Young Australian women explain their contraceptive choices

Britta Wigginton[1], Claire Moran[2], Melissa L. Harris[3], Deborah Loxton[3] & Jayne Lucke[1].

[1]School of Medicine, University of Queensland Centre for Clinical Research, Queensland, Australia, [2]School of Psychology, University of Queensland, Queensland, Australia, [3]Research Centre for Gender, Health and Ageing, Faculty of Health and Medicine, University of Newcastle, Callaghan, Australia

Email: b.wigginton@uq.edu.au

Abstract

New developments in female contraceptives allow women increased options for preventing pregnancy, while men's options for reversible contraception have not advanced beyond the condom. There has been little discursive exploration of how neoliberal and postfeminist discourses shape women's accounts of choosing whether or not to use contraception. Our thematic discourse analysis of 760 free-text responses to a question about contraceptive choice considers the social and political climate which promotes the self-governed woman who freely chooses contraception. We examine the ways in which women formulated and defended their accounts of choice, focusing on the theme of *free contraceptive choice* that constructed women's choices as unconstrained by material, social and political forces. We identify two discursive strategies that underpinned this theme: *a woman's body, a woman's choice* and *planning parenthood*, and explore the ways in which choice was understood as a gendered entitlement and how contraceptive choices were shaped (and constrained) by women's plans for parenthood. We discuss the implications of these discursive strategies, and neoliberal and postfeminist discourses, in terms of the disallowance of any contextual, social and structural factors, including the absence of men in the 'contraceptive economy'.

Keywords: choice, contraception, parenthood, gender, Australia

Suggested citation: Wigginton, B., Moran, C., Harris, M., Loxton, D., & Lucke, J. (2015). Young Australian women explain their contraceptive choices. *Culture, Health & Sexuality.* DOI: 10.1080/13691058.2015.1117138

In industrialised countries, such as Australia, most heterosexual women of reproductive age use some form of contraception (Richters et al. 2003). Despite improvements to the access and availability of contraceptives for women, including over-the-counter emergency contraception and long-acting reversible forms of contraception, the oral contraceptive Pill (The Pill) remains the most widely used contraceptive among women in Australia (Lucke, Watson, and Herbert 2009; Parr and Siedlecky 2007; Richters et al. 2003), the USA (Jones, Mosher, and Daniels 2012) and the UK (Lader 2007).

The emphasis on developing new contraception for women has been to increase women's options, allowing them to find a contraceptive that best fits their personal circumstances and offers the best protection against pregnancy (Bateson 2012). In Australia, available forms of female reversible contraception include vaginal rings, intra-uterine devices (IUDs), implants, injectables, a range of oral contraceptive pills (Lucke, Watson, and Herbert 2009), and emergency contraception. Many of these methods are subsidised by the Australian government's Pharmaceutical Benefits Scheme (PBS) which allows access to a range of contraceptive options at low cost to women.

While developments in contraception have – to some extent – contributed to the emancipation of women's reproductive decision-making from men's control (Tone 2012), allowing women more freedom to decide whether, when and with whom to have children, the contraceptive revolution has been largely restricted to women (Oudshoorn 2004). Specifically, the only reversible form of male contraception is the condom, producing a distinctly feminine contraceptive culture (Tone 2012) that positions women as the primary consumers of contraception, who are by implication responsible for the prevention of pregnancy and the management of contraception (Wigginton et al. 2015).

In this paper, we examine women's accounts of choosing whether or not to use contraception. We discuss how the concept of choice itself is problematic, especially in the

context of contraception. Our analysis is situated within a social constructionist framework (Burr 2003) because we are interested in the social and cultural meanings attached to women's constructions of choice, and how these meanings are reflective of available discourses within a particular socio-cultural context (Harden and Willig 1998).

We understand discourses as culturally shared statements, meanings, or assumptions surrounding a particular subject or event (Parker 1992). In particular, discourses provide a framework for how one can understand and experience a subject or event within a particular socio-cultural context. Accordingly, discourses provide a lens through which people (sharing a particular socio-cultural context) make sense of their own experiences.

Taking a discourse-analytic approach allows an understanding of practices and experiences that move beyond individualistic explanations – such as cognitive approaches to behavior – to explore how behavior and experience is produced (and understood) within a particular social, cultural and historical location (Harden and Willig 1998). Therefore, discursive approaches enable researchers to understand the construction of meaning within the context of women's lives and how these meanings are closely aligned with power (Lafrance 2011).

Concepts of women's choice and agency have been central to feminism since its inception and remain important aspects of feminist discourse, highlighting women's rights to control their own bodies, lives and decisions on procreation (Lippman 1999). Particularly in North America, a choice-based argument has played out in relation to women's rights to access abortion services through slogans such as 'a woman's right to choose' (Braun 2009; Granzow 2008). While this rhetoric has been powerful in the rally for women's reproductive liberation and control, particularly at a time when feminists were campaigning for the introduction of The Pill (Granzow 2007), it is important to consider the current socio-cultural context in which this language is deployed.

In contemporary Western societies, modern women are constructed as empowered and autonomous agents, who make active and informed decisions, with these decisions frequently expressed through consumptive practices (e.g., Gill 2007a; Moran and Lee 2013; Ringrose and Walkerdine 2008). Numerous feminist scholars have, however, questioned the validity of this argument (e.g., Braun 2009; Gill and Scharff 2011; Rich 2005), calling instead for a need to 'complicate' our understanding of choice (Gill 2007b), and to address notions of choice more broadly, within the social and political structures within which they are embedded (Lippman 1999).

Scholars have argued that within contemporary Western societies neoliberal and postfeminist discourses circulate widely, and a choice rhetoric is central to both of these ideologies. Neoliberalism underlies contemporary political and economic assumptions of the positive value of privatisation, deregulation and deinstitutionalisation, and characterises all individuals as "self-managing, autonomous, and enterprising" (Gill and Scharff 2011, p. 5). Neoliberal ideology promotes individualism and consumerism and assumes that all individuals should exercise choice, freedom, empowerment and personal responsibility. Structural inequalities defined by gender, class and race are rendered invisible, and the individual is positioned as fully responsible for her own success or failure (Ringrose and Walkerdine 2008), articulated through a cultural narrative of free choice (Gill 2007a).

Neoliberal norms have emerged alongside a transformation in mainstream thought about feminism, with the current moment distinctly postfeminist (Pomerantz, Raby, and Stefanik 2013). Postfeminism refers to "the simultaneous incorporation, revision and depoliticisation of many of the central goals of second wave feminism" (Stacey 1990, p. 339) and is highly contradictory, characterised by an entanglement of feminist and anti-feminist ideas (McRobbie 2004) with feminist ideas taken for granted but feminism repudiated. It is based around a set of assumptions which suggest the 'pastness' of feminism (Tasker and Negra

2007), positioning feminism as irrelevant in a contemporary context because gender equality has already been achieved (McRobbie 2009).

Gill (2007b, 2008) has highlighted the strong consistency between postfeminist and neoliberal discourses, with both valorising concepts of individualism, choice and empowerment, but both requiring women in particular to be self-policing subjects and to adhere to strict cultural norms (Gill 2007a, 2008). Femininity is positioned primarily as a bodily property achieved through self-surveillance, monitoring and discipline (Gill and Scharff 2011), which are positioned as modes by which women can enact power (Gill 2009).

Within these discourses, the right to choose is no longer simply an entitlement, but rather, an obligation, in that women are obliged to discipline their bodies in ever increasing ways, with examples ranging from emulating a certain kind of look, to waxing and depilation, to more extreme measures such as cosmetic surgery (Gimlin 2013; Moran and Lee 2013; Stuart and Donaghue 2012), but to understand these decisions as freely chosen. We are by no means suggesting that women have no agency. Rather, we see that it is important to acknowledge Gill's (2007b) contention that neoliberal and postfeminist discourses can effectively absolve the influence of culture, structural constraints or inequality and that this shapes women's understandings of their own decision-making, including contraceptive choices.

We examine contraceptive choice as a further example of the disciplining of women's bodies in this cultural context (Sawicki 1999). Contraceptive use is an embodied experience, enmeshed in immediate material and relational contexts. We suggest that women's accounts of contraceptive choice are impacted upon by the cultural meanings attached to contraception and women's positioning as responsible for pregnancy prevention (e.g. Brown 2014; Campo-Engelstein 2013; Flood 2003).

For instance, for a woman to initiate condom use, she contravenes the norms of acceptable femininity by being assertive (Moran and Lee 2014). Female forms of

contraception, by comparison, enable 'real' sex (penis-in-vagina intercourse) to take place without contravening norms of femininity. That is, using female contraception allows women to be available for sex while still responsible for preventing pregnancy, and therefore facilitating the intimate, pleasurable and spontaneous nature of sex and how it 'should' be (Pollack 1985; Wigginton et al. 2015). In exercising responsibility for contraception, women's use of female contraception, specifically The Pill, has been conceptualised as an enactment of gender and class (see Cream 1995). That is, women 'perform' gender by engaging in contraceptive practices that enable them to exercise the responsibility assigned to them through dominant discourses of heterosexuality (Granzow 2007).

Building on an interest in how neoliberal and postfeminist discourses shape and constrain women's decision-making, in this article, we explore how women formulate and defend their choice to use, or not use, contraception as a free choice. We take a discursive perspective to examine women's accounts of choice, thereby avoiding a realist reading which (similar to neoliberal and postfeminist discourse) may serve to individualise and decontextualise women's accounts. Accordingly, we have avoided any claims about women's 'actual' choices or their intentions to construct a particular account of choice. Instead, we explored the discursive strategies that allow women to articulate a free choice.

Method

Procedure

CUPID (Contraceptive Use, Pregnancy Intention and Decisions) is a longitudinal population based cohort study of young Australian women (aged 18-23) using three waves of online self-report surveys conducted at six monthly intervals. A cohort of 3795 women was recruited for the baseline survey, with two subsequent follow-up waves currently in progress. The recruitment for this cohort was largely online through the use of paid Facebook advertising, in combination with face-to-face events, media releases and distribution of promotional materials. These methods allowed for the recruitment of a demographically representative

sample of 18-23 year old Australian women, with the exception of an over-representation of tertiary educated women (Harris et al. 2015). The overarching aim of the CUPID project was to examine factors influencing contraceptive use and unplanned pregnancy. This project was approved by three Human Research Ethics Committees.

The online surveys concentrated on a number of specific themes including socio-demographics; knowledge about, and attitudes to, contraception; sexual and reproductive health histories; and health service use. Most items were quantitative (with fixed response options) with some open-ended questions allowing participants to elaborate upon earlier quantitative responses ('Please tell us more about...'). The current analysis is based on 760 text responses to an (optional) open-ended question entitled 'Please tell us more about having a choice to use – or not use – contraception' collected as part of the baseline survey. The data analysed here was downloaded in September (2013), once recruitment for the cohort had ceased.

Previously, the use of online qualitative survey data has been criticised for lacking the depth and richness appropriate for qualitative analysis (Garcia et al. 2004). However, we argue, along with others, that such data are entirely appropriate for qualitative analysis, where a data set should be judged according to the significance of the interpretation and its usefulness in maximising the positive social change outcomes from the research (Beckett and Clegg 2007; Peel 2012; Rich, Chojenta, and Loxton 2013).

Participants

Table 1 presents the educational, geographic and contraceptive demographics of these 760 women compared to the larger CUPID cohort, which was found to be geographically representative of 18-23 year old Australian women (Harris et al. 2015).

Table 1.
Education, geographic and contraceptive demographics of the sample of 760 women who provided a text response compared to the larger CUPID cohort

	Sample of CUPID (n=760) %	CUPID Cohort (n=3795) %
Highest education qualification		
Less than Year 12 (High school)	6.2	9.1
Year 12 or above	93.3	88.7
Missing	0.5	2.2
Area of residence (remoteness)		
Major city	72.4	63.6
Inner regional	19.1	21.7
Outer regional	4.2	8.5
Remote	0.5	1.9
Very remote	0.5	1.0
Missing	3.3	3.2
Contraception at last sex[a]		
Combined oral contraceptive pill	51.6	46.5
Condoms	35.8	32.5
Both The Pill and condoms	69.1	62.5
Long-acting reversible contraception	16.7	15.9

[a]participants were able to select multiple items, therefore these do not add up to 100%

Of the sample of 760 women who responded to the open-ended question of interest, women were on average 20.5 years of age. Most were in full-time study (63%), working casually (37%) or part-time (19%), with a small number of women unemployed (9%). Ethnicity and sexual orientation were not recorded. However, based on responses to a relationship question, the majority of women indicated that at that time they were in a heterosexual relationship and were either married (4%), living together (25%) or living separately (41%), while only three women indicated they were in a same-sex relationship. A small number of women indicated they were single (28%).

Only a small number of women indicated not using any contraception the last time they had sex (4%). Most common reasons women indicated for using hormonal contraception included for protection against pregnancy (71%) and to manage menstrual pain (32%), with some using it for both (27%). Less than 1% of women reported not ever having had vaginal sex. The majority of women indicated that it was 'always easy' (50%) or 'usually easy' (39%) to access medical advice about contraception. Most women indicated they were less than 10 km from their nearest doctor or medical clinic (88%).

Most women indicated a desire to be pregnant in the future (68%). However, majority had never been pregnant before (80%). Only fourteen were pregnant at the time of the survey, and a small minority reported being previously pregnant (15%). In terms of pregnancy loss, eight women reported a termination for medical reasons, 37 reported a termination for personal reasons, 54 had previously miscarried, and two had had an ectopic pregnancy.

Analysis

The first author conducted a thematic discourse analysis drawing on the guidelines of Braun and Clarke (2006) to identify themes in the data, with an interest in their discursive and ideological implications (Clarke 2005; Taylor and Ussher 2001). Initially, the first author started with iterative readings of the data to ensure familiarity, followed by a process of descriptive and inductive coding in consultation with the other authors to identify patterns across women's accounts. During the process of generating codes, two distinct accounts of choice were identified. Specifically, a number of descriptive codes (e.g. self-control, my body, my responsibility) were identified as individualist accounts of choice, by comparison another set of descriptive codes (e.g. medical constraints, negotiations in relationships, egalitarian decision-making with partner) were identified as negotiated accounts of choice.

All instances of data descriptively coded as individualist were removed from the larger data set and analysed separately. Following discussions with the other authors, we decided to analyse these data as a separate data set due to the prevalence and (rhetorically) coherent nature of these responses and the need to separate the larger data set in a meaningful (and inductive) way. This sampling frame enabled us to look closely at the articulation, and discursive effects, of distinctly individualist accounts of contraceptive choice.

Applying a discursive lens, the first author paid particular attention to the features, content and structure of participant's responses (Wood and Kroger 2000), examining how participants formulated their accounts of choice and with what discursive effects. Our analysis was driven by the question, how did women describe and defend their choice to use, or not use, contraception as a free choice. Using a thematic map to refine the individualist codes allowed the first author to identify an overarching theme entitled free contraceptive choice. The analysis then continued with a focus on how participants were constructing these individualist accounts of contraceptive choice: an account that was constructed as unconstrained by material, social, cultural or political forces. Our analysis focused on two prevalent discursive strategies women mobilised to construct these individualist accounts: a woman's body, a woman's choice; and planning parenthood.

In relation to the data produced here, we recognise that the wording of the choice question ('Please tell us more about having a choice to use – or not use – contraception') implied that women do have a choice – to use or not use contraception. While our survey was designed for young women to describe their experiences of contraception and pregnancy, we were aware of the ways in which this topic reproduced gendered notions of responsibility in matters of sexual and reproductive health. Therefore, we acknowledge that the wording of this question, as well as the neoliberal and gendered tenets of the broader project, may have influenced women's responses. In taking a feminist and social constructionist perspective to

women's accounts, we focus on contextualising these accounts of contraception and choice within the wider socio-cultural and political context (Gill 2007b) and the context in which these data were produced.

Findings

Women's accounts of free contraceptive choice

Across the data, there was a strong emphasis on the individual woman and her agency in choosing whether or not to use contraception, at times disclosing the specific contraceptive. Women stressed the personal nature of their contraceptive decisions:

> *No one forces me to use contraception, it's my own (smart!) choice.*
> (Samantha[1], 21, single, studying full-time)

> *The freedom to choose my contraceptive methods is of vital importance to me.*
> (Alex, 20, engaged, studying full-time)

> *It's important. I choose to take The Pill because it's under my control.*
> (Jessica, 21, in a heterosexual relationship, working in a casual job)

In these extracts, women expressed agency and a sense of moral importance regarding their choice to use contraception. The first woman emphasised her own position as voluntary in making the choice to use contraception and the lack of external forces constraining her agency. The framing of this first extract implies a positive (and moral) identity position, that is, the positioning of someone who makes "smart" choices. In the second and third extracts, the women similarly positioned their choice to choose their contraception as "important". Here, it is not a question of whether or not she will use contraception but rather which particular method she will use. In the third extract, the woman emphasised personal control as a precursor to her decision to use The Pill. This ties into initial motivations behind the development of The Pill: ensuring it was a woman-controlled contraceptive (Watkins 1998).

A common feature across women's accounts of free choice was a neoliberal subject position of individual choice. This was indicated by the prevalence of personal pronouns ("I", "me" and "my") and an emphasis on self-control, both of which demonstrate women's sense of ownership and agency. It is noteworthy that across this theme there was no mention of other people (health professionals, partners or friends) who might influence women's choices. Instead, women expressed a sense of autonomy and personal responsibility in their accounts. These accounts can be viewed as evidence of women's progress in terms of reproductive freedom, and may also be reflective of a feminine contraceptive culture, in that women are positioned as primary consumers in a market that is dedicated to female contraception and offers a range of options to suit women's personal circumstances and preferences (Wigginton et al. 2015). In addition, these accounts may also be, at least in part, a reflection of the context in which they were produced: a survey of women's contraceptive experiences.

While improvements to women's reproductive autonomy are clearly important, our concern is that these individualist accounts reflect neoliberal and postfeminist discourses, which problematically serve to minimise the relevance of external, structural or systemic factors that constrain women's autonomy in contraceptive matters and by implication offer women limited discursive space to account for these factors.

One of the ways in which this individualism was identified in the data was in relation to the absence of recognition of the gendered nature of contraception. That is, although contraception is taken disproportionately by women, it was frequently constructed as a gender neutral practice by the use of terms such as "individual" or "person":

> *It is up to the individual to decide what type or if contraception suits their individual needs.*
> (Eliza, 19, in a heterosexual relationship, studying full-time)

> *The individual - male or female - always has a choice about using or not using contraception. It should never be a matter of not having a choice.*

(Zoe, 22, in a heterosexual relationship, studying full-time and working in casual job)

Every person has a right to make their own choices, education helps us make informed decisions by ourselves and with our partner.
(Abigail, 20, living with male partner, studying full-time)

Above, women and men were positioned as equal within the 'contraceptive economy' (Terry and Braun 2011), in that each individual should have the right to an informed choice based on their own needs. These constructions emphasise individual agency over gender inequality, suggesting that women and men are equal in all matters of life (Baker 2008). However, as we will show, women often emphasised their social position as a woman to highlight their own agency and empowerment in making contraceptive choices.

A woman's body, a woman's choice

Women mobilised the discursive strategy a woman's body, a woman's choice to construct their accounts of free contraceptive choice. Here, women's articulations had similar rhetorical features in terms of content and structure:

My body, my right to decide.
(Emily, 19, single, working full-time)

It is my body, so I make the decisions about it.
(Olivia, 19, in a heterosexual relationship, studying full-time and working in casual job)

"It's her body, it's her decision. Not that of man, state or religion."
(Mila, 20, single parent, unemployed)

Above, we see similar articulations of the 'my body, my choice' discourse that is often present in reproductive rights discourse. Women mobilised the discursive strategy a woman's body, a woman's choice to emphasise their entitlement to exercise control and freedom in relation to their own body, silencing any perceived external influences.

Noteworthy here is the succinct nature of these responses, suggesting that once a dominant discourse is articulated there is little more to explain. In the third extract the woman uses quotation marks to potentially indicate that this is a widely circulating opinion. The following extracts are other examples of this discursive strategy:

> *My body, my womb, my choice. I have to live with my decisions.*
> (Sophie, 21, in a heterosexual relationship, studying full-time)

> *If it is my uterus, it is my choice what happens with it. I do not have the right to tell anyone else what they do with their uterus, and it should be the same for me. It is important that myself and others are given the freedom to choose.*
> (Isabell, 18, single, studying full-time, unemployed but not looking for work)

> *Everything to do with a woman's reproductive system is her choice alone.*
> (Ivy, 23, engaged, studying full-time)

Women positioned their choices as embodied and gendered as evidenced by anatomical references to women's bodies: "womb", "uterus" and "woman's reproductive system". These expressions emphasised the gendered nature of women's contraceptive decisions, in that being a woman and having a uterus means one must make choices about contraception. This highlights how identities are performative and practices such as choosing whether or not to use contraception (or at least, accounting for that choice) becomes a gendered practice (Cream 1995; Granzow 2007).

Many other women explicitly referenced their gender in accounting for their contraceptive choice:

> *I have the choice and if I did not want to use contraception then I would not use it, but as a women it is entirely my choice and no one else's.*
> (Anna, 21, in a heterosexual marriage, working in a casual job)

> *As a woman, I feel that it is my own right to decide what contraception is best suited for my body, my partner is understanding and has no issues with the contraception choices that I make, he is supportive and discusses any issues with me.*
> (Rose, 21, living with male partner, studying full-time)

Above, women's right to make contraceptive choices is qualified by their womanhood. By emphasising a gendered identity, women simultaneously oriented to their position as rightfully autonomous in making choices about contraception. It is unsurprising that in the context of contraception, a technology that was thought to liberate women (Tone 2012), and within the context of our gendered survey, women highlighted their gender to support their entitlement to make choices about contraception.

Planning parenthood

An alternative discursive strategy women mobilised to construct individualist accounts of choice was entitled planning parenthood. This discursive strategy allowed women to minimise their contraceptive choices and emphasise their choices in planning parenthood – that is, if and when they will have children. Here, women highlighted a sense of control over their fertility, where planning parenthood aligned with societal values around who should procreate and when it is appropriate to do so, and by implication, the social and moral consequences of 'unintended' or 'early' parenthood (Ruhl 2002; Wilson and Huntington 2006):

> *I love having a choice to choose when I would like to have a baby.*
> (Chelsea, 20, in a heterosexual relationship and live together part-time, working part-time and studying full-time)

> *I chose to use both condoms and The Pill as I would prefer to prevent pregnancy rather than have an unplanned pregnancy.*
> (Georgia, 20, single, working part-time and studying full-time)

> *It is my choice to use contraception, I am conscious of my body and what could happen regarding STI's and the possibility of becoming pregnant. These things are not what I wish to be exposed to.*
> (Maddison, 20, single, studying full-time)

In these extracts, women described their preferences to plan parenthood by using contraception. The absence of any discussion of a man or his fertility suggests that these accounts reproduce dominant constructions of the female body as 'vulnerable' and 'risky'

(Ussher 2006). In this way, the female body is central to reproduction where the threat of fertility comes from her body, not the man's. Accordingly, it is her responsibility to deal with the consequences of her fertility. Therefore, in controlling the reproductive body through contraception, women positioned their choices to plan parenthood as central to their own personal values, obscuring the cultural context that emphasises planned and appropriately timed parenthood.

Some women described needing to choose to use contraception because of their plans to be child-free:

> *I think it is a 'necessary evil'. The choice is not whether to use contraception or not, it is whether to fall pregnant or not. I do not wish to fall pregnant so I must use contraception.*
> (Amy, 21, single, working full-time)

> *I dislike taking a regular pill, or sometimes being forced to be in charge of purchasing condoms. But it is needed to avoid pregnancy and infections.*
> (Penny, 21, single, working part-time and studying full-time)

Women's contraceptive choices were described as a function of their plans for pregnancy (and parenthood). Contraception was a "necessary evil" or "needed" in order to avoid pregnancy. Contraceptive use here could be understood as a constrained choice (see Bird and Rieker 2008), as something women "must" use (and choose) or something they feel "forced" to be in charge of, because of their current priority to avoid pregnancy. As the woman in the first extract described, her choice is not about whether she would use contraception, but rather whether she would "fall pregnant".

Several other women articulated the necessity of contraception, which allowed them to foreground their choices around whether or not they wanted to have children:

> *I have a choice to use contraception and also a choice to engage in sex. Seeing as I have made the choice to both have sex and not fall pregnant, it is an obvious decision (of my own) to use contraception.*
> (Paige, 18, in a heterosexual relationship, working part-time and studying full-time)

> *My body, my lifestyle and bank account are not in a position to have the addition of a child - it would be as equally unfair to a child to raise it in this*

environment as it would be to me. Women should have the choice of being pregnant or not, and I choose not to be. I don't feel that in this day and age that celibacy is a reasonable argument against that, so I take preventative measures so that I don't have to make a much bigger and much more difficult decision that a lot more people are opposed to.
(Victoria, 19, single, working part-time and studying full-time)

Above, women were making their contraceptive choices in the context of planning parenthood. In the first extract, the woman used several personal pronouns and the word "choice" to emphasise her autonomy: the choice to use contraception or not, the choice to have sex or not, and the choice of pregnancy. Her choice to "have sex" and delay pregnancy meant that contraception was an "obvious" decision for her.

The woman in the second extract constructed her choice to use contraception, and avoid pregnancy, within a framework of equality and fairness, in the context of the current postfeminist society ("in this day and age") that positions celibacy as an outdated and illogical practice ("[not] a reasonable argument"). Her decision to use contraception was compared to an abortion. Although she did not label her point of comparison, the use of repetition and extreme case formulation ("much bigger" and "much more difficult" - the use of words in their extreme limit; see Wood and Kroger 2000) allowed her to show how taking "preventative measures" is ultimately the better option. At no point does she justify her right to avoid pregnancy and avoid celibacy as a matter of sexual equality – that is, her right to enjoy sex without the consequences of pregnancy. Accordingly, her right to sexual pleasure is absent, potentially a reflection of the local survey context in which questions about pleasure were also absent, and instead she emphasises her entitlement to have sex without the consequence of pregnancy (the original purpose of contraception: Watkins 1998).

Many other women made referenced to the emancipatory nature of contraception, in that contraception allowed them to have sex without the consequences of parenthood:

I personally never want children of my own. I might consider adopting older (6 yrs old+) children in ten years, but I have no real want to have children, and I don't consider myself a "mummy" person. Therefore the choice to use

and the ability to access and acquire contraception is very very important as I also don't want to live a life of celibacy just because I don't want kids.
(Savanah, 23, single, working in a casual job and studying full-time)

I've been on The Contraceptive Pill since age 13 for medical reasons and have chosen to continue using it for contraceptive purposes. I have never felt pressured into having unprotected sex. My boyfriend and I always choose to use condoms as well as The Contraceptive Pill just to be sure. I do not want children at all, so I plan to continue this behavior throughout my reproductive life.
(Heidi, 19, in a heterosexual relationship, studying full-time and not looking for work)

Above, women oriented to the ways in which their contraceptive choices were influenced by their plans for parenthood. In the first extract, the woman described her personal desire to "never" have children of her own. Her account emphasised the importance of choice and access to contraception as important given her plans for parenthood and her desire to avoid "a life of celibacy". Again, celibacy is mobilised here to emphasise women's entitlement to have sex without the consequences of pregnancy.

The woman in the second extract described continuing to use contraception for its "contraceptive purposes" and outlined her and her boyfriend's joint agency in preventing pregnancy. She concluded with her wish to not have children which means that she will continue using contraception throughout her "reproductive life".

Across this theme women emphasised their agency in planning whether and when to have children – a clear benefit of using (and choosing) female contraception (Tone 2012). Accordingly, women described a "need" to make some choices (i.e., use contraception) in order to exercise agency in others (i.e., planning parenthood). While this may be interpreted as constrained articulations of individual choice, in that parenthood was positioned as influential in their contraceptive choices, the consistent focus on individual agency across the theme speaks to the "cherished autonomy of the neoliberal self" (Stuart and Donaghue 2012, p. 117). Consequently, there is limited discursive space available for women to positively

narrate having no choice; especially in light of the cultural context which values autonomy, independence and planned pregnancy.

Discussion

We examined the multiple and contradictory ways in which women constructed accounts of free contraceptive choice. We explored two discursive strategies women drew on to position their contraceptive choice as a function of personal control and agency, devoid of context: a woman's body, a woman's choice and planning parenthood. The purpose of this analysis was to contribute a discursive perspective to conversations about how neoliberal and postfeminist discourses infiltrate women's accounts of contraceptive choice. Our concern for women's reproductive autonomy is central to this endeavor, and therefore, we have attempted to show how certain rhetorical moves (namely, discursive strategies) enabled women to provide an individualist account of contraceptive choice, which consequently obscure the broader social context in which their contraceptive choices took place.

The first discursive strategy a woman's body, a woman's choice, allowed women to emphasise the gendered nature of contraceptive choice and their right as women to control their fertility, in line with discourses of self-control in the context of reproduction (Ruhl 2002) and constructions of the uncontrollable female reproductive body (Ussher 2006). By emphasising their gendered identity, women oriented to their position as rightfully autonomous to make choices about contraception. While this strategy points to the clear benefits of contraception, in that it has allowed women the space to exercise control over their fertility, at the same time, this strategy has the effect of reinstating women's position as responsible and in charge of contraception, excluding others (men) from the "contraceptive economy" (Terry and Braun 2011, p. 481).

Within the second discursive strategy planning parenthood, women's contraceptive choices were constructed as a function of their plans for parenthood. We found women prioritised their right to have sex (without the consequences of parenthood) and their right to plan parenthood. Some women described plans to continue contraception throughout their reproductive life because they had chosen to be child-free. Although being child-free is increasingly common in many parts of the developed world such as Australia (Rowland 2007), women's disclosure about their plans to be child-free was notable given motherhood remains a contested and persistent ideal of womanhood and femininity (Jacques and Radtke 2012; Graham 2015).

In terms of limitations, our sample reflected the views of young Australian women who were more educated than the general population, mostly in heterosexual relationships and mainly from major cities. These demographic details limit the applicability of these findings, particularly in terms of age because women use contraception throughout their reproductive lifespan. Additionally, it is worth noting that our data were produced within a gendered context. Further, the use of an online survey removed any opportunity to follow-up women's responses, clarify their meanings, and explore their responses more thoroughly with them. In addition, our sampling frame, specifically, the focus on all instances of individualist language, meant that negotiated accounts of choice were excluded from the analysis. This limits the extent to which we are able to comment on how women articulated resistance to individualist discourses in this survey – an important area for future research.

More broadly, our findings align with recent studies examining young women's perspectives on various topics; these studies have concluded that women rarely justified their choices (in the context of motherhood, marriage and beauty practices) with reference to social expectations or norms, but rather emphasised their own personal choice and autonomy in a way that minimised the broader social context (Jacques and Radke 2012; Stuart and

Donaghue 2012; Mann, Cardona, and Gómez 2015). Moving forward, we share Baker's (2008) concern that an emphasis on individual choice and agency obscures the role of exploitation and subordination of women. Accordingly, it is important for future research to consider the utility of neoliberal and postfeminist language for women young, including the ways in which women resist the allure of 'choice' narratives.

We see the term choice, in the context of contraception, as paradoxical because contraception itself is arguably another form of patriarchy where women carry the financial and material burden, yet it also enables women to have a sense of control and freedom over their bodies. However, we note that choosing to use contraception does not necessarily mean emancipation, because contraception can lead to increased medical surveillance in that the promised self-control is not always delivered (Granzow 2007), particularly in the context of contraceptive side-effects (Littlejohn 2013).

Conceptualising choice as a dichotomy may be part of the problem. Future research needs to approach women's contraceptive use and decision making as a complicated, embodied, relational and dynamic process (Granzow 2008). Relatedly, we caution against a realist reading of women's responses (to questions such as ours) as such approaches may reproduce individualist understandings of women's reproductive decisions. Further, we recommend future endeavors contextualise women's experiences by acknowledging the social and political climate and how this implicates the ways in which women speak about and experience contraceptive decision-making.

Acknowledgements & Funding statement

Thank you to all the women who shared their experiences with us. The research on which this paper is based was supported under the Australian Research Council's *Linkage Projects* funding scheme (Project Number LP100200349). We are grateful to the Australian Research Council and partner organisations, Family Planning NSW and Bayer Australia Ltd for their financial support.

Footnote [1]All women have been assigned a pseudonym for anonymity.

References

Baker, J. 2008. “The ideology of choice. Overstating progress and hiding injustice in the lives of young women: Findings from a study in North Queensland, Australia.” *Women's Studies International Forum* 31 (1): 53-64.

Bateson, D. 2012. “What's new in contraception: An overview of current and future contraception options.” *Obstetrics & Gynaecology Magazine* 14: 55-57.

Beckett, C, and S. Clegg. 2007. “Qualitative data from a postal questionnaire: Questioning the presumption of the value of presence.” *International Journal of Social Research Methodology* 10 (4): 307-317.

Bird, C. E, and P. P. Rieker. 2008. *Gender and health: The effects of constrained choices and social policies*. Cambridge: Cambridge University Press.

Braun, V. 2009. “'The women are doing it for themselves': The rhetoric of choice and agency around female genital 'cosmetic surgery'.” *Australian Feminist Studies* 24 (60): 233-249.

Braun, V., and V. Clarke. 2006. “Using thematic analysis in psychology.” *Qualitative Research in Psychology* 3 (2): 77-101.

Brown, S. 2014. “‘They think it's all up to the girls’: gender, risk and responsibility for contraception.” *Culture, Health & Sexuality* 17 (3): 312-325.

Burr, V. 2003. *Social constructionism*. London: Routledge.

Campo-Engelstein, L. 2013. “Raging hormones, domestic incompetence, and contraceptive indifference: narratives contributing to the perception that women do not trust men to use contraception.” *Culture, Health & Sexuality* 15 (3): 283-295.

Clarke, V. 2005. “‘We’re all very liberal in our views’: Students’ talk about lesbian and gay parenting.” *Lesbian & Gay Psychology Review* 6 (1): 2-15.

Cream, J. 1995. “Women on trial: A private pillory?” In *Mapping the subject: Geographies of cultural transformation*, edited by S. Pile and N. Thrift, 158-169. London and New York: Routledge.

Flood, M. 2003. “Lust, trust and latex: Why young heterosexual men do not use condoms.” *Culture, Health & Sexuality* 5 (4): 353-369.

Garcia, J., J. Evans, and M. Reshaw. 2004. “‘Is there anything else you would like to tell us’ – Methodological issues in the use of free-text comments from postal surveys.” *Quality and Quantity* 38: 113-125.

Gill, R. 2007a. “Postfeminist media culture.” *European Journal of Cultural Studies* 10 (2): 147-166.

Gill, R. 2007b. “Critical respect: The difficulties and dilemmas of agency and 'choice' for feminism: A reply to Dutis and van Zoonen.” *The European Journal of Women's Studies* 14 (1): 69-80.

Gill, R. 2008. “Culture and subjectivity in neoliberal and postfeminist times.” *Subjectivity* 25 (1): 432-445.

Gill, R. 2009. “Mediated intimacy and postfeminism: A discourse analytic examination of sex and relationships advice in a women’s magazine.” *Discourse & Communication* 3 (4): 345-369.

Gill, R., and C. Scharff. 2011. *New femininities: Postfeminism, neoliberalism, and subjectivity*. Basingstoke: Palgrave Macmillan Ltd.

Gimlin, D. L. 2013. “‘Too good to be real’ :The obviously augmented breast in women’s narratives of cosmetic surgery.” *Gender & Society* 27 (6): 913-934.

Graham, L. 2015. "‘I am a mother’: Young women’s negotiation of femininity and risk in the transition to adulthood." *Culture, Health & Sexuality* (Published Online) DOI**:** 10.1080/13691058.2015.1084376

Granzow, K. 2007. “De-constructing ‘choice’: The social imperative and women's use of the birth control pill.” *Culture, Health & Sexuality* 9 (1): 43-54.

Granzow, K. 2008. “The imperative to choose: A qualitative study of women's decision-making and use of the birth control pill.” *Social Theory & Health,* 6: 1-17.

Harden, A., and C. Willig. 1998. “An exploration of the discursive constructions used in young adults' memories and accounts of contraception.” *Journal of Health Psychology* 3 (3): 429-445.

Harris, M, D. Loxton, B. Wigginton, and J. Lucke. 2015. “Recruiting online: Lessons from a longitudinal survey of contraception and pregnancy intentions of young Australian women.” *American Journal of Epidemiology* 181 (10): 737-746.

Jacques, H. A., and H. L. Radtke. 2012. “Constrained by choice: Young women negotiate the discourses of marriage and motherhood.” *Feminism & Psychology,* 22 (4): 443-461.

Jones, K., W. D. Mosher, and K. Daniels. 2012. *Current contraceptive use in the United States, 2006-2010, and changes in patterns of use since 1995.* http://www.cdc.gov/nchs/data/nhsr/nhsr060 pdf: National Health Statistics Reports.

Lader, D. 2007. *Contraception and sexual health 2006-07*. London: Office for National Statistics.

Lafrance, M. N. 2011. “Reproducing, resisting and transcending discourses of femininity: A discourse analysis of women’s accounts of leisure.” *Qualitative Research in Sport Exercise and Health,* 3 (1): 80-98.

Lippman, A. 1999. “Choice as a risk to women's health.” *Health, Risk & Society* 1 (3): 281-291.

Littlejohn, K. E. 2013. “‘It’s those pills that are ruining me’: Gender and the social meanings of hormonal contraceptive side effects.” *Gender & Society* 27 (6): 843-863.

Lucke, J. C., M. Watson, and D. Herbert. 2009. “Changing patterns of contraceptive use in Australian women.” *Contraception* 80 (6): 533-539.

Mann, E. S., V. Cardona, and C. A. Gómez. 2015. "Beyond the Discourse of Reproductive Choice: Narratives of Pregnancy Resolution among Latina/O Teenage Parents." *Culture, Health & Sexuality* 17 (9): 1090-104.

McRobbie, A. 2004. “Post-feminism and popular culture.” *Feminist Media Studies* 4 (3), 255- 264.

McRobbie, A. 2009. *The aftermath of feminism: Gender, culture and social change*. London: Sage.

Moran, C., and C. Lee. 2013. “Selling genital cosmetic surgery to healthy women: A multimodal discourse analysis of Australian surgical websites.” *Critical Discourse Studies* 10 (4): 373-391.

Moran, C., and C. Lee. 2014. “Women's constructions of heterosexual non-romantic sex and the implications for sexual health.” *Psychology & Sexuality* 5 (2): 161-182.

Oudshoorn, N. 2004. “‘Astronauts in the sperm world’: The renegotiation of masculine identities in discourses on male contraceptives.” *Men and Masculinities* 6 (4): 349-367.

Parker, I. 1992. *Discourse dynamics: Critical analysis for social and individual psychology*. London: Routledge

Parr, N., and S. Siedlecky. 2007. “Use of "dual protection" and other combinations of contraceptive methods in Australia.” *Australian and New Zealand Journal of Public Health* 31 (6): 567-570.

Peel, E. 2012. “‘Moving beyond heterosexism? The good, the bad and the indifferent in accounts of others’ reactions to important life events.” *Psychology of Sexualities Review* 3: 34-46.

Pollack, S. 1985. *Sex and the contraceptive act*. Aldershot: Gower.

Pomerantz, S., R. Raby, and A. Stefanik. 2013. "Girls run the world?: Caught between sexism and postfeminism in school." *Gender & Society* 27 (2): 185-207. doi: 10.1177/0891243212473199

Rich, E. 2005. "Young women, feminist identities and neo-liberalism." *Women's Studies International Forum* 28 (6): 495-508.

Rich, J. L, C. Chojenta, and D. Loxton. 2013. "Quality, rigour and usefulness of free-text comments collected by a large population based longitudinal study- ALSWH." *PloS one* 8. doi: 10.1371/journal.pone.0068832

Richters, J., A. E. Grulich, R. O. de Visser, A. M. A. Smith, and C. E. Rissel. 2003. "Sex in Australia: Contraceptive practices among a representative sample of women." *Australian and New Zealand Journal of Public Health* 27 (2): 210-216.

Ringrose, J., and V. Walkerdine. 2008. "Regulating the abject." *Feminist Media Studies* 8 (3): 227-246.

Rowland, D. T. 2007. "Historical trends in childlessness." *Journal of Family Issues* 28 (10): 1311-1337.

Ruhl, L. 2002. "Dilemmas of the will: Uncertainty, reproduction, and the rhetoric of control." *Signs 27* (3): 641-663.

Sawicki, J. 1999. "Disciplining mothers: Feminism and the new reproductive technologies." In *Feminist theory and the body,* edited by J. Price and M. Schildrick, 190-202. New York: Routledge.

Stacey, J. 1990. "Sexism by a subtler name? Poststructural conditions and post feminist consciousness in Silicon Valley." In *Women,class, and the feminist imagination: A socialist feminist reader*, edited by K. V. Hansen and I. J. Philipson, 7-28. Philadelphia: Temple University Press.

Stuart, A., and N. Donaghue. 2012. “Choosing to conform: The discursive complexities of choice in relation to feminine beauty practices.” *Feminism & Psychology* 22 (1): 98-121.

Tasker, Y., and D. Negra. 2007. *Interrogating postfeminism: Gender and the politics of popular culture*. London: Duke University Press.

Taylor, G. W., and J. M. Ussher. 2001. “Making sense of S&M: A discourse analytic account.” *Sexualities* 4 (3): 293-314.

Terry, G., and V. Braun. 2011. “‘It's kind of me taking responsibility for these things’: Men, vasectomy and ‘contraceptive economies’.” *Feminism & Psychology* 21 (4): 477-495.

Tone, A. 2012. “Medicalizing reproduction: The Pill and home pregnancy tests.” *Journal of Sex Research* 49 (4): 319-327.

Ussher, J. M. 2006. *Managing the monstrous feminine: Regulating the reproductive body*. London: Routledge.

Watkins, E. S. 1998. *On the pill: A social history of oral contraceptives, 1950-1970*. Baltimore: Johns Hopkins University Press.

Wigginton, B, M. Harris, D. Loxton, D. Herbert, and J. Lucke. 2015. “The feminisation of contraceptive use: Australian women’s accounts of accessing contraception.” *Feminism and Psychology* 25: 178-198.

Wilson, H., and A. Huntington. 2006. “Deviant (m)others: The construction of teenage motherhood in contemporary discourse.” *Journal of Social Policy* 35 (1): 59-76.

Wood, L. A., and R. O. Kroger. 2000. *Doing discourse analysis: Methods for studying action in talk and text*. Thousand Oaks, CA: SAGE.