

Young women's experiences of side-effects from contraceptive implants: a challenge to bodily control

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Abstract: *In the UK, long-acting reversible contraceptives have been welcomed by sexual health policy-makers and many practitioners as a particularly effective way of preventing unintended pregnancy, especially teenage conception. However, little is known about women's individual experiences of these forms of contraception beyond limited data on retention rates and reasons for discontinuation. The main aims of this research were to gain a fuller understanding of why some young women have their implants removed, and what may help them maintain this method of contraception if they wish to do so. The contraceptive choices of 20 young women (aged 16–22) who had chosen the implant, and later discontinued it, were examined. They had experienced unacceptable side effects that they attributed to the implant, and interpreted as a threat to their bodily control, which they were not prepared to tolerate. These feelings were exacerbated if they then encountered delays after requesting removal. Although they remained concerned to avoid unintended pregnancy, they generally moved to a less reliable form of contraception following implant removal and felt discouraged from trying other long-acting contraception. We suggest that principles of contraceptive choice should include facilitating the discontinuation of unsatisfactory methods; implant removal should therefore be readily available when requested, regardless of the length of time the implant has been in place. Long-acting forms of contraception do not suit all women, and will not obviate the need for other forms of reproductive control, including legal abortion.*

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Keywords: contraception and unwanted pregnancy, long-acting reversible contraception, implants, reproduction, bodily control, United Kingdom

The provision of effective and reliable contraception is vital in enabling women to assert control over their reproductive lives, and reproductive control has long been seen as a central component of feminist calls for women's bodily control.¹ Long-acting reversible contraceptives (intrauterine devices (IUD), intrauterine systems (IUS), implants, and injections) are highly effective methods of contraception that have the potential to contribute substantially towards improving women's reproductive control. The implant is one of the most reliable forms of contraception available, and this – along with its “fit and forget” feature – is its main attraction. Some women, however, experience side effects that they are not prepared to tolerate and which lead to discontinuation of the method. The research reported here was carried out in London (UK), but the research

findings have implications for contraception provision more generally.

Background

In recent years in the UK, there has been a concerted policy drive to reduce the rates of teenage pregnancy,² and also to reduce unintended conceptions by improving women's access to a full range of contraceptive methods.³ The contraceptive implant became a central part of the strategy to reduce unintended conceptions, particularly in the teenage population. In October 2005, the UK National Institute for Health and Clinical Excellence (NICE) published guidelines for “the effective and appropriate use of long-acting reversible contraception”, popularly called LARCs.⁴ In these guidelines, LARCs were presented as a cost-effective,

and highly reliable, form of contraception that should be more widely accessible to all women. Assessing cost effectiveness is part of the remit of NICE, and an economic analysis associated with the LARC guidelines demonstrated that the cost-effectiveness of LARC methods is dependent upon the length of time they are retained.⁵ After two years or more, all LARC methods are more cost-effective than the contraceptive pill and the male condom, with the implant (an expensive form of contraception licensed for three years in situ) being one of the most cost-effective methods in the absence of “early” removal.⁶ For contraceptive providers there is thus a tension between providing an effective contraceptive, with unpredictable side effects, that may or may not prove to be acceptable to women; and financial considerations. For individual women, there is a tension between contraceptive reliability and acceptability. Although all forms of contraception can be obtained at no cost through the National Health Service in the UK, the expense of the implant means cost-effectiveness is important to budget holders⁷; and elsewhere cost is likely to be an important consideration for women.

There are relatively few studies examining the continuation rates of the contraceptive implant. In small scale studies in the UK, Smith and Reuter⁸ report continuation rates (within one year) of the implant of between 67% and 78%, whilst Lakha and Glasier⁹ report 75%. Blumenthal¹⁰ reports an overall discontinuation rate of 32.7% (within five years) based on an analysis of 11 international clinical trials. It has also been calculated that 60–64% of implant removals are for irregular/unpredictable bleeding.^{9,11,12} However, irregularities of bleeding are not the only reason for removal. Other reasons include weight gain and headaches.¹¹ Studies have also shown that side effects (especially irregular bleeding) may be experienced but tolerated in exchange for reproductive control.¹³

Qualitative research has shown how method switching or discontinuation is a very individualised process. In a study about inconsistent use of hormonal contraception, some women saw delaying childbearing as being the most important consideration, and consequently tolerated undesired side effects, whilst others decided not to continue with contraception precisely because of these side effects. Women wanted control over their functioning bodies, but what they deemed ‘control’ was variable and dependent on personal

values.¹⁴ Both the selection and the rejection of methods of contraception can be viewed as affirmations of control.¹⁵ Thus, in their contraceptive choices, women combine considerations of bodily concerns (physical functioning and experience) with personal values and beliefs. One personal value often unacknowledged by providers is some women’s anxieties about hormonal contraception disrupting their “natural” bodies.¹⁶

In a key feminist text, Judith Butler¹⁷ distinguished between the biological processes of the body and how cultural discourses shape understandings of those processes. This distinction is drawn upon in this paper, as is Shildrick’s notion of the “leaky body”,¹⁸ whereby leakage (in this case menstrual bleeding) is seen as symbolic of women’s lack of control over their bodies. Laws has argued that the social significance of having a period is learnt and interacts with the physiological process to produce behaviours influenced by cultural attitudes. Women can feel under pressure to adhere to expectations about how they should feel and behave during their bleeding and to observe a “menstrual etiquette” (i.e. concealment of bleeding, avoidance of sex).¹⁹ In this paper, we understand bodily control as incorporating physical and emotional control, and privilege women’s own feelings about their bodies, and their understandings of bodily control. We also consider how young women’s perceptions of side effects they attributed to the implant reveal tensions between notions of reproductive vs. bodily control.

Methodology

The contraceptive careers of 20 young women (aged 16–22) were examined using semi-structured qualitative interviews. The women were recruited from four London health authorities, and were identified with the help of practitioners at sexual health clinics. They were purposively selected to meet the age and early implant removal criteria. They were also self-selecting: if interested in the research, participants gave their consent to be contacted for interview by the researchers, and were interviewed two to three weeks after implant removal. We attempted to ensure we recruited a diverse sample within the parameters of the research, and sought to identify the main issues of concern to this population. To this end, we continued to recruit to the study until we judged we had reached data saturation, i.e. issues, themes

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