**Understandings of the ‘natural’ body: a comparison of the
views of users and providers of emergency contraception.**

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Abstract

Background: 'Natural' is a pervasive discourse with mixed meanings in contemporary society. I was interested in how users and providers of emergency contraception conceptualised the 'natural' body in contraceptive decision-making.

Method: Thirty two users and 19 providers of emergency contraception from three sites in metropolitan Melbourne were interviewed, or participated in focus groups, about emergency contraceptive use, contraceptive decision-making and perceptions of risk. The qualitative data were transcribed and coded to identify the key ways that both users and providers perceived the 'natural' body.

Results: Providers and users adopted different frameworks for interpreting the discourse of the 'natural' body. Thirteen of the 32 users identified the 'natural body as a factor in their decision-making. They identified a 'natural' body as a body experiencing no interruption with ovulation, and/or free from unwanted side effects. Six of the thirteen women who discussed the 'natural' body used a contraceptive that allowed them to preserve their natural body (eg. condoms). The remaining 7 women identified it as an ideal that they could not achieve. Providers in general discredited the idea of a 'natural' body and instead conceptualised contraceptive decision-making as a 'simple' risk-benefit analysis.

Conclusions: The differences between the two groups can be understood in a number of different ways. The important conclusion however, is that the

different perspectives present a potential barrier to effective communication in the contraceptive consultation, and may be able to be resolved through the development of an embodied risk-benefit analysis that may be meaningful to both groups.

Introduction

Lay perceptions of what constitute a 'healthy', 'normal' or 'natural' body have the potential to obstruct health promotion messages [1], and a lack of synthesis between expert knowledge and lay knowledge is a well understood barrier to good health services and public health policy [2]. For example, Woodsong et al [3] have reported that in the context of low-income, primarily African-American women attending family planning or postpartum clinics that, 'service providers routinely discount men's and women's cultural and religious knowledge which affects health behaviour and contraceptive decision-making' (p75). Good sexual health services rely on service providers and users being able to communicate effectively about sensitive issues. Popay and Williams [2] have noted the increasing awareness in public health of the value of bringing lay expertise into the body of public health knowledge used to design policy and programmes.

Contraceptive services present a particularly salient example of services that rely on effective communication. As Hardon has pointed out, 'After having contributed significantly to women's liberation in the sixties, contraceptive technologies increasingly became subject to criticisms in the seventies and eighties' [4, p753]. There is evidence that these technologies are not only criticised publicly, but also that some of the women attempting to use these technologies stop using them, or use them ineffectively due to side effects, or

their perception of the side effects [5, 6]. Rosenberg and Waugh [7] argue that non-compliance with oral contraceptives is a significant problem, contributing 20 per cent of the total number of unwanted pregnancies occurring in the United States each year. Assisting women to achieve effective contraception and to therefore avoid unwanted pregnancy is a well-recognised public health goal.

In this paper, I consider the possibility that resolving the different perspectives of what constitutes a 'natural' body held by the users and providers of emergency contraception (EC) may hold a key to improving communication between the two groups, and therefore contraceptive practice in this critical area.

I have reported elsewhere, that from the perspective of users of emergency contraception, fertility management can be conceptualised as a juggling of the needs of the sexual body and the fertile body [8]. These two bodies have conflicting needs; women's sexual bodies are expected to be available in their relationships, and the fertile body needs to be protected from pregnancy in the present, but also needs to be protected for the future. Contraception can be understood, in this context, as a technology devised to manage the conflict between the sexual and the fertile body. As I have reported however, the available technologies do not completely resolve the conflict from the perspective of women users of contraception [8].

As well as the sexual and the fertile bodies, a number of other factors have been found to play a role in women's contraceptive decision-making. Women's perception of what is 'normal', and what is 'natural' for their body, as well as their perception of the structural limitations imposed by gender and the production and distribution of contraceptive technologies all have the capacity to limit women's contraceptive choices [8]. The idea of the 'natural' however, is a particularly pervasive discourse in contemporary society [9]. In reproductive health, the 'natural' body has been found to have particular relevance. Woodsong et al [3] found that,

Although often ill-informed about normal body functions, participants spoke of a desire for all things 'natural'. 'Natural' is a catch-all concept with mixed meanings in contemporary US culture, but for participants this concept was evoked in reference to reproductive and other biological systems that ideally should operate without interference from contraceptive methods [3, p70].

This paper analyses the different perceptions of the 'natural' body held by users and providers of emergency contraception in order to illuminate the points of difference in the frameworks adopted by the two groups, and thereby suggest strategies for better communication between the two groups.

Method

This research was first and foremost a study of the use of emergency contraception. Therefore, women attending the Melbourne Sexual Health Centre, Family Planning Victoria, Box Hill or the Royal Women's Emergency Department to obtain EC were invited to take part in this study by their provider. Thirty-two women agreed to an in-depth interview about their experience of using EC over 15 months between August 1999 and October 2000 (demographic characteristics of sample in Table 1). Women who agreed to leave their contact details were contacted by the author and invited to an interview. Interviews were conducted by the author, at a location convenient to the participant, a minimum of two weeks after their consultation. Interviews lasted from 45 minutes to an hour and a half and covered not only their use of EC, but also their contraceptive history and plans for contraception for the future. Interviews were transcribed; women's names replaced with a pseudonym and then coded using the themes that emerged from a thorough reading of the transcripts.

It is fair to say that I did embark on this study with some idea of the kinds of themes that may emerge. I was aware of the structural barriers to effective fertility management, and I was particularly interested in how women managed them. I was also aware that one of the main gaps in the literature was a contextualised understanding of how women make decisions about contraception. An interest in the nature of late modernity was also in the background during the data collection and analysis. Within this framework

however, there was ample space for women to raise other themes and for other theoretical issues to emerge during the analysis. Feminist theoretical understandings of the body became a clear area of analysis after conducting the interviews that had not occurred to me before I started.

Providers (including both doctors and nurses) from the three sites involved in recruitment were invited to participate in the study once data collection and preliminary analysis of the user interviews had occurred. Where convenient, focus groups were arranged to collect data from staff, and if a focus group was not possible, short, individual interviews were conducted instead. All staff involved in the provision of EC were invited to attend, and a total of 19 providers took part (two focus groups and 7 individual interviews). See Table 2 for details of provider sample. The purpose of this phase of data collection was to understand the provision of emergency contraception from the point of view of providers. Because preliminary analysis of the user interviews had been conducted, it was also possible to test early findings about users with providers. Interviews/focus groups covered themes such as the typical user, modes of delivery of EC, the nature of contraceptive consultations. One of the findings that was tested with providers was users' preference for a 'natural' contraceptive.

While interviews with users covered a wide range of issues, in this paper I only present what the users said about the 'natural' body and how it

impacted on their contraceptive decision-making. In the case of users I did not probe specifically for their views on the 'natural' body. So if it was not mentioned by a user, I cannot be sure that women did not think about it, only that it was not significant or noteworthy enough for them to discuss spontaneously during the interview. In the case of providers, however, if they did not raise it independently, I specifically asked what they thought of women's preference for a 'natural' contraceptive.

Ethics approval for this study was obtained from the Department of Health, Family Planning Victoria, the Royal Women's Hospital and La Trobe University.

Users' perceptions of the 'natural' body

Users of emergency contraception were asked about contraceptive decision-making making in the past, present and future. As reported elsewhere, there were several discourses that women used when describing their contraceptive decisions, and overall, women could be categorised as choosing to prioritise either the availability of their sexual body and protection from pregnancy in the present or the preservation of their fertile body for the future [8]. Women were aware of the competing needs of the fertile body and the sexual body and felt that one or the other had to be compromised in order to manage their fertility in their relationships.

During this relatively free-ranging discussion, 13 of the 32 women interviewed spontaneously identified the idea of the 'natural' body as a factor in their decision-making about contraception. These 13 women did not differ in any obvious way (eg. age, choice of contraceptive, relationship status, risk-taking) from the 19 women who did not spontaneously refer to the 'natural' body.

Perceptions of the 'natural' body referred to by women in this study had several manifestations. The natural body signified a body that somehow maintained its original functions; this could mean no interference with ovulation, or it could mean a body free from unwanted side effects. For 6 of the 13 women the 'natural' body was an ideal state that women aspired to and tried to achieve through the contraceptive choices they made. The remaining 7 women discussed the 'natural' body, but found they could not achieve a 'natural' body while also meeting their contraceptive goals. In these cases, the perception of the 'natural' body complicated their decision-making and led to a sense of ambivalence about their contraceptive choices. Both groups will be discussed below.

Six women had a perception of their body as 'natural' when they were not taking the pill, or depo provera, and 'unnatural' when they were relying on these or other contraceptives that interfered with ovulation. For some this was based on their own concrete experience of using these technologies; for others

it was based on what they had learnt about them through friends, family, partners or the media. These women chose to rely on condoms, the Billing's method, the Rhythm method or an IUD for contraception. It was a common belief among these women that the pill was not 'natural' because it interfered with the process of ovulation that would otherwise occur.

Eve is a 28-year-old student who works part-time and lives with her parents. She has been in her first relationship for three years and relies on condoms. She expressed concerns about the dangers of the pill, and a preference for her body to be as 'natural' as possible. Eve says about the pill, 'I just feel like it's too much messing around with your hormones'.

Similarly, 30-year-old Melissa relies on a combination of the rhythm method and withdrawal and says about emergency contraception, 'It's the same sort of way I think about the pill, that it's sort of doing something down there that isn't natural'.

Leanne was on the pill at the time of the interview, but was going back to her doctor to get an IUD fitted. She identified a difference between the pill, which affects her whole body and an IUD which she saw as less intrusive because it did not have an impact on her whole system. She is in her forties, has been married and is currently single. She has two children and works full time. She says about the IUD; 'I know I've got something inside me, but I don't feel like

I'm taking something that is probably affecting my entire system as such. So I'm probably more interested in using that'.

Tina had personally experienced side effects from using the pill that she felt were unacceptable. These added to the idea that the pill was 'unnatural' because it changed her body in a way that otherwise would not have occurred. Tina felt that being on the pill for a long period when she was quite young had delayed the development of her secondary sex characteristics. She is 31, works full time and lives in a shared house, she has been with her current partner for eight months. She currently uses a combination of condoms and the rhythm method. She describes going off the pill after a long period of hormonal contraception,

TINA ... I feel fantastic, I realise now, that all of those years that I was on the pill, I don't think I ever felt right, but because I went on it so young, I never really noticed. I think also because I went on the combined pill so young, I think it delayed the development of some of my secondary sex characteristics, like once I went off it, my boobs got bigger, my hips got bigger, and that happens as you get older anyway, but it really felt like being on the pill had retarded something ... I feel like I'm more in tune with my body now and its natural cycle.

Reinforcing the idea that the pill is 'unnatural' are the stories that many women had heard about the side effects of the pill, or possible dangers of the pill.

EVE *A friend of mine was using it and she couldn't stop bleeding for two weeks. Um, people's hair goes straight, other people get acne, other people it stops their acne, people don't like it because they're not in touch with their body.*

Even women using the pill however, expressed strong views about the pill being 'unnatural'. Emily is 21-years-old and lives with her boyfriend, her doctor advises her to use the pill to skip periods. She describes this process as 'not natural'.

EMILY *When I do skip one [a period] and it's just, it's not natural. And what's happening to the eggs that I produce? And the lining? Is that just going stale or something? I always think it's going to take me longer than most people to get pregnant after I come off the pill.*

Suzy is 22 -years-old and had recently ended a relationship when interviewed. She was still taking the pill and the quotes below illustrate the ambivalence she feels about her chosen contraceptive. She was able to dismiss the idea that the pill was 'unnatural' at one stage during the interview,

SUZY ... *I've got friends who don't like the idea of the pill, they think it's unnatural you know. It's like playing around with your hormones and your natural cycle and things like that. But I figure there's so much that's unnatural these days anyway.*

But later on in the interview when reflecting on the function of the ovaries and uterus she changes slightly,

SUZY *I suppose if I really wanted to take more care, I'd go off the pill I suppose. The pill does really interfere with your cycle, in an unnatural way. But I don't know, I guess then it's either, if you're with a partner and you've both been tested and make sure none of you have any STDs, you just try to use the rhythm method and don't have sex around risky times, but even that seems a bit dodgy. I don't know.*

For Suzy it is clear that the discourse of the 'natural' body complicates her use of this technology and leads to a sense of ambivalence about the contraceptive that she chooses to use. Similarly, Jo, a 29 year-old woman who had been in a relationship for five years, appears to be wrestling with the discourse of the 'natural' body. She had recently tried to take a break from using the pill, and when I probed as to why she had felt the need to do this, she said:

JO *I don't know, I suppose it's just I don't know, maybe a cleansing thing, or feeling that you're not putting anything in your body that shouldn't be there, like altering your cycle all the time.*

She decided to go back on the pill after needing emergency contraception. So introduced into the already difficult negotiation between the sexual body and the fertile body is the idea that the body has a 'natural' state and an 'unnatural' state. Not all women adhered to this ideology about the body and there was not one coherent discourse that all women ascribed to. But for those who made reference to the natural body, the concept played a significant role in the decision-making about how to manage their fertility. For some women there was a visceral sense that their body was not 'natural' when they were on a particular contraceptive; for others it was an idea based on both their knowledge of contraception and stories they had heard from others. For some it led to them choosing one contraceptive over another; for others it led to a sense of unease or dissatisfaction with the strategy they used.

A less common perception of the natural body was the idea that it was 'unnatural' to stop and start the sexual experience for the sake of putting on a condom. This contrasts with the views presented so far that the pill is unnatural. Isobel talks about her decision to use the pill,

ISOBEL *... I didn't particularly want to use condoms. It just felt that it was more natural, I mean not the actual pill itself, but the process.*

That sort of contraception rather than stopping and starting and doing things to prevent.

'Naturalness' of the body was a pervasive concept held by a wide range of women in this sample, over half the women interviewed however, did not refer specifically to the 'natural' body. It may be that these women were not concerned about the 'natural' body, in which case, this issue was only relevant to about 40 per cent of EC users. It is also possible that it does play a role in decision-making for other women. This issue could be clarified by designing an appropriate quantitative survey for contraceptive users. Rather than quantifying the extent of this perception, I am instead concerned to present the depth and meaning of the perception among both a sample of women known to hold this perception, and their providers.

Providers' responses to the 'natural' body

Providers were asked for their opinion of women's perception of the 'natural' body during their focus group or interview and, unlike users, their responses were more uniform. While one or two providers were sympathetic to women's desire for a 'natural' method of contraception, most were not. The responses to women's concerns took two forms. The first was to discredit women's perception of the 'natural' body, by suggesting that what women saw as 'natural' was in fact less 'natural' than using contraception. The second was to suggest that the decision about contraception was a 'simple risk-

benefit analysis'. For providers, the risk clearly lay with trying to achieve a 'natural' body and the benefit with using effective contraception.

Rosemary raised the idea of women preferring 'natural' technologies in her focus group. The discussion below illustrates the way that providers discredit the idea of the 'natural' body.

ROSEMARY *Well we're now getting a lot of people who you know, who see natural things as the 'in' thing now ... I had one the other day, who came and said she'd been reading all the articles you know, that the naturopath's put out about the dangers of the pill and everything so she's gone off the pill.*

MAGGIE *What about pregnancy, the danger of pregnancy?*

ROSEMARY *And you know what else can she use and so on. And I tried to ask her and her partner, well what were those nasty things? And you know there was nothing that she could say. And I asked her twice but she wouldn't tell me anything and we had to go through all the other 'natural' methods. Billings. And she's happy to use condoms at the right time. And diaphragms, that's it.*

DOROTHY *It's not very natural is it to have a piece of rubber inside you! Two pieces!*

MAGGIE *I think the side effects of the pill are so well researched and they're so, you know, they're there, whereas the side affects of the, of pregnancy or some natural products is not as well you know, out there. But there are a lot of side effects from those natural things or so called natural things.*

Jean, in an interview, similarly claims that the idea of the 'natural' comes from lack of information rather than a coherent logic. She frames the discussion in terms of 'bad knowledge' and 'myths', rather than acknowledging the issues that women feel are important in making decisions about contraception.

JEAN *I think behaviour patterns of young adults is um, that they're prepared to take risks because they're not aware of what the risks are, and I think if we actually point out what the risks are and how easily they're protected, I think it does go down well ... There's a lot of bad knowledge out there. A lot of them, you talk to, 'Oh my friend says you get acne when you go on the pill'. They don't know. Or you get fat, or once you go on it you become infertile. There's a lot of myths around contraception.*

Similarly, in an interview, Sue identifies poor knowledge as the origin of perceptions about the pill being 'unnatural'.

SUE *... I suppose the common theme for a lot of younger women is their misconception about the pill and the problems with the pill. They think it's a bad drug, they think there are risks or side effects.*

There are obviously side effects and there are minimal risks but they can forget what the risk is of an unplanned pregnancy whatever they do with that pregnancy. Or unprotected sex which is a slightly different issue. So I think there's still a lot of misconception around about the pill. And if people are sexually active and they want to avoid pregnancy they need to do something.

Far from acknowledging the discourse of the 'natural' body, these providers interpret this perception as arising from 'bad knowledge', 'myths' or an inability to see the downsides of the 'natural' body. As alluded to by Sue, many providers also identified that contraceptive decision-making was a matter of weighing up the risks and the benefits, where the risks and benefits of using a particular contraceptive must be weighed against the risks and benefits of not using a contraceptive. For providers, the risk of not using a contraceptive were so great and so obvious that the risk of using contraceptives became minimal in comparison, so that they felt it was a 'simple' decision.

ROSEMARY *Well it depends on what risks you're willing to take. Whether the risk of pregnancy outweighs the method that you're using.*

ANNE *Which is what I always say.*

ROSEMARY *Yes, this is it, you know. I remember somebody wrote some paper which ... compared the amount of hormone in the contraceptive pill to the same two hormones that are made when you are pregnant, as a drop in the bucket.*

MAGGIE *Yeah, that's a good point.*

ROSEMARY *You know, if you say something like that to people only then do they twig that it's a very small amount and then they're more likely to continue with their oral contraceptive.*

And from Jean we hear a similar story.

JEAN *... I think if you look at the risks, it's a risk-benefit ratio, isn't it? And I think you have to give them the facts. Most people like the facts, they like statistics, they like figures. Especially people who go to uni, they understand the statistics.*

LOUISE *So what statistics would you give them?*

JEAN *Um, percentage of people that get fat, get acne, depending on what issue they raise to me and then say well let's look at the risks of termination. And what are the risks of having a general anaesthetic and a termination? What's the risk of PID? And I think that puts things totally in perspective.*

These quotes reveal the subtly different ways that users and providers conceptualise risk in fertility management. Providers are concerned about the risk of pregnancy for women who use 'natural' methods of contraception.

The following debate occurred in one of the focus groups, and it was the only occasion that there was tension between providers about this issue. It is clear that some providers are able to see this issue from the perspective of their clients, while for others it is unthinkable. While Beth summaries the problem as these women would 'rather be pregnant than fat', Vicky points out that 'they don't see it like that'.

LOUISE *... So what do you think about that concern? That women want a more natural sort of method?*

JILL *That's fine.*

ALEX *Fine yeah*

NATASHA *I don't think that the contraceptive methods we have at the moment are ideal at all. I quite understand when people have tried this and they've tried that and this doesn't work and that doesn't work and it's like fine, if the pill suits people, if depo suits people, then that's great. But there's people it doesn't suit and you have nothing else to offer them.*

VOICE *Yeah.*

VICKY *And the young ones have heard, they come in with the horror stories 'Am I going to fat? Am I going to get pimples? Am I going to grow hair?' from the pill. So they've put it off and put it off, and they're going to get it and mum's finding out and all that.*

BETH *But how natural is a TOP (termination of pregnancy)? ... Well that's where it then ends. They'd rather be pregnant than fat!*

VICKY *But they don't see it like that.*

The above focus group discussion shows that some providers are able to see the issues from the user's perspective, and can therefore understand a user's willingness to put themselves at risk. Other providers remain uncomfortable with women taking risks, because they may be caused further distress as a result of this risk-taking.

There is a subtle difference between the type of rationality adopted by users and providers. While some users could rationally justify a choice to risk needing to rely on EC in certain circumstances, some providers found this logic unsettling given their focus of preventative health. Other providers were sympathetic to the logic adopted by users. All parties see it as a weighing up of risks, but they perceive risks differently. The role of providers is to reduce risk-taking behaviour and part of this role involves minimising the rates of termination and unplanned pregnancy. Users of contraception interpret their

role as to manage both the sexual and the fertile body, which means not only preventing unwanted pregnancy in the present, but preserving fertility and the integrity of their bodies for the future, and ensuring the sexual body is available in their relationships.

Discussion

There are several ways of interpreting the differences observed between the two groups presented here. Women could be seen to be trying to achieve what is essentially not 'natural', naturally, while providers could be seen to be more aware of the difficulty and pitfalls of trying to achieve this.

Alternatively, the two groups could be seen to be putting different limits around what constitutes the 'natural' body, similar to the differences Hardon found between women's health advocates and reproductive researchers.

Menstrual problems are, for example, not considered serious by the reproductive researchers, while women's health advocates see these as an important disadvantage of some methods. Women's health advocates are also more concerned with other effects such as return to fertility, and effects on the foetus, and breastfed child [4, p757].

If this is the case, what are the limits of the 'natural' body? And is it important that both groups adopt the same framework?

A further possibility is that like the health professionals studied by Hughes, these providers,

Seem not to recognise or do not wish to recognise that women have an expertise about their own lives that is as authoritative and rational as that of medical science, and make decisions about their health accordingly. This failure is based on the belief that the logic of science is the criterion that determines the validity of all other knowledge [10, p73].

An important consideration is the public discourse about contraception that is available to women in their day-to day interactions. Franklin argues that *in vitro* fertilisation (IVF) treatment was presented by the pharmaceutical company responsible as ‘just giving nature a helping hand’ [9, pS103]. While contraception, on the other hand, has more often been presented as disrupting the ‘natural’ process of conception. While IVF can therefore be seen as complementing ‘the definitively *natural* status of reproductive performance’ (pS103) contraception is more likely to be seen as disrupting or interfering with this ‘natural’ process.

The answer for the contraceptive consultation may lie in the development of a more embodied risk-benefit analysis than that currently adopted by providers, one that has the capacity to encompass women’s concerns as well as the ‘logical’ framework preferred by providers. Such a risk-benefit analysis would need to incorporate more risks than the risk of pregnancy and termination, and more benefits than protection from pregnancy, for it to adequately represent women’s decision-making framework. Women live day-to-day with the side effects of their contraceptive methods, and their concerns

for both the short- and long-term health of their fertile bodies. These factors cannot be excluded from the 'risk-benefit' analysis, despite the less tangible nature of such concerns.

It is important to remember also that only 13 out of the 32 women interviewed explicitly mentioned the 'natural' body, and that there were a number of other discourses that influenced women's contraceptive decisions. It is possibly that at least half of the women presenting for contraception may be comfortable with the risk-benefit analysis approach adopted by providers, however, this needs to be confirmed through further research. For the women who did mention the 'natural' body, it was a significant part of their decision-making, and providers displayed little capacity to incorporate this concern into their understanding of the risks and benefits of particular contraceptive choices.

Table 1 Demographic characteristics of the sample of users

Characteristic	Number of women
Age group	
18-25	15
26-35	14
Over 36	3
Country of birth	
Australia	24
Overseas	8
Relationship status	
Ongoing ¹	26
Casual	6
Current position	
Full time work	18
Full time student	10
Part time student	3
Unemployed	1
<i>TOTAL</i>	32

1: included relationships ranging in length from 6 weeks to 5 years as well as *defacto* relationships and marriages

Table 2: Summary of the sample of providers

Characteristic	Number of providers
Gender	
Female	18
Male	1
Profession	
Doctor	11
Nurse	8

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