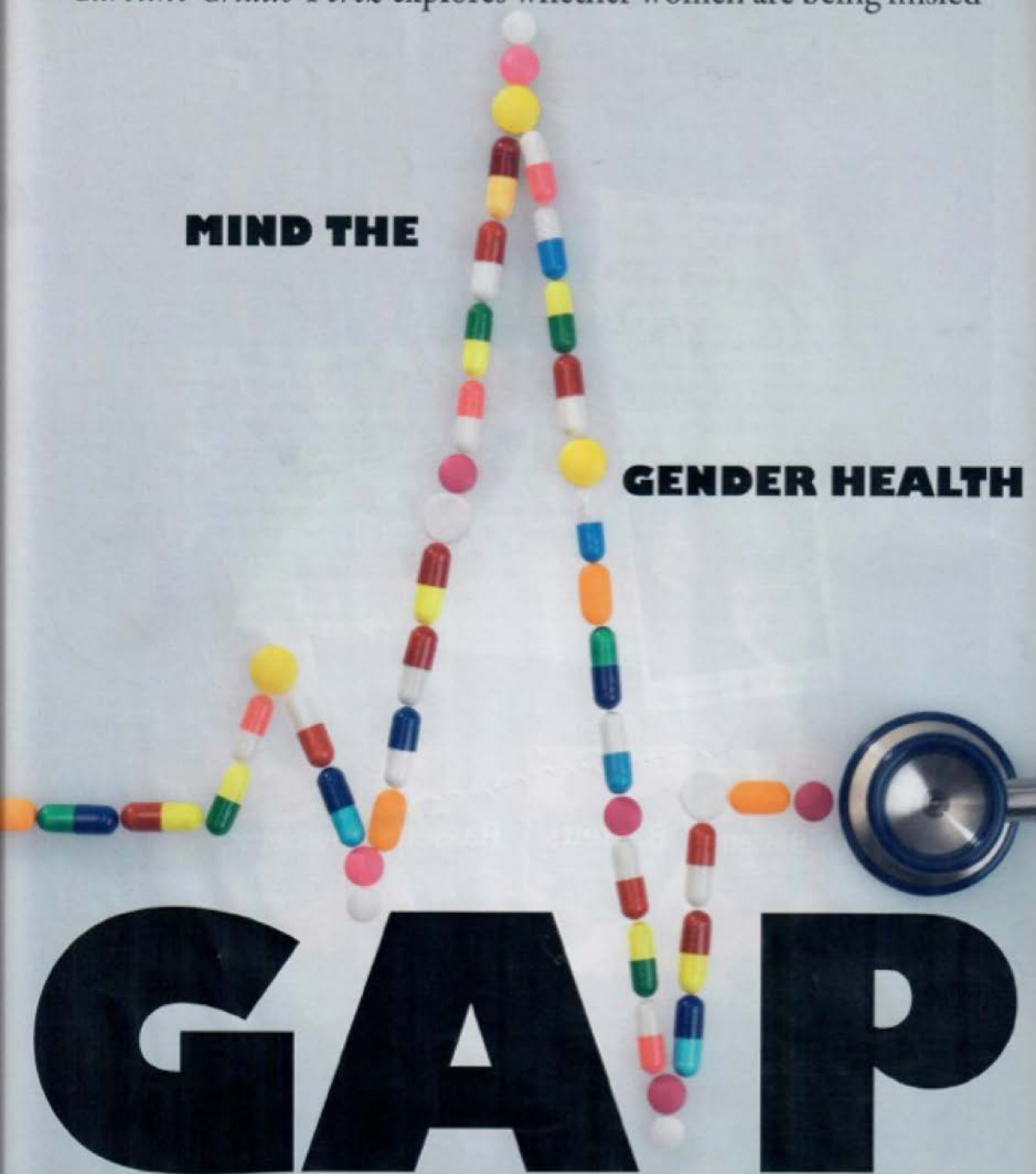


With use of the Pill falling rapidly in favour of other methods including contraceptive apps, feminist activist *Caroline Criado-Perez* explores whether women are being misled

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MOST WOMEN HAVE at least one contraceptive horror story. The condom split. The Pill made them feel moody, anxious or depressed. They couldn't get hold of the morning-after pill.

Mine came when I was having my coil replaced at the age of 27. First, they had a medical student try. No joy. Then the nurse had a go. Nope. I'm not sure who the next person in scrubs was (or the next) who stuck their gloved hands up my vagina, but they couldn't fit it either. Finally, they got the expert in – but by then my cervix was in spasm and I was in excruciating pain.

So when I started seeing a new contraceptive app called NaturalCycles being advertised all over my social media, I must admit my interest was piqued. Although the Pill remains the most used form of contraception in Britain, its use has dropped by more than 13% in the past 10 years, partly due to reports linking it to psychological side effects as well as physical ones, including increased risk of heart attacks and breast cancer. As women become more concerned about what they're putting into their bodies, many are turning away from hormonal contraception and seeking something more natural.

I'd heard of other app-based methods, but these seemed to rely solely on your remembering to input the dates of your period. NaturalCycles looked different. The ad boasted it was the only contraceptive app to have been 'certified' in Europe as a medical device for contraception, while other ads referred to 'clinical studies' and claimed it was as effective as the Pill. It also showed a woman taking her temperature, so clearly it wasn't just counting dates/days. For someone who has had problems with nearly every other method of contraception, it was extremely tempting. And if it's good enough for the EU...

But then the stories of unplanned pregnancies started to emerge. In January, a Swedish hospital reported that 37 of the 668 women who had come in for an abortion between September and December 2017 had been using the app. Writing in *The Guardian*, the novelist Olivia Sudjic explains she got pregnant on the app, too – and kept her subsequent abortion a secret out of shame. 'I felt colossally naive,' she says.

In the wake of the stories, many have been openly contemptuous of these women who put their faith in what some are calling a modern 'Vatican roulette' (the 'rhythm method' favoured by some

Catholics). The trend has been to laugh at women for having been silly enough to 'fall for' it, rather than get angry at companies that exploit the lax regulatory environment of social media advertising to target women who are desperate for an alternative.

People could also try being angry at a medical community which has routinely sidelined and ignored women. The reality is that the majority of research is still skewed towards meeting men's needs. This has led to less effective treatment (women are far more likely than men to find that a drug simply doesn't work) and more problems caused by medication: one study found that 80% of drugs removed from the market were because of unacceptable side effects in women.

When I tweeted asking if any women had stories of how they had struggled to find contraception that worked for them, my inbox exploded with stories of those who had been dismissed and, they felt, mistreated by their doctors. When Abi asked her doctor for pain relief for her endometriosis, she says, 'He told me to have a baby. I was 22.' Sarah's doctor laughed when she told him about the serious mental health problems she'd experienced on the Pill: 'He said, "No, that's not a side effect."' Eimear, 33,

WHAT TO ASK YOUR GP

Dr Lucy Hooper on the questions to ask when choosing a contraceptive

How does this method fit my plans?

If you're trying for a baby soon, fertility takes longer to return after a progesterone-only contraceptive injection than the combined hormone contraceptive pills.

Is this best for my skin/hair/mood?

If you have any worries that could be hormone related, bring these up so your doctor can find the best method for you. Menstrual supplements or other medicines you are taking, as they can interfere with the Pill.

What are the risks and side effects?

Each method has its own side effects and some risks. When you have the facts, you can make a choice.

Are blood clots a risk with this method?

If you have a family history, tell your GP before opting for a combined pill.

a public policy researcher, was interested in the app after the Pill made her period last all month. One doctor told her there would be side effects for the first three months of any Pill. 'Would they ask a man to bleed every day for a month?' she says. With this kind of medical care, is it any wonder women look elsewhere for answers?

Dr Chelsea Polis of the Johns Hopkins Bloomberg School of Public Health says conversations around side effects can include symptoms which aren't suggested by the evidence. 'There's a lot of misinformation,' she says. 'It's important to balance experience with rigorous study.'

There's no arguing with that, but what if part of the problem is a lack of rigorous study? According to Professor Angelica Hirschberg, a specialist in obstetrics and gynaecology at the Karolinska Institutet in Sweden, 'There is a need for randomised studies where [the Pill] is compared with placebos,' because the 'scientific base' of knowledge about side effects are 'very limited'. She says, 'Pharmaceutical companies largely control the research' and this kind of research is 'not in their interest'.

And here we reach the crux of the issue: women's health just isn't seen as a priority. There are five times as many studies on erectile dysfunction (5% of men aged 40 have complete erectile dysfunction) as there are on PMS (which affects 90% of women). No effective drug without serious side effects exists for the period pain that affects 90% of women and, at its worst, has been described by one doctor as being 'as bad as a heart attack'. One in 10 women in the UK have endometriosis, an incredibly painful disorder where uterine tissue grows elsewhere in the body, yet we don't even know what causes it.

We need to close the gender gaps in medical knowledge as a matter of urgency, because it is in these gaps, where women feel ignored and have their symptoms dismissed, that charlatans can flourish. Until we do, blaming 'naive' women for getting pregnant on contraceptive apps is to entirely miss the point. In the context of inadequate regulation on social media combined with a failure of the medical establishment to listen to women when they tell them they are in pain, these apps have flourished.

Women like these have struggled for years with unacceptable side effects and dismissive doctors. No wonder they are easy prey for unscrupulous companies who use the language of science to market their unscientific solutions.