

Failure of Contraception

Women at risk or Women in a Risky Situation



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« The French Paradox »

- Good access to contraception
- High contraceptive prevalence
- Increasing of highly effective contraceptive method

But

- Very stable number of voluntary abortion over the last 30 years
- one in every three pregnancies is unintended, of which 65% occur while using contraceptives
- 35% of women will have at least one abortion in their life

Failure of contraception

To determine in which conditions those unplanned pregnancies occur and to better understand what is at stake when contraception fails

Nathalie Bajos, Michèle Ferrand, Danielle Hassoun et l'équipe GINE

Au risque de l'échec, la contraception au quotidien ; in De la Contraception à l'avortement: Sociologie des Grossesses non Prévues. ed Inserm 2004

Moreau C, Bouyer J, Gilbert J, Bajos N. the COCON Group; Social, Demographic and Situational Characteristics Associated with Inconsistent Use of Oral Contraceptives: Evidence from France Perspectives on Sexual and Reproductive Health, 2006, 38(4):190-196

Caroline Moreau, Jean Bouyer, Fabien Gilbert, the COCON Group and Nathalie Bajos; Social, Demographic and Situational Characteristics Associated with Inconsistent Use of Oral Contraceptives: Evidence from France Perspectives on Sexual and Reproductive Health, 2006, 38(4):190-196

Hypothesis

Contraceptive observance is at a cross-road of three different level of norms :

- Contraceptive use norms
- Gender and social norms
- Medical norm of contraceptive management

And failure of contraception often translates the difficulty of taking into account simultaneously these different norms

Contraceptive Norms

- **The contraceptive duties**

Not using modern and very efficient contraceptive method makes you consider as deviant regarding the model of our society

- **The good age to have sex and to have children**

Not too early but not too late,
Not too young but not too old

- **Timing of contraceptive methods**

The norm is to think that the type of contraception has always to fit with age and type of relationship

« The right method at the right moment »

Contraceptive Norms

- **Contraception between constraint and freedom**

Pill was a fantastic freedom for the older generation but can be considered as a stress for the younger (fear of hormone, ecological concern)

- **Contraception and HIV** a hierarchy of prevention
some women reported that they were not worried about contraception because they were thinking of preventing AIDS but not a pregnancy

Gender issue

- ❑ Contraception management is still a gender issue giving to male domination a new way of expression.
- ❑ Women expectation in sexuality are not properly taken into account by men.
- ❑ Priority is still given to male satisfaction and contraceptive choices often are decided according to the partner's preferences

Non-use of condoms is often due to the refusal of the male partner to use a method which some feel restricts their sexual pleasure

Contraception and medical consultation

- ❑ The continuing education in the field of contraception is not sufficient and sometimes inadequate.
- better training of family planning providers remains a major goal
- IUD is almost never prescribed to childless women as if they were assumed to be necessarily at risk of sexually-transmitted infection (STI)
 - pill is not necessarily the best method for women having irregular sexual intercourse or for women whose lifestyle does not make it easy for them to take their pill regularly.
- ❑ Providers take into account medical indications and contraindications of contraceptive methods but not always the context of women's life.

Contraception and medical consultation

- Providers have their own ethical, religious, political norms and it is difficult to be completely neutral
- Woman and doctor do not occupy the same social position, and doctors should therefore make particular efforts to allow women to express their wishes
 - .. At best, the provider is a counselor which help women and couple in their contraceptive decisions within the context of their lives, not the one who decides in taking into account only the effectiveness of the method.

In practice, why contraception fails?

- *Lack of accessibility*
- *Lack of information (teenagers..)*
- *Non social acceptance of sexuality makes teenagers felt socially not allowed to ask and use contraception*
- *Supposed infertility*
- *Not considering themselves at risk of becoming pregnant or sometime with a fatalistic attitudes (‘we’ll see)*
- *Accident of the method (forgotten pills, failure of IUD)*

In practice, why contraception fails?

- *Ambivalence*
- *Masculine domination in the choice of contraception*
- *Inadequate method which does not fit sexual lifestyle*
- *or having too many problems in their life to be thinking about contraception*

Conclusion

Despite the high level of contraception use, the control of fertility seems to remain problematic

Any woman, whatever is her socio-economical status and level of education, can be at one moment of her life in a risky situation of unplanned pregnancy.

It seems that the perfect control of fertility is difficult on a long term for all women supporting contradictories injunctions between desire of children not too early but not too late, partner more or less agreeing or indifferent, professional ambition and economical realities.

Failure of contraception ...

*.. Beyond the ambivalence
and so-called misuse of contraception..*

*Failure of contraception reflects a moment of increased
women vulnerability in a particular social environment
and a particular affective situation.*

*The role of providers may need to better address women's
preferences and concerns regarding contraceptive
methods, in order to help them choose a method that
best fits their sexual, emotional and social lifestyle.*

*By doing so, they will contribute to the improved
effectiveness of contraceptive methods.*

**Merci,
Thank you.**

