

Cohabiting couples differ on contraceptive use by class

September 30 2014, by Sara Birmingham

Most cohabiting couples intend to delay childbirth until they're married, steadily employed and financially stable. Despite these preferences, surprise pregnancies are common, particularly among working-class men and women who struggle to plan for and access reliable contraceptives.

The qualitative analysis, drawn from interviews by Cornell and University of Indianapolis social scientists with 61 middle-class and working-class [cohabiting couples](#), sheds light on class and relationship factors that may prevent [partners](#) from having children until they are truly ready. According to the most recent estimates, about 50 percent of U.S. births are unplanned, but cohabiting women are far more likely to have [unintended pregnancies](#) than single or married women.

Published in the October issue of *Family Relations*, the paper, "'We're very careful...': The Fertility Desires and Contraceptive Behaviors of Cohabiting Couples," reports that middle-class [couples](#), characterized as college educated and in occupations that required degrees, generally talked more openly about reproductive plans and more consistently used effective contraception methods compared to working-class couples, who expressed greater ambivalence about delaying childbirth and often forgot to use or struggled to obtain contraceptives.

"Women who are on the same page as their partners regarding childbirth and who are able to communicate with partners are more efficacious contraceptors," said lead author Sharon Sassler, professor of policy analysis and management in the College of Human Ecology. "Since it is

the middle-class women who are more likely to be in this position, they are therefore in greater control of their reproductive destiny than their working-class counterparts."

Sassler added that the study is one of the few to include men's perspectives on family planning and contraceptive use.

"We find that men are often involved in ensuring contraception is regularly used – whether by reminding partners, helping them program their phone or helping to pay for a prescription that is too expensive," Sassler noted. However, such involvement was mostly by men in stronger relationships, where partners habitually discussed life, family and career goals.

The interviews also revealed complex financial factors that prevent working-class couples from delaying pregnancy, as some stated that job instability or unemployment left them without health insurance or their plans did not cover [contraceptives](#).

"Women mentioned the cost of going for a doctor's visit; paying for [birth control pills](#), which insurance once had covered but no longer did; or not being able to afford the out-of-pocket expense on insurance plans with meager coverage as barriers," said Sassler.

According to Sassler, the findings point to the need for expanded [health care coverage](#) for contraception without co-pays and increased [family planning](#) programs for young couples, including outreach to men.

"Social marketing programs can target male partners to participate in deferring pregnancy until couples are ready – relationally, emotionally and financially – to become parents," said Sassler.

Provided by Cornell University

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