

JOURNAL REVIEW

Young women's experiences of side effects from contraceptive implants: a challenge to bodily control

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"I think it depends on the body, with mine it didn't work": explaining young women's contraceptive implant removal

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This qualitative study (described in two separate journal articles) sought to explore the reasons why some young women are dissatisfied with and request 'early' removal of the contraceptive implant. All women who met the inclusion criteria (16–23 years old and wanting an implant removal within 1 year of insertion) were invited to participate. Twenty young women were recruited from four sexual health clinics in London, UK. They were interviewed 2 weeks post-implant removal. Nine sexual health practitioners were also interviewed. Semi-structured interviews were conducted face to face, excepting three which were by telephone. Analysis was undertaken independently by the authors using NVivo software to manage thematic analysis. A coding framework was developed jointly by the authors, transcripts were independently coded and any differences reconciled through review and discussion.

The women in the study had used other methods of contraception previously. Many had had negative

experiences with previous methods and wanted a reliable and convenient method.

The study had a number of interesting findings:

- ▶ Women, whilst having been informed of the potential side effect of irregular bleeding, still felt unprepared for it and found that the associated experiences such as stomach cramps or 'potential' leaking made everyday life difficult to manage.
- ▶ Women felt that they were generally unprepared for other hormonal side effects they experienced and attributed to the implant. Many felt that they had been falsely reassured that these symptoms were not associated with the implant prior to insertion and this led to distrust of the provider.
- ▶ That there was a 'tipping point' where the negatives outweighed the positives. The authors described that it was often the experience of multiple side effects (irregular bleeding, headaches, mood swings, weight gain and acne) that was intolerable to women. However, the authors also alluded to the fact that for some women removal coincided with the ending of their relationship. For these women this may have been the actual 'tipping point'.
- ▶ The young women described themselves as being reluctant and slow to request removal having internalised the expense of the method, and that it may take time for their bodies 'to get used to' the implant. Interviews with providers affirmed that they did counsel women about both of the above.
- ▶ Many women also described the resistance to removal they experienced from the health care practitioners. For some this was perceived as a challenge to their bodily

autonomy and may have impacted on the woman's choice of post-implant contraception.

The study's strengths include the diversity of the participants and the data collection and analysis methodology. However, as the authors point out, the sample size is small and self-selected, making the results less generalisable. The possible 'tipping point' of the relationship ending has not been discussed nor have the researchers made clear their own perspective and the influence this will have had, though this may have been discussed in the full report.

This study has shown that many women are well informed about the implant, its potential bleeding side effects and that irregular bleeding may take time to settle, and thus will often tolerate side effects for some time. That whilst continuation rates have been found to be high, they could be further increased by informing women about other potential non-bleeding side effects that have been attributed to the implant in real-life settings and by better preparing women for irregular bleeding and the potential associated experiences that accompany this. Additionally, this study raises the important point that whilst implants are expensive, reluctance to remove an implant in someone who has reached her 'tipping point' may lead to the woman losing trust in the health practitioner and possibly to use of a much less reliable method of contraception such as withdrawal.

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