

Black & White, or Only Shades of Gray? Exploring the Influence of Consumer Ambivalence on Female Contraceptive Choice and Usage

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EXTENDED ABSTRACT

Good healthcare and effective health education are major issues today for most governments and healthcare organizations. One of the biggest challenges for health education is to raise world-wide contraception prevalence rates in order to improve female health and welfare. To this end, sex-education in schools was expected to alleviate the problem of teenage pregnancies rampant in many developed countries on one hand and control the population growth in developing countries on the other (Erramilli et al. 2005). However, the results have been mixed so far.

Interestingly, the introduction of comprehensive sex education in American schools has coincided with an increase in teenage sex among girls from 29% in 1975 to 55% in 1990, increase in multiple partners from 14% in 1971 to 34% in 1988 and a 23% increase in teen pregnancies and deliveries from 1972 to 1990 (Hymowitz 2003). These problems have been attributed partly to the continued ambivalence about chastity, childbearing and working, with the American teens both liberated (sexually active) and yet not liberated enough (low contraceptive usage) at the same time (Gress-Wright 1993). In contrast, teenage pregnancy rates in Europe range from 0.4% in Netherlands to about 2% (90,000) in UK (Hollander 2004; Short 2004). In Asia, sex-education is largely information-based, focusing mainly on human reproduction and anatomy with little discussion about specific sexual practices (Smith et al. 2003).

Prior research shows that inconsistent contraceptive usage by females is an important direct cause of contraceptive failure leading to unwanted pregnancies and considerable physical and psychological discomfort (Fisher et al. 2005; Layte et al. 2007). Various factors are associated with the propensity to take contraceptive risks including an abortion history, dissatisfaction with current contraceptive method, low education, ambivalence towards getting pregnant, and a history of contraceptive risk taking (Snell and Wooldridge 2001). However, the issue of ambivalence towards different contraceptive methods has not been addressed adequately.

Recently there is an upsurge of interest in ambivalence in social psychology area (Nordgren et al. 2006). Ambivalence reflects the co-existence of positive and negative evaluations of an attitude object, and it is a different construct from 'indifference' or 'dissonance' (Nowlis et al. 2002). Prior research draws distinction between cognitive and affective ambivalence as well as psychological, social and cultural antecedents of ambivalence (Otnes et al. 1997). Empirical findings about the ability of ambivalent attitudes to predict behavior are mixed with some showing these attitudes as weaker and less predictive of behavior (Conner et al. 2003), and less resistant to persuasion (Armitage and Conner 2000). Others have found ambivalent attitudes to be more predictive of behavioral intentions (Jonas et al. 1997).

In this paper, we investigate the impact of ambivalence towards different contraceptive methods with female consumers in Singapore. We first review the extant literature in sex education, contraception, and ambivalence to develop a conceptual framework and several hypotheses about the influence of ambivalence on contraceptive usage behavior. Next we describe the findings from our qualitative study consisting of in-depth interviews with influencers such as doctors, nurses and male partners, and focus group discussion with female consumers, followed by a discussion of the results from a large scale survey-based study (N=1000).

Our results show that female consumers in general have ambivalent attitudes towards different contraceptive methods resulting in their inconsistent usage despite the risk of unwanted pregnancies. However, the influence of these ambivalent attitudes on the choice and usage of different contraceptive methods is moderated by the importance given to the opinion of different influencers. Specifically, female consumers have mixed attitude towards oral contraceptive pills because they are perceived to be highly effective but also potentially harmful in the long run because of their use of hormones. In contrast, withdrawal and rhythm are seen as less reliable but more natural contraceptive methods. Interestingly, condoms are the most popular contraceptive method because of their convenience but they are considered a hindrance to sexual pleasure.

Our results show that users of oral contraceptive pills continue to use them if they attached high importance to the opinions of their gynecologist. In contrast, females with mixed attitudes towards the relatively unsafe contraceptive methods such as withdrawal or rhythm methods continue to use these if they attach high importance to the opinion of their male partners. Finally, condoms seem to be most popular but their usage is still quite low because of the male partners' unwillingness to compromise on sexual pleasure. These findings provide valuable insights into the underlying reasons for inconsistent usage of contraceptives among females, which may have dire consequences for the physical and psychological health of female consumers. We discuss several implications of these findings for healthcare and consumer organizations. Finally, we discuss some limitations of our research and suggest some directions for future research.

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