

**Women's Experiences with Intrauterine Devices: A Qualitative Content Analysis of
Reddit Posts**

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September 25, 2023

*This thesis is submitted in partial fulfillment of the Honours degree of Bachelor of
Psychological Science (Honours)*

Word Count: 6994

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Abstract

Intrauterine devices (IUDs) are a form of long acting reversible contraception (LARC) that sits inside the woman's uterus. This study used conventional qualitative content analysis to answer the questions "what are women's experiences with IUDs?" and "how do women use the subreddit r/birthcontrol to share experiences and information regarding IUDs?" The data were reddit forum posts that mentioned IUDs in the month of July 2022 from the subreddit r/birthcontrol. This month was chosen as it was following the overturning of Roe v Wade in the United States, which removed abortions from being a constitutional right, resulting in some states severely restricting abortion access. The changing in political circumstances for many users created an interesting context that allowed for an exploration into how the wider political context may influence women's opinions and self-reported behaviours surrounding the use of contraception and IUDs. Of the 456 reddit posts, 401 codes were created, condensed into 36 subcategories, with 10 overarching categories. Despite IUD insertion being painful and participants experiencing various painful side effects, in many cases they felt as though their pain and concerns were not taken seriously by medical staff. This was often in the form of feeling dismissed and not being given adequate pain management options before procedures such as IUD insertions and removals. The findings provide insight into women's perspectives and opinions on the care they receive from medical professionals surrounding their IUD. They highlight areas that need improvement, such as providing more pain management options and more transparency regarding potential risks and side effects of having an IUD.

Declaration

This thesis contains no material which has been accepted for the award of any other degree or diploma in any University, and, to the best of my knowledge, this thesis contains no material previously published except where due reference is made. I give permission for the digital version of this thesis to be made available on the web, via the University of Adelaide's digital thesis repository, the Library Search and through web search engines, unless permission has been granted by the School to restrict access for a period of time.

Georgia Breakey

24 September 2023

Contributor Roles

| ROLE | ROLE DESCRIPTION | STUDENT | SUPERVISOR 1 |
|---------------------------------------|---|----------------|-------------------------|
| CONCEPTUALIZATION | Ideas; formulation or evolution of overarching research goals and aims. | X | X |
| METHODOLOGY | Development or design of methodology; creation of models. | X | X |
| PROJECT ADMINISTRATION | Management and coordination responsibility for the research activity planning and execution. | X | X |
| SUPERVISION | Oversight and leadership responsibility for the research activity planning and execution, including mentorship external to the core team. | | X |
| RESOURCES | Provision of study materials, laboratory samples, instrumentation, computing resources, or other analysis tools. | | |
| SOFTWARE | Programming, software development; designing computer programs; implementation of the computer code and supporting algorithms; testing of existing code. | | |
| INVESTIGATION | Conducting research - specifically performing experiments, or data/evidence collection. | X | |
| VALIDATION | Verification of the overall replication/reproducibility of results/experiments. | X | X |
| DATA CURATION | Management activities to annotate (produce metadata), scrub data and maintain research data (including software code, where it is necessary for interpreting the data itself) for initial use and later re-use. | X | |
| FORMAL ANALYSIS | Application of statistical, mathematical, computational, or other formal techniques to analyze or synthesize study data. | X | |
| VISUALIZATION | Visualization/data presentation of the results. | X | |
| WRITING – ORIGINAL DRAFT | Specifically writing the initial draft. | X | |
| WRITING – REVIEW & EDITING | Critical review, commentary or revision of original draft | X | X |

Women's Experiences with Intrauterine Devices: A Qualitative Content Analysis of Reddit Posts

Contraceptive Care

Contraception, also known as birth control or family planning, protects women from pregnancy through various methods that prevent sperm from fertilising the egg (Better Health, 2022). Female contraception enables women and their partners to enjoy sex without the risk of an unintended pregnancy. It gives women greater control over their fertility without them having to rely on their male partner to use a condom or the withdrawal method. Giving women the power to limit the number and determine the timing of pregnancies, puts them in a position to better pursue their personal and professional life goals (Dhak, 2020). This benefits the wellbeing of women by giving them more autonomy over their lives and body. The prevention of unintended pregnancies also has health benefits, such as, lowering maternal ill-health and the number of pregnancy-related deaths. It also prevents pregnancies for those who would have increased risks (World Health Organisation, n.d.). Additionally, it reduces the need for abortions, which in countries where abortion is not accessible, can be performed unsafely, risking the lives of women.

There are various methods of contraception available, with the most effective being long acting reversible contraception (LARC), which includes intrauterine devices (IUDs) and implants, which prevent pregnancy for an extended period (Morison & Eager, 2021). In Australia, it is estimated that 10.8% of women aged 15-44 were using LARC in 2018, with 6.3% using an IUD and 4.5 using the implant (Grzeskowiak et al., 2020).

Contraceptive Coercion

The lifespan of an IUD differs depending on the type but is generally at least 5 years (Morison & Eager, 2021). This likely contributes to its success, as unlike other more user-dependant methods, like the oral contraceptive pill, it does not require user action or perfect

use to be effective (Morison & Eager, 2021). Due to their effectiveness, IUDs and LARC methods have long been used to reduce the proportion of unwanted pregnancies and has resulted in a “LARC first” approach to contraception (Brandi & Fuentes, 2019). LARC promotion is typically depicted as a win-win outcome by supporting women’s rights and bodily autonomy, while addressing social problems related to unintended pregnancy, abortion rates, and teenage births (Morison, 2023). However, this depiction is an over-simplified approach to contraception as it relies on the view that contraception is necessarily beneficial to women, which is untrue (Morison, 2022). LARC-first approaches may undermine patient autonomy and choice, especially given evidence that LARC methods are prioritised more for young women, women of colour, or poor women who may be “non-compliant” (Brandi & Fuentes, 2019; Morison, 2023).

It is important to have a person-centred approach when dealing with LARC. This is done by treating each person as an individual human being, considering their wants and needs, and not reducing them to a condition to be treated (Australian Commission on Safety and Quality in Health Care, n.d.). In the context of contraception, feminist scholars caution that “contraception can be both a source of empowerment and agency for women who wish to control their fertility and a source of oppression for women deemed socially undesirable reproducers” (Gomez et al., 2018, pp. 191). This is dependent on the wider context in which the promotion of LARC occurs, including the surrounding reproductive politics (Morison & Eager, 2021). This can be achieved in research through using a sexual and reproductive justice perspective, which argues that reproductive care does not occur in a neutral context but is instead embedded within racial, socioeconomic, and other inequalities (Morison & Eager, 2021).

Roe v Wade

Roe v Wade is the legal case in 1973 that was brought by Norma McCorvey – under the legal pseudonym “Jane Roe” – who wished to seek an abortion but lived in the United States, Texas where abortion was only legal in cases where it was deemed necessary to save the mother’s life (UN Youth Australia, 2022). Her lawyers filed a lawsuit on her behalf alleging that Texas’s abortion laws were unconstitutional. The United States Supreme Court held that a set of Texas statutes criminalising abortion violated women’s constitutional right to privacy. (UN Youth Australia, 2022). On the 24th of June 2022 the US Supreme Court overturned Roe v Wade so in the United States the right to an abortion is no longer constitutionally protected (UN Youth Australia, 2022). This allows for individual states to determine their own abortion laws, which as of September 2023 has resulted in 14 states enacting near total bans on abortion from the moment of conception.

It is estimated that restricting abortion will disproportionately affect those in already vulnerable groups, such as people from Black, Hispanic, immigrant, low-income, and non-English speaking communities (Kheyfets et al., 2022). Being forced to continue pregnancy will likely have a negative effect on maternal morbidity, mortality, and mental health, including symptoms of stress, anxiety, and depression (Abrams, 2023). In areas with restricted access to abortion, healthcare providers have seen an increase in parity, including grand multiparity as well as more births associated with sexual violence and rape and expect to see an increased number of women with delays seeking prenatal care, and pregnancies complicated by unsafe abortion attempts (Rohan, 2022).

Intrauterine Devices

There are two forms of IUD: hormonal and copper, both of which sit inside the women’s uterus (Better Health, n.d.). The hormonal IUD works by slowly releasing a progestogen hormone called levonorgestrel. It thickens the mucus at the entrance of the

uterus so sperm cannot get through and thins the uterine lining, making it hard for a fertilised egg to take hold (Family Planning, n.d.). The hormonal IUD can also work to make periods lighter, or prevent them altogether (Family Planning Australia, n.d.), making it useful for more than only pregnancy prevention.

The copper IUD is non-hormonal and instead of being made of plastic like hormonal IUDs, is made of copper. It works by making it harder for sperm to reach and fertilise an egg and changes the lining of the uterus so that if an egg is fertilised it won't be able to attach and develop (Family Planning Australia, n.d.). Due to the non-hormonal nature of the copper IUD, it is a popular choice for women who have pre-existing health condition(s) that limits their use of hormonal contraception or have had previous undesirable experiences. However, unlike hormonal IUDs, copper IUDs do not make periods lighter and can instead make them heavier and more painful (Paragard, n.d.).

IUDs come with risks, such as: ectopic pregnancy, life threatening infection, and pelvic inflammatory disease (Mirena, n.d.). Additionally, the IUD may perforate the uterus wall. When this occurs it no longer prevents pregnancy and it may move outside of the uterus, potentially causing internal scarring, infection, or damage to other organs and may require surgery to be removed (Mirena, n.d.). The IUD might also expel, which is when it comes out on its own.

The availability of certain IUD brands differs between countries. In Australia, there are two copper brands available, the Copper T, and Load 375, and two hormonal brands, Mirena and Kyleena (Health direct, n.d.). In the United States, Mirena and Kyleena are also available, as well as Liletta and Skyla hormonal IUDs, and Paragard is the only copper brand available (Planned Parenthood, n.d.).

IUD Insertion and Pain

IUD insertion is the process where the IUD is placed inside the woman's uterus. This process is often regarded as intrusive and potentially painful (Sandoval et al., 2022). During the insertion process, a speculum is placed inside the vagina while the cervix is cleaned with an antiseptic. The length of the uterus is measured, and the IUD is placed inside through the cervix. After this, the string is cut short so it cannot be felt by the user or any sexual partners (The Women's, n.d.).

The pain felt during insertion varies between women and the pain management options often differ between practitioners (Sandoval et al., 2022). Whitworth et al (2020) conducted a meta-analysis to compare lidocaine-prilocaine cream, misoprostol, naproxen, and paracervical blocks in their ability to reduce pain during IUD insertion. They found that lidocaine-prilocaine cream was the most effective at reducing IUD insertion pain by 28%. The other options either reduced pain by less than 20% or had no effect at all.

IUD Side effects (Mental and Physical)

The most common side effects that are listed for the Mirena and Kyleena IUDs are: Pain, bleeding, dizziness, missed menstrual periods, and ovarian cysts (Mirena, n.d.; Kyleena, n.d.). For the Paragard Copper IUD: Anaemia, pain during sex, spotting, prolonged or painful periods, vaginal irritation, vaginal discharge, backache, and cramping were listed (Paragard, n.d.). None of the official websites for Mirena, Kyleena, or Paragard IUDs list any effects to mental health. Worly et al. (2018) claims that despite common perceptions, evidence does not support a relationship between progestin hormonal contraception, including hormonal IUDs, and depression.

Use of online forums for sexual health information

It is suggested that women do not get their information on sexual health and contraception from sexual education in schools nor is it raised unprompted by their health

care practitioners (Basinger et al., 2023; Manninen, 2021). This leaves gaps for when (or if) individuals do wish to become sexually active. Women are not receiving information on contraception until they take the initiative to read up on it themselves or bring it up to their practitioner.

Internet sites such as online forums are increasingly being used to ask questions and seek information about uncomfortable topics like sex, sexual health, and contraception. This is in part because of the perceived anonymity and ease of access (Basinger et al., 2023). It also allows for people to find support and accounts from other users, who may have first-hand experience. Online forums are a good alternative for those who may not have access to satisfactory health care offline or are uncomfortable approaching the subject due to stigma. The cost and lack of available appointments may also be a contributing factor (Amico et al., 2020). However, an overreliance on internet sites and online forums for health information comes with risks of exposing users to inaccurate or misinformation. Madden et al. (2016) found that the information about IUDs on the internet is variable, with accurate information being mixed in with inaccurate or outdated information that could perpetuate myths about IUDs. So, while being more accessible, online forums can misinform users.

The Present Study

The data for the present study were collected from the month of July 2022. This is because of the overturning of *Roe v Wade* in the United States in June 2022. This decision was based on previous research that indicated a peak in interest regarding contraception, including IUDs (Datta et al., 2022).

In Morison & Eager's (2021) scoping review, they conclude that the current body of literature looking LARC is not user-centred enough or grounded in reproductive politics. This study aims to address that gap by exploring the wider context in which women decide to get an IUD, including the surrounding politics, systems, and patient-provider interactions by

using reddit posts to analyse what women are saying about their IUDs unprompted. This is with the aim to address the questions “what are women’s experiences with IUDs?” and “how do women use the subreddit r/birthcontrol to share experiences and information regarding IUDs?”

Method

Data source

Reddit as a data source

Reddit is a social media platform, where users post, vote, and comment in communities of their interest. The site is organised around “subreddits”, communities that are made and moderated by users which are based around a certain topic or interest. At the time of writing, there are over 100,000 active subreddits and 57 million daily users (Reddit, 2022). The subreddit structure makes it easy for researchers to find relevant data in large quantities, which has led to Reddit becoming an increasingly popular source of data (Proferes et al, 2021). Each subreddit has its own set of rules that users must follow before posting or commenting, which are enforced by moderators, who are not employees but users who voluntarily moderate the content posted on their subreddit. The subreddit rules also dictate for what the posts can be used.

Reddit was chosen as the data source for the present study as it enables the collection of data on specific topics via the use of subreddits. The anonymity of Reddit also allows users to feel as though they can speak freely, which would be beneficial when discussing birth control as that can be a sensitive topic (Proferes et al, 2021). Additionally, the posts on r/birthcontrol from July 2022 create a capsule of the concerns, experiences, and opinions of women regarding their IUDs following the overturning of Roe v Wade.

Ethical considerations

Low-risk ethics approval was given by the University of Adelaide Human Research Ethics Committee, School of Psychology (23/22), with the condition that no identifying information was recorded, and posts were anonymised. Participants were not contacted in any way, and only public information was used in data collection.

Subreddit selection

To choose a suitable subreddit for the analysis, Reddit's search engine was used. The search terms "birth control" and "IUD" were entered, with results limited to subreddits only. Of these searches, r/birthcontrol (<https://www.reddit.com/r/birthcontrol/>) was the most suitable for the present study due to its high number of posts and user activity. r/birthcontrol describes itself as "a place to discuss birth control methods". It was created on the 21st of July 2011 and is still currently active. At the time of data collection had over 117,000 members. The subreddit has no rules prohibiting the collection of user data or posts.

Data collection

To answer the research questions, all the posts from r/birthcontrol made between the 1st and 31st of July 2022 that mentioned "IUD" in the title were collected. This excluded the comments and reposts from the data. This period was chosen due to the overturning of Roe v. Wade in the United States on the 24th of June 2022, which led to abortion restrictions in some states (UN Youth Australia, 2022). Following this, there was an increase in concerns over birth control failing, and some women looking for more reliable or permanent methods of birth control (Datta et al., 2022). The intention was to collect data that would provide insight into how the wider social context may have influenced women's opinions and practices around IUDs.

To collect the data, the site socialgrep.com was used to filter the posts that fit these criteria, the post title, reddit score, URL, number of comments, date it was created, and the

body of the post were manually copied and pasted into an Excel spreadsheet. The post title and body were also added to a Word document, which was uploaded to NVivo 12 to be analysed. Each post was taken by the researcher be made by an individual user and was allocated a post number, which also functioned as a participant number.

Data analysis

Conventional qualitative content analysis was used to categorise the 456 posts into codes, subcategories, and categories according to Hsieh and Shannon's (2005) method. This produced a hierarchical framework that describes the participants' experiences, questions, and concerns related to IUDs.

With the aim of investigating the wider context that influences women's experiences with IUDs, the sexual and reproductive justice perspective was adopted for the analysis. This perspective provided insight into how the wider context influences contraceptive care (Morison & Eagar, 2021).

Before the formal analysis could begin, each post was read to ensure that it met the inclusion criteria. There were 9 posts that were posted by men about their partner's IUD. These were included in the dataset as they provide context to the role relationships play in women's experiences with IUDs.

Hsieh and Shannon's process of conventional content analysis consists of four stages. Firstly, after data collection and exclusion, the posts were read and re-read to gain familiarity. Notes were taken during this stage of first impressions of the text. In the second stage, the initial codes were developed directly from the text. NVivo 12 was used during this step to create and manage the codes. Thirdly, the codes were then compared and sorted into subcategories, with some codes being merged into one. Finally, in the fourth step, the subcategories were further analysed with reference to the research question to produce the

main categories. Throughout the analysis, the author's supervisor and two peers, evaluated and provided feedback on the codes, subcategories, and categories.

Reflexivity

Reflexivity as part of qualitative research is the practice of reflecting on research as a human activity, which is carried out by researchers who are not separate from the world in which they conduct their research (Chamberlain, 2014). It is acknowledged as an essential part of qualitative research for researchers to reflect on how their own preconceived ideas and experiences may influence their subjective interpretations of their data. In the present study, to assist in the reflexive process, an audit trail was used to record reflections and decisions at each stage of the research process.

While I have no personal experience with IUDs, I was aware of the r/birthcontrol subreddit prior to commencing this study and had read posts discussing IUDs. Due to my interest in health psychology and women's sexual health, these posts piqued my interest as many discussed the mistreatment and at times traumatic experiences women had with IUDs. This interest was furthered due to the overturning of Roe V. Wade in the United States and the following discourse online surrounding women's bodily autonomy and the role birth control plays.

Results

Participant Demographics

Of the 456 users, 9 identified as cis male, and two as trans or gender non-conforming. Most of the participants did not state their gender but due to the use of an IUD requiring a female reproductive system, it is assumed that the remaining 443 were female or at least assigned female at birth.

Two hundred and ninety-nine participants reported what type of IUD they used, with, the most common being a copper IUD ($n = 103$), followed by Kyleena ($n = 83$), and Mirena

($n = 58$). Some users stated which specific type of copper IUD while others did not specify, simply stating that they had a copper IUD. The most common type was the ParaGard ($n = 20$).

Table 1

Reported participant IUD brand

| IUD type | <i>n</i> | % Of total |
|------------------------|----------|------------|
| Copper | 103 | 22.5% |
| ParaGard | 20 | 4.4% |
| Mona Lisa | 2 | 0.4% |
| Kyleena | 83 | 18.2% |
| Mirena | 58 | 12.7% |
| Skyla | 15 | 3.3% |
| Liletta | 16 | 3.5% |
| Jaydess | 1 | 0.2% |
| Liberte | 1 | 0.2% |
| IUD type not specified | 157 | 34.4% |

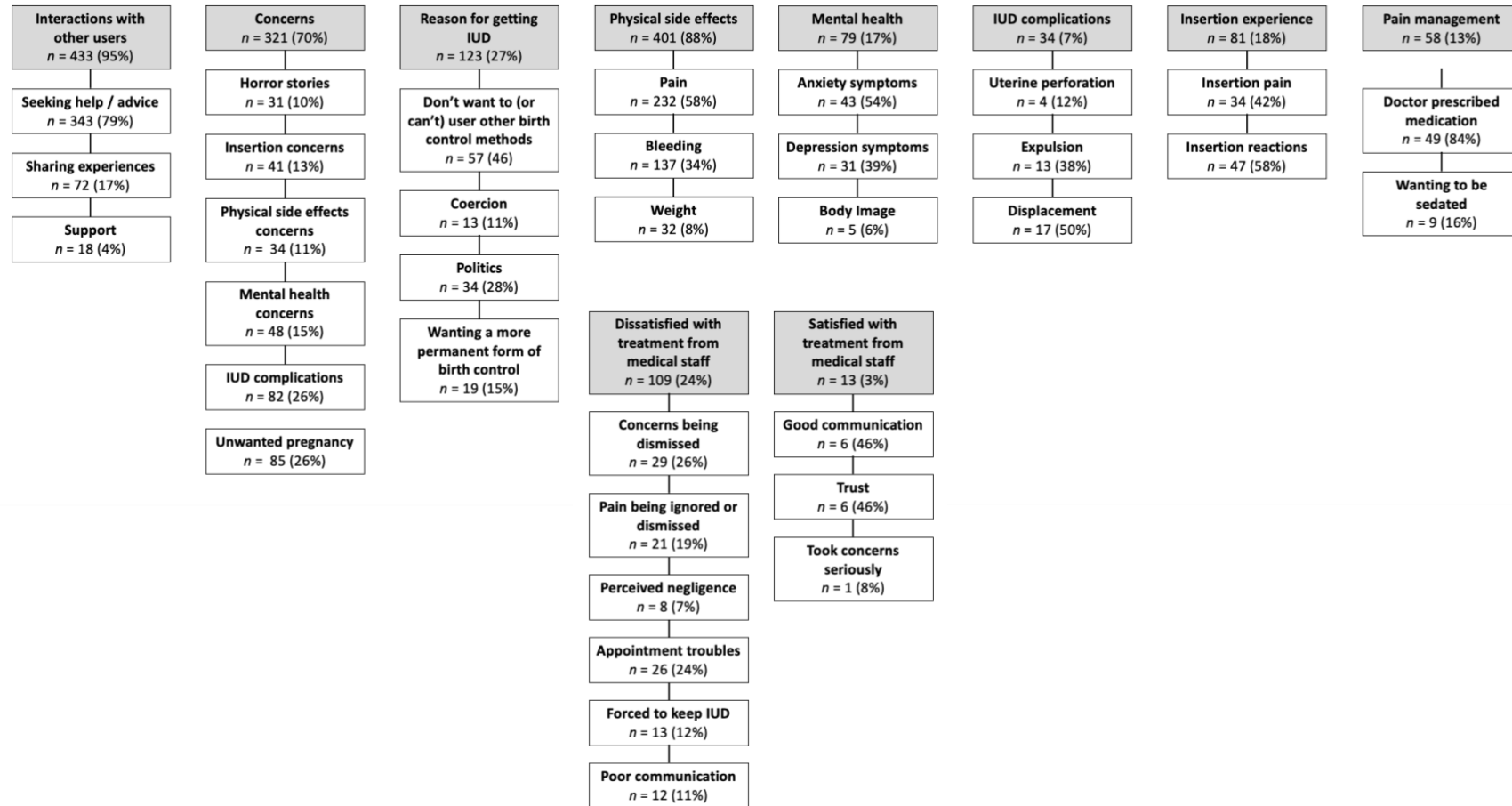
Note. $N = 456$, % of IUD brand as mentioned in the data

Categories, subcategories, and codes

A conventional qualitative content analysis of the 456 reddit posts resulted in 401 codes, condensed into 36 subcategories, with 10 overarching categories (see appendix for each code and full analysis structure). The 10 overarching categories with their associated subcategories, and counts are illustrated in Figure 1. The counts for each code, subcategory, and category, were based on how many posts contained data to which it applied. For example, there were 343 posts that contained data relevant to “Seeking help / advice”.

Figure 1

Overarching categories (coloured grey) and associated subcategories with counts.



Note: The category % are calculated based on the participant number (456) and the subcategory % is based on the category total.

Interactions with other users

The most predominant category “Interactions with other users” consists of 3 subcategories that describe how participants used the subreddit to discuss IUDs with other users. The most frequent subcategory was “Seeking help / advice” ($n = 343$), where users would post asking for other’s advice or opinions on their IUD related issue/s, often wanting advice based on others’ lived experiences:

The BC pill makes me insane/experience really dangerous PMDD [premenstrual dysphoric disorder], nexplanon made me heavily bleed for 100+ days, so the IUD was really my last hope. Does anyone have any advice? Should I go through with the insertion in a few weeks? (Participant 237)

In addition to asking for advice, participants also asked for others to share their experiences to gain the perspective of someone with lived experience. Likewise, users shared their experiences for others to read. This was captured in the second most frequent subcategory “Sharing experiences” ($n = 72$). There were also users that specifically wanted to make a post about their positive experience with an IUD ($n = 20$) as they felt there were too many stories on the subreddit highlighting potential undesirable side effects or complications, which were often referred to as “Horror stories”.

I just feel like when I was researching it I only saw bad experiences and I want to be able to show that sometimes people can have easier ones as well. (Participant 26)

The subcategory “Support” ($n = 18$) captures posts where after a negative experience, users would look for emotional support from others who may be able to relate or provide words or encouragement. Users who made these kinds of posts were often not looking for any advice.

I’m having some cramping still which I’m sure is normal but I’m literally so sad for no reason. I’m moody and can’t stop crying and I’m always nauseous and have terrible diarrhoea. (Participant 391)

Concerns

As was identified in the “Interactions with other users” category, users frequently used the subreddit to discuss and share their IUD related questions and concerns. The different kinds of concerns users had are captured in the category “Concerns”. Within these posts, participants often mentioned reading “Horror stories” ($n = 31$) about IUD insertion, side effects, and complications. These stories are likely what informed many of these concerns and at times caused women to have increased anxiety going into the insertion procedure.

I scared myself and watched tiktok videos on the insertion procedure and now I’m absolutely terrified. I have anxiety as well so that isn’t helping. Is the process as bad as it looks? (Participant 269)

The “Insertion concerns” ($n = 30$) subcategory captures the concerns participants had about insertion before the procedure. Worries about pain were a major part of the

participants' anxiety ($n = 8$), but the most frequent concern related to insertion being invasive and in a sensitive area ($n = 11$):

I really don't want to go alone because of my past with sexual abuse. Also have had bad experiences with doctors. The idea of being on a table and vulnerable like that concerns me. (Participant 325)

The "Physical side effects concerns" ($n = 34$) subcategory, captured codes where users expressed worry about experiencing undesirable physical side effects. This includes concerns about experiencing these side effects in the future or concerns about side effects that they were currently experiencing. Much like "Insertion concerns", this subcategory was influenced by "Horror stories", with many users' concerns about potential side effects coming from reading other users' experiences. Additionally, the posts containing concerns from those experiencing said side effects, contributed to these "Horror stories". While women did express concerns for the more common IUD side effects, such as heavier and more painful periods ($n = 6$), there were more concerns about the less common side effects, such as weight gain ($n = 6$), acne ($n = 2$), and loss of libido ($n = 3$). This is notable as these symptoms are not mentioned on any official IUD information websites (Mirena, n.d.; Kyleena, n.d.; Paragard, n.d.).

The subcategory "Mental health concerns" ($n = 48$) captures the codes where participants expressed worries and concerns regarding how their use of an IUD would affect their mental health. This mostly concerned users who had pre-existing mental health concerns before getting an IUD. This included conditions such as anxiety, depression, attention-deficit/hyperactivity disorder, borderline personality disorder and bipolar. These concerns

were common despite impacts to mental health not being listed as one of the side effects for ParaGard, Kyleena, nor Mirena IUDs (Paragard, n.d.; Kyleena, n.d.; Mirena, n.d.).

I checked the google doc about IUDs and implants in the about tab, but that only talks about losing your menstruation and I don't really care about that. I'm more interested in knowing whether I'd lose my libido or get depressed or one of the other many negative side effects. (Participant 81)

The "IUD complications" subcategory ($n = 82$), captures the posts where women expressed concerns regarding having complications with their IUD. This was reflected in the mentioning of string placement, which is meant to be the easiest way for them to be able to check that their IUD is still in place.

I noticed tonight after some fun time with my boyfriend that I can feel my strings. Like they're almost sticking out of me? I immediately scheduled an appointment to get it looked at but I'm kind of freaking out. Does anyone think my IUD moved or is falling out? With how scary the world is right now I'm freaking out a little bit (Participant 109)

Building on "IUD complications", "Unwanted pregnancy" ($n = 85$) captures the concerns women had about their IUD failing resulting in an unwanted pregnancy and was the most frequent concern expressed by users.

What if I'm pregnant.... The problem is, my period is already two days late so I'm concerned that I'm pregnant ... I know it's too soon to tell but I'm freaking out ... I

got sick with what I thought was the stomach bug. Extreme nausea and couldn't eat anything for like 3 days. I'm 99% certain that it was just a virus because I don't think pregnancy symptoms could come on that fast...can they? Do you think I'm pregnant? What are the chances of becoming pregnant if an iud slips down to your cervix?

(Participant 67)

Reason for getting IUD

Within the data, participants often mentioned why they decided an IUD was the best form of birth control for them. This was captured in the category "Reason for getting IUD" ($n = 123$). The most frequently cited reason was that participants either did not like or could not use other forms of birth control. This was captured in the "Don't want to (or can't) use other birth control methods" subcategory. The most frequent reason cited for not being able to use other forms of BC was due to the hormones ($n = 31$). This is likely the reason why copper IUDs were much more popular than the other types of IUDs as this is the only IUD that contains no hormones. Some participants switched birth control methods from the pill to an IUD due to not liking the inconvenience of having to take a pill everyday ($n = 11$), or they switched from primarily using condoms due to simply not liking them ($n = 5$).

"Coercion" ($n = 13$) covers the codes where women felt pressured to get an IUD either by time constraints or persuasion from medical professionals. In most cases this occurred after an abortion ($n = 8$).

About 2 months ago I had a medical abortion. Understandably, the clinic wants to educate patients about birth control, but I felt pressured into accepting an IUD or an implant. I felt like staff at the clinic minimized the risks associated with a copper IUD, told me condoms aren't a particularly effective method of birth control. staff at

the clinic explained the IUD is covered if inserted within 2 weeks of the abortion. I felt pressured by the time sensitivity of this and agreed to have a copper IUD inserted. (Participant 211)

Insurance also played a part in pressuring participants into getting an IUD. As illustrated in the above quote, IUD insertion being covered by insurance for two weeks after an abortion was a factor for many, but there were also some who faced losing their insurance because of circumstances such as losing a job and felt pressured to get an IUD inserted before it ran out ($n = 4$).

Politics, particularly the overturning of *Roe V. Wade* ($n = 30$) in the United States was cited by some as a reason for wanting to get on birth control or start using a more permanent form of birth control. This was captured in the subcategory “Politics”.

I’m wanting something a little more permanent since the US is having issues recognizing women as people and I live in a state where the elected officials are overjoyed by the *Roe V. Wade* overturning. (Participant 160)

The politics discussion was heavily focused on the United States. The only occurrence of users from a non-US country mentioning how politics influenced their decision was a brief mention of IUDs being free for people under the age of 25 in Ontario, Canada. Despite politics influencing many US users’ opinions, it was often not elaborated on or discussed in too much detail, with users opting to talk more about specifics with the IUD.

The “Politics” subcategory leads into the “Wanting a more permanent form of birth control” subcategory, where users expressed specifically wanting an IUD due to its longevity and requiring little maintenance, in comparison to pills or injections. For some, this was in

response to the overturning of Roe v Wade, but others simply just liked that they didn't have to worry about it after the insertion ($n = 11$),

I am so bad at remembering the pill and don't want kids, especially at this age, so I wanted to switch to something I didn't have to worry about. (Participant 23)

Physical side effects

The category "Physical side effects" ($n = 401$) captures all the physical side effects that participants reported experiencing. Users would post about these symptoms wanting to know about other's experiences and whether they should be concerned.

"Pain" ($n = 232$) was the most frequent subcategory, referring to the various types of pain that the participants reported. Cramps in the uterine muscles ($n = 146$) was the most frequent type of pain reported. Some users described this pain as being "excruciating" ($n = 14$), and likening it to being stabbed ($n = 10$)

I will randomly feel like I am getting stabbed. It starts as a dull ache and gets very intense very quickly and, if I'm not prepared, often knocks me off my feet.

(Participant 170)

For some this pain would get worse during or after sex ($n = 16$), and in extreme cases would affect their day-to-day life.

Since then, I have had constant cramps and pain during sex... It was kind of ruining my life, orgasms were super painful because of the pelvic contractions triggering intense cramping. I was a nervous wreck during sex because if my partner hit the

wrong spot it caused so much pain. I started avoiding intimacy at all costs.

(Participant 229)

The subcategory “Bleeding” ($n = 119$) refers to all the codes relating to vaginal bleeding, including spotting, and passing blood clots. Increased bleeding is a common side effect after getting an IUD placed, especially with copper IUDs which was reflected in the data ($n = 17$) but usually settles over time or with hormonal IUDs can stop altogether (Mirena, n.d.), which was the case for some ($n = 8$). However, some users described having periods that lasted for months at a time:

It’s been almost 2 months now and I am STILL bleeding. I’ve been bleeding like having a period everyday since I got the IUD. I know they said spotting/irregular bleeding would last 3-6 months after insertion but...has anyone else experienced this?

(Participant 434)

The “Weight” ($n = 32$) subcategory refers to the codes where participants reported gaining weight since IUD insertion, and attributed this weight gain to their IUD. Despite some participants efforts, they also reported not being able to lose weight.

I’m an active person, walk on avg. 10,000+ steps a day, I work an active job, I go to the gym 4-5 times a week, eat healthy, and track my nutritional intake. Despite all of this, I’ve been highly unsuccessful in weight loss and have developed pretty bad body dysmorphia. (Participant 126)

Mental health

The mental health category ($n = 79$) refers to the effects having an IUD had on the participants mental health. In some cases, users attributed their worsening mental health to the change in hormones from the IUD, but in others the distress caused by the side effects of the IUD were reported to be the cause.

The most frequent subcategory was “Anxiety symptoms” ($n = 43$) where users described experiencing increased anxiety after their IUD insertion:

I also experienced anxiety like NEVER BEFORE when this period occurred in January. I couldn't sleep, was having panic attacks, and couldn't even talk because my brain felt like it was on overdrive. (Participant 182)

But in others, the anxiety was specific to their IUD, with some experiencing stress over their side effects, or the potential for something to go wrong such as complications with the IUD or accidental pregnancy.

I also have all the usual bad symptoms. My period comes like 5+ days late which gives me severe anxiety that I'm pregnant and it's ectopic. (Participant 39)

The subcategory “Depressive symptoms” ($n = 31$) captures the codes where users describe feeling more depressed after IUD insertion. This mostly took the form of increased crying ($n = 5$) or feeling “numb” ($n = 3$).

I have anxiety and depression and I've noticed that I have been experiencing weird symptoms since getting the Mirena and am unsure if the Mirena is to blame. Firstly, I

am usually an emotional person but have noticed that I have felt numb in the past months; I have been unable to cry or process emotions and have stopped caring about most things. Secondly, I have noticed I have been “in a fog”, like I can’t think quickly and I forget things. (Participant 219)

The “Body image” ($n = 5$) subcategory refers to the codes where women reported having a worse body image due to the side effects of having an IUD. In most cases, this was in a response to gaining weight.

I barely recognize myself anymore and hate the person that I’ve become. I don’t like going out anymore, I don't even want my fiance to look at me bc [because] I feel so disgusting. (Participant 126)

It was also reported that constant spotting caused issues with body image, with one user stating that it made them feel “dirty” (Participant 140).

IUD complications

Getting an IUD comes with risks of complications. The most common complications were sorted into subcategories, “Expulsion” ($n = 13$), “Displacement” ($n = 17$), and “Uterine perforation” ($n = 4$):

Upon removal of my ParaGard IUD one of the arms remained inside of my body and was not able to be retrieved by my midwife in her office. She referred me to a hospital to get an ultrasound to locate the IUD arm. On Monday, July 18th 2022 I went to a

maternal fetal medicine center for an ultrasound. With the ultrasound the doctor was able to locate my IUD in the muscle between my cervix and uterus. (Participant 308)

The sharing of these stories contributed to the “Horror stories” that fed into the concerns of those who have or who are wanting an IUD. The horror of these is often furthered by mistreatment from medical staff, which is explored in the category “Dissatisfaction with treatment from medical staff”.

Insertion experience

“Insertion experiences” ($n = 81$) took up 18% of the discussion on the subreddit, where women discussed their experiences with insertion, emphasising how painful it was and detailing the emotional and physical reactions they had to this pain. The subcategory “Insertion pain” ($n = 34$) captured the different ways participants described the pain they felt during insertion, with some describing it as “the worst pain they have ever experienced” ($n = 7$), and in some cases women claimed that their insertion experience was traumatising ($n = 7$):

To me, it felt like getting stabbed in the cervix twice with a blunt knife. I was extremely traumatized, and I can confidently say it was the worst pain I have ever experienced in my life. (Participant 110)

The reactions women had to this pain was captured by the “insertion reactions” ($n = 47$) subcategory, where participants described the reactions they had to the pain they experienced during insertion. The most frequent reactions were “crying” ($n = 9$) and

“screaming” ($n = 6$), as well as experiencing more physical reactions such as “fainting” ($n = 2$) before or after the procedure.

I was screaming and sobbing while strangling my friends hand. And she was panicking because of my sobbing. Let be known, I never cry from physical pain. Last time I cried from physical pain was after a car crash and my arm and leg were broken.

(Participant 171)

Pain Management

How painful the insertion procedure is, is influenced to an extent by individual factors (Sandoval et al., 2022). Regardless of this, it is a painful procedure that requires pain management options (Sandoval et al., 2022). These options, or lack thereof are often the difference between a traumatic and bearable insertion experience.

Table 2*Pain management options used by participants for IUD insertion.*

| Pain management option provided | <i>n</i> | % Of total |
|------------------------------------|----------|------------|
| Sedation | 7 | 14% |
| Ibuprofen | 6 | 12% |
| Tylenol | 6 | 12% |
| Anti-anxiety medication | 6 | 12% |
| Misoprostol suppositories | 6 | 12% |
| Unspecified “Painkillers” | 5 | 10% |
| Advil | 2 | 4% |
| Valium | 2 | 4% |
| Antibiotics | 2 | 4% |
| Tramadol | 1 | 2% |
| Numbing cream | 1 | 2% |
| Cervical numbing injections | 1 | 2% |
| Cervix frozen | 1 | 2% |
| IV | 1 | 2% |
| Muscle relaxants | 1 | 2% |
| Cervix softener | 1 | 2% |

Note. N = 51, names are as used in the data

The participants’ experiences with pain management is described in the category “Pain management” ($n = 58$). The users who described their insertion experience in the

subreddit often included what they used to manage the pain. Most fell into the subcategory of “Doctor prescribed medication” ($n = 51$).

However, a number of women expressed dissatisfaction with the pain management options provided by their doctor and posted about wanting to be sedated for the insertion procedure instead. This was captured in the subcategory “Wanting to be sedated” ($n = 9$). Three participants expressed frustration in not being able to find a doctor willing to sedate them or give them another form of anaesthesia rather than the more common general painkillers and felt as though their request was being treated as unreasonable.

I have GAD [generalised anxiety disorder] & will be freaking out about having someone down there so I want to make the procedure as comfortable as possible. I've heard of topical numbing, but I don't want to feel any pain. It's weird I feel asking this is unreasonable, but I don't think I should have to tough my way through a medical procedure. (Participant 7)

Some even expressed a willingness to travel to a different state in the United States to receive the care they want ($n = 2$).

Dissatisfied with treatment from medical staff

The category “Dissatisfied with treatment from medical staff” ($n = 123$), consisted of seven subcategories that capture the different ways participants felt like their needs were not met by medical staff. The most frequent subcategory “Concerns being dismissed” ($n = 29$) captured the codes where participants reported feeling as though their concerns and worries were ignored, dismissed, or not taken seriously by medical staff. This was often in the

context of participants presenting their doctor with side effects that were causing concern, only to be dismissed,

I mentioned to my doctor last time I saw her about concerns with the iud but it was kind of dismissed. (Participant 65)

Or in some cases doctors refused to perform tests or procedures despite being requested to:

I brought up wanting to be tested for ureaplasma/mycoplasma and to have my blood sugar tested, the doctor immediately shot me down. She said that the symptoms I described was definitely a yeast infection and there was no need to do those tests. Then, she did an ultrasound and discovered my IUD was displaced. I asked if she could remove it and she refused to, saying that she could only do that during my period. (Participant 456)

In addition to participants feeling as though their concerns were dismissed, the subcategory “Pain being ignored or dismissed” ($n = 21$) captures how some participants felt when their pain was not taken seriously, and they felt ignored and dismissed when informing medical staff of their pain. At times, this resulted in them being denied pain management, even for procedures such as IUD insertions and removals. This also occurred in cases where there were complications with the IUD itself. One user described how they were told that their pain was not bad enough to be treated soon, resulting in them waiting weeks for treatment. Some users directly stated that this treatment was due to being a woman, or because their pain and discomfort was related to the female reproductive system.

An ultrasound showed that the right arm of the IUD is deeply embedded in my uterus. So now I'm in need of a surgical removal. I have been chasing doctors, making phone calls, making sure that everything is moving along smoothly. I waited for weeks only to find out that no one made the proper referral. ... In the meantime, I feel totally dismissed and ignored. They tried to excuse it saying I was "only in emotional discomfort", apparently I hadn't been clear enough as to how much pain I am in. This has been going on for 6 weeks now. ... First off --- FUCK all this medical literature downplaying the pain of IUD insertion and removal! It is an absolute disservice to women. Doctors will tell you it "MAY cause MINOR discomfort" and many of them have never had this experience! (Participant 229)

The "Concerns being dismissed" and "Pain being ignored or dismissed" subcategories feed into the third subcategory "Perceived negligence", where due to women's concerns and pain being dismissed, they are not given the care they need. In some cases, this led to them being misdiagnosed:

Going to the ER for lady problems, I've learned, was a huge mistake. (To see my OB [obstetrician] would be 3 weeks out) They did a vaginal ultrasound and had the wand inside for literally 30 minutes. Everything looked normal to the sonogram tech, but my cervix was swollen. The doctor in the ER that night examined me for a whole 30 seconds, told me that I had gonorrhea and left. I was devastated because my partner and I had been together for 2 years at the time and only ever been with each other so we started arguing about who has been cheating on who (fun times lol). Later that night, I got a notification that my test results came in and I was actually NEGATIVE for any STDs. (Participant 137)

In other cases, it was reported that doctors missed problems that led to bigger issues, such as being pregnant at the time of insertion.

The doctor told me that I was pregnant. 13 WEEKS PREGNANT. Meaning, I was far along when my doctor inserted my IUD, hence, the pregnancy was completely missed. (Participant 384)

The second most frequent subcategory in this category is “Appointment troubles” ($n = 26$) where participants described their difficulty being able to make an appointment with their gynaecologist or doctor to receive care relating to their IUD. In cases where women described experiencing extreme pain, leading some to have to go to the hospital instead.

I (26F) [26 year-old female] was feeling a constant pressure in my lower abdomen since my copper IUD insertion months ago (almost a year now) and didn't think much of it until I realized how much discomfort it was causing during sex. So, I decided to go to an urgent care/ some clinic the next day since my normal OBGYN [obstetrician gynaecologist] was booked for a month+ (Participant 272).

The subcategory “Being forced to keep IUD” ($n = 16$) refers to the categories where women expressed a desire to remove their IUD but were experiencing difficulty getting a doctor to agree to perform the removal.

I want the IUD removed because I am now experiencing severe cramping every time I exercise or stay on my feet too long. This situation has also been extremely stressful.

The technician told me that because the IUD's position is normal, the pain is just hormonal. I will need to be referred to the sexual health clinic in my city, and if their consultants decide I am a non-urgent case (seems likely), the wait can be up to 6 months for removal. (Participant 91)

The subcategory "Poor communication" ($n = 12$) captures the codes where users felt as though the medical staff were not adequately communicating information to them, such as side effects and risks.

Imo [in my opinion] this method of BC [birth control] is invasive, risky (I was not aware 1 / 1000 iud insertions result in infection and would not have consented to the procedure if I had this information at the time), and I think practitioners should be more transparent about this. (Participant 211)

Satisfied with treatment from medical staff

The category "Satisfied with treatment from medical staff" ($n = 13$) while having a much smaller frequency than "Dissatisfied with treatment from medical staff", provides a useful comparison in identifying how women would like to be treated by medical staff.

The most frequent subcategory was "Good communication", ($n = 6$) where participants were explained the procedure (typically insertion) by their doctor, leaving them with no questions

The doctor walked me through everything and told me what the pain could potentially feel like, which I personally found really helpful. (Participant 23)

The second most frequent subcategory was “Trust” where participants expressed feeling as though they could trust their doctor and medical staff to look after them and provide them with the best care in a medical procedure.

Overall, it was a lot more pleasant experience than I thought it would be. I think having an experienced doctor who does it a lot, knows me, and gave me pain management helped a lot. (Participant 296)

The subcategory “Took concerns seriously” only had one reference but highlighted how validating and listening to a patient concerns made their experience a lot more pleasant:

During this consultation I also asked for my cervix to be frozen and I told the nurse that I’m a virgin. She wrote my concerns down on a heart-shaped sticky note (which I thought was so cute lol) and stuck it to my file for the doc to see. (Participant 394)

Discussion

Overview of Findings

The present study has a focus on the wider political environment in which these women are receiving contraceptive care, which is an identified gap in the literature (Morison & Eagar, 2021). It also highlights accounts of how women’s pain was reportedly dismissed and ignored both during and after insertions despite describing painful side effects.

Women’s Pain Being Ignored

Women’s pain being ignored in medical settings is a well-established phenomenon in existing literature (Hossain, 2021). As such, it was expected in the present study that women’s pain and subsequent mistreatment from medical staff would be present. It is

mentioned in official IUD websites that pain is commonly experienced during insertion and as a side effect afterwards. However, it makes no comment on the recommended treatment for this pain and recommends individuals to consult their practitioner, which can lead to variability in the options given (Mirena, n.d.). In the present study, discussion about pain took up over 50% of the data, and one of the most common types of pain management used before insertion was Ibuprofen. This is concerning as according to Whitworth et al. (2020), Ibuprofen has little to no effect on the pain felt during insertion. Despite this, it still appears to be commonly prescribed for IUD insertions, in absence of more affective options. There were also several women who described not being given any pain management options for insertion, and some who were denied being sedated for the procedure despite their requests.

A possible explanation for the lack of pain management options available is the “pain gap”, which is the phenomena where women’s pain is poorly understood and mistreated compared to men’s due to systematic gaps and biases, where women are left feeling as though their pain is not taken seriously in medical settings and are often given less pain management options in comparison to men, (Hossain, 2021). Zhang et al (2021) found that gender biases led to the underestimation of women’s pain, and participants often judged women from benefitting from psychotherapy in response to their pain, whereas men were judged to benefit from pain medication. Similar instances appeared in the present study, where women who expressed nervousness about insertion were at times prescribed anti-anxiety medication instead of more effective pain management options. Additionally, Maguire et al (2014), found that practitioners frequently underestimated the amount of pain felt during insertion. It is established in the literature that IUD insertions are painful, and Ibuprofen does not alleviate this pain, yet women are expected to go through this painful procedure with little to no pain medication. This is largely what led to women feeling as though their pain was ignored and dismissed in the present study.

IUD related pain being associated with the female reproductive system can also contribute to gender biases, especially after insertion, as severe pain is regularly dismissed as being a ‘normal’ experience of the menstrual cycle by medical practitioners (Lindgren & Richardson, 2023). Ignoring and downplaying women’s pain has larger implications than expecting them to endure painful insertions and side effects but can lead to neglecting their physical and mental health.

Contraceptive Coercion and LARC

LARC first approaches have resulted in some concerning behaviours from practitioners such as, attempting to prevent “premature” IUD removal, and “manoeuvre” women towards LARC to prevent further conceptions or abortions (Morison, 2022). Examples of this can be seen in the present study where some women described feeling coerced into getting an IUD by: feeling pressure from medical staff after an abortion, not being fully informed on IUD related risks, and being forced to keep their IUD despite expressing a desire to remove it. As IUDs are dependent on the provider to insert and remove, this grants the provider a high degree of control in a context where they as medical professionals already possess significant power. This has raised concerns that LARC methods are more susceptible to being used coercively compared to other contraceptive methods where users can stop using on their own (Brandi & Fuentes, 2020).

Politics and Roe v Wade

In the present study politics were mentioned as being part of the reason why women were considering getting an IUD. This is in line with previous literature that has identified that following the overturning of Roe v Wade there has been an increase in interest in contraceptive methods, including IUDs (Datta et al., 2022). However, having an IUD does not take away the anxiety of unintended pregnancy. Twenty six percent of women’s concerns in the data were about unintended pregnancy despite these women having an IUD. This was

often accompanied with concerns about IUD complications, where a potential outcome is pregnancy. Restricted access to abortion in the United States has raised the stakes of what happens when birth control fails. It has removed a safety net in the event that birth control fails and has likely increased the anxiety for some of these women.

Limitations

The results of the present study should be interpreted in the context of the limitations posed by the methodology and sample. Proferes et al. (2021) poses questions to the generalisability of Reddit data as the demographic of reddit users is not representative of the general population as they tend to be male, skew young, and be of higher socioeconomic status. However, this description is not completely accurate for this study as a majority of the participants are female or at least assigned female at birth.

Based on previous literature, there is a need for research concerning LARC methods to be more user-centred and consider the context and reproductive politics that surrounds that data, especially research that focuses on the experiences of marginalised groups (Morison & Eager, 2021). While that was somewhat achieved in the present study, due to the methodology it was impossible to determine the political context and the demographics of the participants, unless they directly stated so. This made it difficult to comment on the wider context and further utilise the sexual and reproductive justice perspective. Although these limitations do not discredit the findings in the present study, there is a need for further research that is able to explore the political context deeper.

Implications and Further Research

Based on the findings of the current study and previous literature, healthcare practitioners should adopt a more person-centred approach to contraception that prioritises women's wants and needs over public health goals. This involves taking their pain and

concerns seriously, as well as enabling them to make fully informed decisions regarding contraception.

Much of the previous literature on IUDs, and the present study, has a focus on the United States. Further research should focus on other countries as differing reproductive politics, practices, and social context are likely to change the findings in the data. Further research into contraception should also utilise methodology that allows for a more detailed exploration of the wider contexts that surround reproductive care and aim to triangulate this data with the experiences of practitioners to understand differences in perceptions of care and further understand contraceptive coercion and how to best facilitate the balance between access and agency in contraceptive care.

Conclusion

Previous literature has identified that research surrounding contraception would benefit from including the wider political and social context. This study has achieved that by having a focus on how the overturning of *Roe v Wade* has impacted women's practices regarding IUDs, and is, to my knowledge, the first study to utilise data from the *r/birthcontrol* subreddit.

From the findings, it becomes apparent how embedded contraceptive care is in wider reproductive politics and gender inequality. The pain gap featured heavily in the data as women often felt as though their pain was downplayed and ignored. Additionally, some women described feeling coerced in getting an IUD, which is consistent with criticisms that LARC methods are more susceptible to coercive practices.

References

- Abrams, Z. (2023, April 21). *The facts about abortion and mental health*. American Psychological Association. <https://www.apa.org/monitor/2022/09/news-facts-abortion-mental-health>
- Amico, J. R., Stimmel, S., Hudson, S. & Gold, M. (2020). “\$231... to pull a string!!!” American IUD users’ reasons for IUD self-removal: An analysis of internet forums. *Contraception*, 101(6), 393-398, DOI: <https://doi.org/10.1016/j.contraception.2020.02.005>
- Australian Commission on Safety and Quality in Health Care. (n.d.). *Person-Centred Care*. <https://www.safetyandquality.gov.au/our-work/partnering-consumers/person-centred-care>
- Basinger, E. D., Delany, A. L. & Williams, C. (2023). Uncertainty management in online sexual health forums. *Health Communication*, 38(5), 875-884, DOI: 10.1080/10410236.2021.1980253
- Better Health. (n.d.). *Contraception – choices*. <https://www.betterhealth.vic.gov.au/health/healthyliving/contraception-choices>
- Better Health. (n.d.). *Contraception – intrauterine devices*. <https://www.betterhealth.vic.gov.au/health/healthyliving/contraception-intrauterine-devices-iud#what-is-an-intrauterine-device-iud>
- Brandi, K. & Fuentes, L. (2020). The history of tiered-effectiveness contraceptive counselling and the importance of patient-centred family planning care. *American Journal of Obstetrics and Gynaecology*, 222(4), 5873-5877, DOI: <https://doi.org/10.1016/j.ajog.2019.11.1271>
- Chamberlain, K. (2014). Reflexivity: fostering research quality, ethicality, criticality, and

creativity. In M. Murry (Ed), *Critical Health Psychology* (2nd ed., pp. 165-181).

Palgrave MacMillan. DOI: [10.1007/978-1-137-28267-5_10](https://doi.org/10.1007/978-1-137-28267-5_10)

Cleveland Clinic. (2022, November 13). *Intrauterine Device (IUD)*.

<https://my.clevelandclinic.org/health/treatments/24441-intrauterine-device-iud>

Datta, P. K., Chowdhury, S. R., Aravindan, A., Nath, S. & Sen, P. (2022). Looking for a silver lining to the dark cloud: a google trends analysis of contraceptive interest in the United States post Roe vs. Wade verdict. *Cureus*, 14(7), DOI: 10.7759/cureus.27012

Dhak, B., Saggurti, N. & Ram, F. (2020). Contraceptive use and its effect on Indian women's empowerment: evidence from the National Family Health Survey – 4. *Journal of Biosocial Science*, 52(4), 523-533, DOI: [10.1017/S0021932019000609](https://doi.org/10.1017/S0021932019000609)

Family Planning Australia. (n.d.). *Copper IUD*.

<https://www.fpnsw.org.au/factsheets/individuals/contraception/copper-iud>

Family Planning Australia. (n.d.). *Hormonal IUD*.

<https://www.fpnsw.org.au/factsheets/individuals/contraception/hormonal-iud>

Gomez, A. M., Mann, E. S. & Torres, V. (2018). 'It would have control over me instead of me having control': intrauterine devices and the meaning of reproductive freedom. *Critical Public Health*, 28(2), 190-200, DOI:

<https://doi.org/10.1080/09581596.2017.1343935>

Grzeskowiak, L. E., Calabretto, H., Amos, N., Mazza, D. & Ilomaki, J. (2020). Changes in use of hormonal long-acting reversible contraceptive methods in Australia between 2006 and 2018: A populations-based study. *Australian and New Zealand Journal of Obstetrics and gynaecology*, 61(1), 128-134, DOI: <https://doi.org/10.1111/ajo.13257>

Health Direct. (n.d.). *Intrauterine contraceptive device (IUD)*.

<https://www.healthdirect.gov.au/intrauterine-contraceptive-device-iud>

Hossain, A. (2021). *The Pain Gap: How Sexism and Racism in Healthcare Kill Women*.

Simon and Schuster.

Hsieh, H. & Shannon, S. E. (2005). Three approaches to qualitative content analysis.

Qualitative Health Research, 15(9), 1277-1288, DOI:

<https://doi.org/10.1177/1049732305276687>

Kheyets, A. & Miller, B. (2022). Implications for racial inequalities in maternal health if Roe

V Wade is lost. *The Lancet*, 400(10345), 9-11, DOI: <https://doi.org/10.1016/S0140->

[6736\(22\)01024-8](https://doi.org/10.1016/S0140-6736(22)01024-8)

Kyleena. (n.d.). *Kyleena IUD placement*. <https://www.kyleena-us.com/getting-kyleena->

[iud/iud-placement](https://www.kyleena-us.com/getting-kyleena-iud/iud-placement)

Lindgren, S. & Ricardson, L. (2023). Endometriosis pain and epistemic community: mapping

discourses in online discussions among sufferers. *Social science and medicine*, 326,

DOI: <https://doi.org/10.1016/j.socscimed.2023.115889>

Madden, T., Cortez, S., Kuzemchak, M., Kaphingst, K. & Politi, M. (2016). Accuracy of

information about the intrauterine device on the internet. *American Journal of*

Obstetrics and Gynaecology, 214(4), 499-499, DOI:

<https://doi.org/10.1016/j.ajog.2015.10.928>

Maguire, K., Morell, K., Westhoff, C. & Davis, A. (2013). Accuracy of providers'

assessment of pain during intrauterine device insertion. *Contraception*, 89(1), 22-24,

DOI: <https://doi.org/10.1016/j.contraception.2013.09.008>

Manninen, S., Kero, K., Vahlberg, T. & Polo-Kantola, P. (2021). General Practitioners' self-

reported competence in the management of sexual health issues – a web based

questionnaire from Finland. *Scandinavian Journal of Primary Health Care*, 39(3),

279-287, DOI: [10.1080/02813432.2021.1934983](https://doi.org/10.1080/02813432.2021.1934983)

Mirena. (n.d.). *Safety Considerations for Mirena*. <https://www.mirena-us.com/mirena-side->

[effects-and-safety](https://www.mirena-us.com/mirena-side-effects-and-safety)

- Morison, T. & Eagar, D. (2021). Women's perspectives on long-acting reversible contraception: a critical scoping review of qualitative research. *Women and Health*, 61(6), 572-541, DOI: 10.1080/03630242.2021.1927284
- Morison, T. (2023). Patient-provider power relations in counselling on long-acting reversible contraception: a discursive study of provider perspectives. *Culture, Health & Sexuality*, 25(5), 537-553, DOI: 10.1080/13691058.2022.2067593
- Paragard. (n.d). *Paragard Safety*. <https://www.paragard.com/safety-information/>
- Planned Parenthood. (n.d.). *What are non-hormonal IUDs?*.
<https://www.plannedparenthood.org/learn/birth-control/iud/non-hormonal-copper-iud>
- Reddit. (2022). *Homepage*. <https://www.redditinc.com/>
- Rohan, A. (2022). Overturning Roe V Wade what are the implications for perinatal nurses?. *MCN, The American Journal of Maternal/Child Nursing*, 47(6), 309, DOI: 10.1097/NMC.0000000000000865
- Sandoval, S., Meurice, M. E., Pebley, N. B. & Mody, S. K. (2022). Alleviating pain with IUD placement: recent studies and clinical insight. *Current Obstetrics and Gynaecology Reports*, 11, 12-20, DOI: <https://doi.org/10.1007/s13669-022-00324-9>
- The Women's. (n.d.). *Intra Uterine Device (IUD)*. <https://www.thewomens.org.au/health-information/contraception/intra-uterine-device-iud>
- UN Youth Australia. (2022, July 2). *Roe v Wade explained*. <https://unyouth.org.au/roe-v-wade-explained/>
- Whitworth, K., Neher, J. & Safranek, S. (2020). Effective analgesic options for intrauterine device placement pain. *Canadian Family Physician*, 66(8), 580-581.
- World Health Organisation. (n.d.). *Contraception*.
https://www.who.int/healthtopics/contraception#tab=tab_1
- Worly, B. L., Gur, T. L. & Schaffir, J. (2018). The relationship between progestin hormonal

contraception and depression: a systematic review. *Contraception*, 97(6), 478-489,

DOI: <https://doi.org/10.1016/j.contraception.2018.01.010>

Zhang, L., Reynolds Losin, E. A., Ashar, Y. K., Koban, L. & Wager, T. D. (2021). Gender

biases in estimation of others' pain. *The Journal of Pain*, 22(9), 1048-1059, DOI:

<https://doi.org/10.1016/j.jpain.2021.03.001>

Appendix

Table 3

| Category | Sub-Category | Codes | <i>n</i> | |
|---|------------------------------------|---|--|---|
| Dissatisfied with treatment from medical staff | Concerns being dismissed | Concerns being dismissed 1 | 10 | |
| | | Being told symptoms are normal | 9 | |
| | | Doctor refusing to link side effects to IUD | 3 | |
| | | Last three gyns referred OP to a psychiatrist | 1 | |
| | | Worried about being dismissed by doctor | 1 | |
| | | doctor refusing to do tests | 1 | |
| | Pain being ignored or dismissed | | Doctor got annoyed at crying during insertion | 1 |
| | | | Doctors with no personal experience of IUDs only listening to medical literature | 1 |
| | | | Going to the ER for 'lady problems' is a mistake | 1 |
| | | | Vaginal ultrasound 'wand' inside for 30 minutes waited 7 hours in ER | 1 |

| | | |
|----------------------|--|----|
| | Not being given any pain management options | 6 |
| | Insertion pain being downplayed | 3 |
| | Pain not taken seriously | 5 |
| | Doctor not listening to requests for painless procedure | 2 |
| Forced to keep | Doctor unwilling to remove IUD | 7 |
| | Case is seen as 'non-urgent' so they have to wait up to 6 months for removal | 1 |
| | Doctor not removing displaced IUD | 2 |
| Appointment troubles | hasn't had checkup since insertion | 3 |
| | No one made a proper referral for IUD surgical removal | 1 |
| | Went to urgent care because they could not see their gyno soon | 1 |
| | Cancelled appointment | 3 |
| | Unable to make check-up appointment soon | 15 |
| | Unable to make insertion appointment soon | 2 |
| | Unable to make removal appointment soon | 1 |

| | | |
|----------------------|---|---|
| Perceived negligence | doctor missed pregnancy at insertion | 2 |
| | Doctor never trimmed strings | 1 |
| | Doctor unable to answer questions | 1 |
| | Falsely told that symptoms are STI | 2 |
| | gyno should have removed IUD earlier | 1 |
| | traveling to country with bad health care with IUD arm still stuck inside | 1 |
| <hr/> | | |
| Poor communication | Did not know what they were going to do a D&C | 1 |
| | Practitioners should be more transparent about risks | 1 |
| | Uninformed on what to do when pregnant while on BC | 1 |
| | Unsure of what IUD their doctor gave them | 1 |
| | Was not informed on the risks | 6 |
| | Was not informed that IUD was not covered by insurance | 1 |
| | Was not instructed to take ibuprofen before | 1 |

| | | | |
|---|---|--|----|
| Satisfied with their treatment from medical staff | Experienced medical team | experienced doctor | 2 |
| | Took concerns seriously | nurse wrote down patients concerns | 1 |
| | Trust | trust practitioner | 4 |
| | Good communication | Walked through procedure by doctor | 6 |
| Interactions with other users | Sharing experiences / asking about others experiences | Sharing experience | 14 |
| | | Sharing positive experience | 20 |
| | | 'does anyone else experience this' | 36 |
| | | Happy to talk about their experience with other users | 1 |
| | | Will be asking doctor for advice but want to hear personal experiences | 1 |

| | | |
|-----------------------|---|-----|
| Seeking help / advice | Seeking advice from others | 292 |
| | unsure what to do | 2 |
| | How do I get an IUD' | 1 |
| | How does the IUD stay in place | 1 |
| | 'what should I expect' | 5 |
| | 'is it safe to go on a roller coaster after insertion' | 1 |
| | Asking about IUD effectiveness | 4 |
| | Asking what to expect | 2 |
| | Want to know how common different side effects are | 3 |
| | wanting to know if they can have sex before insertion | 2 |
| | wanting to know which IUD would be best for them | 1 |
| | Wants to know risk of IUD rejection | 1 |
| | 'Can I get an IUD inserted if my period hasn't started' | 1 |
| | 'will it always be like this' | 1 |
| | 'Will the pain go away' | 1 |
| | 'How long do the cramps last' | 3 |

| | |
|---|---|
| ‘What should strings feel like’ | 1 |
| ‘will my hair grow back’ | 1 |
| ‘will this affect my IUD’ | 2 |
| how did bleeding affect your sex life | 1 |
| how long should I wait before going to doctor | 2 |
| how to know if your pregnant on the IUD | 1 |
| is this breakthrough bleeding | 1 |
| wanting to know how long it takes for strings to soften | 1 |
| Wanting to know when they can put a tampon in | 1 |
| when will the bleeding stop | 6 |
| ‘Can activated charcoal affect hormonal IUD’ | 1 |
| ‘Should I be able to feel my IUD’ | 1 |
| ‘does it get better’ | 1 |
| ‘is this an emergency’ | 2 |

| | | | |
|----------|-----------------------|--|----|
| | | Wanting to vent | 3 |
| | | 'please tell me it gets better' | 1 |
| Concerns | Physical side effects | Concerned about heavier and more painful periods | 3 |
| | concerns | Don't want to gain weight | 6 |
| | | more concerned about side effects than insertion | 11 |
| | | Worried about cramping | 2 |
| | | Scared of discomfort | 1 |
| | | Worried about blood clots | 1 |
| | | Worried about discharge | 2 |
| | | Worried about how BC will affect skin | 2 |
| | | Worried about inconsistent periods | 1 |
| | | Worried about losing libido | 3 |
| | | worried about not bleeding after insertion | 1 |
| | | Worried about unpredictable spotting | 1 |
| | Insertion concerns | Terrified of insertion pain | 8 |

| | |
|--|----|
| Nervous before insertion | 16 |
| terrified before insertion | 6 |
| Insertion is vulnerable | 3 |
| Insertion is invasive | 3 |
| Doesn't like the idea of an IUD being inside of them | 3 |
| Hate being touched | 1 |
| Worried about insertion triggering past trauma | 1 |

| | | |
|-------------------|--|---|
| IUD complications | Worried about infection 2 | 2 |
| | worried about permanent damage 1 | 1 |
| | Worried about scratch from IUD 1 | 1 |
| | Worried IUD has stopped working 1 | 1 |
| | worried IUD was not inserted properly 1 | 1 |
| | Worried they were injured during removal 1 | 1 |
| | Worried they will reject IUD 1 | 1 |
| | Worried about IUD perforating uterus 1 | 1 |

| | | |
|-----------------------------------|--|----|
| | Worried about IUD moving or expelling | 10 |
| | Worried about displacement | 17 |
| | Can't find strings | 18 |
| | Can feel strings against vaginal walls | 1 |
| | Doctor never trimmed strings | 1 |
| | felt strings during sex | 4 |
| | One string inside cervix | 1 |
| | Placement of strings is normal | 1 |
| | Strings feel longer | 2 |
| | strings poking outside vagina | 1 |
| | Strings uncomfortable | 1 |
| | Worried about IUD string length | 16 |
| 'Horror stories' causing concerns | 'Horror stories' about IUDs | 29 |
| | Only saw bad experiences when researching | 1 |
| | watched tiktok videos of insertion and now terrified | 1 |
| Unwanted pregnancy | Anxiety over ectopic pregnancy | 2 |

| | |
|---|----|
| could I be pregnant' | 6 |
| 'should I take plan B' | 1 |
| False positive pregnancy test | 3 |
| Fear of getting pregnant | 6 |
| Going to take a pregnancy test | 2 |
| Google keeps saying they're pregnant | 1 |
| Pregnancy scares | 2 |
| Late period | 23 |
| Missed period | 10 |
| Pregnancy anxiety | 22 |
| Pregnancy symptoms close to removal date | 1 |
| Pregnancy tests were 'slightly positive' | 1 |
| Scared pregnancy test won't work because it's too early | 1 |
| Stress about pregnancy every month to the point of breakdowns | 1 |
| Thought symptoms were pregnancy | 1 |
| 'Should I be more worried about pregnancy' | 1 |

| | | |
|---------------|---|----|
| Mental health | Worried about how BC will affect mental health | 10 |
| | 'Mental health issues' | 1 |
| | ADHD | 4 |
| | ADHD medication interferes with BC pill effectiveness | 1 |
| | Anxiety | 8 |
| | Body dysmorphia | 2 |
| | Cry during pap smears | 2 |
| | Doesn't have periods because of anorexia | 1 |
| | Dysphoria | 2 |
| | health anxiety | 2 |
| | history with ED | 2 |
| | Neurodivergent | 1 |
| | OCD | 1 |
| | PMDD | 5 |
| | sexually abused in past | 1 |
| | struggled with anxiety and depression prior to IUD | 1 |

| | | | |
|------------------------|--------------------------|--|----|
| | | Told by gyno they might get depression | 1 |
| | | treatment resistant depression | 1 |
| | | Want BC that will make them 'mentally stable' | 1 |
| | | Want non-hormonal BC for mental health | 1 |
| Reason for getting IUD | Don't want to (or can't) | Bad at taking BC pill | 4 |
| | use other BC methods | can't have implant | 1 |
| | | can't take other forms of BC because taking medication for mental health | 1 |
| | | can't take BC pills | 5 |
| | | Chose Kyleena because of lower hormone dose | 1 |
| | | Don't like using condoms | 5 |
| | | IUD is their 'last hope' at BC | 1 |
| | | Tired of taking pill everyday | 7 |
| | | BF refuses to get a vasectomy | 1 |
| | Want non-hormonal BC | Don't want to use hormonal BC | 13 |
| | | can't use hormonal BC | 7 |
| | | Hoping nonhormonal BC will help with mental health | 1 |

| | | |
|---|--|----|
| | like copper because it's non hormonal | 8 |
| | like kyleena because of low hormone dose | 1 |
| | Want BC with the 'least amount of hormones possible' | 1 |
| Coercion | Felt pressured into getting an IUD after abortion 2 | 2 |
| | Have to get IUD now because insurance may not cover it in the future 2 | 2 |
| | insurance about to expire 2 | 2 |
| | IUD covered by insurance if inserted two weeks after abortion 1 | 1 |
| | IUD inserted after abortion 6 | 6 |
| 'more permanent' than other BC methods | Chose Kyleena because of long-term | 1 |
| | Getting a more permanent method of BC due to political circumstances | 1 |
| | Like IUD because they don't have to worry about it | 11 |
| | Wants a more permanent BC method | 6 |
| Pregnancy prevention | Cannot afford abortion | 1 |
| | doesn't want more children | 2 |
| | Don't want kids ever | 2 |

| | | | |
|-----------------------------|-----------------|--|----|
| | | Mainly want BC for pregnancy prevention | 3 |
| | | Only using IUD for contraception | 1 |
| | | Not planning on having children | 2 |
| | | Would like to have no period on BC | 1 |
| | | wanting to use IUD for BC | 1 |
| | | 'I can barely take care of myself let alone a child' | 1 |
| | Politics | Worried about BC availability due to politics | 1 |
| | | Roe V Wade | 30 |
| | | Cannot get plan B due to political circumstances | 1 |
| | | In ontario people under 25 get IUD for free | 1 |
| | | Mentions Roe V Wade | 30 |
| | | Getting a more permanent method of BC due to political circumstances | 1 |
| Pain and anxiety management | Self-medication | Had distress drink before insertion | 1 |
| | | Had raspberry leaf tea before insertion | 1 |
| | | Self-medicating for pain management | 3 |
| | | Stocked up on supplements before insertion | 1 |

| | |
|---|---|
| thinking of taking an edible before insertion | 1 |
| Thinking of using prescription painkillers from previous surgery before insertion | 1 |
| took CBD gummies before insertion | 1 |
| Took stress gummies before insertion | 1 |
| Wanting to take CBD before insertion | 1 |

| | | |
|------------------------------|---|---|
| Doctor prescribed medication | Ibuprofen | 6 |
| | Tylenol | 6 |
| | Valium | 2 |
| | Advil | 2 |
| | 'painkillers' | 5 |
| | cervical numbing injections for insertion | 1 |
| | cervix frozen for insertion | 1 |
| | Misoprostol suppositories | 6 |
| | Doctor used numbing cream | 1 |

| | | | |
|----------------------|-----------------------|--|---|
| | | doctor uses IV for virgins during insertion | 1 |
| | | Getting prescribed muscle relaxants and pain medication | 1 |
| | | given anti-anxieties | 7 |
| | | given antibiotics | 2 |
| | | insertion successful after being prescribed drugs | 1 |
| | | IUD inserted under sedation | 7 |
| | | prescribed cervix softener | 1 |
| | | tramadol | 1 |
| | Wanting to be sedated | Is willing to fly across country to get sedated for IUD insertion | 2 |
| | | want anaesthesia for insertion | 5 |
| | | Want to make the procedure as comfortable as possible | 1 |
| | | Wanting to be unconscious for surgical removal but doctor wanting to only give them a cervical block | 1 |
| Insertion experience | Emotional reaction | 2-hour meltdown after insertion | 1 |
| | | After insertion gets panic attacks before, during, or after gyno procedures | 1 |

| | | |
|-------------------|--|---|
| | Crying during or after insertion | |
| | Felt violated after insertion | 9 |
| | Hyperventilated during insertion | 2 |
| | insertion made their dysphoria really bad | 1 |
| | insertion makes them feel vulnerable | 1 |
| | Panic attack during insertion | 1 |
| | IUD insertion feels like miscarriage and bringing up past trauma | 1 |
| | Screaming during insertion | 1 |
| | Shake when on examination table | 6 |
| | shaking during insertion | 1 |
| | Traumatic | 3 |
| | yelling during insertion | 8 |
| | | 1 |
| Physical reaction | fainting | 2 |
| | Almost passed out during insertion | 4 |
| | felt like they were going to pass out after insertion | 1 |

| | | |
|----------------|--|---|
| | threw up after insertion | 2 |
| | lightheaded after insertion | 1 |
| <hr/> | | |
| Insertion Pain | Worst pain they've ever experienced | 7 |
| | didn't want to reschedule insertion despite pain because they wouldn't have the courage to come back | 1 |
| | don't want to go through insertion pain again | 1 |
| | Insertion felt like a mild pre-contraction | 1 |
| | Insertion more painful because of smaller frame | 1 |
| | Had to stop insertion due to pain | 1 |
| | Insertion was awful | 5 |
| | IUD replacement was '30 minutes of torture' | 1 |
| | Painful insertion | 7 |
| | second insertion hurt more | 2 |
| | Went to ER after insertion because they were in so much pain | 1 |
| | 'felt like getting stabbed in the cervix' | 1 |

| | | | |
|---------------|---------------------|--|----|
| | | ‘felt like someone was taking a drill from my genitals into by abdomen | 1 |
| | | ‘grossly unprepared for the immense pain of insertion’ | 2 |
| | | ‘terrible’ to get IUD inserted | 1 |
| | | wasn't able to do anything two days after insertion | 1 |
| <hr/> | | | |
| Mental health | Depressive symptoms | Brain fog | 3 |
| | | Crying | 5 |
| | | feeling apathetic | 1 |
| | | Feeling depressed when on period | 1 |
| | | feeling emotionally numb | 3 |
| | | feeling empty | 1 |
| | | lost motivation | 1 |
| | | Feeling ‘dull’ | 1 |
| | | sad for no reason | 1 |
| | | ‘am I depressed’ | 1 |
| | | Depression | 12 |

| | | |
|------------------|---|----|
| | depression worse with IUD | 1 |
| Anxiety symptoms | Anxiety 18 | 18 |
| | can't leave house because of anxiety 1 | 1 |
| | Developed severe anxiety post-insertion 1 | 1 |
| | feeling a lack of control 1 | 1 |
| | feeling on edge 1 | 1 |
| | feeling overwhelmed 1 | 1 |
| | Having 'OCD thoughts' after IUD removal 1 | 1 |
| | Keep thinking about anxieties is making them want to cry 1 | 1 |
| | panic attacks 3 | 3 |
| | paranoia 6 | 6 |
| | Intense emotional response 1 | 1 |
| | Irritable 4 | 4 |
| | Feel like it's messing with nerves 1 | 1 |
| | Stressed 4 | 4 |
| Body image | Constant spotting and brown blood makes them feel 'dirty' 1 | 1 |

| | | | |
|-----------------------|-------------|---|----|
| | | Self-conscious about weight gain | 4 |
| | Mood swings | Mood swings | 11 |
| | | Moody | 1 |
| | | rollercoaster of emotions after insertion | 1 |
| Physical side effects | Bleeding | A lot of blood clots | 4 |
| | | Bleeding | 1 |
| | | Bleeding or spotting for long time | 17 |
| | | Bleeding after or during sex | 4 |
| | | bleeding is annoying | 1 |
| | | breakthrough bleeding | 1 |
| | | Heavy bleeding | 15 |
| | | Increased spotting | 11 |
| | | Only cramping and bleeding at night | 1 |
| | | random bleeding | 6 |
| | | Spotting | 37 |
| | | Spotting old blood | 12 |

| | |
|---|----|
| Longer periods | 15 |
| Can't handle long periods anymore | 1 |
| Doesn't have a 'normal' period | 2 |
| Heavier periods | 7 |
| Irregular period | 16 |
| Less frequent periods | 3 |
| Period after sex | 1 |
| Stopped periods | 8 |
| Frequent periods | 1 |
| Periods painful to the point of passing out | 1 |
| Regular period | 4 |
| Regular PMS symptoms but no period | 1 |
| Shorter or lighter periods | 8 |
| started getting period again | 3 |
| Terrible periods | 2 |
| Weird periods | 1 |

| | | |
|--------|---|----|
| | Don't have a full period | 1 |
| | Enjoying not having periods | 7 |
| | Cycle changes after IUD removal | 1 |
| Weight | Lost weight after going off BC | 1 |
| | Struggling to lose weight | 6 |
| | trying to lose weight | 1 |
| | Wanting to lose weight after removing IUD | 1 |
| | Weight gain | 23 |
| Pain | Back pain 7 | 7 |
| | body aches 1 | 1 |
| | Constant pain 5 | 5 |
| | Crying because of pain 3 | 3 |
| | Pain disrupting life 2 | 2 |
| | Didn't feel like they could move from table because of pain 1 | 1 |
| | Don't know if they can wait for pain to go away 1 | 1 |

| | |
|---|----|
| Excruciating pain 14 | 14 |
| Ibuprofen not helping with pain 2 | 2 |
| in pain after sex or orgasm 5 | 5 |
| in pain several days after failed IUD insertion 1 | 1 |
| IUD hurts when sitting 2 | 2 |
| leg pain 2 | 2 |
| pain during sex 11 | 11 |
| Pain from IUD worse at night 1 | 1 |
| Pain in left side of pelvis 1 | 1 |
| Abdominal pain 6 | 6 |
| Pain in shoulder 1 | 1 |
| pain was so bad they thought they were dying 1 | 1 |
| pelvic pain 1 | 1 |
| sharp pain in cervix 1 | 1 |
| sharp pain in vagina 1 | 1 |
| Stabbing pain 10 | 10 |

| | |
|---|----|
| shooting pain 1 | 1 |
| thought they were going to puke from pain 1 | 1 |
| uterus pain 2 | 2 |
| Weird pains 1 | 1 |
| Weird twinges of pain from IUD 1 | 1 |
| Bad cramping 57 | 57 |
| Constant cramps 10 | 10 |
| Chest feels tight when cramps are bad 1 | 1 |
| Cramping 10 | 10 |
| Cramping after sex or orgasm 4 | 4 |
| Cramping a few days a month 1 | 1 |
| cramping before period due 1 | 1 |
| cramping come 'in waves' 1 | 1 |
| Cramping every morning 1 | 1 |
| Worse cramps 7 | 7 |
| cramping in legs and back 2 | 2 |

| | | | |
|-------------------|---------------------|--|---|
| | | cramping worse on hot days 1 | 1 |
| | | Cramps upset stomach 1 | 1 |
| | | Immediate cramping after insertion 1 | 1 |
| | | Intense cramps disrupting life 4 | 4 |
| | | IUD cramping when working out 3 | 3 |
| | | Mild cramping 5 | 5 |
| | | Normal cramping 4 | 4 |
| | | Only cramping and bleeding at night 1 | 1 |
| | | post insertion cramps feel like bad stomach ache 1 | 1 |
| | | Random cramping 6 | 6 |
| | | Severe cramping when on feet for too long 1 | 1 |
| | | IUD decreased painful cramps 1 | 1 |
| IUD complications | Uterine perforation | IUD arms puncturing uterus walls 2 | 2 |
| | | IUD slightly embedded 1 | 1 |
| | | IUD stuck in muscle between cervix and uterus 1 | 1 |
| | Expulsion | didn't realise they were expelling their IUD 1 | 1 |

| | |
|---|---|
| had to replace IUD after first one expelled | 2 |
| IUD expelled | 3 |
| IUD fell out | 2 |
| Menstrual cup pulled out IUD | 1 |
| Partial IUD expulsion | 2 |
| Second IUD expulsion | 1 |
| Uterus pushed IUD out | 1 |

| | | |
|--------------|--|---|
| Displacement | Copper IUD out of place | 3 |
| | Displaced IUD | 4 |
| | had problems with IUDs moving out of place | 1 |
| | IUD dislodged | 1 |
| | IUD low lying | 3 |
| | IUD moved | 1 |
| | IUD rotated 90 degrees | 1 |
| | replaced IUD after it became displaced | 1 |

| | |
|--------------------------------------|---|
| two IUDs moved out of place | 1 |
| IUD fell out of place within 1 month | 1 |
