

## OVERCOMING THE ODDS: POSITIVE DEVIANCE AND CONTRACEPTIVE USE IN AFRICA



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**Introduction:** Modern contraception use is important for improving women's sexual and reproductive health; modern contraception use can increase women's autonomy to make decisions about their fertility, while also improving maternal and child health with options for longer birth spaces and reduced parity. However, high unmet need for modern contraception in Sub-Saharan Africa warrants new understandings of the drivers of modern contraceptive use. Previous research has examined community effects in modern contraception use; however, it may not be simply community characteristics that shape modern contraceptive use, but also how an individual deviates from community norms and expectations.

**Population Sample:** Data are from Demographic and Health Surveys in 29 Sub-Saharan African countries.

**Methods:** Separate identical random-effects logistic regression models were fit to examine the relationships between modern contraceptive use and positive and negative deviance on three domains: socioeconomic characteristics, gender and fertility norms, and health knowledge and media exposure. Deviance was based on statistical deviance and examined women who were above or below the averages for their community.

**Results:** Results suggest that deviance in all three domains is associated with modern contraceptive use even when controlling for individual and community-level variables; however, relationships between deviance and modern contraceptive use varied by country. In many cases, relationships between positive and negative deviance and modern contraception occurred in both directions, increasing modern contraception use in some countries, while decreasing it in others. However, for some deviance variables (especially gender and fertility norm variables), the direction of the relationship with modern contraception was consistent across countries.

**Conclusions:** Findings highlight the importance of using context-specific innovative deviance approaches for understanding modern contraceptive use. When understood within country-specific contexts, these experiences of deviance can provide insight into additional programmatic needs and can inform interventions that aim to increase the use of modern contraception.

**Keywords:** modern contraception, Sub-Saharan Africa, positive deviance

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## CONSENSUAL SEXUAL NONMONOGAMY, EXTRADYADIC SEX, AND RELATIONSHIP SATISFACTION



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In sexually monogamous relationships (SMR), sociosexuality, or the predisposition to engage in extradyadic casual sex, is negatively associated with relationship outcomes. However, mutually consenting to sexually non-MR (SNMR) does not hinder relationship outcomes. Recent research has extended these findings to the phenomenon of online extradyadic sexual behavior. The aim of this study was to examine whether this sexual agreement moderates the association between sociosexuality and relationship satisfaction in a sample of romantically involved heterosexuals registered on a dating Web site directed at other romantically involved heterosexuals—Second Love. A sample of 329 Portuguese heterosexuals (66% men) aged 18–68 ( $M = 41.47$ ,  $SD = 10.19$ ) completed a web survey. A bootstrapped moderation analysis showed the expected negative association between sociosexuality and satisfaction,  $b = -0.18$ ,  $p = 0.013$ . However, this was moderated by sexual agreement,  $b = 1.12$ ,  $p < 0.001$ . While individuals in SMR showed the negative association,  $b_{\text{women}} = -0.46$ ,  $p < 0.001$ ,  $b_{\text{men}} = -0.67$ ,  $p < 0.001$ , for those in SNMR the association between unrestricted sociosexuality and satisfaction was positive,  $b_{\text{women}} = 0.63$ ,  $p = 0.002$ ,  $b_{\text{men}} = 0.46$ ,  $p = 0.006$ . Gender did not moderate these results. The current study suggests that dating Web sites for romantically involved heterosexuals are not necessarily negative for

relationship outcomes as long as there is a consensual agreement for sexual non-monogamy. This adds to the growing body of literature examining online sexual behavior and sexual infidelity. Also, implications for sexual health and risky sexual behaviours are suggested.

**Keywords:** sexual nonmonogamy, extradyadic sex, relationship satisfaction

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## SEEKING CARE, SEEKING CONTROL: MIXED METHODS EXPLORATION OF STI CARE-SEEKING BEHAVIOUR



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**Introduction and purpose:** Care-seeking research often focuses on healthcare attendance, overlooking help-seeking to non-medical settings and the reasons individuals choose not to attend services. I explore population patterns integrated with lived experiences of help-seeking strategies for STI symptoms, focussing on non-attendance at sexual health clinics.

**Population Sample:** A probability sample of 15,162 men and women recruited from the British general population for the third National Survey of Sexual Attitudes & Lifestyles (Natsal-3) included 1403 women and men aged 16–44 who reported recent STI symptom experience; 16 women and 11 men who reported recent symptoms and never attending a sexual health clinic in Natsal-3 were, followed up.

**Methods:** This is an explanatory-sequential mixed methods study using survey and semi-structured interview data. I conducted complex survey analyses to estimate the prevalence of non-attendance in the past year and to determine service preferences. Interpretative Phenomenological Analysis was used to examine lived experiences and meanings of help-seeking.

**Findings:** In the past year 85.9% of women (95% CI 83.7–87.9) and 87.6% of men (95% CI 82.3–91.5) reported not attending a sexual health clinic. Primary care was the preferred choice for STI care (women 58.5% (95% CI 55.2–61.6); men 54.3% (95% CI 47.1–61.3)). Interviews elucidated four main help-seeking responses to experiencing symptoms: not seeking healthcare, seeking information to self-diagnose and self-treat, seeking care at non-specialist services, seeking care at sexual health clinics. Collectively, responses suggested individuals sought control over their bodies and prioritised emotional reassurance over accessing medical expertise. Integrating survey and interview data highlighted the issue of delayed attendance.

**Conclusion and recommendations:** Understanding individual experiences of help-seeking contextualised within population patterns highlights the importance of broad STI service provision and integrated sexual health services to reduce unmet need. Further exploration of socio-cultural factors influencing care-seeking are needed.

**Keywords:** help-seeking, non-attendance behaviour, mixed methods

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## SEXUAL COERCION IN DATING VIOLENCE AMONG STUDENTS IN ISRAEL



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**Introduction & Objectives:** Dating violence, which includes the use of physical, sexual, and psychological aggression, has a significant impact on students' physical and mental health. Given the importance of this stage in life, in which youngsters shape their relationship patterns, and in light of the possibility that manifestations of violence might become an established part of future behavior – the present study explored personal and interpersonal risk factors for the occurrence of sexual coercion in dating violence.

**Methods:** Data were collected from 1,037 unmarried students ( $M_{\text{age}}=25.13$ ,  $SD=2.94$ ) in Israel. Most of them (78%) were in a relationship that lasted more than six months, and 68% were girls. Students' self-reported information was based on two main questionnaires: 1) CTS2 (Straus, Hamby, Boney-McCoy, & Sugarman, 1996) that examined the prevalence and frequency of actions intended to force the partner to have sexual intercourse against his/her will. 2) PRP multidimensional questionnaire