

This paper is part of a series of papers on Contraception and Human Flourishing by the Marriage and Religion Research Institute. Since 2015 MARRI has been carefully reviewing the empirical findings on the effects of contraception across major dimensions of wellbeing to create an in-depth synthesis of the existing research literature on contraception to better inform health practitioners, educators, and women seeking to meet their fertility goals in a safe and effective manner.

Handbook on the Effects of Contraception

Part 9: Implications of Findings and Conclusions

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I- Implications of Findings

“I was a perfectly healthy 32-year-old school teacher and the picture of health prior to getting one shot of Depo provera in August 2010. That shot messed my body up to the core. I am still struggling with depression, chronic fatigue, adrenal fatigue, hashimotos autoimmune thyroiditis, vitamin deficiencies, back pain, joint pain, chronic infections, extreme weight gain, hormonal imbalance, as well as about 20 other symptoms that I did not have prior to getting that toxic shot. Depo Provera flipped my healthy happy body and mind upside down. I'm 41 years old and disabled now and can barely get out of bed most days. I was never warned of any side effects from my doctor except for 5-10 lb weight gain. Had I known I could be permanently disabled for almost 9 years from one shot I would have NEVER gotten it. Doctors and scientists need to be aware injecting this high dose of synthetic progesterin is EXTREMELY DANGEROUS for some women and I'm one of them. Please take this drug off the market before it disables more women. It should be illegal to ruin a woman's life like it has mine.”¹-comment from FDA Citizens Petition²

Although the avoidance of pregnancy due to individual life circumstances is a valid need, the way in which pregnancy is postponed or children are spaced requires further discussion.

Presently, an overwhelming part of the population utilizes contraception for such ends. Though as the evidence on the subject shows all types of artificial methods of pregnancy prevention have some degree of failure (resulting in both unintended pregnancies and abortions) and have numerous negative consequences on women's physical, psychological, and relational wellbeing (see Chart 1 for failure rates and side effects).³

As the National Institute of Health (NIH) stresses these claims should not go unnoticed. According to their statements on the topic, almost 50% of U.S. pregnancies are unintended.⁴

¹Madeleine Coyne, “FDA Citizen's Petition on Birth Control: Shocking Stories of How Women Are Getting Hurt,” ed. Amy Fathman, Natural Womanhood, September 20, 2019, <https://naturalwomanhood.org/fda-citizens-petition-on-birth-control-shocking-stories-of-how-women-are-getting-hurt-2019/>.

² Food and Drug Administration, “Citizen Petition from Contraceptive Study Group- Comments,” Regulations.gov, May 9, 2019, <https://www.regulations.gov/document/FDA-2019-P-2289-0001>.

³ NIH, “RFA-HD-14-024: Female Contraceptive Development Program (U01),” grants.nih.gov (U.S. Department of Health and Human Services, November 5, 2013), <https://grants.nih.gov/grants/guide/rfa-files/RFA-HD-14-024.html>.

⁴ NIH, “Female Contraceptive Development Program,” (2013).

And as the CDC also reports, the abortion rate in 2009 was estimated to be 15.1 abortions/per 1000 women.⁵

Furthermore, many of the side effects associated with artificial contraceptive methods have serious repercussions on women's health. Several conditions of contraceptive use have been labeled a category 4 "a condition that represents an unacceptable health risk if the contraceptive method is used"⁶ by the CDC. The magnitude of the effects of contraceptive use is further illustrated in scholarly articles such as a 2009 study examining the risk of VTE: "The choice of oral contraceptive should be based on the smallest increase of side effects, such as risk of venous thrombosis... With such a large number of women using oral contraceptives, even the smallest increase of side effects will affect many."⁷

In 2013, the many adverse effects associated with contraceptive use led the NIH calls for a change in the way pregnancies are avoided.⁸ The Institute issued a 3 million dollar request to research non-hormonal contraceptive alternatives.⁹ Presently, many advances have been made in natural fertility methods from public and private parties. Termed Fertility Awareness Based Methods (FABM),¹⁰ FABMs are 100% natural, requiring no consumption of hormones, materials that can tear or lead to fatal pregnancies, and no surgical procedures. FABMs focus on women's physical signs that are naturally exhibited as women's hormones change throughout their menstrual cycle. Couples who wish to avoid pregnancy can use that information to abstain during the fertile phase of a woman's cycle.

Until recently, FABMs efficacy rates had been misrepresented by using samples that are predominantly composed of calendar rhythm method users (86%).¹¹ The CDC now estimates that the typical failure rate of FABMs use is: 2- 23%.¹² According to Dr. Marguerite Duane, who

⁵ NIH, "Female Contraceptive Development Program," (2013).

⁶ Centers for Disease Control and Prevention, "Update to CDC's U.S. medical eligibility criteria for contraceptive use, 2010: revised recommendations for the use of contraceptive methods during the postpartum period," (2011) <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6026a3.htm#tab1>.

⁷ A. van Hylckama Vlieg, F. M. Helmerhorst, J. P. Vandenbroucke, C. J. Doggen, and F. R. Rosendaal, "The venous thrombotic risk of oral contraceptives, effects of oestrogen dose and progestogen type: results of the MEGA case-control study," *BMJ* 345 (2009).

⁸ NIH, "Female Contraceptive Development Program," (2013).

⁹ Hanna Klaus, and Manuel E. Cortés, "Psychological, social, and spiritual effects of contraceptive steroid hormones," *The Linacre Quarterly* 82, no. 3 (2015): 283, 296. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4536622/pdf/lnq-82-283.pdf>

¹⁰ FABMs include: the Billings Ovulation Method (BOM), Creighton Model (CrM), Two Day Method, Cross Check Methods, Sympto-hormonal (Marquette), Standard Days Method, and the Lactational Amenorrhea Method.

¹¹ Fertility Appreciation Collaborative to Teach the Science, "What Is Charting?," FACTS (Family Medicine Education Consortium), accessed February 28, 2022, <https://www.factsaboutfertility.org/what-is-charting/>.

¹² Centers for Disease Control and Prevention, "Contraception," Centers for Disease Control and Prevention- Reproductive Health. Centers for Disease Control and Prevention, last reviewed January 13, 2022, <https://www.cdc.gov/reproductivehealth/contraception/index.htm>.

practices medicine for families and teaches at Georgetown University, the failure rate of FABMs ranges from 2-14%.¹³

The specific failure rates for perfect use and typical use of each FABM are as follows: Sympto-thermal Method (perfect use 0.4%, typical use 1.6%), Marquette Method (perfect use 0%, typical use 6.8%), Billings Ovulation Method® (perfect use 1.1%, typical use 10.5%), and Standard Days Method (perfect use 4.8%, typical use 11.9%).¹⁴ A summary of the most well-conducted studies on FABM effectiveness can be seen below.¹⁵

Table 3 Best evidence of FABM effectiveness in avoiding pregnancy

Method	1-y probability unintended pregnancy (%)		SORT evidence level	Score	Citation
	Correct use	Typical use			
Billings	3.2	22	2*	52	Trussell ²²
	1.1	10.5	1	52	Indian Medical Task Force ²¹
STM	0.4	1.6	1	55	Frank-Herrmann ¹⁸
	0.6	2.2	1	55	Frank-Herrmann ¹⁷
	0.6 [†]	2.02 [†]	1	55	Frank-Herrmann ¹⁸
	0.4 [†]	1.43 [†]	1	55	Frank-Herrmann ¹⁷
Creighton	0.5 [‡]	– [§]	1	43	Hilgers ¹⁹
	0.14 [‡]	– [§]	1	43	Howard and Stanford ²⁰
Marquette	2.1	14.2	1	54	Fehring ²³
SDM	4.75	11.96	1	56	Sinai (2002) ⁸
2Day	3.5	13.7	1	56	Arevalo ²⁴

*As this is a post hoc analysis of the original World Health Organization data using the Critical criteria outlined in Table 2, the evidence level is reduced.

Moreover, technological advances have made the process of understanding women's complex reproductive mechanism simple, safe, and effective. There are currently existing fertility tracking apps.¹⁶ A 2016 study published in the Journal of the American Board of Family Medicine found that only 30 out of the 95 fertility apps available through iTunes, Google and Google Play, predicted fertile days.¹⁷ As seen below, only six correctly predicted fertility days (Ovulation Mentor, Sympto.org, iCycleBeads, LilyPro, Lady Cycle, and mfNFP.net) and only one met

¹³Marguerite Duane, "Newsweek's uninformed freak-out over possible Trump administration policy on birth control," FACTS, (2017), <http://www.factsaboutfertility.org/trump-policy-on-birth-control/>.

¹⁴Richard J. Fehring, Mary Schneider, Kathleen Raviele, Dana Rodriguez, and Jessica Pruszynskim, "Randomized comparison of two Internet-supported fertility-awareness-based methods of family planning," *Contraception* 88, no. 1 (2013): 24-30.

¹⁵Michael D. Manhart, Marguerite Duane, April Lind, Irit Sinai, and Jean Golden-Tevald, "Fertility awareness-based methods of family planning: a review of effectiveness for avoiding pregnancy using SORT," *Osteopathic Family Physician* 5, no. 1 (2013): 6.

¹⁶Rachel Wilkerson, "Fertility Apps and Femtech- Can You Trust Fertility Tracking Apps with Your Data?" Natural Womanhood-Know Your Body, February 22, 2020. <https://naturalwomanhood.org/can-you-trust-fertility-tracking-apps-with-your-data-femtech-privacy-efficacy-2020/>

¹⁷Marguerite Duane, Alison Contreras, Elizabeth T. Jensen, and Amina White, "The performance of fertility awareness-based method apps marketed to avoid pregnancy," *The Journal of the American Board of Family Medicine* 29, no. 4 (2016): 508-511.

almost all peer-reviewed FABM guidelines for determining fertility days (did not meet symptothermal method).¹⁸

Ranking of Fertility Apps Based on Mean Accuracy and Authority Scores*

Ranking	Name of App	FABM	Platforms Available	Accuracy and Authority Score (Mean)	Total Score (Mean)
Apps that predict fertile days (n = 30)					
1	Ovulation Mentor [†]	Ovulation	Web	4.7	4.4
2	Sympto.org [†]	Symptothermal method	iOS/Android/Web	4.5	4.1
3	iCycleBeads [†]	Standard days method	iOS/Android	4.3	3.9
4	LilyPro [†]	Symptothermal method	iOS	4.3	3.8
5	Lady Cycle [†]	Symptothermal method	Android	4.3	4.1
6	mfNFP.net [†]	Symptothermal method	iOS/Android/Web	4.0	4.0
7	MyFertilityCharts.com	Symptothermal method	iOS/Android/Web	3.5	3.7
8	CycleProGo	Symptothermal method	iOS/Android/Web	3.4	3.9
9	2Day Method	Two day	iOS	3.3	3.2
10	Ova Ova	Symptothermal method	Web	3.3	3.3

Source: Duane, Marguerite, Alison Contreras, Elizabeth T. Jensen, and Amina White. "The performance of fertility awareness-based method apps marketed to avoid pregnancy." *The Journal of the American Board of Family Medicine* 29, no. 4 (2016): 508-511.

Given that the discussion about reproductive rights revolves around women's health, efficacy rates of pregnancy prevention, and cost of both contraceptive methods and childbearing, **an open assessment** of the health risks associated with artificial contraceptive use, the effectiveness and medically safety attributes of FABMs, and the low cost and accessibility of FABM, is necessary among medical professionals, educators, and policy makers. The end goal is the same- avoiding pregnancy in a safe, inexpensive, and effective way- artificial contraception does not meet such ends, FABMs does.

II- Conclusions

*"The natural biomarkers of fertility and infertility are not even considered in the regulations, yet these offer well documented, reliable, cost-free, and side-effect free options for procreative choice. Fertility is not a disease. Using a drug with the many untoward effects described in this article to sterilize sexual encounters in not only irrational, it is not good medicine."*¹⁹

Since 2015 MARRI has been carefully reviewing the empirical findings on the effects of

¹⁸ Duane, Contreras, Jensen, and White, "Awareness-based method apps," 508-511.

¹⁹ Klaus, and Cortés, "Psychological, social, and spiritual," 283, 296.

contraception across major dimensions of wellbeing to create an in-depth synthesis of the existing literature on contraception to better inform practitioners, educators and the general public. The current version of this Handbook shows that overall artificial methods of contraception do not enable women to flourish physically, psychologically, sexually, or relationally. The latter has negative implications on the quality of intimate relationships and marriages at the societal level, family formation patterns, the quality of life of children born from method failure and the quality of life of children affected by the union dissolution of their parents.

Hormone production in the brain, pituitary gland, and the ovaries is essential to women's overall wellbeing.²⁰ Not only is hormone production of estrogen and progesterone critical for the female reproductive system to function properly, but as the CDC states, these hormones are also necessary for the health of the heart, bones, liver, brain, and other tissues.²¹ A healthy, naturally occurring cycle and endogenous hormones, allows women to conceive, to carry a baby to term, to maintain a healthy immune system, stable bone density, to regulate heart and blood pressure, to stimulate the brain, to normalize blood sugar, and maintain a stable mood.^{22,23} Any "hazard" that causes an imbalance of estrogen and progesterone production can lead to difficulty conceiving or infertility, certain cancers (i.e. endometrial and breast cancer), osteoporosis, heart disease, tissue loss, and issues related to the brain and the spinal cord.²⁴

Unfortunately, intentionally inducing hormonal imbalance in women to prevent pregnancy, and/or to relieve other medical conditions, has resulted in heightened rates of: Breast cancer, cervical cancer, liver cancer, skin cancer, central nervous system or pituitary cancer, VTE, blood clots, heart disease (stroke and other cardiovascular complications), eye disease, infertility, ectopic pregnancy, HIV and STDs, complications with Type 2 diabetes, increased weight (resulting with dangerous repercussions for obese users), abnormal brain structure patterns and modified brain functioning, autoimmune diseases (like Crohn's disease, ulcerative colitis, and multiple sclerosis), and mental illness (such as increased anxiety, depression, mood swings, and a

²⁰Centers for Disease Control and Prevention, and National Institute for Occupational Safety and Health (NIOSH), "Female Reproductive System - Reproductive Health." CDC. Centers for Disease Control and Prevention, April 20, 2017, <https://www.cdc.gov/niosh/topics/repro/femalereproductivesystem.html>.

²¹Centers for Disease Control and Prevention, and National Institute for Occupational Safety and Health (NIOSH), "Female Reproductive System."

²²Cassie Moriarty, "Reasons Women Need Periods: The Role of the Menstrual Cycle in Brain Health & Development," Natural Womanhood-Know Your Body. Natural Womanhood, November 14, 2020. <https://naturalwomanhood.org/reasons-women-need-periods-the-role-of-the-menstrual-cycle-in-brain-health-development/>.

²³Cassie Moriarty, "Reasons Women Need Periods: The Menstrual Cycle & Bone Health Development," Natural Womanhood-Know Your Body. Natural Womanhood, May 12, 2020. <https://naturalwomanhood.org/reasons-women-need-periods-you-need-a-period-the-role-of-the-menstrual-cycle-in-bone-health-development-2020/>.

²⁴Centers for Disease Control and Prevention, and National Institute for Occupational Safety and Health (NIOSH), "How Reproductive Hazards Can Affect Your Health," Centers for Disease Control and Prevention, April 20, 2017. <https://www.cdc.gov/niosh/topics/repro/femaleHealthImpact.html>.

tripled increased risk of suicide).²⁵

Contraceptives can effectively (though not perfectly) allow sexual intercourse without conception, but in doing so, the latest empirical evidence indicates that they reduce sexual quality (altering partner attraction and decreasing sexual desire, arousal, and sexual satisfaction), and relationship quality (changing attraction to one's partner,²⁶ increasing jealousy,²⁷ and worsening mood,^{28,29,30,31,32,33} anxiety^{34,35,36,37} and depression^{38,39,40,41,42,43,44,45}).

²⁵ See Handbook chapters on each of these conditions for a complete listing of the references on each of these effects..

²⁶ Shirley S. Wang, "The Tricky Chemistry of Attraction. Taking birth-control pills may mask the signals that draw the sexes together, research shows," May 9, 2011, accessed 3 December 2012, <http://online.wsj.com/article/SB10001424052748704681904576313243579677316.html>.

²⁷ Lisa L. M. Welling, David A. Puts, S. Craig Roberts, Anthony C. Little, and Robert P. Burriss, "Hormonal contraceptive use and mate retention behavior in women and their male partners," *Hormones and Behavior* 61, no. 1 (2012): 115.

²⁸ M. Gingnell, J. Engman, A. Frick, et al., "Oral contraceptive use changes brain activity and mood in women with previous negative affect on the pill: a double-blinded, placebo-controlled randomized trial of a levonorgestrel-containing combined oral contraceptive," *Psychoneuroendocrinology* 38, no. 7 (2013):1133-1144.

²⁹ M. J. Rosenberg, and M. S. Waugh, "Oral contraceptive discontinuation: a prospective evaluation of frequency and reasons," *Am J Obstet Gynecol* 179, no. 3, pt 1 (1998):577-582.

³⁰ S. A. Sanders, C. A. Graham, J. L. Bass, and J. A. Bancroft, "A prospective study of the effects of oral contraceptives on sexuality and well-being and their relationship to discontinuation," *Contraception* 64, no. 1, (2001):51-58.

³¹ Charlotte Wessel Skovlund, Lina Steinrud Mørch, Lars Vedel Kessing, and Øjvind Lidegaard, "Association of hormonal contraception with depression," *JAMA psychiatry* 73, no. 11 (2016): 1154-1162.

³² Inger Sundstrom Poromaa, and Birgitta Segebladh, "Adverse Mood Symptoms with Oral Contraceptives," *Acta Obstetrica Et Gynecologica Scandinavica* 91, no. 4 (2012): pp. 420-427, <https://doi.org/10.1111/j.1600-0412.2011.01333.x>.

³³ William V. Williams, Joel Brind, Laura Haynes, Michael D. Manhart, Hanna Klaus, Angela Lanfranchi, Gerard Migeon et al., "Hormonally Active Contraceptives Part I: Risks Acknowledged and Unacknowledged," *The Linacre Quarterly* 88, no. 2 (2021): 126-148, <https://doi.org/10.1177%2F0024363920982709>.

³⁴ C. Egarter, M. A. Topcuoglu, M. Imhof and J. Huber, "Low Dose Oral Contraceptives and Quality of Life." *Contraception* 59. (1999): 289 [update page numbers].

³⁵ Jinna Zhao, Ying Li, Yulin Wu, Jian Zhou, Lei Ba, Xiaoping Gu, Weidong Wang, et al. "Impact of Different Contraceptive Methods on Quality of Life in Rural Women of the Jiangsu Province in China." *Contraception* 80, no. 2 (August 2009): 180. <https://doi.org/10.1016/j.contraception.2009.02.002>.

³⁶ S. L. Williams, S. M. Parisi, R. Hess, and E. B. Schwarz, "Associations between recent contraceptive use and quality of life among women," *Contraception* 85, no. 3: (2012): 282. doi: 10.1016/j.contraception.2011.08.004.

³⁷ Violetta Skrzypulec, and Agnieszka Drosdzol, "Evaluation of quality of life and sexual functioning of women using levonorgestrel-releasing intrauterine contraceptive system–Mirena," *Collegium antropologicum* 32, no. 4 (2008): 1059.

³⁸ Gingnell, Engman, Frick, et al., "Oral contraceptive use changes," 1133-1144.

³⁹ Rosenberg, and Waugh, "Oral contraceptive discontinuation," 577-582.

⁴⁰ Sanders, Graham, Bass, and Bancroft, "sexuality and well-being," 51-58.

⁴¹ Poromaa, and Segebladh, "Adverse mood symptoms," 420-427.

⁴² Charlotte Wessel Skovlund, Lina Steinrud Mørch, Lars Vedel Kessing, and Øjvind Lidegaard, "Association of hormonal contraception with depression," *JAMA psychiatry* 73, no. 11 (2016): 1154-1162.

In turn, the literature shows that the deterioration of women's physiology and intimate relationships described above, decreases marital quality and increases the risk of union dissolution, divorce, partner abuse, jealousy, abortion, and the rate of children in broken homes (which has multiple implications on the physical, emotional, and academic well-being of a child).

The UN reports that global use of contraception has increased from 42 percent in 1990 to 49 percent in 2019 among women of reproductive age (922 million women).⁴⁶ In the United States, nearly all women of reproductive age who have been sexually active have used at least one method of contraception in their lifetime (99%, or 53 million women).⁴⁷ If these patterns continue, growing numbers of women, couples, and their children, will experience the repercussions of contraceptive use discussed above.

Human innovation is capable of great advances for individual and societal flourishing.

While the literature on contraception clearly shows that the negative effects of artificial methods of contraception outweigh the benefits they have on women's lives, Fertility Awareness Based Methods⁴⁸ and NaproTechnology,⁴⁹ provide an encouraging range of options for women to avoid pregnancy safely and effectively,⁵⁰ while also improving (rather than diminishing) the quality of their intimate relationships, physical health, psychological health, reproductive health, overall quality of life. Moreover, the positive effects of a natural medically supported manner of helping women to meet their family planning aspirations and/or to treat women's reproductive and hormonally related health problems (such as acne), should improve the negative trends that have been exacerbated by ineffective pregnancy prevention methods and methods that have deliberately altered women's hormonal: Unintended pregnancy,⁵¹ abortion,⁵² divorce, poor mental health,^{53,54,55,56,57,58,59,60,61,62,63,64,65,66,67,68,69,70} suicide,^{71,72,73} obesity,⁷⁴ and reproductive

⁴³ Charlotte Wessel Skovlund, Lina Steinrud Mørch, Lars Vedel Kessing, Theis Lange, and Øjvind Lidegaard, "Association of Hormonal Contraception With Suicide Attempts and Suicides," *American Journal of Psychiatry* (2017): appi-ajp, <https://ajp.psychiatryonline.org/doi/abs/10.1176/appi.ajp.2017.17060616>

⁴⁴ Williams, Brind, Haynes, Manhart, Klaus, Lanfranchi, Migeon et al. "Hormonally Active Contraceptives Part I,"(2021): 126-148.

⁴⁵ Klaus, and Cortés, "Psychological, social, and spiritual," 283-300.

⁴⁶United Nations Department of Economic and Social Affairs Population Division, "World Fertility."

⁴⁷ Kimberly Daniels and Jo Jones, *Contraceptive methods women have ever used: United States, 1982-2010*. No.

62. US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, 2013.

⁴⁸ Fertility Appreciation Collaborative to Teach the Science, "What Is Charting?"

⁴⁹ NaProTECHNOLOGY, "About NaProTECHNOLOGY," NaProTECHNOLOGY, 2022, <https://naprotechnology.com/about/>.

⁵⁰Michael D. Manhart, Marguerite Duane, April Lind, Irit Sinai, and Jean Golden-Tevald, "Fertility awareness-based methods of family planning: a review of effectiveness for avoiding pregnancy using SORT," *Osteopathic Family Physician* 5, no. 1 (2013): 6.

⁵¹NIH, "Female Contraceptive Development Program," (2013).

⁵²NIH, "Female Contraceptive Development Program," (2013).

⁵³ Gingnell,Engman, Frick, et al., "Oral contraceptive use changes," 1133-1144.

complications.

It is our hope that this review will increase awareness about the multifaceted effects of contraceptive use on the human mind, body and interpersonal relationships, as well as to improve academic programs and medical services for women of all ages, so that women's reproductive health can contribute to women's flourishing and that of society.

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- ⁵⁴ Rosenberg, and Waugh, "Oral contraceptive discontinuation," 577-582.
- ⁵⁵ Sanders, Graham, Bass, and Bancroft, "sexuality and well-being," 51-58.
- ⁵⁶ Poromaa, and Segebladh, "Adverse mood symptoms," 420-427.
- ⁵⁷ Skovlund, Mørch, Kessing, and Lidegaard, "hormonal contraception with depression," (2016): 1154-1162.
- ⁵⁸ Williams, Brind, Haynes, Manhart, Klaus, Lanfranchi, Migeon et al., "Hormonally Active Contraceptives Part I,"(2021): 126-148.
- ⁵⁹ Egarter, Topcuoglu, Imhof and Huber, "Low Dose Oral Contraceptives," 289. [update page numbers].
- ⁶⁰ Zhao, Li, Wu, Zhou, Ba, Gu, Wang, et al., "Jiangsu Province in China," 180.
- ⁶¹ Williams, Parisi, Hess, and Schwarz, "Associations between recent contraceptive," (2012): 282.
- ⁶² Skrzypulec, and Drosdzol, "Evaluation of quality," 1059.
- ⁶³ Gingnell, Engman, Frick, et al., "Oral contraceptive use changes," 1133-1144.
- ⁶⁴ Rosenberg, and Waugh, "Oral contraceptive discontinuation," 577-582.
- ⁶⁵ Sanders, Graham, Bass, and Bancroft, "sexuality and well-being," 51-58.
- ⁶⁶ Poromaa, and Segebladh, "Adverse mood symptoms," 420-427.
- ⁶⁷ Skovlund, Mørch, Kessing, and Lidegaard, "hormonal contraception with depression," (2016): 1154-1162.
- ⁶⁸ Skovlund, Mørch, Kessing, Lange, and Lidegaard, "Hormonal Contraception With Suicide," (2017): appi-ajp.
- ⁶⁹ Williams, Brind, Haynes, Manhart, Klaus, Lanfranchi, Migeon et al., "Hormonally Active Contraceptives Part I,"(2021): 126-148.
- ⁷⁰ Klaus, and Cortés, "Psychological, social, and spiritual," 283-300.
- ⁷¹ Skovlund, Mørch, Kessing, Lange, and Lidegaard, "Hormonal Contraception With Suicide," (2017): appi-ajp.
- ⁷² Williams, Brind, Haynes, Manhart, Klaus, Lanfranchi, Migeon et al., "Hormonally Active Contraceptives Part I,"(2021): 126-148.
- ⁷³ Williams, Brind, Haynes, Manhart, Klaus, Lanfranchi, Migeon et al., "Hormonally Active Contraceptives Part I,"(2021): 126-148.
- ⁷⁴ Andrea E. Bonny, Julie Ziegler, Ray Harvey, Sara M. Debanne, Michelle Secic, and Barbara A. Cromer, "Weight gain in obese and nonobese adolescent girls initiating depot medroxyprogesterone, oral contraceptive pills, or no hormonal contraceptive method," *Archives of pediatrics & adolescent medicine* 160, no. 1 (2006): 40.