

Many Websites Fail to Dispel Myths About IUDs, Emergency Contraception, Birth Control, and Proper Timing of Pap Smears

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BACKGROUND

- Approximately 25% of adolescents acquire “some or a lot” of sexual health information online^{4,6,7}
- Myths about STDs, EC, and Birth Control are widespread among adolescents⁴
 - 31% of adolescents believed that EC induces abortion
 - 35% of adolescents had never heard of EC
 - 53% of adolescents incorrectly said you cannot get an STD by kissing an infected individual
 - 45% of newspaper articles between 1999-2002 confused EC and RU-486 at least once⁸
- No studies have investigated the extent to which these myths exist and are perpetuated on the internet
- Several notable changes to policy and clinical recommendations have occurred in the last 5 years.
- In 2006, EC was made OTC for people 18 and over
- Since 1997, 9 states have passed laws authorizing pharmacists to dispense EC to women (including minors) : AK, CA, HI, ME, MA, NH, NM, VT, WA
- Research has shown that there are no contraindications to IUD use in adolescents^{2,3,5}
- In 2003, ACOG changed its Pap Smear policy: pap smears are recommended for women who have been sexually active for 3 or more years and for those 21 years of age and older. Before 2003, pap smears were recommended immediately after coitarche or at age 18.¹
- No studies have investigated whether health websites have updated their content to reflect these changes

References

1. ACOG. “Cervical Cancer Screening: Testing Can Start Later and Occur Less Often Under New ACOG Recommendations” July 2003.
2. ACOG Committee Opinion No. 392, December 2007. Intrauterine device and adolescents.
3. Gold, MA & Johnson, LM. “Intrauterine Devices and Adolescents (Review).” *Current Opinions in Obstetrics & Gynecology*, 2008; 20(5):464-9
4. Kaiser Family Foundation. *National Survey of Adolescents*, 2003.
5. McNaught, Jenna. “Adolescents and IUDs—Not a Contraindication.” 2006; 19(4): 303-305
6. PEW. “Teens & Parents 2005.” *Pew Internet & American Life Project*. December 2005.
7. PEW. “The Engaged E-Patient Population.” *Pew Internet & American Life Project*. August 2008
8. Pruitt, SL & Mullen PD. “Contraception or abortion? Inaccurate descriptions of emergency contraception in newspaper articles, 1992-2002. *Contraception*. 2005; 71: 14-21

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OBJECTIVES

1. Determine the prevalence of sexual health myths on websites.
2. Determine if websites have revised their content to be consistent with recent public policy (2006) and clinical recommendations by ACOG (2003).
3. Identify factually correct websites to which providers can recommend their patients.

METHODS

Website Content Classification

Generic Health Websites	WebMD, FamilyDoctor.org, WomensHealth.org, MedicineNet.com, GoAskAlice, MayoClinic.com, TeensHealth (part of KidsHealth.org) YoungWomensHealth.org, Health.com, HealthyWomen.org, eMedicineHealth.com, Feminist Women's Health Center (fwhc.org), LiveStrong.com	13
Sexual Health Websites	PlannedParenthood.org, IWannaKnow.org, Teen Wire.com, Avert.org, SexEtc.org, SexualHealth.org, SexHealthGuru.com, SexualHealth.Com, Scarleteen.	9
Emergency Contraception Websites	Not-2-Late.com (Princeton Site); Go2PlanB.com, AWAREFoundation.org, Concerned Women for America, MorningAfterPill.org, MAPConspiracy.Org	6
General Information Sites	Cosmopolitan.com, About.com, Wikipedia.org, Centers For Disease Control and Prevention, American Life League, FDA.gov.	6
STD Website	Roberttaylormd.com	1
Total Number of Websites:		35

• 35 websites were selected and reviewed between July and August 2008

• **Selection Criteria:** practitioner recommendation & Google searches of key terms such as “birth control,” “morning after pill,” and “sexually transmitted disease.” The top 10-15 results of each search were included.

• Exclusion Criteria:

1. Websites not frequented by US residents (identified using Alexa Traffic Rank)
2. Websites containing minimal sexual health information

• Websites were evaluated based on the presence of 26 pieces of sexual health information

RESULTS

Emergency Contraception

- 71% of EC pages were updated after August 2006 (when EC was made OTC to those 18+)
- 16 of 34 EC web pages correctly stated that minors need a prescription for EC and that adults can buy EC over the counter,
- But they did not mention that minors can buy EC directly from authorized pharmacists in certain states.
- 10 of 34 sites failed to mention that EC is not an abortifacient or that EC is not the same as RU-486.

Birth Control

- 60% incorrectly listed weight gain as a possible side effect of OCPs
- 41% of Depo-Provera pages did not mention that fertility may take several months to resume after ceasing injections.

• 74% of websites with IUD pages were updated in 2008, though few reflect 2003 reports and the 2007 ACOG recommendation that say adolescents can safely use IUDs:

- Only 5 of 27 pages specified that IUDs are safe for use in adolescents
- 64% of IUD web pages were neutral—they did not mention adolescents nor suggest that IUD use by them could be unsafe.
- 3 sites incorrectly stated that only parous women should use IUDs.

Sexually Transmitted Diseases

- 93% of STD web pages specified that STDs can be contracted through oral, vaginal, and anal sex
- STD pages varied in the way they described other forms of transmission—14 of 29 STD pages stated that STDs can be contracted through skin to skin contact. Of these, 9 of 29 STD web pages clearly specified that STDs (e.g. Herpes) can be transmitted through kissing.

Pap Smears

- 96% of websites with Pap Smear information were updated after 2005
- But, 40% of websites provide recommendations contrary to ACOG's 2003 report¹ (e.g. sites said women should have pap smears every time they change sexual partners, at age 18, or immediately following coitarche)
- 43% correctly recommended women should get pap smears at age 21 or 3 years post-coitarche

CONCLUSIONS

• Many online myths on websites about about EC (pharmacy availability and mechanism), adolescent use of IUDs, and recommended age at first Pap Smear.

• Online STD information is fairly accurate.

• Although websites are updated frequently, they do not always incorporate changes to policy or to clinical recommendations that have occurred within the past 5 years. Websites should consider more frequent reviews by health practitioners to contain accurate information consistent with such changes.

• Practitioners should be aware of myths on “reputable health websites” and actively debunk them in clinical settings.