than contraception.

The following are common diagnoses that are treated with OCPs:

- *Dysmenorrhea
- *Premenstrual Syndrome
- *Polycystic Ovarian Syndrome
- *Primary Ovarian Insufficiency (such as chemotherapy related hypoestrogenic state, Turner’s syndrome)
- *Acne
- *Endometriosis

Case Discussion:

The high prevalence of PCOS in the adolescent patient population makes the discussion of the importance of starting a combined hormonal pill a common occurrence in adolescent clinics. There is an important aspect that one faces in this specific case; the possible distrust that the parents may feel when you are suggesting that their daughter start “a birth control pill”.

There are several cultural aspects that influences parental distrust on the use of OCP’s. There are strong myths and misconceptions about the mechanism of action of OCPs, “having an abortion”, prevention of the creation of life and therefore “abortive”, OCPs being used exclusively for contraception are common beliefs (6). Religious affiliation may play an important role in acceptance of this type of treatment. In this case, our patient is Hispanic; perhaps the opinion of Roman Catholic Church towards contraception may also influence parents or guardian’s reluctance to start OCPs.

In one study, specific side effects of OCPs were evaluated in Latina women. Weight gain, irregular bleeding, headache and hair loss were concerns reported by Latina women. They also expressed concern about future reproductive capacity after contraceptive use (7). The misbelief that the adolescent may become infertile would also influence acceptance of this treatment.

Back to our case, explaining the purpose of starting this medication, the etiology of PCOS and more specifically the dysregulation of hormones, reassuring regarding reversibility of OCPs, perhaps a strong statement that this medication is not been used as contraceptive but to treat a medical condition and it is not a “abortive pill” would facilitate parental understanding and acceptance of treatment.

References

- 1- “Contraception for Adolescents.” Mary A. Ott, Gina S. Sucato and COMMITTEE ON ADOLESCENCE. *Pediatrics* October 2014, 134 (4) e1257-e1281; DOI: <https://doi.org/10.1542/peds.2014-2300>
- 2- “Parents’ Belief About Condoms and Oral Contraceptives: Are They Medically Accurate”. Eisenberg, ME. *Perspectives on Sexual and Reproductive Health*. Vol.36 Issue 2. 50-57
- 3- Tehrani, FR. “Polycystic Ovarian Syndrome in Adolescents: Challenges in Diagnosis and Treatment.” *Int J Endocrinol Metab*. July 2019; 17(3).
- 4- https://www.guttmacher.org/sites/default/files/report_pdf/beyond-birth-control.pdf
- 5- <https://www.pewresearch.org/hispanic/2007/04/25/ii-religion-and-demography/>
- 6- Futuros Saludables [Healthy Futures]: Knowledge, Beliefs and Attitudes about Contraception among Rural Latino Youth in Kansas. Romina Loreley Barral M.D., University of Buenos Aires, 2001.
- 7- Knowledge and Beliefs about Contraception in Urban Latina Women. Pavithra Venkat; Rachel Masch; Eliza Ng; Miriam Cremer; Sue Richman; Alan Arslan. *J Community Health* (2008) 33:357–362.