Commentary on 'A qualitative analysis of women's explanations for changing contraception: the importance of non-contraceptive effects'

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The choice of contraception available to women has expanded substantially in recent years, especially in Westernised societies. But with choices come dilemmas, not all of which are purely medical, and there is often a gap between a women's actual and ideal use of contraceptives.¹ While improving women's knowledge of contraceptive methods can reduce unwanted pregnancies,² this alone is unlikely to be sufficient to close the gap between the ideal and actual use of contraceptives. One key, and perhaps relatively overlooked, issue is that while young women believe that contraceptive responsibility should be shared, in reality this is not always the case,³ and few clinical epidemiological studies have given voice to women's reasons for their contraceptive decisions.⁴

The study by Wigginton *et al.*⁵ in this journal issue focuses on the reasoning of women in contraceptive decision-making, and highlights several very interesting but perhaps overlooked points. The study is based on a large, longitudinal, population-based cohort of young Australian women, and looked in particular at a subset of women who had recently changed contraceptive method. A thematic analysis of responses found that one-third of the women changed contraceptive method for reasons unrelated to pregnancy prevention, and that the relationship between 'unwanted' side effects and discontinuation of contraceptive methods is not necessarily straightforward or unidirectional. The authors go on to show that the

significance women attach to side effects differs based on sociocultural factors, and their findings challenge the reader to reconsider 'truth' from the perspective of the experiencer. Clearly, as this article proposes, women's experiences are complex and multilayered. The adoption of a qualitative methodology, such as the one employed in this study, would enhance the outcomes of future contraceptive studies, and in turn benefit not only women but also researchers and clinicians.

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