

## Hormonal Contraception and Female Pain, Orgasm and Sexual Pleasure

Nicole K. Smith, PhD, MPH,\* Kristen N. Jozkowski, PhD,<sup>†</sup> and Stephanie A. Sanders, PhD<sup>‡,§</sup>

\*Office of Population Research, Princeton University, Princeton, NJ, USA; <sup>†</sup>Department of Health, Human Performance & Recreation, College of Education and Health Professions, University of Arkansas, Fayetteville, AR, USA;

<sup>‡</sup>The Kinsey Institute for Research in Sex, Gender, and Reproduction, Indiana University, Bloomington, IN, USA;

<sup>§</sup>Department of Gender Studies, Indiana University, Bloomington, IN, USA

DOI: 10.1111/jsm.12409

### ABSTRACT

**Introduction.** Almost half of all pregnancies in the United States are unintentional, unplanned, or mistimed. Most unplanned pregnancies result from inconsistent, incorrect, or nonuse of a contraceptive method. Diminished sexual function and pleasure may be a barrier to using hormonal contraception.

**Aim.** This study explores sexual function and behaviors of women in relation to the use of hormonal vs. nonhormonal methods of contraception.

**Methods.** Data were collected as part of an online health and sexuality study of women.

**Main Outcome Measures.** Main outcomes variables assess frequencies in two domains: (i) sexual function (proportion of sexual events with experiences of pain or discomfort, arousal, contentment and satisfaction, pleasure and enjoyment, lubrication difficulty, and orgasm) and (ii) sexual behavior (number of times engaged in sexual activity, proportion of sexual events initiated by the woman, and proportion of sexual events for which a lubricant was used). Sociodemographic variables and contraceptive use were used as sample descriptors and correlates. The recall period was the past 4 weeks.

**Results.** The sample included 1,101 women with approximately half ( $n = 535$ ) using a hormonal contraceptive method exclusively or a combination of a hormonal and nonhormonal method, and about half ( $n = 566$ ) using a nonhormonal method of contraception exclusively. Hierarchical regression analyses were conducted to examine the relation of hormonal contraceptive use to each of the dependent variables. Women using a hormonal contraceptive method experienced less frequent sexual activity, arousal, pleasure, and orgasm and more difficulty with lubrication even when controlling for sociodemographic variables.

**Conclusions.** This study adds to the literature on the potential negative sexual side effects experienced by many women using hormonal contraception. Prospective research with diverse women is needed to enhance the understanding of potential negative sexual side effects of hormonal contraceptives, their prevalence, and possible mechanisms. Clinical and counseling implications are discussed. **Smith NK, Jozkowski KN, and Sanders SA. Hormonal contraception and female pain, orgasm and sexual pleasure. J Sex Med 2014;11:462–470.**

**Key Words.** Contraception; Female Sexual Pleasure; Orgasm; Vaginal Lubrication; Vaginal Pain; Sexual Function; Sexual Behavior

### Introduction

For the first time in over two decades, estimates suggest a declining trend in the rate of unintended pregnancy in the United States, particularly among teens [1,2]. However, unintended pregnancy rates in the United States remain

among the highest of all industrialized countries. Almost half of all pregnancies in the United States are unintentional, unplanned, or mistimed, with an estimated 3.2 million unintended pregnancies occurring in 2006 [1,2]. The economic and emotional costs associated with these births, along with high rates of teen pregnancy, constitute a major

public health concern—the associated costs of publicly funded births exceed \$11bn annually [3,4]. Most unplanned pregnancies result from inconsistent, incorrect, or nonuse of a contraceptive method [5,6]. Barriers such as cost, negative side effects, concerns regarding hormone use, partner influences, and misinformation about contraception impede more widespread acceptance and utilization of highly effective methods [6,7]. Additionally, diminished sexual pleasure experienced by some women who use hormonal contraceptive methods may also be a barrier to use [8–16].

The negative impact of oral contraceptives on women's sexual desire and arousal has been reported in the literature, with few efforts to explain or address these effects [10–16]. For almost four decades, researchers and clinicians have known that oral contraception has been linked to side effects such as depression, headaches, and loss of libido; however, few clinical remedies or recommendations exist for women experiencing these sexual side effects [16–19]. Davison and colleagues found that premenopausal women using an oral method reported significantly lower frequencies of sexual thoughts, interest, and sexual events per month as compared with nonusers [13]. Research has also shown that women report decreased arousal after 3 months of oral hormonal use, and decreased sexual desire and activity after 9 months of use [17]. Some women report a decreased interest in engaging in sex as well [11,15]. Sanders and colleagues identified a link between decreased interest and frequency of sex and increased likelihood of discontinuing the hormonal contraceptive method, thus potentially increasing a woman's vulnerability to unintended pregnancy [11].

Other hormonal birth control methods, in addition to oral contraceptives, have also been linked to changes in sexual function [10]. Research examining methods such as the birth control patch and ring is limited. However, findings from two studies suggest that women using the patch or the ring were likely to experience sexual side effects such as reduced frequency of orgasm and a reduction in self-reported desire, arousal, lubrication, and satisfaction at the last sexual event [18,19]. Women using condoms are also likely to report an impact on sexual pleasure, although the impact of a condom is more easily reversed than that of hormonal methods [12]. The influence of sexual pleasure in shaping contraceptive behaviors and preferences is an emerg-

ing factor that requires greater attention and understanding [12,20–23].

## Aims

The current study aimed to add to the literature on the potential influence of hormonal vs. nonhormonal methods of contraception by assessing a wide range of aspects of female sexual function and behavior while controlling for differences in sociodemographic variables.

## Methods

### *Procedures and Participants*

Data for the current study were collected as part of an online health and sexuality study. The survey took approximately 30 minutes to complete, and participants did not receive an incentive for their participation. All original study protocols were approved by the Institutional Review Board at Indiana University.

Participants were initially asked to indicate the gender of their primary sexual partner. At the time of the survey, if they did not have a primary partner, they were asked to indicate whether they preferred to answer questions regarding female or male sexual partners. Participants' responses to these questions acted as a screening tool to triage women to receive either a male partner or female partner version of the survey. Given that the current study assessed a comparison among hormonal and nonhormonal contraceptive users, the analyses presented here were limited to only women indicating that their primary sexual partner(s) is(are) male because they were more likely to utilize contraceptive methods in general and hormonal contraceptive methods specifically.

The sample was also limited to include only women who (i) indicated that they were sexually active in the previous 4 weeks; (ii) had used some form of contraceptive method in the past 4 weeks (hormonal, nonhormonal, or a combination of hormonal and nonhormonal); and (iii) were under the age of 51. The age cutoff was established at 51 in order to limit the extent to which sexual functioning issues could be attributed to age or menopause [24]. The final sample utilized in the current analyses included 1,101 women with approximately half ( $n = 535$ ) using a hormonal contraceptive method exclusively or in combination with a nonhormonal method, and about half ( $n = 566$ )

Download English Version:

<https://daneshyari.com/en/article/4270132>

Download Persian Version:

<https://daneshyari.com/article/4270132>

[Daneshyari.com](https://daneshyari.com)