

Gender, Relationship Type, & Contraceptive Use at First Intercourse

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Background

- Teenage years are characterized as a period of sexual exploration.¹
- Majority of Americans have first sexual intercourse by age 17.²
- Teenage sexuality continues to be an important public health concern.³
- One key mechanism through which teenagers express their sexuality is relationships.
- The fundamental concern is having sexually ‘safe’ relationships, which involve the use of contraception to protect against STIs and unintended pregnancies.

Conceptualization

- Previous studies have examined the use of contraception and/or inconsistent contraceptive use among teenagers and its consequences,⁴⁻⁶ but these studies are limited because they...
 - Do not reflect recent experiences of both male and female teenagers
 - Focus on any method used rather than type of method
 - Rely on limited relationship typologies

Current Study

- Updates information on both male and female teen’s first sexual relationship and contraceptive use with nationally representative data.
- Considers all methods of contraception simultaneously, and draws attention to the use of dual methods.
- Examines different relationship contexts (committed; going steady; and casual) that may have implications for contraceptive method used at first intercourse.
- Analyzes female and male samples for a more comprehensive understanding of teenage sexuality.

Data and Methods

- National Survey of Family Growth (NSFG), 2006-2010.
- The NSFG is based on interviews taken with U.S. household population aged 15-44 (12,279 with women and 10,403 with men).
- The NSFG is appropriate for this research because of its currency and inclusion of data on female’s and male’s contraceptive use at first sex.

Dependent Variable: ANY CONTRACEPTION

- *Analytic sample #1*
 - respondents aged 15-25
 - first sexual intercourse at or before age 19
 - answered questions on relationship type and any contraception at first intercourse
- **3,084 = females and 2,745 = males**

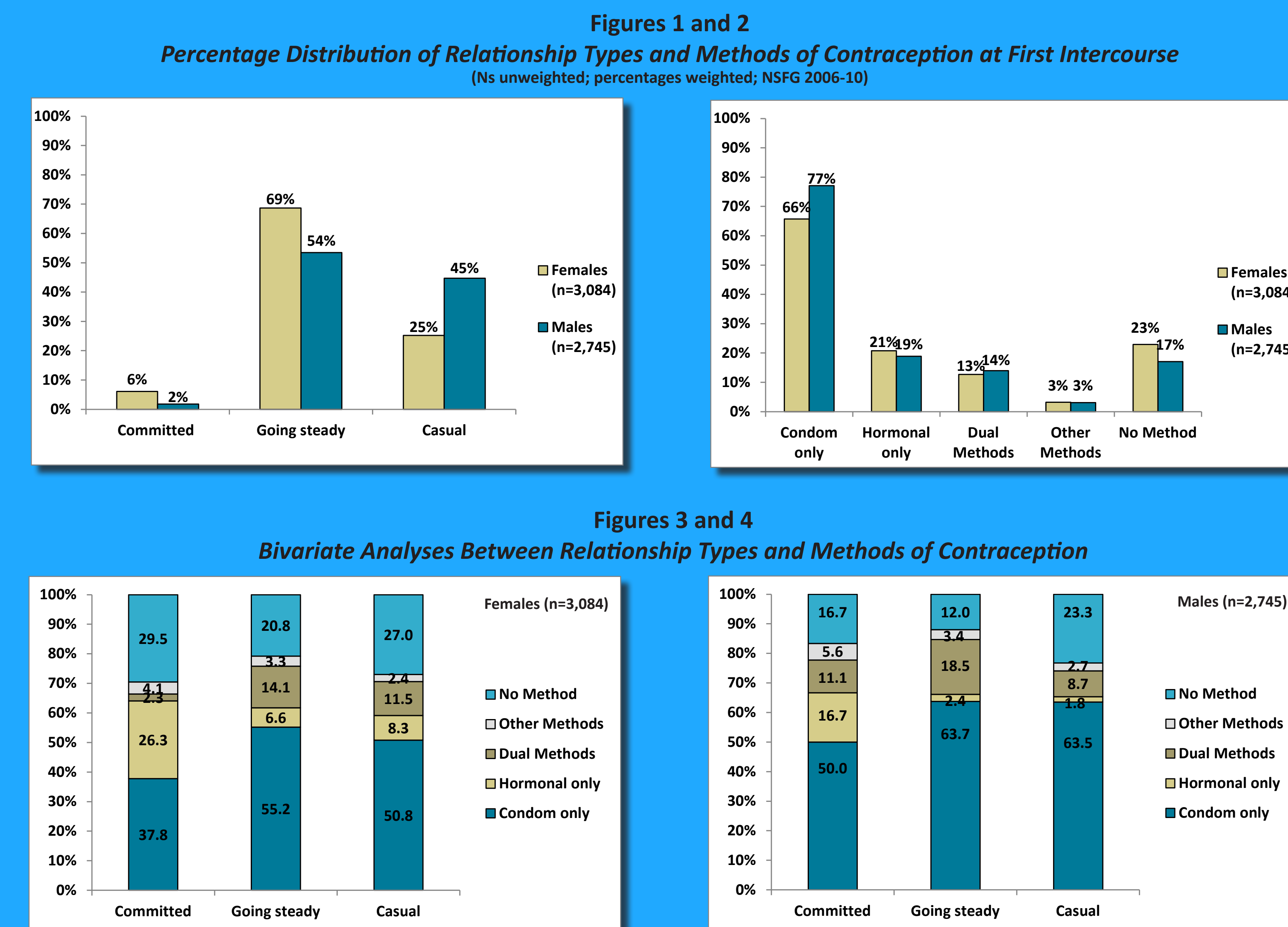
Dependent Variable: TYPE OF CONTRACEPTION

- *Analytic sample #2*
 - sample of respondents who are contraceptive users only
 - **2,355 = females and 2,085 = males**

Measures

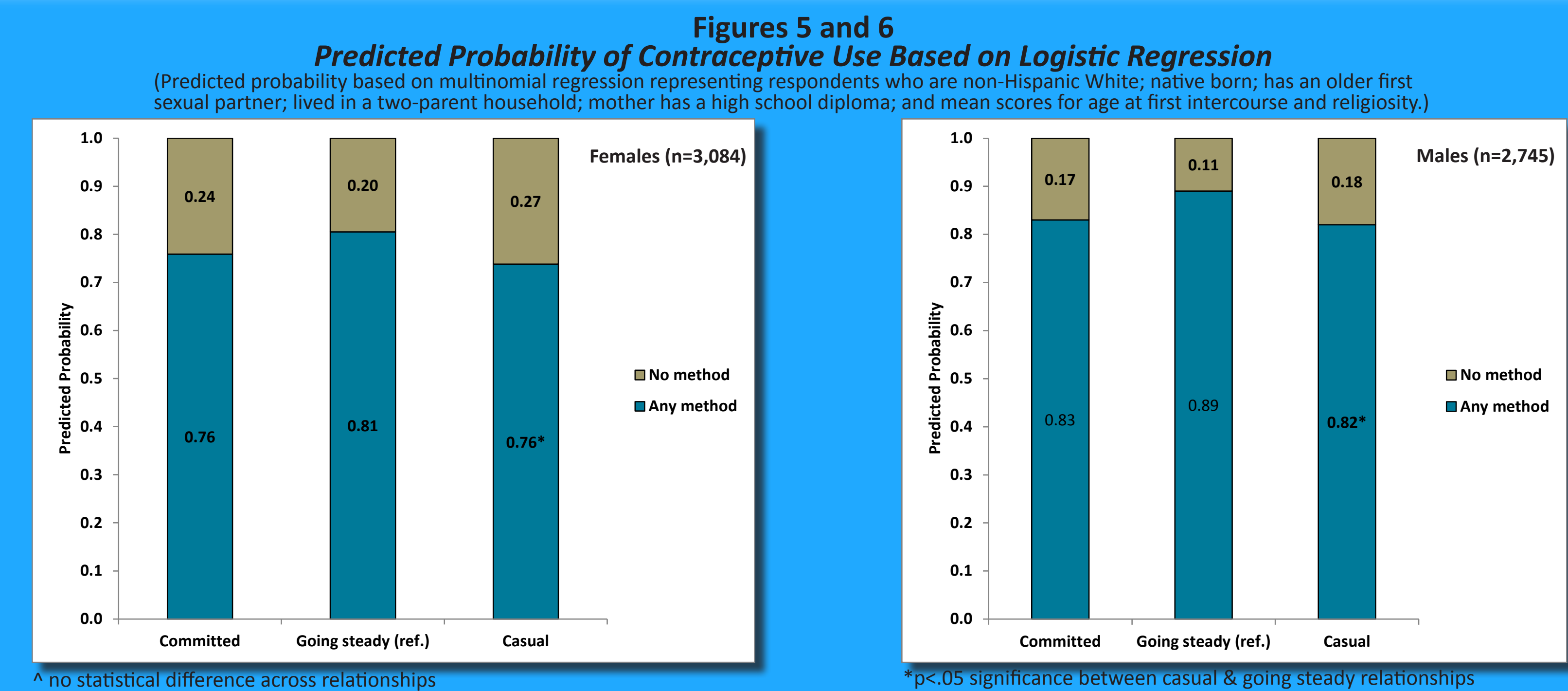
- **Contraception Methods**
 - Condom only
 - Hormonal only (*pills, injectables, implants, emergency pills, contraceptive rings and patches*)
 - Dual methods (*condom and hormonal*)
 - Other methods (*withdrawal, IUD, rhythm method, female condom, cream, diaphragm, sterilization, other methods*)
- **Relationship Contexts**
 - Committed (*married, cohabiting, engaged*)
 - Going steady (*assumed exclusive dating*)
 - Casual (*going out once in a while, just friends, just met, something else*)
- **Control Variables**
 - Race/ethnicity; nativity; age at first intercourse; age homogamy; household structure; mother’s education; and religiosity.

Descriptive Findings



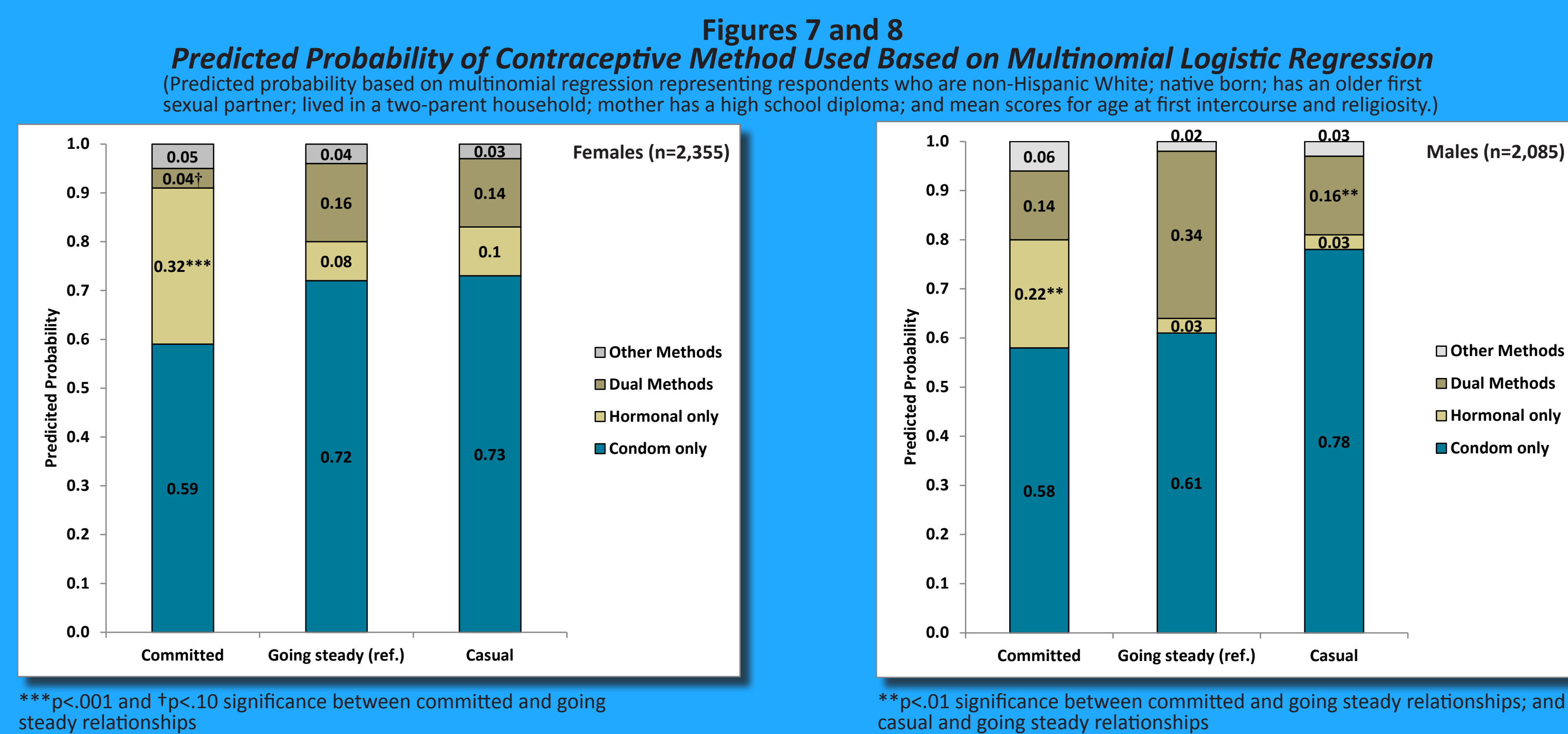
Models & Analyses

- **Logistic Regression: Any Method**
 - Zero-Order: relationship context
 - Full Model: relationship context + control variables
- **Multinomial Logistic Regression: Type of Method among Contraceptive Users**
 - Zero-Order: relationship context
 - Full Model: relationship context + control variables



Multivariate Findings: Any Method

- There is an association between relationship context and contraceptive use at first intercourse for males and not for females.
- Females in casual, committed and going steady relationships are not statistically different from each other.
- Males in casual relationships have lower odds of using any method of contraception compared to males in going steady relationships, net of controls.
- Additional covariates tied to contraceptive use: nativity, age at first intercourse, age homogamy, mother’s education and religiosity.



Multivariate Findings: Type of Method

- Females and males in committed relationships compared to those going steady have higher odds of using hormonal methods.
- There are lower odds of dual use of contraception among females in committed relationships compared to females going steady.
- The odds of solely hormonal or condom use are statistically similar among females and males in casual and going steady relationships.
- Males in casual relationships have lower odds of using dual methods at first intercourse compared to males going steady.
- The odds of condom use are similar across relationship types for males and females.

Conclusion

Females Any Use:

- Regarding any contraceptive use, females in casual, committed, and going steady relationships at first intercourse face equal sexual health risks.

Type of Use:

- Among female contraceptive users in committed relationships, hormonal methods were more likely used than condoms.

- Dual methods that are protective against STIs and pregnancy were less likely to be used among females in committed relationships compared to females going steady.

- Females in casual and going steady relationships share similar sexual health risks relating to hormonal and dual methods used at first intercourse.

Males Any Use:

- The relationship type in which teenagers have first sexual intercourse is associated with contraception used in that sexual encounter.

- Males in casual relationships are less likely to use any method of contraception and as a consequence face the greatest sexual health risks.

Type of Use:

- Males in casual relationships are less likely to use dual methods at first intercourse, which function as a protective barrier against both STIs and unintended pregnancies.

- Males in committed relationships are more likely to report using hormonal methods than condoms at first intercourse.

Implications

- Relationship type at first intercourse matters. Sexual health programs need to focus on teenagers in all relationships.
- Findings suggest that sex education programs must not only focus on abstinence or improving teens’ knowledge of contraceptive methods but also improving communication and negotiation skills within teenage relationships.
- Although condom and hormonal method (especially pills) use are prevalent among teenagers, sexual health programs must improve their campaign on the effectiveness of dual methods in an effort to further combat high rates of STIs and unintended pregnancies among American teenagers.

References

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