

Popularity of apps like Natural Cycles highlights serious issues with contraceptives today

August 22 2018, by Pam Lowe



Credit: AI-generated image ([disclaimer](#))

Many women have made a dramatic change in their use of contraceptives of late. Specifically, use of "contraceptive apps" such as [Natural Cycles](#), a smartphone app that predicts the days on which a woman is fertile and can be used for contraception (as well as planning

pregnancy), is on the rise. By closely tracking a woman's cycle and temperature, such apps designate unprotected sex safe or unsafe each day. When unsafe, the use of barrier methods of protection is advised.

Natural Cycles was developed by CERN scientist Elina Berglund and her husband, Raoul Scherwitzl, whose scientific background has lent the app a certain kudos. And as "the only app certified for contraception" in Europe and, as of August 10, the US, women who might otherwise be suspicious of the method, which is at the end of the day simply jazzed up natural family planning, have taken the plunge.

The fact that many women are spurning more "medical" kinds of contraception, such as the pill or IUD, in favour of such apps, along with discussion in some cases of their [failures](#), are once again drawing public attention to the hazards of being a pre-menopausal, heterosexual, sexually active woman. The risks of contraceptives range from milder side effects to rare but potentially serious complications. These, of course, come alongside the ever present risk of unintended pregnancy through contraceptive failure.

Understated side effects

When choosing a method of contraception, women routinely have to balance the impacts of each method against its likely effectiveness. Most of [the evidence](#) suggests that it is common for women to choose the least bad option in terms of side effects, rather than something they are really comfortable with. Consequently, it's not surprising that a technology that promises to overcome many of these difficulties would prove to be popular.

Being able to control fertility is essential for women's equality, yet the means to do this are currently all imperfect. Side effects are a common experience and are a major cause of women stopping using particular

birth control methods. In contraceptive consultations, the frequency and severity of side effects and other more serious health risks are often understated.

[Research](#) suggests that health professionals seek to avoid mentioning issues they believe would cause undue concerns. This reluctance to disclose may be linked to historic ideas that women are not fully capable of rational decision making. The assumption that women are not to be trusted with contraception is most clearly seen in the promotion of [long-acting reversible contraception](#) (LARC): the injection, implant, and hormonal and copper coils. The [evidence](#) shows that some women who encounter difficulties sometimes struggle to get health professionals to remove their LARC. Women are expected to put up with side effects rather than taking a bigger risk of unintended pregnancy.

A perfect woman

Culturally speaking, unintended pregnancies are usually frowned upon. This is particularly the case for younger women and those in marginalised circumstances. This denigration links to ideas about irresponsibility more generally. Popular stereotypes of "feckless" families who have babies for benefits are commonplace, but are rarely accurate. In the US for example, the idea of the "welfare queen" has been shown [to be false](#).

In the UK, it is government policy to limit the number of children claimants can receive benefits for. As in-work poverty means increasing numbers of families are reliant on benefits, more and more women will have their fertility judged.

Stereotypes of who would be or not be a "good" mother can be seen in [healthcare providers' assumptions](#) of who would particularly benefit from LARC. It is also important to remember that the stigma

surrounding abortion builds on assumptions of irresponsible women failing to successfully control their fertility. This is despite the evidence that contraceptive failure is a significant reason for [needing abortion](#).

The cultural notions that women fail, rather than the fault being with contraceptive technologies, has even become standardised within health information. Many contraceptive information pages have institutionalised notions of women's irresponsibility by including statistics on effectiveness reporting "perfect" and "typical" use. Given that "perfect" use for some methods is actually beyond women's control (for example, the impact of a stomach upset on the pill), just showing "typical" use would ensure women were informed properly but without being judgemental.

Although women are largely held responsible for failure, that does not necessarily mean they are seen as responsible enough to make decisions over which birth control method to use. Although in other parts of the world, emergency hormonal contraception is available in [supermarkets](#) or even [vending machines](#), in the UK and Australia, women wanting access need to have a consultation, even if this just takes place in a pharmacy. This is not necessarily to access them medically, but so they can be "advised" to avoid future "mistakes".

Gendered inequality

In an age where relationships are supposed to be equal partnerships, contraception raises equality issues. To date, the "male pill" still has not materialised, leaving men with few options. Condoms are often not seen as "proper" [contraception](#) for ongoing relationships. The protection they provide against sexually transmitted infections means that they are associated with casual partners.

Meanwhile the idea of vasectomy (which should obviously only be

undertaken if a decision of no future children is made) is popular with women for equality reasons. It allows couples to take turns over contraceptive responsibility over time. But many men do not seem to be that [keen](#).

It's also important to remember that pregnancy carries some risks for women alone. Even if they are supportive partners, men do not face the same biological issues of either continuing or ending a pregnancy. While there are now challenges to the expectations that women should always be the primary carer of children, changes in attitude cannot overcome this biological reality of pregnancy.

So it's unsurprising that such apps are popular. Avoiding the health difficulties that many women experience with other contraceptive methods is appealing. But women are still waiting for better contraceptive solutions. In the meantime, reducing the stigma and costs of [unintended pregnancy](#) and abortion would be an extremely useful step in recalibrating the understanding of the difficult balance [women](#) make between embodied impacts and the effectiveness of the current options.

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