

Analyzing the Relationship Between Women's Decisions to Use Contraception and Their Partners' Perceptions of Preventative Behavior

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ANALYZING THE RELATIONSHIP BETWEEN WOMEN'S DECISIONS TO
USE CONTRACEPTION AND THEIR PARTNERS' PERCEPTIONS OF
PREVENTATIVE BEHAVIORS

BY

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A thesis submitted in partial fulfillment of the requirements
for Honors in the Major Program in Nursing
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Thesis Chair: Leslee D'Amato-Kubiet

Abstract

A majority of adolescents and young adults report inconsistent use of safe sexual behaviors and contraception methods due to a variety of influencing factors. These practices can lead to limited future reproductive choices and can spread communicable disease in the population. The purpose of this study was to determine if a woman's decision to use a specific type of contraceptive method is influenced by her partner's attitude toward preventive sexual health practices. A secondary purpose was to analyze women's attitudes towards safe sex and contraceptive practices as independent entities of disease and pregnancy in the reproductive cycle. A literature review was conducted from the following databases: CINAHL, ERIC, Medline, and PsycInfo. Initial search criteria terms included 'contraception', 'male partner', 'influence', 'decision-making', 'intimacy', and 'relationship'. Results were limited to scholarly journals/peer reviewed articles published no earlier than 1996. Overall, findings were inconclusive if a relationship exists between women's choice of contraceptive method and their partner's attitude towards safe sex and preventative health practices. In conclusion, further research analyzing intimate partner relationships and their influence on sexual health practices can provide insight into creating a plan of preventative care tailored to each individual.

Dedication

For individuals who feel embarrassed by the topic of family planning. Maintaining a healthy sexual lifestyle is a biological process and should not be topic discussed in a secretive manner.
Put your health first.

Acknowledgements

Thank you to my thesis chair, Dr. Leslee D'Amato-Kubiet for your guidance through this research process, but also my journey through nursing school. Thank you for your continued support and believing in my ideas and abilities.

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Introduction

The Center for Disease Control and Prevention reports that 71.8 percent of sexually active young adults do not use any method of contraception during intercourse (2010). The choice of whether or not to use contraception and the precise method of contraception that adolescents and young adults use is critical in preventing unintended pregnancies and sexually transmitted infections. Engaging in unprotected sexual activity is deemed to be risky behavior, which can increase the individual and societal burden of health care access and the cost of care. However, when young adults identify the type of relationship they have, whether it is monogamous or casual, intimate, romantic, etc. the sense of “risk” associated with sexually transmitted disease diminishes over time (Seal, 1997). In addition, a woman’s decision to choose a specific method of contraception based on her partner’s perceptions of safe sex and preventive health practices is poorly understood.

Exploring the relationship between women’s decisions to use a specific method of contraception and their partners’ perceptions of health-related behaviors is of value in preventing the transmission of disease. Understanding the relationship between women’s choices in contraceptive methods and their partners’ preventive health behaviors can assist health care providers with improving the information readily available to the young adult population regarding the consequences of risky sexual behavior and can boost efforts to promote safe sex practices.

Problem

A woman's choice of contraceptive methods can be dependent on partner influence, despite her personal preference of method or knowledge of device efficacy. In contrast, factors that influence women's decisions to use a specific type of contraception, such as "the pill" or an intrauterine device particularly based on their own experiences, can be influenced and altered by their partners' perception of the method. The reasons for cessation of one method as opposed to another often differ.

The leading reason (41%) women reported not using condoms is because their partners did not like it and felt condoms decreased sexual pleasure for their partner. The secondary reason (23%) was because women worried the method would not work (CDC, 2010). A multidisciplinary approach should be taken to provide individualized care and to further educate women on the topic of contraception. Providing more knowledge to women will allow them to make safer decisions about sexual behaviors and to not refuse certain methods of safe sex practices due to fear or coercion from another party. Exploring the types of relationships that exist between women and their partners can help determine how women feel about initiating the use of various types of contraceptive techniques. For example, women often feel it is their partners' responsibility to decide whether or not a condom will be used during intercourse because it is physically designed for a male body, thus it should be decided by the male (Gebhardt, 2003). Conversely, young adult males often feel that all contraceptive methods, excluding the condom, should be female-centered (Patra, 2014). Understanding women's confidence in their abilities to communicate and have active roles in the decision-making process

regarding contraceptive choices is important to prevent the spread of infectious disease and to avoid unintended pregnancy.

Purpose

The purpose of this study is to determine if a woman's decision to use a specific type of contraceptive method is influenced by her partner's attitude toward preventive sexual health practices. A secondary purpose is to analyze women's attitudes towards safe sex and contraceptive practices as independent entities of disease and pregnancy in the reproductive cycle.

Method

A search of the literature was conducted using the following databases: CINAHL, ERIC, Medline, and Psychinfo. The results were generated using the search criteria women's health, contraception*, male partner*, influence*, condom use, decision-making*, intimacy* and relationship*. Results were limited to peer reviewed journal articles, literature reviews and meta-analysis, and original research studies published no earlier than 1996 available in full text. Research focused on adolescent and young adult population subsets that were identified as sexually active. Further inclusion criteria included heterosexual, consensual partnership with the assumption that intimacy and exclusivity is juxtaposed. Exclusion criteria included research with a focus on partners of domestic violence, rape, abortion, and individuals with a present documented illness. Men-who-have-sex-with-men (MSM) and women-who-have-sex-with-women (WSW) were excluded subsets of the population due to alternate types of methods used to prevent disease and reduced pregnancy risk.

A total of 137 articles were retrieved via electronic databases. Fifty-two articles were excluded due to duplication within the search results and reference lists. Further articles were excluded due to lack of relevance of subject matter. To ensure the studies met research criteria, eighty-five articles were then reduced to twenty-four studies.

The extracted data were compiled into tables that synthesize the relationship between women's choice of contraceptive method and their partners' attitudes towards safe sex and preventive health practices. Further information resulting from reproductive outcomes based on women's contraceptive decisions as influenced by their partners and its relevance to public health was placed into a table format based on the obtained data.

Background

The Center for Disease Control and Prevention mentions young people participate in risky sexual behavior resulting in adverse health outcomes. Of the approximated 20 million new cases of sexually transmitted diseases (STDs) reported each year, half were reported among individuals 15 through 24. Less than 20 percent of sexually active young persons have been tested for STIs/STDs and approximately the same percentage reported using a condom during their most recent sexual encounter. For example, in adolescent and young adult populations, there was an estimated 10,000 cases of newly acquired human immunodeficiency virus (HIV) infection in 2013 (CDC, 2015). Acquiring a virus with detrimental effects on the human body, physiologically and emotionally, at a young age prolongs the disease management and cost of healthcare. HIV is a sexually transmitted disease that can be prevented through engaging in safe sex practices. The sexual promiscuity displayed by adolescent and young adult population subsets can lead to a myriad of negative health outcomes. STIs are often asymptomatic so the infection can spread from one person to another, through sexual contact, before being detected. Furthermore, unprotected sex can result in unintended pregnancy, which can sometimes have a negative result for mother and baby, especially in adolescents.

For example, the mother may not have been receiving adequate nutrition or including teratogens in her diet which is precursor of poor health outcomes for the baby such as low birth weight, spina bifida, and fetal alcohol syndrome. Research studies from (Cheng, et al., 2009) showed that women with unwanted or ‘mis-timed’ pregnancies were more likely to delay initiation of prenatal care until after the first trimester than women with intended pregnancies.

The role a woman's partner has in her choice of whether or not to use contraceptive methods is not clearly defined in most cases of unintentional pregnancy or after the diagnosis of STD.

Family planning services offers women of all ages the opportunity to take control of their reproductive abilities. Through family planning, females can talk with their providers about a method most suitable for sexual encounters. The literature review presented many types of contraception and safe sex methods used by women, but the focus remains with three main categories: the barrier method, the hormonal method, and the intrauterine (IUD) method.

The method of contraception implemented by women is often decided based on general knowledge about contraceptive use from various sources, and many women have a preconceived idea of a contraceptive method that would work best for them before an initial encounter with a health care provider. Women's feelings toward contraceptive behavior are positively correlated to perception of peers' attitudes toward family planning, which has been heavily influenced by social factors such as the media and the personal experiences of family and friends. During contraceptive counseling, partner influence was related to his preference as opposed to providing information on a particular method (Levy et al., 2015). Women's decision-making on contraception use can also be influenced by cultural beliefs and age. Research suggests men in Northern Ghana fear that if their wives use contraceptives, they may be unfaithful. Because of this notion, women in this region often avoid discussions of contraception out of fear of their partners' reactions and the loss of intimacy and affection (Cox et al., 2013). Additionally, a majority of adolescents reported inconsistent use of contraception, barrier as well as hormonal dependent, because they felt embarrassed obtaining and discussing contraception or they forgot (Bolton et al., 2010). Forgetting to use a contraception that requires daily attention was a

common finding within adolescent age groups (Ong et al., 2012). Furthermore, research suggests that young adults who implement inconsistent contraceptive use have limited knowledge of alternative contraceptive methods, thus a decreased need to seek preventative measures.

One aspect of women's health education is to provide women with current health information and the best practices to maintain or improve reproductive health, as well as to debunk any common misconceptions about STD. Investigating a woman's reasoning for engaging in safe sex practices and methods used to avoid pregnancy can provide insight to tailor a plan of preventative care for each individual. According to a study by Bolton (2010), a woman's assessment of her partner's identification with monogamy, trust, intimacy, and commitment is an important factor in her decision making with regards to safe sex practices. Identifying whether improving women's reproductive health outcomes can be influenced by their partners' perceptions of preventative health practices, in turn, could be useful in preventing the spread of disease and in short and long term reproductive planning.

Findings

The results of the literature review demonstrated reoccurring themes of the family planning process. Specifically, theme identified were, relationship type, trust, intimacy, and power, power role, contraceptive understanding, and partner conflict. Furthermore, partner involvement, and male involvement in family planning. The themes were consistent with sexual health behaviors among the adolescent and young adult population.

Most studies of family planning and contraceptive use focus on the female perspective. A consistent finding throughout the literature revealed male partners, when interviewed exhibited the notion of family planning and contraception is the responsibility of the woman within the relationship. During counseling, reproductive decision- making is a process and should involve mutual decisions in the pair relationship (Gage, 1998). Cox, Posner, and Sangi-Haghpeykar (2010) suggest joint contraceptive decision- making is associated with higher rates of contraceptive use. They found a positive correlation between joint contraceptive decision- making and condom use. Naturally, there would be a higher reported rate of a joint decision because the male condom is specifically designed for the male body, so women are more likely to report partner involvement and communication. Previous reproductive health services focused on negotiation skills for the woman in the likelihood that her partner did not use a male condom. However, recent studies have highlighted male partner attitudes about condoms are most relevant in predicting consistent condom use (Cox et al., 2010).

Various factors influence the directness of open conversation regarding sexual behaviors within a dyad. Defining the type of relationship, romantic or casual, as well as the level of

intimacy is cited in a majority of the studies as a contributing factor in the decision-making process. For example, a couple with a 'casual' relationship type engage in less personal conversation than a couple defined as 'romantic'. Furthermore, discussion of contraceptive method and use is not typical subject matter of a casual relationship type because of the nature of the couple dynamic. Because this relationship type is not illustrated as intimate, topic of conversation related to intimacy is often avoided.

Relationship Type

When discussing the consistency of contraception use, the dialog will differ based on hormonal contraception versus barrier contraception. Different types of partner communication related to contraceptive also varied among adolescents versus young adults (Johnson, Sieving, Pettingell, & McRee, 2015). These results explored the communication that adolescents had with their sexual partner which influences their contraceptive behavior. This study identified different types of sexual relationships, hence communication style, as regular, casual, and "one-night stands". The status of the relationship was further defined as steady partner or casual partner.

Open dialog regarding safe sex practices is moderated by the perceived relationship status by the woman. The more committed dyad, i.e. "going out with only each other" (Johnson et al., 2015) reported early and frequent discussion of safe sex practices as opposed to a partnership deemed 'casual'. Earlier communication within the partnership is positively correlated with consistent hormonal contraceptive use. Understanding the relationship type can highlight the interpersonal dynamics that may influence the decision-making process. The decision making process is multifactorial in a sense that each facet such as perceived level of trust, intimacy, and

power within a relationship, and sway the decision to use contraception, be it barrier or hormonal.

Trust, Intimacy, and Power

Interpersonal dynamics between sexual partners affects the relationship type and sexual behavior. One individual may forgo their own desire in order to satisfy their partner and subsequent wishes within the relationship. "Power in relationships has been defined as the ability to influence another person's attitudes or behavior (Tschann, et al., 2002, p.18). Four studies cited power as an influential aspect regarding barrier contraceptive use. Contrary to popular belief, power within a relationship is not associated with the individual with greater personal resources such as income or a subjective facet such as attractiveness. A desire for emotional and sexual intimacy is the foundation of power. Thus, the individual in a relationship who is least emotionally invested contains greater power than their counterpart. The more involved partner is eager to complete various actions to maintain the relationship (Pulerwitz & Dworkin, 2006). Consequently, young adults are less likely to "get their way" about barrier contraceptive use when they are more invested in maintaining the relationship compared to their partner.

Pulerwitz and Dworkin (2006) and Bolton et al. (2010) have cited trust as a negotiating factor when a woman agrees to use the barrier method. Young men who were surveyed affirmed condom use implied lack of trust within the relationship. When a couple forgoes barrier contraceptives and relies solely on hormonal methods or IUDs, which is female orientated, Pulerwitz and Dworkin suggest the couple demonstrates a heightened level of trust (2006). "Participants explicitly pointed to trust as an important factor in their decision-making (Bolton et

al., 2010, p.98). Trust and intimacy are psychological factors that can enhance feelings of closeness within a relationship. Many couples who believe they are in a monogamous relationship have a lower perceived risk for STDs because of the trust status in their relationship.

There is often the implicit assumption that the object of [young adults] affection would not be a risk to their health, or have a sexual history that confers high STI risk. Based on this assumption, many young adults in dating relationships rationalize engaging in unprotected sex (Bolton et al., 2010, p.92)

Thus, focusing on condom use within a long-term relationship may lead to suspicions of sexual activity outside of the partnership. Condom use is regarded as prevention of sexually transmitted infections and diseases, rather than for prevention of pregnancy.

Only one study mentioned male partners did not have any preference of what method of contraception their counterpart chose to implement because they trusted the woman to make a decision (Levy, Minnis, Lahiff, Schmittiel, & Dehlendorf, 2015). The general notion is that the couple had the same impression for family planning, whether or not they were trying to conceive.

Partner Role

Irala, Osorio, Carlos, and Lopez-del Burgo implemented a cross-sectional study in which a questionnaire was sent to women, using logistic regression analysis they identified factors associated with partner participation in choice of preventative measures (2011). Efficacy and adverse side effects were noted as important features when choosing a method. Males cited accessibility and convenience as important features when selecting a method. 45 % of the women reported a joint decision-making process with their partner. “The methods chosen with

greater partner participation were, by order of frequency, calendar methods, female barriers, condoms, withdrawal and male sterilization (Irala et al., 2011, p.562). Prevalent in the literature, was the lack of information male partners admitted to knowing. Young adult males reported their information about contraception was offered by peers and sometimes based on sociocultural factors such as religious teachings or cultural norms regarding sexuality. Gage stated, “perceptions about what their [male] peers are doing and what is accepted in their peer groups may be strongly correlated to their motivations to engage in sexual activity or risk-taking (1998, p.155). Pinpointing the source where adolescents and young adults receive preventative behavior information can provide insight into why couples implement their current practices.

Contraceptive Understanding

A common theme throughout the literature was the prevailing misconceptions about oral contraceptives, such as their ability to cause infertility and other harmful side effects. Gage specifically coined the term “light sex” in which males presented the idea and females then complied because of the power level within the relationship. Light sex consists of friction against the penis and vagina with little to no penetration which would not lead to STDs or pregnancy (Gage, 1998). This practice is a common example of the need for further education regarding safe sex practices. In a survey of Women, Infants, and Children (WIC) clinic participants, there was a link between less knowledge and less contraceptive use. Males who witnessed side effects of oral contraceptives in female partners frequently described anxiety when relying on female partners used birth control effectively (Carter et al., 2012). Essentially, the adverse side effects of hormonal contraception may deter a woman from consistent use, thus rendering contraceptive measures useless, especially if hormonal contraception is the sole preventative measure.

Furthermore, although joint decision-making would be beneficial for a sexually active couple, many studies cited contraception was the responsibility of the woman. Additionally, the conversation of contraceptive type was further dependent as the duration of the relationship prolonged. Essentially, overall contraceptive use does not decline in longer relationships. However, reliance on hormonal methods increases, suggesting a greater focus on avoidance of unintended pregnancy than on STD prevention (Manlove et al., 2011). The unspoken shift of preventative behaviors between partnerships could stir feelings of resentment and distrust if open communication is not a strong aspect within the dyad. It is important for both individuals to essentially 'be on the same page' in order for consistent use and increased efficacy of preventative measures.

Partner Conflict

Partner conflict is described as opposing views on preventative measures within an intimate partner dyad. Conflict regarding safe sex practices and avoiding unintended pregnancy often arises within the dyad when an individual has a strong desire to use or not use contraception. Conflict within the dyad also escalates as a result of using preventative measures over a period of time. Communication, trust, and intimacy are important factors that influence contraceptive decisions. Dissonance between the two can lead to decreased contraceptive use, particularly use of hormonal and dual methods (Manlove et al., 2011). Decline in effective communication without the trust of commitment in a relationship are negatively associated with increased contraceptive use (Cox et al., 2009). Women's decisions to use a particular method of contraception can be influenced by a desire to avoid conflict within the dyad and to maintain a stable relationship with their partner. The relationship between conflict resolution concerning

sexual health practices has yet to be explored in prevention of STD's and unintentional pregnancy and is an implication for further research.

Partner Involvement

Dual Method contraceptive use requires cooperation and agreement within the intimate partner dyad. In every study, the male condom was reported as the primary method of contraception during the beginning of a new relationship. Thus, with increased partner involvement when discussing condom use at the beginning stages of intimacy. As the relationship evolved, this was transferred solely to the woman's responsibility to other methods of contraception such as the Depo-Provera (DMPA) or oral contraceptives such as birth control pills as the relationship evolved. In a new relationship, there was a positive correlation between partner involvement to continue in the contraceptive decision-making process if there was a potential for a long term, monogamous, commitment. In contrast, individuals who were perceived as "high risk" by their partners were not included in family planning. A high-risk individual is defined as a person who had other sexual partners as well as a current partner. Women with high-risk partners often did not report contraceptive discussions with their partner because of the reduced odds of their partner being supportive of a visit to a health clinic (Cheng et al., 2009).

Male Involvement in Family Planning

Only one study by Le Guen, Ventola, Bohet, Moreau and Bajos focused solely on current male contraceptive practices (2015). The new age methods of contraception such as IUDs and birth control pills are female-dominated who have more options available to them than their male

counterparts. Family planning is illustrated as a female dominated subject although it should not be assumed men lack interest in birth control. Men can also have an interest in managing their own fertility, in terms of limiting and timing of childbearing. Consequently, males may desire a choice in whether or not to participate in managing contraception within the dyad (Le Guen et al., 2015).

This review of the literature focused on cooperative contraceptive methods that were defined as needing the cooperation of both partners (withdrawal, rhythm, and male condom). Female-controlled methods were defined as lacking male consent. Analysis of men and contraceptive practices included the following groups: men with an unmet need for contraception, men using a cooperative method, men using at least one cooperative method alongside a female-controlled method, and men who reported using only a female-controlled method with their current partner (Le Guen et al., 2015). The vast majority of men in intimate partner dyads relied on female-controlled methods of contraception for safe sex and prevention of pregnancy. This is indicative of male awareness of preventative behaviors despite the lack of opportunity or willingness for self-management. The study concluded men are actively involved in contraceptive decisions. Men in non-cohabitating relationships prefer cooperative methods due to their ability to use a male condom at their convenience as opposed to challenging female-controlled methods.

Discussion

Understanding the importance of preventative health measures coupled with the psychosocial influences within a social context of sexual encounters directs the initiation, frequency, and duration of contraceptive use. Many studies cited the lack of contraceptive understanding as a contributing factor to non-adherence to preventative measures within the relationship in addition to other emotional factors. Of the contraceptive methods included in the literature (male condom, oral contraceptives, IUDs, rhythm cycling), the male condom was the primary focus of a majority of the studies. Use of the male condom, because of its physical nature, requires a more collaborative effort within partnerships. The design of male condom contraceptive allows for more active discussion due to the cooperation needed from both parties in an intimate relationship dyad.

Relational influences regarding contraceptive negotiation, particularly with the male condom, were the focus of eleven studies: Bolton et al., (2010) Campo et al., (2012) Carter et al., (2012) Cheung et al., (2005) Cox et al., (2010) De Irala et al., (2011) Johnson et al., (2015) Levy et al., (2015) Manlove et al., (2011) Ong et al., (2012) and Tschann et al., (2002) The responses of participants differed within the study. Female respondents would either have a desire to use or not use the male condom when the decision-making process was related to the power dynamics of the partnership.

Conversely, the study by Le Guen et al., (2015) is the only study that cited some males as proactively taking charge of their own fertility capabilities, otherwise contraceptive methods decision-making is the unstated responsibility of the woman. The current research contains contrasting points of view regarding condom use and the young adult population. Ultimately, the

research attempts to pinpoint individual factors in which a couple may or may not use condoms. The problem with the study designs is that these are cross-sectional studies in which causative factors cannot be concluded. Nevertheless, the literature suggests that young adult women continue to use condoms within the partnership as a measure to protect the health of their partner over their own preferences or needs (Bolton et al., 2010). The literature also suggests condom discontinuation is related to the increased feeling of trust and intimacy within the relationship. These misconceptions infer further investigation to better understand factors within the dyad that causes one couple to make decisions different from another couple have yet to be explored. In particular there is a need to understand the interaction of the two individuals in the dyad and the power balance present between the male and female.

Hormonal contraception and intrauterine devices were not the focus of many studies but were included as an afterthought. Carter et al., (2012) examined contraceptive understanding among young adults, and it was apparent little to no information was known about hormonal contraception. Males reported only having second hand knowledge about the side effects of these methods from the reported experiences of other females in their lives. The results of the study illuminates the need for further education on contraceptive methods for both women and men. The fear associated with preventative methods are based on a second-hand experience about health related practices which places the subset of the population that is sexually active at a higher risk for sexually transmitted diseases and unintended pregnancies.

The language in the literature is predominantly female. The culture concerning family planning is female orientated; contraception is “women’s” responsibility. The nature of this female dominated health topic often does not allow male participation. Possibly, with actively

including male in contraceptive counseling can change the environment and social context on how society views family planning.

Limitations

One limitation of the literature review is the majority of the research relies on cross-sectional study designs. The design does not focus on causative factors so results are left open to interpretation associated with high or low correlations. However, there are no definitive cause and effect discussions. Another limitation is the potential of gender bias. Only one study directly included males in the interview process to assess their contraceptive understanding and desired use. Other studies included the male perspective provided by female respondents, so the dialog within the interview is based on what the female partner *thinks* her male partner's perspective is on many facets of contraception. Furthermore, most studies do not separate populations by developmental stages—such as adolescents and young adults. The studies focused almost exclusively on sexually active females. However, adolescents' sexual behaviors and reasoning differs from those of an older population so interpretation of results cannot be generalized.

Recommendations for Research

Future research is needed regarding effective contraceptive use and family planning. There is a lack of research focused on joint contraceptive counseling. Because of the influential ability of the male perspective it is important to include males in family planning for effective contraceptive use and adherence. Additionally, examine sexual preventative measures based on education and socioeconomic factors of both male and female and distinguish adherence through demographic data.

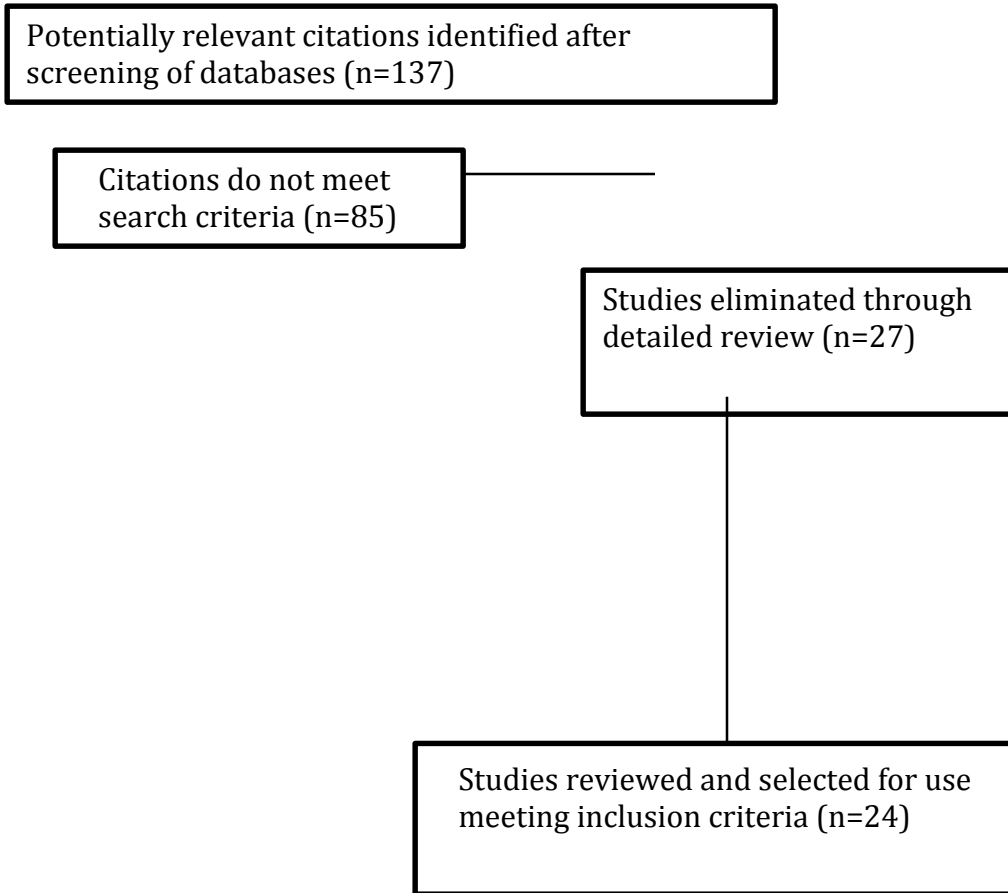
Summary

The presence of multifactorial psychosocial factors in the adolescent/young adult population sets the premise of preventative behaviors regarding sexual health practices. The interplay of physicality and social context influence of the decision-making process in choosing a contraceptive method. The intrarelational characteristics within the intimate partner dyad such as power, intimacy, and trust are cited reasons to continue or discontinue condom use with no correlation to hormonal contraceptives.

The male perspective on the importance of contraception influences the initiation, continuation, and discontinuation of preventative measures. Because of the influential ability of the male perspective within the dyad, recommendations for practice should include males in the family planning dialog. Future research should focus on a woman's choice of contraception use based on health practices within intimate partner dyads, in lieu of joint counseling. Furthermore, investigations that explore the weight of male influence regarding family planning before and after conceiving a child would be of value to nurses and other health care providers that participate in reproductive health care education.

Appendix A: Figure

FIGURE 1: SELECTION CRITERIA OF LITERATURE



Key Search Terms: women's health AND contraception use AND male partner influence
Limiters: English language, peer reviewed, full text

Figure 1: Selection Method of Literature

Appendix B: Table

Table 1: Table of Evidence

Author(s) Year Location	Study Design and Purpose	Sample Size	Intervention Protocol	Screening Measures	Outcome Measures	Key Findings and Limitations
Bolton et al., (2010) Canada	Qualitative methods used to examine the psychosocial dynamics of condom use discontinuation within dating relationships.	N=13	Young women were surveyed and interviewed concerning factors influencing condom use decision-making.	Persons recruited from the University of Toronto participated in semi-structured interviews that addressed the following topics: the development of the current relationship, contraceptive use at varying stages of the relationship, contraceptive choices, relational influences, sexual behaviors, and sexual history.	Perception of STI risk was associated with not knowing the partner “well enough”. Furthermore, serial monogamy was cited as an effective way to prevent STI/STDs. The assumption was made that an individual did not contract an STI/STD if there were no physical symptoms.	Couples indicated using condoms first then transitioning to oral contraceptives as a matter of convenience. There is a general underestimation of STI risk within the sample. Condom discontinuation was facilitated by a sense of trust, intimacy and commitment that progressed as the duration of the relationship increased over time. Contraceptive discontinuation is influenced by many factors such as the decreased risk of STIs, and assumed benefits of a monogamous relationship. Limitations: the homogeneity and small sample size does not allow for generalization.
Campo et al., (2012) United States	Meta-analysis used to explore how women’s perceptions of threat, efficacy, and fear influence intentions to use contraceptives.	N=599	Participants engaged in a telephone survey in which they were asked socio-demographic questions. The subject matter included relationship status, age, level of education, household income, and race and ethnicity.	Adult women in Iowa ages 18-30. Data was collected via Computer Assisted Telephone Interviewing system. 79 items assessed knowledge, attitudes, and general behaviors related to reproductive health, and demographic items. Analysis	The Extended Parallel Process Model (EPPM) was used to predict behavioral intention. The model showed threat and efficacy influence behavior. Relationship status was significant $F=16.56, p < 0.001$.	Communicating with a best friend, partner, perceptions of severity, and relationship status influence women’s intentions to use contraception the next time they have sexual intercourse. Interventions should encourage communication between sexual partners about contraceptives. Limitations: The study cited communication was significant but did not specify the content and duration of communications. Also, the study had a minute minority population, so

				included women who reported being sexually active and not trying to conceive.		the study lacks generalization to more diverse populations.
Carter et al., (2012) United States	Qualitative data was received from 16 focus groups used to categorize and compare assertions made about all contraceptive methods' side effects, effectiveness, and using an iterative process.	N=70	Focused groups were conducted in which participants free-listed all known methods of contraception and rank the methods in terms of effectiveness in protecting against pregnancy and popularity among their partners and people their age.	Participants were recruited through community service agencies and self-identified as Puerto Ricans or African American ethnicity. Also, not currently pregnant and sexually experienced with a member of the opposite sex.	The focus group discussed common themes among different methods of contraception, which was then compared with the popular beliefs of their male counterparts. BC methods discussed: oral contraceptives, male condoms, DMPA, vaginal ring, transdermal contraceptive patch, IUC, emergency contraception and sterilization.	Across methods, participants cited their own experience or the experience of someone they knew as evidence for a method's effectiveness and side effects. Mend discussed condoms and withdrawal more than female-controlled contraceptives and were more familiar and trusting of male-controlled methods. Furthermore, a majority of men raised concerns about relying on women to choose a method and use it as intended. Low awareness weakens the joint decision-making process. Limitations: the results of the study are not representative of all feelings toward contraception. Information was volunteered in open-ended discussions, they were not standardized questionnaires.
Cheung et al., (2005) United Kingdom	Cross-sectional study Explore factors influencing young women's decision-making regarding highly effective hormonal contraceptives.	N=51	Interviews were tape recorded and fully transcribed. Each interview was analyzed to identify themes among hormonal contraceptive use.	Participants were recruited from family planning clinics, general practices, hostels for homeless people, youth groups, and schools in the London area.	The general themes throughout the study included the following: desire to avoid pregnancy, general concern about hormones, menstruation (natural menses and menstrual 'control').	The study illustrated women's decision-making regarding hormonal contraceptives is related to personal beliefs and social influence about the nature of hormones, menstrual control and the importance of avoiding pregnancy. Limitations: the design does not allow the attitudes described preceded subsequent behavior.

Cox et al., (2010) United States	Cross-sectional study conducted to investigate joint responsibility for contraceptive decision making as a mechanism to increase effective contraceptive use.	N=481	Self-administered questionnaire regarding condom use before and after initiation of the new hormonal method by who is responsible for birth control use.	Participants were first time users of either oral contraceptives or Depo-Provera recruited from ten family planning clinics.	The outcome of interest, the decision maker for contraceptive use, was measured by, "In general, who is responsible for making sure some method of birth control is used". Chi-Square analysis was used to test the significance of associations between demographics, relationship characteristics, and condom use before and after the initiation of the new hormonal method by who is responsible for contraceptive use.	Women who reported past condom use were more likely to report her partner was involved in choosing the new method of contraception than women who did not report past condom use. Also, women with high-risk partners were more likely to exert sole control over contraceptive decision-making. Partner involvement in contraceptive decision-making is associated with consistent condom use before and after the introduction of a new hormonal contraceptive method; however, women at increased risk for STDs and women in relationships longer than two years were less likely to share responsibility for contraception. Limitations: because of the cross-sectional study design, causality cannot be inferred. Participants may be economically disadvantaged, hence results are not generalized to all Depo and OC users.
De Irala et al., (2011) Germany, France, UK, Romania & Sweden	Cross-sectional study using logistic regression Identify variables associated with partner perception in choice of a contraceptive	N=1137	An anonymous, self-administered, 31- item questionnaire about knowledge, beliefs and attitudes related to mechanisms of action of family planning methods.	Nationally representative sample of women in each country. Women from households (18-49 years old) with no infertility declared, non-pregnant and not trying to get pregnant.	Decision making about method use: 63.3% of women reported discussing at least one method with their partner, 45.2% jointly decided which method to use. Making a joint decision was associated with being married (OR= 1.52%,	Partner preferences are taken into account when his cooperation in the use of the method is needed. Hormonal contraceptives and IUDs are commonly recommended by providers rather than requested by women. Limitations: The sample size in each country was dependent on cost and ethical issues. Furthermore, "marital status" was related to married/unmarried, not taking into account long-term partnered women

					CI=1.01-2.29), having a university education (OR= 1.59, CI= 1.04-2.46), and age (OR=0.97, CI=0.94-0.99).	may have more similarities to married than unmarried women.
Ford et al., (2001) United States	Longitudinal study to examine the influence of partners' characteristics on individuals' contraceptive use.	N=8024	Chi square statistics were used to test the significance of differences between distributions. GEE model was used to account for the sexual partners that may appear more than once in the analysis.	Participants were recruited from the National Longitudinal Study of Adolescent Health (Add Health) – an at home and in school questionnaire was completed. The interviews assessed nature of romantic or non-romantic relationships and whether there was evidence of sexual intercourse.	Contraceptive use: whether a contraceptive method was ever used and whether a condom was used in combination with another contraceptive method (dual method). 64% reported some type of contraceptive use. Adolescents' likelihood of using condoms increased with the duration of the relationship.	Partner's age was correlated to condom use and other contraceptives. Adolescents were less likely to use contraception at first intercourse when their male partner was older in age. A lower perceived level of familiarity within the partnership was associated with reduced preventative measures. Limitations: the study design did not allow for casual conclusions.
Johnson et al., (2015) United States	Cross-sectional study explores how different types of partner communication related to contraceptive use among adolescent girls and whether these associations vary by relationship status.	N=253	Participants completed baseline survey items using audio computer-assisted self-interview related to sexual risk behaviors and psychosocial factor. Also report on their sexual history by providing detailed information	Sexually active girls between the ages of 13 and 17 years who met the following risk criteria: clinic visits involving a negative pregnancy test or treatment for STI; young age (13/14 years); aggressive and violent	In a multivariate analysis, partner communication specific to contraceptive use (RR= 1.3, p<.001) and "steady" partnership status (RR= 0.65, p<.01) were associated with hormonal contraceptive consistency.	The impact of partner communication on hormonal consistency was greater in steady partnerships than in casual partnerships. Moreover, clinicians should ask about the nature of adolescent girls' relationships with their sexual partners when encouraging contraceptive use. Limitations: cross-sectional design; associations do not imply specific temporal ordering and statements about

			about up to four of the heterosexual sex partners during the past 6 months.	behaviors; sexual and contraceptive risk behaviors; and behaviors indicating school disconnection. Sample was recruited from four primary clinics and provided written informed consent.		causality cannot be made. Also, the findings cannot be generalized to non-clinic users or to those living in different social and environmental contexts.
Le Guen et al., (2015) France	Cross-sectional study to describe contraceptive practices of men in a relationship in France to explore their involvement in managing contraception within the couple.	N=1776	Two multivariate regression models were used to assess the separate effects of the unmet need for contraception and condom use.	The survey collected reproductive health indicators: durations of current relationship, age of current partner, number of children, frequency of sexual intercourse, and pregnancies they had engendered.	Men's contraceptive practices- 3.4% of men were not using any method, 71.7% relied on a female-controlled method only, and 20.4% were using a cooperative method such as condoms, withdrawal, or the rhythm method. 4.5% relied on a female-controlled and cooperative method. Contraception was not related to age ($p=.65$).	Men with a high level of education used contraception more often and were less likely to have an unmet need for contraception. Findings suggest high levels of male awareness of contraceptive usage within relationships despite the limited contraceptive options they can manage themselves. Limitations: Desire to give the "right" answer may have led to bias to report a particular contraceptive type, as contraceptive responsibility is "female concern". The study did not explore contraceptive negotiations within choice of preventative measures. Furthermore, the study design limits the results from establishing causal links.
Levy et al., (2015) United States	Bivariate and multivariate logistic regression to explore patient and provider characteristics associated with social	N=349	Analysis of audio recordings of contraceptive counseling visits. Then examined predictors of discussion of	Women of reproductive age were recruited from six different clinics in the San Francisco Bay Area. Participants	Social influence was mentioned in 42% of the visits included in the sample. Younger patients were more likely to	This study indicated that social influences are a common focus of discussion during contraceptive counseling in clinic visits. The content of social influence focused on side effects and adverse events, with

	influence arising during contraceptive counseling visits.		social influence arising in a contraceptive counseling visit and analyzed the content and process of social influence discussions.	needed to speak English and self-identify as African-American, Latina, or White.	cite social influence.	the reported sources of this influences predominantly being patients' friends and the media. Providers may not recognize the relevance of outside social context or how to engage with them. Limitations: The study was conducted only in the San Francisco Bay Area, which limits the ability to generalize the findings. Furthermore, physicians were directly observed so the study may have been biased by a Hawthorne effect.
Manlove et al., (2011) United States	Cross-sectional study to evaluate relationship duration with any contraceptive use and use of specific methods.	N=4014	Respondents participated in four sets of interviews who identified as sexually active, and reported being in a dating relationship during at least one round of the interview process.	Recruited from community between 2002-2005, sexually active 18-26 years old. Multivariate logistic and multinomial logistic regressions assessed associations between relationship characteristics and contraceptive use at last sex.	A four-category measure indicated whether couples identified with the following: no method, a condom only, or dual methods. Relationship duration was defined as start of dating relationship to time of last sex. Amount of conflict were categorized as low, medium, or high.	Relationship duration was positively associated with use of a hormonal method, but not associated with likelihood of using contraceptives overall. Results from the study illustrate young adults forgo method use with a more committed partner. Limitations: the sample excluded young adults in any casual relationship, so findings are not generalized to all dating relationships. Furthermore, variables such as partner conflict and intimacy lack a clear definition. Consistency of contraceptive use was measured only at first and last sex for dating relationships.
Ong et al., (2012) Australia	Cross-sectional survey Determine the prevalence and factors associated with risk of unintended pregnancy.	N=1006	34-item questionnaire was administered regarding frequency and type of contraceptive use.	Women attending a family planning clinic from April to July 2011. They were sexually active with at least one male partner is the	Inconsistent contraceptive use: 61% of women were at risk for unintended pregnancy due to inadequate resources or forgetting.	Women attending family planning clinics remain at high risk for unintended pregnancy due to inconsistent contraceptive use and less effective contraception methods (withdrawal, rhythm). Limitations: the survey was a self-report so the survey is subject to

				last 3 months, and not trying to conceive.	Attitudes toward contraception: women reported comfort discussing contraception with healthcare providers, which can influence contraceptive behaviors.	reporting bias and recall bias. The complex factors such as attitudes of partners and friends are too much of sensitive factors to measure the intended predictor.
Tschann et al., (2002) United States	Examine how the relative power of adolescent sexual partners in the domain of emotional intimacy is related to condom use using logistic regression and Student's <i>t</i> -tests.	N= 228	Questionnaires were answered in which relative power was measured in three ways: a relative emotional intimacy power scale, an item assessing global relative emotional intimacy power, and a five item decision-making power scale.	Recruited from a free municipal STD clinic. Eligibility criteria included the following: ages 14-19 years, vaginal or anal intercourse within the previous 3 months, residing in the local metropolitan area, and spoke English.	Emotional intimacy power scale and the global emotional intimacy power item being most strongly related ($r = .16 - .48$, $p < .02 - .001$) N=117 were discrepant from their partners in desire to use condoms. Of the subsample, 76% of young women had a greater desire to use condoms than their partners.	Adolescents who had more power than their partners in the realm of emotional intimacy were more likely to get their way about condom use than adolescents who had less power in this domain. Young men (14-19 years) reported higher emotional intimacy power and greater decision-making power than young women. Limitations: research of power measures assessed only emotional intimacy and decision-making in general. The measure for desire to use condoms referred to the past 6 months, while the measure for the actual condom use referred to the last time the participant had sex. The two measures should have been matched in regard to time frame.

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