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## Contraceptive Use by College Dating Couples: A Comparison of Men's and Women's Reports

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Most research on contraceptive behavior has focused on individual women rather than on couples. A study of 101 college dating couples examined three issues that have been largely ignored in previous research: the applicability of Lindemann's (1974) stage model of contraceptive use to couples, agreement between partners in reports of contraceptive methods used, and boyfriend's characteristics as correlates of contraceptive use. Stages of contraceptive use were increasingly related to the women's prior sexual experience, and decreasingly related to the man's. Agreement on birth control methods was very high for reports of prescription methods at most recent intercourse, but low for reports of no birth control at first intercourse. Use of prescription methods at most recent intercourse was more strongly related to the women's social characteristics (father's education, religious background) than to the man's. Results suggest that focusing on women as individuals is a useful strategy for research on contraceptive use, at least for unmarried women.

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Most research on contraceptive use has focused on individuals rather than on couples. In the typical study, women's reports of contraceptive behavior are examined in relation to the woman's own personal characteristics such as age or religion (see Chilman, 1979, for a review). Yet contraceptive behavior occurs in the context of dyadic interaction. For contraception to be relevant, a woman must have a male partner; and often, although not always, the two have an ongoing sexual relationship. By studying individuals rather than couples, prior research has largely ignored three important issues.

One issue concerns the applicability of Lindemann's stage model of contraceptive use to couples. Based on clinic interviews with women, Lindemann (1974) proposed three stages in a woman's contraceptive use. In the first stage, intercourse is infrequent and unpredictable, and no contraception is used. In the second stage, information about birth control is sought from friends, and non-prescription methods such as condoms or withdrawal are used. In the third stage, medical advice is sought, and medically-prescribed methods such as the pill or IUD are used. Lindemann suggested that a woman's progress through these stages depends upon increased "commitment" to sexual behavior—having intercourse on a regular basis and incorporating sexual activity into one's self-definition. Passage to stage three is encouraged by having a steady partner, but may be hindered by concern about parental discovery of medically-prescribed contraceptives.

Lindemann's model implies that contraceptive use by couples should depend upon the prior sexual experience of the woman. Specifically, if the woman is a virgin, the couple should first have intercourse with no contraception, then shift to non-prescription methods, and finally to prescription methods. In contrast, if the woman has had intercourse with a prior partner, the couple may begin contracepting at a "more advanced" stage.

Since Lindemann's model focused on women, it ignored the prior sexual experience of their male partners. Thus, an unanswered question is whether a couple's pattern of contraceptive use is determined only by the woman's sexual history— or whether the sexual experience of the man is also important. Research on other aspects of sexual behavior has found that the woman's prior sexual experience is generally more important than her boyfriend's in determining how early in a dating relationship the partners have intercourse (Peplau, Rubin, & Hill, 1977). Are women also more influential in affecting the couple's contraceptive use?

A second issue is agreement between couple members in reports of contraceptive behavior. Other research on heterosexual dyads has shown that members of couples often disagree on important aspects of their relationship such as the frequency of sexual intercourse or the balance of power (e.g., Bernard, 1972; Hill, Peplau, & Rubin, 1981). Since partners often disagree on some aspects of their sexual relationships, do they also disagree on their contraceptive behavior? Several factors might influence the level of agreement. Researchers often ask about contraceptive use both at most recent intercourse and at first intercourse (e.g., Zelnik & Katner, 1977). Since it may be harder to remember the method used for first intercourse, agreement may be higher on the method used at most recent intercourse. In addition, partner agreement may vary as a function of the birth control method a couple uses. Methods which require advance planning, such as the pill, may be recalled with greater certainty than those employed on the spur of the moment, such as withdrawal.

A third issue involves the relative impact of women's and men's social characteristics on contraceptive use. Previous research on women has found that contraceptive behavior is related to the woman's age, race, religion, and her father's education (Chilman, 1979; Kantner & Zelnik, 1973; for other correlates of contraceptive behavior, see Cvetkovich, Grote, Lieberman, & Miller, 1978; Fischer, Byrne, Edmunds, Miller, Kelley, & White, 1979; McCormick, Izzo, & Folcik, in press; Zabin, Kantner, & Zelnik, 1979). Are social characteristics of the man equally important? If contraceptive use is the outcome of joint decision-making in which the man has a say (Hollerbach, 1980), then his background should make a difference. On the other hand, decision-making about sexual behavior may be one domain in which women are typically more influential than their male partners (Peplau, et al., 1977).

A study of college-age dating couples provided an opportunity to examine these issues. Both members of each couple independently answered questions about the couple's use of birth control and about their own background.

## METHOD

Data are from a two-year study of dating relationships in 1972. Initial participants were 231 college-age dating couples recruited by letters mailed to random samples of male and female sophomores and juniors at

four colleges in the Boston area, and by advertising on campus. To be included in the sample, at least one member of each couple had to define their relationship as "going together." Virtually all participants were white. Details of recruitment and issues of volunteer bias are discussed in Hill, Rubin, Peplau, and Willard (1979); characteristics of the couples are described in detail in Hill, Rubin, and Peplau (1976).

At initial testing sessions, dating partners individually completed identical versions of a long questionnaire concerning their social background and their dating relationship. Follow-up questionnaires were administered about six months, one year, and two years after the initial testing. The one-year follow-up contained additional questions concerning each couple's sexual relationship and use of birth control. By that time (Spring, 1973), 31.6% of the couples had broken up and some couples had moved out of town. Among those still together, both members of 115 couples attended the one-year follow-up session. Of these, 14 couples had not had sexual intercourse. As a result, there were 101 couples upon which to base this report.

In the findings that follow, measures of birth control are based on responses to the one-year follow-up. Social background measures are taken from the initial questionnaire. At the time they answered questions about contraceptive use, the 101 couples had a median age of 21 years for the women (range 18 to 23) and 21 years for the men (range 19 to 29). The percentage of those living with their parents was 24% for the women and 28% for the men.

## RESULTS

The results are discussed in terms of stages of contraceptive use, partner agreement on contraceptive use, and social background correlates of contraceptive use.

### *Stages of Contraceptive Use*

When asked about the first time they had intercourse with their current partner, about one-fourth of the women (23.8%) said that no birth control was used (see Table 1). Almost half of the women (46.5%) reported using a non-prescription method, and less than a third (29.7%) indicated a prescription method. In contrast, when asked about the most recent time they and their boyfriend had intercourse, almost all women (97.0%) said that some form of birth control was used. More than two-thirds (69.4%) reported using a prescription method. The increase in the percentage using a prescription method was statistically significant at  $p < .001$  ( $\chi^2 = 32.0$ ,  $df = 1$ ).

## POPULATION AND ENVIRONMENT

Table 1  
Women's Reports of Contraceptive Methods (Percentages)

Method	First Intercourse <sup>a</sup>	Most Recent Intercourse	Typically Used
None	23.8	2.0	0.0
Non-prescription methods <sup>b</sup>			
condom	26.7	10.9	8.9
withdrawal	13.9	5.9	2.0
rhythm	3.0	5.0	1.0
foam, jelly or suppositories	1.0	1.0	0.0
douche	0.0	0.0	0.0
multiple methods <sup>c</sup>	2.0	0.0	7.9
Prescription methods			
contraceptive pills	25.7	55.4	57.4
coil or IUD	0.0	4.0	4.0
diaphragm	2.0	9.9	10.9
multiple methods <sup>d</sup>	2.0	5.0	6.9
Other	0.0	0.0	0.0
Don't know or blank	0.0	1.0	1.0

<sup>a</sup>With current dating partner

<sup>b</sup>The terms "non-prescription" and "prescription" did not appear in the questionnaire.

<sup>c</sup>More than one method reported including only non-prescription methods.

<sup>d</sup>More than one method reported including at least one prescription method.

N = 101 women

The women were also asked which method was "typically" used when they and their boyfriend had intercourse. Responses to this question were similar to those for most recent intercourse, except that there were more cases in which multiple methods were indicated. This suggests that some couples had tried or were still trying a variety of birth control methods.

It was predicted that women with prior sexual experience (63.3% of the sample) would begin the current sexual relationship at a more advanced stage of contraceptive use than those without prior sexual experience. Results tended to support this prediction.

Among women with prior sexual experience, 38.6% reported using a prescription method at first intercourse with the current partner. Among those who had been virgins, only 17.6% reported using a prescription method ( $\chi^2 = 3.46$ ,  $df = 1$ ,  $p = .06$ ). The woman's prior sexual experience was even more strongly related to the type of contraception used at most recent intercourse with the boyfriend. A prescription method was used most recently by 82.5% of women who had had prior intercourse, but by only 54.5% of women without prior intercourse ( $\chi^2 = 6.78$ ,  $df = 1$ ,  $p < .01$ ). Hence the women's prior sexual experience had increasing impact on the couple's contraceptive use.

In contrast, the prior sexual experience of the boyfriend had decreasing impact. Among the women's partners, 76.1% of the men said they had had intercourse with a previous partner. Women whose boyfriend had previous experience tended to be more likely to report using a prescription method at first intercourse than were women with inexperienced boyfriends (37.1% *versus* 13.0%;  $\chi^2 = 3.63$ ,  $df = 1$ ,  $p = .06$ ). Essentially no difference was found, however, in women's reports of prescription method at most recent intercourse as a function of the boyfriend's prior experience with intercourse (72.9% *versus* 68.2%, respectively;  $\chi^2 = 0.24$ ,  $df = 1$ ,  $p = .88$ ).

### *Agreement on Contraceptive Use*

As predicted, agreement between partners was higher on the method of birth control used at most recent intercourse than on the method used at first intercourse (see Table 2). The difference in the percentage of complete agreement was statistically significant at  $p < .001$  ( $\chi^2 = 11.71$ ,  $df = 1$ ).

The extent of agreement also varied as a function of the type of birth control used. For the first time the couple had intercourse, if the woman reported using a prescription method, her boyfriend agreed on the specific method in 70.0% of the cases. If she reported using a non-prescription method, he agreed in 65.1% of the cases. But if she reported using no birth control, her boyfriend agreed in only 50.0% of the cases. Hence reports of no birth control at first intercourse appear to be less reliable than reports of the use of prescription methods.

For the most recent intercourse, there were only two women who said no birth control was used, and in both cases the boyfriend agreed. When the women said that one or more non-

Table 2  
Partner Agreement on Contraceptive Methods (Percentages)

	First Intercourse <sup>a</sup>	Most Recent Intercourse	Typically Used
Complete agreement <sup>b</sup>	60.4	82.2	70.3
Overlapping answers <sup>c</sup>	5.0	0.0	19.8
Complete disagreement	30.7	12.9	5.0
No answer by one or both partners	4.0	5.0	5.0

<sup>a</sup>With current dating partner.

<sup>b</sup>On the specific method(s) or "none."

<sup>c</sup>The method(s) reported by one partner included some but not all of the method(s) reported by the other partner.

N = 101 couples

prescription methods were used, the boyfriend agreed in 70.3% of the cases. When the woman reported using a prescription method, the man agreed with the specific method in 92.5% of the cases. Hence there was greatest—and indeed very high—agreement when the woman said that a medically-prescribed method was used at most recent intercourse. In light of this high agreement, the woman's report of whether or not a prescription method of birth control was used at most recent intercourse was the measure used to examine correlates of contraceptive use.

### *Social Background Correlates*

Based on prior findings for unmarried white women (Kantner & Zelnik, 1973), it was predicted that a couple's use of prescription methods at most recent intercourse would be positively correlated with the woman's age and her father's education. It was also expected that there might be differences in contraceptive use between Catholics and non-Catholics in light of the Catholic church's stand against contraceptive devices.

As predicted, the use of prescription methods was greater among women whose father's had graduated from college than



among women whose fathers were not college graduates (80.3% versus 53.8%, respectively;  $\chi^2 = 6.73$ ,  $df = 1$ ,  $p < .01$ ). When women's religious backgrounds were classified into Catholic and non-Catholic, the non-Catholic women were more likely to use prescription methods than were the Catholic women (78.0% versus 58.5%, respectively;  $\chi^2 = 4.35$ ,  $df = 1$ ,  $p < .01$ ). However, no differences were found as a function of age; the mean age of women using prescription methods was not higher than that of non-prescription users (19.6 versus 19.8;  $t = -0.65$ ,  $df = 98$ ).

The man's social characteristics were less important than the woman's. No significant relationship was found between the man's father's education, religion, or age and the couple's use of prescription methods at most recent intercourse. However, both the man's and the woman's residence were related to contraceptive use. A prescription method was less likely to be used if either the man or the woman lived at home with parents than if he or she lived away from home (45.8% versus 77.6%,  $\chi^2 = 7.33$ ,  $df = 1$ ,  $p < .01$  for the women; 51.9% versus 77.8%,  $\chi^2 = 5.18$ ,  $df = 1$ ,  $p = .02$  for the men).

The latter finding may reflect the fact that a couple usually had intercourse less frequently if either the woman or the man lived at home. Only 41.7% of the couples had intercourse more frequently than once a week if the woman was living at home, in contrast to 68.9% if the women didn't live at home ( $\chi^2 = 5.33$ ,  $df = 1$ ,  $p < .05$ ). Similarly, only 46.4% had intercourse more often than once a week, if the man lived at home, in comparison to 68.6% if he didn't ( $\chi^2 = 4.17$ ,  $df = 1$ ,  $p < 0.05$ ). In general, couples having intercourse less frequently were less likely to be using a prescription method. Of those having intercourse more often than one a week, 70.6% reported using a prescription method, in contrast to only 54.1% of those having intercourse less frequently ( $\chi^2 = 6.58$ ,  $df = 1$ ,  $p < .02$ ).

## CONCLUSIONS

The results indicate that Lindemann's (1974) model is useful for describing the contraceptive behavior of couples. There was an increase in couples' use of prescription methods from the time of first intercourse with the current partner to most recent intercourse. The woman's previous sexual experience increasingly influenced the couple's contraceptive behavior, while the man's

had a decreasing impact. On the other hand, Lindemann's model does not account for the women who reported using a prescription method at first intercourse with the current partner and who were virgins at that time.

Reports of the birth control method used at most recent intercourse were more reliable than reports concerning first intercourse. In addition, reports of no birth control at first intercourse were less reliable than reports of using prescription methods. Whether or not a woman uses prescription methods therefore appears to be a theoretically meaningful and reliable measure for examining correlates of contraceptive use.

The finding that the man's social characteristics were less strongly related to a couple's contraceptive behavior than were the woman's is consistent with other results showing that the woman's characteristics are more important than the man's in determining a couple's sexual behavior (Peplau et al., 1977). The finding that the woman's age was not related to use of prescription methods may reflect differences between the present sample and those studied by Kantner and Zelnik (1973). In the latter study, the women were generally younger (ages 15-19 instead of 18-23) and they included women who were not in college. Perhaps age is less important in limiting access to contraceptives for women who, like our participants, are older or better educated. The finding that both the woman's and the man's residence influenced a couple's contraceptive behavior may qualify a previous finding of Kantner and Zelnik (1973). They found that women who lived in college dormitories were more likely to report using the pill than women who lived at home. Kantner and Zelnik interpreted this as an effect of education, since many of those living at home were not attending college; it may have been effect of residence instead.

In general, results from our college couples are supportive of prior findings about contraceptive use based on reports from women only. For investigations of the extent and type of contraception used by unmarried women, the more efficient method of obtaining information only from the woman and not from her sexual partner appears to be a useful and reliable research strategy. It may be, however, that in marriage men have a great deal more influence on contraceptive decision-making (cf. Hollerbach, 1980) than is true for dating. As a result, the man's social characteristics may have greater impact on contraceptive use by married couples. An important direction for further

research, therefore, is to compare married and unmarried couples in terms of processes of decision-making about birth control and factors influencing contraceptive use.

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