

Vernacular knowledge about contraception: an interdisciplinary perspective on myths, misperceptions and lived experience

Recent research points to social media as a driver in the rise of contraceptive misconceptions and misinformation. An attitudinal change towards hormonal contraception has also been documented, coupled with rising distrust of clinicians in favour of peer influencers,¹ a narrative that has been echoed in mainstream media.² However, the circulation of contraceptive narratives is not a new phenomenon, and not confined to social media.

I recently led a study, in collaboration with Public Health England and The Folklore Society, which explored communication about contraception between friends and family networks.³ The 'Reproductive Bodylore' project (May 2020–December 2023) was a qualitative interdisciplinary study which straddled the fields of folklore and health and was funded by the Arts and Humanities Research Council (AHRC). It explored the role of vernacular (informal) knowledge in contraceptive decision-making. A short video abstract of the research and exhibition is available online.⁴

Through the research we found that participants recognised the complexities and contradictions in the contraceptive information they come across both online and offline. They said that they needed to sift through and make sense of a lot of information from different sources, and that different sources of information served different functions. Medical information was gained from the National Health Service (NHS) website, or conversations with clinicians, whereas the more embodied types of knowledge – what a contraceptive might actually be like – was provided by friends and family.

Participants' key concerns about contraception included the impact of long-term hormonal contraceptive use on future fertility, and the day-to-day impact of unwanted side effects. Misunderstandings about

fertility and contraception were common, in particular we noticed a concern that emergency hormonal contraception can only be taken three times in a lifetime, otherwise it would have a detrimental effect on fertility.

Sometimes, the things people heard about contraception were interpreted within the context of lived experience. For example, a participant who struggled to conceive put this down to 'chemicals' being in her body following long-term use of the pill. This convergence of belief and experience suggests that framing informal knowledge as 'myths and misperceptions' may be unhelpful and does not account for individual interpretations of such knowledge.

Drawing on the interdisciplinary origins of this project, informal contraceptive knowledge and lived experience should be viewed holistically, as 'vernacular knowledge', a term borrowed from folklore studies⁵: *vernacular* relates to everyday informal culture and *knowledge* includes 'awareness' or 'knowledge of' something, rather than solely something factual or believed. Vernacular knowledge is the unofficial, informal and everyday culture of a group, including the communication of medical knowledge in lay terms.

Vernacular knowledge is a useful term as it encompasses how people understand and interpret the functioning of their bodies within a broader sociocultural frame. Studying such knowledge can reveal how people conventionally understand the ways in which medical interventions act on the body, incorporating and articulating fears of risk to the body, reflecting cultural norms and understandings, and the histories, values and concerns or anxieties of a group or community.

At present, vernacular knowledge as a component of patients' contraceptive literacy is overlooked in research, and inadequately addressed in contraceptive consultations. The circulation of contraceptive beliefs demonstrates that patients are interested and involved in their healthcare decisions. Participant concerns about future fertility highlight the importance of greater education around fertility awareness in relation to pregnancy planning and avoidance.

Being open to patient experiences and vernacular knowledge would also align with future directions in best practice, such as those stated in the UK Faculty of Sexual & Reproductive Healthcare Hatfield Vision.⁶

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