

A LINE ON LIFE

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Risk Taking vs. Contraception *

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In 1983, nearly one-third of all pregnant women in the United States had abortions. These women had readily available, highly effective contraception as an option. Why would they choose not to use them and chance going through the traumatic experience of an unwanted pregnancy or an abortion?

To answer this question, sociologist, Kristen Luker analyzed the medical records of 500 women seen at an abortion clinic in northern California. She did in-depth interviews with 50 women having abortions at that clinic. From this information, she developed a theory of the social psychology of use (and non-use) of contraceptives among women.

Previously, there were two theories about unwanted pregnancies. The first – held widely by family planning agencies – is that women have unwanted pregnancies because they **lack knowledge** about – or access to – contraceptives. The second theory – from psychoanalytic sources – holds that women have inadequate contraceptive skills but fail to use them because of **internal psychological conflict**.

Luker's study did not completely support the first theory. Over half of the women had used a prescription method – usually the pill – and 86% had used some method for birth control in the past. In addition, the majority of them displayed some or considerable information when interviewed.

Clearly the women had skills they did not use, but Luker also rejected the second theory. First, she argued that the data used for the second theory was biased. Psychotherapists typically see *only* the unwanted pregnancies that lead to severe disturbances. Second, the theory ignored the enormous social influences on contraceptive behavior.

In rejecting these two theories, Luker developed a third theory. It involves "**Contraceptive risk-taking**" – based on a conscious decision-making process – much like the decision not to fasten one's seat belt when driving. According to Luker, the woman uses a **cost-benefit analysis** – although she may not view it this way. She weighs the costs and benefits of contraception in comparison to the costs and benefits of pregnancy. Assessing the probability of pregnancy – which is actually unknown to scientists – she generally decides that it is very low. If the costs of contraception are high, she begins to engage in risk-taking behavior.

There are many social-psychological costs in using contraceptives. First, she must acknowledge that she is a sexually active woman. This is difficult for many women – even now. Some contraceptive methods decrease the spontaneity of sex, and this can be a psychological cost. Second, some methods require an appointment with a physician,

which may not be available for several weeks. During that time, they may be expected to have high motivation and use abstinence. Even "drugstore" methods – foam, condoms – involve going to a store and openly indicating to the world – at least to the people in the store – that she is sexually active. Third, she may fear a negative reaction from her partner, like rejection if she asks him to use a condom. Finally there are biological-medical costs, like fears about the side-effects of the pill. The most frequent concern with the pill was unwanted weight gain.

Luker also points out some anticipated benefits of pregnancy. First, it is proof of womanhood. Pregnancy may improve her feeling of self-worth, demonstrating that she is a valuable person who can produce children. Pregnancy is proof of fertility, and some women feel a need for this proof. Two-thirds of the women interviewed said their gynecologists told them they would have trouble getting pregnant because of problems in their reproductive system. Pregnancy can also be a way of rebelling against parents or gaining independence. To add to this, pregnancy can be seen as a way to force the man to define the relationship more clearly – perhaps going from living together to marriage. Finally, the pure excitement of risk-taking itself may be fun for some – the "*Evil Kinevels*" of contraception.

Successful risk taking leads to more risk taking – until you take one risk too many.

According to Luker, the woman weighs these and other costs and benefits and often decides to take risks. Of course, the costs and benefits vary from one woman to another and at different times in a woman's life. The costs of pregnancy are far greater to a single college student than to a married woman with two children, who would rather have no more.

Risk taking – if successful – may lead to more risk taking. ("*If I got away with it once, surely I can again.*") The risk-taking cycle continues – eventually ending in an unwanted pregnancy. With the legalization and availability of abortion, the costs of failure are not as high now. With abortion as a backup for risk-taking behavior, some women leave the abortion clinic with no plans to use effective contraception in the future. For these women, risk taking begins again.

However, there is a more hopeful note. Luker argues that the more aware that women become of their decision-making process, the more effective they will become in using contraceptives. In turn, this will help them to achieve the goals they truly desire.

* Adapted from Janet Shibley Hyde's *Understanding Human Sexuality*, McGraw-Hill, 1990, pages 186-187.