

Original research article

Effects of relationship context on contraceptive use among young women

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Abstract

Objectives: To understand how relationship status influences contraceptive use among young people.**Study Design:** Data were collected as part of a longitudinal study on hormonal contraception among unmarried adolescent and young women who wanted to avoid pregnancy for at least one year, recruited at family planning clinics in the San Francisco Bay Area. Follow-up surveys were completed at 3, 6, and 12 months. Longitudinal analysis was used to examine whether relationship characteristics, including type and length of sexual relationship are associated with current use of effective contraception.**Results:** Among women with a partner at baseline, 78%, 70%, and 61% had the same partner at 3, 6, and 12 months follow up, respectively. Women in casual relationships were less likely to use effective contraceptive methods, compared to women in consistent relationships (AOR=0.67, $p<.01$). Women in new relationships (0–3 months) were less likely to use effective contraceptive methods (AOR=0.60, $p<.001$) compared to women in relationships more than one year in length. Younger women (AOR=0.76, $p<.05$), black women (AOR=0.67, $p<.05$) and Latina women (AOR=0.73, $p<.05$) were also significantly less likely to use effective contraception. These effects remained even after controlling for condom use.**Conclusions:** Relationship type and length are independently significantly associated with current effective contraceptive use among adolescent and young women. Women in casual relationships and new relationships were significantly less likely to use effective contraceptive methods.**Implications:** Family planning providers should discuss women's relationship context and association with contraceptive use in order to help women think of contraception as a long-term personal strategy. Since relationship status affects contraceptive use, providers and programs that aim to reduce unintended pregnancy can consider strategies to create a paradigm shift around contraceptive use that focuses on the woman's reproductive goals, current life stage, and life goals.

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1. Introduction

High rates of nonuse and discontinuation of contraceptive methods are major contributors to unintended pregnancy. More than 32% of women discontinue the pill [1] and more than 44% discontinue use of injectable contraception within one year [1,2]. A myriad of factors are associated with

contraceptive nonuse and discontinuation including age, race, income, method-related factors, and relationship status [3].

Improving our understanding of relationship dynamics may offer opportunities for intervention through tailored counseling and expanded sex education programming. Studies of sexually active teenagers find that relationship characteristics, such as age at first sexual encounter [4], relationship type and length [5], level of intimacy [5], communication [6], and partner homogamy [7] are associated with contraceptive use. One national study found that young women's odds of ever having used contraception in first sexual relationships increased with the relationship duration and decreased if they had not known their partner before dating him. However, odds of consistent use (vs. inconsistent or no use) were higher for women in more casual relationships than for those in

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committed relationships and for women using a hormonal method instead of condoms [8].

Evidence on how relationship type influences contraceptive use is also mixed among adults [7,9–12]. Women in erratic relationships may be less likely than others to plan sexual intimacy, leaving them unprepared to protect against pregnancy [13]. Yet, living in a marriage-like arrangement may reduce the motivation to avoid a pregnancy, and thus reduce effective use of contraception [14,15].

The effect of relationship length on contraceptive use in adults is also unclear. One United States (US) study found that longer relationships were associated with contraceptive nonuse or use of less effective methods [11]. However, in another study Latina women in relationships of one to two years were nearly three times more likely to use contraceptives as women in relationships of less than one year [12].

A greater understanding of the dating context among young people is needed to understand the dynamic nature of relationships and contraceptive use. We analyzed relationship and contraceptive use data over time data from a longitudinal study among a cohort of adolescents and young women who reported not wanting to get pregnant for one year and who initiated hormonal contraceptives.

2. Methods

2.1. Study sample

Data were collected from September 2005 to July 2008 as part of a study on contraceptive continuation of hormonal contraceptives at four Planned Parenthood health centers in the Bay Area [2]. The study enrolled women who selected to initiate a hormonal contraceptive. Women were eligible for inclusion if they were aged 15 to 24, not married, able to read English or Spanish, not pregnant, and not desiring pregnancy within the next year.

The University of California, San Francisco's Institutional Review Board approved the study. Research staff obtained informed consent. Participants completed electronic questionnaires at baseline and at 3, 6, and 12 months in-person or by phone interview. The survey was programmed to allow information reported at earlier surveys, like the name of the method initiated and the name (or nicknames) of sexual partners, to be merged into follow-up surveys. Study participants received \$30 for completing baseline and 12-month follow-up questionnaires and \$20 for completing the 3- and 6-month follow-up questionnaires. More details on study procedures are available elsewhere [2].

2.2. Primary outcome

The primary outcome of interest was current use of an effective method. As a proxy, we used contraceptive use at last sex, recorded at each visit (baseline, 3, 6, and 12 months). We included baseline observations because all women had similarly low likelihood of using an effective

method pre-baseline, due to the study design. We coded women who reported having used the pill, patch, vaginal ring, DMPA, implant, or IUD at follow-up as using an effective contraceptive method. We coded women who reported using condoms or other methods as not using an effective contraceptive method. We excluded women who reported not having had sex in the last 30 days from the outcome variable.

2.3. Measures

The main independent variables of interest were two relationship characteristics: length and type. Women who reported having a current sexual partner were asked, "How long have you been seeing your main partner?" Responses were categorized as: 0–3 months, 4–6 months, 7–12 months, and more than one year. Responses of those without a partner were categorized as missing. For relationship type, women were asked, "How would you describe your main partner or your relationship with your main partner? He's my..." The following responses were categorized as being in a casual relationship: Associate, Baby's Daddy, Business, Casual partner, Friend with benefits, Hype, Sugar Daddy, Work/Two, Other, Don't want to answer. Women who answered either "Boyfriend," "Main guy/partner," or "Husband" were categorized as being in a consistent relationship. These descriptors were derived from qualitative research with the study population [16]. Women who answered no to: "Is there a guy you are having sex with or are planning to have sex with?" were coded into a third category as not having a partner.

We also examined relationship commitment, conceptualized as the intrinsic benefit or importance of the relationship [17], using an 11-item standardized scale, adapted from the "Dimensions of Commitment Inventory" [18] which has been used among adolescent [19], unmarried, and cohabitating couples [20,21]. The Inventory included such items as, "I want to grow old with my partner," "It is really important to me to make my relationship as good as it can be," and "I like knowing that my partner and I are a couple". Participants chose from a five-point Likert scale ranging from Strongly Disagree to Strongly Agree. Because this inventory was developed to measure marital commitment, only a subset of the items could be adapted for the dating context. The combined measure had high internal consistency (Cronbach's $\alpha=0.871$). A higher score on the scale represents a more committed relationship; the variable was dichotomized into high and low scores. This measure was assessed only at baseline and not for each partner over time, so was excluded from the models.

2.4. Data analysis

First, socio demographic and relationship characteristics were described and unadjusted associations between the independent variables and the outcome variable were examined. Second, we analyzed the intersections of

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