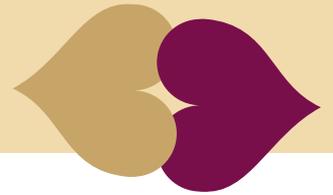


# People stop using contraception when it stops them having good sex.



**Contraception** is more than just prevention. It's about **good, safer sex.**

This is the first systematic review ever to ask whether sex life concerns [1] affect contraceptive use and it shows the impacts of contraception on sex lives is more important than cost or access.

Our research to date tells us that when it comes to our sex lives, SRHR interventions usually **overlook pleasure**. This silence on the intersection of contraception and sexual well-being is a significant and gendered limitation that restricts our ability to offer comprehensive, **effective, human-centric, and rights-based research and SRHR provision**.

It's time to **broaden the conversation** to meaningfully include sex life concerns in the design and provision of contraception and ensure we uphold empowerment, choice, and quality. This means recognizing the role of 'sex for pleasure' and users' need are met when having sex.

## Why does this review matter?

01 If everyone had access to contraception when they needed it, many unintended pregnancies could be prevented. **This would save lives** – around 70,000 mothers in low- and middle-income countries every year – and also **reduce poverty** and support greater **gender equality**.

02 But whilst contraception can facilitate safer sex, improve health outcomes and help realize our rights, people often **discontinue methods** when they otherwise need it, including due to sex life concerns.

03 Despite awareness of this, **research about sex life concerns** and contraceptive discontinuation is severely **lacking**.

Our review addresses this critical gap.



## How did we do it?

### 1 The question our review wanted to answer was:

'To what extent do sex life concerns affect whether a contraception user will stop or switch contraception methods?'

### 2 To be included...

...papers must involve reproductive age contraception users, not wanting to be pregnant who have used but then stopped or switched their contraceptive. Crucially, the studies selected had to **directly address sex life concerns**.

### 3 To find the answers...

...we searched **9 databases** using words like '**Contraception**', '**Discontinuation**' and '**Switching**.' This resulted in **16,600 global studies** in English language, conducted between January 2004 and May 2023. After screening our initial search results, **64 papers including 125,586 mostly female participants**, aged 15-54 met all our eligibility criteria.

### 4 Meta analysis...

...was completed for **25 comparable quantitative studies** that examined discontinuation meaning we combined data from **6428 users** in those studies, using statistical tests. **Qualitative findings** e.g., interview studies, were combined to help deepen understanding in users' own words.

[1] By 'sex life concerns' we mean direct impacts on sex life including sexual desire and satisfaction of both the user and/or their partner and only included studies that specified that. We consider these reasons different to wider side effects like bleeding which we recognise impact sex lives but are not the focus of this review.

## Key Findings

### It's vital to consider sex life concerns

Sex life concerns are a **leading reason for contraceptive discontinuation** with 5% prevalence on average based on our meta-analysis of 6428 users in 25 studies, compared to discontinuation due to cost - 3.5%, and lack of access - 4.7% from global data.

### It's vastly understudied

**Only 2/64 papers had a primary aim to study sex life concerns.** Of 581 studies read in full, 83% **did not consider** any aspect of sex life concerns for discontinuation. Instead, impacts like bleeding and weight gain dominate reflecting a **gendered view of sexual motivations**.

### The view is narrow

Sex life concerns are rarely **asked about directly**. Usually, they are grouped as 'other' or 'side effects' including bleeding, headaches, acne; only examine **one dimension** e.g., sexual desire; or prioritise **user's partners** e.g., for IUD - 'my partner feels the strings'.

### It's poorly measured

We know that reasons for discontinuation are multifaceted e.g., irregular bleeding causing challenges including in sex lives. But surveys about contraception often **restrict opportunities for explanation** e.g., respondents can select one option for discontinuation only.



## What did we not do and why?

All contraception was included **except male (or external) condoms** because their impact on sexual satisfaction has already been researched specifically 'reduced sensation' and (non) condom use, and how pleasure integration in condom programmes increases condom use.

We did not include studies about **trials of new contraceptive methods**, or about health system/provider **interventions** as the findings do not represent contraceptive users own reasons.

We recognize that **wider side effects** like irregular bleeding can also have an impact on sex lives, but these were not included in this review due to our focus on **direct sex life experiences** only.

## What we want you to do next

### Make pleasure a priority in the global SRHR agenda

**Cost and access reasons** for contraceptive discontinuation continue to **dominate** in research, funding, and policy. Contraceptive interventions and programmes continue to **exclude sex life concerns**. We need to **break the silence** about the importance of sex life concerns and shift the balance to include this critical piece of the puzzle.

### Remember sex is a key reason for using contraception

Researchers and technology developers need to make contraception **work for sex lives**. Discontinuation should be tracked meaningfully with users able to indicate **specifically why they stopped**, including due to sex life concerns.



### Ask users if their methods affect their sex lives

When contraceptive users are **counselled** about their method this can significantly improve satisfaction, reduce discontinuation, and enhance overall reproductive health outcomes. To offer comprehensive, rights-based support and meet user's needs, providers should **proactively address sex life concerns** when providing contraception.