

# Not your mother's birth control, same troubles

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Today's hormonal forms of birth control are vastly different from those used by earlier generations of women, both with lower levels of hormones and with different means of delivery (not just a pill), but many of the same problems related to women's pleasure remain.

An Indiana University study that examined how newer forms of hormonal contraception affect things such as arousal, lubrication and orgasm, found that they could still hamper important aspects of sexuality despite the family planning benefits and convenience.

"Contraception in general is a wonderful way for [women](#) to plan their families," said lead researcher Nicole Smith, project coordinator at IU's Center for Sexual Health Promotion. "It's something women are often on for as many as 30 years or more; it plays a huge part in their life. If they're experiencing these negative effects, they might stop using contraception correctly or altogether. They need to know that there are options, such as [lubricants](#) or other sexual enhancement products that may help to alleviate some of the negative effects they are experiencing.

"Women should also be counseled on the many highly effective forms of [birth control](#) currently available; switching to another method might work better for them," she said.

Smith is discussing her study at the American Public Health Association's annual meeting in Washington, D.C.

The study involved 1,101 sexually active women split almost evenly between those using a hormonal form of contraception such as the pill, patch, ring or shot, and those women using a non-hormonal form, such as a condom, [diaphragm](#), cervical cap or withdrawal. The study, based on data collected by the Kinsey Institute's Women's Well-being study, which used an online questionnaire, found that the women reported similar levels of [sexual satisfaction](#), which included things such as intimacy and romance, but the women using hormonal contraception experienced less arousal, fewer orgasms, difficulties with lubrication, decreased pleasure and less frequent sex.

"A great effort has been made to make condoms more pleasurable for men," Smith said. "But you don't hear about this same effort going toward reducing the negative impact of contraception on women's sexual functioning. It's just not part of the discussion."

Researchers have examined the relationship between hormonal forms of contraception and sexual functioning but, Smith said, few studies have been conducted since the 1980s. Previous findings were inconclusive and focused on women in Europe. Her study, conducted with colleagues from CSHP and the Kinsey Institute, provides updated findings and also important information for clinicians to use when helping women with their birth control needs. Having worked for a [family planning](#) program, Smith said it is common for women to talk about negative side effects such as these with their health care provider.

Smith said she is very interested in seeing whether women's contraception choices change when components of the federal Affordable Care Act are implemented next year, making preventive care features such as contraception free for women with insurance. This will make the more expensive, longer-acting forms of [contraception](#) available to more women, Smith said.

Smith, a doctoral student in the Department of Applied Health Science in IU's School of Health, Physical Education and Recreation, is presenting her study on Monday, Oct. 31, at 2:30 p.m. during a poster presentation at the Wasington Convention Center. Co-authors are Kristen N. Jozkowski, College of Education and Health Professions at the University of Arkansas; and Stephanie A. Sanders, IU's Kinsey Institute for Research in Sex, Gender and Reproduction, and the Department of Gender Studies in the College of Arts and Sciences.

Provided by Indiana University

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