

## Partner Influences on Contraceptive Decision Making

Corrine M. Williams

University of Kentucky, Department of Obstetrics and Gynecology

Approximately half of all pregnancies in the United States are unintended.<sup>1, 2</sup> Unintended pregnancies are more likely to occur to women who are younger, unmarried, and less educated.<sup>3, 4</sup> Unplanned pregnancies are associated with not using any contraception, using less effective contraceptive methods, or noncompliance with effective contraceptive methods, and may result from a lack of control over fertility. Contraceptive use is highly prevalent in the United States.<sup>5</sup> Given the large proportion of unplanned pregnancies in the United States, despite widespread contraceptive use, contraceptive compliance is an important area of research. Discontinuation of oral contraceptives has been found to be associated with negative side effects, lack of information about the method, and lack of a routine around pill-taking.<sup>6</sup> Reasons for contraceptive nonuse may include perception that pregnancy was unlikely; past problems with contraceptive method; fear of side effects; unexpected or unwanted sex; financial barriers; and partner's preferences, including refusal to use contraception<sup>7</sup>.

Physical violence has been shown to be significantly associated with unintended pregnancies.<sup>8,9</sup> Domestic violence has been hypothesized as a factor that may be associated with contraceptive noncompliance. Heise points out that women's use of contraception may be limited due to fears about partner response: women may either use no contraception or rely on methods that can be hidden from their partner.<sup>10</sup> Coercion and lack of negotiating power may also contribute to nonuse of

contraception.<sup>11</sup> Women in abusive relationships may also lack control over the timing of sexual intercourse, which would limit the effectiveness of some methods, particularly barrier methods.<sup>11, 12</sup> Abusive partners may also prevent women from using contraception as prescribed or refuse to pay for contraception.<sup>13</sup> Little qualitative data is available on the association between intimate partner violence and contraceptive use. In a study of women ages 14-26 seen in a family planning clinic, women who used neither a condom nor a hormonal contraceptive at last intercourse were more likely to be in a violent relationship.<sup>14</sup> In qualitative studies of intimate partner violence and pregnancy intention, researchers found that abusive partners made primary decisions about contraceptive use, either by refusing to use condoms or in some cases by throwing out birth control pills or diaphragms.<sup>15</sup> Another small qualitative study of women experiencing domestic violence found that 34% reported that their partners restricted their ability to choose whether to have children.<sup>16</sup> Men engaged in behaviors that forced women to have children and prevented them from having children.

In a small case-control study of 225 women examining differences in contraceptive use between abused and non-abused women, abused women were less likely to have used birth control pills and more likely to have used condoms in the last 12 months in unadjusted analyses.<sup>17</sup> Women experiencing physical and emotional abuse were also more likely to report not using their preferred method of contraception in the past 12 months compared to non-abused women (OR: 1.9, 95%CI: 1.0-3.7).

The proposed study builds on previously published work to understand the contraceptive decision making process, and the influence of male partners. The objectives of this study were to determine actual and preferred methods of

contraception and contraceptive use patterns and to understand the ways in which partners may control women's ability to get use contraception effectively.

### *Methods*

Subjects were recruited using an online survey tool, which allows users to create and send surveys to approximately two million panelists in the United States. These panelists have agreed to be contacted for participation in a variety of studies. The study was cross-sectional and consisted of one online survey. Women ages 18-44 in the United States were eligible for inclusion in this study (n=1261). The associations between demographic characteristics, intimate partner violence and contraceptive behavior will be measured using Pearson  $X^2$  tests and multiple logistic regression.

### *Preliminary Results*

Data collection was completed in August 2009 and analyses have just begun. Information on preferred contraceptive methods, contraceptive discontinuation, and partner interference with contraception will be presented. The most common method of partner interference with contraception was refusal to use a condom when the women wanted him to, reported by 23% of women. Approximately 6% of women reported financial interference, 3% of women reported that a partner hid their contraceptive method to prevent use, and 3% of women reported that a partner damaged or threw away their contraceptive method.

### **References**

1. Finer LB, Henshaw SK. Disparities in rates of unintended pregnancy in the United States, 1994 and 2001. *Perspect Sex Reprod Health* 2006;38(2):90-6.
2. Henshaw SK. Unintended pregnancy in the United States. *Fam Plann Perspect* 1998;30(1):24-9, 46.
3. Brown SS, Eisenberg L. *The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families*. Washington, D.C.: National Academy Press; 1995.

4. Chandra A, Martinez GM, Mosher WD, Abma JC, Jones J. Fertility, family planning, and reproductive health of U.S. women: data from the 2002 National Survey of Family Growth. *Vital Health Stat 23* 2005(25):1-160.
5. Mosher WD, Martinez GM, Chandra A, Abma JC, Willson SJ. Use of contraception and use of family planning services in the United States: 1982-2002. *Adv Data* 2004(350):1-36.
6. Dardano KL, Burkman RT. Contraceptive compliance. *Obstet Gynecol Clin North Am* 2000;27(4):933-41, viii.
7. Jones RK, Darroch JE, Henshaw SK. Contraceptive use among U.S. women having abortions in 2000-2001. *Perspect Sex Reprod Health* 2002;34(6):294-303.
8. Gazmararian JA, Adams MM, Saltzman LE, Johnson CH, Bruce FC, Marks JS, et al. The relationship between pregnancy intendedness and physical violence in mothers of newborns. The PRAMS Working Group. *Obstet Gynecol* 1995;85(6):1031-8.
9. Goodwin MM, Gazmararian JA, Johnson CH, Gilbert BC, Saltzman LE. Pregnancy intendedness and physical abuse around the time of pregnancy: findings from the pregnancy risk assessment monitoring system, 1996-1997. PRAMS Working Group. *Pregnancy Risk Assessment Monitoring System. Matern Child Health J* 2000;4(2):85-92.
10. Heise LL. Reproductive freedom and violence against women: where are the intersections? *J Law Med Ethics* 1993;21(2):206-16.
11. Heise L, Moore K, Toubia N. Sexual coercion and reproductive health : a focus on research. New York, NY: Population Council.; 1995.
12. Morewitz SJ. Domestic violence and maternal and child health : new patterns of trauma, treatment, and criminal justice responses. New York, NY: Kluwer Academic/Plenum Publishers; 2004.
13. Branden PS. Contraceptive choice and patient compliance. The health care provider's challenge. *J Nurse Midwifery* 1998;43(6):471-82.
14. Rickert VI, Wiemann CM, Harrykisson SD, Berenson AB, Kolb E. The relationship among demographics, reproductive characteristics, and intimate partner violence. *Am J Obstet Gynecol* 2002;187(4):1002-7.
15. Campbell JC, Pugh LC, Campbell D, Visscher M. The influence of abuse on pregnancy intention. *Womens Health Issues* 1995;5(4):214-23.
16. Hathaway JE, Willis G, Zimmer B, Silverman JG. Impact of partner abuse on women's reproductive lives. *J Am Med Womens Assoc* 2005;60(1):42-5.
17. Williams CM, Larsen U, McCloskey LA. Intimate partner violence and women's contraceptive use. *Violence Against Women* 2008;14(12):1382-96.