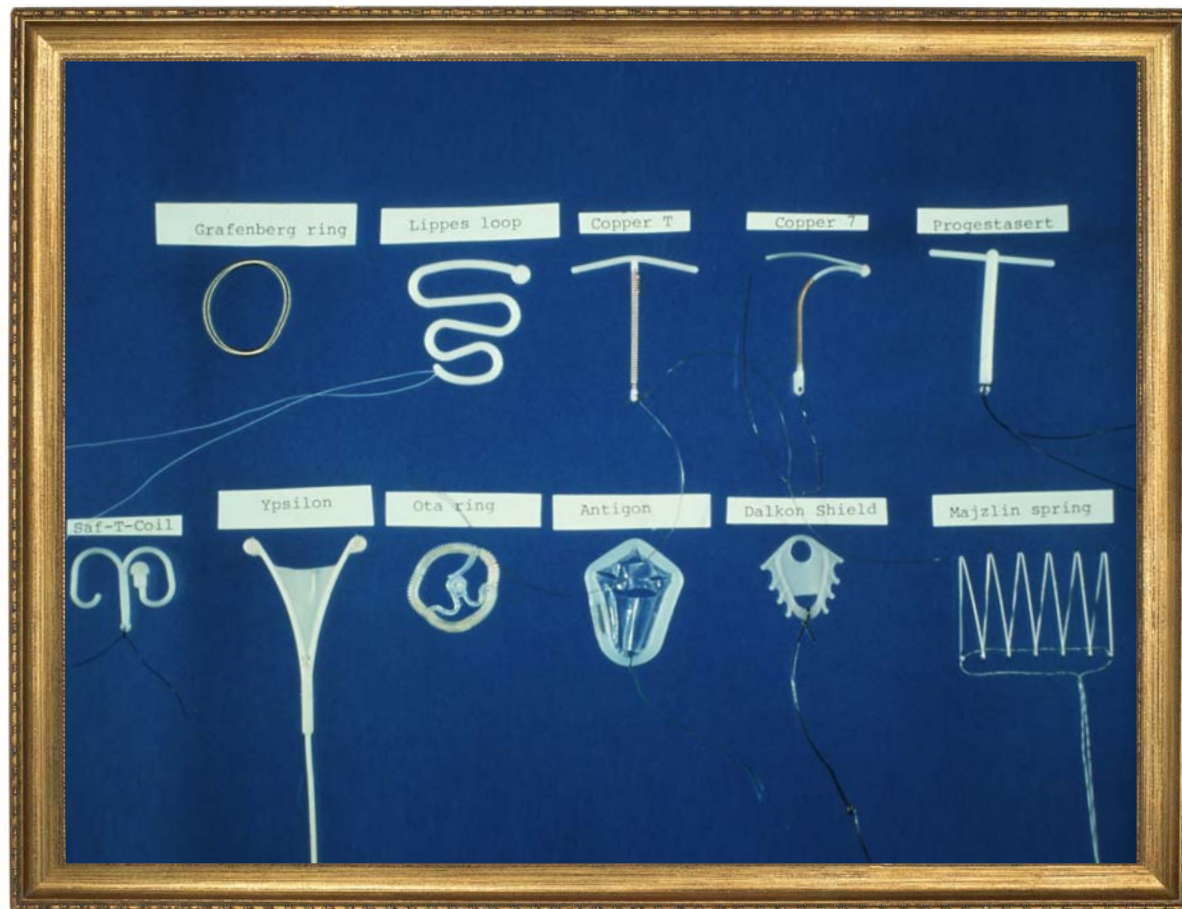




DO YOU THINK THE COIL STILL LOOKS LIKE THIS?



If you do, you need a contraception health check (clue: it's now much less scary!). We sent 50 *Company* readers across the UK for a check-up and were shocked by the results...

You're pretty clued up about most things. You know where to find the best bargains on the high street, how to ask your boss for a promotion, and you're confident enough to get what you want from life. But there's one thing that still seems to have you stumped... which contraception is best for you.

Back in September 2008, we re-launched our 1994 *Your Voice Your Choice* campaign because we'd noticed that most young women were still not getting the best advice when it came to choosing their contraception. And at least 70% of you weren't being offered the choice you deserve.

It's been our most popular campaign to date. Over a thousand of you joined our Facebook group, *Company Magazine: Your Voice Your Choice*, to share stories about experiences, and we took your concerns to the Government.

The picture seemed pretty bleak in 2008. We found that a whopping 52% of you had only ever been offered the Pill, (despite there being 15 different forms of contraception, including over 20 different types of Pill), one in seven had felt patronised in your appointments, and one in three didn't know about the other forms of contraception available.

And we suspected things hadn't changed as dramatically as we'd hoped when, earlier this year, we noticed that according to new research by Bayer Healthcare, 24% of sexually active women never discuss contraception with their GP and 56% of those who do spend, on average, less than 10 minutes a year doing so. Recent research suggests there could be serious consequences because of this – around 98,067 women aged 20-29 have an abortion every year, despite most contraceptives being more than 99% effective if taken correctly. In fact, if just 7% of women taking the combined Pill swapped to a Long Acting Reversible Contraceptive (LARC) method, like the IUD and IUS (types of coil) and the injection, experts estimate there would be 73,000 fewer terminations every year in the UK. This would mean a lot less heartache, too.

But the coil has a bad (and unfair) reputation. Women believe it's big (it's

actually about the size of a matchstick) and painful to put in (nothing a few painkillers won't sort). And it only takes 20 minutes to fit. In fact, contraceptive experts no longer even call it the coil.

"One type of LARC, the IUS, lasts five years and is the Rolls Royce of contraception," explains Dr Tina Peers, consultant in contraception and sexual health for Surrey community services. "It suits most women and, after a few weeks of bleeding, they rarely have periods. It helps with PMT, too."

And if that wasn't good enough, it's also over 99% effective, and if you do have it taken out your cycle returns to normal within a month. But how many young women know about these new forms of contraception? We wanted to take our campaign one step further and put the UK's contraceptive services to the

appointment, I decided to ask if I could try a different brand of Pill. But when I asked if my new contraception would work immediately, she told me she didn't know." Jess wasn't offered any other forms of contraception other than the Pill, and she never has been in the past. "I left in less than 10 minutes, thinking it was hardly worth my while going," she adds.

According to our survey, a quarter of you had an appointment that lasted less than five minutes, while a further 25% lasted less than 10. That means half of you are spending less than 10 minutes finding out about the contraceptive choices that can have a huge impact on your lifestyle. It's hardly enough time to check your medical history, let alone find the right contraception for you.

Dr Peers believes this is a real problem. "We get lots of women coming in with a BMI of over 30 but they're still on the combined Pill, and that's not safe because of the health risks linked to their weight. However, GPs often repeat-prescribe it."

Plus, 45% of you weren't given an explanation of the possible side-effects of the different types of contraception. Emily, 23, a support worker from Oldham, found that, when she suffered side-effects caused by her contraception, the help was poor. "I mentioned I was suffering really painful period pains that I'd never experienced before and all the nurse suggested was that I try another Pill. I'd have really liked to know what other options I had."

Emily's story is all too familiar. As Dr Peers says, "The problem is that whilst all GPs can give out contraception, not all of them are up to date on the methods available, and only some will have their contraceptive diploma (DFSRH) and be qualified in this area. Many Primary Care Trusts have restricted what contraceptives are available in certain GP surgeries and clinics, but still most clinics have access to at least some choice," she adds. But it seems that very few of you are getting it.

Many of you said that after your contraceptive appointments you had to log on to the internet to find out more about your prescription – worrying considering the internet can be an unreliable source of information.

What many women don't realise is that contraceptive choice in 2010 isn't >

64%

OF YOU WEREN'T OFFERED AN ALTERNATIVE TO THE PILL

test. So we sent 50 of you out for a contraceptive check-up with your GP, practice nurse or local family planning clinic. A whole army of *Company* readers investigating the National Health Service – that's got to be a first!

A POSTCODE LOTTERY?

Getting a contraceptive appointment in the first place seemed to be a problem. Half of you had to wait a week or more to get one with your GP. Then, having waited that long, a whopping 60% of you didn't feel any better informed about contraception after your appointment. That's pretty disappointing, but hardly surprising when you consider 64% of you weren't offered an alternative to the Pill, and of those who were, three quarters were only offered a different type of Pill.

Like Jess, 21, a youth worker from Cleveland, who says, "In my

just about preventing pregnancy.

Dr Peers wants women to see it as a lifestyle choice – there are methods that can reduce spots and help skin conditions, prevent greasy hair, help with PMT, stop bloating and even relieve the symptoms of endometriosis (a new pill called Qlaira can help with this). Plus, there are health benefits of different forms of contraception – combined hormone contraceptive methods (like the Pill, the patch and the vaginal ring – which is self-inserted into

USING THE WRONG CONTRACEPTION CAN SERIOUSLY AFFECT YOUR HEALTH

the vagina and can be left in for three weeks at a time) reduce the risk of some cancers by 50%. And being put on the wrong contraception can seriously affect your health, with some women suffering from DVT, strokes and migraines as a result. Then there's the fact that if your contraception choice isn't properly explained, you may not use it properly, which increases your risk of pregnancy – the true failure rate of the combined Pill is actually 8%, rather than the less than 1% widely believed, because so many women take it incorrectly.

MAKING A CHOICE

So why are so many of us still on the wrong contraception? Rebecca Findlay at the Family Planning Association (FPA) believes that it could be a combination of women not knowing what's available and GPs under increasingly strict time constraints. "Often a woman will say 'I'd like to go on the Pill' when what she really means is 'I'd like contraception'." If the GP is busy, they may be glad that this will be a quick and straightforward consultation and prescribe the Pill." Studies seem to back up this theory suggesting that if a woman goes to their GP for contraception she's more likely to come out with the Pill than anything else.

What we should expect from a contraceptive appointment, whether it's with your GP, family-planning or practice nurse, is a full discussion about all methods so we can make an informed decision about what's best for

us and our lifestyle. According to the results of *Company's* contraception challenge, this doesn't seem to be happening. But the Government has been trying to change things since the NICE (National Institute of Clinical Excellence) guidelines of October 2005, which stressed the importance of LARCs and claimed all contraception methods should be available to all women.

However, not all of your contraception appointments were negative experiences. Katie, 20, a student from Havant, was pleased with her check. "My doctor went into detail, making sure I knew what to do if I missed a Pill, gave me a leaflet about all the methods available and described them briefly to me, too." This is the kind of appointment we want all women to get. You should be able to get contraception tailor-made for you and your lifestyle, so don't be put off if you have one unhelpful appointment.

There is now more choice than ever, and while *Company* will always let you know your options, we'd like you to take your contraception into your own hands. After all, your options have never been so good – make the most of them!

FIND OUT MORE:

- Log on to www.fpa.org.uk to find your nearest contraceptive clinic, or call 0845 122 8690 if you need contraceptive advice.
- Visit www.nhs.uk/worthtalkingabout and www.contraception.co.uk for more information on the different contraceptives available.
- Share your experiences with other *Company* readers in our Facebook group, *Company Magazine: Your Voice Your Choice*.

CONTRACEPTION: A BRIEF GUIDE



The IUS and IUD are types of coil which are over 99% effective. The IUS (which is 32mm horizontally and

vertically) is often favoured because periods are often lighter or stop altogether.



The implant is a small flexible rod (40mm in length) that is put under the skin in your arm. It releases progestogen and lasts for three years.



The injection lasts between 8-12 weeks but can't be removed from the body so, if you suffer side-effects,

you have to wait until it's worked its way out of your system.



The patch. You wear a patch every week for three weeks with a one-week break. It may be an option if

you find it hard to remember to take the Pill, and it can help with heavy periods



The vaginal ring releases oestrogen and progestogen. You insert it yourself and remove it every three weeks for a one-week break before starting again.



The combined pill (COC) often reduces bleeding and PMT but relies on you taking it correctly and can be unsuitable for many women. There are over 20 types, so it's worth finding out more.



The progestogen-only pill (POP) relies on you taking it properly but can be good for those unable to take the COC as it has less serious side-effects.



There are other methods, including **male/female condoms** which are up to 98% effective if used

correctly, and are the only method of contraception to protect you from STIs.

CONTRACEPTIVE TESTERS

50 girls from all over the country, from the Scottish Highlands to south Cornwall, went for a check-up with their GP, nurse or family-planning clinic. Here are the stats:

- 30 didn't feel any better informed
- 32 were only offered the Pill
- 25 had an appointment that lasted 10 minutes or less
- 22 weren't told about possible side effects
- 9 felt patronised by the doctor or nurse
- 5 were made to feel uncomfortable in their appointment
- 16 of them relied on magazines like *Company* for information about contraception
- 20 were made to feel pressured for time
- 7 checked the internet for more information after their appointment
- 12 rated their appointment three or less out of a mark of ten
- 15 were really pleased with the advice they got