

Room for miscommunication in the consultation

**Women's and doctors'  
understandings of contraception**

---

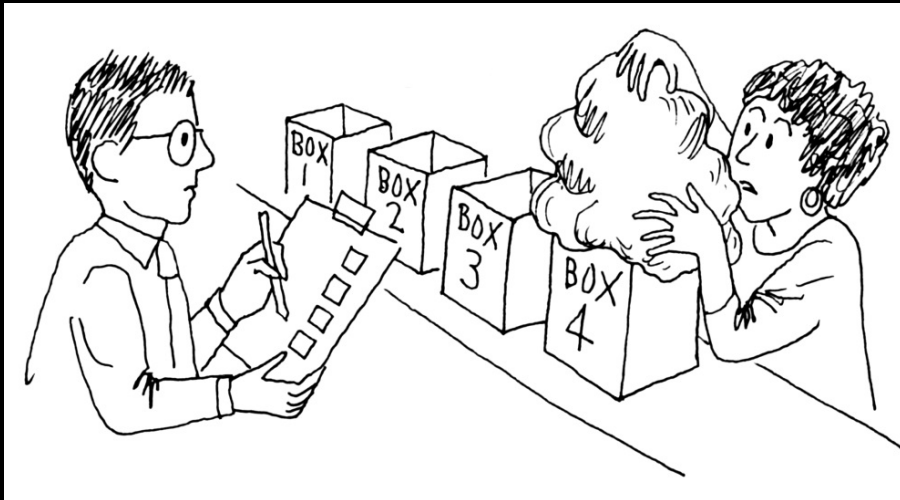
# Contraceptive Understandings and Experiences of Australian Women

An ARC Linkage project with UNSW, USyd and FPNSW

---

# The CUE study

- Clinical and epidemiological studies do not report women's reasons for discontinuation of contraceptive methods
- Large in-depth interview study
- 15 doctors
- 94 women in NSW aged 16 to 49, wide range of backgrounds



- Open-ended questions
- Thematic analysis
- Seeking myths, metaphors and women's experiences

# The doctors

- 15 Sydney-based doctors interviewed
- All had expertise in sexual health and contraception
- Yet few felt competent or comfortable discussing sex
- Doctors tended to resort to an illness ‘script’ rather than shared decision making, even though the client is not ill

‘with well people it’s not like the doctor is the boss’

‘I think [we] don’t find [it] quite as interesting because it’s treating the well rather than the unwell’



# The doctors

- Doctors had clear preferences for particular contraceptive methods
- Many advocated strongly for the LNG-IUS (Mirena)
  - ‘the Rolls Royce of contraception’
  - ‘Fantastic!’
- Some apprehension about the LNG-IUS: one doctor feared it would one day get bad press like the Dalkon Shield in the 1980s

# Doctors on the pill

- Doctors positive about the pill
  - ‘... the pill has revolutionised, you know, the Western world, and women’s role in it’
- Many started women off on the pill, considering contraindications and side effects
- Many saw contraceptive prescription as a ‘matching’ task—what suits the client

# Doctors on 'natural' methods

- Many did not consider fertility awareness-based methods or withdrawal as effective forms of contraception
  - ‘I remember somebody telling me it could still populate Honduras, the number of sperm in the pre-ejaculate’
- Though a few said that they were better than nothing, and could be effective when used correctly
- It's likely these options would not be discussed in consultations

# Doctors and clients

- If what the client said did not fit with (medical) evidence, some doctors did not address this, but just offered another option:
  - ‘If you tell me that ... the method ... makes your hair turn green, I’ll say, not a problem. Let’s find another one. I won’t engage with you in your magical thinking.’
- There isn’t time in consults for exploring the belief systems of clients

# (Not) talking about sex

‘I think ... that’s possibly the problem being a male ... [impacts on sex life] are not things that usually I would even talk about. **They’re very rare.**’

‘I don’t think I’m well equipped to deal with sexual problems [rather than infections]’

- Doctors pointed out the silos:
  - women’s health (contraception and women’s rights)
  - HIV and STIs
  - family planning
  - sexual/relationship counselling

# (Not) talking about sex

- Some doctors were uncomfortable with the question in the interview and skirted around the topic or asked how others had answered it.
- Few saw a clear link between contraception and libido
  - ‘There’s so many other things that influence libido in women that I think contraception’s just a very small factor’
  - ‘It’s often difficult to unpick what’s the contraception, what’s ... the changed dynamic of their relationship’

# The women

---

# Contraceptive methods

- Some women expect to be offered a choice of contraceptive methods, but few have a good knowledge of what is available
- Most women do not think in risk–benefit terms, or measure effectiveness statistically



# Contraceptive choice

- Most start on the pill
- Many are reluctant to use a method not under their control, but may not articulate this clearly until their desires are frustrated (e.g. delay for removal)
- Some are squeamish about anything being inserted into the body
  - ‘Did you see the first *Matrix* movie? ... really creepy’



# Does contraception affect your sex life?

- Most women said it did not, but then went on to describe numerous impacts throughout the interview
- Concerns over 'flow' and intimacy when using condoms
- Women were often more concerned about methods interfering with their partner's pleasure
- Some reported 'numbing' and lack of motivation to initiate sex when on hormonal methods
- Many perceived hormones as artificial chemicals, not naturally part of the human body



# The unexpected issue: **Bleeding**

- Many women used the pill to regulate timing of periods, or to have fewer periods
- Some Mirena users welcomed amenorrhoea
- Nonetheless, some users still worried that hormones would harm them, causing cancer or infertility
- Often mixed feelings in an individual woman's thinking

# Bleeding seen as natural

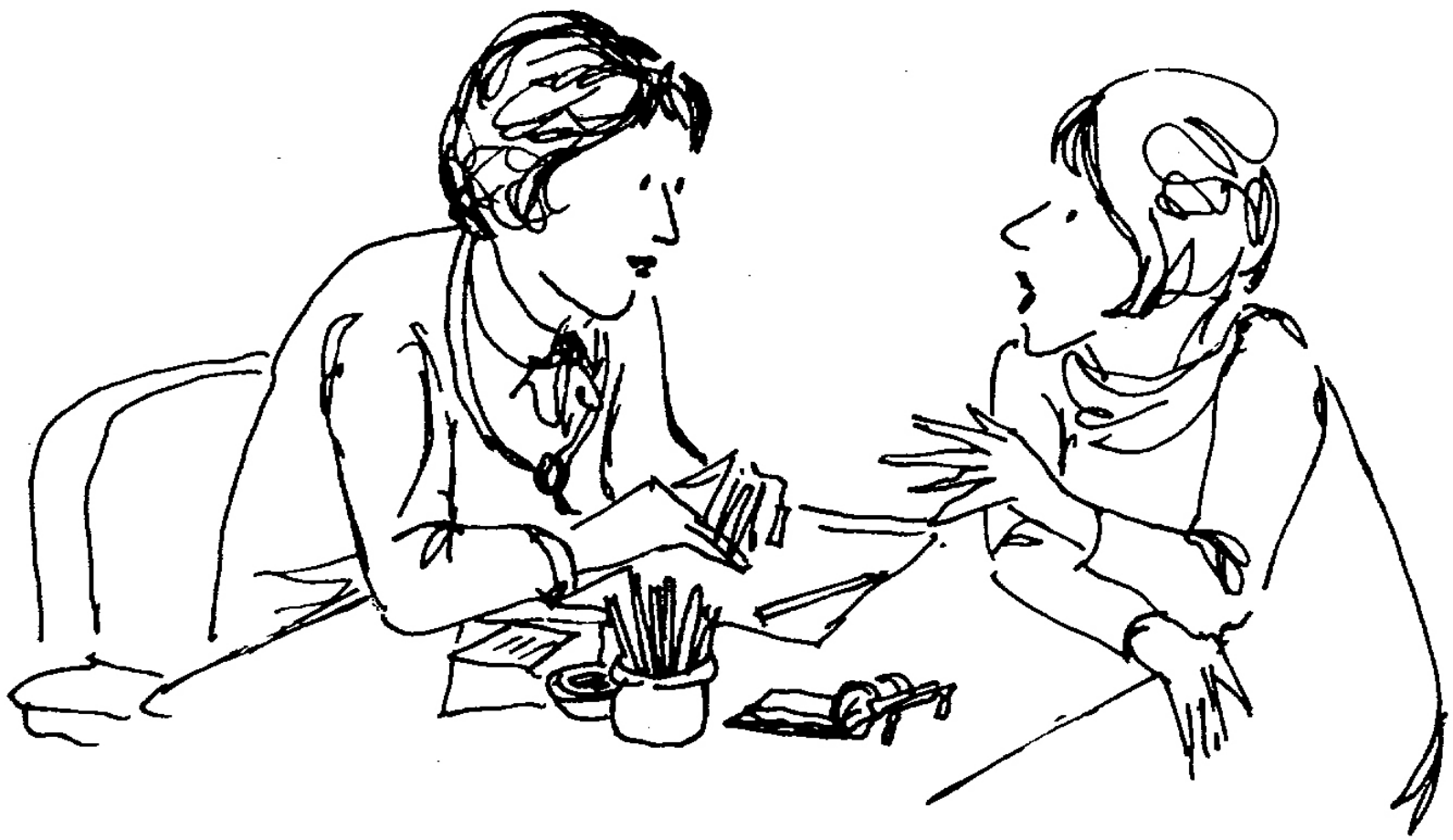
- Being reassured by withdrawal bleed on pill that they are not pregnant
- Being reassured by regular bleeding that 'everything's working okay' (i.e. they are still healthy and fertile)
- Bleeding as a general indication that the body was functioning properly:
  - ‘If I tried to skip the sugar tablets, it didn't work. My body knew I was meant to have a period’ (Pandora)
- Menstruation was often described as a cleansing, renewing 'detox' of the body (and menstrual fluid as dirty)

# Unpacking 'bleeding'

- For many women, unpredictable bleeding or spotting on hormonal methods was problematic:
  - ‘It is a bit annoying because I mean I *could* still have sex but I’d be less inclined to probably ... It’s basically like I get my period for a week and a half even though it’s not very much at all’ (Madonna)
- Even women who did not mind having sex during light bleeding held a strong belief that many men disliked it.
- Only 24 per cent of women in a survey in 2005 said they had had sex during their period in the past year

# Conclusions

---



I'd like a spontaneous romantic form of  
contraception that enhances libido and  
interpersonal communication .

# Conclusions

- Doctors tend to fall into illness-curing role in contraceptive provision
- Many doctors don't feel confident talking about sex
- Women's views of what is 'natural' or 'safe' should be taken seriously (even if scientifically wrong); we all think in metaphors
- Sexual effects of contraceptives may be issues for many women, but they are unlikely to articulate this unprompted



# Credits

## Investigators

- Juliet Richters UNSW
- Alexandra Barratt USyd
- Alison Rutherford UNSW
- Deborah Bateson FPNSW
- Mary Stewart FPNSW
- Ann Brassil FPNSW

## Associate

- Kirsten Black USyd

## Staff

- Kumiyo Inoue UTas
- Marguerite Kelly WSU

## Students

- Brylie Frost
- Cilinia Kwon
- Victor Wong

## Cartoons

- Merri Collier



# Contact

**Juliet Richters** BA MPH PhD  
Honorary Professor  
Sexual Health Program  
Kirby Institute  
University of New South Wales  
[j.richters@unsw.edu.au](mailto:j.richters@unsw.edu.au)  
[www.ashr.edu.au](http://www.ashr.edu.au)

Presented to ASPOG 44th Scientific Meeting, Western Sydney University  
Parramatta, 3 August 2018

© Juliet Richters 2018