Consistent and Inconsistent Contraception Among Women 20-29:

Insights from Qualitative Interviews

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INTRODUCTION

When surveys ask unmarried American women recently experiencing a pregnancy or birth whether, at the time of conception, they had wanted to get pregnant, only about a quarter indicate that they were (Finer and Henshaw 2006, p. 93, Table 1, data for 1994 and 2001). Some women may mislead interviewers into thinking their pregnancy was unintended when in fact it was at least ambivalently wanted, but even with an allowance for this, the high rate of unintended pregnancies is striking. Unintended pregnancies and births occur at all SES levels, but are especially common among those with low income and education (Musick et al. 2007; Finer and Henshaw 2006; Boonstra et al. 2006).

Past research makes it clear that most American women having early, unintended, and/or nonmarital pregnancies generally know a fair amount about contraception, and have contracepted, but are inconsistent (Finer and Henshaw 2006; Edin et al. 2007). Thus, the main proximate cause of such pregnancies is having intercourse but not using contraception consistently. But *why* do sexually active men and women who aren't desiring a pregnancy so often fail to contracept consistently? To answer this question, we analyze rich qualitative data from interviews with 51 unmarried women, age 20-29, including complete sexual histories with detailed narratives on each partner regarding contraceptive use and discontinuation.

DATA AND METHODS

The data for our analyses come from the College and Personal Life Study, a qualitative, in-depth interview study we conducted during 2009 and 2010. We conducted interviews with 51 never-married women between 20 and 29 years of age, who were students at two community colleges in the San Francisco Bay Area. The centerpiece of the interview is a complete sexual history, asking details about contraception, pregnancies, abortions, births and the nature of the relationship for all of the respondent's sexual partners. We also asked each woman about her future plans for education, careers and personal life, opinions about abortion and unintended pregnancy, her experiences obtaining and using contraception, and how she learned about contraception.

Interview respondents were full or part-time students from either Laney College in Oakland, a city on the East side of the San Francisco Bay, or Foothill College in Los Altos, a suburb in Silicon Valley between San Francisco and San Jose. We chose community colleges as a way to recruit a relatively low-to-medium SES population of women at the age where unintended, non-marital pregnancies are common. We selected Foothill and Laney because of their diverse student bodies and proximity to study personnel. Half of the interviews are with Foothill students, the other half with Laney students. Laney is in a much poorer area, downtown Oakland, with a larger Black and Latino population. The racial/ethnic distribution of Laney's female students is 33% Black, 16% white, 25% Asian, 13% Hispanic, and 13% others, while that of Foothill is 3% Black, 42% white, 25% Asian, 9% Hispanic, and 21% other.[2] As for the colleges themselves, Laney offers more remedial and certificate programs than Foothill does. The atmosphere of the two campuses is very

[2] Source:

http://www.cccco.edu/SystemOffice/Divisions/TechResearchInfo/MIS/DataMartandReports/tabid/282/Default.as

different—Laney is a smaller, more crowded, campus in a downtown area, with a lot of concrete, and very little green space, while Foothill is in a residential area, park-like, leafy, and open, with relatively new and attractive buildings.

We posted flyers on each campus to recruit our sample. Flyers stated that, to qualify, women must be full- or part-time students at the college, age 20-29 and never married. We also promised $50 for an interview. Using theoretical sampling to make it likely that a number of our respondents would have had unintended, non-marital conceptions, half our sample at each school was recruited from a flyer stating that respondents must have been pregnant at least once-- "whether or not you had the baby." The other half did not require a prior pregnancy, but only that they have had sex with a man; some of these, nonetheless, had had pregnancies.

The vast majority of the interviews were done by the three authors, two of whom are close to the respondents' ages. The majority of the interviews took place on the respondent's campus, at a time of her choosing either in a common area or quiet room. Interviews typically lasted between one and two hours, and were audio-recorded and transcribed verbatim. We tried to make interviews resemble conversations as much as possible, using open ended questions. All interviews covered the same predetermined topics, but interviewers varied the exact wording and timing used to introduce them and to probe for more specific information in order to make the flow more conversational.

The interview guide asked about a woman's living situation, what a typical school day is like, how she supports herself and gets money for school, aspirations for future marriage and/or childbearing, beliefs about proper timing of childbearing, how she would react if she got pregnant now, views on abortion, and her schooling and job goals. Women were also asked about conversations with their own mother as a teen about sex and birth control. They were asked where they have gone to get birth control, and about problems with its cost or with how they were treated by medical staff. The core of the interview was a life history of all male sexual partners. For each partner we evoked narratives about the nature of the relationship (casual sexual hookup, boyfriend, how serious), what contraception if any was used the first time having sex with him, whether she quit contracepting at some point with him and why, any discussions or disagreements with him about contraceptive use (or abortion), whether she ever wanted to have a baby with him, whether she ever got pregnant with him (and if so whether it was intended, how she felt about the pregnancy, and her decision about abortion), how the relationship ended (if not still going), whether any other sexual partner overlapped with him, and whether she stayed on hormonal contraception between partners. After transcription, interviews were coded in NVivo software for qualitative analysis.

Our qualitative analysis focuses on identifying patterns that go along with consistent and inconsistent use of contraception using both between-respondent and within-respondent variation. On the one hand, we want to know what patterns go along with differences between women in how consistent they were in contraception. On the other hand, for those not entirely consistent, we wanted to know what within-person changes in situation related to lapses in contraception. To look at variation between individual respondents, we used a case study approach, using their sexual histories to place them into one of three groups—those who "always" used contraception with each of their partners, those who "mostly" did, and those who "sometimes/rarely" did. We then identified patterns and themes that went along with each group. To look at within-respondent

variation, we compare the partnerships and situations in which a given woman was and was not using contraception, drawing on her narratives of when she discontinued or started contraception.

Our interviews were qualitative, as is much of our analysis. However, we also did quantitative coding from transcripts, and present some quantitative analysis to support our conclusions. We constructed two quantitative datasets from our coding. The first quantitative dataset has our 51 respondents as cases, and codes them on characteristics such as race, college, age at interview, age at first sex, total number of partners, educational aspirations, whether ever pregnant, whether ever had abortion, whether a mother, and the contraceptive consistency category mentioned above.

We coded respondents into categories of contraceptive consistency as follows. First, we should clarify what we took to constitute "contraception." We counted as contraception anything that is listed on Planned Parenthood's website as such; in addition to hormonal and barrier methods, this includes withdrawal, or "pullout" as our respondents call it, the "calendar"-- fertility awareness method, and using Plan B-- the "morning after pill." But our focus was not merely on what was ever used with a partner, but whether usage was consistent, since the literature suggests that most all women have contracepted (and all of our sample had). If a woman, for example, if she was taking birth control pills, but skipped several pills, we called this inconsistent use with the given partner, unless they "covered" with another method anytime they had a pill lapse.

Respondents in the "always" group did just that—they report using some form of contraception every time they had sex with every partner. Respondents in the "mostly" group used contraception consistently with more than half their partners. Respondents in the "sometimes/rarely" group used contraception consistently with less than half of their partners. Had we classified people by the proportion of all their sexually active time (rather than partners) that they were consistent, which women went in which category would have been largely the same.

The second quantitative dataset we constructed takes a respondent/partner dyad units of analysis, and thus each woman contributes as many units as the number of her sexual partners. The variables in this dataset come from the sexual histories, which asked the same series of questions regarding each successive partner. (The dataset also merged on respondent characteristics described above, including her overall contraceptive consistency category, so that each respondent/partner unit of analysis for a given woman would have her respondent characteristics (e.g. race, consistency category) on it as variables.)

For coding variables for the two quantitative datasets, we used an iterative process. We read transcripts to come up with variables we could code. We then formulated decision rules for coding each variable, and put them into a codebook (available upon request). We trained a team of graduate students to do coding, using the codebook. As coders worked, they uncovered ambiguous cases and categories we hadn't thought of, and group decisions were made about changes, which required recoding cases previously finished, and altering the codebook. We continued such adjustments until the codebook could be used to compile the dataset for subsequent interviews without further adjustment. Coding for both datasets was done in this way. The coding into the three categories of contraceptive consistency, however, was all done by one of the authors as part of the main analysis for this paper.

In this paper, we use the quantitative data from both datasets to create descriptive statistics on the respondents in the three categories of contraceptive consistency, presented in Table 1. This allows us to compare the three categories, examining what distinguishes them.

Respondents are racially diverse group. Forty-six percent are white, 29% are black, 16% are Latina, and 12% are Asian American. Ninety-four percent were born in the U.S. Their average age is 23, and 68% are full time students. Forty-six percent are working while they attend school, split equally between full and part-time employment. Living with parents or other relatives is their most common living arrangement. Forty-five percent live with one or both of their parents, and another 22% live with other relatives. Thirteen percent live with a roommate, and another 12% live on their own with their children. Only 8% report currently living with a male partner. Respondents have a median of 4 sexual partners by the time they speak with us, ranging from one at the low end to 19 at the high end. Sixty-seven percent have had at least one pregnancy, the great majority of them unintended. Fifty percent have had at least one abortion, and 35% have one or more children.

RESULTS

We begin by describing the three groups of women according to their contraceptive consistency, highlighting things their stories have in common in contrast to the other groups. Following that we will discuss the factors that differentiate the three groups, and that illuminate when individual women were more and less consistent.

The Always Consistent Group

As the name implies, the respondents in the "always" category reported using some form of contraception every time they had sex, with each of their partners, unless they were trying to get pregnant. (Only one woman in this group ever tried to get pregnant, but she contracepted at all other times.) Thirty-seven percent of respondents are in this category (n=19). Several patterns distinguish them from the other two groups. They tend to have started their sexual "careers" later on average—the median age at first sex was 18. They have had fewer sexual partners—a median of 2. As we might expect for women who always report using contraception, there were fewer pregnancies, abortions and births among this group. There were four pregnancies overall—two ended in abortion and two ended in births. According to respondents, the pregnancies were either planned, or the result of a technical contraceptive failure not a lapse in usage.

As a group, these women tended to have the highest educational aspirations of the sample. Ninety-five percent report plans to get at least a four-year degree, and 28% of these actually aspire to graduate school. Most have a career in mind, or at least a field they are interested in. They also know what courses they need to take to transfer from community college, fulfill requirements, and the ins and outs of applying for different programs. In short, their educational plans seem realistic and attainable, and they making progress toward their goals.

Like respondents in all three categories, women in this group reported using a variety of contraceptive methods, from pills to pullout. Some preferred pills, while others felt uncomfortable with hormonal methods. Others exclusively used condoms. Some respondents used pullout, usually mixed in with these other methods. (We used the common term among respondents for withdrawal, "pullout" throughout our discussion.) Despite the variation in methods, two aspects of their

contraceptive use distinguished them from the other groups: often using a backup method, and less switching between different methods because of physical side effects or a partner's wishes.

Perhaps the most surprising feature of this group of zealous contraceptors is that, they not only always used some method of contraception, but many of them used one while simultaneously backing up with another. If they were on the pill or using another hormonal method, they would also use condoms or pullout. If they used condoms or pullout primarily, then they used Plan B as backup if there was a problem with the condom, or the pullout was ineffective.

Another characteristic of women in this group is that they have high levels of efficacy in terms of overall organization, and in their interactions with male partners. They assume they are in control over contraception in the relationship (whether it is a male, or female method) and are rarely dissuaded by partners who deviate from their plan. If a partner tries to, say, have sex without a condom, they tend to lay down the law—usually my way or the highway. In this way, they differ from women in other groups who tend to go along with what their partners want to do, and are willing to go to greater lengths to please them.

The following examples of women from this category illustrate the frequent use of back-up methods, and the high levels of efficacy with regard to using contraception and interacting with male partners typical of respondents in this group. (All names used herein are pseudonyms.)

Kendra is a white 28 year old pursuing a career in occupational therapy and currently attending Foothill College in Silicon Valley. She does not think that now is the right time for her to have a child, although she is starting to "hear my biological clock." If she got pregnant now unintentionally, she would have the baby. She went on the pill before she was sexually active in order to regulate her periods, originally through her parents' health insurance plan, and has been on it with each of her five partners, except for a period when she wasn't sexually active. In addition to being on the pill, she also got her partners to use condoms the majority of the time.

She was especially careful with a partner she suspected was not monogamous. She says that he pressured her to stop using condoms because she was on the pill, but she "told him I didn't feel comfortable with that." Occasionally she forgot to take a pill. About those times, she says that "then we would usually use something [condom]" or he would pull out. She did not use condoms with a partner that she "really trusted" after they had both been tested for STIs, but she was always on the pill with him.

Marisela is a 20 year-old Latina who hopes to go on to get a B.A. and aspires to a career in fashion design. She is currently a student at Laney College. She is still in a relationship with her first sexual partner. She does not want to have a baby right now, but is not sure what she would do if she got pregnant unintentionally. They have always used either condoms or pullout, followed several times by Plan B. She says that a few times condoms broke and she would take Plan B if that happened. "It really sucked", though, because she would have to pay the full cost at the drugstore, or "get money from him if I didn't have enough." If they did not have a condom with them, then they would use pullout, despite the fact that she worried about whether it was effective. She reports extensively worrying about pregnancy, and took Plan B five times.

Marisela says she wanted to go on the pill early on, but her mother discouraged her because she was worried about side effects. Her boyfriend worried about her taking Plan B so much, and

also about her anxiety about pregnancy. He encouraged her to get on the pill, which she eventually did. Her mom's insurance pays for it, and Marisela has told her "its for acne" explaining that "my mom isn't tuned into reality."

Ylena is a 20 year-old Latina. She has a two-month old baby, and is taking some general education courses at Laney. Once the baby is a little older, she hopes to transfer back to the four-year college she temporarily dropped out of. She and the baby's father talk of getting married after they finish college. The father is her only partner and she "just doesn't know what happened" with their unintended pregnancy. They started using condoms, and then she started taking the pill. They continued with the condoms until the pill took effect, and then used them if she ever forgot a pill, which she did sometimes at first. By the time she got pregnant, however, she claims she was taking the pills consistently-- "I had got it down." She wanted to keep using condoms as a backup method, but her boyfriend thought it was redundant. As a compromise, he would pullout sometimes instead of using a condom. She says "he didn't see it, why you had to [use a condom] because I was on birth control, so he didn't see it as an obligation, he saw it as a chore." She says that she insisted on pullout if he didn't use a condom.

Laura is a 26 year-old Latina who is sure she wants to get a B.A., and is making sure her classes at Laney will transfer to a California State University, but is not sure of a career yet. She has a strong aversion to the idea of having a child now, yet says she would have the baby if she got pregnant unintentionally. With her first partner, she says "I think if I hadn't brought it up, I don't think he would have used a condom…it was my first time having sex, so I just the condom was the first thing I knew to protect myself." Her second partner, a one-night stand, took the condom off in the middle of intercourse. He pulled out before ejaculating, but she was still very angry at him. "He took it off and I wasn't aware. I took the morning after pill the next day and got tested for everything…I got mad. I said 'that was a stupid move you did' and then he got mad because I screamed." They did not see each other again after that.

Bella, a 21 year-old white woman who is almost ready to transfer to a four year college from Foothill, reports using combinations of two methods at once with most of her partners. She is sure that she would have an abortion if she were to get pregnant unintentionally right now. She says she has always been assertive with her partners. She told her first partner, " 'Put it on.' I've never been very timid, even in those situations. It's kind of like, what do I have to lose? Okay, I'll sleep by myself tonight. 'Put it on.' " With her current partner, she is using condoms and the nuvaring. When asked if her boyfriend minded using condoms when she was on the nuvaring, she replies, "No, not at all. He was avid about them."

Ann is a 27 year-old Asian-American woman who wants to be a veterinarian and is currently going to Foothill. She had sex for the first time when she was 25, and is currently in a relationship with that same partner. She says that she makes all the decisions about contraception in the relationship, and expects her boyfriend to go along with it. She did not want to be on the pill because "I don't want any chemical stuff to get in my body." She thinks condoms are the best choice for them. Her boyfriend has wanted to use pullout instead of condoms, but she has only let him get away with using pullout rather than condoms a handful of times. She said, "I told him, 'hey, let's use condoms'. If I get pregnant, I'm in trouble, you're in trouble.' He said 'you're right, OK'. And right after we had that conversation, he didn't use a condom again. So I was mad and I told him, 'do that or… just do it.' I considered breaking up with him a little bit, if he doesn't care about it. But he apologized. He seemed he was sorry about it."

The Mostly Consistent Group

The group we called "mostly consistent" includes women with only one contraceptive slip up, women who report using contraception consistently only slightly more than 50% of the time, and everything in between. Because of this variation, it is best to think of this group as along a continuum. The group constitutes 37% (N=19) of our sample. One important thing to note is that while this group was inconsistent in contraception, with the exception of one woman one time, no one in this group ever intended to get pregnant, and their stories of times when they were inconsistently contracepting made it clear that they intended to be contracepting.

Despite substantial variation within, there are several things that distinguish this group as a whole from the others. Switching between different contraceptive methods because of side effects, and the lapses that tend to accompany that process were most common among this group. Also, compared to the "always" group they tended to use one method at a time, and forego backup methods. This, in and of itself, of course, did not lead us to count them as less than fully consistent, as we required only one method at all times to call a woman always consistent. Compared to both other groups, this middle group reports more use of Plan B as primary contraception, rather than as the backup method it is marketed to be. Relative to the "always consistent" group, there are more reports of not using contraceptives exactly as recommended, which greatly lessens their effectiveness. The most common example of this is skipping birth control pills—and skipping pills if another method such as condoms was not used at the time did lead us to classify someone out of the "always consistent" group.

Compared to the "always consistent" group, this group had proportionately more cases of male partners as *either* positive or negative influences on consistency. Women tended to go along with what the men wanted to do, revealing less efficacy in negotiating with partners in this group than in the "always consistent" group. Thus, if partners encouraged contraception, this helped, but if they didn't want to cooperate, it really cut into consistent use. Finally, there was much greater mention of alcohol and drug intoxication in the context of sexual encounters for women in this group than in the "always consistent" group. These patterns point to less efficacy overall for respondents in this group—less organization and agency. Moving toward the bottom of the continuum, we also start to observe some erroneous reasoning about one's risk of pregnancy leading to contraceptive risk taking.

Compared with the "always consistent" group, this group started their sexual careers two years earlier and had 3 more partners; their median age for first intercourse was 16, and the median number of partners was 5. As a group, presumably as a result of their less consistent contraception, they experienced many more pregnancies, abortions and births than women in the "always consistent" group. Only one woman in this group did not have any pregnancies. The great majority of these pregnancies were unintended and ended in abortion—83% of the women in this group report having at least one abortion. Half of the women in this group have children at the time of their interview.

There is more variation among this group in their educational and career goals than in the "always consistent" group. Around 60% plan to obtain at least a four-year degree, compared to 95% in the "always" group. Thirty percent are pursuing careers that do not require a four-year degree, but require some other certificate of training, such as cosmetology, or Emergency Medical Technician.

The remaining 10% report no educational or career goals, and are not sure how long they will stay in school.

The following examples illustrate common themes for this group: more switching between methods or lapses without a consistent back-up method, not using contraceptives exactly as directed, and being unassertive with male partners about contraception, often going along with what he wants to do.

Kristi, a 27 year-old black women enrolled in a cosmetology program at Laney, is an example of someone at the top of the "mostly" continuum. She does not want to have a baby right now, but would take the pregnancy to term if she were to get pregnant. She does not have any children. She has had two male partners. She got pregnant when she was transitioning between the patch and another method, and had an abortion. During the time in between methods she had wanted her boyfriend to use condoms, but he protested. Her story captures several aspects listed above as characteristics of this group—frequent switching between methods because of side effects, little use of back-up methods, and the negative influence of partners on consistency.

She got on the pill about three months before she had sexual intercourse with her first partner. She was 14 years old, and he was around her age. In addition to the pill, they also used condoms, because her partner wanted to, and "just in case something happened with my pills because I didn't really know how to take them right." She says, "yeah, we was really adamant. He was as adamant as I was because he did not want any kids, ever." She was on the pill for about nine months, but then went off because she was getting headaches, which she thought were caused by pills. About three months later, she went on the patch. In between, they used condoms. She says, "we would buy a big pack and split them down the middle—we only lived right down the street from each other."

With Kristi's second partner, still in high school, they used condoms at first and then stopped. She was also on the patch, but removed it. She got pregnant about three months into this relationship, which was serious and lasted a few years. She says, "[the patch] left a burn mark so I remember taking it off and I was supposed to be starting a different method…I was going to go with the depo shot… but I was like 'I'm kind of scared to get that' and he just didn't want to wear a condom." She says that her partner gave her a hassle about using condoms every time she brought it up. She was in love, wanted to please, and the constant conflict led her to concede some of the time. She said that he was "lazy, and that he really didn't want to get up to get it [condom]. It was like the bed is here, but his dresser is on the other side of the room, so he has to get up and go grab it… so that was always an issue because he was like 'well I don't want to get up, no lets just keep going.'" She would reply "no you have to go get it…we would argue for about ten minutes and then he would go get it because if you don't go get it we are just gonna lay here and watch TV." Sometimes, she said, "I just didn't want to go through the argument." She also thinks that he wanted to have a baby; both his older and younger brothers had one. He mentioned it once, to which she replied, "you're crazy. We're in high school. We're teenagers." When she did get pregnant, he didn't want her to have an abortion. She was prepared to have the baby too, but says her mom forced her to get a late term abortion. Since then, she has been using the shot consistently.

Jessica is a 20 year-old white Foothill student who wants to get a B.A. and work in social services. She falls in the middle of the "mostly consistent" continuum. She reports having a strong aversion to having a baby right now, but is not sure what she would do if she found out she was

pregnant. She does not have any children. Her story shows how male partners can influence consistency both positively and negatively. She also reports occasionally not being sure of what happened during an encounter because of intoxication, and thus illustrates the effect of intoxication on efficacy.

Her first three partners "just had" condoms with them, so she did not need to take any action to be consistent. The first time, she was 16 and he "just whipped it out" (the condom). This hookup was motivated by Jessica's wanting to get back at an ex-boyfriend; she was hooking up with his good friend. Her second partner was also a hookup, in this case with a friend of hers, who " just had it" (the condom). She was with her next partner for about a month. They used condoms each time, provided by him. She thinks they used one every time, "as far as I know because I was drunk a couple times…I'm pretty sure we did."

She and her current partner have been together for about three and a half years. She has had two pregnancies that ended in abortion with him. They didn't use condoms or any method besides pullout until recently. Her partner "says he doesn't like them." She told us, "Now, I make him use condoms, but then it means we have sex a lot less because he hates it. " At the beginning of the relationship, she says "I didn't really think about it." "Like with the other guys, they always had it [condoms]. And like with him, I don't think he had it, so it just happened and like I really wanted to have sex with him so I didn't think about the consequences...Like the first couple times we had sex I didn't really say anything, but then I was like, 'we should really start using condoms or something'. So he was like, 'all right, I'll just do pullout,' and I was like 'OK.' " She said okay to pullout despite her doubts about its effectiveness.

Both of Jessica's pregnancies with this current partner were unintended. With the first, she felt no ambivalence about having an abortion, although she says he wanted to have the baby at first. She was 17 at the time and said "we are so totally not going down that road right now." She was more conflicted over the second pregnancy and abortion. After her first abortion "I was like 'man I never want to have an abortion again.' I felt hella bad and I just didn't want to do it again." The second time, she didn't learn about the pregnancy until the fourth month. "Since it was so far already, I was like, damn, there's already a living thing inside of me. I was telling my boyfriend, you know, maybe we can do it. They have WIC and programs for people. But then I ended up deciding not to have it because I know I have so much that I want to do and like going to school, I probably wouldn't be able to do that. That's something that I really want to get done before I have kids."

For now, she is insisting on condoms. She says, "I should be going to my doctor to get birth control but like I did take birth control for a little bit but it made me hella fat so I don't want to take it again even though I should."

Jacinda is a 23 year-old black Laney student who wants to be a social worker after she completes her BA. She has spent time applying for TANF and other social services and feels she could be more understanding than some of the social workers she as encountered. She does not want to have a baby right now, but is not sure what she would do if she got pregnant unintentionally. She has one child and has had one abortion. She also falls in the lower to middle region of the "mostly consistent" category. Her story also illustrates the influence of male partners, lapses in hormonal contraception and some hint of erroneous reasoning and information leading to contraceptive risk taking.

Her first partner had a condom with him for their one-time encounter. Her second partner was a boyfriend who was very conscientious about contraception. They used condoms consistently, and he urged her to get the shot, which she did. He told her what he thought her best options were for contraception. "He was like, well there's the pill and you gotta take that every day and I know how you are and you're probably gonna forget, and there's the ring you put in there so he told me what my options were and I went with the shot because it was the one that required the least work." He reminded her to get another shot every three months because "it's one day out of three months, I would completely forget sometimes." They continued to use condoms after she got on the shot, but stopped after two years because she wanted to. He was still worried enough to pull out instead, which she was annoyed by. She told him, "look you wanted me to get on the shot, that is why I got on it, so either you're not gonna ruin it at the end, or we can just stick to using condoms, or I'm gonna get off the shot."

She was still on the shot when she was with her next partner, with whom she ended up having a child. They relied on the shot alone for two years. Then she lapsed and got pregnant while planning to get back on it. She thought that it would take several months for her fertility to return even though she had let her shots lapse. She says that the pregnancy "was so unplanned. It was just like I got off the shot and I knew it could happen, but I figured I had a lot of time before my body got back to normal." Her doctor told her that "it's completely up to the individual how quickly your body's hormones come back" but that she would be "very likely to get pregnant" whenever that did occur because "it's like a flood of hormones coming back into your system." They thought about using condoms instead, but neither of them "liked the feeling of it and it was just better I guess, all natural." She was "thinking about getting back on the shot", but "never got around to doing it."

She says that it wasn't that she didn't want to be on it, but that getting to the clinic was really difficult because of her work schedule, and transportation where she was living. "We were living in Martinez up by a Wal-Mart and up there there's like nothing…Its nowhere near BART. There's like minimal transportation like as far as buses coming and stuff. And then we were working a forty hour week and I had to walk a mile to and from work every day and the busses stopped running at six because of where we were and I worked from two to ten…and on weekends the buses don't run so I just could never do it."

At the same time, she says that she was ambivalent about the possibility of pregnancy. She says, "we didn't wanna have one [at that time], but we wanted kids together…We were just like if it happens, it happens cause I love you and I wanna have kids with you anyways." She did get pregnant, and they had a son. After his birth, she got pregnant again within a few months, and felt that she just couldn't handle another child. She had thought she couldn't get pregnant because she was breastfeeding. She got an abortion, which she says, "pretty much ended the relationship," because he was so upset. After the abortion, she got back on the shot and has stayed on it. She's had two casual partners since then, and used condoms with them most of the time.

Lauren is a white 23-year old white woman without any explicit career goals. She has had one abortion and says she would have another if she were to become pregnant unintentionally. She is trying to recover from a serious substance addiction and has been in and out of rehabilitation clinics. She is taking a few classes at Foothill to get back on her feet. She started taking drugs in high school, and most of her sexual experiences happened when she was drunk or high. Her story illustrates the importance of male partners on consistency, and the negative influence of substance

abuse on efficacy. She has tried a variety of methods, along with condoms and pullout. She switched methods both because of side effects and to please partners. Most of her partners used condoms that they supplied, which kept her from sliding into the "sometimes/rarely" group. She has had 15 partners, and her encounters range from the casual, to the transaction minded (with drug dealers) to serious relationships.

She reports being "out of control" during many of her sexual encounters, which occasionally resulted in some ugly situations where consent to sex was ambiguous at best. For example, with her eleventh partner, she "woke up [after being drunk] and I was having sex with him and I wasn't…attracted to this guy at all. But I kept having sex with him because I didn't want to feel like I was being violated. I wanted to feel like I was in control…and it didn't feel good. We used a condom."

She got pregnant with her thirteenth partner. She doesn't remember their first encounter, saying "I was really drunk". Although she "wasn't that attracted to him," she says "we dated for awhile because I was doing a lot of drugs and I didn't have any friends and this guy was super nice." "I remember going to Planned Parenthood with him and I got birth control [pills]." "Probably for like a month I was using it but I stopped because I couldn't remember to take it." They were using pullout, but not consistently, and she got pregnant. She "hates condoms." She says, " I was on drugs. I didn't care about my body. I didn't care about, you know, that whole thing about killing a life [abortion]." She got an abortion, and was able to quit drugs for a few months. She is still having drug problems at the time of her interview.

The Sometimes or Rarely Consistent Group

This group is also best thought of as arrayed along a continuum. About a quarter of the total sample is in this group (N=13). At one end of the continuum are women who are consistent with contraception with slightly less than half of their partners. At the opposite end are women who weren't contracepting most of the time (although all contracepted sometimes). Generally, women in this group are the poorest, and those whose lives seem the most difficult and chaotic. Several lived in foster homes sometime during their childhood. Many are in school because they are enrolled in CALWORKS, California's TANF (welfare) program, which allows going to school rather than working for a time as a "work-related activity." They mentioned have substantial experience with being drunk or on drugs during their sexual encounters.

Respondents in this group first had sex at earlier ages than women in the other groups (at a median age of 14), and it is notable that this was with partners that were typically at least three or four years older than they were. Their median number of partners was 5. Their educational and career aspirations were mixed. About half say they want to attain a four-year degree, and are consistently working toward that goal, less than in the two other groups. The other half have very vague educational or career goals.

While we have couched our research question as why women who do not want a baby now do not always contracept consistently, and with only two exceptions no one in the other two groups ever wanted to get pregnant, this group is somewhat different. There is a greater representation of women who did want to get pregnant in some of their partnerships. And while those in the "mostly consistent" group, even while being inconsistent, were usually intending to contracept as they tell is, not everyone in this group had that clear intention in all their partnerships. Some of them are

reminiscent of the poor women discussed by Edin and Kefalas (2005) for whom there wasn't much else available as a source of meaning and satisfaction in life other than having a baby. This raises the question of whether our research question is even relevant for this group—were they perhaps not contracepting simply because they were open to childbearing?

While it is clear that sometimes they were open to pregnancy, we think that most of the time, our question is still relevant because they did not wish a pregnancy. Table 1 speaks to why we believe this. While their rates are higher than those in other two groups, it was only with 15% of all their partners that women in this group reported they ever wanted to have a baby—and some of these reports regarded the indefinite future with the partner. Among women in this least consistent group, of all the pregnancies that they had, they only labeled 17% "planned," with another 17% labeled "in between planned and unplanned" and fully 65% labeled unplanned. When asked this question in a different way—whether before she got pregnant she had wanted a baby with the partner with whom they got pregnant, respondents in this group said yes about only 22% of all their partners. A third of their pregnancies were aborted. That one doesn't intend or want a pregnancy before conception does not necessarily mean that women aren't happy when it actually comes, so we asked women their reaction when they first learned of any pregnancy in their history. In only 23% of the cases did they say they were happy, although in another 23% of cases they say they were indifferent or not sure how they felt. Upon discovering more than half (55%) of the pregnancies, they were very displeased to learn they were pregnant. (All numbers in this paragraph from Table 1.) While more of this group was indifferent or not sure, and fewer displeased than the two other groups, few were happy. Moreover, it is not the case that these women contracepted pretty regularly except when they were open to having a baby. Women who wanted a child at one point tended to contracept very erratically during other times when they make clear that they didn't want a child. Thus, we believe that our research question is relevant to most of these women's sexual history.

The women in this group stand out for their low efficacy. It is not surprising that their troubled lives have led them not to believe they can control things; often they couldn't. When they look back on some situations, their memory is that they flat out "didn't care" what happened to them. They are more likely to make erroneous inferences or rely on misinformation in estimating their risk of pregnancy, and, when they do use the birth control pill, are prone to miss pills or lapse when they need a new prescription. Only one respondent in this group has not been pregnant. All but two have children. Five have had abortions.

Edie, a 28 year-old Black Laney student with three children, says she wants to be a Pediatrician, but she does not think that admission to medical school is competitive, and she does not know if the classes she is currently taking will fulfill requirements to transfer to a four year college. Given this lack of information of what is necessary to become a doctor, it is hard to imagine that she will end up a doctor. She is in school because she is enrolled in CALWORKS, California's TANF program, and thought that going to school would be a better option than taking a low wage job.

She falls on the "sometimes" end of the "sometimes or rarely consistent" continuum. Her story reflects ambivalence about pregnancy at times, low efficacy, the influence of male partners, and erroneous reasoning. When she first started having sex, she was ambivalent about getting pregnant, and rarely used contraception consistently. As she got older and decided she didn't want to have any more kids, she became more consistent. She currently does not want more kids,

although, because of her opposition to abortion, she says that she would have the baby if she were to get pregnant.

Her partner used a condom during her first sexual encounter. She was thirteen and hadn't had her first period yet. Her second partner, when she was 14, was a few years older—a "friend" who "had a lot of girls." She "never thought about" pregnancy. She says, "at the time, I was kind of like on my own, and I always liked kids, so I never thought of it as a bad thing or nothing."

She had two children with her third partner, the first born just days shy of her 16th birthday. She thinks they used condoms at first, but then stopped. She "was pretty much happy" to find out about the pregnancy. Their second baby was born almost exactly one year later. She says, " I think I kind of just knew I was going to get pregnant by then. I didn't really care at the time. I just figured I was in a stable relationship, we were going to get married so it was fine."

Before the first pregnancy, she didn't want to get pregnant, but she made a common but erroneous inference—that if she had unprotected sex for a while without getting pregnant, it meant she is infertile. She says she wasn't worried about pregnancy too much because she hadn't gotten pregnant with her second partner. "When I got with him, I think at the time I probably thought that I couldn't get pregnant…like I had been with the other guy and I didn't get pregnant, so…like at first I was like 'oh, what if I get pregnant', then you don't get pregnant for so long, you stop thinking about it…When you're 13, you think like the first time you have [sex]…like you just had sex without a condom you were going to get pregnant, like immediately and everything." When that did not happen, "I started thinking like, maybe I just can't get pregnant or whatever."

After she and her kids' father broke up, but before they got back together and had a third child, she had a pregnancy and abortion with someone she met in her neighborhood. She had not wanted to get pregnant, and had an abortion. Afterwards, she got on the shot, but let it lapse after three months. She had read the fine print on the information she got about it from the clinic that said that it might take up to eighteen months for her fertility to return, and so did not think she would get pregnant.

After she broke up for good with her kids' father, she started using other methods of contraception more consistently. With her next three partners she used condoms consistently, and transitioned between the shot and the nuva ring.

Heather is a 20 year-old white woman with one child who is studying to become a vocational nurse at Foothill. She has been in two long-term, serious relationships. She does not want another child until after she finishes school, but would probably have the baby if she were to get pregnant again because of her opposition to abortion. Her consistency with contraception puts her in the middle of this category. Her story shows low efficacy in using hormonal contraception, little future orientation, and the influence of male partners.

She used condoms and then pills with her first partner. She says they were consistent with condoms at first, but once she went on the pill, their condom use lapsed and she forgot to take them. She says, "to me the pill was a huge hassle." "Like remembering it every day, it was way too much work." When she looks back on that relationship, she says, "it was like very inconsistent." "Like we kind of just did whatever and it didn't really matter to use that much because I feel like we weren't mature enough to see the importance of not being pregnant." She stopped the pill for good when the "relationship was going downhill." "It was almost like I was mad at him, so I just decided to

stop taking it. And then I never started again." She took Plan B three times with this partner. "Like the times I would forget my pill, or we didn't use a condom, or I'd be a little extra stressed, I would use one just in case…I would always feel really sick and I really didn't like taking them."

After she and her first partner broke up, she fell in love with a man 30 years her senior. They used condoms the first few times, but "stopped within a week". They did pullout at first after stopping the condoms, but then quickly stopped that too. She says, "um, it was kind of like we were just fooling around and it would be such a mood killer, we didn't want to [use condoms]." "It was like you didn't want to wait. You just wanted to do what you wanted to do right then and not worry about it, which is a really immature way to think, but we were definitely acting like that at that point."

She got pregnant a few months into the relationship. At that point, she dropped out of school and moved in with him. The pregnancy was unintended. She says that she "just wasn't thinking about it", and was "in denial it could happen to me." They had discussed pregnancy, and he was "pretty prolife." She says, "he was like, you know if you have an abortion it'll definitely change our relationship but I'll support you if that's what you feel like you need to do." "But he's like, 'but also, if you decide to keep the baby, like I will do everything I can to make it work.'" She decided to have the baby, but the father passed away shortly after the baby was born. After her daughter's birth, she decided to get an IUD. She says that she does not want to have any more children until she has finished school and is more stable. She chose the IUD because "me and my Doctor talked about options and it just seemed the most realistic, because no hormones,[3] long term, I can take it out whenever I want." "The only thing I didn't like about it was it was kind of expensive. But it was worth it to me. A baby is more expensive than birth control."

Caroline is a 21 year-old white woman unsure of her direction at Foothill. She does not want to have a baby anytime soon, but is not sure what she would do if she became pregnant. She is toward the "rarely" end of the continuum. Her story shows how substance abuse leads to low efficacy. She reports being drunk or high during nearly all of her sexual encounters. Perhaps surprisingly, she is the only woman in the group without a pregnancy. This is most likely due to her partners' use of condoms and pullout, her off and on pill use, her relatively low number of partners compared to many women in this group (4), and a fair amount of luck. She does not remember whether contraception was used in several of her encounters—if condoms were used, or if she was on the pill or not, or taking it consistently. She started on the pill at age 15 to ease menstrual cramping.

Her first partner used condoms, and she was on the pill at that time. With her second partner, she was intoxicated when they had sex, and does not clearly remember what happened. She thinks that she told her partner to pull out and he did, and that she was on the pill. "I want to say I was [on the pill] but I'm really not sure." Although she wasn't sure about the pullout or pills, she didn't think about using Plan B. "I just rolled it off my shoulders, basically." Her next partner was a similar experience, a hook up at a party when she was drunk. A friend was worried about getting pregnant after something similar, and asked the respondent to get Plan B for her at the drugstore because "she didn't want to go in there." Although that "kinda freaked me out… I never pursued getting it [Plan B]".

[3] Some IUDs are hormonal; others are not.

With her most recent partner, she thinks she could have been on the pill, but is not sure. They never used condoms, and she is not sure about pullout. She says, "we were not careful at all. I just never really thought about that because that was the time with my addiction was really, really bad…I was just like 'whatever'."

Rachel is a 26 year-old white Foothill student who is not sure how long she will continue with school. She has two children and has had two abortions. If she got pregnant now, she would have the baby, although she is not sure she wants to have any more kids. Her story illustrates the importance of male partners and erroneous inferences.

No contraception was used during her first sexual experience. "I was very naïve and didn't really know what was going on and what was proper and what was right and what was wrong, so I was kind of going on what he was doing and what we were supposed to do. I mean I knew about condoms and stuff like that …But it didn't seem very important to me at the time… because I don't know, for some reason because [the experience] was so bad, I guess, nothing [pregnancy] could have happened."

Some of her next several partners used condoms, some did pullout. She got pregnant with one, and had the baby when she was in high school. After the birth, her next partner pulled out as well. Her following partner wanted to use condoms. She preferred pullout and convinced him to do that instead. She ended up getting pregnant and having an abortion because she did not want to have a baby with him. "Well, I just told him, 'just pull out,' you know, 'just don't go inside me.' And he was like, 'are you sure,' and I'm like 'yeah, yeah, it should be fine, I mean as long as you don't, you know, you make sure you just take it out on time,' and he was like, 'okay.'" "And he was reluctant, but I talked him into it."

She had two pregnancies with the next partner, whom she met while working at a motel. She was 17 and he was about 26. They used condoms until she wanted to have a baby. After she got pregnant, she says her mom "kind of forced the abortion on me." She still wanted a baby, so got pregnant again shortly afterward with the same partner. After her son was born, she started taking the pill. She was inconsistent with the pills, but she and the father broke up soon afterwards. They were both working different shifts, and he was not helping with the childcare or second shift at home. She wondered about why she didn't get pregnant again, given her inconsistency in taking the pills, and concluded that maybe she was infertile: "Like, I know a lot of things can happen to your body where you're not able to get pregnant as often as you used to."

She did not use anything with her next partner, with whom she didn't want a pregnancy, because she had concluded she was infertile. She never talked with a doctor about it though. "I just figured I couldn't get pregnant because it's already been so long and I haven't become pregnant again that I don't think I can become pregnant anymore. So I think that was just my idea of it."

Factors Associated with Women's Consistency in Contraception

Drawing on the narratives of the women in the three groups, which we have illustrated with examples above, we now turn to making generalizations about what factors may influence how consistently women contracept. We do this using two types of variation: between the three groups of women, and within individual women's life histories over time. In each case, we look

inductively for factors associated with either this between- or within-person variation. We organize the discussion in terms of the groups of factors we found associated with consistency of contraception and we hypothesize about their causal role.

Efficacy

We use the term efficacy to describe a respondent's level of organization and her beliefs about whether her actions make a difference in what happens in her life. By organization, we refer to a respondent's ability to follow through with her intentions, maintain routines, and her general self-discipline. The other elements of efficacy include a respondent's sense of agency—that she can affect her own future life, and is willing to "take charge" with others to further these goals. Such a sense of agency was connected to self-esteem, which leads her to feel more entitled take action on her own behalf. Generally, having higher levels of organization, and a sense of agency resulted in more consistent and effective use of contraception both between women and within single women's lives.

One way we saw lack of efficacy affect contraception was in women's reports that inebriation or drug use rendered them less able to focus on contraception, sometimes not even caring, despite not really wanting a baby. The "mostly" group had more sex under the influence of alcohol or drugs than the "always" group, and the "sometimes or rarely" group reported the most. Also, among women in the two inconsistent categories who later became more consistent, this was sometimes coincident with a cessation of heavy use alcohol or drugs.

Efficacy seemed to increase with age and the independence of adulthood. Young girls are, understandably, less able to organize the transportation necessary to get contraception. Girls who were sexually active in high school and who did not want their parents to know about often found it very difficult to get to a public clinic or Planned Parenthood via public transportation without a parent knowing about it, and sometimes they did not make it there often enough to keep a consistent prescription going. In this case, their low efficacy interacted with parental disapproval of or denial of sex, and the lack of accessible public health and transportation systems in the U.S. The result, even among those who sometimes got the pill or shot, was lapses in usage of these hormonal methods that require a prescription. The hassle factor was stronger than their drive and organization. We believe that this "hassle factor," rather than barriers of cost, is the more important access factor; if women could get to clinics regularly, they generally found very low cost methods available. (See Silverman et al. 1987 and Edin et al. 2007 who also find that the cost of contraceptives is a relatively minor barrier.)

The most important place we saw the effects of efficacy was in the distinctive sense of entitlement and assertiveness women in the "always consistent" category had regarding contraception. They took care of getting hormonal methods themselves, and/or required condom use as a condition of having sex with their partners. Often they did both with the same partner during the same period. Thus, in the case of male partners reluctant to use condoms, women's efficacy could overcome it—or lead her not to have sex with the partner, sometimes leading one or the other of them to break up. Women less organized about getting hormonal contraception were then dependent on either their own assertiveness in getting their male partners to use condoms or pullout, or the diligence of their partners in this regard. This brings us, especially for the less efficacious women, to the important subject of the role of male partners.

Insofar as making plans for the future is part of efficacy, we note that consistency of women's contraception was related to how much education they planned. Table 1 shows that 95% of those who were always consistent, 60% of those who were mostly consistent, and only 36% of those who were sometimes or rarely consistent planned at least a 4-year college degree. Of course, economists would point out that those with realistic aspirations for more education can anticipate higher wage rates, and thus their opportunity costs of having a child are higher (if a child implies a time out of employment or moving to part-time work). Opportunity costs may affect the strength of their motivation to avoid pregnancy. We agree that this is undoubtedly a factor (though our data give us little purchase on the causal direction between educational aspirations and fertility), but we do not believe that this is the whole story. This is because both of our less consistent groups were full of instances of not contracepting regularly even when the motivation not to have a child was reported as quite high. Indeed, in these two groups, women often report intending to contracept consistently but not doing so.

Male Partners—Hurting or Helping Consistent Contraception

The behaviors and attitudes of male partners are important factors in whether a young woman uses contraception consistently. We found that male partners can be both positive and negative influences on consistent contraception through their own behavior around contraception, and their attitudes about it.

Men are mostly portrayed as negative influences on consistent contraception by prior researchers (Edin & Kefalas, 2005; Anderson, 1999), and we sometimes find men in this role as well. Respondents tell stories of partners who refuse to wear condoms outright, or take condoms off during sex, or that wear the women down by protesting about how much they hate using condoms and pleading for an exception. Male partners' resistance to using contraceptives, when it occurs, is mostly limited to condoms and is about his insistence on his pleasure, convenience and desires. Interestingly, men did not seem to dislike pullout as much as condoms, although one might imagine that pulling out before ejaculation would diminish sensation more than wearing a condom. There are also a few examples of men not wanting their partners to use hormonal methods of birth control because they think it is unhealthy or unnatural, and a scattering of accounts of partners that wanted to have a baby. But place men are a negative factor relates to being difficult about condoms.

The surprising finding from our analysis is that sometimes men have a positive influence on the consistency in contraception of women who, left to her own devices, were lax about contraception. Male partners are a positive influence on consistency in a few different ways. The most common is that he is vigilant about using contraception consistently, because he has a strong desire to prevent an unwanted pregnancy from occurring, or is worried about STIs. In the context of a casual encounter, this would mean that he would have a condom with him and use it. In relationships, he might encourage his partner to use a specific method, usually the hormonal methods of the pill, patch, or shot. His encouragement is backed up with providing information, a ride to the clinic, funds, and reminding her to take pills or get new appointment. He may insist on using condoms or pullout in addition to a partner's hormonal method, because he is worried about her consistency in taking the pill. Respondents are usually pleased when their partners offer to share the burden of contraception, and see it as evidence that their partner cares about them. As such, they are often willing to go along with his suggestions. In this way, some women ended up in a higher consistency category than they would have if assessed by their own behavior, because they had the luck to have partners more helpful to contraception. Looking within individual respondents across

time, we see that for some women, it is their male partners' condom use proclivity, rather than their own behavior regarding contraception that determines if they are protected or unprotected. If their partner has a condom, the couple uses it. If another partner doesn't, the women have sex without a condom.

Side Effects, or "All birth control makes you kind of crazy"

Another striking finding of our analysis is how many women say they hate the pill or other hormonal methods because of side effects. Many women move to less effective and/or inconsistent contraception because of this. We are unable to determine whether the negative symptoms they describe really resulted from the hormonal birth control or not, but we were surprised by the commonness of such complaints and how often women quit the method entirely over them. Respondents reported the most side effects from pills and "the shot"— a Depo Provera injection. The most frequent side effects reported for pills were headaches, nausea, weight gain and emotional volatility. The most frequent side effects reported from the shot were menstrual-like bleeding, weight gain, moodiness and hair loss. (The importance of side effects is also reported by Littlejohn 2011, Edin et al. 2007, and Kaye et al. 2010.)

Respondents tend to move to use hormonal methods when they got in a relationship. If they then experienced side effects and quit the method, it meant that they were stopping a method shortly after becoming more sexually active. In practice, experiencing side effects was related to lapses in contraception for respondents who did not use a "back-up" method of contraception. If respondents tried a new method after discontinuing another, there was usually a period of at least a few weeks before it took effect where they had to rely on condoms, pullout or abstinence, but often they were sloppy on this. Usually, the fact that they were using a hormonal method in the first place meant that one or the other member of the couple—usually the man but sometimes the woman—preferred not to use condoms. The dislike for condoms made it unlikely that couples to go back to using them after discontinuing a hormonal method.

It was common for women to report wanting to "clean out their system" after experiencing side effects, which meant delaying or foregoing trying another hormonal method for an indefinite period. Experiencing side effects also leads to what we call "switching"— trying one brand of pills, then another, then another, with the idea of finding the one that works best. In practice, frequent switching between methods seems to make lapses more likely, as respondents need to wait a certain period of time in between cycles, keep up with filling new prescriptions and clinic appointments, and keep track of how long it takes for a new method to become effective.

Because of the association of side effects with switching and then lapses, or with falling back on condom use that often proved irregular, women experiencing side effects were more often in the "mostly" and "sometimes/rarely" groups than in the "always" group.

Erroneous reasoning and misinformation about pregnancy risk

A number of respondents estimate their risk of pregnancy based on faulty inferences or incorrect information about contraceptive methods. (See Kaye 2010 on this theme as well.) We see this among respondents towards the least consistent cases in the "mostly" group (those who were consistent with only a bit more than half of partners), and it is most common among the "sometimes or rarely consistent" group.

The most common type of faulty inference is when a respondent starts having unprotected sex, does not get pregnant after a few months and then interprets the lack of pregnancy as evidence that a future pregnancy is unlikely to occur. (This was also found by Edin et al. 2007, and Chandra et al. 2005 found many women who got pregnant reporting that they thought they couldn't get pregnant.) This is a faulty inference because a fecund woman will often take longer than this to get pregnant. Sometime it appears that messages intended to encourage regular contraception, for example in sex education, backfire in this regard. Women have heard that if you have unprotected sex regularly for even a short period, you are very likely to get pregnant, so when they don't they figure it is something unusual about their or their partner's medical fertility. Another respondent read that if she wanted to get pregnant after being on the shot it could take up to 18 months, so she inferred that she was safe for this amount of time without using anything.

Other times respondents had misinformation on the effectiveness of various contraceptive methods. One women thought that pullout would work better with older men than younger ones. Other women think they cannot get pregnant for some reason that would not pass muster among medical experts. They might believe they are temporarily infertile because they are taking too many drugs, for example, or that they are less likely to get pregnant because they worry about it so much.

CONCLUSION

Using qualitative interviews that asked 51 young women attending Community Colleges about their sexual and contraceptive histories, we have tried to identify factors associated with more and less consistent use of contraception. We used variation within individual women regarding situations that prompted changes into or out of contraception, as well as variation between women in how consistent they were to identify these factors. Four factors stand out in being associated with whether women contracept when they don't want a pregnancy right then. The first is **efficacy**; women who have a more planful sense of the future, are disciplined and organized about procuring contraception, are not as frequently drunk or on drugs, and are assertive with male partners about condom use are more likely to contracept consistently. Second, the motivation and diligence of **male partners** make a big difference, especially for women who aren't always consistent on their own. The issue is not just men dragging their heels about using condoms, though whether they do this, or take responsibility to show up with condoms and put them on is important. But some men help women stay on hormonal methods, providing transportation to medical appointments or pharmacies, sharing cost, and reminding the woman to take her pill. Third, many women have **side effects** that they attribute to the hormonal pills or shot, and this leads them to discontinue the method. This often leads to lapses for one of two reasons: they go unprotected for a time before switching to another hormonal method, or they abandon hormonal methods all together and intend to fall back on condom use or pullout, but often use them inconsistently. Finally, **incorrect**

inferences or information sometimes lead women to incorrectly believe that their odds of getting pregnant were very low even without contraception. The main example of this is inferring that one is sterile after having sex for a few months without getting pregnant.

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