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“Is that a method of birth control?” A qualitative exploration of young women’s use of withdrawal

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Women’s health; women’s sexuality; contraception; qualitative methods; health behavior and attitudes

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Abstract

Despite its ubiquity, withdrawal is understudied as a family planning method. We investigated the context of and decision-making around withdrawal use, drawing on in-depth, qualitative interviews with 38 Black and Latina women (ages 18-24). We examined contraceptive use histories to understand when and why participants used withdrawal. The majority of participants (n = 29; 76%) had used withdrawal in their lifetimes, though two-thirds of users mentioned withdrawal in their contraceptive histories only after interviewer prompts. Withdrawal was primarily used during transitions between contraceptive methods and when other methods were not desired. Relationship context was also an important factor, as many used withdrawal to increase intimacy with their partners; because they felt condoms were no longer necessary due to monogamy; or to fulfill their partners’ preferences to increase sexual pleasure. Our findings indicate that decision-making around withdrawal is embedded in situational and relational contexts. Future research should explore how healthcare providers and sex educators can engage young women in discussions of withdrawal’s benefits and constraints. A harm reduction framework, which recognizes that optimal use of withdrawal is preferable to not using a pregnancy prevention method at all, may inform the ways that withdrawal can be addressed in clinical and educational settings.

Introduction

In September 2013 an article in *New York Magazine* described the “pullout generation” – a cohort of women who have “given up on conventional birth control” and were primarily using withdrawal, or coitus interruptus, for pregnancy prevention (Friedman, 2013). Indeed, recent studies have documented the pervasiveness of withdrawal use: 60% of U.S. women have used withdrawal during their lifetimes (Daniels, Mosher, & Jones, 2013), and 33% of women aged 18-39 have used withdrawal in the last 30 days, with even higher usage (41%) among young women ages 18-24 (Jones, Lindberg, & Higgins, 2014). When used perfectly, withdrawal, or removing the penis before ejaculation, is slightly less effective than the male condom: 4% of couples using withdrawal will become pregnant within one year compared to 2% using condoms in the U.S. (Trussell, 2011). With typical use of withdrawal, it is estimated that 24% of women will become pregnant after using withdrawal for a year, compared to 18% using condoms (Trussell, 2011). “Perfect” use of withdrawal may be difficult for a host of reasons. Withdrawal requires men have somewhat precise control over and anticipation of ejaculation, as well as the wherewithal to remove the penis prior to sexual climax (Hatcher, 2011; Rogow & Horowitz, 1995). Further, there is a lack of information on withdrawal from reliable sources such as healthcare providers, leaving people to learn about the method from social network members or the media (Whittaker, Merkh, Henry-Moss, & Hock-Long, 2010). This lack of information may also contribute to the underreporting of withdrawal use in surveys of contraceptive use, as individuals may view it as a “practice” rather than a “method” and not report on its use, even when withdrawal is listed in an inventory of contraceptive methods (Jones, Fennell, Higgins, & Blanchard, 2009).

The scant existing research has shed some light on the reasons for use of withdrawal. Women often cite adverse side effects of hormonal methods and dislike of condoms (Horner et

al., 2009; Reed, England, Littlejohn, Bass, & Caudillo, 2014; Whittaker et al., 2010), as well as convenience when condoms are not available or sexual encounters are unexpected, and diminished sexual pleasure while using condoms (Daley, 2014; Fennell, 2014; Higgins et al., 2014; Jones et al., 2009; Whittaker et al., 2010). Previous research has also highlighted the important influence of relationship context on the decision to use withdrawal (Brown et al., 2011; Whittaker et al., 2010). As a couple's relationship grows more serious, the perceived risk of sexually transmitted infections (STIs) may be de-emphasized, while pregnancy prevention becomes the primary focus (Brown et al., 2011; Fennell, 2014; Whittaker et al., 2010). The desire for increased intimacy can also lead couples to stop using condoms, as some feel that they can grow closer or express commitment and their trust in each other during condomless sex (Campbell et al., 2014; Horner et al., 2009; Manlove et al., 2011).

Few studies have explored decision-making around withdrawal in depth. In this analysis, we qualitatively investigated the different factors contributing to young women's use of withdrawal, including what led women to use this method, what factors influenced their decision-making, and what they liked and disliked about the method.

Method

Participants

Data for this analysis were drawn from a study of contraceptive decision-making among young Black and Latina women in the San Francisco Bay Area. In order to be eligible for the study, individuals had to be female; be between the ages of 18 and 24; identify as Black, African American, Latina, or Hispanic; have had vaginal sex in the last three months; reside in the San Francisco Bay Area; not be pregnant or trying to become pregnant; and feel comfortable

completing an interview in English. Data were collected between April-July 2013. To recruit participants, we distributed flyers and business cards at various community colleges and agencies and posted ads on Craigslist. An incentive of \$30 was offered to study participants. The Institutional Review Board of San Francisco State University approved all study procedures.

A total of 192 women were screened, 63 met the eligibility criteria, and 38 participated in the study. The sample of our study included 19 Black and 19 Latina women (Table 1). The average participant age was 22 years ($SD = 1.88$). Forty five percent of participants were in a serious relationship, married or cohabiting with their partners. The majority of participants (76%) were employed at the time of interview. Nearly half (42%) of participants had experienced an unplanned pregnancy, and 34% were mothers. Women who were eligible but did not participate had similar demographic characteristics, including race/ethnicity, age and parity.

Procedures

After providing informed consent, participants completed a brief demographic questionnaire. In-depth, individual interviews were conducted with each participant, guided by a semi-structured interview guide. The interviews were digitally recorded, with a mean interview length of 81 minutes (range: 46-136 minutes). During the interview, each participant provided an in-depth history of their contraceptive use, answering open-ended questions about when, why and how they chose to use each method they had ever used; if they had discussed method use with others (friends, family, partners); what they liked and/or disliked about each method used; and the decision-making process in which they engaged to choose that method and, where applicable, to discontinue use. Probes were used to investigate participants' views on underreported topics, including withdrawal and to deepen understanding of important influences

on contraceptive decision-making. If participants did not disclose withdrawal use in their contraceptive histories, interviewers explicitly asked whether they had ever used the method. Interviewers referred to the method as withdrawal or “pulling out,” depending on the participants’ understanding of the terms.

Data analysis

Interviews were professionally transcribed verbatim. Transcripts were reviewed in conjunction with audio recordings in order to check for errors. A thematic analytic approach was used to identify common themes and codes, and interpret the data (Patton, 2001). A codebook was created based on recurring themes and the interview topics. The study authors coded the transcripts using Dedoose, a web-based application for qualitative and mixed methods data analysis. Coded data were examined to elucidate how and why women made the decision to use withdrawal. Additionally, in-depth exploration of the transcripts where withdrawal was reported occurred in order to better understand the context of use and whether participants discussed withdrawal spontaneously or after interviewer prompts. Based on the iterative data analysis, themes were identified, as described in the following section. For the purposes of this analysis, results are not presented by race/ethnicity, as there were few differences in the findings between Black and Latina women.

Results

The majority (n = 29; 76%) of young women participating in the study had used withdrawal during their lifetimes, while 12 had used it within the past six months. Seven women described using withdrawal consistently as a method of birth control at some point during their lives. As in previous studies, participants largely underreported withdrawal when asked to

describe their contraceptive use history. Only 10 women spontaneously mentioned withdrawal while recalling all methods of birth control they had ever used. The other 19 withdrawal users had to be prompted by the interviewer, even after completing a brief survey that provided a comprehensive list of methods, including withdrawal. Underreporting of withdrawal use appeared to be tied to the idea that withdrawal is not a form of contraception, as reflected in one participant's question: "Is that a method of birth control?"

Only four women had used withdrawal simultaneously with another method: two of whom used withdrawal with birth control pills, another with birth control pills and condoms, and another with the hormonal vaginal ring. Reasons for simultaneous use of withdrawal and other methods included participants' strong desire to avoid pregnancy and dislike of condoms. One participant also described feeling discomfort when her partner ejaculated inside of her, saying, "Sometimes, depending on what [he] eats, I get like allergic to it." This led her to use withdrawal in addition to birth control pills. Similarly, other participants who used only withdrawal noted a preference for pulling out because it was less "messy" than when their partners ejaculated inside of them. These participants indicated that even though they preferred withdrawal to not pulling out, they would ultimately rather use a condom; one participant said they were "easier to dispose of."

Not only did the women in our study not identify withdrawal as a method of contraception, the majority also viewed it as ineffective and described using it with shame and regret; the most common response for what participants disliked about withdrawal was the "anxiety" that went along with using the method and "not knowing if it was going to work." When asked if she had spoken to anybody about her choice to use withdrawal over other methods, one participant said she had not because she felt that withdrawal was a "very

disapproved method.” Another participant explained how her friends were “really against it” and told her she “shouldn’t be doing that.” This idea that withdrawal use reflected poor decision-making was captured by one participant’s description of herself as being “young” and “careless” when she used withdrawal. A few participants were also concerned about their partner’s ability to withdraw on time. When asked if withdrawal was something easy to do, one participant said, “It depends on the person... some people get too into it and just don’t want to [pull out].”

Another participant noted at times being uncertain if her partner pulled out “correctly,” leading her to use emergency contraception. These negative views and experiences didn’t stop participants from using withdrawal but did lead them to feel embarrassed or nervous about their decision to do so; one woman compared it to “playing with fire.” However, two participants did note liking withdrawal because it “helps prevent pregnancy.”

Nearly all participants who had used withdrawal noted increased sexual pleasure compared to sex with a condom, a finding consistent with other studies (Fennell, 2014; Higgins & Wang, 2015). Of all the withdrawal users in our study, only two participants said they did not experience increased pleasure when using withdrawal compared to a condom. One participant described her experience using withdrawal, “I thought it felt way better. I got more aroused without using it and more lubrication was down there...without the condom, so we just kept doing [it] that way.” Another participant also described liking the feeling of not using a condom: “It feels better. Maybe just because you’re like in this like intense moment...you know that you’re actually like touching each other, and there’s not something in between you.” Because she was in a long-distance relationship and did not see her partner often, she felt withdrawal was sufficient for pregnancy prevention and a hormonal method was unnecessary.

Although the majority of study participants had used withdrawal during their lifetimes, it is notable that most used it intermittently, and only seven had ever used it consistently as their main form of contraception. All withdrawal users used it primarily during transitions between contraceptive methods, as an alternative to condoms and hormonal methods, or when they entered into committed relationships.

Withdrawal use during contraceptive transitions

Fourteen women described using withdrawal during contraceptive gaps, particularly when in transition to new methods. When these women discontinued a method, withdrawal was used for pregnancy protection while they decided upon a new method. One participant described how she started using withdrawal when her partner's condoms kept breaking, noting, "We just wouldn't use a condom." This participant was adamant about her desire to never have children and did not foresee a future with her boyfriend at the time. She later started using oral contraceptives. For many participants, initiating a more effective method of contraception was something they planned to do but "had not gotten around to" yet, as some needed time to decide on a new method. Another participant described using withdrawal during a break from her hormonal method, in which she would let her body "breathe" and "have normal periods" for a few months. This participant was in school and did not desire a pregnancy; she used withdrawal as her form of contraception until she restarted her method.

For seven women, the negative effects of hormonal contraception led them to discontinue certain methods and to use withdrawal in the interim. Common complaints included decreased libido, weight gain, headaches, and changes to the menstrual cycle. When asked why she didn't like hormonal contraception, one woman stated, "Cuz they can change your hormones and so

anything – everything feels different, so it can change anything in your life.” She explained how she felt “tired” and “aggravated” while taking the pill, stating that “it was too much.” Some women discontinued their methods because of concerns about the long-term effects of hormones. This was captured by a participant’s description of injectable contraception as “a quick little shot” with “a lot of consequences,” and belief that it “will probably [cause] cancer in a couple years.” The desire for non-hormonal contraception left women with few options: condoms, withdrawal and the copper IUD. Because of the discomfort caused by condoms and the invasiveness of the IUD, some women preferred to rely on withdrawal until they could decide on a new method.

Sensitivities to condoms were also a factor that led women to use withdrawal. Four women spoke about the discomfort caused by condoms, noting that they were “rough, rubbery and painful.” When asked what she liked or disliked about condoms, one woman replied, “It’s not comfortable, like it gets dry, and it hurts; it’s kind of painful, so I don’t really like them to be honest. That’s why I would use more withdrawal.” Not all women who disliked condoms reported using withdrawal consistently, but most used it while considering other forms of birth control.

The relational context of withdrawal use

Shifting from using condoms to withdrawal signified increased intimacy and trust for women and their partners, particularly since condoms were often connected to casual sex. One participant described sex with her serious partner: “We actually have like meaningful sex, not just like hook up one night and stuff...I prefer to like have that intimacy feeling, whereas like with condoms...I don’t get that same feeling.” Another participant described using withdrawal

with someone she trusted, noting, “If it was like a one-night stand, I wouldn’t use the pullout method.”

Male partners also played an important role in the decision to use withdrawal. Three women in our study explained withdrawal use occurring at the behest of male partners primarily seeking to increase their own pleasure. In these instances, women left the decision to pull out up to their partners. When asked when she would use withdrawal versus a condom, one participant simply replied, “It was up to him.” Another participant said, “I mean, it’s basically him, like if he doesn’t feel like wearing a condom and doing all that ... I know I’m not gonna argue with him.”

For two participants, the decision to use withdrawal was not a mutual one. In these situations, male partners decided to use withdrawal, and participants indicated they would not have chosen this method themselves. One woman in our study described the way she and her partner began using withdrawal: “...it’s always a man, like they don’t want to put on a condom. And he didn’t put one on... I was like, ‘Oh shit, you didn’t put on a condom?’ He was like, ‘No.’ That’s...how he started pulling out.” When later asked if she would have opted to use withdrawal, she replied, “No, I mean it wasn’t my decision because, I mean, he didn’t give me the choice to make that decision.” Another participant described feeling “lied to” after her partner told her he was wearing a condom, but she later became pregnant. She and her partner would alternate between using condoms and withdrawal: “I would always tell him like you know, to pull out or whatever. He would tell me that he had a condom on; he would be lying and stuff like that.” She went on to describe her partner as a “sneaky person” who manipulated and abused her. She described the pregnancy as unintentional from her perspective but noted that her partner told her he had gotten her pregnant on purpose. In this situation, where pregnancy desires

were not aligned, and communication about contraceptive method choice was not always explicit, withdrawal was not an effective strategy for pregnancy prevention.

Pressure to use withdrawal was connected to facets of relationships, including trust and communication. One participant described a situation in which she felt pressured to use withdrawal: “He was just like, ‘Well, you’re the first person I kinda did that with...you look like you can be trusted.’ And I was like, ‘Uh okay’...Like at this point, if I say anything, that’s gonna discredit me. I was like, it’s gonna make me seem like I can’t be trusted, so I’m just gonna say okay.” This participant felt like asking to use a condom would make her seem untrustworthy, noting that she would also feel suspicious if her partner wanted to use a condom. She often found it difficult to communicate with this partner, stating that “one minute he’s sweet, and next minute he’s just like, whatever.” Relationships dynamics and male partners were an important part of the decision-making process around withdrawal use for most participants, and these influences played out in both implicit and explicit ways.

Discussion

Our study adds to the small knowledge base on decision-making around the use of withdrawal and provides new information that can inform future research and programmatic efforts in the U.S. While recent research has described the extent to which withdrawal is used in the U.S. (Daniels et al., 2013; Dude, Neustadt, Martins, & Gilliam, 2013; Jones et al., 2014), this paper adds to existing literature by describing the context in which young women use withdrawal, including when, why and how they use this method.

As one of the first investigations of decision-making around the use of withdrawal, our analysis highlights the significance of relationship context to the decision-making process around

withdrawal. Although scant literature has noted the importance of relationship status to contraceptive use and unintended pregnancy (Carter, Kraft, Hock-Long, & Hatfield-Timajchy, 2013; Grady, Klepinger, Billy, & Cubbins, 2010; VanderDrift, Agnew, Harvey, & Warren, 2013), family planning programs in the U.S. have largely focused on the individual (Dehlendorf, Rodriguez, Levy, Borrero, & Steinauer, 2010; Frost, Singh, & Finer, 2007). The ways that relationship dynamics, such as commitment, trust and intimacy, and gendered scripts played out in our participants' intimate and sexual relationships underscores the complexity of contraceptive decision-making that current programmatic efforts frequently do not address. Participants described the trust in their partner that was requisite for withdrawal use, suggesting the need for communication and trust between women and their partners in order to use withdrawal effectively. It is also important to note that, for some women, the decision to use withdrawal was made by their male partners and did not align with their own contraceptive desires. These findings are consistent with literature highlighting the realities of women who may not have agency over their contraceptive decision-making (Clark, Allen, Goyal, Raker, & Gottlieb, 2014; Miller et al., 2014; Nikolajski et al., 2015).

Additionally, our findings highlight the need to consider the use of withdrawal in the context of women's broader patterns of contraceptive use. Women in our study utilized withdrawal after they discontinued hormonal method use due to side effects and condom use for pleasure-related reasons. Nationally, perceived side effects are a primary reason why women discontinue use of contraceptive methods (Moreau, Cleland, & Trussell, 2007). A 2007 study found that 15% of women (ages 15-44) reported gaps in contraception use when they were sexually active, and nearly a quarter had reported switching to another method during the past year (Frost et al., 2007). Our findings highlight the need to better understand contraceptive

transitions, both broadly and in the context of withdrawal use, and the need to develop contraceptive counseling approaches that are centered on women's preferences to help them find a method they are less likely to discontinue (Dehlendorf, Krajewski, & Borrero, 2014; Gomez & Clark, 2014).

Two thirds of our participants who had used withdrawal only included this method as part of their contraceptive histories after interviewer prompts. Our participants, like those of other studies, rarely thought of withdrawal or "pulling out" as a "real" method (Jones et al., 2009). When individuals do not consider withdrawal to be a legitimate contraceptive option, even when included in a list of methods, many may not report use unless specifically asked about it, or report only on their more effective methods (Higgins et al., 2014; Jones et al., 2009). Additionally, many of our participants described their use of withdrawal with embarrassment and remorse; such stigma may reduce disclosure of withdrawal use in health care settings and surveys. Family planning providers and researchers can benefit from directly asking about withdrawal use to capture the extent and context of use.

These results have implications for the measurement of withdrawal. Jones et al. (2014) found that young women in dating relationships were more likely to report multiple method use in the last 30 days. The authors suggested that women in less committed relationships might be more motivated to avoid pregnancy; hence, they may "double up" and use withdrawal in conjunction with another method. Our finding that women used withdrawal during transitions between methods is an additional reason why withdrawal may be reported in the same time period as other methods and highlights the need to specifically ask about *simultaneous* use of methods. Improved measurement is critical not only for fully capturing use of withdrawal but also to understand when and why women simultaneously use withdrawal with another method.

Even if not optimally measured, it is clear that many U.S. women use withdrawal during their lifetimes (Daniels et al., 2013; Dude et al., 2013; Jones et al., 2014). The lack of information about withdrawal from reliable sources likely creates situations where withdrawal is used less effectively than possible. Further, failure to discuss withdrawal also creates stigma, as evidenced by the feelings of shame and embarrassment expressed by a number of participants. While healthcare providers and sex education professionals may be reticent to discuss withdrawal due to its low efficacy compared to hormonal methods and for fear of promoting use, the reality that many do use this method indicates that a reframing of withdrawal is imperative. Interventions that promote access to condoms and contraceptives may potentially reduce withdrawal use. However, the reasons that our participants used withdrawal were largely related to sexual pleasure, dislike of other methods, and relationship and gender dynamics. If withdrawal is used primarily as a response to situational, contextual or relational factors that current policy and programmatic efforts are not expected to impact, it is even more critical that young people are provided scientifically accurate information about withdrawal.

In light of these findings, a harm reduction framework offers important guidance for programs that aim to address withdrawal (Naisteter & Sitron, 2010). Harm reduction approaches are rooted in pragmatism and accept that certain behaviors will be impossible to prevent, with the intent of alleviating the potential harm that can result from a behavior rather than trying to stop the behavior altogether (Marlatt, 1996; Riley et al., 1999). Despite the effectiveness of this approach in HIV prevention interventions for intravenous drug users, few sexual and reproductive programs have applied a harm reduction perspective (Naisteter & Sitron, 2010; Ritter & Cameron, 2006). In a harm reduction model, family planning providers would highlight the benefits and constraints of withdrawal to increase successful use of the method, as well as

lower overall use of withdrawal due to increasing accurate knowledge about the method. Providing resources so that withdrawal can be used more effectively can contribute to lowered risk of unintended pregnancy, and using withdrawal is preferable to not using any pregnancy prevention method at all (Jones et al., 2009).

There are limitations to this study that should be noted. Though qualitative research does not aim to make generalizable conclusions, the experiences of the young Black and Latina women in the urban and suburban San Francisco Bay Area may differ from those of women from other racial/ethnic groups or in other regions of the country. Additionally, our study included only women and does not capture men's experiences with withdrawal use, a critical perspective for understanding this male-dependent method. The women in our study were between the ages of 18 and 24; therefore, our results do not capture the various reasons younger and older women may use withdrawal. Because withdrawal was not the main focus of our study, participants were only interviewed in detail about the method if they had ever used it. Therefore, our findings are based on users of withdrawal and not on others' views on the method. While this study offers insights into the context of withdrawal use, inclusion of men is critical for future research, particularly given the importance of gender roles and relationship context and the potential for reproductive coercion revealed in the analysis.

Conclusion

Though withdrawal has been and continues to be a commonly used family planning method in the U.S., there is a dearth of research that explores the complexity of decision-making around its use (Daniels et al., 2013; Dude et al., 2013; Jones et al., 2014; Wrigley, 1969). In order for withdrawal to be used effectively for pregnancy prevention, women and men should be

informed on the method and be able to communicate with each other about their decision to use it (Hatcher, 2011). Future research should investigate the role of sex education and healthcare providers in promoting optimal use of withdrawal; address important contextual influences on decision-making, such as relationship status and contraceptive use patterns; and include perspectives from men. Additionally, these findings have implications for the provision of contraceptive care, especially considering qualitative research using recordings of family planning visits to investigate patient-provider interactions and styles of contraceptive counseling. Dehlendorf et al (2014) found that young women more often received a foreclosed approach to counseling, where providers discussed methods that patients brought up but did not engage in discussions of alternative methods, contraceptive preferences, or important contextual influences on contraceptive decision-making. When important influences on contraceptive decision-making are de-emphasized, young adults may use withdrawal as an alternative, potentially use it less effectively without accurate information, and not disclose use to their providers. The context of contraceptive decision-making – for all methods, including withdrawal – is a crucial area of inquiry that can yield data to inform programs and healthcare provision that best supports young people in meeting their family planning needs.

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Table 1. Demographic Characteristics

Characteristic	N	%
Race/Ethnicity		
Latina	19	50.0
Black	19	50.0
Relationship status		
In a serious relationship	23	60.5
In a casual relationship	14	36.8
Single	1	2.6
Educational attainment		
High school or less	7	18.4
Some college	21	55.3
Bachelor's degree	7	18.4
Other	3	7.9
Employed	29	76.3
Ever experienced an unintended pregnancy	16	42.1
Parenting	13	34.2