

Side Effects and Subjectivities: Hormonal Contraceptive Consumption in the UK

Chloe Bremner Curtis

School of Anthropology and Museum Ethnography, University of Oxford

Nuffield Department of Women's and Reproductive Health, University of Oxford

Supervisors: Dr Thomas Cousins and Dr Katy Vincent. Contact: chloe.curtis@anthro.ox.ac.uk

MOTIVATION

- Hormonal contraceptives are one of the most widely used drugs in the world, with an estimated 100 million current users worldwide (1,2).
- They are only available to those medically defined as female.
- Side effects are the main reason why an individual may stop using hormonal contraception (3).
- But since initial availability in the 1960s, side effects have often been dismissed, reported as minor, a matter of public hysteria, and a result of non-compliance in how they are used.

RESEARCH QUESTIONS

- What constitutes a hormonal contraceptive 'side effect'?
- How are hormonal contraceptive side effects evaluated?
- How are side effects creating, and created by, ideals of sex, gender, and users' subjectivities?

FIELD SITE & METHODS

- Current UK healthcare landscape.
- Interviews with users, clinicians and femtech organisations.
- Participant observation of medical school lectures, reproductive health events, and patient appointments in clinic settings.
- Fieldwork: September 2020 – December 2020 (MPhil), and May 2022 – September 2023.
- Thematic, narrative and phenomenological analysis.

PRELIMINARY FINDINGS from interviews with 30 users

Unacknowledged

- Side effects were clinically accepted, but not recognised or believed.
- For example, Hattie developed severe night sweats. Despite it being known as a possible side effect, she underwent a years worth of medical tests.

“They never questioned the contraceptive. And when I brought it up they said they had to rule out everything else first (Hattie)”

Necessary

- Side effects are necessary collateral damage to save the 'female' body from its own risks, such as untimely reproduction and fluctuating hormones.
- Perpetuates an ideal of a female body as chronically risky and in need of treatment.

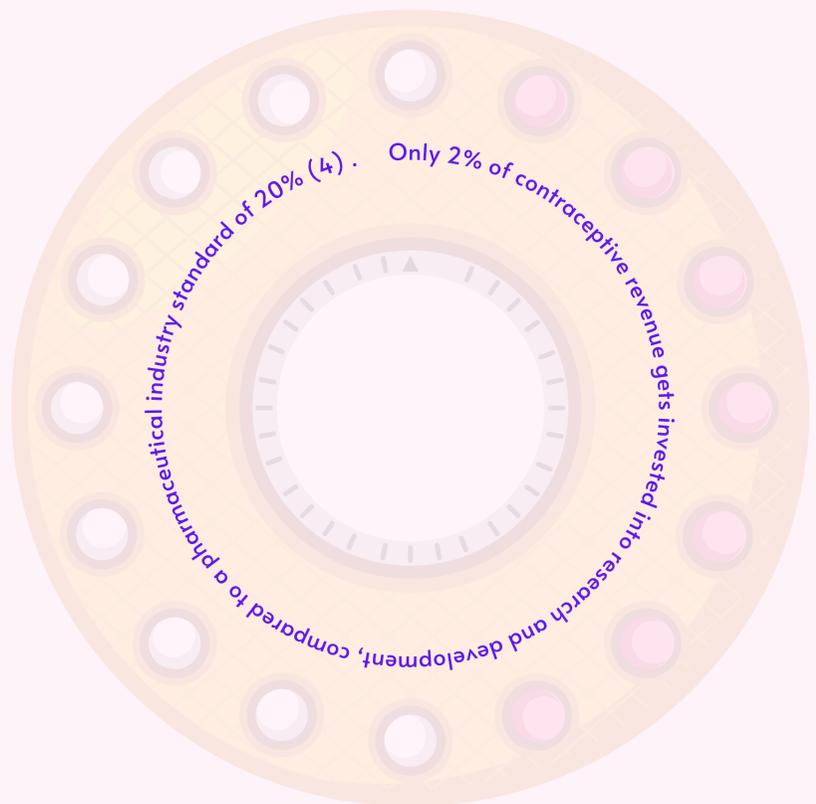
“I went back to three different doctors and none of them either believed me, or they definitely thought that the worst thing that could happen to me was for me to get pregnant, not for me to have suicidal feelings (Mona)”

Nullified

- Side effects are only the result of a user not having found 'the right one' in an environment of perceived choice.
- Despite their being many different types of hormonal contraceptives, users struggled to access them, and many thought they were the same one option; a hormonal option.

“I know the other ones are like injections or patches, but they're hormonal as well. So I think they would have a similar impact (Jennifer)”

“There have been a few times where they just wouldn't have it in stock, and instead they'd be like, 'Oh, well have another one with a similar hormone content, it's just a different brand (Naomi)”



Why are hormonal contraceptive side effects so interesting:

- Hormonal contraception was developed and approved before regulated clinical trials (5).
- Listed side effects can be the reason for taking a hormonal contraceptive.
- We don't know exactly how hormonal contraceptives work (6).
- Side effects continue to be one of the main reported reasons why a male hormonal contraceptive is not developed (7).



References:

1. Pettiti, D.B. (2003). Clinical practice. Combination estrogen-progestin oral contraceptives. N. Engl. J. Med. 349(15), pp. 1443-1450.
2. Sanabria, E. (2016). Plastic bodies: sex hormones and menstrual suppression in Brazil. Duke University Press.
3. Castle, S., Askew, I. (2015). Contraceptive Discontinuation: Reasons, Challenges, and Solutions. Population Council.
4. Chamberlain, S., Vogelsong, K., Weinberger, M., Serazin, E., Cairns-Smith, S., Gerrard, S. (2020). Reboot contraceptives research – it has been stuck for decades. Nature, 587, pp. 543-54.
5. Junod, S. W., & Marks, L. (2002). Women's Trials: The Approval of the First Oral Contraceptive Pill in the United States and Great Britain. Journal of the History of Medicine and Allied Sciences, 57(2), pp. 117-160.
6. Wall, E. (2022). Sex and Drugs and Rocky Foundations – The Health and Research Gap in Contraception.
7. Abbe, C., & Rowby, A. C. (2020). Assessing safety in hormonal male contraception: a critical appraisal of adverse events reported in a male contraceptive trial. BMJ Sexual & Reproductive Health, 46, pp. 139-146.