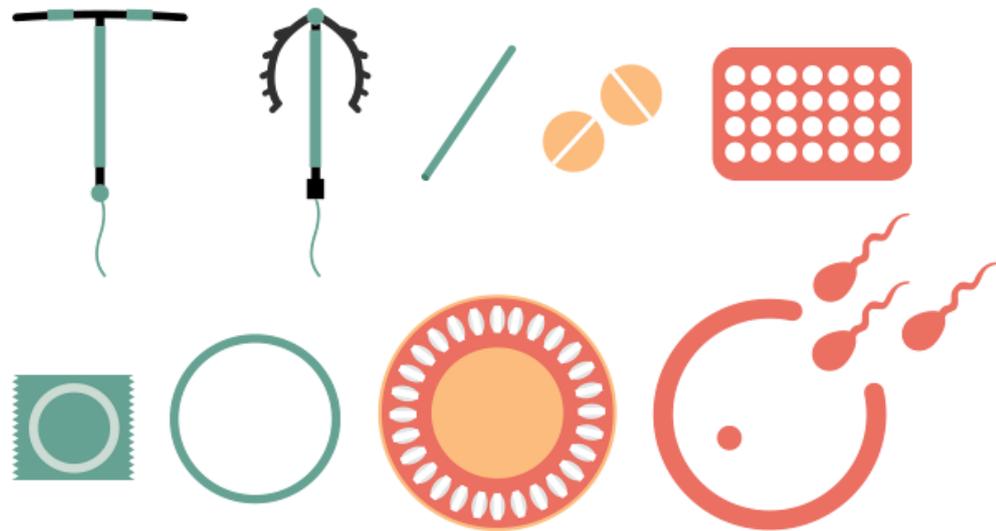


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PERCEPTIONS ABOUT HORMONAL CONTRACEPTIVES

A RESEARCH ABOUT WHAT CONTRACEPTIVES IMPLY FOR REPRODUCTIVE AND SEXUAL
CITIZENSHIP OF YOUNG FEMALES IN THE NETHERLANDS

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Abstract

The hormonal contraceptive pill became available for women in the last century and gives women the possibility to gain control of their menstrual cycle and to prevent pregnancies. But more women today want to change their contraception from the hormonal contraceptive pill to something else. Important in this research are “sexual citizenship”, the right to engage in sexual relationships without fears and “reproductive citizenship”, which gives women the right to get, among others, sexual education and contraceptives. Next to the (hormonal) contraceptive pill, there are many other alternatives, like the intrauterine device, the contraceptive patch and many more, all with their own benefits and risks. Contraceptives are being used by a great deal of the female population, but especially the hormonal contraceptive pill is getting more negatively in the news lately. In this research there has been tried to answer the following question: *what does the perception of using hormonal contraception imply for the reproductive and sexual citizenship of young females in the Netherlands?* To try to answer this question, there has been done a research on 211 women. Statistical analyses have shown that women feel obliged to use contraceptives, but do not want for their partner to start contraceptives. Other results are, for example the outcome that there is a connection between hearing other women talk in your surroundings about changing contraceptives and thinking about changing contraceptives yourself. Every woman is thinking differently about contraceptives, the hormones that come with some types of contraception and feeling obliged to use contraceptives.

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1. Introduction

1.1 Background

In the last century, the hormonal pill for women became available for the market. According to Blumenthal et al. (2008) the hormonal pill for women is one of the most successful public health interventions of the 20th century. This is, for example, because of the possibility the hormonal contraceptive pill gives to women (and families) to control the size of their families. Cleland et.al. (2012) also state: *“The freedom of couples to choose when and how often to become pregnant is a fundamental human right”*. Contraceptives give women the possibility to have control over their reproductive system. After the hormonal pill, a lot of other (hormonal) contraceptives became available for women all over the world. Examples of these other contraceptives are, among other things, the IUD (intrauterine device), a birth control implant (a thin rod that is placed in the arm) or a birth control shot.

As of today, more and more young women are tired of using the hormonal pill as contraception and are looking for other options. This might be because of the negative articles that are being posted in the media, but also because young women are becoming more and more aware of what kinds of hormonal substances they use. For example, some articles, such as *“Hormonal contraception and depression; another pill scandal?”* from Skovlund et al. (2016) state that there is a connection between depression and the hormonal pill. Also, Montoya et al. (2017) say that the hormonal pill has influence on your social-emotional behavior and that it can affect partner preference. Whether it is true or proves to be false, it is negative publicity for the pill. And with more negative publicity, women become wearier over what they would like to use for their reproductive organs. Women do like to be protected against unplanned pregnancies or just would like to control their menstrual cycle (and a lot of women want to be both), so chances are that they have to look for alternatives. Not only hormones and bad publicity might have caused the *“downfall”* of the contraceptive pill in the Netherlands. In September 2018, it became news that the most used contraceptive pill is scarcely available in the Netherlands, because of a low supply (which is on purpose, because the Dutch market regarding to contraceptives is not attractive for suppliers) (NOS, 2018). At the moment it seems that the contraceptive pill is available again, and that there are discussions about the stock of contraceptive pill and how a scarcity can be prevented (NOS, 2018).

1.2 Research problem

The goal of this research is to get a clearer view of what young women are perceiving about hormonal contraceptives. This is connected to both *“sexual and reproductive citizenship”*. Sexual citizenship is about having sexual relationships without having the fear to become pregnant and the right to protect yourself without relying on your partner, whereas reproductive citizenship is about having the right to have access to contraceptives and sexual education (Richardson, 2000). Do women perceive the use of contraceptives as an obligation or does it give women a certain type of power?

The research question is: What does the perception about using hormonal contraception imply for the reproductive and sexual citizenship of young females in the Netherlands?

Questions asked to answer the research question are:

- What is the perception of young women about hormones in their contraceptives?
- Are women happy with their current (hormonal) contraceptives?
- Is there a reason why young women would want to quit their current contraceptive?
- What is the perception of women about their bodily autonomy and integrity in regard to the usage of (hormonal) contraception?

The map (shown in figure 1) has been created to show where women have the possibility to get their contraceptives, as health insurance as a reproductive right gives women the opportunity to get contraceptives for a lot less money. Alas, some contraceptive methods are only available in hospitals and not at a pharmacy. It also shows what the number of women per municipality is, so the map shows how far some women have to travel for a type of contraceptive that is not available at a pharmacy.

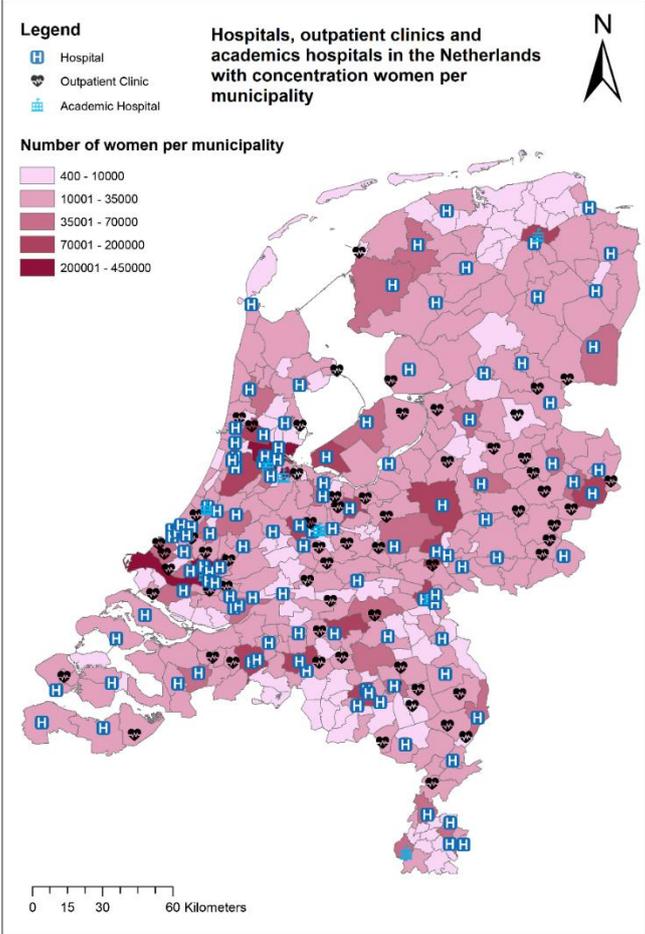


Figure 1: Hospitals, outpatient clinics and academic hospitals in the Netherlands with concentration women per municipality

1.3 Structure thesis

After this introduction, the theoretical framework will be presented. The important concepts will be discussed and different theories that are connected to this research will be mentioned. In the next chapter, the methodology, there will be some insights about which choices there have been made regarding this research, my respondents, the results from these respondents and other ethical considerations.

Then the results of the survey will be presented, after which they will be discussed and compared in the discussion. Finally, in the conclusion the research question will be answered.

2. Theoretical framework

Two important concepts in this research are “sexual citizenship” and “reproductive citizenship”. In the article of Richardson (2000), they are explained both as “the right to sexual (and reproductive) self-determination”. This is about bodily autonomy and integrity: the right to engage in sexual relationships without fears. While citizenship means you are part of a country, or something that you can share with others, sexual citizenship refers to engaging in sexual relationships without having the fear to become pregnant, to get STD’s (sexually transmitted diseases) or the fear that you are being forced to do something against your wishes (Richardson, 2000). It can also be seen as the right to protect yourself without relying on your partner (who, for example, prefers not to use a condom). Another term that can be used for sexual citizenship is “intimate citizenship” (Josephson, 2016). Josephson also states that public policies have a huge influence on sexual citizenship. For example, sexual citizenship and public policies almost go hand-in-hand in the United States. It is mostly focused on monogamous, long-term, heterosexual relationships and not on the lower-income families who probably need contraceptives most (Josephson, 2016). Policies in the United States is also something that Paluzzi (2006) discusses. In the article she mentions that in some states there are certain policies which restricts teenagers to get the contraceptives they need. In the Netherlands, things are different. In the Netherlands everyone is obliged to have health insurance, which makes sure you can go to the doctor, the dentist, the hospital for different check-ups among other things without paying an enormous amount of money (which also depends on what type of insurance you have). Insured women younger than 21 years have the right to get contraceptives and these are reimbursed in the health insurance. If you are older than 21 years, you have to pay a small amount of money to receive contraceptives (Zorginstituut Nederland, n.d.).

Furthermore, in the article of Richardson (2000) is shortly explained what reproductive rights are, another important theme in this research. Specifically, that you have access to, among other things, sexual education and contraceptives. Access to contraceptives makes sure that your reproductive rights are established, and sexual education makes sure that women are well informed about sexual health and also about different sexual practices. The right to have access to contraceptives is also in connection with health insurances in the Netherlands. Also, the right to have access to sexual education is important, because sexual education makes sure that women know how their bodies work and what they can do to protect themselves from pregnancies. Although sexual education is available, it is not always the preferred type of education. In the 2000’s there were still a lot of schools who thought abstinence-only sexual education. This is concerning, as people who get abstinence-only education are less likely to use contraceptives when they have sex (Paluzzi, 2016).

Another important concept is “bodily autonomy and integrity” (Richardson, 2000). Bodily autonomy and integrity are about having sexual contact without any fear. This can be about a (unwanted) pregnancy (which can be linked to sexual citizenship) or even about control, safety and pleasure during sexual contact. A woman (and also a man) should always have the power and possibility to say no during sexual contact with another person (Richardson, 2000). Sexual contact is not just about reproducing and with the help of contraceptives, pleasure during sex is becoming more important.

Important in this research are also the different types of contraceptives, starting with one of the best known: the (hormonal) contraceptive pill. What we already know about the hormonal pill is that it has consequences on a women’s body. Consequences that are proven include: headaches, nausea and dizziness (Dragoman, 2014). Next to these known side effects, Skovlund et al. (2016) also say that the hormonal pill may cause depression. Two main ingredients of the pill are estradiol and progesterone, and they both influence the fear- and stress related mechanisms of a women (Montoya et al. 2017). Other minor side effects of the pill can be headaches, nausea and dizziness but moreover irregular

bleeding and weight gain, but the latter has not been scientifically proved (Dragoman, 2014). According to Dragoman (p. 828) the pill can also have (non-contraceptive) benefits, namely an improved cycle control, improved acne and improved bone health.

Other contraceptives have their own risks and benefits. IUD's for example have been associated with a reduce of menstrual blood loss and a reduced risk of endometrial cancer, and possibly also a reduced risk of cervical cancer (Cleland et al., (2012). Benefits of IUD's however, are that are useable for three to five (or even more) years, that they are especially efficient for women who are finished with childbearing or spacing between pregnancies and that the efficiency rate is especially high (Blumenthal et al., 2008).

More types of contraception are, among some other, less known contraception methods, the contraceptive patch, the contraceptive ring, the contraceptive rod (or implant) and the mini-pill (another type of contraceptive pill). Of course, there are also the non-hormonal methods, such as the barrier method and another type of IUD mentioned before (one made of copper). The contraceptive patch can be used for 7 days, when it has to be replaced with another and after three weeks there is a patch-free interval week. According to a randomized trial, the perfect use of the patch is better (88%) than the pill (78%), but there has to be done a clinical trial to prove so (Jameson et al., 2016). The contraceptive (vaginal) ring is designed to be placed for three weeks, with a ring-free week afterwards. The ring does not differ much from the pill (Jameson et al., 2016). The contraceptive rod, placed on the inner aspect of the upper arm, can be used for three years (just like some IUD's). It releases progestogens every day to make sure you are protected from pregnancies. Removal of the contraceptive rod can be troublesome when placed in a certain angle (Jameson et al., 2016). There is also the mini-pill available (which is progestogen only) for women who are breastfeeding, have migraines or diabetes with complication, among others. This mini-pill is designed to be used daily and it depends on the activity of the ovary (Jameson et al., 2016).

2.1 Conceptual model

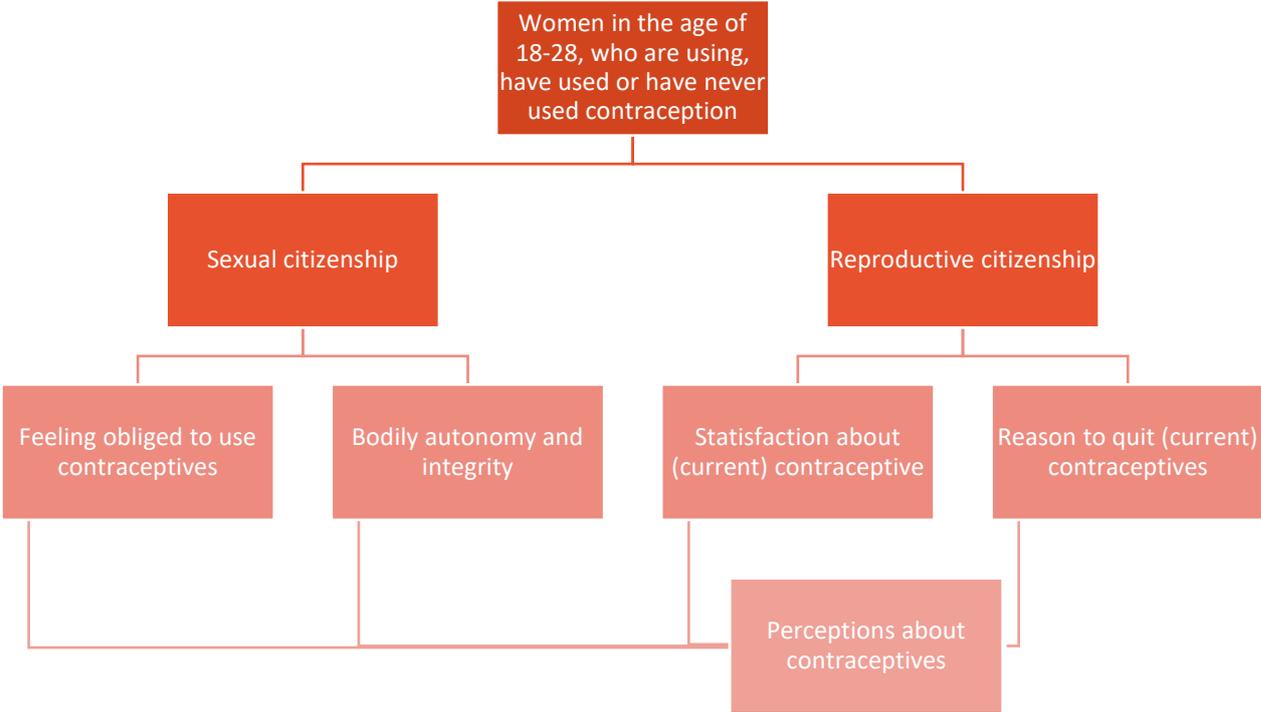


Figure 2: conceptual model

The conceptual model as seen in figure 2, describes what the main focus of this research is. The focus is mostly on sexual and reproductive citizenship, where different concepts will be addressed. Sexual citizenships describe, in this research, if women are feeling obliged to use contraceptives. It also focusses on bodily autonomy and integrity, how women perceive using contraceptives. The other part, about reproductive citizenships describes if women are satisfied with their current contraceptive method and what could be reasons to quit their contraceptive.

There are a lot of different contraceptive methods available for women. We do know a lot about how contraceptives work and what they can do to the body of a women. What we do not know about hormonal contraceptives is what women perceive when using contraceptives and what it implies for their sexual and reproductive citizenships. This research might provide a new insight on the usage of contraceptives together with sexual and reproductive rights of women in the Netherlands.

3. Methodology

There has been chosen to do a survey, to make sure there were heard different opinions from a lot of different women. Quantitative research gives a lot of data and can be used to compare different questions and statements. It is easier to test already constructed theories and you can quickly analyze data (McLeod, 2017). Surveys make this possible. In this research there has been searched for women between the age of 18 and 28 years old. This age range has been chosen because of a (presumed) growing female population that is thinking about changing contraceptives. At least 120 respondents were necessary to make sure that this research's data set would be big enough, and to ensure the validity of this research. Next to that, there has also been chosen to do this research in Dutch. This is an inclusion criterion, as the research actually wanted to focus on young, Dutch women and the specific Dutch/Western countries culture. There might be a different view on the usage on contraceptives in different cultures and countries and different legislations about contraceptives in these different countries.

The intention was to make an online survey, which also made it easier to work with the data afterwards. It also has been made sure that whoever had chosen to not to agree with the terms and conditions at the beginning of the survey, would directly go to the final page of the survey. The survey is visible in the appendix. To give an answer to the research question, the survey consisted of 30 different questions and statements. Almost all questions are directly related to another secondary question, which are used to answer the research question. The first three secondary questions are connected to reproductive citizenship and the last one (plus the largest one) is about sexual citizenship. Also added in the survey was a question about pregnancy. There has been chosen to add this question because some of the women who filled in this survey, might be at a point in her life in which she is trying to have a child. This also influences usage of contraceptive methods.

After making the survey, testing it on different women and making some last adjustments, the survey was put online. Respondents of the survey had been mostly found via different types of social media. At the end of surveying, there were 265 women who started the survey.

The data has been analyzed afterwards with SPSS and outcomes will be compared with each other using different chi-square tests and Spearman's rho tests, because there is a lot of nominal and ordinal data. Some of the questions were on a Likert-scale and other were "yes or no" questions, which makes chi-square tests a good choice. There will also be descriptive results visible, to make the data more understandable. Additionally, there was an open question regarding contraceptive methods for men. This question will be mentioned in the results section, after being analyzed by reading the answers that were given. Some of the results are visible in the results section, and others will be visible in the appendix.

3.1 Ethical consideration

As mentioned earlier, there were 265 respondents who started the survey. Of these 265 respondents, there were 211 respondents who filled in the survey completely. After a check, it seemed that there were almost 30 respondents who did not fill in the last page of the survey. In a group discussion there were considered two different options. The respondents who did not fill in the survey completely could be added to the data, or these respondents were left out of the data. Because the goal was to reach at least 120 respondents and because the statement in the beginning of the survey that mentioned that you could quit the survey at any given moment, there was decided not to put the data of these respondents in the analysis.

4. Results

In this part the results of the surveys will be presented. The results will be presented per secondary question and in the section “Discussion” the results will be discussed with other theories that were be found.

211 women filled in this survey and they are between the age of 18 and 28 years old. Almost 46% of these women is 22, 23 or 24 years old (figure 3). The group of women who are 26, 27 and 28 years are slightly underrepresented. Other results are available in the appendix.

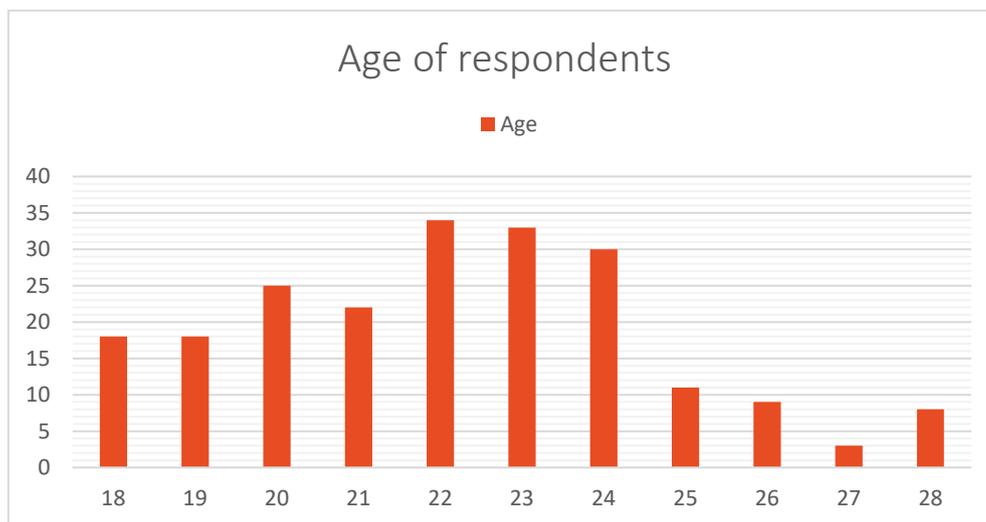


Figure 3: Age of respondents

4.1 What is the perception of young women about hormones in their contraceptives?

In the survey women were asked what can be reasons to quit their current contraceptive. There were also some statements in which these women could answer if they agreed or disagreed with certain statements. In table 1 is the statement “I do not have a problem with hormones in my contraception, as long as my contraception works” visible. While 30,8% disagrees with this statement, almost the same amount (29,4%) agrees. A lot of women have a rather strong opinion about the use of hormones in their contraceptives. On the other hand, the group of women who strongly disagree is bigger (10,4%) then the group who strongly agrees (4,7%).

Table 1: Frequency table problem with hormones in contraceptives

I do not have a problem with hormones in my contraception, as long as my contraception works			
	Frequency	Percent	Cumulative percent
Strongly disagree	22	10,4	10,4
Disagree	65	30,8	41,2
Neutral	52	24,6	65,9
Agree	62	29,4	95,3
Strongly agree	10	4,7	100,0
Total	211	100,0	

Respondents were also asked if they were studying at the moment, or that they already finished school and started working. These results were compared with the results of the statement “I do not have a problem with hormones in my contraceptive, as long as it works”. In table 2 are the results of this

comparison. In this test the results are not significant, meaning that there is no connection between being a student and not having a problem with hormones in contraceptives.

Table 2: Chi-square test about being a student or not and not having a problem with hormones in contraceptives

		I do not have a problem with hormones in my contraception, as long as my contraception works					Total
		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
Are you a student at the moment?	yes	14	42	33	41	8	138
	no	8	23	19	21	2	73
		22	65	52	62	10	211

Chi-Square test

	Value	Df	Asymptotic Significance (2-sided)
Pearson Chi-Square	1,091	4	,896
Likelihood Ratio	1,179	4	,881
N of Valid Cases	211		

4.2 Are women happy with their current (hormonal) contraceptive?

The respondents were questioned about the happiness of their current contraceptive and the largest group (49,8%) consisted of women who are currently satisfied. It should be noted that the largest group consists of women who use the (hormonal) contraceptive pill.

Table 3: Satisfaction of current contraception method

What hormonal contraceptive do you use at the moment * I am, about my current contraception method

			I am, about my current contraception method:					Total
			Very disatisfied	Somewhat disatisfied	Neutral	Somewhat satisfied	Very satisfied	
What hormonal contraceptive do you use at the moment?	Something else	Count	0	1	1	6	0	8
		% of total	0,0%	0,5%	0,5%	2,8%	0,0%	3,8%
	The (hormonal) contraceptive pill	Count	2	3	39	80	14	138
		% of total	0,9%	1,4%	18,5%	37,9%	6,6%	65,4%
	The hormonal or copper IUD	Count	0	2	5	14	18	39
		% of total	0,0%	0,9%	2,4%	6,6%	8,5%	18,5%
	I do not use a (hormonal) contraceptive method	Count	1	3	13	5	4	26
		% of total	0,5%	1,4%	6,2%	2,4%	1,9%	12,3%
Total		Count	3	9	58	105	36	211
		% of total	1,4%	4,3%	27,5%	49,8%	17,1%	100,0%

5,7% of the questioned women in the survey is not happy with her current contraceptive, which is visible in table 3. In figure 4, the differences between contraceptives are clearly visible. While 49,8%

of women is satisfied with her current contraceptive, there is a difference in happiness when it the different contraceptives are being discussed. Women who are using the IUD (hormonal or copper) are more satisfied with their contraceptive then women who use the hormonal pill.

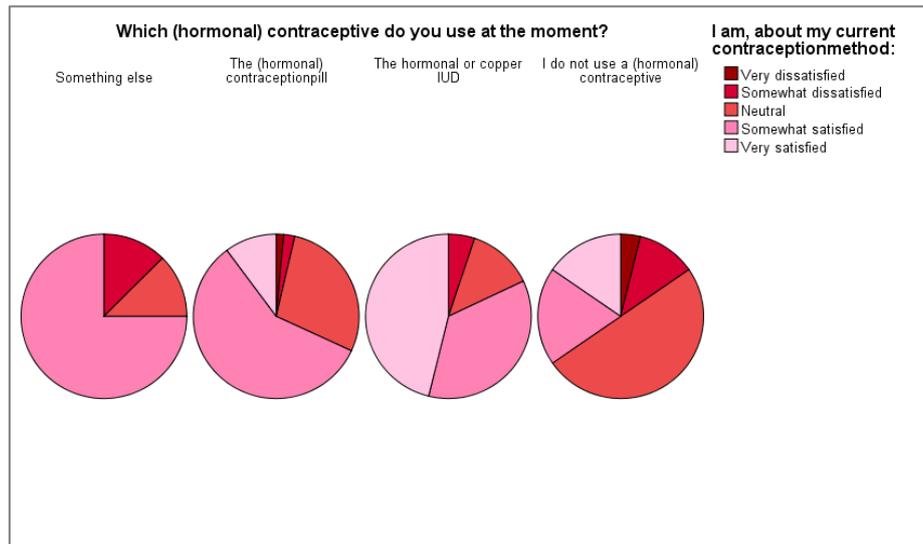


Figure 4: Satisfaction contraceptive

Also questioned was if there might be a connection between using the (hormonal) contraceptive pill or another contraceptive and satisfaction about the current contraceptive method. The results of this test are depicted below (table 4). The results of this test are significant, which means that there is a connection between both.

Table 4: Chi-square test about satisfaction current contraceptive and which type of contraceptive is being used

Which (hormonal) contraceptive do you use at the moment * I am, about my current contraceptive method

		I am, about my current contraceptive method:				Total
		Disatisfied	Neutral	Satisfied	Very satisfied	
Which (hormonal) contraceptive do you use at the moment?	Something else	7	19	25	22	73
	The (hormonal) contraception pill	5	39	80	14	138
Total		12	58	105	36	211

Chi-Square test

	Value	Df	Asymptotic Significance (2-sided)
Pearson Chi-Square	19,659	3	,000
Likelihood Ratio	19,112	3	,000
N of Valid Cases	211		

4.3 Is there a reason why young women would want to quit their current contraceptive?

Women were also asked what could be a reason to quit their current (hormonal) contraceptive. This is visible in table 5. 43,1 % of the respondents said that hormones in their contraceptive can be a reason to quit their current contraceptive. Other reasons why women would want to quit their current contraceptive method are, among others, the availability of the hormonal contraceptive pill (which is an issue in the Netherlands at this moment), wanting to get pregnant and other medical issues that are related to contraceptive methods.

Another point (which is not related to the IUD) is that there are also women who forget their contraceptives. The women in this study who said that they forget their contraceptive sometimes, all use the (hormonal) contraceptive pill (30 women). Other women like to have more control over their own menstrual cycle (4,3%), or want to experience their own natural cycle (3,3%). Another important point are the physical complaints. 22,3% of the questioned women notice that they have, for example, headaches, nausea or tiredness and connect that to their contraceptives.

Table 5: Frequency table of reasons to quit contraceptives

	What could be a reason to quit your current (hormonal) contraceptive?		
	Frequency	Percent	Cumulative Percent
The hormones in my contraception	91	43,1	43,1
Little to no control of my menstrual cycle	9	4,3	47,4
I would like to experience my natural menstrual cycle	7	3,3	50,7
I forget my contraception sometimes	30	14,2	64,9
Physical complaints	47	22,3	87,2
(Would like to get) Pregnant	8	3,8	91,0
Something else	19	9,0	100
Total	211	100,0	

Additionally, women were asked they heard other women in their surroundings who are thinking about changing their contraceptives. Assumed was that there might be a connection between (wanting to) change your own contraceptives and hearing other women doubting what the best type of contraception might be for them. 73,9% of the respondents said that they noticed more women are thinking about switching contraceptives and 65,4% of the respondents said that they have more women in their surroundings who already switched their type of contraceptive.

As result, in figure 6 can be seen how both questions influence each other. The results of this chi-square are significant, which means that there is, according to this test, a significant connection between wanting to change your contraception method and hearing other women talk about changing their contraceptives.

Table 6: Chi-square test about hearing other women talk about switching contraceptives and thinking about switching contraceptives yourself

Are there more women in your surroundings (than before) who are thinking about switching to another (hormonal) contraceptive? * Have you ever thought about switching to another (hormonal) contraceptive?

		Have you ever thought about switching to another (hormonal) contraceptive?			
		Yes, and I have switched already	Yes, but I haven't done that (yet)	No, I am happy at the moment	Total
Are there more women in your surroundings (than before) who are thinking about switching to another (hormonal) contraceptive?	Yes, I hear more women doubt	45	72	39	156
	No, not that I know of	9	23	23	55
Total		54	95	62	211

Chi-Square test

	Value	Df	Asymptotic Significance (2-sided)
Pearson Chi-Square	6,560	2	,038
Likelihood Ratio	6,524	2	,038
N of Valid Cases	211		

4.4 What is the perception of women about their bodily autonomy and integrity in regard to the usage of (hormonal) contraception?

Women were also asked if they felt that they are obliged (in general) to make use of contraceptive methods. The use of contraception has effects on a women's body, which makes it also relevant to this question. And furthermore, how do women feel about having to use contraception instead of men?

In the appendix are the results visible of the statement "I have the impression that I am obligated to use contraception". The results differ, as "agree" and "disagree" have respectively 32,7% and 31.8%. But with the statement "I would like for my partner to start contraception, so I wouldn't have to be using contraception", women tend to disagree more. Only 9,5% agrees and 34,5% disagrees with the statement.

Another chi-square test was run to determine if there is a connection between feeling obliged to use a contraceptive and wanting a partner to start with contraceptive methods. The results in table 7 are significant, which means there is a connection between both.

Table 7: Chi-square test about having the feeling that one is obliged to use contraceptives and wanting for a partner to start contraceptives

I have the impression that I am obliged to use a contraceptive * I would like for my partner to start contraception, so I would not have to be using contraception

		I would like for my partner to start contraception, so I would not have to be using contraception			Total
		Disagree	Neutral	Agree	
I have the impression that I am obliged to use a contraceptive	Disagree	52	30	3	85
	Neutral	12	19	3	34
	Agree	23	46	23	92
Total		87	95	29	211

Chi-Square test

	Value	Df	Asymptotic Significance (2-sided)
Pearson Chi-Square	33,086	4	,000
Likelihood Ratio	34,235	4	,000
N of Valid Cases	211		

Also checked is if being a student has influence on feeling obliged to use a contraceptive method. The results of this test are visible in table 8. The chi-square test is not significant, which means that there is no connection between being a student and feeling obliged to use a contraceptive method.

Table 8: Chi-square test about being a student or not and having the feeling of being obliged to use contraceptives

Are you a student at the moment? * I have the impression that I am obliged to use a contraceptive

		I have the impression that I am obliged to use a contraceptive					Total
		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
Are you a student at the moment?	Yes	15	44	19	44	16	138
	No	3	23	15	25	7	73
Total		18	67	34	69	23	211

Chi-Square test

	Value	Df	Asymptotic Significance (2-sided)
Pearson Chi-Square	4,179	4	,382
Likelihood Ratio	4,464	4	,347
N of Valid Cases	211		

Furthermore, women were asked what they thought about having control over contraceptives. In the figure X is visible that most of the women do find it important to have the possibility to choose a contraceptive that fits them.

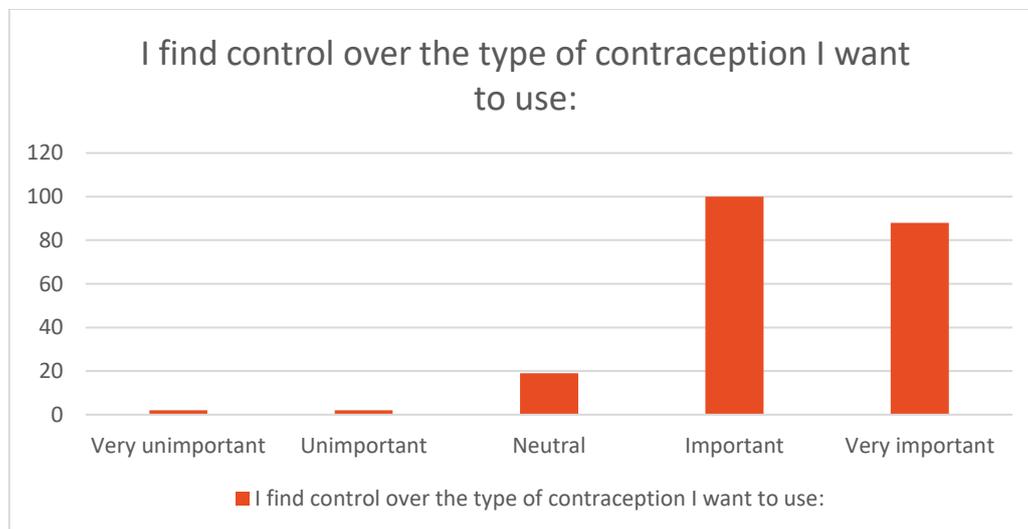


Figure 5: Control over contraceptive

Additionally, there were some questions about how women feel and think about the male (hormonal) contraceptive pill. Almost 70% of these women think that a contraceptive (hormonal) pill for men would be a good idea, and the other 30% does not think that it is. They have different reasons for it:

“So they can also experience the consequences of the hormonal contraceptive pill”

“I think that men will be very unreliable when it comes to (consistent) swallowing of the male contraceptive pill”

“Good idea: women have no longer be the only one to be responsible to prevent a pregnancy (or STI) and many women who suffer from (hormonal) contraceptives can stop. Bad idea: I would rather keep control myself than trust someone else to do so. Even if it is your partner, if you get pregnant (or get a STI), the woman is the one who gets most affected with the consequences.”

Final there has been a chi-square test to determine if there is a connection between finding the male (hormonal) contraceptive pill a good idea and wanting the partner to start with contraceptives. The outcome is a significant connection, as can be seen in table 9.

Table 9: Chi-square test about the male hormonal pill and wanting for a partner to start contraceptives

Do you think the male hormonal contraceptive pill is a good idea? * I would like for my partner to start contraception, so I would not have to be using contraception

		I would like for my partner to start contraception, so I would not have to be using contraception			Total
		Disagree	Neutral	Agree	
Do you think the male hormonal contraceptive pill is a good idea?	Yes	43	77	26	146
	No	44	18	3	65
Total		87	95	29	211

Chi-Square test

	Value	Df	Asymptotic Significance (2-sided)
Pearson Chi-Square	27,914	2	,000
Likelihood Ratio	28,477	2	,000
N of Valid Cases	211		

5. Discussion

In this part the results of this research will be discussed and compared with the results of others. After the discussion, there will be some recommendations for the practice and some suggestions for theory development. Final, the strengths and limitations of this research will be presented.

5.1 Discussion

In this research a survey was used, which has been answered by 211 women to give an answer to the question: “what does the perception about using hormonal contraception imply for the reproductive and sexual citizenship of young females in the Netherlands?”. The questioned group is large enough to make sure that the validity is ensured. 85,4% of the respondents uses a contraceptive at this moment and 12,8% has used a contraceptive but does not any more or just not at this moment.

From the answers that were given by the respondents, it seems that hormones can be an issue for women, which was expected. There can be lots of reasons to quit contraceptives, as Cleland et al. (2012) stated, but a lot of those reasons are connected to hormones in contraceptive methods. An interesting result was that when asked to respondents if they have a problem with hormones in their contraceptives, the group who disagreed and the group who agreed were the same amount. Unfortunately, there has not been much research (yet) about what women think about hormones in their contraceptives. Furthermore, there has been run a test to look if there might be a connection between being a student or not and having problems with hormones in contraceptives. There has been no significant connection between the both of them.

Another important aspect in this research was happiness. Are women satisfied with their (current) contraceptive? This research showed that almost 50% of women was somewhat satisfied with their current contraceptive and almost 6% was very dissatisfied and almost 6% was very satisfied. Women who use an intrauterine device are more satisfied than women who use other types of contraceptives. Backman et.al. (2002) likewise found that 74% of women who use an intrauterine device are very or fairly satisfied with their contraceptive. On the other hand, over 70% of these women had chosen an IUD because they were dissatisfied with their former contraceptive. Wan et. al. (2006) also found that 88% of the women who use patches as contraceptive, are satisfied or even very satisfied with this method. When asked in this research, 75% of the respondents were satisfied about their contraceptive when they selected the option “other” contraceptive. Unfortunately, the group who selected “other” was rather small, namely 8 respondents, or 3,8%. This might mean that the results in the category “other” are not representative for the group. It might be about women who are using patches, but they also could be using a contraceptive rod or another contraceptive method. The result of another test was that there is a connection between using the contraceptive pill or not and satisfaction about the current type of contraceptive. In general, it seems that women are satisfied with their current contraceptive.

This study found that there were many reasons why women would want to quit their contraceptive, for example because of “the hormones in my contraceptive”, “wanting to get pregnant” and “physical complaints”. Dragoman et.al. (2004) also mentions that there is a higher chance of thrombosis when one uses the contraceptive pill, but both weight gain and the effect of the contraceptive pill on libido have not been proven at this moment. Skovlund et al. (2016) even mentions that you could get a depression from using the contraceptive pill. But still, a lot of women experience physical inconveniences. Also wondered in this research is if women could influence other women by saying that they are switching to another type of contraceptive (or at least thinking about switching). The result of this test was significant, meaning that there is a connection between those two variables. It has to be noted that there was found a connection between both variables, but it might be the case

that there is another (unknown) variable that also has influence on decision making regarding to contraceptives. Sadly, there were not any other researchers (yet) who researched this.

It was also interesting to note what women think about using (hormonal) contraceptives in general. This is connected to sexual citizenship, to protect yourself without depending on your partner (Richardson, 2000). Do women feel obliged to use contraceptives? Apparently, this is not the case, as women agree and disagree with this in the same amount. This was a very interesting result, as women still wanted to keep using contraceptives. 85% of the respondents wanted to keep control over contraceptives herself, instead of leaving contraceptives to her partner. According to Cleland et al. (2012), the usage of contraception makes the world for women more equal, but that can also mean that women are obliged to use contraceptive methods. Another result was that it seemed that there is no connection between being a student or not and feeling obliged to use a contraceptive. These findings suggest that it does not matter if you are a student or not, you do or do not feel obliged to use contraceptives.

Additionally, to this research, there has also been some questions about the male hormonal pill and what women think about that. Almost 70% of these women think that a contraceptive (hormonal) pill for men would be a good idea, and the other 30% does not think that it is a good idea. Very different reasons and opinions have come across and there are lots of women who are strongly opiated about male contraceptives, which is very interesting.

5.2 Recommendations for practice

In my opinion it might be a good idea to do more research about how women feel about the hormones in their contraceptives. Are these hormones a reason to change to something non-hormonal or even quit contraceptives at all? It might also be interesting to do a follow-up research about how women have an influence on other women when it comes to changing contraceptives. It might be the case that when you hear another woman speak about certain complaints that come with contraceptives, you start doubting yourself about your contraceptive, as has been found in this research.

I think it would also be interesting to do more research about the 'obligation' women feel about having to use contraceptives. From this research it is possible to say that women agree and disagree about this statement in the same amount. Definitely in connection with the male contraceptive pill, this might be a topic that will keep developing. But also obligation alone, as contraceptives are still mainly focused on women and not on men (except, of course the condom).

5.3 Theory development

The conceptual model that can be found in the theoretical framework could be adjusted according to this research. Below "perceptions" there could be added something about feeling obliged to use contraceptives and still wanting to keep control over your own reproductive system, because that can be seen as a big result in this research. Also, obligation to use contraceptives in general might be something that could be a bigger topic in the conceptual model, because there are a lot of different opinions seen in this research. Another topic that could be added in relation to obligation is the male hormonal contraceptive pill. Women have strong opinions about this new, but still in development, type of contraceptive, which is a great result.

5.4 Strengths and limitations

Collecting data and finding respondents went very well and the data was collected online, which made sure I had the results very fast and made it easily accessible. The survey had mostly nominal and ordinal orientated questions, which resulted in chi-square tests and some descriptive outcomes. When I am going to do another research, I would like to make sure that I ask different kinds of questions or maybe go for a qualitative research.

An issue was that I had decided that I would not ask the women about their zip codes, to ensure their anonymity. The problem that I encountered shortly after doing the surveys, is that I did not have any geographical data. I have tried to find data that is related to (hormonal) contraceptives in the Netherlands, to make sure it was still possible to make a map. This was difficult to achieve, because there has not been much research about this subject done yet. The map that has been made is about access to hospitals in combination with the female population per municipality. This map is visible in the introduction of this thesis. In my opinion it is another limitation that there has not been much research about this subject yet (like mentioned above). If there had been done more research, I would have the ability to compare my results with other researchers. This would also ensure the validity of my results. Next to that, some of the results that I have collected are based on smaller groups, for example (already discussed above) the results about the contraceptive patch. It is impossible to form a good conclusion on a small group, because that cannot be done.

If I decide to do another quantitative research, I would make sure that I will also ask questions that provide interval and ratio data. Writing this thesis was a challenge, but I have learned a lot of things, which I will take with me when I will do another research.

6. Conclusion

In this research there has been looked for an answer on the question: What does the perception about using hormonal contraception imply for the reproductive and sexual citizenship of young females in the Netherlands? To answer the research question, there were asked different kinds of sub questions.

One of the important concepts in the theoretical framework was reproductive citizenship. It is, among others, about having the right to have access to contraceptives. While women in the Netherlands are insured, and have access to contraceptives early in life, women do and do not have a problem with hormones in contraceptives equally. In this survey almost 50% of women are fairly satisfied with their current contraceptive, so it can be stated that women in general are satisfied with their current contraceptive. It is visible however that women who use and intrauterine device or another contraceptive method are more satisfied than those who use the (hormonal) contraceptive pill. More than 40% of the respondents said that hormones could be a reason to quit their current contraceptive. Another reason are physical complaints (22%). It also seemed the case that women could be influenced to change contraceptive by other women discussing switching contraceptives.

Final, with the connection to the sexual citizenship, the other important concept in this research, respondents were asked if they felt obliged to use contraceptives. They both agree and disagree in the same amount. It also seemed that most women would not want their partner to take over the contraception. This result says that women would still like to keep control over what type of contraception they use. Women see it as a right to protect themselves without relying on a partner and want to keep that right themselves.

This research has shown that women are satisfied with their current contraceptives, and that they would want to keep control over their own reproductive system. Some of them think that the male hormonal pill is a good idea, but most women do not want for their partner to start contraceptives. They do not like to give control over their reproductive system out of hand. On the other hand, women do still feel obliged to use contraceptives.

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8.1 Appendix 1: Survey

Hallo, mijn naam is Marlinda Gorens en ik ben student aan de Rijksuniversiteit Groningen. Voor mijn bachelorscriptie doe ik onderzoek naar het gebruik van en de percepties over (hormonale) anticonceptie onder jonge vrouwen.

Omdat ik begrijp dat veel van deze vragen persoonlijk kunnen zijn, zou ik graag willen benadrukken dat de enquête anoniem ingevuld wordt. De gegeven antwoorden worden alleen door mij bekeken en worden daarnaast ook alleen gebruikt voor mijn bachelorscriptie.

In de eerste vraag van deze enquête wil ik je dan ook graag vragen of je akkoord zou willen gaan met de voorwaarden van dit onderzoek. Het invullen van deze enquête kost daarnaast slechts een paar minuten!

Alvast heel erg bedankt voor je medewerking!

Ga je akkoord met deelname aan deze enquête?

- Ja
- Nee

Wat is je leeftijd?

18 – 19 -20 – 21 – 22 – 23 – 24 - 25 - 26 - 27 – 28

Ben je thuiswonend of uitwonend?

- Thuiswonend
- Uitwonend

Ben je op dit moment student aan een onderwijsinstelling?

- Ja
- Nee

Maak je op dit moment gebruik van een (hormonale) anticonceptiemethode of heb je gebruik gemaakt van een (hormonale) anticonceptiemethode?

- Ik maak op dit moment gebruik van een (hormonale) anticonceptiemethode
- Ik heb gebruik gemaakt van een (hormonale) anticonceptiemethode
- Ik heb nooit gebruik gemaakt van een (hormonale) anticonceptiemethode

Hoop je binnen nu en één jaar zwanger te worden?

- Ja
- Nee

Hoe heb je je eerste anticonceptiemiddel gekozen? (kies het antwoord dat het meest van jou op toepassing is)

- Informatie gekregen van ouders
- Voorlichting gekregen op school
- Advies gekregen van vriendinnen die ook een bepaald anticonceptiemiddel gebruiken

- Zelf onderzoek gedaan naar anticonceptiemiddelen
- Advies gekregen van de huisarts
- Ik maak geen gebruik van een (hormonaal) anticonceptiemiddel
- Anders, namelijk

Van welk anticonceptiemiddel maak je op dit moment gebruik?

- Hormonale anticonceptiepil
- Een hormonale of koper spiraal
- De prikpil
- Het anticonceptiestaafje
- Ik maak geen gebruik van een (hormonaal) anticonceptiemiddel
- Een ander anticonceptiemiddel, namelijk

Heb je, naast het voorkomen van een zwangerschap, een reden waarom je gebruik maakt van een anticonceptiemiddel?

- Nee, ik gebruik mijn anticonceptiemiddel alleen om een zwangerschap te voorkomen
- Ja, door mijn anticonceptiemiddel heb ik minder last van lichamelijke ongemakken zoals acne
- Ja, door mijn anticonceptiemiddel heb ik meer controle over mijn menstruatiecyclus
- Ja, door mijn anticonceptiemiddel heb ik de mogelijkheid om met meer plezier en onbezorgd seksueel contact te hebben
- Ja, maar om een andere reden, namelijk

Zijn er in jouw omgeving meer vrouwen (dan voorheen) die erover nadenken om over te stappen op een ander (hormonaal) anticonceptiemiddel?

- Ja, ik hoor daar meer vrouwen over
- Nee, niet dat ik weet

Zijn er in jouw omgeving meer vrouwen (dan voorheen) die besluiten helemaal geen gebruik meer te maken van (hormonale) anticonceptie?

- Ja, ik hoor daar meer vrouwen over
- Nee, niet dat ik weet

Zijn er in jouw omgeving vrouwen (meer dan voorheen) die overstappen op een ander anticonceptie middel?

- Ja, ik hoor daar meer vrouwen over
- Nee, niet dat ik weet

(Bij een "Ja" op bovenstaande) Van welk anticonceptiemiddel stappen de vrouwen af?

Heb je er zelf wel eens over nagedacht om over te stappen op een ander anticonceptie middel? -

- Ja, en dat heb ik inmiddels gedaan
- Ja, maar dat heb ik (nog) niet gedaan
- Nee, ik ben op dit moment tevreden

Wat zou een reden kunnen zijn om te stoppen met je huidige anticonceptiemiddel?

- Geen tot weinig controle over mijn cyclus
- Ik ervaar graag mijn natuurlijke cyclus
- Lichamelijke klachten (vermoeidheid, hoofdpijn, misselijkheid)
- Hormonen in mijn anticonceptiemiddel
- Ik vergeet mijn anticonceptiemiddel soms
- Anders, namelijk...

Stelling: Over mijn huidige anticonceptiemiddel ben ik:

- Zeer ontevreden – ontevreden – neutraal – tevreden – zeer tevreden

Stelling: Controle over mijn menstruatiecyclus ervaar ik als:

- Zeer onbelangrijk – onbelangrijk – neutraal – belangrijk – zeer belangrijk

Stelling: Dat ik de controle heb over wat voor anticonceptiemiddel ik gebruik ervaar ik als:

- Zeer onbelangrijk – onbelangrijk – neutraal – belangrijk – zeer belangrijk

Stelling: Ik heb er geen moeite mee dat er hormonen in mijn anticonceptiemiddel zitten, zolang deze maar werkt

- Zeer mee oneens – oneens – neutraal – eens – zeer mee eens

Stelling: Ik zou het fijn vinden als er voor mannen ook anticonceptiemiddelen op de markt komen

- Zeer mee oneens – oneens – neutraal – eens – zeer mee eens

Stelling: Ik heb liever zelf de keuze wat voor anticonceptiemiddel ik gebruik dan dat ik dat aan mijn partner over laat

- Zeer mee oneens – oneens – neutraal – eens – zeer mee eens

Stelling: Ik zou graag willen dat mijn partner aan een anticonceptiemethode begint, zodat ik dat niet langer hoef

- Zeer mee oneens – oneens – neutraal – eens – zeer mee eens

Stelling: Ik heb de indruk dat ik verplicht ben een anticonceptiemiddel te gebruiken

- Zeer mee oneens – oneens – neutraal – eens – zeer mee eens

Stelling: Wanneer ik geen (hormonaal) anticonceptiemiddel gebruik, geloof ik dat ik nog steeds beschermd ben tegen een zwangerschap.

- Zeer mee oneens – oneens – neutraal – eens – zeer mee eens

Stelling: Wanneer ik geen (hormonaal) anticonceptiemiddel gebruik, geloof ik dat ik nog steeds onbezorgd seksueel contact kan hebben.

- Zeer mee oneens – oneens – neutraal – eens – zeer mee eens

Heb je in de media berichten gelezen over de hormonale anticonceptiepil de afgelopen tijd?
nominaal

- Ja
- Nee

Vind je de (hormonale) anticonceptiepil voor mannen een goed idee?

- Ja
- Nee

Waarom vind je dit wel of geen goed idee?

Mocht je naar aanleiding van deze enquête nog vragen of opmerkingen hebben, kan je deze hier plaatsen.

Ontzettend bedankt voor het invullen van deze enquête! Vergeet niet om op "gereed" te drukken onderaan de pagina en je enquête in te leveren.

8.2 Appendix 2: Additional data

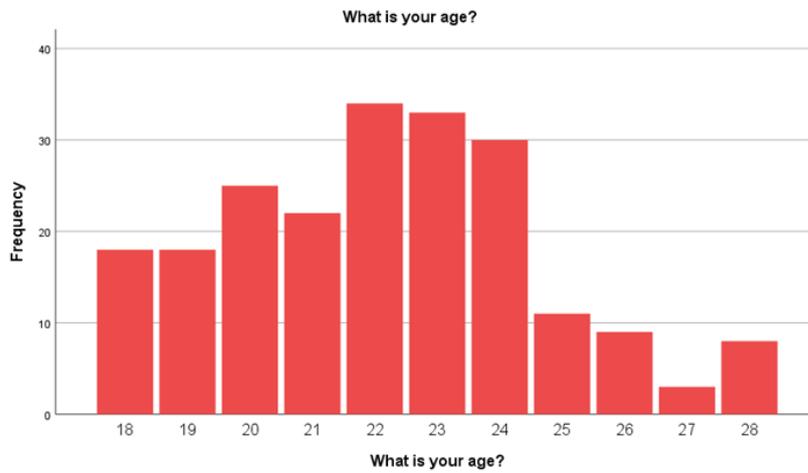


Figure 6: Age respondents

Table a: one sample t-test age

One-Sample Statistics				
	N	Mean	Std. Deviation	Std. Error Mean
What is your age?	211	22,13	2,514	,173

One-Sample Test						
Test Value = 0						
	t	df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
What is your age?	127,840	210	,000	22,128	21,79	22,47

Table b: are you a student?

Are you a student at the moment?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	138	65,4	65,4	65,4
	no	73	34,6	34,6	100,0
	Total	211	100,0	100,0	

Table c: are you hoping to become pregnant?

Are you hoping to become pregnant within a year?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	12	5,7	5,7	5,7
	no	199	94,3	94,3	100,0
	Total	211	100,0	100,0	

Table d: which contraceptive do you use?

Which (hormonal) contraceptive do you use at the moment?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Something else	8	3,8	3,8	3,8
	The (hormonal) contraceptionpill	138	65,4	65,4	69,2
	The hormonal or copper IUD	39	18,5	18,5	87,7
	I do not use a (hormonal) contraceptive	26	12,3	12,3	100,0
	Total	211	100,0	100,0	

Table e: which contraceptive do you use*how did you use your first contraceptive

Which (hormonal) contraceptive do you use at the moment? * How did you choose your (first) contraceptive? Crosstabulation

Count

		How did you choose your (first) contraceptive?						Total
		Gained advice from friends who were using a certain type of contraceptive	Something else	Information from parent (s)	Sex education	Gained advice from GP	Did research myself	
Which (hormonal) contraceptive do you use at the moment?	Something else	4	1	1	0	1	1	8
	The (hormonal) contraceptionpill	19	3	38	3	62	13	138
	The hormonal or copper IUD	5	1	11	1	10	11	39
	I do not use a (hormonal) contraceptive	1	4	6	0	14	1	26
Total		29	9	56	4	87	26	211

Table f: what could be a reason to quit*which contraceptive do you use

What could be a reason to quit your current (hormonal) contraceptive? * Which (hormonal) contraceptive do you use at the moment? Crosstabulation

Count

		Which (hormonal) contraceptive do you use at the moment?				Total
		Something else	The (hormonal) contraception pill	The hormonal or copper IUD	I do not use a (hormonal) contraceptive	
What could be a reason to quit your current (hormonal) contraceptive?	Something else	0	9	7	3	19
	The hormones in my contraception	4	56	19	12	91
	Little to no control of my menstrual cycle	1	3	4	1	9
	I would like to experience my natural menstrual cycle	0	2	0	5	7
	I forget my contraception sometimes	0	30	0	0	30
	Physical complaints	2	34	6	5	47
	(Would like to get) Pregnant	1	4	3	0	8
Total		8	138	39	26	211

Table g: ordinal regression

Case Processing Summary

		N	Marginal Percentage
Are you a student at the moment?	yes	138	65,4%
	no	73	34,6%
Have you ever thought about switching to another (hormonal) contraceptive?	Yes, and I have switched already	54	25,6%
	Yes, but I haven't done that (yet)	95	45,0%
	No, I am happy at the moment	62	29,4%
Valid		211	100,0%
Missing		0	
Total		211	

Model Fitting Information

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Intercept Only	49,118			
Final	44,038	5,079	3	,166

Link function: Logit.

Goodness-of-Fit

	Chi-Square	df	Sig.
Pearson	9,166	8	,328
Deviance	9,356	8	,313

Link function: Logit.

Pseudo R-Square

Cox and Snell	,024
Nagelkerke	,033
McFadden	,019

Link function: Logit.

Parameter Estimates

		Estimate	Std. Error	Wald	df	Sig.	95% Confidence Interval	
							Lower Bound	Upper Bound
Threshold	[Benjeopditmomentstude ntaaneenonderwijsinstelling = ja]	-,526	,753	,488	1	,485	-2,002	,950
Location	Controleovermijnmenstruatiecycluservaariksals	-,303	,180	2,856	1	,091	-,655	,048
	[Hebjeerzefweleensover nagedachtomovertestappenopeen=Ja, en dat heb ik inmiddels gedaan]	,327	,388	,710	1	,399	-,434	1,088
	[Hebjeerzefweleensover nagedachtomovertestappenopeen=Ja, maar dat heb ik (nog) niet gedaan]	-,077	,354	,047	1	,828	-,770	,616
	[Hebjeerzefweleensover nagedachtomovertestappenopeen=Nee, ik ben op dit moment tevreden]	0 ^a	.	.	.	0	.	.

Link function: Logit.

a. This parameter is set to zero because it is redundant.

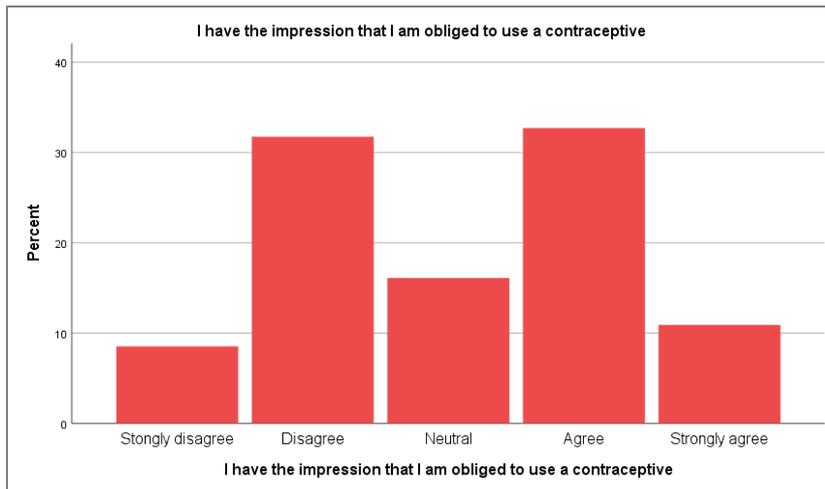


Figure 7: I have the impression that I am obliged to use a contraceptive



Figure 8: I would like for my partner to start contraception

Table h: correlations I have the impression that I am obliged to use and I would like for my partner to start contraceptives

		Correlations		
			I have the impression that I am obliged to use a contraceptive	I would like for my partner to start contraception, so I wouldn't have to be using contraception
Spearman's rho	I have the impression that I am obliged to use a contraceptive	Correlation Coefficient	1,000	,406**
		Sig. (2-tailed)	.	,000
		N	211	211
	I would like for my partner to start contraception, so I wouldn't have to be using contraception	Correlation Coefficient	,406**	1,000
		Sig. (2-tailed)	,000	.
		N	211	211

** . Correlation is significant at the 0.01 level (2-tailed).

Table i: chi-square test

Do you think the male (hormonal) contraceptive pill is a good idea? * I would like for my partner to start contraception, so I wouldn't have to be using contraception Crosstabulation

Count

		I would like for my partner to start contraception, so I wouldn't have to be using contraception			Total
		Disagree	Neutral	Agree	
Do you think the male (hormonal) contraceptive pill is a good idea?	yes	43	77	26	146
	no	44	18	3	65
Total		87	95	29	211

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	27,914 ^a	2	,000
Likelihood Ratio	28,477	2	,000
N of Valid Cases	211		

a. 0 cells (0,0%) have expected count less than 5. The minimum expected count is 8,93.

Table j: correlations

Correlations

			I find control over the type of contraception I want to use:	I experience control over my menstrual cycle as:	I would appreciate it if there would also be contraceptives for men available	I would rather choose my contraception myself than to leave contraception to my partner
Spearman's rho	I find control over the type of contraception I want to use:	Correlation Coefficient	1,000	,120	,120	,158*
		Sig. (2-tailed)	.	,081	,082	,022
		N	211	211	211	211
	I experience control over my menstrual cycle as:	Correlation Coefficient	,120	1,000	,104	,015
		Sig. (2-tailed)	,081	.	,134	,833
		N	211	211	211	211
	I would appreciate it if there would also be contraceptives for men available	Correlation Coefficient	,120	,104	1,000	,007
		Sig. (2-tailed)	,082	,134	.	,924
		N	211	211	211	211
	I would rather choose my contraception myself than to leave contraception to my partner	Correlation Coefficient	,158*	,015	,007	1,000
		Sig. (2-tailed)	,022	,833	,924	.
		N	211	211	211	211

*. Correlation is significant at the 0.05 level (2-tailed).

Table k: control over contraceptives and cycle

I experience control over my menstrual cycle as:				I find control over the type of contraception I want to use:			
	Observed N	Expected N	Residual		Observed N	Expected N	Residual
Unimportant	13	52,8	-39,8	Very unimportant	2	42,2	-40,2
Neutral	28	52,8	-24,8	Unimportant	2	42,2	-40,2
Important	107	52,8	54,3	Neutral	19	42,2	-23,2
Very important	63	52,8	10,3	Important	100	42,2	57,8
Total	211			Very important	88	42,2	45,8
				Total	211		

Test Statistics

	I experience control over my menstrual cycle as:	I find control over the type of contraception I want to use:
Chi-Square	99,351 ^a	218,218 ^b
df	3	4
Asymp. Sig.	,000	,000

- a. 0 cells (0,0%) have expected frequencies less than 5. The minimum expected cell frequency is 52,8.
- b. 0 cells (0,0%) have expected frequencies less than 5. The minimum expected cell frequency is 42,2.

Table l: correlations about protection from pregnancy and sexual contact without concerns

When I am not using a (hormonal) contraceptive, I still have the impression that I am protected from a pregnancy						When I am not using a (hormonal) contraceptive, I still have the impression that I can have sexual contact without any concerns					
Valid		Frequency	Percent	Valid Percent	Cumulative Percent	Valid		Frequency	Percent	Valid Percent	Cumulative Percent
	Zeer mee oneens	111	52,6	52,6	52,6		Zeer mee oneens	100	47,4	47,4	47,4
	Oneens	60	28,4	28,4	81,0		Oneens	71	33,6	33,6	81,0
	Neutraal	28	13,3	13,3	94,3		Neutraal	24	11,4	11,4	92,4
	Eens	9	4,3	4,3	98,6		Eens	16	7,6	7,6	100,0
	Zeer mee eens	3	1,4	1,4	100,0		Total	211	100,0	100,0	
	Total	211	100,0	100,0							

Correlations

			When I am not using a (hormonal) contraceptive, I still have the impression that I am protected from a pregnancy	When I am not using a (hormonal) contraceptive, I still have the impression that I can have sexual contact without any concerns
Spearman's rho	When I am not using a (hormonal) contraceptive, I still have the impression that I am protected from a pregnancy	Correlation Coefficient	1,000	,629**
		Sig. (2-tailed)	.	,000
		N	211	211
	When I am not using a (hormonal) contraceptive, I still have the impression that I can have sexual contact without any concerns	Correlation Coefficient	,629**	1,000
		Sig. (2-tailed)	,000	.
		N	211	211

** . Correlation is significant at the 0.01 level (2-tailed).