

No more periods? Oral contraception and menstrual suppression

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No more periods? Oral contraception and menstrual suppression

Oral contraception, or 'The Pill', is widely used by women to control how often they have a period. In many countries using oral contraception in this way has remained unofficial practice. However, in 2003 the first FDA approved Extended Cycle Oral Contraception (ECOC) was launched. This research briefing summarises the findings of a PhD project that looked at how biomedicine, pharmaceuticals, the news-media, and women themselves debated and talked about controlling periods through oral contraception.

Key points

- The Pill and other hormonal contraception are widely used for reasons other than to control fertility. Menstrual suppression was a desired primary effect of hormonal contraception for women in this study
- Women who did not intend to have children and continuously used hormonal contraception to suppress their menstruation felt marginalised by the dominant notion implicit in 'family planning' that contraception was merely putting motherhood 'on hold'
- The notion of individual 'choice' dominated women's accounts of menstrual suppression but did not reflect the reality of their decision making
- Women expressed both trust and scepticism about information provided by medical professionals. They also expressed profound ambivalence towards the notion of 'risk' associated with suppressing menstruation
- The presence of direct-to-consumer advertising seems to have a significant effect on the ways in which understandings of menstruation and fertility are understood by the public

Background

Since the development of 'The Pill' in the 1960s women have been able to manipulate the length of their menstrual cycles. This has not been the medically approved regime, but rather an unofficial practice, which medical professionals have been able to suggest to women for health reasons, or undertaken by women independently.

Currently all oral contraceptive products in the UK and Australia are packaged in a way that suggests women take 21 days of active pills followed by a 7 day break for a bleed. In order to suppress, or control, menstruation women are able to miss out the 7 day break and continue taking active pills.

Current sexual health advice in the UK does not explicitly promote the idea of menstrual suppression but states that it is 'not harmful to do' (fpa 2006). Similarly, in Australia using The Pill to suppress menstruation is not promoted. Australian sexual health guidelines state that it is possible to control your periods but that 'many women prefer to have a monthly bleed' and recommend that women have a bleed every four months (SHine SA 2010).

In 2003 the first Extended Cycle Oral Contraception (ECOC) was released in the USA. This regimen

contained the same amounts of hormones as other Pills but was packaged to be taken continuously for 84 days followed by a 7 day break for a controlled bleed. This ECOC resulted in 4 periods per year.

The publicity surrounding the release of the first ECOC sparked much debate in the USA, the UK, and in Australia about understandings of menstruation. In particular, public discussions clustered around three main concepts:

- whether menstruation is 'natural' and/or desirable
- the notion of ECOC as a potentially liberating 'choice' for women
- the 'risks' associated with both menstruating and suppressing menstruation

The study

This study investigated the public debates about the release of the first ECOC. Relevant biomedical and pharmaceutical literature, news-media coverage, and websites about menstrual suppression from the USA, UK and Australia were analysed. Simultaneously, in-depth interviews were carried out in South Australia with women who had suppressed their menstruation using hormonal contraception.

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The findings

Practices of menstrual suppression

Interviews were carried out with 37 women, between the ages of 21 and 57, who had manipulated their traditional 28 day regimen of The Pill to extend their menstrual cycle. The specific practices of these women fell into three categories:

- 14 women had only occasionally suppressed menstruation
- 14 women regularly suppressed menstruation in a pattern that gave them three or four periods per year
- 9 women took The Pill continually all year round with no withdrawal, thus not having a period for some years

The motivations for menstrual suppression described by these women differed greatly. Those women who suppressed their periods only occasionally cited reasons linked to a 'special occasion' such as a wedding, holiday, or to avoid bleeding during sex. For the other women, reasons were more likely to include painful or heavy periods, and feelings that menstruation was unnecessary if they did not intend to have children.

Most of the women in this study said that they intended to continue to suppress their menstruation or to suppress it again in the future. A minority of women did not intend to suppress their menstruation again. This included two women who had gone through menopause and others who were concerned about the adverse effects of hormonal suppression.

The irrelevance of defining what's 'natural'

Those who advocate menstrual suppression suggest that women have only recently menstruated frequently and cyclically, due to fewer years of pregnancy and lactation. They claim these changes are detrimental and 'unnatural'.

Biomedical literature that promotes the use of ECOC to imitate this allegedly 'natural' pattern claims that the original Pill regimen reproduces a redundant monthly bleed. Endocrinologist Elsimar Coutinho (1999) stated that once women become convinced that menstrual suppression is the 'natural' state of fertility then the use of ECOC will become mainstream.

However, for most women in this study their decision to suppress the regularity of their periods rarely had to do with what they thought to be natural, but rather with what they felt was safe and desirable. Stated reasons included:

- the impracticality of bleeding

In the end I thought I don't care if it's mucking around with nature because I get so, you kind of get desperate.

Linda 47

- problematic periods
I've never really thought of it as being natural or unnatural because it's something I just have to do to be able to live without having to take two days off a month.

Briony 22

- concerns around fertility and femininity

It's not natural to live in a house and sleep in a comfortable bed but I'm glad I can! Since going off The Pill a month ago I feel more natural but less normal. I miss the security of knowing what's going to happen at what time but feel like I'm reconnecting with my body. It's very hard to put into words but now that I'm not controlling my fertility with hormones and controlling my cycle I feel more female.

Hailey 32

Menstrual suppression and choosing to be childfree

The biomedical and pharmaceutical literature promoting ECOC made no mention of the potential use of The Pill by women who actively reject motherhood. Most publicity for the first ECOC constructed its typical user as heterosexual and as ultimately desiring motherhood in the context of the nuclear family.

However, for most women in this study menstruation was directly symbolic of fertility and the potential of having children. Thus, for women who strongly identified as wanting to remain childfree menstrual suppression offered a powerful act of asserting their identity.

I have just always been so certain that I don't want to have kids. When I realised that I could stop my periods I thought well why on earth would I have them when they are of no use to me?

Sandra 53

I started [menstruating] when I was 13 and I have hated it ever since. Never wanted children, never could figure out why I was being punished in such a manner. I've fantasised swapping my very fertile system with some poor female who is dying to have children and can't.

Rachel 29

Indeed, childfree women who suppressed their menstruation said they felt alienated by the emphasis on motherhood present in 'family planning' discourse.

It's about being feminine. I think I'm very feminine but then if people find out that I stopped my periods and don't want to have kids are they gonna immediately think I'm some man hating weirdo? It's like you can't not want kids and be a proper woman at the same time.

Jane 33

Women's accounts of negotiating choice and risk

Promotion of the first ECOC in the USA placed heavy emphasis on the notion of menstrual suppression as an expansion for individual women as healthcare consumers. Similarly, most women in this study used the language of choice to express the value they placed on the availability of ways to control menstruation. However, in reality the women's choices were shaped by their experiences.

This was particularly evident in the ways in which women negotiated information about the risks of both menstruating and of suppression. In particular, many of the women in this study demonstrated profound ambivalence towards biomedical information about risks.

Women expressed both trust in, and scepticism of, the information provided by medical professionals, and felt especially ambivalent when it came to information about the different risks of cancer. The extent to which women felt that risks were of relevance to themselves and/or to other women depended on whether their own personal or familial experiences made cancer or other health risks more significant to them.

I think it is an individual choice, some women find a pill that suits and they feel better on the pill, others don't. For my condition [Polycystic Ovarian Syndrome] it is actually helpful in preventing cancer of the uterus.

Faye 34

I have a friend who had a stroke at 27 and it was suggested that it was caused by the pill. This concerned me but I think that you need to be physically pre-disposed to a condition anyway and nothing will prevent that from happening, only WHEN it will happen. So I am not concerned and take the pill without fear of what may or may not be.

Kal 25

Saying that it increased the risk of cancer would probably not make me stop taking it, as there are so many things in this world that can give you cancer anyway so it probably wouldn't make much difference.

Michelle 21

The implications of direct-to-consumer advertising

The presence of direct-to-consumer (DTC) advertising in the USA has had a significant impact on the ways in which practices of menstrual suppression using ECOC gained publicity and legitimacy.

The release of the first ECOC did not represent a new product, but merely a repackaging of an existing product in a way that meant women spend more time on hormonal contraception. Consequently, the campaign to shift women's understandings of menstruation to consider it as unnatural and undesirable was necessary in order for

ECOC to be legitimised as a rational consumer choice for women.

In the USA suppressing menstruation using The Pill has now had six years of publicity and advertising. Consequently, the possibility of suppressing menstruation in this way is now considered a legitimate regimen alongside other methods of hormonal contraception.

In contrast, the lack of explicit marketing to consumers in the UK and Australia has meant that whilst the topic of ECOC has achieved coverage in the news-media in these countries, no strategic process of legitimating menstrual suppression has occurred. ECOC has not become mainstream in sexual health policy or practice. Some women in these countries continue to achieve menstrual suppression by extending the traditional 28 day regimen of The Pill on an ad hoc basis.

The internet now plays a significant role in the ways in which people seek information about health practices. Given that much of the DTC promotional literature for ECOC has been available online it has the potential to undermine local sexual health policy and practice in places like the UK and Australia. This study examined a range of websites including personal blogs, message boards, and lay information sites set up by practitioners that both debated and promoted menstrual suppression. Some research has suggested that the availability of information on the internet is having subtle effects on the relationship between patients and their health professionals as more people seek information online about health issues (Hart et al 2004). This study found that DTC advertising through the Internet directly sought to intervene in the relationship between patients and health professionals by providing guidance questions for women to take ask their practitioner.

Policy/research implications

- Direct-to-consumer advertising has significant implications for understandings of menstruation, menstrual suppression and contraceptive practices
- There is a need to continue to challenge and rethink understandings of sexual health outside the 'family planning' framework. Whilst there has been much broadening and innovation in the realm of sexual health services in the UK, Australia and the USA, further attention is needed to examine the ways in which women use contraception outside the dominant model of heterosexual family planning
- The findings from this study suggest that further research is needed into the specific effects of Internet access to USA based DTC advertising for contraceptive methods on UK and Australian practices and subsequent policy implications