



Original article

Determinants and Correlates of Preventive Behaviors at First Sex With a First Partner and Second Partner: Analysis of the FECOND Study


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A B S T R A C T

Purpose: This study explores transitions in contraceptive use in early sexual life in France and has three objectives: describe predictors of contraceptive use at first sex with first and second partners, describe contraceptive trajectories in these partnerships, and test associations between use at first sex and switching in first partnership on use with second partner.

Methods: Our analyses include 1,823 participants, aged 15–29 years, of the 2010 French national sexual health survey who reported at least two lifetime sexual partners and a subset of 1,593 people who report contraceptive use throughout their first partnership. We use logistic regression and generalized estimating equation models to investigate the three objectives.

Results: Our results reveal a decline in contraceptive use between first and second partner, driven primarily by decreases in condom use, from 87.9% to 79.5% between first and second partner. This is partially offset by an increase in use of effective methods (from 7.8% to 38.1%), particularly by women. Any method use and discontinuation with first partner were predictors of patterns with second partner.

Conclusions: Analysis of early transitions in contraceptive use of adolescents in early sexual life reveals shifts from sexually transmitted infection to pregnancy prevention and an increase in unprotected sex.

IMPLICATIONS AND CONTRIBUTION

This study reveals changes in preventive behaviors in early sexual life, toward more effective contraceptives and a decline in condom use. Future studies could explore the relationship and gendered contexts in which trade-offs between pregnancy prevention and sexually transmitted infection prevention are negotiated.

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More than 90% of French adolescents use contraception at first sex [1]. In other European countries, use ranges from 33% to 91% [2] and is approximately 82% in the United States [3]. Despite this high use at first sex, one in five pregnancies among people aged 18–29 years are reported as unintended in France [4]. Unintended pregnancy and abortion rates, highest among women in their 20s, have been on the rise since the mid-1990s,

peaking in the mid-2000s [4,5]. This is mostly driven by use of less effective pregnancy prevention methods, inconsistent use, or gaps in use as young people switch between methods [6–9].

The human immunodeficiency virus (HIV) epidemic in the 1980s in France contributed to the uptake of condom use at sexual debut [1,10], replaced by the pill once young people transition into more durable relationships [1]. Although successful in limiting the spread of HIV and other sexually transmitted infections (STIs), the focus on STI prevention has overshadowed the risk of unintended pregnancy. Women preferring to prevent pregnancy would be better off choosing long-acting reversible

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contraceptives [5], whereas STI prevention—particularly essential early in any relationship—is most effective with condoms. Understanding whether and how young people move from STI-focused prevention to more effective pregnancy prevention is essential to identifying points to intervene to prevent gaps or discontinuation.

Many studies focus on preventive behaviors at first sex as this predicts later sexual behaviors [11–13]. However, we know little about if/when people switch or discontinue using particular methods. With that gap in the literature in mind, this article has three objectives. First, we describe the factors associated with different protective strategies at first sex with a new partner (either first or second). Second, we explore individual trajectories in protective behaviors within first partnership and between partners and discuss the implications of these changes for pregnancy and STI prevention. Third, we explore the predictive effect of contraceptive use with first partner on preventive behaviors with second partner.

Methods

The FECOND study, a national probability survey conducted in France in 2010, addresses sexual and reproductive health in the French population. A sample of 8,645 individuals aged 15–49 years was identified using random digit dialing (including landlines and cellphones). One individual per phone number was selected for participation. After orally consenting, participants responded to telephone interviews, which lasted an average of 41 minutes. The FECOND study was approved by the French agency CNIL and the Johns Hopkins IRB approved these analyses.

The present analyses include individuals who were under the age of 30 years ($n = 3,424$) and who reported ever having heterosexual intercourse ($n = 2,712$) because questions on contraceptive practices were restricted to this subgroup of respondents. We excluded individuals who abandoned the questionnaire before describing their history of contraceptive use ($n = 51$) and four who refused to answer. We also excluded three individuals who reported an age at first intercourse under the age of 10 years. Thus, our initial study population (“population 1”) includes 2,657 participants. To explore predictors of use at first sex with first and second partners, we selected respondents who reported at least two opposite sex sexual partners ($n = 2,009$). We further excluded individuals who reported they had a one-night stand with either partner ($n = 174$) because they were only asked about condom use and not other contraceptive methods. Finally, we excluded participants who did not answer questions about contraceptive practices with their second partner ($n = 12$). Our analytical sample for the analysis of contraceptive use at first sex with both first and second partners thus included 1,823 individuals (“population 2”). Finally, to explore the transitions in preventive behaviors both within and across partnerships, we further restricted the analytical sample to respondents who reported more than one act of intercourse with their first partner (“population switch:” $n = 1,593$).

Measures

The FECOND questionnaire covered a range of sexual and reproductive health topics, including current and past contraceptive usage, pregnancy histories, and reproductive health care service utilization. People under the age of 30 years were asked to describe their first sexual experiences in their first two

partnerships. Respondents were asked if they had done anything to avoid a pregnancy at first sex and if so, what method was used—including all hormonal contraception methods, intrauterine devices, and condoms. If they reported a noncondom birth control method, they were asked separately if they had also used a condom. They then were asked how long they had used their first method/condom and whether they had discontinued using any of these methods with their first partner. Those who discontinued were asked about other methods used with this partner and whether there was a gap in use between methods. In addition, respondents who did not use any method at first intercourse were asked if they had ever started to use a method with their first partner, and if so, what and when (condoms were asked about separately again). Questions about contraceptive and condom use at first intercourse with the second partner were asked similarly. Based on this information, we defined four dichotomous (yes/no) measures to assess preventive practices at first sex with either partner:

- Any form of contraception,
- condom use,
- use of very effective methods (hormonal or intrauterine devices), and
- dual method use.

These measures were chosen to assess protection against STI on the one hand, effective protection against pregnancy on the other, and optimal protection against both STIs and pregnancy. Very effective contraceptives were predominantly composed of oral contraceptive pills.

We adjusted for educational level, country of birth, and religious beliefs. Although educational level was recorded at the time of the survey rather than at the time of first sex, we considered it to capture important educational trajectories. However, because such trajectories were not well accounted for among the youngest respondents who are still in school, we defined a category for respondents who were still in high school. We also considered the respondent’s father’s and mother’s education and assessed openness with parents about sexuality by asking respondents to recall the ease of discussing sexuality with their parents at the age of 15. To account for period effects, current age is controlled for. Finally, we include age at first, as previous analyses show differences in contraceptive usage at first sex by age at the event [1].

Statistical analysis

The first analysis was cross-sectional. We described the demographic characteristics of the study populations (Table 1) and used bivariate statistics to explore factors associated with use of any method, condoms, very effective methods, and dual methods at first sex with either first or second partner (bivariate analyses are not shown). We then used multivariate logistic regression to assess independent factors associated with the four different variables assessing contraceptive/condom use at first sex with both partners. After specifying the best fitted model for each of these outcomes (using goodness of fit and AIC criteria), we fitted generalized estimated equation regression models to account for nonindependence of observations between first and second partners (Table 2). Analyses were stratified by gender (and tested with interactions by sex), to uncover potential sex differences in factors informing preventive practices.

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