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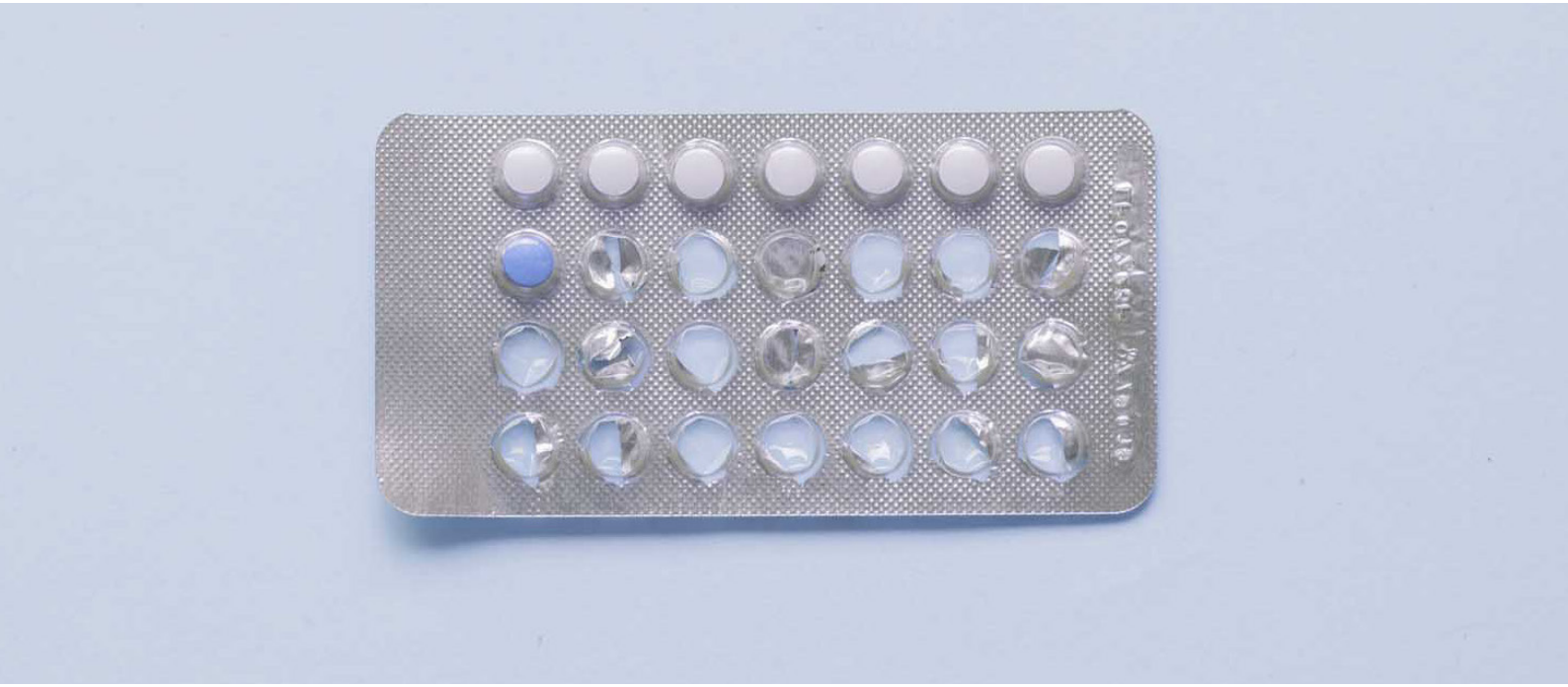


Contraception use in the UK

Full report on survey results looking at contraception use, experiences, side effects, and access to resources conducted by The Femedic between October 2017-January 2018

Introduction

Between October 2017 and January 2018, The Femedic conducted a survey on contraception use in the UK. The survey was distributed on digital channels and via social media to women living in the UK, or who had acquired their current, or previous, contraception in the UK. 1,010 people took the survey.

Questions asked included what women's experiences of accessing contraception were like, what contraception they use or have used previously, any side effects they have experienced, how doctors and other healthcare professionals (HCPs) acted or reacted when approached for help and advice regarding contraception and any related issues, and whether women ever felt any pressure from partners, doctors, or others to use a certain form of contraception.

The survey comprised of 20 questions, of which several offered space for women to detail their specific experiences.

Summary

While contraception has improved hugely over the years since the pill was first introduced in the sixties, it is clear that the options and the informational resources available are still inadequate in many respects.

Many people will take one form or another of hormonal contraception for years and experience few, if any, bothersome side effects. For others, however, the side effects can be devastating or even life-changing.

Risks are not being properly explained to those wishing to use contraception, and as one respondent of the survey pointed out, a one-size-fits-all approach can be extremely damaging. Some respondents also felt that they were not taken seriously by their GP, suggesting that because their GP had seen others happy with one particular form of contraception it should work that way for everyone.

Many sexual health clinics are being forced to close due to budget cuts beneath austerity, meaning that the burden on GPs to provide adequate contraceptive care will be even greater. More money needs to be invested into improving sexual health services and keeping clinics open, and more time needs to be spent on creating suitable informational resources for users of contraception. Finally, more time and money needs to be invested in developing newer forms of contraception for women, and forms of contraception for men, so that the burden, and years wasted trying to find something suitable, doesn't always fall on women.

To gauge the nation's attitudes to contraception, and to find out where, specifically, they feel under-informed, we decided to ask them about the issues we felt are most pressing: what type of contraception women are using, how much information they felt they were given about that contraception prior to taking it, whether or not they had issues while using it, how much support they were given from healthcare professionals when they encountered problems, and what changes they believe need to occur to make choosing and using contraception easier.

While some of the results were unsurprising, there were some stand-out issues that clearly need addressing, particularly pertaining to information given prior to choosing contraception, and to attitudes and actions of healthcare professionals when it comes to supporting women through their reproductive lives. The results of the survey are detailed in full in the following pages of this report.

Access to information regarding contraception

Only one in four (25.1%) respondents felt the potential side-effects of their contraception were explained to them “in-depth”, and almost half of women (45.4%) said the potential side effects of their contraception were only “barely” or “briefly” explained to them. 6.2% of respondents said the side effects of their contraception weren’t explained to them “at all”.

Nearly a fifth (18.7%) said they felt their options were not properly explained to them by a healthcare professional when they went to get the form of contraception they are currently using.

Further to this, almost half (45%) of respondents said they don’t feel there is enough information available about each type of contraception and its associated risks.

Written responses to the question **“Do you feel there are enough resources and information out there about contraception risks and options?”** included:

“It’s too controlled by going to the GP, who will want to deal with you in no more than ten minutes and who won’t view it as important. They’re not interested in things that aren’t about illness. The appointment system isn’t conducive to having a conversation or discussing options.”

“There is a lot of information but I had to do a lot of research myself. GPs don’t have the necessary time to talk these things through, particularly with young women exploring their options for the first time.”

“The implications of hormonal contraception and what it does to mental health are not examined enough.”

“There aren’t any resources for men to understand what their female partners are experiencing or having to choose and there aren’t many meaningful options for men to take responsibility for this too. All the resources assume you will a) want to get pregnant at some point because you should and b) be in a hetero monogamous relationship.”

“I think information comparing risks and benefits could be more readily available, particularly for women who react badly to one sort of pill and don’t know whether to try another.”

"I don't think that there's enough emphasis on the fact that a one size pill doesn't fit all – I think people should be looked at more individually and at what would suit them, rather than having everyone put on the same starter pill."

"Too often we're made aware of the risks by news stories, which often sensationalise statistics and muddle correlation and causation. Meanwhile, official info is often limited to that given by drug companies, which naturally minimise negative side effects. I guess I would like harder, more objective information, like that given to someone contemplating an operation."

"It often feels like hormonal contraception comes with unpleasant side effects for women but these are downplayed because it's in the interest of the NHS to minimise unwanted pregnancy and the strain it causes on the system. The fact that there are no hormonal (to my knowledge), forms of male contraception available is infuriating."

"Information is often trans exclusionary."

"The information is there but you have to hunt for it. I prefer going to a sexual health clinic rather than a GP because they seem to have more time and are open to discussion unlike a GP. We need to be educated about other forms of contraception, not just the pill or condoms."

When it comes to approaching someone for information, a significant number of women, amounting to 8% of respondents, said they wouldn't feel comfortable approaching their GP or doctor for matters related to contraception and reproductive health.

Written responses to the question **"Did you or would you feel comfortable approaching your GP/a doctor for matters related to contraception and reproductive health?"** included:

"I have always used family planning/sexual health clinics as I thought that they have more specialist knowledge than GPs."

"My GP doesn't seem reliable."

"Advice from GUM clinics is more up to date."

"I have a young, male doctor and I find it embarrassing."

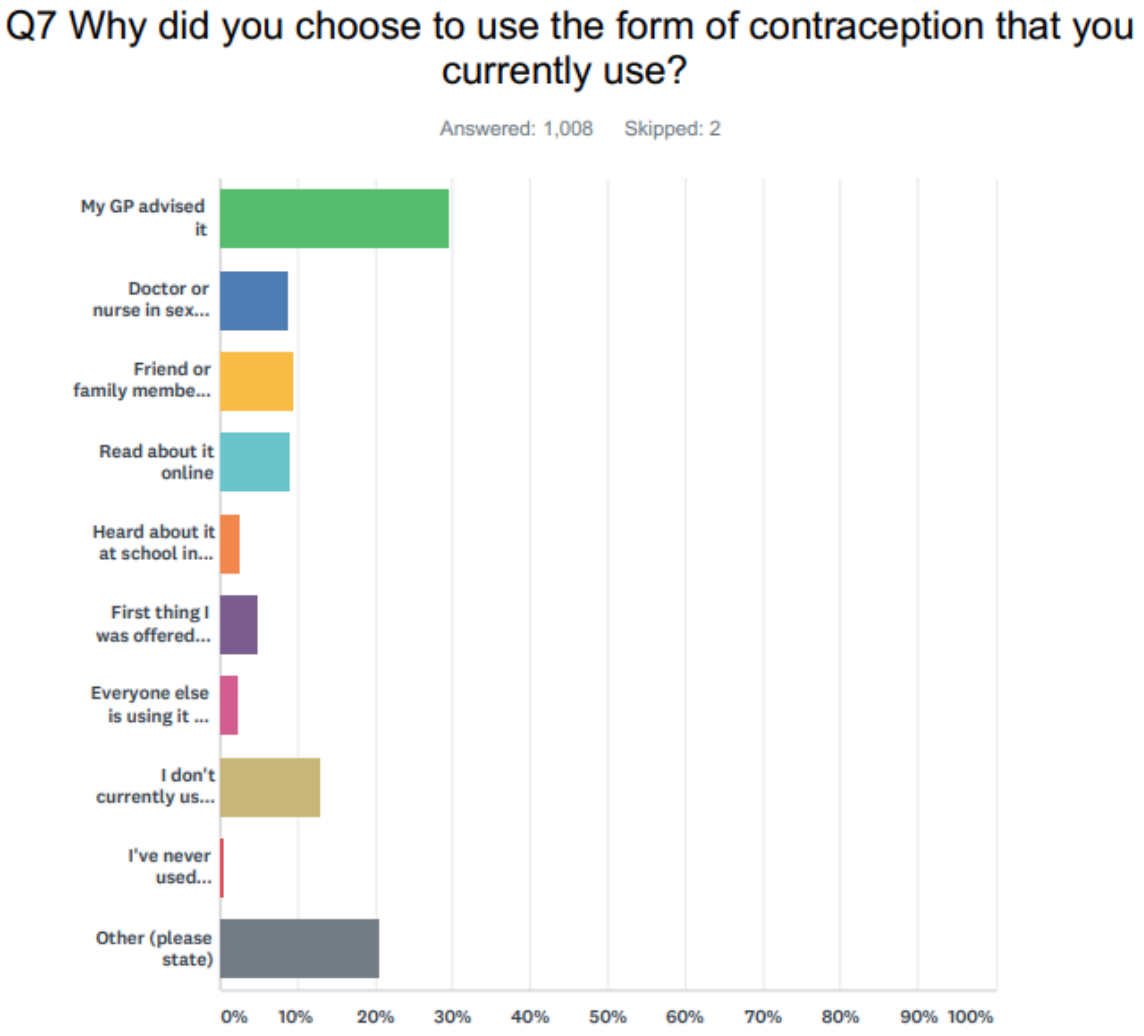
"My concerns regarding mood and weight changes aren't considered important, they feel it is much more important to ensure pregnancy is prevented."

"I feel like it's not urgent or concerning enough for them. They will just prescribe me a different pill instead of talking me through my options. There seems to be some amount of shame/embarrassment around the topic."

Pressure to use certain forms of contraception

A quarter (25.2%) of respondents said that they felt under pressure from someone, be it a family member, healthcare professional, their partner, or their peers, to take the form of contraception they use. Only two thirds (65.2%) of respondents reported that it was their choice and theirs alone to use the contraception they currently use.

A third of respondents (29.6%) are on their current form of contraception because it was what was recommended to them by their GP.

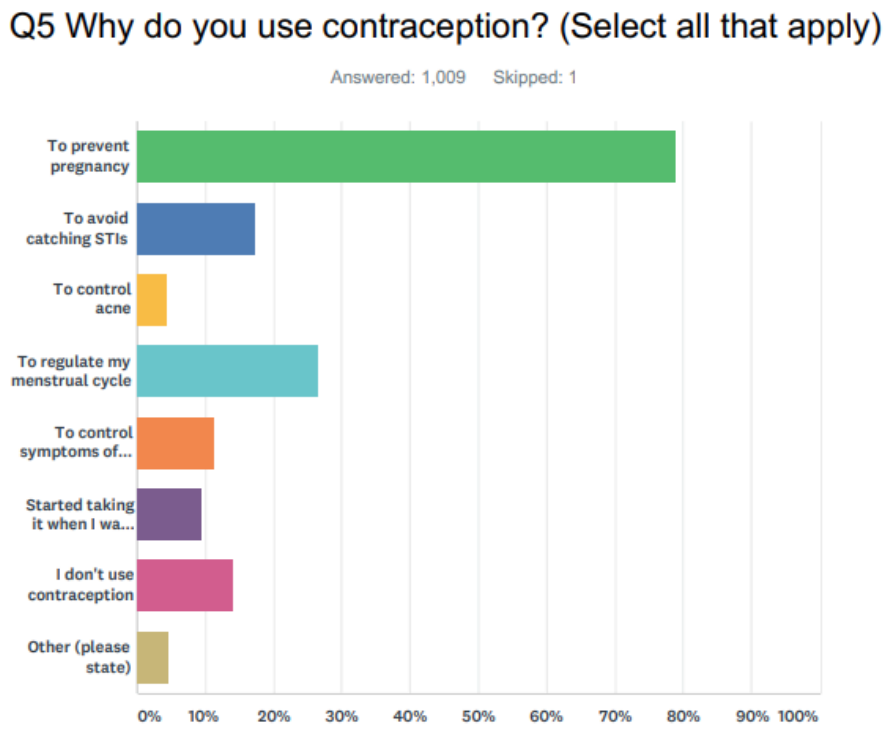


Contraception use in the UK: The Femedic

When contraception works well...

Responses to the survey suggest that when people find a form of contraception that works for them, they tend to just stick with it. In fact, nearly a third of respondents (27.7%) said they had been on their current form of contraception for more than five years, and half of respondents (50.1%) said they had been using their current form of contraception for two or more years.

Preventing pregnancy isn't the only reason why women might use a form of contraception. Nearly a third (26.7%) of respondents said they use contraception in order to regulate their menstrual cycle, and 11.4% of women are using contraception to control symptoms of illness.



Contraception use in the UK: The Femedic

...after some experimentation

One in ten (10.2%) respondents admitted trying five, or more than five, different pills, and more than two thirds (69.1%) of women said they had tried at least two different pills in their lifetime so far.

Problems with contraception

Worryingly, nearly half (46.8%) of respondents reported having had "serious trouble" with their current, or a previous, form of contraception. Examples of "serious trouble" included constant bleeding, blood clots, stomach problems, mood swings, acne, post tubal ligation syndrome, persistent thrush, UTIs, breast pain, ruptured uterus, pregnancy, liver damage, vomiting, migraines, and deep vein thrombosis (DVT).

14.7% of respondents reported experiencing "constant" bleeding on their current, or a previous, form of contraception, and nearly one in ten (9.7%) respondents were diagnosed with depression or another mental illness after starting their current, or a previous, form of contraception.

Written responses to the question **"Have you ever had serious trouble with your current or a previous type of contraception?"** included:

"I got blood clots, even though the mini pill is deemed safe."

"Pregnancy."

"Developed severed acne and became depressed."

"I required surgery to remove it."

"I got persistent and severe thrush as a consequence of the contraception pill."

"The implant caused me to have constant bleeding and it made the symptoms of my mental illness so much more intense than normal."

"It made me paranoid and emotionally unstable. Didn't realise it was the pill at the time until I used the same brand again after having a family and the same symptoms returned almost immediately."

"The pill caused weight gain, depression, and suicidal thoughts."

"I got constant bleeding, a burst ovarian cyst (I don't have PCOS), weight gain, mood changes, and severe migraines with aura."

"I got depression, I got worse PMDD on a pill I should never have been prescribed. One of my Mirena coils came out, another Mirena got lodged in my uterus wall and had to be removed under general anaesthetic. I also had chronic migraine, and weight gain."

Care and advice after experiencing a problem

Of the respondents who did end up having "serious trouble", 15.6% said they didn't receive adequate professional care regarding the trouble, suggesting that many women feel brushed off when they attempt to attribute symptoms they are experiencing to the contraception they are taking.

Written responses to the question **"Do you feel the professional care you received regarding the trouble was adequate?"** included:

"I was told to stay on it and see how it goes."

"I bled for six months constantly and was severely anaemic. The doctor didn't help me until it got so bad that I needed a blood transfusion."

"I had issues having the implant taken out – it took five months before any GP would do it, and I only managed to do it by travelling back to London and going to a sexual health clinic there, and due to my mental state from being on a period for nine months straight, they saw me straight away."

"I had a slow response to my symptoms and little advice about contraception going forwards."

"The GP just laughed when I told him my issues."

"It was dismissed as migraines as soon as I mentioned I have HM and tests were not carried out. No one cared that I had only recently started taking the pill. I have a human biology degree and had raised concerns about the impact it could have, given my history, but no one would listen. I developed severe epilepsy a few months later."

"I was told that there was no way the Mirena coil could cause depression, anxiety and hair loss. I spent 18 months signed off work and being in a very bad way."

"They asked me why it was a problem that I'd been bleeding for six weeks."

What about men?

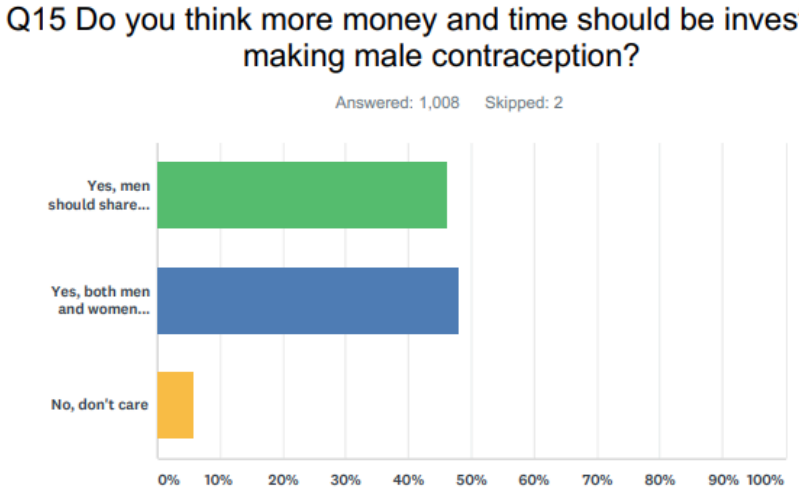
Nearly all respondents to the survey (94.2%) said they feel that more time and money should be invested in developing forms of contraception to be taken by men.

Comments from respondents on this subject included:

"We've just had our second child. My partner went to the GP to discuss a vasectomy, but was told it was a really big step and to consider alternatives. All the alternatives were female contraception, including female sterilisation, which is riskier, harder to get over, and has a bigger failure rate. I was absolutely dumbfounded."

"There is an expectation that women should just put up with this, and that they're probably just overstating the side effects anyway. It's really cr*p and contributes to the sh*tty perception our society have of who owns women's bodily autonomy, and what our role in society is (spoiler: it isn't reproduction)."

"I was told by a nurse that they routinely put women on the cheapest pill which is known to have the worst side effects, and they only move you "up" if you report serious problems. Many of my friends have experienced the same woes with the pill and it's just not talked about. Women are suffering in silence because it's the easy option for doctors and boyfriends for us to be on the pill, but I worry about how it's affected whole swathes of my life."



ANSWER CHOICES	RESPONSES	
Yes, men should share the responsibility	46.33%	467
Yes, both men and women should have the option to use contraception	47.82%	482
No, don't care	5.85%	59
TOTAL		1,008

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The Femedic

The Femedic is an educational website that deals specifically with areas of women's health considered taboo, including contraception, menopause, menstruation, and incontinence.

By treating health as a broad spectrum that includes lifestyle, emotional, medical, and social factors, the site aims to challenge stigma and create a holistic, progressive discussion about women's health.

For more information on this report, contact Imogen Robinson: imogen@curated-digital.com