

“It’s those pills that are ruining me”:

Gender and the Social Meanings of Hormonal Contraceptive Side Effects

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(Key Words: Gender; Body Image and Emotion; Unintended Pregnancy; Hormonal Birth  
Control; Side Effects)

(Word Count: 8,978)

## **Abstract**

Almost half of pregnancies in the United States are unintended, despite the availability of highly effective forms of birth control. Women often cite side effects as a reason for stopping hormonal birth control and most research on the topic comes from a medical perspective. In this study, I analyze hormonal contraceptive side effects from a social perspective that highlights the link between cultural messages about gender and women's contraceptive behavior. Drawing on data from interviews with 88 women, I argue that the gendered emphasis on women's appearance and emotionality shapes women's perceptions about the seriousness of hormonal contraceptive side effects like weight gain and emotional volatility and their propensity to stop use as a result. Contrary to understandings of side effects as a purely medical aspect of use, the gender analysis elucidates the ways that particular side effects are imbued with social meaning that can undermine women's goals to prevent pregnancy.

## **Introduction**

The advent of the birth control pill in the 1960s gave women greater control over their fertility yet the unintended pregnancy rate in the U.S. remains high, despite the widespread use of the pill and other highly effective forms of hormonal birth control. Recent estimates show that 49 percent of pregnancies in the U.S. were unintended in 2006, a figure that is nearly unchanged from the 48 percent of pregnancies that were unintended in 2001 (Finer & Zolna 2011). While couples have several contraceptive options to choose from, “the pill” is the most widely used form of reversible birth control in the U.S. (Mosher & Jones 2010). Recent research suggests that women exercise great control over the use of the pill (and other hormonal methods) and couples commonly transition from using condoms to solely using hormonal methods in long-term relationships (Fennell 2011; Reed et al. 2011). Unlike the male condom that is worn externally, hormonal methods enter a woman’s body via some mechanism (e.g. ingestion or injection) to prevent pregnancy. Despite this difference, very little research examines the ways that hormonal methods like the pill influence women’s experiences of their bodies or how gender shapes these experiences.

A growing literature documents the centrality of negative experiences with side effects in women’s dissatisfaction with hormonal methods and consequent inconsistent use. Women often report mood changes, weight gain, and nausea (Rosenberg, Waugh & Burnhill 1998; Huber et al. 2006) but reports of side effects can differ across methods. Regardless of the side effect experienced, many women cite dissatisfaction with side effects as the reason that they stopped using hormonal birth control, with reported percentages ranging from as low as 30 percent to as high as almost 60 percent (Littlejohn 2012; Westhoff et al. 2007). Further, in a nationally representative study of unmarried people ages 18-29, 36 percent of women who were concerned

that the pill would cause weight gain, and 40 percent of those who thought it likely to cause severe mood swings said that these potential side effects decreased their chances of using the pill (Kaye et al. 2010). Recent qualitative research also suggests that women who report experiencing side effects are less likely to always use birth control consistently with their partners than are women who do not (Reed et al. 2011). Of course, not using birth control (or using it inconsistently) is a major factor contributing to pregnancy (Jones, Darroch and Henshaw 2002; Santelli et al. 2007).

Drawing on rich data from in-depth interviews with 88 women, I show that cultural messages about gender shape women's experiences with hormonal forms of birth control, and that the importance they place on certain side effects impairs their ability to prevent pregnancy. I suggest that researchers have tended to neglect hormonal contraceptive side effects (whether perceived or actually experienced), perhaps based on the perception that such experiences reflect a medical aspect of use, obscures our understandings of the social aspects of pregnancy prevention and the ways that gender influences women's contraceptive behavior. Using a gender lens that emphasizes cultural messages about women's appearance and emotionality, I show how side effects like weight gain and emotional volatility are imbued with negative meaning that influence women's decisions to stop using hormonal birth control despite their desire to prevent pregnancy. This gender analysis illuminates the ways that the use of methods that give women greater control over their fertility are also bounded by the traditional gender constraints placed upon them.

In the following sections, I review the sociological and psychological literature on the gendered construction of bodies and emotion before turning to an analysis of women's hormonal

contraceptive behavior that highlights the centrality of pressures to be thin and appropriately emotional in their decisions to stop using hormonal birth control.

### **Women and Body Image**

The idea that men and women should look a particular way is a central component of the social construction of the gendered body (Lorber and Martin 2011). Women (and increasingly, men) face strong cultural pressure to have their appearance align with idealized cultural images. Mainstream messages about female attractiveness emphasize thinness and thin white women serve as the ideal beauty standard (Grogan 1999). These messages not only put pressure on women to meet an unrealistic standard, but also devalue the bodies of women of color and larger women (Lovejoy 2001). People also place more value on having large breasts for women (Thompson and Tantleff 1992) and having larger breasts is tied to evaluations of female attractiveness (Furnham, Dias and McClelland 1998).

The unequal emphasis placed on women's appearance and unrealistic beauty standards result in differences in how men and women think about their bodies. Girls and women are more likely to be dissatisfied with their bodies (Bearman et al. 2006; Feingold and Mazzella 1998; Paxton et al. 1991), more concerned with weight (Phares, Steinberg and Thompson 2004; Pliner, Chaiken and Flett 1990), and more likely to have eating disorders like anorexia than are boys and men (American Psychiatric Association 1994). Further, girls as young as six desire bodies thinner than their own (Lowes and Tiggemann 2003), and even adult women who are not overweight want to be thinner (Grover et al. 2003; McCreary 2002). While Black women tend to be more satisfied with their bodies than white women (Molloy and Herzberger 1998; Parker et al. 1995; Stevens, Kumanyika, and Keil 1994), they still evaluate thinner women as more attractive

than larger women (Hebl and Heatherton 1998) and are still less satisfied with their bodies when they are overweight than are women who are not (Stevens et al. 1994).

In this study, I argue that the cultural emphasis on thinness for women plays a central role in their decisions to stop hormonal birth control despite their desire to avoid pregnancy.

Although women's body dissatisfaction is well documented, this analysis contributes to the literature by demonstrating how women's experiences of their bodies continue to be constrained by gender norms, even when weight gain results from a resource vital to achieving a central goal in their lives—preventing pregnancy. Examining perceptions of weight gain due to hormonal birth control underscores the complex negotiations that women make in their daily lives as they attempt to meet mainstream standards of beauty. It challenges the trivialization of weight gain as a side effect to hormonal birth control, shedding light on why women may forego such an important resource and the role of gender in shaping their decisions.

## **Gender and Emotion**

Cultural stereotypes of emotion highlight perceptions of innate gender differences in the types and intensity of emotion that they experience. These stereotypes serve to reinforce norms about appropriate gendered behavior. In the U.S., women are believed to be more emotional than men (Robinson and Johnson 1997; Timmers et al. 2003) and to experience emotion more intensely than men do (Grossman and Wood 1993; Robinson and Johnson 1997). This research shows that stereotypes also extend to perceptions about particular emotions, with women expected to experience and express sadness more than men do and men expected to experience and express anger more than women do (Plant et al. 2000).

Hochschild (1979) labeled the social norms that outline the appropriate types of emotion that people should feel and when and where they should feel them “feeling rules.” When asked about the emotions that they would experience in response to a hypothetical emotional situation, people expected themselves to experience or express gender stereotypic emotions (Hess et al 2000; Robinson et al. 1998): women expected themselves to express more sadness and fear than men did and men expected themselves to express more anger than women did (Hess et al. 2000). When examining self-reports of emotion vis-a-vis gender-emotion stereotypes, moreover, women who believed the stereotype that the “typical woman” experienced and expressed emotion more intensely than the “typical man” did reported experiencing and expressing emotion more intensely than women who did not believe the stereotype.

The influence of stereotypes on people’s expectations of their own emotions demonstrates the importance of gender-emotion stereotypes in constructing display or expression rules. Hochschild (1979, 1983) describes expression rules as the social norms that generate expectations for the communication of emotion through emotional expression.<sup>1</sup> While feeling rules define the appropriate kind of emotion to experience, expression rules deal with the appropriate type and degree of emotion to express. Women are expected to smile more than men (Briton and Hall 1995), for example, and consistent with this expectation, they are more likely to smile (Hecht and LaFrance 1998) and display more positive emotions in the workplace than men are (Simpson and Stroh 2004). In fact, women who expressed anger in a professional setting were granted lower wages, lower status, and seen as less competent than men who expressed anger and women who expressed no emotion (Brescoll and Uhlmann 2008). Thus, although expression rules guide expectations for behavior, women’s and men’s emotions are not evaluated equally.

Depictions of women's emotions as out of control and irrational compared to men's have been key in the historical construction of feminine emotion (Shields 2007), which makes navigating emotional expression particularly tricky for women. Men have historically been seen as rational beings with the ability to control their emotions, but women's emotion has been seen as "dangerously unregulated" (Shields 2007, 104). The construction of the premenstrual woman in contemporary times has only served to further such an understanding of women's emotion. While the proto-typical woman is seen as an inherently emotional being, the premenstrual woman is not only emotional, but also angry, hormonal, and out of control (Chrisler and Caplan 2002; Figert 2005). The significance of the widespread recognition of premenstrual syndrome (PMS) lies not only in pathologizing women's emotions around the menstrual cycle, but also in the idea that even particular emotions for women when they are not "PMSing" are attributed to an irrational, premenstrual state (Figert 2005). Thus, while women are expected to be emotional, they simultaneously contend with constructions of feminine emotion as irrational, and with having emotions like anger deemed gender inappropriate.

In this study, I show that gendered messages about emotion play a central role in women's hormonal contraceptive behavior. The analysis builds on the literature by showing how gender shapes the meaning of feminine and rational emotion, aiding in the construction of women's emotions on hormonal birth control as irrational and negatively shaping their understandings of their emotions while using these methods. Examining gender and emotion in the domain of hormonal contraceptive use demonstrates how some women attempt to resist stigmatized emotion by stopping hormonal birth control, even though such attempts at resistance may make them more susceptible to unintended pregnancy.

## **Hormonal Contraceptive Side Effects**

Like many medications, hormonal contraception may cause side effects. While there is mixed evidence about the association between the types of hormonal contraception and weight changes, the evidence suggests that “the shot” does cause weight gain (Beksinska 2010; Berenson and Rahman 2009). The shot, and other hormonal methods, can also cause mood changes (Creinin et al. 2008; Oinonen & Mazmanian 2002), nausea, headaches, and breast tenderness (Hatcher, Trussell & Nelson 2008). In addition to menstrual changes, weight gain and mood changes are among the most common side effects reported across a variety of hormonal methods (Brunner Huber 2006; Davidson et al. 1997; Rosenberg, Waugh & Meehan 1995). It is difficult to determine whether hormonal methods cause all of the symptoms that women report, but regardless of the method, women cite side effects as a primary reason for stopping hormonal contraception because of dissatisfaction (Littlejohn 2012).<sup>2</sup>

While women in the United States cite dissatisfaction with weight gain on hormonal birth control, women’s cultural context can shape the meaning of the side effects that they experience. A study of women in Egypt, for example, found that weight gain was not a major reason for discontinuing hormonal methods, although women did indeed report gaining weight while using the method (El-Nahal and El-Hussinie 1999). In Cambodia, not only did women perceive weight gain as a positive side effect of hormonal birth control, some women actually stopped use because of weight *loss* (Sadana & Snow 2009). Moreover, although women in South Africa listed weight gain as a side effect to injectable contraception, the authors suggest that they tolerated vaginal wetness less than weight gain (Smit et al. 2002). In sum, while hormonal contraception poses risks of side effects, the meanings that women attach to the side effects shape their perceptions of using hormonal methods.

In the next section, I describe the data and methods used in the study before turning to an analysis of how cultural messages about gender in the United States shape the negative meanings that women attach to hormonal contraceptive side effects and their decisions to stop use as a result.

## **Methods**

This study uses data from the College and Personal Life Study, an in-depth interview study of 103 women aimed at understanding the reasons that women who do not wish to become pregnant do not always consistently use birth control. The interviews were conducted between 2009 and 2011 by a research team I was a part of. The study was affiliated with Stanford University and the University of California Berkeley. We recruited participants from four college campuses in the San Francisco Bay area (two community colleges and two four-year universities) using email announcements and flyers posted on campuses. The different campuses allowed us to interview women from different socioeconomic backgrounds—from very poor women who took community college courses to fulfill work requirements needed to receive temporary financial assistance, to women from much more affluent backgrounds attending elite universities. Most interviews occurred on the college campus that the participant attended.<sup>3</sup>

To ensure that the sample included sufficient numbers of women who had experienced a pregnancy and those who had not, we used theoretical sampling. We recruited participants using two different flyers. Each advertisement stated that to participate in the study, the woman had to have never been married, be between the ages of 20 and 29, and be a full- or part-time student at the school at which the flyer was posted. To recruit women who had experienced a pregnancy, the first flyer also stated that the woman must have ever been pregnant—“whether or not [she]

had the baby” —to participate.<sup>4</sup> For the flyer not requiring a pregnancy, the requirements instead stated that the woman must have ever had sexual intercourse with a male to participate.

Interviews lasted between one and two hours and participants received \$50 as compensation for their time. The interview gathered information on the participant’s career and educational aspirations, sexual history (with detailed information on contraceptive use with each partner), previous pregnancies (if any), experiences with contraception, and attitudes about contraception and abortion. A professional transcription company transcribed interviews verbatim and the transcripts were coded using the qualitative analysis software program NVivo.

This analysis focuses on women who had ever used hormonal birth control, excluding 15 women who had never done so. Women had used all forms of hormonal birth control: the pill, shot, ring, patch, implant, and (hormonal) intrauterine device (IUD).<sup>5</sup> As Table 1 shows, 88 women had ever used hormonal birth control and 67 reported experiencing negative side effects. 40 women were white, 23 were Black, 13 were Latina, 10 were Asian, and 2 were Native American.<sup>6</sup> 43 attended a four-year college and 45 attended a two-year community college. The average age of women in the study was 22.

[PLACE TABLE 1 ABOUT HERE]

## **Results**

In the analysis that follows, I discuss how the negative meaning attached to weight gain and emotionality shaped women’s experiences using hormonal birth control and their dissatisfaction with results. I conclude the analysis by demonstrating how women’s dissatisfaction with these side effects influenced pregnancy outcomes, noting the nontrivial

proportion of women who stopped using hormonal contraception and the number who experienced a pregnancy as a result.

### *Hormonal Contraceptive Side Effects, Gender, and Appearance Norms*

As discussed previously, women face strong pressures to be conscious of their bodies and are not exempt from these pressures simply because they use hormonal contraception. Of the 67 women who reported negative side effects while using hormonal birth control, 39 percent reported weight gain. Women who believed that hormonal birth control caused their weight gain and felt bothered by the perceived side effect faced difficult decisions. Among other options, they could try to combat the weight gain, switch to another form of hormonal birth control, stop using hormonal contraception altogether, or continue using the method even though the weight gain made them unhappy.<sup>7</sup> For many women who stopped use because they felt bothered, the weight gain was not solely a matter of slight changes in their bodies. Instead, it resulted in changes that they perceived as dramatic and it deeply affected their self-esteem.

Trisha, a twenty-two year old Black woman who stopped taking the birth control pill because of weight gain, said, “I gained a lot of weight when I was on birth control and I just didn’t like it, like the weight thing bothered me. I felt like I was scared and kind of weak. So I was like ‘I don’t like this. It’s making me fat.’” When asked how she knew that it was caused by her birth control, she replies:

“I’m pretty sure it was. I never got it confirmed by a doctor, but I know that they said that that was one of the side effects that could happen if you took birth control pills...which is exactly what happened, and when I stopped using birth control pills, I didn’t gain weight like

that. So I was like ‘it had to be the pills.’ I wasn’t letting it slide. I was like ‘it’s those pills that are ruining me.’”

Although she could not be certain that the pill caused the weight gain, she believed that it did and the weight gain served as more than an inconvenience for her. It also affected how she thought of herself generally. In her eyes, the weight gain was ruining *her*, not just her body.

Weight gain was not limited to women using the pill, however. Several other women discussed “hating” hormonal birth control because it was making them “really fat” and feeling unhappy with their appearance, while a few discussed having to buy new clothes altogether because they had outgrown old items. Kristen, a twenty-two year old Asian woman, described her experience on the shot, saying “I did the Depo shot for a year and I gained so much weight. I was like, back to my pregnancy weight and...I felt really fat and really ugly and...I was like, ‘Oh my gosh, this isn’t working.’”<sup>8</sup> Although women acknowledged that hormonal birth control was important for preventing pregnancy, their nontrivial experiences with weight gain and other side effects placed them in an uncomfortable position. As a twenty-year old white woman who stopped taking the pill because it was making her “too fat” said, “you want to have sex but you have to take something to not get pregnant. It kind of sucks. I’ve been meaning to go to my doctor but instead I don’t want to gain the weight. There’s all these repercussions with everything you do.” Her comment demonstrates a common theme among women who felt dissatisfied with side effects: they felt that they should use hormonal birth control if they wanted to prevent pregnancy but the discomfort associated with use made them reluctant to continue.

Other women did not stop using hormonal contraception because of weight gain, but instead would not begin using particular hormonal methods because they feared weight gain as a side effect. Marion, a twenty-two year old Black woman who had used the pill, said, “I can

handle taking a pill, but taking a shot. I heard how people gain weight. I am very small. I have a lot of issues, you know body issues. So for me to think about being big, that would be psychologically taxing on me. I wouldn't even want to put myself in a position where that could happen...I heard that it fucks you up." Although several women preferred a hormonal method other than the pill because of the perceived inconvenience of taking a pill everyday, Marion expressed a preference precisely for the pill over the shot because she does not associate the pill with weight gain. Her remarks highlight the complexity of deliberations over birth control: in deciding whether or not to use a method, she thinks not only about preventing pregnancy but also about how hormonal birth control will influence her perceptions of herself. While Marion explicitly mentions body issues, most women who discussed stopping (or not using a form of hormonal birth control) because of weight gain did not discuss serious pre-existing body image issues. Instead, they discussed their fears of weight gain in the context of more routine preoccupations with body size (e.g. not wanting to be "fat," seen as a normal preference, while not characterizing themselves as being overly-preoccupied with body image).

Although weight gain—almost always perceived as a negative side effect—could make women unhappy with their birth control and their bodies, some side effects could also make them feel better about themselves in ways that might be expected based on messages about beauty. Some women discussed being happy when hormonal birth control decreased acne, others were happy when it increased their breast size, and a few were disappointed that they did not get bigger breasts as they had initially hoped.<sup>9</sup> Lisa, a twenty-one year old white woman, describes feeling "much more confident and sexy" during the time of the month when her "boobs got bigger" on hormonal birth control and feeling "sadder" during times when they were smaller. Indeed, when "they're really as full as they get," she thinks, "Yeah. I'm hot. I'm gonna wear a

low-cut shirt.” Although her comment that she feels “hot” when her breasts are bigger fits into a discourse that tightly circumscribes the standards of feminine beauty, the side effects that she experienced nonetheless allowed her to meet a standard that she could not when she was not using hormonal birth control. Even when negative side effects accompanied hormonal birth control, at least one woman still capitalized on the benefits. For Claire, a twenty-year old Asian woman, although she gained a lot of weight and would “break out like crazy,” during the time that she had bigger breasts, “[she] was definitely showing them off.” Rarely, however, did an increase in breast size or other positive side effect serve as sufficient motivation to continue use in light of negative side effects when the woman used hormonal birth control primarily to prevent pregnancy.

In every case but one, women’s discussions of their decisions to stop or switch hormonal methods because of weight gain centered on their own evaluations of their bodies, not the comments of others. One woman discussed her boyfriend noticing that she gained weight on hormonal birth control, but consistent with the literature, all other discussions revealed that women carefully policed their own bodies. Claire said, “you don’t just gain weight out of nowhere...I gained so much weight. It was noticeable and...I couldn’t even wear my t-shirts and stuff. It was bad and I just felt shitty.” The timing of the weight gain and her inability to fit into her clothes made her attribute the weight gain to her hormonal birth control, and like other women, she felt unhappy with the side effect. For Brianne, a twenty-one year old white woman, the inability to lose weight made her cite hormonal birth control as the weight-gain culprit. She said,

“Well, I started realizing that, at first I was gaining weight and I was like, ‘Okay, this is not working out right now.’ So I started working out. I was working out really hard and

yet, I wouldn't lose any weight and I was still gaining and it didn't make any sense...I was like, 'This is not right.'”

As the literature shows (Tiggemann and Lynch 2001), women are accustomed to monitoring their own bodies in attempts to meet cultural standards of beauty. This analysis extends the literature by showing that women feel pressure to meet beauty standards even when they perceive weight gain as beyond their control and when weight gain fears can compromise their ability to prevent pregnancy.

Contrary to expectations from the literature, women's discussions of weight gain on hormonal birth control did not vary dramatically by race. Like whites, Blacks and Latinas discussed unhappiness with weight gain.<sup>10</sup> Recall that while Black women are more satisfied with their bodies than white women (Molloy and Herzberger 1998), overweight Black women are still more likely to be dissatisfied with their bodies than their counterparts who are not overweight (Stevens et al. 1994). This may explain the uniformity of weight discussions by race—Black and white women are dissatisfied with their bodies when they are overweight and many women who felt dissatisfied with weight gain perceived dramatic changes in their bodies.

#### *Hormonal Birth Control Side effects, Gender, and Emotion*

Many women reacted negatively to their hormonal birth control because they believed that it made them emotional. Of the 67 women who experienced negative side effects, 33 percent discussed dissatisfaction with how their method made them feel. Women most often discussed hormonal birth control's effects on two emotions—anger and sadness. The meaning that they attached to their emotional responses shaped why they disliked using the methods; namely, hormonal birth control made them feel crazy. I suggest that women felt dissatisfied with

the side effect, and some stopped or switched hormonal methods, because they wanted to avoid non-normative displays of emotion and having their emotions labeled as irrational.

Several women either switched methods or felt reluctant to use hormonal methods in the future because they felt that the methods made them cry “for no reason.” Clarissa, a twenty-eight year old white woman, switched methods after her doctor linked her mood changes to the pill. When describing her experience, she said, “Well actually, there was one time where I did try [the pill] and I felt literally crazy on it...[it] definitely made me feel very different when I was on it. And it was just like, I felt very emotional. You know, crying at like, a bug on the floor, that type of thing.” While Clarissa switched methods because of side effects, some women felt reluctant to use other hormonal methods at all. Amanda, a twenty-one year old white woman who used the pill, said, “I felt like my hormones were going crazy, mentally, everything. I was just like “whoa”... it made me super emotional, like how you feel when you’re PMSing, but it was extreme. There wasn’t like butter in the fridge, and I would cry about it, and I was like, “What’s wrong with me? This is not normal.” Responses like Clarissa’s and Amanda’s not only foreground emotionality as a negative characteristic but also explicitly demonstrate the connections that women made between high emotionality and irrationality. Although women are expected to be more emotional than men, they are also aware that there are appropriate times to experience and express such emotion. Crying at times that felt inappropriate to them resulted in feelings that birth control made them crazy and abnormal.

Other women disliked hormonal birth control because it made them feel angry. Miranda, a twenty-eight year old white woman, said, “It also did make me very bitchy, very bitchy the first few days after I had a new shot. You need to do it every three months, you know. The first few days afterwards, I was beastly to everybody. I had such a short temper.” Miranda was not alone

in describing experiences where birth control triggered angry reactions. Vanessa, a twenty-two year old white woman, described a similar situation, saying:

“When I got back on [the pill] that’s when I started going, I was just nuts. And everybody was noticing, I was going just crazy. I was just so angry; I just felt angry on it. I was just like ‘what is going on with my body?’ And it would turn out like somebody would just say something or somebody would reach over into my French fries—I remember one incident my sister was, she didn’t really ask me if she could dip her hands in my food and she just kind of did. And I was like ‘DON’T DO THAT ANYMORE,’ and she was just like ‘oh, like here’s your French fry back, you can have your French fries.’ But I was just so tweaked out on it. I felt like, ohhh. Maybe it was the dosage, I don’t know.”

As Vanessa’s response suggests, the notion that other people noticed women’s anger while they were on birth control bolstered feelings that it was not just their own perceptions of changes, but rather, actual changes in their personalities. Vanessa eventually switched hormonal methods after her mother suggested that the pill was making her “whacko.”

Unlike women’s discussions of weight gain, which focused on how they themselves noticed changes in their bodies, women’s discussions of emotion side effects more often centered on managing their emotions with friends, family, and romantic partners. When women discussed family and friends, they focused on how these people noticed emotional changes, while their accounts of anger with boyfriends demonstrated how hormonal birth control could inspire turmoil in their relationships. Jane, a twenty-one year old Asian woman, said, “I tell my friends that when I was on the pill, I was crazy. I was not myself. I was highly emotional... I couldn’t go a couple days without being angry and I’m sure that made life for my boyfriend hell because I

was constantly yelling at him.” In Jane’s case, “[she] wanted there to be a pill for [her boyfriend] to take that would mess with his mood swings so that he would understand and so that he would be more sympathetic.” While other women may understand that hormonal methods can affect emotions (as did Vanessa’s mother), navigating changing emotions with her boyfriend proved particularly difficult for Jane because he could not understand her experience. She used the pill until her relationship ended but felt like a “totally different person” when she stopped. Helen, a twenty-two year old Asian woman, also experienced anger but she did not stop use because she learned to “control” her emotions. She said:

“I always suffered from PMS and I was slightly moody and then after I started taking the pill, it was just like, just way worse...And my boyfriend definitely noticed and I would apologize and he could see the difference too, how much worse it got, but I would always, after the fact, I would just be like, ‘I’m so sorry.’ And after a while, I learned to control it...”

When asked how she learned to control her anger, she replied, “Just because of heightened cognitive functioning. I would just be like, ‘Okay, I’m really upset; I’m just gonna chill out for a little while.’ So I was better able to control it.” In Helen’s case, learning to “control” her emotions meant controlling how she responded. Her experience illustrates the subtle ways that gender norms can shape emotional expression. Although she continued to feel angry, she focused her energy on not communicating her emotion. Doing so made her better able to manage the side effect.

Although women from all racial backgrounds reported emotion side effects, Black women and Latinas were much less likely to discuss emotion side effects than were white and Asian women.<sup>11</sup> While 45 percent and 57 percent of white and Asian women, respectively, who

reported negative side effects discussed emotion side effects, 13 percent of Black women and 7 percent of Latinas did so. Considering racial differences in discussions of emotions highlights the importance of both race and gender in the social construction of women's emotions. It is non-normative for women to express anger, but for Black women, "[anger] is considered an essential characteristic of Black femininity" (Morgan and Bennett 2006: 490). I suggest that while Black women may also experience anger and mood swings using hormonal birth control, the change may be less salient. Obviously, this is not because Black women are simply angrier than other women, as the stereotype holds. Instead, mood changes when using hormonal birth control may be less salient for Black women because they are perceived as angry even when they do not use hormonal birth control. Thus, what is non-normative for white women, is assumed for Black women.

### *Hormonal Contraceptive Side Effects and Consequences*

Although many women believed that they should use hormonal birth control to prevent pregnancy, as this analysis shows, experiencing weight and emotion side effects rendered pregnancy prevention more difficult than simply remembering to use the method. Of the 67 women who reported negative side effects to hormonal birth control (Table 1), 60 percent (40 women) reported weight gain or emotional volatility.<sup>12</sup> 35 percent of women reporting these side effects stopped using hormonal contraception and 28 percent switched hormonal methods as a result. Examining women's experiences with pregnancy vis-à-vis their contraceptive histories demonstrates the consequences of their decisions. 40 percent of the women who stopped using hormonal birth control because of weight or emotion side effects experienced an unintended pregnancy as a result, compared to 20 percent of those who continued and 10 percent of those

who switched hormonal methods.<sup>13</sup> While fewer women in this study experienced an unintended pregnancy due to switching hormonal methods, women who switch and those who stop using hormonal methods altogether have higher rates of unintended pregnancy than women who do not stop use (Raine et al. 2011).<sup>14</sup>

## **Discussion and Conclusion**

This study examined women's experiences with side effects to hormonal birth control to understand why they decide to stop using hormonal contraception, and how these methods influenced their experiences of their bodies. Contrary to common understandings of side effects as merely medical aspects of use, the analysis shows that women's interpretations of, and reactions to, their hormonal birth control side effects were influenced by gendered messages about women's bodies and emotions.

As the results show, although women who stopped hormonal birth control because of weight gain side effects wanted to avoid pregnancy, the weight gain posed challenges to continued use. I argue that the weight gain resulted in dissatisfaction because women evaluate themselves against idealized beauty images that emphasize thinness. Their experiences of their bodies on hormonal birth control did not align with this image. Rather than just preventing pregnancy, they found that hormonal birth control resulted in weight gain that made them feel "fat" and "ugly" and this became more central than increasing their chance of getting pregnant, leading them to stop use.

Women who experienced side effects involving emotions (e.g. crying) felt dissatisfied with hormonal birth control because the side effects made them feel irrational. Cultural messages about women's emotion frame them as emotional beings but the notion that particular

emotions are irrational and negative for women is also central to this discourse (Shields 2007). When women felt that hormonal birth control made them more emotional, they labeled this as negative in every case, and worse, felt “crazy” for exhibiting a particular emotional response. Women often felt dissatisfied enough to stop using the birth control, even in situations when stopping use meant using less effective non-hormonal methods, usually condoms or withdrawal, which they sometimes used inconsistently.

Although this study focused on the relationship between cultural messages about gender and women’s experiences of their bodies on hormonal birth control, the results of the study have implications beyond hormonal birth control and unintended pregnancy. First, they suggest the importance of cultural messages about gender for medicine, generally. As discussed previously, weight gain is a potential side effect for a variety of other medications, including antidepressants and medications for bipolar disorder or diabetes (Leslie et al. 2007). With normative pressure placed on women to maintain thin physiques, weight gain may also serve as an impediment to continued use of other medications. That the social construction of gendered bodies could have negative consequences for use of important medications is alarming. Second, the results also have implications for gender differences in body image and mental health. Given that women are already more dissatisfied with their bodies, how does the idea that hormonal birth control may result in even more dissatisfaction affect our understanding of women’s body concerns? Moreover, how do feelings of being “crazy” on hormonal birth control influence women’s mental health and feelings of control? These questions are especially important given the number of women who use hormonal birth control in the United States.

It is important to note some limitations of the study. First, the results cannot be generalized to the U.S. population. The sample was socioeconomically and racially diverse but

the women were young (20-29) and unmarried, and it was not a probability sample of unmarried women of those ages. Thus, it is possible that the meanings attached to side effects may be different for the average woman, although results from quantitative analyses of nationally representative surveys also show a high level of discontinuation of hormonal contraceptives because of side effects (Littlejohn 2012). Another potential limitation is the lack of clarity about whether women actually experience side effects or just attribute changes to their hormonal birth control. That is, it is impossible to tell whether hormonal birth control caused the weight gain or mood changes that women reported in the study, or whether they incorrectly believed the source to be their hormonal birth control. This limitation is less concerning, however, because of the study's focus on the *meaning* of side effects. Whether women "actually" experienced side effects or misattributed changes to their hormonal birth control does not change the meanings that they associated with these experiences nor their relationship to larger cultural messages about thinness and feminine emotionality.

The sociological analysis of women's experiences with particular side effects to hormonal birth control presented in this study extends our understanding of gender by demonstrating that such experiences are not merely medical aspects of use, bereft of gendered meanings. Instead, cultural messages that privilege thinness for women and stigmatize particular emotional responses shaped the meanings that women attached to weight gain and emotional experiences, and it is often these meanings that led them to stop using hormonal birth control. This often undermined their goals to prevent pregnancy. As research on women in other contexts shows, weight gain itself does not have to be negative. It can, in fact, have positive meaning (Sadana & Snow 2009). This study shows, however, that messages about gender aid in the construction of weight gain and emotion side effects as negative in the United

States—side effects that make women “fat,” “ugly,” and “crazy.” Examining women’s experiences with hormonal contraceptive side effects shows how women negotiate gendered meanings in their daily lives. While women’s decisions to stop their hormonal birth control may increase their risk of getting pregnant, doing so also allows them to try and meet idealized beauty standards and resist stigmatized emotion. The analysis shows that even when American women have adequate access to effective hormonal methods of birth control, their experiences using these methods are still bounded by some of the traditional gender constraints that they encounter in other domains.

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<sup>1</sup> Brody’s (1999) definition of display rules includes not just emotional expression but also emotional experience. She defines display rules as “culturally shared norms that dictate how, when, and where we should interpret, experience, and communicate our emotional experiences” (Brody 1999: 227).

<sup>2</sup> Although this study examines hormonal contraception, research shows that antidepressants also cause weight gain (Serretti and Mandelli 2010) and corticosteroids, often used to treat asthma, can influence mood changes (Warrington and Bostwick 2006).

<sup>3</sup> Given that the sample is composed of college students, one might wonder if age and education influence results. Body dissatisfaction, however, does not vary greatly with age (Pliner et al.

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1990; Tiggemann and Lynch 2001). Age may play a role in stopping or switching hormonal methods, however, as older women may opt for sterilization, a permanent contraceptive.

Although the sample is composed of college women, community colleges are more likely to enroll low-income students than are four-year colleges (Provasnik and Planty 2008). Thus, including women from community colleges in the sample provided some socioeconomic diversity.

<sup>4</sup> While participation based on the flyer not requiring pregnancy only required previous sexual intercourse with a male, some women recruited had nonetheless experienced a prior pregnancy.

<sup>5</sup> Data on non-hormonal forms of birth control are not included because the study focuses on the social meanings of hormonal birth control side effects. The most popular forms of non-hormonal birth control were the condom and withdrawal (referred to by participants as “pullout”). Some women used condoms in conjunction with a hormonal method, either as a back-up method of birth control or for the prevention of sexually transmitted infections (STIs). The use of condoms—in conjunction with hormonal birth control—for STI prevention usually occurred in casual relationships.

<sup>6</sup> Information on race is missing for one participant in the study.

<sup>7</sup> Almost no women intended to stop contraception entirely because of weight gain but many women who switched, switched to a less effective form of birth control.

<sup>8</sup> Women’s experiences with losing weight after stopping birth control was more mixed; some women reported losing some or all of the weight, while others reported not being able to lose any. No woman, however, reported continuing to gain weight after stopping use.

<sup>9</sup> Some women also discussed benefits that did not relate to physical appearance, such as lighter periods and less cramping during their menstrual cycle.

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<sup>10</sup> Whites were less likely than others to report weight gain, however. 40 percent of Black women, 50 percent of Latinas, 32 percent of white women, and 57 percent of Asian women who had experienced negative side effects reported weight gain. Like the results for race, weight discussions did not vary greatly by type of college, although women from four-year schools were also less likely to report weight gain.

<sup>11</sup> Women from community colleges discussed emotion side effects at similar levels that women from four-year colleges did.

<sup>12</sup> Some women reported both emotional volatility and weight gain when using hormonal birth control. 18 women reported only weight gain, 14 women reported only emotional volatility, and 8 women reported experiencing both side effects.

<sup>13</sup> Of the women who stopped using hormonal birth control, half opted to use condoms regularly with their partners, while half primarily used withdrawal or nothing. For women who continued using hormonal birth control, the pregnancy usually resulted from inconsistent hormonal contraceptive use without using a back-up method of birth control.

<sup>14</sup> With regard to subgroup differences, Latinas were less likely to stop/switch hormonal methods because of weight gain and emotion side effects than women of other races. There were no substantial education differences.

## **Funding**

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

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Table 1. Summary of Sample Characteristics for Women in the Analysis of Gender and Hormonal Contraceptive Side Effects

Characteristic	No. of Women	Percentage of Sample
<i>Race</i>		
White	40	45.5
Black	23	26.1
Latina	13	14.7
Asian	10	11.4
Native American	2	2.3
<i>Type of College</i>		
4-year college	43	48.9
Community college	45	51.4
Mean age	22	
<i>Ever used type of contraception:</i>		
Pill	77	87.5
Shot	19	21.6
Ring	17	19.3
Patch	11	12.5
Implant	1	1.1
Hormonal Intrauterine Device (IUD)	9	10.2
Experienced negative side effects	67	76.1
<i>N</i>	88	

*Notes:* Analytic sample includes 88 women who had ever used hormonal birth control

*Source:* College and Personal Life Study, 2009-2011