

‘And Isn’t that the Point?’: Contraceptive Decisions and Sexual Pleasure

Introduction

Demographic approaches to understanding contraceptive use (and also non-use) in the United States and other countries have primarily focused on the influence of variables such as age, poverty, race, and education. Other analyzes, focusing more on developing contexts in Africa and Asia, have focused more on the way that gender and gendered power dynamics affect women's access to and use of contraception. Even as social scientists have been slowly acknowledging the importance of couple dynamics for contraceptive decisions, the significance of sexual dynamics has remained relatively invisible. Although it is true that women often use hormonal contraception even when not having regular sexual intercourse, the context of contraceptive use is still firmly grounded in people's experiences with and expectations about sex. Consequently, the body—particularly the sexual body—figures prominently in people's explanations of their own contraceptive decisions, even as social scientists have largely ignored the importance of sexuality, physicality, and pleasure in those decisions.

Understanding how and why people make decisions about contraceptive use is essential for minimizing unintended pregnancy and the spread of sexually transmitted infections (STIs). Though contraceptive use in the U.S. consistently increased until the early 2000s, the U.S. continues to have the highest rate of unintended pregnancy in the developed world. In the United States, 49% of pregnancies were unintended in 2002, and this rate has remained practically unchanged since 1995 (Finer and Henshaw 2006), indicating a continuing need for more information about why unintended pregnancies—and the contraceptive use and non-use related to them—are so common in this context.

Condom use also increased greatly into the early 2000s as well, although the levels for at-risk groups are still well below the goals of public health advocates (Mosher, William D. et al. 2004). In order to promote these methods more successfully, we must understand the factors that are important to people in choosing whether or not and how to use them.

Literature Review and Theory

Although people have sex for many reasons, previous research indicates that for both American men and women, physical pleasure is one of the most important of those reasons; in a low-fertility context like the U.S. most people rarely have sex for the purpose of procreation (Meston and Buss 2007; Pinkerton 2003). Consequently, techniques of pregnancy prevention are necessary in order for people to have regular heterosexual intercourse without experiencing an unintended or unwanted pregnancy. The most effective techniques of pregnancy prevention are medicalized forms of birth control, such as Intra-uterine devices (IUDs) and the birth control pill¹. The most popular contraceptive method that is available without a prescription is the male condom. This method also has the advantage being one of the most effective ways to prevent the spread of sexually transmitted infections (STIs). However, research indicates that people primarily use condoms to prevent STIs with casual partners, and that otherwise they mostly use them to prevent pregnancy—especially when partnered in subjectively serious relationships. Despite the rise in condom use in the last 30 years, the prevalence of STIs in the U.S. remains quite high.

There are two basic dimensions to contraceptive decision-making: deciding whether to use a method, and if so, which method to use. Beginning with Luker (1975),

¹ More detailed information about all of the contraceptive methods discussed in this paper can be found in Hatcher et al. (2008).

most researchers have theorized that women weigh the costs and benefits of a potential pregnancy against the cost and benefits of using contraception when deciding whether or not to use a method (Crosbie and Bitte 1982; Foreit and Foreit 1981; Weisman et al. 1991). Over time, researchers have uncovered a series of complications with this basic theory. First, a body of research is emerging looking at the influence of sexual arousal on calculated decision-making (Ariely and Loewenstein 2005; George and Stoner 2000). These experimental data suggest that the psychological state of sexual arousal itself may make men less likely to use condoms. In keeping with such findings, the second factor that has emerged as complicating Luker's original theory is men's role in the contraceptive decision-making process (Greene and Biddlecom 2000; Mason and Smith 2000). A large number of studies in developing countries document that men are, in fact, major contributors to contraceptive decisions in relationships (Blanc 2001; Dadoo and Frost 2008). Men's role in contraceptive decision-making in the U.S. has received much less scholarly attention. U.S. men report that they share equal responsibility with women for contraceptive decision-making (Grady et al. 1996). Forste and Morgan (1998) show that after controlling for the characteristics of U.S. men's female partners, the characteristics of the man were still significant predictors of contraceptive use, suggesting that men exert at least partial influence over contraceptive decisions and outcomes. As part of a larger study of contraceptive decision-making (Fennell 2011), this paper operates with the theoretical position that American men's role in contraceptive decision-making is probably more significant than scholars have usually credited, and an insufficiently explored empirical question.

Very few scholars have examined the role that sexual pleasure plays in contraceptive decision-making for either men or women. Higgins and Hirsch have been the consistent exception, arguing that as sexual pleasure is one of the main reasons that people have sex, contraceptive methods which are perceived to reduce sexual pleasure are unlikely to be used (Higgins and Hirsch 2007a; Higgins and Hirsch 2007b). They point out that when researchers have considered the implications of gender and pleasure for contraceptive decisions, they typically assume that women push for condom use and men refuse to use them. Their work suggests that this assumption is not true. Higgins (2007) conducted a in-depth interviews with a small group ($n=36$) of men and women in Atlanta, GA to explore the way the pleasure entered into contraceptive decisions; in that study, more women than men objected to the feel of condoms. In addition, her findings indicate that some people eroticize pregnancy risk-taking with partners; that is, they find the idea of sexual risk and/or the potential for pregnancy with a particular partner to be sexy. By contrast, others de-eroticize risk, and say they are unable to be comfortable and enjoy sex if they feel like they are at risk for pregnancy or disease. Using a small internet convenience sample, Higgins et al. (2008) found that women who only used condoms were six times as likely to report that their contraceptive method decreased their sexual pleasure as women who only used hormonal birth control. Evidence from a much larger internet survey indicated that women were less likely than men to report that using condoms reduced their sexual arousal, but that women's reported arousal loss was much more highly correlated with unprotected sex (Higgins, Tanner, and Janssen 2009). Despite their contributions, Higgins and her colleagues readily admit that these findings are still exploratory, and that much remains to be confirmed and explored about the way

that pleasure affects contraceptive decisions. Thus the purpose of this paper is to continue to continue exploring the way that sexual pleasure affects the contraceptive decisions and method choices of young men and women.

Methods

This study uses data from interviews conducted with both members of 30 opposite-sex young adult couples (60 individuals) on the East Coast of the United States. The woman in each of these relationships was between the ages of 18 and 30, and all the couples had been romantically involved for at least six months. I interviewed each individual separately in private homes or in public settings such as coffeehouses. I made every effort to ensure that relationship partners could not overhear each other's responses, and nearly all interviews were conducted back-to-back so respondents could not "contaminate" each other's interviews. I am a woman, which may have affected men's responses, although research has generally found limited or mixed effects from the interaction of the interviewer's and respondent's gender (Flores-Macias and Lawson 2008). The interviews sought to ascertain what factors motivated contraceptive decisions, how calculated contraceptive decision-making is, and how contraceptive decision-making varies at the individual and the couple level. Interviews averaged about an hour in length, but were as short as 35 minutes and as long two hours.

I coded interview transcripts for thematic and theoretically significant ideas using the software package NVIVO. Because very little is known about men's attitudes and experiences with contraception, this analysis was mostly exploratory for men. Codes

emphasized people's individual contraceptive decision-making strategies and the negotiations that they had with both short-term and long-term partners.

The majority of respondents were recruited using a snowball sampling technique through friends in states all along the East Coast, and half currently resided in North Carolina; five couples were strangers recruited from the internet. Table 1 shows sample characteristics including age, relationship status, education level, employment status, number of pregnancies and children, and current contraceptive method used. Fifty-five of the 60 respondents were non-Hispanic whites, one identified as multiracial Asian, three identified as Black (two were a couple), and one identified as Hispanic. Most were well-educated: only seven had a high school diploma or less, and 15 had attended or were currently attending graduate or professional school. All the couples in the sample were in what they characterized as serious relationships. Six couples were dating, thirteen were cohabiting (four of those were engaged), and eleven were married. The shortest relationship length was six months, and the longest was fourteen years. Everyone claimed that they were in love with their current partners, and most respondents said that they had been in love for some time. However, because interviews contain data about individuals' relationship history information, comparisons are possible between people's contraceptive decisions with short-term partners, long-term partners in early relationship stages, and long-term partners in later relationship stages. Characterizations of individuals and their relationship tendencies are drawn from these individual relationship histories as well as the complementing portrayals of contraceptive decision-making occurring in their current relationships with their partners. To preserve respondents'

anonymity, their race is not given, and all names in the text are pseudonyms such that current couples having alliterative names.

Respondents had used almost every type of contraceptive method that was available at the time of the interviews in 2007. Nine couples were currently relying on the birth control pill, which is a hormonal contraceptive pill a woman must take daily at approximately the same time to achieve full effectiveness. Two couples were relying on the birth control pill and male condoms to ensure extra protection from pregnancy. Three couples were currently using only male condoms. Two devoutly Christian couples, because of the women's preferences, were currently practicing abstinence. Two women had been told by doctors that they were infertile due to ovarian cysts; one of those women decided to continue using the contraceptive patch, which is a small hormonal contraceptive patch that a woman changes weekly and can be worn on various parts of the body. The other had been using Depo-Provera (a hormonal contraceptive shot given to a woman by a nurse once every three months), but following her diagnosis, stopped using Depo, and asked her boyfriend to withdraw before ejaculating just in case. Three couples were using nothing since they were currently pregnant, and another was using no contraception as they were seeking pregnancy. Two with infants less than six months in age were currently relying on the woman's nursing. One couple each was using NuvaRing, which is a vaginal hormonal contraceptive ring that a woman changes once a month; Implanon, which consists of three hormonal contraceptive rods implanted in a woman's arm to provide birth control for three years; the hormonal intra-uterine device (IUD) Mirena, which a doctor places in a woman's uterus and provides contraceptive protection for up to five years; the non-hormonal IUD Paragard, which works similarly

for up to ten years; Natural Family Planning (NFP), in which a woman monitors her body temperature, cervical mucus, and cycle to avoid sex during fertile times; and withdrawal only. The only other methods of contraception available for use at that time were diaphragms and female condoms. No one interviewed had ever used or really considered using either of these methods.

Results

Although I asked few direct questions about it except through probes, many respondents spontaneously mentioned concerns about sexual pleasure when discussing contraception. They talked about “feeling,” “sensation,” “hormones,” “horniness,” and “desire,” as well as more specific visceral language, such as “irritation” and “grossness.” Concerns with physical pleasure influenced every aspect of contraceptive decision-making, from method choice to contraceptive negotiations with partners, but the most obvious and direct concerns were with condoms.

‘We’ll Punch a Hole in the Condom’: Pleasure and Condom Decisions

The sense that condoms interfere with various aspects of sexual pleasure seems to be people’s primary reason in my sample for not using them or for using them inconsistently. In fact, no one in my sample said they actually liked condoms (whereas people did actually say they liked certain forms of hormonal birth control)—there were only people who were not bothered by them. No one eroticized condom use or even

attempted to reverse the standard perception by arguing that the protection they offered was sexy. Dean² argued that no one really likes condoms:

And yeah, nobody really likes condoms that much. [...³] There's no one says, 'I love condoms! Please get me—all the time, even if we don't need them. Oh, we're trying to have a baby? We'll punch a hole in the condom.'

While not everyone disliked condoms as much as Dean, the most enthusiastic endorsement that several people, such as Fran, offered was: “They don't bother me.” They mentioned disliking the smell, taste, feeling, inconvenience, and sense of wastefulness of condoms. Victor and several other people mentioned disliking their smell, in addition to the sense that they were wasteful:

But generally, condoms aren't very pleasant, I don't think in general. They don't smell good for one. I don't know, you throw them in the trash...

Like Victor, Hernando said that condoms smell bad, and that the feeling of latex is unpleasant, commenting, “There's nobody wants that latex feel. Nobody wants to smell that shit.” Jared shared Hernando's dislike of the way condoms feel, saying they do not feel natural: “Just don't like the way they feel, that's the bottom line. They don't feel natural. It feels better without one.” Perry summarized the general opinion, saying “[Condoms] were just kind of a pain in the ass.”

While previous literature has tended to portray men as being more opposed to condoms than women, many women and men in my sample both disliked them intensely. Many of men's and women's complaints were similar as well, mentioning the odor of

² All names are pseudonyms. To minimize confusion, current couples have alliterative pseudonyms; because there are 30 couples and only 26 letters in the alphabet, many couples' names are based on alliterative diphthongs.

³ All bracketed ellipses indicate text that has been omitted; all other ellipses indicate lengthy pauses or trailing off on the part of speakers.

condoms and the loss of sensation. For instance, Nancy's comments echo those of the men quoted earlier, saying, "I really don't like using condoms. I don't like the sensitivity that it takes away. So it's like... you want to have that feeling, but you don't want the barrier." Deirdre pointed out that in addition to the more obvious disadvantages of smelling and tasting bad, condoms limited sexual spontaneity in terms of coitus and oral sex:

Deirdre: Well the thing is after you use a condom they smell like crap.

Interviewer: Yeah.

Deirdre: And once you have had sex—or even, not even completed, just touched the condom without the wrapper—you really don't want to, you know... Like, if he has put one on and then had to take it off for whatever reason, you can't go down on them. Because it tastes, like, awful. So it's, like, a onetime shot unless you wash yourself first and then come back for seconds. That's not usually how it works. So they [condoms] were annoying in that respect. You know, you put one on and then your fingers smell like rubber and then there's the whole getting up afterwards, take it off.

Men and women both complained about the odor and taste of condoms and their loss of sensation, but women's complaints about condoms were often more serious than men's. Whereas the men quoted earlier mostly emphasized that sex felt *worse* with condoms, women often complained that sex with condoms *hurt*. Vanessa said that sex with condoms was painful and overwhelming for her:

Actually my vagina's really sensitive. We tried all those stupid condoms. You know, like Trojan has all those different kinds, and most of them just end up hurting my vagina. I'm like, 'I can't do this.' It feels like it's too much.

Stacy also complained that condoms hurt her, and said that they often broke, leading her to just "make" men "pull out" even when they were wearing condoms:

They [condoms] were very uncomfortable. Like, after a while it starts to hurt. Used to break. What's the point of using a condom if it breaks? So the whole method was pulling out, even when they used a condom. I made them pull out.

Other women, such as Olivia and Leah, said that sex with condoms was so painful for them that they avoided sex when they were relying on condoms for contraception. This significant minority of women who intensely disliked condoms probably account for Higgins, Tanner, and Janssen's (2009) finding that women's arousal loss associated with condoms was a better predictor of condom use than men's arousal loss. Millie summarized the views of both men and women, rhetorically arguing that if the point of sex is pleasure, and condoms reduce pleasure, then what is the point of using them:

Millie: I mean, I just, I would use them [condoms], but I don't like them personally. After having used them personally. Because the way they break. It's not the same feeling, it's not the same closeness. It doesn't feel as good. And isn't that the point?

Women's and men's dislike of condoms was so severe and so widespread that I believe that it was more important than any other factor—alone or in combination—in determining whether or not condoms were used in any given sexual interaction. Dislike of condoms was not universal, but it was so common that in any given pairing of two people, the chance that one of them would intensely dislike condoms was very high.

Pleasure and Continued Method Use

Given many people's dislike of condoms, it is not surprising that they often stop using them over the course of their relationships or avoid using them altogether after an initial attempt or two (everyone in my sample had used condoms at least once). In fact, many of the descriptions of the problems with condoms quoted above were given in response to questions about why people had stopped using condoms. Michael explains that he and his now-fiancée Millie stopped using condoms because she did not like the way condoms felt or their tendency to break:

Michael: And the reason she started that [the hormonal contraceptive ring, NuvaRing] was she didn't like condoms.

Interviewer: Neither of you did, or she didn't?

Michael: She didn't. And I, I don't really care for them, but I see the need. So I'm kind of like, whatever works.

Michael and Millie stopped using condoms in favor of hormonal contraception, as many couples in my sample did, in large part because one member of the couple (Millie) was dissatisfied with condoms. However, people who disliked condoms also stopped using them even without any other method of contraception. Stan explains that men's and women's dislike of condoms keeps condoms from being used regularly, and in most of his relationships, the primary method of contraception became withdrawal:

And condoms... it's almost like nobody is happy with a condom. That's always the first thing that's asked before you have sex, but after you've had sex the first time, nobody ever cares about it again. So you learn to pull out. And you pray to God that it works.

While most of Stan's relationships were short-term, Terrence ended up in a long-term relationship with an ex-girlfriend who was allergic to latex. He explains that she did not stop him from using condoms, but the annoyance of acquiring non-latex condoms kept the couple from using condoms consistently, resulting in an unintended birth:

If I wanted to use them, then yeah, I could. She wasn't really a big fan. I remember, God, she used to have to use special ones, or something like that. Because, just ones that you would buy off the shelf or something like that, would break her out and irritate, different things like that. So that was kind of a hassle. So that's why I think I followed the path of least resistance—to not use them.

Stan's, Terrence's, and others' experiences stopping condom use because of decreased pleasure without a replacement contraceptive method indicate that concerns about personal and sexual pleasure can (at least temporarily) overwhelm anxieties about a potential pregnancy.

However, stopping method use because of decreased pleasure was not only relevant for condoms; people frequently stopped using hormonal birth control methods because of decreased sexual pleasure and desire, and other unpleasant side effects such as distorted menstrual cycles and headaches. In fact, other than financial considerations and convenience, displeasing side effects were the main reason that people stopped using hormonal methods. Penelope explains that she liked everything about NuvaRing (which is a silicone ring worn in the vagina) except that it made sex for both her and her boyfriend unpleasant:

I tried the Ring. [...] I like it, until we get to the sex part, and then it hurts so bad I have to take it out. We tried that, and it didn't work.

Her boyfriend Perry, whose only context for directly encountering NuvaRing was during sex, was much more vehement in his dislike of it:

We tried the Ring. She got, like, a three month trial of it through student health, and it sucked. It was no good. [...] I could feel it, and that was really irritating. And so you can take it out for up to three hours and still be protected. So she would do that, but that just took all the... That was worse than trying to find a condom, because you can't put it anywhere except inside its original foil pouch or else the hormones will leach out of it onto your table or onto your furniture. And you know you can't put it in a Kleenex or anything because that will suck the hormones right out of it. So it wasn't a question of finding any condom, it was a question of finding that foil pouch and that just sucked. That was not fun at all. So we finished up the trial of that and said, 'never again.'

Although Penelope was satisfied with the everyday aspects of NuvaRing, the difficulties it caused her and particularly her boyfriend during sex led them to stop using it in favor of Implanon (contraceptive rods implanted in the arm). Unlike NuvaRing, most hormonal contraceptive methods do not physically interfere with sexual pleasure, yet they can cause other physically unpleasant effects. Joanna explains that she started using the Pill because she had difficult menstrual periods, but she forgot to take it; she switched to

the Patch (a band-aid like contraceptive patch which can be worn on different parts of the body), which she stopped taking for awhile because of the welts it left on her body:

Joanna: My periods are like...I was on the Pill for my periods and then I was like, 'I forget to take this. I take it like once a week if that.' So I quit, and they gave me the Patch. It was like, 'This hurts.' So I quit. I didn't like taking it off, so I was like, 'I quit.' But now I went back on it, I didn't have the same problem with it, like leaving the welts and stuff. Well, I still have the welts, but it wasn't as bad.

Interviewer: Did you change where you put it on your body?

Joanna: Yeah.

Joanna's and Penelope's remarks present the contraceptive dilemma that many women currently face, trying to choose between an unobtrusive method they often forget to take correctly (the Pill) and methods such as the Patch and NuvaRing which are easier to remember, but which, by their design, can have an assortment of irritating side effects.

Contraceptive Decisions and Negotiations in the 'Heat of the Moment'

In addition to considering the direct effects of various methods of contraception on sexual pleasure, many people also reflected on the way that sexual arousal affected their ability to make calculated contraceptive decisions. Respondents often referred to moments of extreme arousal and sexual passion in which sexual contact was imminent as the "heat of the moment." Although some respondents who were very careful contraceptors rejected the "heat of the moment" as an excuse for not using contraception, many respondents said that sexual arousal and spontaneous sex were contexts that hindered contraceptive negotiations and, occasionally, contraceptive use. Fred, a man who tried to be a careful contraceptor, but who had had unprotected sex, says that unplanned sex is the most likely sex to be unprotected:

I would say, there's a difference between spontaneous sex and planned sex, and is it [contraception] available, in the spontaneous versus the planned. Because sometimes it's not planned. You just look at each other, the mood strikes you, and, 'Okay let's do it,' and you may not have time or access to condoms.

Fred had never had a short-term sexual partner, and was only referring to sex in the context of a long-term relationship, but his comments suggest that even this sex may be unplanned and unprotected. In essence, he says that sexual desire overtakes anxiety about contraceptive calculation. Penelope agreed that unplanned sex in the context of a relationship can be unplanned. Another careful contraceptive who had nevertheless had unprotected sex, she explains that her unprotected sex always occurred unexpectedly in relationships and just felt too good to stop:

Um, there's probably a handful of times when I've had sex that there was no protection. It was all with boyfriends, and it was all when we were first dating, before we had established some kind of method. Kind of like, 'Oops, it slipped in. I don't feel like stopping right now.'

In Penelope's account, the pleasure of actually having sex was too much to make her want to stop for contraception, and the unexpected nature of it prevented her from planning ahead for it. Note that she distinguished this sex as only having occurred with "boyfriends," because with short-term partners, she was careful to use condoms. Presumably, one-night stands are more unexpected than sex with boyfriends, and yet Penelope was not the only person who was more likely to "slip" into unprotected sex with boyfriends than short-term partners. Although Penelope attributes her decisions primarily to sexual pleasure, I suggest that it was actually the interaction between pleasure and trust (in a serious dating relationship) that allowed her and others who generally tried to be "careful" to let their guards down in committed relationships.

Both Penelope's and Fred's comments indicate that sexual arousal may interfere with contraceptive calculation in long-term relationships unless contraception is *very* readily available. Others, like Kevin, who was generally careful about contraception,

suggested that the state of sexual arousal itself can overwhelm rational thinking in contraceptive decision-making:

Kevin: Well, obviously horniness is a factor [in contraceptive decisions]. [...]

Interviewer: So in what way does horniness affect it then?

Kevin: Well, I mean, obviously it's, if you're trying to have sex, you're not thinking as rationally as you would be otherwise, and I don't know. It's easy to get in the moment and just think that, you know, 'It will be fine just this one time.'

Interviewer: But you don't feel that way later.

Kevin: Right. Yeah, exactly.

Not only did Kevin believe that sexual arousal discourages “rational” thinking, he believed that it was an “obvious” fact. If that is true, then it means that the very psychological and physiological state required to make contraceptive calculation relevant makes it more difficult to accomplish. At the same time, the common language used among my respondents, referring to “the moment,” suggests that there is a societal norm which cultivates this belief. While sexual arousal might in fact discourage “rational” thinking, the *belief* that sexual arousal discourages “rational” thinking may contribute as much as the psychological and physiological circumstances to actually discourage “rational” thought. For people who usually tried to be careful about contraception, the “heat of the moment” threatened their contraceptive calculations. But for people who were mostly unconcerned with contraception, the “heat of the moment” was often the only context in which they thought about contraception. For example, Vanessa, who was mostly unconcerned with contraception explained how she decided when to use condoms (her only form of contraception other than withdrawal) with her partners:

Sometimes it was as simple as, 'I don't like to use condoms.' And then, in others, it was like, 'Listen, we should use condoms more,' you know, like that kind of thing. They were kind of surprised. I always felt like the guys didn't, never

brought it up, ever. It always had to be me to bring it up⁴. I mean, I did bring it up. I just was never really that firm. So, I don't know. I guess I always felt like in the heat of the moment, it was like, 'condom.' Or, I'd be like, 'Forget it, let's just do it.' You know like that kind of thing. So sometimes there wasn't any planning at all.

Although I pushed Vanessa to distinguish between the times she decided to use condoms and the times she did not, her comments suggested that there was not much of a pattern to her decisions because there was so little planning. In Vanessa's case and for other less careful contraceptors, the "heat of the moment" was not the *interfering* context for contraceptive calculation, but the *only* context for it.

Most of these comments seem to be referring to decisions pertaining to condom use, and previous literature has focused exclusively on the relationship between the "heat of the moment" and decisions about condoms. However, there are several ways that the heat of the moment is directly relevant for hormonal contraceptive use as well. First, as Penelope's comments earlier suggested, the heat of the moment was more likely to create situations of unprotected sex when people were not planning for sex with hormonal contraception. When couples were consistently using a hormonal contraceptive method, they were protected from pregnancy, and condom use was less necessary. Second, women in my sample who might be characterized as "party girls"—they had used drugs and alcohol heavily and had had many sexual partners—who had tried to take the Pill generally said that they had extremely great difficulty remembering to take it. None of them directly related their difficulties taking pills to the "heat of the moment" per se, but I suggest that the principle is similar. That is, focusing on the pursuit of present pleasures made it difficult for women (and men) to engage in a routine, non-pleasurable activity

⁴ Interestingly, Vanessa's partner Victor said that he felt he was the one primarily responsible for condom use in their relationship.

like daily contraceptive pill taking. Women who were more concerned with pregnancy switched to methods that required little effort to remember to take (e.g. NuvaRing and Depo-Provera), while women who were less concerned often stopped using anything other than withdrawal.

Sexual Scarcity and Contraceptive Carelessness

The growing literature on the “heat of the moment” has emphasized the way that sexual arousal suppresses calculated decision-making. My findings suggest that one circumstance in particular interacts with the “heat of the moment” to severely interfere with calculated contraceptive decision-making: *sexual scarcity*. What I am calling “sexual scarcity” is a subjective state in which individuals feel that their opportunities for sex are scarce. It seems to be particularly common among teenagers—who worry that their parents’ interference will minimize their opportunities for sex—but it is relevant for many adults as well, who may fear interruptions from roommates or children, suffer from low libido and/or exhaustion, and/or be in long-distance relationships⁵. The theory of sexual scarcity argues that as perceived opportunities for sex decrease, individuals will become increasingly heedless of the consequences of pursuing sexual gratification. Thus if condoms are not readily available, people will be much less likely to use them, and because they perceive sex as unlikely, people are less likely to be using hormonal contraception as well.

Chad’s account of his sexual relationship with an ex-girlfriend illustrates several aspects of the principle of sexual scarcity. A virgin until 25, he describes himself as

⁵ Nearly half of the relationships in my sample were characterized by the respondents as having been long-distance at some point.

thrilled just to be having sex and consequently ignoring the implications of having unprotected sex with a woman who lived on the West Coast while he lived on the East:

Interviewer: What kind of contraception did you use?

Chad: Um, condoms and I guess that's it. Not every time, and I kick myself for how foolish that was.

Interviewer: You don't think she was on the Pill?

Chad: No, she wasn't.

Interviewer: So she told you that?

Chad: Yes. And so we had it unprotected a couple of times where I would pull out, but, you know, that's not that much of a [mutual laughter]—it's better than nothing, it's trying, but it's not a very failsafe way. After, looking back, I was just like, what the hell am I doing?! Am I going to have a baby with a girl who lives on the other side of the continent from me? That's a terrible idea! To be that... careless I guess.

Interviewer: Why do you think that ended up happening?

Chad: Um... I'm guessing probably just because, actually I have not had a lot of sex. She was the first person I had sex with. So I think a lot of it was just, 'Wow, I'm having sex!' [Laughs]

I didn't question it too much. And just, I mean... I wasn't that young, but still, some of the young man, 'that can't happen to me, that happens to other people' type of thing. You know, just poor planning on mine... I easily should have insisted on [condom use], but didn't.

The circumstances of Chad's first relationship present an extreme version of sexual scarcity. With almost no previous sexual experience to draw from and in very long-distance relationship, Chad retrospectively berated himself for not using any form of contraception other than withdrawal. I suggest that part of what influenced his failure to use condoms was a sense that pushing for them might lose him a rare opportunity for sex.

Sexual scarcity can discourage condom use, but it discourages hormonal contraceptive use even more because it reduces women's perceived need for it. Conforming to a daily contraceptive regimen can seem unnecessary when opportunities for sex only arise once every six weeks. Penelope explains that when she dated a long-distance ex-boyfriend, going on the Pill seemed unnecessary:

Interviewer: When you were with Mark, did you ever think about going on the Pill?

Penelope: We saw each other so infrequently, that we thought about it, but we never really talked about it. [...] We really didn't have sex that many times, because we didn't see each other that frequently.

In addition to distance, relationship problems with geographically closer partners can also diminish the perceived need for hormonal contraception. For instance, Shelly and her husband Shawn had been separated and re-united, and in the period before they separated, she stopped taking the Pill because they were not having sex:

Interviewer: Okay, and before [...], you'd been on the Pill?

Shelly: I'd gone off it, and I hadn't been doing anything. But we were having a lot of problems in our marriage, so, we weren't very close. And our intimacy wasn't there, so that's why nothing happened then, and we were actually separated for two months.

It is important to recognize that the Pill and other forms of hormonal contraception require a constant investment on women's parts, entailing financial costs and maintenance costs, which they may weigh against the likelihood of having sex. While many women continue using hormonal contraception when they are not having regular sex (especially if they like the side effects), others stop using it as soon as sexual opportunities look scarce.

In addition to diminishing women's perceived need for hormonal contraception, sexual scarcity reduces men's perceived opportunities for hormonal contraceptive negotiations with partners. Edward explains that in a long-distance relationship with an ex-girlfriend, Jenny, they wanted to savor their rare sexual time together and not worry about negotiating contraception:

Interviewer: So when you were with her, like, you always used condoms? [...]

Edward: Yeah, yeah, pretty much. Always. There was never any of those like 'Let's just not do it this time,' never did that. I could think about that, I have a

clear mind about that. What the results might have been, so no, just always used condoms.

Interviewer: Do you think that was because you didn't trust her, or was it just fear of pregnancy?

Edward: Um, it was just to prevent pregnancy. We didn't have sex for a while into our relationship because it was mostly long-distance actually. [...] So when we actually had sex it was just condoms. [...] but... we never, we were long distance, felt like we were never around long enough... this was kind of one of the downfalls of the relationship, one of the flawed parts of it, we were never around each other enough to be able to talk about things like that. Our sex was sort of... when it happens, it happens, and we didn't really want to discuss the development of it. We just wanted to do it. And if it was talking over the phone, why would you talk about birth control over the phone when it's more like you're just fantasizing about the other person? It's not real, because it's just a fantasy.

Edward specifically considers his non-negotiation of hormonal contraception with Jenny in the larger context of their relationship in that they saw each other too little to talk about the more mundane aspects of their lives. Even though they used condoms, their sex just “happened,”—rarely—and the infrequency and spontaneity of it discouraged explicit contraceptive negotiations.

Oscar and Olivia were the only *couple* I interviewed who had been caught in a trap of sexual scarcity for some time. Married for almost six years, the couple had gone through several contraceptive methods (the Pill, the Patch, condoms, and withdrawal) which they found unsatisfactory before Olivia had finally acquired a hormonal IUD less than a month before our interview. The couple adamantly did not want children, and Olivia had repeatedly sought to have her tubes tied, but doctors refused her, saying she was too young (she was now 27). They were one of only two couples in my sample to have had unprotected sex for a prolonged period without wanting to have children, and in my interviews with both spouses, I struggled to understand how the couple had fallen into this contraceptive pattern. Two points emerged; first, Olivia said that she would have no qualms about obtaining an abortion if she ever became pregnant (she never had), and

second, the couple was not actually having sex very often. Olivia attributed their infrequent sex to her low libido:

Olivia: Oscar and I have had lots of unprotected sex since we got married. Um, you know, the pullout method is not very, you know...

Interviewer: Efficacious?

Olivia: Yeah. [Laughter] So we probably had... we probably had unprotected sex two months ago before I got my IUD put in. So... yeah. It's always just this spur of the moment thing. And I'm not in the mood that often, so when I am, he like, jumps on the chance to get something done [laughter]. So, yeah, it was probably just two months ago. We were upstairs, getting ready for bed, I was like, 'ooh,' started fooling around, and I don't like using condoms, so I was like, 'No, no condoms,' so...

Interviewer: How did you feel about that? Like, did you worry about being pregnant?

Olivia: I don't, because he, he pulled out.

Interviewer: Oh, okay.

Olivia: I mean, there have been times since we've been married that he hasn't pulled out, and I'm like ooooh... And I would have just come off my period or something, and I'm like, there's such a small chance that I'm pregnant... Such a tiny miniscule chance that anything would happen, I'm fine. But I've been worried before that I could be. Luckily, nothing has ever happened.

Interviewer: So you would say, that maybe you were just taken over by the moment? Like you wanted to have sex, and that's why you did that?

Olivia: [overlaps] Yeah, yeah, usually. I mean, usually, you just don't think about it. You know, after it happens, you're like, 'shit.' [Mutual laughter] You know, well, so much for that.

Olivia's characterization of her and Oscar's relationship is that her low level libido allows her to dictate their contraceptive interactions: her dislike of condoms left them with withdrawal as their only method of contraception. Oscar's account focused more on the couple's inability to find a satisfactory contraceptive method, saying that the "heat of the moment" inhibits contraceptive calculation. At the same time, he says that, ironically, their worries about a potential pregnancy may have contributed to a scarcity of sex in the relationship:

Oscar: It was pretty regularly that we didn't [use contraception] for a while there. And it was just because, like I said, the solutions that we had available to us weren't what we wanted to use...

Interviewer: Were you worried about getting pregnant then?

Oscar: Yeah, and I think that probably affected our sex life.

Interviewer: Oh, really?

Oscar: Yeah, so I mean, I think it probably really did affect our sex life.

Interviewer: So you were having less sex?

Oscar: Yeah, yeah, 'cause both of us were concerned about getting pregnant, but at the same time, I don't know. It's like, you're in a relationship so there's a physical aspect of your relationship that's not going to go away just because of these concerns. You know, sexual urges overdrive for a lot of things, over take a lot of things, so you know it's still there, but maybe not as much as you want it to be [mutual laughter].

Interviewer: Did you think about it later?

Oscar: Yeah, I mean, it's something that in the moment, in the heat of the moment, you just go [sarcastically] 'Man, you know, I am concerned that we're going to get pregnant.'

Interviewer: [laughter]

Oscar: That's not really the logic. But, you know, sometimes when you're thinking about having sex with one another, you know, and you're in the mood or whatever, you're just kind of like, 'Well, I don't know, we just had sex the other day, I'm still kind of concerned about that'... you know, stuff like that, you just... you know, the thought will come before or after, to prevent it from happening, or make you a little bit worried afterwards, but usually, you know there's that point of commitment where you're just not thinking about that kind of thing anymore.

A complex combination of factors came together in Oscar's and Olivia's accounts which emphasize the multi-faceted influence that pleasure has on contraceptive decision-making. No other couple I interviewed wanted children *less* than Oscar and Olivia, but they were one of only two to have had unprotected sex for a prolonged period. Both of their accounts emphasized the fact that their sexual desires were not neutered by their lack of contraception, although Oscar says that their actual sex life was probably diminished by their fear of pregnancy. Yet at the same time, their infrequent sex may have contributed to the sense that there was such a "miniscule chance" that a pregnancy would happen. Infrequent sex creates a complex series of factors that can keep all but the most devoted calculators from contracepting.

Discussion & Conclusion

For most people, the “point” of sex was to experience pleasure, and contraceptive methods which were perceived as a threat to pleasure were, as a consequence, typically not used for long. Condoms were the most conspicuous examples of contraceptives that many perceived as interfering with sexual pleasure, but hormonal contraceptive methods were also often rejected for unwanted sexual side effects. People's decision-making processes differed with regards to contraception. Some people regarded sex as likely and sought contraception beforehand, while others faced sexual situations with unprepared surprise. Those instances of surprise sex were especially likely to be ones where people had unprotected sex, in part because the desire for sex often outweighed fears about pregnancy or STIs. Some people made risk calculations and determined that the immediate gratification offered by sex outweighed the potential risks; others claimed that they did not really make any risk calculations at all. Thus when they confronted the “heat of the moment” without contraceptive preparation, people often gave in and had unprotected sex (although most of the people in my sample still apparently practiced withdrawal in those situations). Sexual circumstances in which people perceived their opportunities for sex as scarce were particularly likely to result in non-use of contraception. Situations of sexual scarcity discouraged women from using hormonal contraception, discouraged men from negotiating hormonal contraceptive use, and discouraged men and women both from using condoms.

These results indicate that one of the most basic reasons that many people at risk for unintended pregnancy and STIs do not use condoms is because they dislike the way they feel during sex. This finding is discouraging, because it suggests that public health

programs which seek to encourage general condom use may continually be thwarted by people's dislike of condoms. Other studies have shown that people stop using condoms with their regular monogamous partners even after initiating their use and have attributed this change to relationship dynamics of love and trust (Afifi 1999; Corbett et al. 2009). Love and trust are undoubtedly significant factors in this change, but the root of the change is that most people find condoms distasteful, inconvenient, or downright painful. Rather than trying to convince the population at large to use condoms regularly, public health campaigns that specifically targeted at-risk groups would probably be far more successful at encouraging their use. Even these campaigns need to accept that as a technology, condoms are flawed, and many people only use them because their options are limited.

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