Relationship Dynamics and Pregnancy Intentions in Couples' Birth Control Use

Selma Caal
Kristen Peterson
Lina Guzman
Child Trends

4301 Connecticut Avenue, Suite 350

Washington DC, 20008

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Introduction

Nearly half of all pregnancies (49%) in the U.S. are unintended, with especially high rates among young, unmarried, and black (Finer & Henshaw, 2006). Unintended pregnancy rates also vary by marital and cohabitation status, and socioeconomic status. Unmarried women, those in nonmarital cohabiting unions, and women living below the poverty level had the highest rates of unintended births in 2001 (Finer & Henshaw, 2006). Most births to young adults (particularly those between the ages of 20 and 24) occur outside of marriage, and the highest rates of unintended pregnancy and childbearing occur to women in their late teens and early twenties (Finer & Henshaw, 2006; Hamilton, Martin, & Ventura, 2010). Contraceptive use can greatly reduce the likelihood of experiencing an unintended pregnancy, but use of contraception is also lower among young minority women compared with their white counterparts (Mosher & Jones, 2010). Studies show that blacks, along with other minority groups, have lower levels of contraceptive method use including oral contraceptive use (Ford, Sohn, & Lepkowski, 2001; Frost & Darroch, 2008; Frost, Singh, & Finer, 2007; Kusunoki & Upchurch, Forthcoming). Rates of contraceptive use are also lower for women living at or below the poverty level compared with those of higher income (Mosher & Jones, 2010). Given the high rates of unintended pregnancies and the low use of contraceptives among unmarried young women, those living at or below the poverty level and blacks, it is important to study the factors associated with nonuse, as well as inconsistent birth control use among this population.

Decisions about contraceptive use are not made in a vacuum; a growing body of research suggests that both partners' contraceptive preferences and relationship dynamics influence this decision making (Grady, Klepinger, Billy, & Cubbins, 2010; Grady, Klepinger, & Nelson-Wally, 1999; Grady & Tanfer, 1996; Greene & Biddlecom, 2000). Grady and colleagues found that

men's ratings of birth control's advantages and disadvantages had a significant effect on the type of birth control used by the couple. Moreover, men's ratings had equal influence on the couple's birth control choice as their female partner's ratings (Grady, Klepinger, Billy, & Cubbins, 2010). Other research also shows that as relationships progress, couples who initially used condoms frequently stop condom use and either begin to feel that consistent contraception is not as necessary or rely more exclusively on hormonal methods (Ku, Sonenstein, & Pleck, 1994; Noar, Zimmerman, & Atwood, 2004). As such, women in cohabiting relationships are more likely than non-cohabiting women but less likely than married women to use hormonal contraception, such as the ring or the pill (Mosher & Jones, 2010). This paper not only examines factors that may shape contraceptive behaviors among black young adults, but also contributes to the literature by examining these factors from both members of the couple perspective.

The literature has identified several factors associated with birth control use and consistency of its use. These factors can be organized as residing within two levels: the personal and the proximal. Personal factors include an individual's beliefs, preferences, values, and feelings related to contraception and the use of contraception as well as pregnancy and relationships. Proximal factors include those relationships closest or most immediate to the individual, which have the potential to have the greatest influence. In the case of contraception and reproductive decision making, it is the relationship with a sexual partner.

Personal Factors

Preferences and beliefs relating to contraception. Research suggests that black adolescents and young adults have concerns about potential side effects of hormonal contraception which may deter them from initiating or using hormonal contraceptive methods (Kaye, Suellentrop, & Sloup, 2009; Zabin, Stark, & Emerson, 1991). For example, the literature

has noted that black adolescents and young adults have concerns regarding contraception's long-term effects on reproductive health and fertility that may reduce the likelihood that black young adults will use hormonal contraception (Clark, Barnes-Harper, Ginsburg, Holmes, & Schwarz, 2006; Gilliam, Warden, Goldstein, & Tapia, 2004; Kaye, Suellentrop, & Sloup, 2009). Although these side effect concerns are present in all populations, they appear to be particularly widespread among black and minority young adults, compared with whites (Kaye, Suellentrop, & Sloup, 2009). These concerns may provide an explanation for the observed low use of hormonal contraceptives among blacks discussed above.

Pregnancy intentions. Prior research has also shown that an individual's intentions to have a child are associated with an individual's contraceptive behavior. Pregnancy intentions reflect the degree of motivation that an individual has to avoid pregnancy and this motivation is related to their method choice and how effectively they contracept (Frost & Darroch, 2008; Frost, Singh, & Finer, 2007). For example, ambivalence toward pregnancy has been associated with both low motivation to consistently use contraception and nonuse of contraception among young women (Crosby et al., 2002; Frost, Singh, & Finer, 2007). Pregnancy intentions are often shaped by relationship status (Musick, 2002); however, childbearing has become increasingly separated from marriage, particularly for blacks. In 2010, over 70% of births to black women occurred outside of marriage (Hamilton, Martin, & Ventura, 2011).

Qualitative research with low-income women has found extremely high standards for marriage among this population, including economic benchmarks such as owning a home as well being in a high quality relationship in particular with respect to trust and commitment (Edin, 2000; Edin & Kefalas, 2005; Edin, Kefalas, & Reed, 2004). Other qualitative research suggests that having children is of high social and emotional value to black women (in particular, poor

women) despite the uncertainty which often surrounds their romantic relationships (Burton & Tucker, 2009). This may act to influence pregnancy intentions and in turn, contraceptive behaviors of black men and women individually and as a couple. Indeed, a growing body of research has also found that women's childbearing intentions may vary across partners (Zabin, Huggins, Emerson, & Cullins, 2000) and that a woman's pregnancy intentions may be influenced by her perception of her partner's reproductive desires (Zabin, Astone, & Emerson, 1993). This suggests that both individual and couple-level pregnancy intentions may influence contraceptive method choice and patterns of contraceptive consistency within a relationship.

Proximal Factors: Relationship Dynamics.

Recent research has focused on how a couples' relationship shapes their contraceptive behavior. We conceptualize the couples' relationship to be the dynamics that result from bidirectional interactions where one partner's behavior influences the other partner's behavior. A couples' level of commitment (Noar, Zimmerman, & Atwood, 2004; Umphrey & Sherblom, 2007), the relative power a partner has (compared with the other partner) over the couple's behaviors (Grady, Klepinger, Billy, & Cubbins, 2010), and the couple's decision making process are among the relationship dynamics that shape a couples contraceptive behaviors. The bidirectional nature of couple dynamics explicitly assumes the engagement of both the male and female in the couples' contraceptive use. The engagement of men in contraceptive behavior has often been a neglected topic of study but, as more research comes to light, it has shown to play a critical role in couples' contraceptive behavior. A third objective of this study was to obtain individual reports of *both* partners within couples to examine each partner's unique influence over the couple's contraceptive use.

Level of commitment. Prior research has consistently shown commitment level to the relationship shapes couples' contraceptive behaviors. For example, studies have found that people with high relational commitment were less likely to request a condom than were people with low relational commitment (Noar, Zimmerman, & Atwood, 2004; Umphrey & Sherblom, 2007). Higher relationship commitment and intimacy have also been found to be associated with greater hormonal method use, either relative to no method use or relative to condom use (Civic, 2000; Ku, Sonenstein, & Pleck, 1994; Noar, Zimmerman, & Atwood, 2004). These studies suggest that relationships may transition from condom use when they are in a more casual stage to hormonal method use as they enter a more committed phase. However, given low hormonal use among blacks it is unclear whether these findings are generalizable to black couples. The present study explores to see whether couples' level of commitment shapes the type of birth control they use and the consistency with which they use it.

Power balance/imbalance. A growing body of research has increasingly found that contraceptive behavior is implicitly or explicitly decided within the dynamics of the couple and has highlighted the importance of exploring power dynamics within the relationship as an important role in birth control decision making. For example, Grady and Colleagues (2010) found that when men have less power in the dating relationship (power defined as having lower relationship alternatives and being more committed to the relationship), they have less influence on the type of contraceptive method the couples uses.

Waller's *Principle of Least Interest* provides some explanation as to why the partner with more power, or the one who is less committed to the relationship, might have more influence over the couple's contraceptive behaviors. According to the Principle of Least Interest, in many dating relationships, one partner is more emotionally involved than the other and the less

involved partner can exploit the more involved partner in various ways (Waller, 1938; Waller & Hill, 1951). Stated another way, this principle views emotional power as an inverse function of dependence, where the more emotionally dependent one partner is on the other, the less power that partner has in the relationship. Indeed, less emotionally involved partners in dating relationships tend to perceive themselves as having more power in their relationships (Felmlee, 1994; Sprecher, 1985) and the more emotionally involved individuals to have less power in the relationship.

Applying the Principle of Least Interest to couples' contraceptive use, this principle would assume that the more emotionally involved or invested partner would have less influence over the contraceptive method choice and consistency of its use compared with the less invested partner. That is, the less emotionally invested partner in the relationship would have more influence on the couples' birth control choice and consistency. Indeed, one qualitative study of adolescents found that those who had more emotional power than their partners were more likely to get their way regarding condom use than those who had less power in this area (Tschann, Adler, Millstein, Gurvey, & Ellen, 2002). More work is needed to learn how relationship dynamics, particularly among young adults, affects their decision making about contraceptive methods and the consistency of their use.

Using qualitative semi-structured interviews, this study examines how personal-level and proximal-level relationship factors are associated with low-income black couples' contraceptive use and behaviors. More specifically, the present study sought to explore the following in a sample of young black unmarried couples: (1) Explore the contraceptive behaviors of black unmarried couples; (2) How couples may negotiate birth control decisions?; and (3) How

relationship dynamics, particularly emotional investment to the couple, may play a role in couples' birth control decision-making?

Methods

Sample and Recruitment

A total of 30 in-depth semi-structured interviews were completed with unmarried African-Americans men and women, totaling 15 couples. A purposive sample design approach was used, segmenting and selecting participants to ensure the inclusion of couples with characteristics identified in the literature to be related to reproductive health behaviors and couple dynamics. Type of relationship (e.g. cohabiting and non-cohabiting), and length of relationship, for example, were used as proxies for relationship commitment. Study participants were recruited through fliers distributed in local communities and neighborhood programs (i.e. GED program, YMCA, etc.), as well as through website ads posted on Craigslist in a mid-sized, mid-Atlantic city. Couples interested in the study were asked to contact the study center to establish eligibility. Couples were eligible to participate in the study if they were: (1) black; (2) unmarried; (3) not pregnant and not planning a pregnancy within the next year; (4) sexually active; (5) in the relationship for at least 3 months; and (6) both between 18 and 29 years of age.

The average age of all participants was 23 (SD = 2.5). Fifty-three percent of the couples were exclusively dating one person and one-third reported living together. Forty percent of couples had been together for more than two years while 13% had been together for six months or less. The vast majority of individuals (87%) earned less than $25,000 in the last year and 40% had received some form of government aid (i.e. TANF, food stamps, Medicaid) in the year prior to their interview. Nearly half of our sample (47%) had a high school diploma or less and the majority of couples were similarly matched in their education levels. While less than half of the

individual respondents had children (40%), more than half of the couples had children present (53%), mostly from previous relationships.

Interview Procedure

Interviews were conducted using semi-structured interviewing techniques in which discussions were guided through open-ended questions and targeted probes designed to gather information about the couples' relationship status, dynamics, and quality; pregnancy intentions; knowledge, attitudes, and beliefs about birth control; the couples' sexual activity and birth control use and consistency; and communication and decision making about birth control use. Demographic information was collected through close-ended questions administered at the end of the interview. Couples were interviewed concurrently, but in separate rooms with interviewers who matched the gender of the participant. Interviews were conducted between October 2010 and March 2011 and ranged between 1.5 to 2 hours in length; they were held in places most convenient to the participants (e.g., their homes, the study center). Trained and experienced qualitative interviewers conducted all interviews. An Institutional Review Board reviewed and approved all study materials and procedures.

Analysis

Data analysis employed an inductive approach, which allowed a conceptual framework to emerge from the data (Bowen, 2006; Creswell, 1998) using open, axial, and selective coding. We conducted two levels of analysis, one at the individual level and one at the couple level because we found some discrepant reports within couples that necessitated individual analysis. This also allowed for the emergence of themes both across individuals and within and across couples. Interviews were initially coded using a coding scheme that emerged from the data during debriefings primarily held during the field period. Using an iterative approach as described by

Krueger and Casey and others (Krueger & Casey, 2000), the coding scheme was continually updated and refined as key themes emerged during study debriefings and during reviews of the interview notes and transcriptions. Next, subsequent analysis meetings were held where axial coding was employed to identify interconnections between these key themes or categories. These interconnections could be causal or contextual in nature and help to build a "story" regarding the information captured during the interviews. Through our coding scheme and analysis of interviews, we studied potential interconnections within and across each couple between their relationship dynamics, pregnancy intentions, birth control use, and key demographic variables. Lastly, selective coding was utilized to help generate core ideas about couples' birth control use and consistency. These processes led to the series of main finding about black couples' relationship dynamics and birth control decision-making and use presented here.

Findings

Couple's Birth Control Use and Consistency

Birth control use. Analysis of the couple's primary method revealed that the largest single category of birth control users was couples who relied solely on withdrawal (33%). Forty percent of couples were dual method users, half relied on hormonal methods along with condoms and the other half used withdrawal along with condoms. Couples who relied only on condoms or only on a hormonal/LARC method each made up 13 percent of the sample.

Birth control consistency. Birth control consistency was examined and is discussed here to provide the context needed to understand some of the findings highlighted below. To determine the consistency in which couples used birth control, all individuals were asked to report on their birth control use at last sex and within the last four weeks. However, because

individuals frequently their birth control use and consistency outside of the last four weeks during other parts of the interview, birth control consistency was assessed using data collected throughout the interview. In general we found couples who always used their primary (main) birth control method, consistent users. We also found a group of couples who experienced omissions. These couples reported not using their primary birth control on at least one occasion or they did not use their primary method from time-to-time. Finally, we found a group of couples who, on a regular basis, did not use their primary method—inconsistent users.

More than one-third of the couples (40%) had been exposed to an increased risk of pregnancy because they either did not use any birth control method on at least one occasion (half of these couples) or because they did not use birth control consistently. In general, findings showed that couples who relied on withdrawal or condoms were more inconsistent and experienced more omissions in their birth control use compared with those who used hormonal/LARC methods. All couples in this study who experienced omissions used either condoms or withdrawal as their primary method; and, with the exception of one couple, they intentionally did not use their primary method most of whom decided for a brief period to have a child. Amee recalled this decision, explaining that *"[we took a break from] condoms because for…a couple of months I was going to have a baby for him, so we was trying to have a baby."*

Birth Control Decision Making

A central goal of this study was to examine how, if at all, couples negotiated birth control decisions. Participants described initial or ongoing conversations about birth control that had occurred during their relationship as well as who had a greater say in whether a specific type of birth control was used (or, if any method was used at all), who typically paid for birth control, and who enforced birth control use. Findings revealed three patterns of decision making: (1)

couples who made decisions about birth control jointly (20%); (2) couples where the male made birth control decisions (27%); and (3) couples where the female made birth control decisions (53%).

Equal decision making. One-fifth of the couples in the sample (20%) made joint decisions about birth control use. Individuals in these couples were heavily involved in the decision-making process and they shared birth control decisions equally. These couples reported having conversations about birth control use and method type, and tended to reach an agreement on this at the outset of their relationship. This mutual agreement and ease of decision making seemed to contribute to high levels of birth control consistency among these couples. Only one couple that jointly shared decision- making experienced an omission and none were inconsistent in their birth control use.

Findings also indicated that individuals in this category were committed to using the method they chose and had also used it in past relationships like Bria and Marcus who had been dating for less than a year and brought their preferred birth control method into the relationship thus becoming dual birth control users. When asked how she and her partner share and negotiate responsibilities about birth control, Bria stated, *"I mean I've always taken the pills, and he's always used condoms…I mean I think of my, my own [birth control/experience], especially. I have a prescription. And, I mean he has brands that he likes, you know, for his own comfort…Of course, I want him to go get those and stuff. If that's what works for him, but I mean….we both have, you know, our own [method]. Like I said with me, it's my prescription, so that's good enough".* When Marcus was asked the same question, he responded similarly to Bria stating, *"…It's a pretty equal thing. Just something that's agreed…I mean it's both. …Well, she gets her [prescription and] I'm usually the one that goes to get condoms. Uh, she has, at times,*

gotten them, but for the most part, I'm the one that gets condoms". These findings suggest that couples who made joint decisions included individuals who brought protective birth control habits from previous relationships and carried them out in their current relationship.

Interestingly, most of the couples who made joint decisions relied on condoms, though not exclusively. Further analysis revealed that the attitudes of both partners regarding who should be responsible about birth control within the couple shaped their birth control decision making. For example, Rachael and Abraham's narratives demonstrate that possessing similar attitudes about birth control influenced joint decision-making and behaviors, in particular with respect to perspectives about condom use, a method typically thought of as the male's responsibility. Rachael explained, "*Well, I don't think he's totally responsible for [birth control], because we're having sex with each other. And the outcome affects both of us. So I mean he's responsible for putting it on, but, if I, I'll buy condoms, or he'll buy condoms, but because he, he's the one that wears them, he's usually the person that buys it."* Likewise, Abraham felt that "*we're both responsible…I expect her to tell me to put a condom on, and she does; and I always put a condom on. And we both…if we were to have a child, we both would be involved in the process of making it; so why can't we be, we both be involved in the process of stopping it?"*

Male decision-making. In roughly one-fourth of the couples (27%), the male partner made the birth control decisions. All of these couples relied on withdrawal at the time of the interview and had some omissions or frequent inconsistencies. For some couples, the female partner had concerns about hormonal methods; other couples had switched methods and opted to use withdrawal.

Among those with concerns about hormonal methods, some had gone through negative experiences with hormonal methods in the past; others had a general distrust in hormonal contraception. This dislike of hormonal methods seemed to contribute to the decision making process and provided an opening for the male partner to have the final say in decision making. For example, Aisha wanted to avoid hormonal methods but reported that she was open to other methods stating, "*I would be fine with condoms;"* however*,* her partner, Bryan, did not trust the effectiveness of condoms, fearing they would break frequently, and wanted to use withdrawal. As such, Aisha and Bryan's ended up relying on withdrawal.

Other couples in this male decision-making category switched from one method to finally use withdrawal. Although many of these couples began their relationship using condoms, they eventually stopped using condoms in favor of withdrawal. For example, Cassandra and Hunter started their relationship by using condoms, and transitioned directly to withdrawal as their primary method when Hunter stopped bringing condoms with him and began using withdrawal. Hunter remembers transitioning away from condoms "*when we couldn't afford them, and everything, I guess they just became too much of a, I don't know, we just started running out sometimes, and…I mean it just turned into, what it is, failing to have those in my pocket….[So now] we use withdrawal."* It is important to state that Cassandra also did not want to use hormonal methods because she had negative experiences with various hormonal methods.

These findings suggest that when the female partner did not strongly voice her opinion about or have a strong preference for method (frequently because she did not see hormonal methods as a viable option), the male partner made birth control decisions for the couple, and for many of these males their preferred method was commonly withdrawal.

Female decision-making. Findings indicated that in the majority of couples in the study sample, the female partner had greater influence than the male partner over the birth control decisions the couple made. Half of the couples where the female made the birth control decisions were currently using hormonal methods and consistent in their birth control use; and where this was the case, the female's use of hormonal methods began prior to her current relationship. In this subset of couples, both partners tended to think of birth control primarily as the female's decision and also tended to believe that birth control was more of the female's responsibility. Jefferson described this process and noted that *"[Sara brought up] getting on [the pill] because of the abortions [earlier in the relationship]; that's why it came up. She used to be on birth control, and so she got back on because she didn't want to get pregnant*." From his perspective, this was wholly Sara's decision, which was fine with him.

The other half of the couples where decision making rested primarily with the female reported using withdrawal alone or using condoms along with withdrawal. These results are somewhat surprising given the widespread notion that these types of birth control methods are male-oriented. However, the female had used hormonal contraception prior to using withdrawal or condoms. For these couples, it was viewed as the female's choice to stop using hormonal contraception, and therefore, her overall decision that shaped the couple's current birth control method. The decision to stop or not use hormonal methods meant that withdrawal or condoms would become by default the couples' primary method. This was the case with Jacinda who used condoms at the beginning of her relationship with Montrell, but quickly transitioned to using the NuvaRing and then transitioned to using withdrawal. When asked about how she and her partner made the decision to stop using the NuvaRing, Jacinda states, *"it was mostly my decision*, *... He [Montrell] would rather have me be on it [the Ring], but he understands that I*

can't have the hormones in my body all of the time. He feels a lot more comfortable when I'm on it". As such, although Montrell preferred to use the NuvaRing, it was understood that Jacinda had the final say about this, which led to their use of withdrawal. Like Jacinda and Montrell, couples where the female made the birth control decisions and who eventually came to use condoms and/or withdrawal all began using dual methods (frequently withdrawal and a hormonal method) and continued using withdrawal, after they stopped hormonal method use.

Findings also indicated that birth control omissions and inconsistent birth control use were also present among these couples where the female made more of the birth control decisions. In some couples, a pattern of not using condoms or withdrawal had begun when the female was on hormonal methods and had continued even after hormonal method use was discontinued. In others, added condom use irritated the female (like Jacinda, quoted above), who would request to not use them.

Participant's Emotional Investment to the Couple

Participants' level of emotional investment to the relationship, relative to that of their partner, was examined to see if emotional investment shaped the type of birth control couples used and the consistency in which they used it, and to examine whether emotional investment within the couple shaped their birth control decisions making process.

Narratives of each partner were analyzed to gauge their emotional investment to the couple relative to that of the partner. To examine emotional investment, the following participant information was analyzed: (1) participants reports of how committed they were to their relationship, (2) perceptions of emotional and sexual exclusivity of their relationships, and (3) their perception of the likelihood of staying together with their partner in the next year and beyond.

Three groups of couples emerged from this analysis: (1) couples who shared similar levels of emotional investment (47%); (2) couples where the male was more emotionally invested than the female (27%); and (3) couples where the female was more emotionally invested than the male (27%).

Couples with similar levels of investment. The data suggest that couples in this category were not only similarly emotionally invested but also agreed about the health and future of their relationship. That is, this group included both couples with a rosy outlook as well as couples that were unsure or pessimistic about their future such as Bria and Marcus, who perceived themselves to have a strong bond, but still had doubts about their relationship but, at the same time, saw the potential for a future together. Bria explains,

> We're equally committed. Like I was saying before…because of the …things …we have gone through, like just in the past 11 months,…we really had to stick with each other. …I mean there's, there's strength in our relationship, to a certain extent.

Marcus agrees with Bria noting,

> We definitely would like to see a future together. Like we're not speaking [about] these things…We're… trying to figure out, are we going to work [with] each other in those situations. So I mean, we don't have our answers at the moment, but we definitely do see a future with each other though.

It is worth noting that Marcus and Bria had been dating for less than a year while Marcus lost his job. Bria had financially supported the couple through this time. Staying together during this time may have contributed to their perception that they are both emotionally invested in the relationship, but still have not sorted out what the future brings for them as a couple.

Emotionally-invested males. In couples where the male seemed to be more emotionally invested than the female, the male wanted a long-term commitment and to spend more time with his partner, and had a more positive outlook on the relationship. For example, when asked whether they were equally committed, Montrel readily acknowledged that he is *"a little more committed,"* and continues by noting that he, *"...feel[s] her pulling away sometimes."* The women in this group stated that they frequently had children or friends that required their time and attention; thus, they were less available for their relationship. Jessica's quote below illustrates how these push and pulls affected partners perceptions about their level of commitment in their relationship.

> Based on actions, he's probably more so committed right now, than I am, because…I have my teenage daughters…and because I have my own life. And I'm trying…we kind of rushed into it, so now… we're backtracking a little… It's more so, other things that I really want to put priority to like for me.

Emotionally invested females. Couples where the female seemed to be more emotionally invested in the relationship, were defined by both a desire on the part of the female to " advance" the relationship into the territory of deeper commitment (e.g. marriage) and the absence of other individuals that could distract her from the relationship. On the other hand, their male partners either had children or other women (including the child's mother) that pulled them away from the relationship.

Taken together, these findings suggest that in situations where one partner is more emotionally invested than the other one (regardless of who the more invested person is), the more emotionally invested partner wants to advance the relationship into a deeper commitment,

but the other partner keeps this from happening, in part, because his/her investment and involvement in other relationships (e.g., children, friends, work, sex buddies, etc.).

Emotional Investment and Birth Control Use and Consistency.

Our analysis of the role that emotional investment may play in birth control use and consistency suggested that couples who shared similar levels of emotionally investment, or couples where the female was more emotionally invested, tended to use birth control more consistently and rely on more effective methods (e.g. condoms, hormonal methods alone, or dual methods) compared with couples where the male was more emotional invested. Couples where the male was more emotionally invested tended to rely mostly on withdrawal and were more inconsistent in their birth control use.

Emotional Investment and Birth Control Decision-making.

To see if emotional investment played a role in couples' decision making about birth control, we looked at the decision making pattern across the three groups of emotional investment. In general, emotional investment seemed to shape birth control decisions when one partner was less emotionally invested in the relationship. In contrast, among couples where there were similar levels of emotional investment, pregnancy intentions appeared to shape couples' birth control decision-making.

More specifically, when the female was more emotionally invested in the relationship, the male made the birth control decisions in the relationship, as was the case with Edward and Keesha. Edward tracked Keesha's menstrual cycle and made sure that he used withdrawal during her fertile days, even if Keesha did not want him to withdraw.

In contrast, when the male was more emotionally invested to the relationship, the female made the birth control decisions. For example, although Jacinda was committed to her

relationship with Montrell, he was more invested, and it was Jacinda who decided to take a break from using NuvaRing and to start using/relying on withdrawal (as discussed earlier).

Among couples who were similarly emotionally invested we found that pregnancy intentions shaped their birth control decision making rather than their emotional investment to the couple. Some of these couples jointly made decisions about birth control and shared a commitment to avoiding pregnancy. These couples viewed their mutual desire to avoid a pregnancy as the main factor in their joint decision to use birth control. Shawn described the decision to consistently use condoms with his girlfriend Dionna in these terms, explaining, "*we both just know that we need to take every precaution in preventing her getting pregnant because…her getting pregnancy would completely change our lives and we're not ready for that."*

Other couples who shared similar levels of emotional investment did not equally influence birth control decisions because they had different pregnancy intentions. In each of these couples, the male was open to having children and therefore more ambivalent about contraceptive use. As such, in these couples, it was the female who had a stronger desire to both use birth control and avoid pregnancy; correspondingly, the female had the final say in birth control decisions. This was the case for Sara and Jefferson. Early on in their relationship they used both condoms and the pill, but overtime, Jefferson stopped using condoms and began to express a desire to have children with Sara. However, Sara is currently not interested in getting pregnant, so she has continued to use the pill.

Discussion

The major aim of this study was to examine factors that may shape the contraceptive behaviors of black young adults from both the male and female perspective. More specifically,

this study examined couples' birth control use and how couples negotiate their birth control decisions. This study also explored how emotional investment to the couple may shape couples' birth control decision-making.

The largest single category of birth control users was couples who relied solely on withdrawal followed by couples who were dual method users. Findings also showed that couples who relied on withdrawal or condoms reported more inconsistencies and experienced more omissions in their birth control use compared with those who used hormonal/LARC methods. This may indicate that the use of non-hormonal methods made it easier for couples to decide not to use birth control at any given time. These findings are consistent with the literature that notes the use of coital dependent methods (e.g. condoms and withdrawal) are difficult to maintain over the course of a relationship. In a national study, Moreau and colleagues (2007) found that women discontinued using coital dependent methods, such as condoms, because they thought condoms were difficult to use, decreased sexual pleasure, or their partner was dissatisfied (Moreau, Kelly, & Trussell, 2007).

In general, findings in this study demonstrated that birth control decision making within couples was guided by past birth control experiences individuals brought into the relationship. Couples where both partners had a preferred method and had already established good birth control habits (e.g. used both more reliable methods and contracepteed consistently) in previous relationships made joint birth control decisions and tended to contracept consistently compared to other couples. Similarly, women's experiences with hormonal methods contributed to the couples' decision to use or not use hormonal methods. In situations where the man or the woman had the final say in the birth control decision, some women did not see hormonal methods as viable options because of past negative experiences; as in the case of couples where

the man made the birth control decisions, women left the decision to the partner. It is worth noting again that couples who did not make decisions about birth control jointly tended to be more inconsistent in their birth control use or experienced omission than couples who made joint-decisions. As such, it seems important for both partners to have a preferred method when they come into a relationship and to come into an agreement on what method is most appropriate for them within the relationship.

Findings also indicated that attitudes about birth control responsibility influenced couples' birth control decisions. Couples who made joint birth control decisions had similar attitudes and perceived birth control use as a shared responsibility and tended to be more consistent contraceptors than others. In contrast, among couples where the female had the final say in birth control use, both partners thought women were primarily responsible for birth control and these couples tended to be inconsistent contraceptors. Thus, it seems that common attitudes within these couples influenced their birth control decision making and the birth control behaviors of individuals within the couple.

With regards to emotional investment, findings indicated that where there was an emotional imbalance in the relationship (when one partner was less emotionally invested in the relationship than the other), the person less invested in the relationship tended to make the birth control decisions for the couple. However, in couples where there was a similar emotional investment, pregnancy intentions, rather than their emotional investment seemed to shape birth control decisions the couple made.

These findings highlight two main points. First, these findings are consistent with Waller's *Principle of Least Interest* which suggests that the more emotionally invested partner has less influence over the couple's birth control use compared with the "least" emotionally

invested partner. Second, although the Principle of Least Interest does not provide an explanation for the dynamics of couples where there are similar levels of emotional investment, the findings from this study shed some light on how these couples may make birth control decisions. For some of these couples, it seemed that when both partners were invested in the relationship and did not intend to have a baby the couple was committed to participating in birth control decisions. Perhaps these couples perceive the reality of their emotional investment as a threat to become pregnant and if they both share intentions to avoid pregnancy, better birth control monitoring, reinforcement and cooperation takes place in the relationship.

However, among other couples who shared similar levels of emotional investment, but in where the woman wanted to avoid the pregnancy more than the partner, the woman tended to assert the birth control decisions. It seems that women in this group also saw the reality of the couple's emotional investment and the ambivalent pregnancy intentions of the partner as viable risks for getting pregnant. This may have alerted her to diligently participate in the birth control decisions and better monitor and reinforce the couple's birth control use.

Taken together these findings highlight the idea that both personal factors—such as birth control attitudes, past experiences, and pregnancy intentions—and relationship level factors are all important in couples' birth control behaviors. That is to say, the attitudes, experiences and pregnancy intentions each partner brings into the relationship may influence the birth control decisions couples make, and how they make these decisions, but these personal factors may work differently according to the dynamics within the couple.

While this study provided some insight on how black couples negotiate their birth control decisions and how dynamics in their relationship may influence this decision, the study has limitations worth noting. It included a relatively small sample of black and low-income couples

drawn from a mid-Atlantic urban city. Given the racial/ethnic and income variations in birth control use, findings in this study are not generalizable to a nationally representative sample of black and couples of other racial/ethnic and income backgrounds. Thus, findings in the study should be interpreted with caution and be taken only as exploratory.

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