Power in College Students' Contraceptive Decisions

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Excluding Hollerbach (1980), previous fertility researchers have paid little attention to contraceptive power bases, relationships that become the source of changes in birth control values and behavior. Eight contraceptive power bases, each evaluated as a direct or obvious strategy, were identified in a pilot study involving 25 college students as participants and 10 undergraduate raters. Two-hundred college students completed a questionnaire which included the Bem Sex Role Inventory, inquired into their sexual and contraceptive behavior, and asked about contraceptive power bases. There were highly significant main effects for both students' personal experiences with contraceptive power bases and for their opinions about the comfort and effectiveness of same. Coercion was the most popular and legitimate power was the least popular power base. Women were more likely than men to be the targets of contraceptive power bases, the majority of which were stereotyped as feminine by women in particular. Sex role identification was unrelated to students' experiences with contraceptive power bases. The implications of these findings for family-planning researchers and practitioners are addressed.

KEY WORDS: power; contraceptive decisions; sex-role identification; sex role stereotypes; coercion.

INTRODUCTION

Most birth control studies have concentrated on cognitive, personality, demographic, and situational variables related to sexual and contraceptive behavior (Beck and Davies, 1987; Milan and Kilmann, 1987). Like the
decision to have sex, however, the choice of whether or not to use contraceptives is rarely made in an interpersonal vacuum. Rather, the dynamics characterizing interactions between sexual partners and their relationships with significant others and social institutions may be more critical to fertility and contraceptive decisions than individual differences.

Power is the potential to change someone else's behavior or values (Raven, 1965). Social psychologists, and Raven in particular, have identified several power bases or unique ways of influencing a target (French and Raven, 1959; Hollerbach, 1980; Raven, 1965). Contraceptive decisions are made because of the effective use of power by an individual, group, or institution. Previous investigators have studied who exercises power over contraceptive decisions but have failed to examine how power is used. For example, it is well established that health care professionals, sex educators, and the mass media play a major role in influencing young persons to use contraception (Milan and Kilmann, 1987). In addition, several studies suggest that peers, friends, and potential sexual partners, exert greater influence over the young person's sexual and contraceptive behavior than parents. Unfortunately, two important questions are left unanswered. How do outsiders and significant others get a young person to use contraception? Which power bases or qualities within the relationship between an influencing agent and target are most and least successful in altering contraceptive behavior?

Inspired by Hollerbach's (1980) theoretical framework for linking contraceptive and fertility outcomes to the exercise of social power, we designed a study to answer how young persons are influenced to use contraceptives. We compared data collected in a pilot study with French and Raven's (1959) description of six general ways of producing change in a target person and McCormick's (1979) delineation of 10 strategies for influencing a sexual partner. These comparisons enabled us to identify eight contraceptive power bases or unique ways of persuading someone to use birth control. Our pilot study examined the extent that each contraceptive power base was direct or indirect, characteristics that comprised an important, underlying dimension of 13 power bases examined in Falbo and Peplau's (1980) multidimensional scaling research.

Data from the pilot study enabled us to create a forced-choice questionnaire which asked college students to describe their experiences with each of the eight contraceptive power bases. Definitions and examples of each contraceptive power base are provided in the Methods section.