

Withdrawal – Attitudes and experiences of young urban adults

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Presenter Disclosures

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The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose

Talking About Birth Control

Aims

- Explore partner involvement in contraceptive decisions, communication & use

Subjects:

- 18-25 yr.
- African American, Latino, White; 41 men & 54 women
- Philadelphia, PA and suburbs
- Recruited from family planning clinics, community venues, internet, referral by subjects

Talking About Birth Control

Methods:

- Pile sorts – 14 contraceptive methods sorted and ranked based on their effectiveness & popularity
- Interviews on contraceptive history, focusing on up to 6 heterosexual relationships
 - semi-structured, in-depth, open-ended

Contraception - General attitudes

Interview findings from PRESH and this study suggested:

- Many young adults believe condoms reduce pleasure and intimacy
 - plans to use condoms sometimes abandoned because of access and partner/relationship factors
- Common for women to avoid or discontinue hormonal methods due to
 - actual/perceived problems with regimens and side effects
- Withdrawal is frequently used together with, or as an alternative to, hormonal contraception or condoms

Withdrawal – Pile sorts

73% placed withdrawal in their '**most popular**' method pile. Only male condom and oral contraceptive pill were in the 'most popular' pile more often.

84% placed withdrawal in their '**least effective**' method pile (most often). Reasons cited included user error, "taking a gamble", "not that effective, but worth a try."

Withdrawal - Qualitative analysis

Interview themes

- Reasons for use
- Expectations and normative beliefs
- Attitudes and experiences
 - Effectiveness and skill
 - Barriers to motivation
- Education and knowledge

Withdrawal – Reasons for use

- An alternative to hormonal contraception or condoms

"She wasn't on the pill... It's not something she wants to put into her body. We tried to use condoms... didn't really work. So I switched to a combination of withdrawal and rhythm."

- A secondary method

"I really didn't know nothing about the patch... She said it's, 97% this and that, and I thought, whatever... I pulled out anyway, just to be on the safe side."

"...His idea. I was all for it ... since I was on the pill, that would take care of the point one percent."

Withdrawal – Patterns of use

Patterns and duration varied from one-time to prolonged reliance

- An impromptu, unplanned strategy when sex was unexpected or main method unavailable/missed.
- Withdrawal might be used routinely as a contraceptive method or considered a normal part of intercourse.

"He always did. That wasn't a question, it was a given. I thought everybody just does that."

- more examples of norms in next slide

Withdrawal - Norms

An expected alternative to condoms in both casual and long-term relationships when the perceived risk of STD is low. Often little direct discussion.

"I told her, 'I don't have a condom,' and she didn't say nothing - so that's usually the okay [to use withdrawal]"

- Young adults focused on pregnancy prevention – recognized that withdrawal was unprotected sex from an STD risk standpoint.

Withdrawal - attitudes and experiences

Though withdrawal was popular, attitudes and experiences ranged from positive to ambivalent to negative

Positive:

- Women and men described confidence and skill in performing withdrawal & found it to be effective in practice.

"Very effective ...the sperm not going inside her, she wouldn't get pregnant."

Withdrawal - Positive attitudes & experiences

- Positive reasons for use:
 - convenience
 - freedom from side effects
 - more pleasurable than condoms
 - not described as leading to reduced sexual pleasure
 - connotations of trust, sexual skill

"Oh, he knew his body, just like I know mine"

Withdrawal - Negative attitudes & experiences

- Participants (especially women) expressed anxiety concerning risk of pregnancy.
 - the perceived ineffectiveness of withdrawal, as well as concerns about potential or actual lack of male self-control.
- “It’s just so left to chance. It’s just kind of silly when I think about it. It’s like Russian roulette ... not at all enough to give you a safe feeling.”

Withdrawal – Education and knowledge

- Withdrawal was rarely discussed with health care providers or educators.
 - “My doctor, he told me about all of them - the IUD, the contraceptive pill, the morning after pill, the Depo, the condoms. He didn’t talk about withdrawal - I guess that wasn’t one of his options.”
- Participants generally acquired knowledge about withdrawal from less reliable sources (e.g., friends, entertainment media).

Conclusions – General understanding of withdrawal

In typical use:
‘Although popularly considered an ineffective method, coitus interruptus provides efficacy similar to that of barrier methods’ [Contraceptive Technology, p337].

Unclear how widely this comparability is appreciated by reproductive health providers, educators or people wishing to prevent pregnancy.

Conclusions – Implications for services

Reproductive health provider-initiated discussions about withdrawal could result in greater insight into patient pregnancy/STD risk behaviors and more informed prevention counseling messages.

Specific opportunities for engaging clients:

- EC users
- pregnancy tests
- condom users (as primary contraceptive method)

For more details on themes, quotes, discussion – see forthcoming article in Perspectives or contact:

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