The role of partners and relationship dynamics in contraceptive behaviors among community college students

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Child Trends

Overview

A growing body of literature suggests that among teens and young adults, partner dynamics and relationship context influence contraceptive behaviors. For example, among sexually active teens, having a much older partner is associated with reduced contraceptive use and consistency,[8,10,17] reduced condom use[4,8] and a greater likelihood of contracting a sexually transmitted disease (STD).[7] Contraceptive use is also lower, and STD incidence is higher, among high school teens who met their sexual partner outside of a common school setting,[7,8] suggesting that dating a non-student could also have adverse effects on contraceptive use among young adults. Partner characteristics also influence perceived need for contraceptive use, as evidenced by research showing that teens alter their contraceptive use and consistency across relationships.[18] Specifically, a large and consistent body of research indicates that, among young adults, condom use is more common with casual sexual partners than with more steady or serious partners,[2,14,20,23] most likely because casual partners are seen as presenting a greater risk for contracting STDs.[6,22] Some research also suggests that communication with partners can affect contraceptive use. Discussions between sexual partners about contraception and sexual history are linked to increased contraceptive use among young adults,[19], while low perceived self-efficacy to communicate about contraception,[3,5,11,16,23] as well as opposition from male partners when trying to use contraception,[1,15,25] have both been linked to lower contraceptive use.

The current paper presents findings from recently completely qualitative study that examined the role of that relationships play in contraceptive behaviors, how and whether young adults discuss birth control and STDs and negotiate responsibilities with their partners, and how trust may influence their decisions and behaviors regarding birth control. The study is based on interviews conducted with community college student attending two community colleges in the mid-Atlantic region.

Community college students are an important population to study. In 2006–07, community colleges in the United States enrolled 6.2 million students; representing 35 percent of all postsecondary students enrolled that year.[21] For many minority and economically disadvantaged students, community colleges represent the most flexible and cost-effective path to a postsecondary degree. Community colleges also play a key role in today's economy by training workers and enrolling students who cannot afford to go to traditional four-year colleges or cannot find employment. In fact, enrollment in community colleges by young adults ages 18-24 increased from 2007 to 2008, while enrollment at four-year colleges was essentially flat.[9] The Obama Administration has also promoted community colleges as a way to improve the technical skills and competiveness of tomorrow's workforce. Community colleges attract young adults, minorities, and those with more limited economic means—groups at risk of having or fathering an unplanned pregnancy. As a result, they offer an ideal setting to explore the contraceptive behaviors and relationship dynamics of young adults.

Data

Semi-structured interviews were conducted with a sample of 101 male and female students ages 18-29 from racially and ethnically diverse backgrounds. Eighty-five of these students were re-interviewed six months after the baseline (first) interview to examine changes in their relationships and contraceptive behaviors. The gender breakdown of the sample was approximately 60 percent female and 40 percent male. Of the two colleges represented in the study, one was in an urban setting and the other in a rural community. Roughly sixty percent of student participants attended the urban school while roughly 40 percent attended the rural school. In addition, the sample was racially and ethnically diverse with whites making up 34 percent of the sample and Hispanics, blacks and Asians comprising 22, 37 and 8 percent of the sample, respectively. Most students were between the ages of 18 and 19 (53 percent), earned less than $10,000 in the past year (65 percent), and were dating or having sex with one person (70 percent). Like many young adults, the majority of students in our sample were living with their parents (76 percent).[12,24] Students were predominantly U.S. born and worked part-time.

Methods: Interviews were conducted using semi-structured exploratory interviewing techniques in which participants were guided through open-ended questions and targeted probes designed to gather information about the participant's contraceptive behaviors and relationships. Demographic and other background data were collected through close-ended questions. Interviews were audio-recorded and detailed notes were taken throughout the interview. Initial interviews lasted an average of two hours and follow-up interviews an average of 1.5 hours. Participants received $50 following the completion of each interview. All procedures and materials received IRB approval.

Analysis: Upon the completion of each interview, a brief summary was drafted and audio recordings were transcribed. Data were analyzed using an inductive approach. Additionally, throughout the field period a series of debriefing sessions were held with study team members to carefully review summaries. The debriefings also served to identify preliminary themes from which an initial coding scheme was developed. The coding scheme was continually updated and refined using an iterative approach as described by Krueger and Casey.[13] The data were coded and analyzed using SPSS and data were also analyzed to compare and contrast findings from racial/ethnic groups and gender.

Key Findings

- ***Changes in students' relationships.*** Students in our study tended to have a relatively small number of sexual partners and dated one person at a time, with many in relationships of one or more years in duration. This description, however, belies a significant amount of change in students' relationships, which has important implications for how students talk about and negotiate the use of birth control as well how strategies should be designed. Among the students we followed over time, one-half experienced a change in their relationship, with over one-quarter breaking up with their long-term or serious partner, and one-third having a new partner(s).

- ***Partner and relationship dynamics matter.*** Partner and relationship dynamics strongly influenced students' contraceptive behaviors and attitudes. Students overwhelmingly reported that their partners, the type of relationship they were in, and the stability of that relationship affected discussions about birth control, STDs, and subsequent contraceptive use. Relationship dynamics appear to be particularly important for racial/ethnic minorities.

- ***Relationships through the prism of trust.*** Many students viewed their and their partner's actions through the prism of trust. If trust was present, students could "safely" opt out of having explicit discussions with their partners about birth control, STDs, or monogamy because their partner could be trusted to do the "right thing". For many, trust consisted of three components: 1) trust that their partner won't cheat; 2) trust that their partner will stick around if she got pregnant; and 3) trust that their partner won't give him/her an STD.

- ***Brief conversations.*** Although most students reported having talked about birth control with all or most of their partners, these discussions, for the most part, were brief and to the point—covering the basics, such as whether something is going to be used and, if so, what.

- ***Talking with partners is not always a good sign.*** Interestingly, black students were more likely to report that they had talked with their partners about birth control, yet were less likely to use birth control consistently. Black students also were more likely than white students to report having partners who requested not using condoms or other forms of birth control. Thus, for blacks, the presence of discussions may serve as a warning and may reflect a greater need to negotiate the use of birth control. In contrast, Hispanics were the least likely of all racial/ethnic groups to report talking about birth control with most or all of their partners and were also the least consistent in their contraceptive use. Hispanics were as likely as blacks to have partners who requested not using birth control. For many Hispanics, it appears that discomfort in raising this issue and trust in partners precluded discussions.

- ***Students know what to do, but they often struggle with how to make it happen in their relationships.*** Many students had the knowledge and desire to avoid unplanned pregnancy and STDs, but struggled with aligning their attitudes and actions in the context of relationships. A lack of discussions about reproductive health issues in all relationship types, as well high levels of perceived trust and pressure from partners contributed to this. As noted by this female student, attempts to have explicit discussions about STIs and birth control were often countered with a response of "don't you trust me".

    P: Also, when you are in a relationship, if you do ask to use condoms, you know, sometimes you have one of those jerks questioning the relationship, being like, "Oh you don't trust me?"

- ***Gendered division of birth control.*** Although a majority of students reported sharing responsibility for birth control, many viewed this responsibility as being divided across gender lines, with women responsible for hormonal methods and men in charge of condoms. This left the woman with a heightened responsibility if the couple decided not to use condoms. Many students also reported a belief that, ultimately, the woman had more influence over contraceptive behaviors because she is the one who can get pregnant. This belief sometimes translated into a view that the female is the gatekeeper of birth control (i.e., ultimately responsible for requesting birth control and ensuring its use). This attitude was fairly evenly felt by all races and ethnicities, with close to one-third of black, white, and Hispanic respondents reporting that the women played this role.

  In part, this belief seemed tied to the gendered division of birth control and the reality that, with the exception of condoms and withdrawal, all other methods depended on female use. In relationships

where the female used hormonal methods and the male brought condoms, dropping condoms from the equation left all responsibility for birth control with the female. This shift in responsibility may subconsciously build to overwhelming levels if the female feels pressure as the only contraceptive user, as described by this 20-year-old black female.

> R: I think that guys do enforce that [responsibility is on the female] because…there's situations that I've heard from my friends that have been like, "Oh, well, I got pregnant, but he said I wasn't complaining when we were having sex without a condom. I should have brought the condom." So it—guys do put it on the female 'cause they're like, "Well, if you don't expect to get pregnant, um, you should automatically all have a condom." And when the guy, um—a lot of my guy friends said that if they don't hear the female say anything, they automatically expect them to be on birth control.

Conclusions

Students' relationships and the types of discussions they have with their partners play a critical role in their contraceptive behaviors. Our findings also suggest that how they negotiate the use of contraception and view the responsibility for pregnancy can play an important role in students' ability to use birth control consistently and effectively. While many students reported talking with their partners about birth control and STDs, these discussions were, for most, cursory at best. In general, these discussions were quick and used to establish key rules. More importantly, key issues were not raised or fully explored because silence on these issues was viewed as trust—trust in the relationship and trust in the partner. Moreover, much was assumed, including whether a condom will be used, a female is on the Pill, a partner does not have an STD, or is telling the truth about their sexual history.

References

[1] Bedimo, A., Bennett, M., Kissinger, P., & Clark, R. (1998). Understanding barriers to condom usage among HIV-infected African American women. *Journal of the Association of Nurses in AIDS Care, 9*(3), 48.

[2] Cooper, M. L., & Orcutt, H. K. (2000). Alcohol use, condom use, and partner type among heterosexual adolescents and young adults. *Journal of Studies on Alcohol, 61*, 413-419.

[3] DiClemente, R., Lodico, M., Grinstead, O. A., Harper, G., Rickman, R. L., Evans, P. E., et al. (1996). African-American adolescents residing in high-risk urban environments do use condoms: Correlates and predictors of condom use among adolescents in public housing developments. *Pediatrics, 98*(2), 269-278.

[4] DiClemente, R. J., Crosby, R., & Wingood, G. M. (2002). Enhancing STD/HIV prevention for adolescents: The importance of parental monitoring. *Minerva Pediatrica, 54*, 171-177.

[5] DiIorio, C., Dudley, W. N., Kelly, M., Soet, J. E., Mbwara, J., & Potter, J. S. (2001). Social cognitive correlates of sexual experience and condom use among 13- through 15-year-old adolescents. *Journal of Adolescent Health, 29*(3), 208-216.

[6] Ellen, J. M., Adler, N. E., Gurvey, J. E., Dunlop, M. B. V., Millstein, S. G., & Tschann, J. M. (2002). Improving predictions of condom behavioral intentions with partner-specific measures of risk perception. *Journal of Applied Social Psychology, 323*(648-663).

[7] Ford, K., & Lepkowski, J. (2004). Characteristics of sexual partners and STD infection among American adolescents. *International Journal of STD and AIDS, 15*(4), 260-265.

[8] Ford, K., Sohn, W., & Lepkowski, J. (2001). Characteristics of adolescents' sexual partners and their association with use of condoms and other contraceptive methods. *Family Planning Perspectives, 33*(3), 100-105, 132.

[9] Fry, R. (2009). *College enrollment hits all-time high, fueled by community college surge*. Washington, DC: Pew Research Center.

[10] Glei, D. A. (1999). Measuring contraceptive use patterns among teenage and adult women. *Family Planning Perspectives, 31*(2), 73-80.

[11] Jemmott, J. B., III, Jemmott, L. S., Fong, G. T., & McCaffree, K. (1999). Reducing HIV risk-associated sexual behavior among African-American adolescents: Testing the generality of intervention effects. *American Journal of Community Psychology, 27*(2), 161-187.

[12] Kaye, K., Suellentrop, K., & Sloup, C. (2009). *The fog zone: How misperceptions, magical thinking, and ambivalence put young adults at risk for unplanned pregnancy*. Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy.

[13] Krueger, R. A., & Casey, M. A. (2000). *Focus groups: A practical guide for applied research.* 3rd ed. Thousand Oaks, CA: Sage.

[14] Ku, L., Sonenstein, F. L., Lindberg, L. D., Bradner, C. H., Boggess, S., & Pleck, J. H. (1998). Understanding changes in sexual activity among young metropolitan men: 1979-1995. *Family Planning Perspectives, 30*(6), 256-262.

[15] Landry, D. J., & Camelo, T. (1994). Young unmarried men and women discuss men's role in contraceptive practice. *Family Planning Perspectives, 26*(5), 222-227.

[16] Longmore, M. A., Manning, W. D., Giordano, P. C., & Rudolph, J. L. (2003). Contraceptive self-efficacy: Does it influence adolescents' contraceptive use? *Journal of Health & Social Behavior, 44*(1), 45-60.

[17] Manlove, J., Ryan, S., & Franzetta, K. (2003). Patterns of contraceptive use within teenagers' first sexual relationships. *Perspectives on Sexual and Reproductive Health, 35*(6), 246-255.

[18] Manlove, J., Ryan, S., & Franzetta, K. (2007). Contraceptive use patterns across teens' sexual relationships: The role of relationships, partners, and sexual histories. *Demography, 44*(3), 603-621.

[19] Noar, S., Carlyle, K., & Cole, C. (2006). Why communication is crucial: Meta-analysis of the relationship between safer sexual communication and condom use. *Journal of Health Communication, 11*(4), 365-390.

[20] Noar, S. M., Zimmerman, R. S., & Atwood, K. A. (2004). Safer sex and sexually transmitted infections from a relationship perspective. In J. H. Harvey, A. Wenzel, & S. Sprecher (Eds.), *The handbook of sexuality in close relationships* (pp. 519-544). Mahwah, NJ: Lawrence Erlbaum.

[21] Provasnik, S., & Planty, M. (2008). *Community Colleges: Special Supplement to The Condition of Education 2008*. Washington, DC: National Center for Education Statistics, Institute of Education Sciences, U.S. Department of Education.

[22] Rosengard, C., Adler, N. E., Gurvey, J. E., & Ellen, J. M. (2005). Adolescent partner-type experience: Psychosocial and behavioral differences. *Perspectives on Sexual and Reproductive Health, 37*(3), 141-147.

[23] Sheeran, P., Abraham, C., & Orbell, S. (1999). Psychosocial correlates of heterosexual condom use: A meta-analysis. *Psychological Bulletin, 125*(1), 90-132.

[24] Taylor, P., & Keeter, S. (Eds.). (2010). *Millennials - a portrait of generation next: Confident. Connected. Open to change.* Washington, DC: Pew Research Center.

[25] Unger, J., & Molina, G. (1998). Contraceptive use among Latina women: social, cultural, and demographic correlates. *Women's Health Issues, 8*(6), 359-369.