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Vulnerability and empowerment: the experience of consumers of hormonal contraceptive pills

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Abstract

Objective: This research aims to understand the experience of vulnerability and empowerment among the contraceptive pill users.
Method: Data were collected from interviews, *WhatsApp* and *Facebook* group texts, and analyzed from an interpretative perspective.
Originality/Relevance: This study highlights an imbalanced market relationship in which both external and internal factors influence behavior in the context of contraceptive pill consumption.
Results: There is evidence that assures women consumers a condition of vulnerability related to insufficient information regarding the risks, low regulation and the effects and harms associated with oral contraceptives.
Theoretical/methodological contributions: The investigation of two consumption phenomena that prove to be complementary: vulnerability and empowerment, unveiling two aspects of a process that has its time frames based on events that involve feelings, perceptions and meanings for female consumers.
Social / management contributions: This research enables the pharmaceutical industry, as a producer, to broaden its perspective on the consumer relationship women have with this medication, its consequences and meanings, which go beyond contraception.

Keywords: consumer vulnerability, consumer empowerment, transformative consumer research, consumption of contraceptives

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Resumo

Vulnerabilidade e empoderamento: a experiência de consumidoras de pílulas contraceptivas hormonais.

Objetivo: O objetivo da pesquisa é compreender a experiência de vulnerabilidade e empoderamento de consumidoras de pílulas contraceptivas
Método: Os dados foram coletados de entrevistas, textos de grupo do *Whatsapp* e *Facebook*, e analisados sob uma perspectiva interpretativista.
Originalidade/Relevância: A relação desequilibrada de mercado, cujas externalidades e internalidades afetam o comportamento no contexto de consumo de pílulas contraceptivas.
Resultados: Há evidências que asseguram às mulheres consumidoras uma condição de vulnerabilidade relativas à insuficiência de informações a respeito dos riscos, baixa regulação, efeitos e danos provocados pelos anticoncepcionais orais.
Contribuições teóricas/metodológicas: A investigação de dois fenômenos de consumo que se revelam complementares: a vulnerabilidade e o empoderamento, revelando-se duas faces de um processo que possui seus marcos temporais calcados em eventos que envolvem sentimentos, percepções e significados para as mulheres consumidoras.
Contribuições sociais / para a gestão: possibilita que a indústria farmacêutica, como produtora, amplie seu olhar sobre a relação de consumo que as mulheres possuem com o medicamento, suas consequências e significados, que vão além da contracepção

Palavras-chave: vulnerabilidade do consumidor, empoderamento do consumidor, pesquisa transformativa do consumidor, consumo de anticoncepcionais

1 Introduction

According to IBGE data, the number of children per family in Brazil has decreased by 10.7% in the last ten years and the average number of children per family has gone from 1.78 in 2003 to 1.59 in 2013, according to the Brazilian Institute of Geography and Statistics (2014). Also, for the IBGE, in its projection of the Brazilian population (2013), attributes this decline in fertility rate to the increase in the education of young women, higher participation of women in the labor market and the greater access to information on contraceptive methods and sexuality.

In this context, about 80% of women of childbearing age in Brazil use some contraceptive method. This information is confirmed by the National Survey of Demography and Health of Children and Women (2009), which found that women become sexually active at an increasingly younger age, as well as contraceptive practice.

In that sense, the use of the contraceptive pill has become widespread due to its efficacy in preventing pregnancy (Peterson, 1998), in regulating body functions and in supporting public birth control, a function that has aroused interest in the field of social marketing and public policies (Ferris, Aquilino, Batra, Marshall & Losch, 2015).

However, the exposure of the consumer market to the benefits and risks of contraceptive pills put women in a position of vulnerability in the consumption of this drug. This vulnerability is amplified by physical, motivational, social and cognitive conditions, along with risks to physical and mental health (Hirschman, 1993; Luce & Kahn, 1999) By analyzing the consumption of oral contraceptives from the perspective of vulnerability, this research is aligned with the perspective that the condition of being vulnerable is contingent on lived experiences (Baker, Stephens & Hill, 2001), recognizing that not every consumer is vulnerable only to side effects. Factors such as impulsivity, self-awareness, and perception of harm are considered response stimuli that help identify the state of vulnerability (Baker and LaBarge, 2015), contributing to a more nuanced understanding of this phenomenon in the context of contraceptive consumption.

Given this context, the following question emerges: how is the experience of vulnerability and empowerment of consumers of oral contraceptive pills manifested? Thus, the objective of the research is to understand the experience of vulnerability and empowerment of consumers of hormonal contraceptive pills during their consumption process, exposing the cases and narratives of women who reveal that they have suffered serious, life-threatening health problems caused by the use of this type of medication.

2 The condition of consumer vulnerability

Studies on consumer vulnerability have expanded across various fields of Marketing and public policy, including areas such as poverty (Hill, 2001), lack of access to technology (Hogg, Howells & Milman, 2007), natural disasters (Baker, 2009), exclusion from financial services (Wilson, 2012), indebtedness (Gatherggod, 2012; Figueira & Pereira, 2014), educational services (Coelho, Orsini & Abreu, 2016) and *Big Data* (Madden, Gilman, Levy & Marwick, 2017), achieving interdisciplinarity within and outside organizational studies (De Clercq, Van Tonder & Van Aardt, 2015).

The concept of vulnerability refers to a state of susceptibility to damage, injury or loss caused to someone under the advantage of another, as a result of the relationship that is established between them (Smith & Cooper-Martin, 1997). Vulnerability has often and unfairly been compared to poverty, but in fact its meaning is broader. However, vulnerability is still being developed in its theory, and as part of this process, it has incorporated various indicators and expanded measurement methods. Despite this, Chambers (2006) sees an external side of vulnerability related to exposure and an internal side related to the forces that give the individual the ability to face the disadvantages of the exchange system.

Consumer researchers adopt two approaches to the study of vulnerability: 1) temporal, state-based (Baker, Gentry & Rittenburg, 2005) and 2) systemic, class-based or a collective view (Commuri & Ekici, 2008). On the other hand, Saatciouglu and Corus (2014; 2016) provide an exploratory overview of the theoretical and methodological contributions to the study of consumer vulnerability, and Collins (2000) addresses the concept of intersectionality, which according to the author, should not be restricted to categorizations such as race, gender and income, for example, since its principle considers that social groups are rarely homogeneous and categorizing can oversimplify complex identities.

In addition, some groups experience persistent vulnerability because they position themselves at the intersection of multiple identity categories (e.g., Black, unemployed, and LGBTQ+ individuals). Therefore, the term 'vulnerability' refers to consumer fragility and a certain lack of knowledge or capacity when engaging in an exchange relationship involving products essential to life, health, safety and well-being (Baker *et al.*, 2005, George, Graham, Lennard & Scribbins, 2015).

From a macromarketing perspective, it is observed that the existing conceptualizations of consumer vulnerability ignore important market realities and contexts (Commuri & Ekici, 2008), in which industries offer consumers products prone to risk health and life itself (Solomon, 2006; Beck, 2011), as in the case of the proposal of this study, which understands a specific drug as a potential cause of harm, the contraceptive pill.

In this context, when dealing with hormonal contraceptive methods, the consequences of using a drug may reveal the consumer's previous exposure to the state of vulnerability. The vulnerability experienced by women who consume contraceptive pills can be defined by external

or internal pressures on individuals (Baker & Mason, 2012), being caused by unfavorable conditions that lead to shocks, physical and psychological damage post-consumption, only understood *a posteriori*, based on their own experiences with the use of contraceptives.

Studies on consumer empowerment can contribute to the understanding of how consumers of hormonal contraceptives use information to avoid damage to health, therefore, knowing the risks involved in the consumption of any product contributes to the process of consumer empowerment.

3 The process of consumer empowerment

Empowerment is understood as a dynamic and plural process, of influence of what an actor does on what another intends to do (Dahl, 1957) and does not characterize power itself, it is a state of concession and transmission of knowledge, information and control from one individual to another aiming at a cause, an action or a collective purpose.

Online social networks foster conversational connections, transforming cyberspace into a public arena for communication, social ties, experience-sharing, idea exchange, and information dissemination (Lemos, 2009). Thus, in the context of this study, consumer empowerment represents the sum of the power forces of other consumers who identify with a shared discourse, cause, situation or common goal. However, it is an unstable process, with no defined owner and which cannot be seen only as a kind of transfer of power from organizations to consumers, but as a purpose of consumer action in support, defense and agreement with what is intended to empower (Boyd, Clarke & Spekman, 2014).

Therefore, as a collective construction, empowering in consumption is a form of social organization between individuals sustained by a feeling related to identification, belonging, empathy, consent, mutual support, cooperation, power, legitimation, collaboration, and collective action. It is a state where participants experience greater collective effectiveness, materialized through the discursive strategies used in networks of interaction in flux capable of social change (Rezabakhsh, Bornemann, Hansen, & Schrader, 2006; Papaoikonomou & Alarcón, 2015; Camilleri & Neuhofer, 2017).

The process of consumer empowerment stems from the exchange of energy (likes, shares, speeches, texts, images, actions, among other initiatives) produced and co-created by consumers

as a way of sustaining or reinforcing the "object" that one wants to empower (Chathoth, Altinay, Harrington, Okumus & Chan, 2013; Camilleri & Neuhofer, 2017). It is a state that stems from habits of cooperation and solidarity among consumers, promotes gestures and attitudes of support, sharing of experiences, civic mobilization and collective action through the creation of new collaborative social ties in a network (Lemos, 2009).

In this way, consumers' interests, values and arguments acquire collective strength capable of confronting the discourse and actions of other market agents, especially corporations, becoming proactive players in the game of social change and the transformation of behavior (Papaoikonomou & Alarcón, 2015; Mcsahne & Sabadoz, 2015). It is in this sense that this research follows the path from vulnerability to empowerment in the face of a consumer situation, treating this path as a process of transformation that the consumer goes through.

4. Method

The first data search procedure for this research was directed to two existing Facebook community pages that address contraceptive consumption. They are two communities with several shared reports about experiences of consumption of this drug, both positive and negative: 1) vítimas de anticoncepcionais, unidas a favor da vida and 2) um veneno chamado anticoncepcional. The Facebook platform was chosen for the volume of information that communities of interest produce, including text, images, and videos.

4.1 Research subjects: interviews with consumers who suffered trauma

The selection criterion of the participants was based on the profile as consumers of oral contraceptives who had experienced harm caused by the medication and were willing to report their experience with the medication, which Gibbs (2009) calls explicit autobiography. The participants were contacted through Facebook communities, visits to health centers, Whatsapp messaging groups and by friendship cycle, in which the snowball technique was valid. Of the interviews carried out in this phase, composing a total of 19 reports, 12 were face-to-face and 4 were done via Skype and 3 via the Google Meet platform. The details of the data collection and the subjects participating in this phase are shown in Table 1, organized according to the chronological criterion of conducting the interviews.

Table 1:

Social and demographic description of the research participants

Participant	Event	Age	State	Interview	Objective of use
PART1	Thrombosis	23	SP	Skype	Contraception
PART2	Pulmonary embolism	26	PB	Face-to-face interview	Contraception
PART3	Thrombosis	32	PB	Face-to-face interview	Treatment
PART4	Pulmonary embolism	35	PE	Face-to-face interview	Contraception
PART5	Thrombosis	27	RJ	Google Meet	Contraception
PART6	Cerebral Vascular Accident	22	SP	Skype	Treatment
PART7	Pulmonary embolism	26	RS	Skype	Contraception
PART8	Thrombosis	37	PI	Face-to-face interview	Treatment
PART9	Thrombosis	23	RN	Skype	Contraception
PART10	Thrombosis	43	PB	Face-to-face interview	Contraception
PART11	Cerebral Vascular Accident	20	PI	Face-to-face interview	Contraception
PART12	Thrombosis	34	MA	Face-to-face interview	Treatment
PART13	Thrombosis	34	PB	Face-to-face interview	Treatment
PART14	Pulmonary embolism	23	CE	Google Meet	Treatment
PART15	Thrombosis	39	PI	Face-to-face interview	Treatment
PART16	Thrombosis	27	PB	Face-to-face interview	Contraception
PART17	Cerebral Vascular Accident	31	PI	Face-to-face interview	Contraception
PART18	Pulmonary embolism	19	SE	Google Meet	Treatment
PART19	Thrombosis	27	PB	Face-to-face interview	Contraception

The interviews were conducted through a script with the same questions for all participants, answered between the months of December and July 2018, where the longest lasted 1 hour and 47 minutes and the shortest 53 minutes. When carried out in person, the interviews took place in an environment chosen by the participant herself, usually at her home (10 interviews), however, the others (2 interviews) took place in other environments, one held in a private hospital and the other in a health center.

The data collected from Whatsapp included only text messages, so messages accompanied by videos, audios and images outside the context of the research were excluded. This generated 3.9 MB of text data, stored in 213 pages in total, considering the data of the two groups. It should be noted that, before the association, the participants were notified by the group administrator about the researcher's association with the group and its objective, and the administrators reported that there were no impediments or contrary positions.

Following nine months of data collection, observation and participation in the dynamics of the groups, it was agreed with their administrators that the researcher would be disengaged, due to the amount of data generated, considered sufficient for the study. This resulted in 40 and 47 pages of dialogue useful for analysis from each of the two groups respectively. The choice of the social media platform Facebook is related to the volume of text produced, and its data were analyzed with interpretative analysis procedures, used to understand the experiences of individuals regarding the phenomenon from the discourses (Larkin, Larson & Cliffon, 2006).

5 Data analysis and discussion of results

We start by analyzing the meaning of the experiences lived with the medicine before, during and, essentially, those that occurred after consumption. The categories analyzed include: 1) trust, subdivided into three aspects aspects: trust in the doctor, trust in others and trust in the medicine, 2) emancipation and control, in two senses: observed both in the act of using and in ceasing to use the medication, 3) resilience and change of life, 4) concern for others and sharing emotions on social networks, revealed by speeches of boycott, exposure, neglect, resistance, avoidance and revolt, 5) regulation. These categories were of analysis, based on the procedure proposed by Lofland et al. (2005) to validate insights that emerged from the interviews.

5.1 Category: Confidence

Consumers do not accurately assess the risk that the drug brings, partly due to the influence of medical confidentiality and the security of authority bias. In this sense, the consumer trusts what the doctor indicates, without understanding that she may have a genetic predisposition to thrombosis, this would require a detailed examination that would allow the consumption of the hormone or not.

Therefore, there is a trust in the medical professional that extends to trust in the medication itself and promotes a sense of control and emancipation and expands to the next ones in the form of word-of-mouth, informal suggestions to friends and marital trust, even giving rise to the practice of direct-to-consumer marketing, adopted with legal support due to the low risk that some medications offer. (Lexchin & Mintzes, 2002) Consequently, the pharmaceutical industry adopts it in its advertising communication (Nascimento, 2009; Park, Ju & Kim, 2014).

As for a negative perspective of trust, the reports bring evidence of vulnerability in consumption analyzed here through the lens of the meanings of consumption, created by a particular group, a perspective that, as suggested by Baker and LaBarge (2015), focuses on the senses and experience of vulnerability considering biophysical, psychosocial and environmental conditions:

> "Thank God the doctor who treated me was very attentive and immediately asked for the tests and asked for a so-called D-DIMER, which detects if there is any thrombus in the body, but her shift ended. To then ask for a CT scan, my D-DIMER was too altered, but the doctor who was on duty and who received my exam told me that it was no big deal, that it would be something muscular, he only did the CT scan because the previous doctor requested it and he had to comply, they could have ordered such an exam before, right? Who will I trust?" (PART7)

> "Women are ashamed to go to a different gynecologist, it's a complicated culture, and they end up treating the same person all their lives. I go to several, because I don't trust, I need the word of more than one for me to feel safe. But if the doctor is good I stay loyal for a while." (PART19)

Regarding the discussion of vulnerability, the behavior reported by the participants regarding the consumption of contraceptives reflects the agreement of the researchers regarding the multidimensionality of vulnerability, even considering the different natures, levels and results. Hill (2001) and Baker, Hunt and Rittenburg (2007) affirm that they deal with a dynamic state, dependent on the context, in which there is a state of vulnerability in the consumption of oral contraceptive medication, and after the trauma suffered, there is another state of vulnerability,

concerning the acquired condition of life, such as dependence on third parties and prostheses, for example (Baker, 2009).

Trust in the oral contraceptive was evident from the reports, which stemmed both from trust in the doctor and trust in a close friend or relative who had already used the drug. It is common to exchange information about the side effects and advantages of each brand of contraceptive, which they say also contributes to their decision making. This behavior is a risk related to the consumption of any medication and reflects the consumer's assumption in this regard (Bordalo, Gennaioli & Shleifer, 2013).

> "I started taking it purely for contraception, society itself, the doctors say you have to protect, prevent, so I was afraid, I was like most people, there are some who go for acne and stuff, but not me. There's a lot of referral from friend to friend, I've always been cautious about taking medication. But for me, contraceptives are as if they weren't medicines, as if they were something that doesn't cause problems, and I think it's not just me, you know? That I don't see that it causes serious consequences like any other." (PART14).

> "They tell each other about the problems, those who already have a problem inform them, some stop taking it, stop out of fear. These groups are important in the sense of spreading information, sharing, for example, that the contraceptive didn't work for some people and to be on the alert, to warn them about tests, to alert doctors. The point isn't to recommend medication, it's to spread the word about how it works, why it's good and why it's bad. But the issue of the network as an educator works well, at least in this case, I think it does." (PART8)

Notably, the feeling of trust shifts from a positive to a negative conception of the medical professional and the medicine. However, trust in others remains positive given that people in the family and friendship circle are seen as more reliable sources of information when there is an exchange of information about goods and services, and contraceptive pills were no exception (Shehnaz, Agarwal & Khan, 2014; Bertoldi et al., 2014; Tavares, Ferreira, Cavadas, 2022). The reports deal with the effects of taking the contraceptive pill and expose points of the behavior of consumption of these drugs that range from consultation to harm and treatment. So, if there is an intention for consumers to make a decision without a doctor's prescription, it is soon reversed by checking what the victims report.

5.2 Category: Emancipation and Control

This category reveals two distinct phases of perceived emancipation and control among participants. The first phase, prior to experiencing vulnerability, is associated with the trust and

control of the medication initially provided, shaped by societal expectations and medical endorsement. This phase is marked by a sense of independence gained through contraception, aligning with social norms and personal life planning.

The second moment refers to a sensation opposite to the one brought by the first, here the concept of emancipation and control is related to the fact of not taking the medicine, which always happens after the health complications, but also present in the reports where it is not necessary to go through the health complications for the consumers to abandon the consumption of the pill and adopt other methods of contraception (Wathieu, 2002).

> When I started taking it, I thought...like...I'll get pregnant when I want to. I knew I could control it. I thought I could plan my life without depending on my husband. But today I see it differently, for me today it's all a lie, you're actually a slave to the medicine. She'll never know what she's really like, it's a lying freedom that enslaves her, she thinks she's free. She can't imagine the horrible things that can happen to her, as I didn't know" (PART5).

Participant 5, in her account, uses terms derived from the word 'slavery', and paradoxically uses terms derived from the expression 'freedom' to demonstrate the transitory effect of contraceptive consumption. There is evidence in the accounts of the consumers interviewed that abandoning the pill is an act of empowerment and control.

> "I stopped taking the pill as soon as I started feeling ill and experiencing a lot of side effects, things I hadn't felt before, and I took it for a long time, you know? It was a great feeling to be me again, to feel my body, but after four months the embolism appeared and I went to the hospital. It was my decision, I heard about these cases of thrombosis that were happening, I did some research, my doctor kept telling me that it was rare, but he didn't do any further investigation, and ironically it happened to me." (PART14)

The transitions experienced in the phenomenon of this study are recognized as processes, and as Hogg, Curasi & Maclaran (2004) state, there is evidence from the reports that they are not just changes or steps taken, but a continuum experienced that leads to adaptations, new roles and new responsibilities.

Regarding empowerment, converging with the perception of vulnerability, it is possible to see two visions of the concept. The first, identified in the reports, shows empowerment in

consumption as a result, a consequence of the consumption process that has shown the consumer to be a vulnerable individual. The second view refers to empowerment as a process, here a result of the first view, where consumers seek control over their consumption context, developing practices and skills to support their decision-making. This understanding is affirmed by Zimmerman & Warschausky (1998), who highlight empowerment as a subjective outcome.

However, adapting to the new life brings new behaviors, which allows them to also see themselves as empowered as consumers, a vision that is more evident than that of vulnerability, as they are attentive to the processes of consumption, to the available information and to how to act in the face of possible asymmetries in the context of exchange (Labrecque, von der Esche, Mathwick, Novak & Hofacker, 2013).

5.3 Category: Resilience and life change

This category reveals efforts to adapt to the new routines imposed on women's lives, mainly as a result of the treatment resulting from the damage to their health, and how this affects their identities (Baker *et al*., 2007). Even if the treatment is short-term, there are changes in women's lives, which are always reported in the interviews. These are changes associated with dependence on medication, third parties, home and work adaptation, which generate new consumption patterns in women.

It is also possible to identify different ways of dealing with change: there is revolt, nonconformity, acceptance and coping, not in mutually exclusive phases. The feeling of revolt is enhanced by the realization that life will not be the same, and that greater effort will be required in everyday life to deal with these changes (Banikema & Roux, 2014).

> "This changed my life drastically, I had a studio, a business that I had to close because I could no longer work, I did not have the mental strenght to bear to see it closed and as I worked alone, if I hired someone I would not cover the costs. This changed my life completely, but I started to see life in a different way, to be more enthusiastic about the opportunity that God gave me to live again because I know the gravity of what affected me. I didn't understand why I couldn't resume my business, even though I was incapable at that moment, I couldn't even look at myself in the mirror." (PART03).

In these accounts it is possible to identify elements that contribute to the resilience of the interviewees in building their new routines, such as monitoring, preservation, behavioral

adaptation and self-regulation. Monitoring is intensified in aspects of life such as finances, as this is one of the most affected areas, given that the reports show that income has been compromised or redirected, and this requires resilience.

> "-God forgive me in three months of thrombosis, it's the first time I'm revolted by this disease
> -I'm revolted by this disease! Angry!
> -Sometimes revolt, but let's fight, one day at a time
> -Calm down Iana, let's cool down and think about what can be done.
> -Is there no way to do a doppler to know?
> -I never felt like this, I always accepted the thrombosis with resignation and for several moments with a lot of humor I went to the emergency room
> -But then God always walks a friendly word and comfort to the ❤ (Dialogue extracted from WhatsApp group)

Several factors contribute to the experience of vulnerability. Indiscriminate medicalization of health contributes to consumption challenges and changes in identity, since there are drugs that contribute to altering the state of well-being and their consumption without proper medical advice and monitoring puts the consumer at risk. For this reason, much of the market engagement of women who have suffered trauma is aimed at activism, raising awareness, sharing information and reconstituting identities, all with the aim of building their resilience, which for them is a factor of empowerment (Baker, 2009; Füller, Mühlbacher, Matzler, & Jawecki, 2009; Brodie, Ilic, Juric & Hollebeek, 2013).

The sense of this is that when they suffer the trauma, they experience feelings of sadness, anguish and lack of knowledge about their self-image and accepting this new image, now differentiated by the trauma, by the treatment, is not only experienced by the woman, but by her family and her environment, and the position of her partner is decisive in this process, because through support in the form of companionship and sharing resources such as time, effort and money, the uncomfortable feelings dissipate. Most of the reports bring up the fear of abandonment and insecurity, trust is shaken and these consumers are in the process of strengthening their resilience by learning in a new everyday setting.

5.4 Concern for others and sharing emotions on social networks/media

One of the common attributes of *online* social media is that it allows interaction and the possibility of centering its actions on the user, boosting collaboration, the sharing of knowledge, information and the construction of community activities, and the *Internet*, according to Punie, Lusoli, Centeno, Misuraca and Broster (2009), is the mean that brings users closer together in their search for information. This creates expectations and opportunities for empowerment from a consumer perspective, diversifying consumer relations and integrating them into the lives of individuals and society. Thus, empowerment is a positive point, a mobilization tool loaded with meaning for women undergoing treatment, which can represent their state of well-being.

In this way, *online* social networks, by facilitating the sharing of negative or non-negative information and experiences related to contraceptive use, reinforce the ability of individuals and communities to access and use their personal and collective power, authority and influence, by forcing relationships with other people, institutions or society (Smailhodzic, Hooijsma, Boonstra & Langley, 2016).

> "I am friends with many of these groups, what created this movement, what moves me is love for others, so that no one goes through what I went through. But we all have this thing in common, to help each other. I saw a friend lose a sister to thrombosis caused of contraceptives, I'm sorry (crying), and I saw many reports... And I do it out of love for others and to move information, willingness to help, I pass information to everyone, for those who are up there don't think about any of this, they only think about money." (PART15)

It is clear from the speeches and interviews that *online* social networking communities have neither the aim nor the power to make women choose whether to take contraceptives; their role is to provide information and encourage a deeper understanding of the process of taking a contraceptive, as well as providing information about the drug and its use. It is up to the woman, as Hayek (2013) argues, to decide whether to use it, aware of the risks.

> It's true the group helps us stay informed, there are girls here who are doctors and give excellent advice, it almost feels like a medical appointment (laughs), but in the end, the decision is mine to make. I'm the one who will feel the pain, the discomfort, and so on. Even if I take the same medication as my friend or anyone else, I see that the reactions can be different, I'm afraid of that, which is why I read, watch videos, go to the doctor, seek a second opinion, and now with this whole thrombosis and stroke issue, I personally ask to have the tests done." (PART14)

Addressing vulnerability through social media reflects a social construction of coping, such as demanding greater control from regulatory bodies, greater medical guidance and acting to guide

other consumers (Chung, 2014). When these women notice themselves exposed to vulnerability, they combine their perception with the effectiveness of appropriating technology to disseminate their cause, so coping with vulnerability happens through practices that require active and constant representation.

Therefore, the use of social media by these women derives from the context of practices constructed by the bonds of vulnerability and the reconfiguration of their power as consumers, which promotes empowerment. In this sense, we turn our gaze to the specificities of community practices taking place on social media, which involve privacy, self-esteem, sharing emotions and experiences, activism and education, each with different concerns and different levels of efficiency in tackling vulnerability.

5.5 Category: Marketing Regulation

The category that discusses the process of marketing regulation is based on the interests of consumers for regulation on the industry (Petty, 2005). In this sense, consumer protection is incorporated, considering safety and responsibility for products, since in the perception of the interviewees the product is not inspected. The regulatory authority, the National Health Surveillance Agency, informs that it does not have "Legislation or legal framework that can oblige doctors to report adverse events related to medications" (ANVISA, 2016, p.1), a fact that shows in the participants' reports, when they state that during hospitalizations after due investigation, in the diagnosis, there is recognition by the health professionals involved, that the cause of the trauma was the medication, however, the fact is not recorded in most medical records.

> “No doctor came to me to register or to say that they need information about my case to put in the statistics, none wanted to say that what caused me thrombosis was the contraceptive, this was not in the medical record, but they said that I was not supposed to take it ever again... This happened to me and other girls I talked to, they search us so much, they turn us inside out, that the only thing left is the contraceptive. But they don't tell you that, but they also won't let you take it again.” (PART8)

> “In Brazil there is no control, anyone buys contraceptives, just go to the pharmacy and ask. No one has ever come to us to find out or register the problem. We can make the complaint on the ANVISA website, but the answers are in a way as if we had to prove what happened. There are people filing lawsuits, who kept the bills and such, I never worried, there was no way to prove it” (PART13)

In some way, the benefits of contraceptives are recognized, but the intention present in the interviewees' statements is that of regulatory control in the specific exchange relationship, as the participants consider themselves to be the weak party in the transaction, showing asymmetry in information, especially when they talk about access to or availability of this information. Petty and Hamilton (2004) state that consumers typically make little effort in the exchange when the item is easy to acquire, and it seems to be the the case with the contraceptive pills, because, according to the data, there is no legal impediment preventing or hindering consumers from acquiring the product, which contributes to the sense of vulnerability also evidenced in studies such as Kunkel, Castonguay and Filer (2015) and Babor, Robaina, Noel and Ritson (2017).

> "I'm getting ready to file a lawsuit to control the sale of contraceptives, because if you look at the package insert, it says that the cause of thrombosis is low, but it's low because there is no communication, no one communicates. Nobody asked what contraceptive I took in the hospital, so there is no way to put how much each brand caused, because there is no such control." (PART13)

Participant 13's speech demonstrates the individual's role as an actor in a process that at first would not be their responsibility. The legal movement is a kind of coalition because it is a popular action with an objective linked to consumption, which points to the flaw in the marketing system, an internality (Redmond, 2018), which reaches the regulatory issue in the sale of the drug and causes consumer externalities (Meade & Nason, 1991), because its effects reach parties that are not part of the transaction, such as family members. There are reports of consumers taking legal action because they feel they have been materially, physically and emotionally harmed.

Here, the slowness of marketing regulation is justified mainly by externalities, given that there are non-transactional costs related to the consumption of the pill that affect the consumer who has suffered the harm of consumption. This harm could have been avoided with information about the risks of using the product, provided by laboratories, doctors and pharmacies. The regulation of drug marketing, in this case the contraceptive pill, is a multifaceted mechanism that regulates not only advertising (Trevisol, Ferreira & Karnopp, 2010; Lucena, 2012), but also promoting, price and sales, factors that contribute to easy and indiscriminate access to the drug.

Since, for the interviewees, the aim of this regulation is to protect public health, the consequence is a greater guarantee that the product, as well as being safe for consumption, is traceable when it causes harm, can be withdrawn from the market or can be recovered if its quality

and safety are compromised, since the reports always bring the same examples of brands causing harm, which for the women should have regulation as the major solution to the problem.

Here, regulation absorbs the co-creation treated by Füller *et al*. (2009) as a mechanism to reinforce the empowerment of consumers, where the more information they seek, the more power they gain and the more they feel able to demand market positioning from regulators, as stated by Yuksel, Milne & Miller (2016). An environment where marketing regulations are still under development or where part of the population does not have full confidence in the safety and integrity of the offer, consumer judgments call into question the roles of the offeror and the regulatory agent.

> I only think at this moment that there should be regulation. That would be enough, because I think it's not all bad, because it has its benefits. I was safe in contraceptives, I worked, I had my money, and I don't get paranoia in my head not to be taking the morning-after pill, for example, I knew I could avoid an eventual pregnancy. In this regard, he fulfilled his role of avoiding pregnancy. I just think you should know how to take it, it seems utopian to examine all these women. I don't tell those I know to stop taking, but I tell them my story and tell them what to do. Many are scared. I think it should be like a black box medicine. (PART2)

The Marketing Regulation of hormonal oral contraceptives is an extension of consumption experiences and a determining factor for women regarding information and safety of drug use, however, it is its absence, evidenced in the reports, that stands out in the process.

6 Final considerations

The procedures adopted during the study enabled us to achieve the study's main objective when we realized that the experience of vulnerability and empowerment is revealed through five categories that emerged from the discourses collected, namely: 1) Trust, 2) Emancipation and control, 3) Resilience and life change, 4) Concern for others and sharing emotions on social networks and, finally, 5) Marketing regulation. In this way, it was possible to establish a temporal relationship between these categories, the experience of vulnerability and the perception of empowerment felt by consumers throughout the process of taking the contraceptive pill.

So far, the experiences are related to the vulnerability perceived and expressed in the reports, and they start to transact experiences and empower behavior from the moment they commit to acting in favor of the cause, consequently leading to the demand for regulation.

Throughout this journey, the conclusion reached is that consumers have accessible, available and reliable information as the main foundation of their empowerment.

Furthermore, we have also seen the emergence of a perception of empowerment in consumption, which has changed the consumer's attitude not only towards contraceptives, but towards any medication, extrapolating the alert to search for more information to other items in the daily lives of these women and, in many cases, their families, partners and children. This empowerment is awakened by the search for information not accessed by consumers, an attitude that relies on reports from other consumers on social networks, support groups, clinics, friends and acquaintances, even if they haven't suffered any trauma.

The groups created for specific purposes on online social media platforms, in this case those discussing the use of the contraceptive pill, are reportedly a source of reliable information for women about the use and risks of the drug. These accounts detail the facts of each trauma experienced and, charged with emotion, even influence the cessation of the drug, which for many women who have experienced trauma is a goal to be achieved.

However, we reflect here on another view of the reports; that the intention is not to promote abandonment of consumption, but to seek as much information as possible before adopting any hormonal contraceptive method, not just oral, because the evidence that the drug is also consumed without contraceptive purposes is clear.

The theoretical contribution of this study lies in the investigation of two consumption phenomena that are complementary in the perspective approached here. The vulnerability and empowerment of female consumers of contraceptive pills reveal two sides of a process that has its time frames based on events that involve a myriad of feelings, perceptions and meanings for women who consume this medication. As for vulnerability, the reports reveal the perception of this state mainly in the aftermath of the trauma. However, in a subtle way, this vulnerability is perceived before the trauma when symptoms that didn't exist, before taking the drug become frequent in the person's daily life.

Regarding its practical contribution, the work points out that the fundamental purpose of marketing is to improve the well-being of individuals and society. Consequently, academia and the market cannot allow this to be reduced, each in its own role and action, because the system of exchange is a determining factor in the development of civilization. And in this sense, industry is

a direct contributor to evolution, however, it can be properly regulated so that there is no excessive interference in the freedom of the market and in exchange relations, the goal being balance. Here, managerial actions lie in the organizational decisions of the state as regulator and firms as regulated.

In fact, it should be noted that appropriate regulatory decisions must be reached with the support of adequate data, which is a determining factor for the pharmaceutical industry's marketing activities. Any marketing strategy must include mandatory requirements for managing the risks associated with the occurrence of adverse effects, consumer relations, customer service, databases, public relations and press relations, for example. Consequently, an organizational regulation based on market regulations and class committees should underpin any decision.

Authors' contribution

Contribution	**Moraes, T.A.**	**Abreu, N. R.**
Conceptualization	X	X
Methodology	X	X
Software	-----	-----
Validation	X	X
Formal analysis	X	X
Investigation	X	X
Resources	X	------
Data Curation	X	X
Writing - Original Draft	X	X
Writing - Review & Editing	X	X
Visualization	X	X
Supervision	X	X
Project administration	X	-------
Funding acquisition	-----	-----

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