

Title: Using Cognitive Dissonance Theory to Examine Fears and Contraceptive Non-Use During Premarital Sex in Cebu Young Adults

Authors: Subasri Narasimhan, Sonny Agustin Bechayda, Josephine Avila, and Jessica Gipson

Background

Metro Cebu is a rapidly growing area of the Philippines in the Central Visayas region experiencing a multitude of cultural and social changes in the last decade. Rapid urbanization has led to an increase in premarital sexual activities and a liberalization of young people's sexual morays. However, the country is still considered traditionally Catholic and larger societal norms continue to stigmatize both premarital sex and pregnancy outside of marriage or cohabitating union.

Prior work using the Cebu Longitudinal Health and Nutrition Survey has been done on the tempo, timing, and duration of young people's emotional relationships as well as factors motivating entry into romantic partnerships. However, none have looked in-depth at reactions to sexual experiences, focusing on first sex, by men and women (Upadhyay, Hindin and Gultiano, 2006; Gipson et al., 2012). This qualitative study examines the context in which premarital sex is occurring and identifies factors at the individual, partnership, and contextual levels that may hasten or postpone sex among young men and women. In addition, it attempts to apply Leon Festinger's Theory of Cognitive Dissonance (1966) as a plausible framework to explain choices related to sex and contraceptive use.

Methods

This work is the second phase of a larger study conducted by Gipson et al. (2013). The Systematic Anomalous Case Analyses (SACA) identified four groups of "anomalous cases" from quantitative models predicting time to first sex and number of living children using data from the Cebu Longitudinal Health and Nutrition Survey, an intergenerational and longitudinal study conducted in the Philippines (Gipson et al., 2014; Adair and Popkin, 2001; Pearce, 2002). These groups were: 1) young adults whose sexual debut occurred earlier than the model predicted, 2) young adults whose sexual debut occurred later than the model predicted, 3) young adults who had less than predicted fertility, and 4) young adults who had more than the predicted fertility. Respondents with values approximately two or more standard deviations above mean zero were considered anomalous cases.

Eight respondents (four male and four female) were randomly selected from each group of anomalous cases for in-depth interviews. For each model, we also randomly sampled eight normative respondents (four male and four female) whose residual values were approximately zero. These normative respondents were interviewed in order to better understand cases in which the models were highly predictive of age at first sex and fertility. In total 48 in-depth interviews were conducted with 24 male and 24 female respondents from August 2013 to January 2014.

A field guide was developed to explore in greater detail components of young adults' lives that would: 1) complement previous quantitative survey questions including educational aspirations, perceptions regarding religion's influence, and sexual and contraceptive decision-making and 2) to explore aspects of young adult lives that were not explored previously in quantitative surveys (e.g., engagement in same-sex and opposite-sex behaviors, etc.).

Analysis

All interviews were audio recorded, transcribed, and translated from Cebuano to English. Transcripts

were imported into QSR NVivo software (2010) for initial analysis and coding. A coding scheme was developed using an iterative method and based on review of interview transcripts. Initially, two researchers independently coded a set of the same transcripts to ensure coding consistency and to make any needed changes to the coding scheme. Each coder coded a set of transcripts independently, as well as a set of transcripts that were double-coded as a means of checking coding consistency. The transcripts are being analyzed using a constant comparative method in which dominant themes are identified across transcripts, coding sorts are constructed by compiling similar pieces of narrative according to these dominant themes, and memos are created to explore the range and exceptions to these themes (Glaser, 1965).

Results

Preliminary analysis revealed respondents' reactions to premarital sex was negative. The few people who described their sexual experience as pleasurable or exciting also described anxieties about the consequences of sexual intercourse. For most respondents, their first sex was described as impulsive and worrisome. Respondent anxieties fell into two categories: relationship dissolution and unintended pregnancy. Men and women described anxieties differently.

Anxiety about relationship dissolution

A primary anxiety faced by women was a fear of relationship dissolution post premarital sex. As one female respondent concisely explained,

I was afraid that after we did it, he would leave me.

After we had sex, she cried because she was afraid that I might leave her. She was afraid that I would leave her after she gave up her virginity to me. –Male IDI Respondent

In many accounts, the person that gave up their virginity also gave up some of their power to control the trajectory of the relationship. Virginity was described in many interviews as a defining characteristic impacting the power dynamic in the sexual act for the couple. If both respondents were virgins when they had sex, both worried about relationship dissolution. In other couples in which one partner was sexually inexperienced, that partner expressed greater fear about relationship dissolution. More women than men worried about relationship dissolution due to loss of virginity.

Anxiety about unintended pregnancy

The vast majority of respondents of both genders described pregnancy outside of a formal union as a primary fear during sex.

In my first sex I felt uncomfortable because I was nervous. Even if I was having sex it's still risky, I'm afraid I might get her pregnant. -Male IDI Respondent

Females often worried about pregnancy due to the stigma or gossip unintended pregnancy brings. In several interviews the concept of "responsibility" was described. A child born where the man did not take part in legitimizing the birth or a union was considered a shame on her reputation and family.

Oh no, I might get pregnant. That was what I thought at that time. My parents will really scold me because they worry when I keep on just bumming around. They are worried that I might get pregnant without anyone taking the responsibility. -Female IDI Respondent

Men discussed unintended pregnancy from the cultural role of the “bread-winner”. They often cited how an unintended pregnancy would throw their economic prospects off track barring them from finishing school or securing a job.

I had mixed emotions at that time. I felt nervous because she might get pregnant. I was still very young that time, I had no job and I was not able to finish my studies because I stopped. She was also young because she was still in school that’s why I was scared. –Male IDI Respondent

Men often cited the idea of fatalism or “God’s will” as a reason to take responsibility. They saw the possibility of pregnancy as an unavoidable consequence of having sex.

When I was about to ejaculate inside her already, I also felt anxious about the possible results of our having sex, like she might get pregnant. Fortunately she did not get pregnant. It’s a scary thought. At that time, we were just doing it no matter what the result, I just thought it was God’s will whatever would happen after. –Male IDI Respondent

Reputation management strategies in premarital first sex

Women also described anxiety around shaming their families and ruining their reputations if someone found out about their premarital sex. Women often cited familial disapproval as a reason to run away from home or to leave their home.

I felt embarrassed towards my mother. I thought what face could I show my mother that I went with a guy. I might be scolded...and I was really scolded.

In addition, community gossip played a prominent role in women’s fears about premarital sex.

Respondent: *I was so apprehensive. But he went with me carrying the washed clothes (laughs)*

People were already talking about us...

Interviewer: *Talking?*

Respondent: *Yes they were talking...you know in the barrio people are very observant. They said why is it that the guy is carrying the washed clothes of the girl? There was some talk about maybe we would already be getting married.*

In cases where the premarital sex was unwanted or respondent was forced, women still worried about their reputation. As one female respondent recalled,

After some time when we were together and kissing each other, that’s when he requested it because his groins were painful. I would not have consented but he forced me. I was scared of my parents. The scolding will be unbearable.

Contraceptive use patterns

These anxieties, however, were not a deterrent to engaging in sex. In addition, no respondent discussed forethought of using contraception methods. The majority of those interviewed said they did not use any contraception during first sex. Some men described not having knowledge regarding contraception at the time of their first sexual experience:

Because it was both our first time, we were not aware of contraception. -Male
IDI Respondent

I didn't know how to use birth control methods before because I have not experienced it yet.
-Male IDI Respondent

The spontaneity of the first sexual experience was also associated with confusion and complacency that contributed to the non-use of contraceptives.

Respondent: *It just happened suddenly, we did not practice any birth control; we did not plan it to happen. We did not use any control method.*

Interviewer: *You did not use contraception?*

Respondent: *No because we were still young. We were confused about this thing, confused.*

We did not use anything. We were too complacent. -Female IDI
Respondent

In the few cases where the couple did try to prevent pregnancy, withdrawal was mentioned. The use of birth control at first sex, as well as the method used, appeared to be affected by the knowledge and experience of the man or the perception of the woman's number of sexual partners. It is also important to note that only a few respondents worried about contracting HIV or other STIs, and despite their worries, none used a barrier method at first-sex.

Women described contraception as something they contemplated or learned about after becoming pregnant or entering into a union.

In the rare cases that a woman was exposed to contraceptive knowledge prior to sex, she often described it as unnecessary or something she was not interested in learning about at the time. For example, one female respondent describes an exchange with her family members:

My cousins told me that they used condoms or pills so that they won't get pregnant. I just told them I cannot relate with what you are talking about because I haven't even seen those things. (laughs). I just told them that time will come when I can already relate to what you are talking about.

Discussion and Conclusion

Preliminary results show that most respondents focused on the negative reactions to their premarital sex. There is widespread anxiety about possible pregnancy and its consequences on relationships and reputation are present in both genders and are strongly influenced by traditional gender norms. A recent Young Adult Fertility and Sexuality Study (Cruz, Kabamalan, and Cruz, 2014), a nationally representative study, conducted in the region underscored these findings indicating a rapid increase in unintended pregnancies in the region and a lack of contraceptive knowledge among all Filipino youth.

Despite the widespread understanding of risk of sex, young Filipinos are doing very little to protect themselves from unintended pregnancy and almost none think of STIs or HIV in their decision-making. Some even cite the inevitability of pregnancy due to "God's will" as an indication that events

cannot be planned for.

The timing of first sex presents a crucial intervention area for policy makers and public health interventionists, trying to bridge the gap between understanding risks and being empowered to prevent them.

By PAA 2015, I will further analyze these data to contextualize contraceptive use and non-use, to describe how sexual and contraceptive decision-making at first sex is affected by gender norms and ideals. In addition, I will add the framework of Cognitive Dissonance theory to explain contraceptive use patterns in the face of anxiety around unintended pregnancy and relationship dissolution.

References

- Adair, L.S., Popkin B.M. (2001). The Cebu Longitudinal Health and Nutrition Survey: History and Major Contributions of the Project. *Philippine Quarterly of Culture and Society*, 29, 5-37.
- Cruz, G.T., Kabamalan, M.M., & Cruz, J. (2014). Risk Behavior in the Central Visayas Region. Demographic Research and Development Foundation. Results presented at Regional Dissemination Meeting, Cebu City, Philippines.
- Gipson, J. D., Gultiano, S. A., Avila, J. L., & Hindin, M. J. (2012). Old ideals and new realities: the changing context of young people's partnerships in Cebu, Philippines. *Culture, health & sexuality*, 14(6), 613-627.
- Gipson, J.D., Hicks, A.L., Narasimhan, S., & Gultiano, S. (2014, May) Using Systematic Anomalous Case Analysis to Inform Theories of Fertility: A Case Study from Cebu, Philippines. Paper presented at the Population Association of American Annual Meeting, Boston, MA.
- Gipson J.D., Hicks A.L., and Gultiano SA. (2014) Gendered differences in the predictors of sexual initiation among young adults in Cebu, Philippines. *Journal of Adolescent Health*, 54(5), 599-605.
- Glaser, B. G. (1965). The constant comparative method of qualitative analysis. *Social problems*, 436-445.
- Pearce L.D. (2002). Integrating Survey and Ethnographic Methods for Systematic Anomalous Case Analysis. *Sociological Methodology*, 3, 103-32.
- Upadhyay, U. D., Hindin, M. J., & Gultiano, S. (2006). Before first sex: Gender differences in emotional relationships and physical behaviors among adolescents in the Philippines. *International family planning perspectives*, 110-119.