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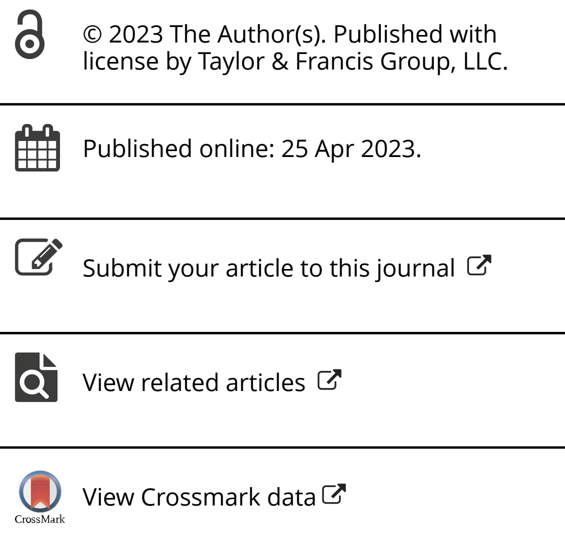

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"I Just Wasn't Thinking": Strategic Ambiguity and Women's Accounts of Unprotected Sex

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ABSTRACT
Heterosexual university students continue to endorse sexual scripts that preference men's desire and sustain gendered power imbalances in sexual relationships and encounters, leading women to risk pregnancy by engaging in unprotected sex. Because young women also endorse norms encouraging them to protect themselves and their partners from unintended pregnancy, women are caught in a bind between two often competing norms. We conducted semi-structured individual interviews with university women (*n* = 45) to examine how they navigate these competing norms. We found that women explained risky contraceptive decisions by saying they "just weren't thinking," thus employing strategic ambiguity, or vague language used to maintain social status, to navigate between competing norms. Our findings suggest that women were actually thinking about risks and making calculated decisions in the moment which often privileged men, putting themselves at risk and sometimes causing distress. To save face, women presented the idea that they "just weren't thinking" in different ways that conformed to traditional notions of romance and sexuality: being in the moment, love and trust for their partner, and deferring to the perceived or actual wishes of men. We conclude that there is a need to promote and achieve affirmative sexuality which includes women feeling empowered to express their own sexual needs – whether that be consent or refusal, contraception, pleasure, or all of these.

Privileged young people in the United States such as those attending university – both women and men – are expected to delay starting a family to focus on educational attainment and career-oriented goals (Arnett, 2014; Rosenfeld, 2007), which Hamilton and Armstrong (2009) called the self-development imperative. To sustain or advance their socio-economic position, college women should therefore avoid unintended or unwanted pregnancy until they are ready to parent, and this should occur after they have finished college and started their career. Indeed, according to Higgins and Hirsch (2008), socially advantaged people "viewed contraception as essential to take full advantage of the perceived educational and professional opportunities afforded to them" (p. 1810). In response, college women who believe they are capable of becoming pregnant and engage in vaginal-penile sex with men frequently report using hormonal contraception methods to protect themselves (and their partners) from unintended or unwanted pregnancy (Blunt-Vinti et al., 2018; Huber & Ersek, 2009; James-Hawkins, 2015a, 2019; Sennott & James-Hawkins, 2022).

Strategic ambiguity has been defined as "an interactional strategy to maintain social status by using vague language or rhetoric" (Currier, 2013, p. 722). Currier (2013) applied strategic ambiguity to college students' use of the word "hookup," arguing that the inherent ambiguity of the term allows women in particular to talk about their sexual experiences without specifying exactly what sexual behaviors they engaged in, thereby avoiding negative gendered labels such as "slut." Here we argue that strategic ambiguity can be applied to contraceptive risk-taking through women's use of the phrase "I just wasn't thinking" (James-Hawkins, 2015b). In line with Accounts Theory (Scott & Lyman, 1968), we argue that women claim they "just weren't thinking" as an excuse[1] for engaging in behavior that they know may put them at risk for unwanted or unintended pregnancy. In reality, myriad factors influence the extent that condoms (and other contraceptive methods) were used during these sexual encounters, including power dynamics inherent in gendered sexual scripts and intimate relationships (East et al., 2011; Pulerwitz et al., 2002). However, women rationalized risky behavior to navigate the tension they experienced between being a good sexual partner and protecting themselves (and their partner) from pregnancy, in line with the self-development imperative (Hamilton & Armstrong, 2009). Women drew on culturally embedded scripts that romanticized getting caught up in the moment due to sexual or romantic passion and intimate love for one's partner (Hefner & Wilson, 2013). Relying on traditional romantic

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[1]Accounts Theory was developed to explain how people who engage in behavior inconsistent with social norms explain or make sense of their behavior. Scott and Lyman (1968) argued that when people are confronted with violating social norms, they offer "excuses" or "justifications" to rationalize their behavior so that it aligns with social expectations. We argue that during interviews women used strategic ambiguity by offering the claim "I just wasn't thinking" to "excuse" that they had engaged in condomless sex because they perceived such behavior to be socially deviant given that they ascribed to the self-development imperative.

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and sexual scripts allowed women to navigate the embedded power inherent in contraceptive negation and pregnancy prevention that preferences men's desires over women's (Tolman, 2012).

Background

Gender and sexual scripts persist in the context of heterosexual sexual relationships, positioning men as sexually assertive initiators and women as more sexually passive gatekeepers (Jozkowski & Satinsky, 2013; Klein et al., 2019; Thompson & Byers, 2021; Wiederman, 2015). These roles are magnified among heterosexual college students where endorsement of traditional sexual scripts and gender roles is common and power imbalances are sustained through sexual double standards that restrict women's sexuality and promote a more assertive sexuality for men (Endendijk et al., 2020; Farvid et al., 2017; James-Hawkins, 2019; Jozkowski et al., 2017; Jozkowski & Peterson, 2013; Kettrey, 2016; Kuperberg & Allison, 2018). Indeed, young women are socialized to believe that they should remain chaste and limit their number of sexual partners to avoid negative social repercussions (e.g., being labeled slutty) while male aggression, dominance, and promiscuity are considered normative (Fasula et al., 2014; Hlavka, 2014; James-Hawkins, 2019). These dynamics encourage women to accept men's control in sexual encounters (Fasula et al., 2014; Hlavka, 2014; James-Hawkins, 2019; Tolman et al., 2003). Such control may not always be overtly exercised by men, but implicitly felt and thus ascribed to by women and men (Sennott & James-Hawkins, 2022). For instance, women may ascribe to sexual scripts that suggest women should defer to men's wishes for when, where, and how to have sex (James-Hawkins, 2019). As a result, women's experiences of sexual pleasure may be subjugated to privilege men's desires and pleasure (Opperman et al., 2014; Sennott & James-Hawkins, 2022). Further, these scripts may be reinforced by cultural images of romantic and sexual ideals portrayed in media (Hefner & Wilson, 2013). Consequently, young women often talk about desire in relation to the needs of their male partners, subverting their own needs (Armstrong et al., 2012, 2010; Sennott & James-Hawkins, 2022; Tolman, 2012), whether they be pleasure, orgasm (Armstrong et al., 2012; Willis et al., 2018), and even safety from sexual violence (Burkett & Hamilton, 2012; Hlavka, 2014; Righi et al., 2021) or risk of experiencing unwanted pregnancy (Higgins & Hirsch, 2007). This dynamic perpetuates the secondary role that women are supposed to embody in the context of heterosexual sex and situates men's sexuality and sexual needs as more important.

As an example of how men's sexual needs are considered primary, in the United States, preventing pregnancy in heterosexual relationships is typically conceptualized as women's responsibility (James-Hawkins et al., 2019). Although this can be perceived as a distinctly agentic action, such responsibility places an extra burden on women while allowing men to benefit from women's "fertility work" (Dalessandro et al., 2019; Kimport, 2018) without having to commit meaningful labor to the cause. Indeed, women are expected to take on both the physical burden of contraception (i.e., experiencing side effects associated with a method) as well as the mental and emotional work that is required to think about and navigate preventing pregnancy (James-Hawkins, 2015a; Kimport, 2018) to protect both themselves and their partners. Condom use is a method that men can engage with more directly, but power dynamics in relationships seem to influence use, with women feeling as though they cannot consistently initiate use (East et al., 2011; Pulerwitz et al., 2002; Woolf & Maisto, 2008).

Hormonal contraceptive use inherently places full responsibility on women to contracept (James-Hawkins et al., 2019). Although the biotechnological landscape of available contraceptive methods provides justification for why a disproportionate burden is placed on women (i.e., nearly all highly effective methods are used by people with female bodies), there are still ways men can share the burden such as initiating condom use. Unfortunately, college men often assume that pregnancy prevention is taken care of by women, relying on women's desire to avoid pregnancy, rather than be explicitly involved in pregnancy prevention (Brown, 2015; Dalessandro et al., 2019; James-Hawkins et al., 2019). Women may internalize this expectation and take up the responsibility to protect themselves and their partners from experiencing unintended pregnancy (James-Hawkins, 2015a, 2015b; Sennott & James-Hawkins, 2022). Additionally, women are at greater risk of experiencing negative social repercussions if they fail to achieve the social expectation of pregnancy prevention responsibility and therefore should be highly motivated to comply with this norm (Sennott & James-Hawkins, 2022). Indeed, because sexual double standards reinforce notions that women should remain chaste in their sexuality, experiencing an unintended pregnancy would be an obvious indicator that a woman has violated this norm; she may therefore experience negative social repercussions (e.g., being labeled a slut) for not remaining chaste as well as not being a responsible contraceptive user (James-Hawkins, 2015a, 2019). Alternatively, not only do sexual double standards allow men more permissiveness when it comes to their sexuality, because the responsibility of pregnancy falls on women, men can escape social repercussions for engaging in sexual intercourse without contraception by not having the results – pregnancy – be directly tethered to their bodies (Dalessandro et al., 2019; James-Hawkins et al., 2019).

Research has shown that college age men rely on women to prevent pregnancy, and that they generally will not use condoms unless specifically asked to by their female partners (Dalessandro et al., 2019; James-Hawkins et al., 2019). At the same time, college women report not initiating or negotiating condom use for a variety of reasons, including gender power dynamics, feeling as though mentioning condom use will imply a lack of trust in the relationship, and believing condoms are unnecessary in the context of a romantic relationship (East et al., 2011; Mullinax et al., 2017). Thus, when women are imperfect contraceptive users – sometimes experiencing partial or complete misuse of a hormonal contraception method (Sennott & James-Hawkins, 2022), they often feel that they have failed in their gendered responsibility to protect themselves and their partners from an unintended pregnancy

(Fennell, 2011; Frisco, 2008; Sennott & James-Hawkins, 2022). To avoid explicating this perceived failure, however inadvertent it was, women may consciously decide not to request that their male partner use a barrier method like a male condom because they do not want their partner to know they did not live up to this socially constructed responsibility for pregnancy prevention (Curtin et al., 2011; East et al., 2011; Sennott & James-Hawkins, 2022). Taken together, these elements can lead women to experience great difficulty ensuring safe sex because to do so, they would have to both admit to their own "failure" to live up to this perceived cultural expectation that they contracept responsibly (Fennell, 2011) by requesting or demanding their partner use a condom, as well as challenge male control and dominance in sexual interactions (James-Hawkins, 2019).

Women may also not feel empowered to demand their male partner use a condom because they may fear repercussions from their partner such as him getting angry, terminating the sexual encounter, or terminating the relationship (Pulerwitz et al., 2002; Sennott & James-Hawkins, 2022). Developmentally, young women feel compelled to fit in with their peers and may risk discomfort and safety to maintain these social bonds, often without even realizing the effort they put into maintaining their own safety – both physically and emotionally (Dutcher & McClelland, 2019). This may be especially true for college women who sometimes believe their self-image and reputation are tied to their proximity to men. That is, college women may feel compelled to be romantically or sexually partnered and sustain these partnerships because partnered women are perceived as holding more social status or capital than women who have not attracted the attention of men (Armstrong & Hamilton, 2013). And college women, in particular, may ascribe to cultural messages that urge them to prioritize love and romantic relationships (Hefner & Wilson, 2013). As such, women may engage in less desirable behaviors at the explicit or implicit request of their male partners (Sennott & James-Hawkins, 2022). One such example may be women's engagement in condomless vaginal-penile intercourse to appease their partners who have either stated that they prefer not to use condoms or whom women *perceive* would prefer not to use condoms (James-Hawkins, 2015b; Sennott & James-Hawkins, 2022). Indeed, Higgins and Hirsch (2007) noted that women were more inclined than men to indicate that their partners' sexual enjoyment influenced their own pleasure and contraceptive use decisions. But, because women are also expected to be responsible for contraception, engaging in sex without a condom when they have partial, incomplete, or nonuse of another method violates this other set of gender norms – that they be responsible contraceptive users. So, how do women reconcile these competing interests?

Current Study

Accounts Theory (Scott & Lyman, 1968) can be used to explain how women navigate tensions between sexual scripts that say they should defer to men's wishes for when, where, and how to have sex, and their ascribed responsibility for contraceptive use and pregnancy prevention. Accounts are "statement(s) made by a social actor to explain unanticipated or untoward behavior" (Scott & Lyman, 1968, p. 46). Accounts can be used as a way to avoid censure from others and to bolster the self (Gonzales et al., 1990) and are typically situated in response to specific norms (Rhodes & Cusick, 2002; Roche et al., 2005) – in this case, the competing norms of female responsibility for contraceptive use as well as the norm that men's sexuality is privileged over women's. When violations of social norms occur, people want to either *excuse* behavior they know is inappropriate while disclaiming full responsibility for their actions, or they want to *justify* engaging in the behavior by arguing that they are not, in fact, violating any norms (Gonzales et al., 1990; Swidler, 2013).

In this study, we explored how women accounted for contraceptive risk-taking within a cultural environment that expects them to adhere both to gendered sexual scripts that dictate passivity in sexual encounters with men, while simultaneously requiring that they act agentically in using contraceptives to protect themselves and their male partners from an unwanted pregnancy. We argue that women use strategic ambiguity to reconcile the competing interests of maintaining the self-development imperative by being a "good contraceptive user" while also *excusing* their prioritization of men's sexuality and desires in the context of their sexual interactions.

Method

Participants and Procedure

Semi-structured in-person interviews were conducted with undergraduate women (n = 45) on the campus of a large, state university in the western United States. Each participant was compensated $30.00 USD for their time, and interviews ranged from 45 minutes to two hours long depending on the responsiveness of the participant to interview questions. Interviews were conducted by a white woman in her mid-40s. Each interview was audio recorded and professionally transcribed by a third party and deidentified. This study was approved by the IRB at the university at which the research was conducted.

Participants were drawn primarily from the four-year state university's undergraduate population; however, one person from a nearby community college heard about the study and was also included. Participants were recruited via flyers around campus as well as through announcements and flyers in various classes. Announcements were also placed in an electronic student bulletin. Interested women voluntarily contacted the researcher to request inclusion in the study and were administered screening questions upon contact to make sure they met the criteria for the study. To meet inclusion criteria, participants had to be between the ages of 18–24, currently sexually active, not currently pregnant, self-reported as not medically or voluntarily sterile (i.e., they believed they had the potential to be pregnant) and had to have reported taking a contraceptive risk at least once when pregnancy was not desired. Contraceptive risk was defined by the women interviewed and their perceptions of risk varied from engaging in vaginal-penile sex without the use of any contraceptive method, including condoms, to having vaginal-penile sex while using only one form of pregnancy prevention.

Table 1. Summary characteristics of women interviewed (N = 45).

Age		**Home Residence Type**	
18	10	Urban	12
19	13	Urban/Suburban	1
20	10	Suburban	26
21	7	Suburban/Rural	2
22+	5	Rural	4
Race/Ethnicity		**Self-Reported SES**	
White	34	Working Class	4
Latina	5	Lower Middle Class	6
Asian	4	Middle Class	13
Black	1	Upper Middle Class	18
Other	1	Upper Class	4
Major Area of Study		**Partner/Marital Status**	
Art/Humanities	7	Single	27
Business	8	Exclusively Dating	15
Hard Sciences	7	Living with Partner	2
Social Sciences	18	Married	0
Undecided	5	Divorced	1
Year in School			
Freshman	10		
Sophomore	20		
Junior	8		
Senior	7		

However, women most commonly identified risk as existing when they had missed taking their birth control pills for one or more days and did not use a condom in subsequent sexual interactions, or when they used withdrawal as their primary or only method of pregnancy prevention. Women also had to have had sex with a man within the year prior to the study. Although they were not required to identify as heterosexual, all women interviewed reported a heterosexual orientation.

Each participant was assigned a pseudonym, and the names of any individuals, institutions, and places referenced by the interviewee were also changed during the deidentification process. Consent was obtained from each participant prior to the interview. In addition, each participant filled out a short demographic survey, linked to them by an interview number, which provided information on their demographic characteristics and sexual history (See Table 1 for summary characteristics and Appendix A for a detailed table of characteristics by participant name).

Data Analysis

The interview guide included questions to address meanings behind commonly stated reasons for contraceptive risk-taking as well as to explore women's ideas regarding different social norms and gender contexts they experienced in adolescence and emerging adulthood (See Appendix B for interview guide). The primary purpose of the interview was to explore women's reasons for taking contraceptive risks. This was done through obtaining a full sexual history in which women were asked to describe their sexual relationships, both casual and romantic, from the time at which they became sexually active (i.e., first engaged in vaginal-penile sex) and the type of contraceptives used with different partners, as well as detailed information about times at which they self-determined a contraceptive risk was taken. As the average age of the participants was 19.7 years old and most did not become sexually active until their late teens, almost all women were able to describe their sexual experiences with all of their previous partners in detail. Participants were specifically asked to explain their thought process for those encounters in which they felt they had risked pregnancy as they progressed through their sexual histories. The first author conducted the initial analysis independently as part of their PhD dissertation. However, analyses presented here were done in consultation with the second author who engaged with the data to validate themes originally identified by the first author. All themes were then discussed between the two authors over several months during the final analysis process.

A qualitative descriptive design (QDD; Merriam, 2014) was used, which is a combination of inductive and deductive thematic analysis (Fereday & Muir-Cochrane, 2008). Using a QDD allows for new themes to emerge, consistent with grounded theory (Glaser & Strauss, 1967), while also allowing for use of an existing frame to guide initial analysis. First, broad initial themes related to risk taking were identified from the existing literature and were coded accordingly. Second, additional broad themes that arose from stories told by the participants describing their relationships, sexual encounters, and contraceptive use were identified and coded. Third, subthemes within all broad themes previously identified were identified and coded. Themes presented in this paper crosscut all or almost all of the experiences the women being interviewed described. Memoing was used to capture themes in the data and also to interrogate the analyst's own thoughts and perspectives from her social location as a middle-class white woman, older than the women interviewed.

The analysis compared and evaluated associated codes to explore both depth and nuance in women's descriptions of their contraceptive use in sexual encounters, and their descriptions of contraceptive risk-taking. Constant comparison was used to assist in identifying common themes across interviews (Charmaz, 2014). The framework was validated by frequently returning to data to confirm that the themes and concepts emerging were supported by the data, and through consultation between the first and second authors. Negative cases were also examined.

Results

We found that women employed *strategic ambiguity* when asked to explain their reasons for risking pregnancy. The main themes identified which led to women's use of strategic ambiguity included (1) being in the moment, (2) love and trust for their partner, and (3) deferring to the desires of men. Below, we first explain strategic ambiguity, and we then explore the underlying reasons women gave for its use according to each theme.

Strategic Ambiguity

When directly asked about their sexual risk-taking behavior, most women employed strategic ambiguity to explain contraceptive risk-taking – at times women seemed to be providing this explanation to excuse their behavior to themselves, and at times to the interviewer. For example, Allison used strategic ambiguity in describing why she had sex without a condom with a casual sexual partner. When first describing an

encounter in which she didn't use a condom Allison said, "I don't know [why we didn't use a condom]. I don't know. Kind of just happened." However, throughout her interview Allison repeatedly discussed how she rationalized risk-taking. For example, she talked about the fact that she was taking birth control pills, though she was sometimes inconsistent in doing so, and that she knew her partner had only had one previous partner, so her STI risk was relatively low, suggesting that she had engaged in a risk assessment process that led her to believe she would likely not become pregnant if she had sex without a condom.

Stephanie also told a story that relied on the narrative of "it just happened." She said, "We were crawling into bed for the night, and it [sex] just happened." Jessica expressed similar sentiments to those expressed by Stephanie and Allison, when she said that she and her partner engaged in sex without much thought about the risk, "when we did [have sex without a condom], we didn't plan on, 'okay we'll have sex without a condom this time.' It would just happen, I guess." Similar to Allison, Jessica and Stephanie described a risk assessment (i.e., use of another method, knowledge of a partner's sexual history) they considered when preparing to engage in a sexual intercourse without condoms and how those considerations eased their decision to forego condom use. However, when directly asked what they were thinking when they engaged in condomless sex, women accounted for their behavior by claiming they were carried away by their sexual experiences in line with cultural notions of sexual passion and romantic love, thereby excusing their risk-taking. For these women, and indeed most of the women in the sample, the ambiguity of saying that sex "just happened" when directly asked suggested that they had not made an agentic decision. Their accounts allowed them to excuse their risk-taking behavior by aligning that behavior with romantic scripts which supported their violation of norms associated with women being responsible for pregnancy prevention, thus both admitting to a violation of norms, while also suggesting they were not accountable for that violation. However, it was clear from their sexual histories that women in our sample were, in fact, thinking and contemplating the risks of sex – sometimes before they began having sex, sometimes while sex was happening, and almost always afterward when they then had to consider the risk they had taken.

One of the primary drivers behind women's need to use strategic ambiguity to explain having had risky sex stemmed from their strong feeling that pregnancy prevention was primarily their responsibility. Madison said, "It's my body, my responsibility, really, whether I'm protecting myself or not." Most of the other women interviewed also felt strongly that the burden of preventing pregnancy was on women and underlying this was a general sense that men simply don't worry about the possibility of pregnancy and so women had to do so. Erin said,

> I just feel like guys are less concerned [about contraception] because they are not the person who has to have the baby and they don't have to go through the abortion, they don't have to deal with the side effects of pregnancy and they don't have to give birth to a baby—they are not the person that's suffering any consequences of being pregnant that may have been unplanned or unwanted.

Overall, most of the women interviewed did not think men were concerned about pregnancy and that men instead relied on women to have that worry and to act on it. Haley put it simply, "Men are kind of clueless [about pregnancy prevention]." It is this sense of responsibility for pregnancy prevention being the woman's alone that motivated women's need to use strategic ambiguity to excuse risk-taking behavior. While women did not want to frame themselves as being irresponsible, taking unnecessary chances, or violating middle-class social norms which dictate that they complete college and pursue a professional career prior to pregnancy, they were also motivated in myriad ways to take risks.

The most common risk behavior was lack of consistency in use of their chosen contraceptive method, which they excused via strategic ambiguity and the "just not thinking" narrative. Lauren talked about a time when she missed taking her birth control pills several days in a row,

> I didn't even think about the fact that I had missed three pills until [after my boyfriend and I had sex]. Like I was aware of it. I was like, 'wow', because it was at night, and I take my birth control at night. And so, I had mentally been aware that I hadn't taken it. But in my mind, it wasn't a risk. I was just like – I mean how many times have we had sex? And as far as pregnancy I guess I am just way too dependent that I am not in that percent that's in the bad chance that if I missed a pill or something . . . It won't happen to me. I'm not that percent that would get pregnant on the pill.

Even though Lauren employed strategic ambiguity and excused her risk-taking by stating that she "didn't even think" about missing her pills for several days, she simultaneously contradicted that statement by saying that she was aware she had missed several pills, and had considered the risk of pregnancy, though she ultimately decided the likelihood of pregnancy was low. Overall, women's desire to alleviate worry about pregnancy, and the accompanying guilty feelings they experienced when they had unprotected or risky sex, led them to work to convince themselves that they were not at risk of pregnancy. For the women interviewed, as long as they made some attempt to prevent pregnancy usually via using condoms or taking birth control pills – even if inconsistently – then they were going to be able to avoid pregnancy. Women then used strategic ambiguity to both excuse and explain to themselves and others why they took the risk in the first place. Three specific strategically ambiguous narratives, (1) in the moment, (2) love and trust, and (3) the desires of men were most commonly used by women as they worked to excuse their risk taking while recounting their sexual experiences.

In the Moment

Cultural ideals of being swept away by sex were predominant in women's explanations of risk-taking behavior. Anna put it this way when talking about repeated risk-taking that occurred in a relationship with an ex-boyfriend, "This is my only reasoning, because I guess I just wouldn't really think about it. Like in that moment I wouldn't be worried about getting pregnant." Victoria felt similarly to Anna, when talking about a relationship in which she engaged in repeated risk-taking, saying, "It was just in the heat of the moment [condoms never crossed my mind]." For Anna and Victoria, the narrative

of not thinking provided an excuse for repeated risk of pregnancy during past relationships.

Courtney talked more generally about her thought process when it came to sex, and said that sex simply pushed thoughts of consequences out of her mind, "Before sex you are just typically thinking about the sex . . . I think the sex outweighs that other thought of getting pregnant." Kaitlin suggested that being carried away by sex led to women in general discounting pregnancy risk, "When people are sexually turned on, I think all reason kind of sometimes goes out the window . . . I think it just happens because people get wrapped up in the moment and don't think that [pregnancy] could happen to them." However, despite their protestations to the contrary, these women, and many of the other women interviewed did report thinking about the possible consequences of risky sex multiple times across their accounts. The thought process they engaged in is clear in Kaitlin's statement that women "don't think that it could happen to them," but then chose to do it anyway. Kaitlin described a specific encounter in which this happened to her, "I don't think we even talked about [contraception]. It [sex] just started happening and I registered that he wasn't wearing a condom. But honestly, we were really enjoying ourselves and I just couldn't stop it." Thus, Kaitlin states that she did think about pregnancy prevention, even during sex, but she also relied on the narrative that she was carried away by desire by saying that she "couldn't stop." Thus, Kaitlin excused her actions to herself and to the interviewer by drawing on commonly accepted cultural ideals of the power of sex and emphasizing that sex "just started happening," while at the same time she admitted that she realized that that her partner was not wearing a condom while they were having sex and decided to continue having sex anyway.

Other women also discussed thinking briefly about pregnancy risk, but that sex and being "in the moment" ultimately overwhelmed their concerns. Brittany described how sex won out when sex and safety competed in her thinking,

> I guess we decided not to [go get condoms] because everything was kind of in the moment. But at the same time not . . . I guess we wanted to engage in intercourse, and we wanted to go get condoms. However, I guess the desire to engage in intercourse was greater than [the desire to] get condoms . . . it was just like, you know, we were already kind of here and going out to buy condoms might just ruin the mood and we might not want to do it later on. So, we might as well do it now and then worry about it later . . . I guess we just didn't [think about it] at the time.

Brittany states that she and her partner were "in the moment," implying that they were not thinking about pregnancy prevention. However, she also states explicitly that they both wanted to use condoms, suggesting that both she and her partner did consider the risk of pregnancy. In the end, Brittany decided to "worry about it later" which she then framed as "just not thinking" about pregnancy prevention and risk. However, it is clear in her narrative that she not only thought about pregnancy prevention but also considered stopping sex to go and get condoms. Thus, Brittany considered the need for condoms, decided not to use them, and then excused the decision she made to not use them by suggesting that she was not thinking about the risk of pregnancy. In this way, she relied on strategic ambiguity to excuse her risk-taking behavior – both admitting that she had not lived up to her pregnancy prevention responsibilities and denying responsibility for that error with a culturally accepted excuse. Megan described how this process worked for her on a more global level,

> I think like when you're in the moment, like making out with someone, all you can think about is sex and it just kind of overwhelms all of your original plans . . . No one really wants to [have risky sex], but it just kind of like happens all at once and then you regret it afterwards.

Despite this statement suggesting that people are carried away by sex and don't think about pregnancy risk, Megan's overall narrative of her sexual history included more than one instance of risky sex in which she stated that she was explicitly concerned about pregnancy prevention. In explaining these instances to the interviewer and herself, it made sense to her to excuse her risk-taking behavior by relying on the idea that she was "in the moment," thereby employing strategic ambiguity to excuse her risky decision. Megan's accounting of her sexual history suggests that she was generally worried about the possibility of pregnancy but then made an agentic choice to risk pregnancy anyway by engaging in sex without the use of an effective contraceptive method. Further, Megan's statement that sex "overwhelms all of your original plans," suggests that while she put a great deal of thought into preventing pregnancy at the global level, she was also willing to ignore her "plans" and engage in risky sex, even though she knew it would be a future source of anxiety.

Despite the regret that most women said they experienced after risky sex, women usually were aware that they engaged in a cycle of planning for safe sex, being "in the moment" and engaging in risky sex, and then regretting their actions afterward. Despite this realization, women continued to repeat the cycle. This cyclic thought process demonstrates both the ways in which women worked to live up to societal and partner expectations that they prevent pregnancy. The ambiguous statement that sex "just happened" allowed women ambiguity which simultaneously excused their abdication of their internalized responsibility for pregnancy prevention and their decision to engage in risky sex.

Love and Trust

While many women, both inside and outside of romantic relationships, used being "in the moment" to explain sexual risk taking, women in romantic relationships sometimes relied on feelings of love and trust for their romantic partner to explain why they risked pregnancy. Women interviewed considered that the prioritization of their relationship over the risk of pregnancy provided an appropriate excuse for any risk-taking behavior and this helped them to reconcile their risky decisions and behavior with their perceived responsibility for pregnancy prevention. Alexa put it this way,

> [Not using a condom was] not really [something I thought about]. I kind of just, like, I guess looking back on it I probably should have put more thought into it, but I didn't. I was just like so in love with him. I just didn't even question it.

For Alexa, being in love with her partner served the same purpose as being in the moment – it explained why she

engaged in risky sex even though during her description of her sexual history she discussed not feeling comfortable with the risks she had taken. Alexa discussed having thoughts about the risk of pregnancy before having sex, but that she often dismissed those thoughts in favor of what she saw as maintaining her romantic relationship by engaging in unprotected sex – which she then regretted afterward. Thus, Alexa employed strategic ambiguity by suggesting that being "so in love" with her boyfriend made rational thinking about pregnancy prevention impossible, and that her decision to engage in risky sex was rooted in her love for her partner while also maintaining that pregnancy prevention was something that she thought about and that was important to her.

Like Alexa, Kaitlin, who went off birth control during a long-term relationship due to side effects, talked about her feelings for her partner as an excuse for engaging in unprotected sex. She said,

> Should I have been on birth control? Yes. But there was no moment before [sex] where I was like, I want to stop this. Like we went into it, and I was really close with him and had been having sex with him for a while, so I just like went with it [using withdrawal].

Some women, like Alexa and Kaitlin, rationalized that love and trust for their partner provided a good and culturally acceptable excuse as to why they "did not think" about pregnancy prevention. However, it was clear throughout their – and other women's – narratives that pregnancy prevention was something that all women interviewed thought and worried about regularly.

For other women, the age and experience of their sexual partner engendered a feeling of trust that their partner knew what they were doing when it came to pregnancy prevention. Victoria described this in her account of using withdrawal with her older boyfriend even though she was uncomfortable doing so,

> It [using withdrawal] did make me feel a little uncomfortable and I should've been more assertive and told him to wear a condom . . . I wasn't assertive because I had a lot of faith in him, he was older than me and he said this is going to be okay and really made me feel safe and rest assured that nothing bad is going to happen out of it. And I was like, 'okay.'

As in Victoria's narrative, quietly agreeing to risky sex by not challenging their partners or asking them to wear condoms when withdrawal was suggested because of their "faith" or trust in their partner was common in the narratives of many of the women interviewed.

For other women, the decision to engage in unprotected sex was a little more purposeful, though still attributed to love for their partner. Erin had this to say, "I was so in love with him that I trusted him [enough to not use a condom] . . . Which was really stupid, looking back . . . I felt safer using condoms." For Erin, love for her partner motivated trust in his ability to withdraw, and so she allowed it, though she was fundamentally uncomfortable and stated that at the time felt she was risking pregnancy. Women's excuse of being "so in love" with their partners that they were willing to risk pregnancy employs strategic ambiguity in a similar way to saying they were "in the moment" in that it provides a culturally acceptable, and even desirable, reason for engaging in risky sex, without being too specific about whether they had made a conscious decision to engage in risk-taking behavior thereby abdicating their responsibility for pregnancy prevention.

The Desires of Men

Several of the women interviewed referred to cultural gendered taboos that suggest that women should not refuse sexual intercourse once any type of sexual activity has begun, or even when they felt they had indicated to a male partner that they were open to the idea of having sex. Women were especially hesitant to refuse sex when they thought a romantic partner expected sex to occur and they had a desire to maintain their relationship with that partner. Hannah described how she had gone off the pill because she was experiencing side effects but did not tell her sexual partner that she was no longer taking birth control pills in an effort to maintain the outward appearance that she was taking her perceived responsibility to protect them both from an unintended pregnancy seriously. Her reluctance to communicate her decision to stop the pill combined with a taboo she felt existed against not following through with sex or saying no to sex. These conflicting perceived responsibilities of both pregnancy prevention and pleasing men led Hannah to have unprotected sex on more than one occasion, causing her mental distress. Like Hannah, Sydney also thought that there was an expectation to have sex when her boyfriend wanted it, even if she did not want to have sex and there was no condom available. She said,

> [My boyfriend] was like super arrogant and he was a really sexual guy. So, he just kind of like expected [sex] all the time . . . when we didn't use a condom it was just kind of like spur of the moment. Okay, he expects it [sex].

The idea that Sydney engaged in sex with her boyfriend because he expected it while also saying that it was "spur of the moment" provided a strategically ambiguous excuse for her risk taking, by allowing her to explain her decision to engage in risky sex in terms that also minimized the decision-making process that led her to do so.

Women engaged in risky sex when they were concerned about making their romantic partner happy and also relied on strategic ambiguity to excuse this decision. One reason for this was that many women made assumptions about men's strong dislike of condoms, even if their partners had never expressed this idea. This assumption led women to forego using condoms with the idea that it would make their sexual partners happier during sex – and thus in their romantic relationship. Emmy described this process this way,

> [Having unprotected sex is] more thinking about what the guy wants. Because guys prefer not to use a condom because they say it feels better. So, if a girl just decides like, 'Oh no, I don't need it [a condom].' It's usually because they are either [intimidated] by the guy or they just really want to please him . . . I don't know, it happens. Sometimes you don't think.

Emmy had foregone using a condom with her boyfriend on multiple occasions, even when she knew she had been inconsistent with taking her pill, and to excuse this choice, she employed strategic ambiguity and suggested that "not thinking" was why she had taken the risk. Despite this, it is clear

throughout her interview that there was a fair degree of thinking on her part before, during, and after risky sexual encounters within her relationship. Nicole echoed Emmy, saying "Sometimes I get it in my head that [my partner] probably likes it more without a condom and it's [risk-taking] more of like appeasing the partner, like, what he likes." Thus, Nicole suggests that she sometimes put her partner's happiness above her own need for safety. Though both Emmy and Nicole were uncomfortable with having sex without a condom, they also rationalized that the sexual desires of their partner were more important than protecting themselves from unintended pregnancy, and then used strategic ambiguity to explain why they had done so.

All of the women interviewed engaged in at least some level of contraceptive risk-taking behavior that put them at risk of pregnancy despite their feelings of responsibility for pregnancy prevention in their sexual encounters with men. Thus, women's responses to questions about why they had engaged in risky sex were strongly rooted in "strategic ambiguity" which helped them to acknowledge that they did not live up to their self-imposed responsibility for pregnancy prevention, while simultaneously suggesting that there was a good, culturally endorsed reason for doing so. Despite these ambiguous explanations of their risky behavior, throughout their sexual histories' women spoke often about the importance of preventing pregnancy, and their ongoing efforts to do so. The efforts to prevent pregnancy that women described suggested that their narratives of being in the moment, of love and trust, and of concern for their partners' happiness were culturally accepted – and strategically ambiguous – ways to excuse risk-taking behavior. Indeed, they strategically relied on ambiguous statements that they were "just not thinking" to reconcile responsibility with risk-taking.

Discussion

We found that when asked to explain why they engaged in contraceptive risk taking, women were often caught between two competing sets of social norms. On the one hand, participants were middle-class, largely White women with access to contraceptives who had internalized their ascribed responsibility for preventing pregnancy. Women interviewed were serious about taking on this responsibility so as not to disrupt the direction of their life course, consistent with the self-development imperative (Hamilton & Armstrong, 2009). On the other hand, as young women, participants were subjected to the notions of romantic love and sex presented to them in media and popular culture more broadly. Popular norms about sex and romance often portray men as in charge in sexual situations and also suggest that "real sex" is centered around men's, rather than women's, pleasure or protection. Thus, one norm tells young women that they must be agentic and ultra-responsible about preventing pregnancy, while the other norm tells them that men's pleasure is critical for women to be "good" sexual partners. For most of the women interviewed, these two norms were directly in conflict, and often women deferred to the happiness and satisfaction of their male partners by engaging in condom-less sex, even when they were not using a contraceptive method or had used a method incorrectly or inconsistently. Given this context of competing social norms, most participants found it difficult to explain why they had risked pregnancy. Instead, women worked to protect their own self-image as responsible, self-imperative adopting young women by giving strategically ambiguous explanations for their perceived failure to protect both themselves and their male partners from pregnancy.

In line with Accounts Theory, women *excused* behavior they felt was inappropriate while at the same time disclaiming full responsibility for their actions (Scott & Lyman, 1968). Women's explanations relied on "strategic ambiguity" which excused risk taking behavior by suggesting that while they did feel responsible for pregnancy prevention, cultural norms of being swept away by passion, love and trust for their partner, and a competing responsibility to please their male partners sexually relieved them of full responsibility for their actions. All of the excuse narratives that women used relied on the idea that women were just "not thinking," that sex "just happened," or that they "couldn't stop," emphasizing that women had socially and culturally acceptable excuses for risk-taking behavior. However, throughout women's descriptions of their sexual histories and encounters it became clear that women were often doing the opposite of "not thinking." Rather, women described a complex set of agentic decisions that suggested they were engaged in a process of contemplating and negotiating with themselves about perceived pregnancy risk. When women rationalized that they were taking a calculated risk they subsequently relied on strategic ambiguity to excuse their contraceptive risk-taking behavior to themselves and others.

Our findings demonstrate that women felt tension navigating what they perceived to be competing interests between their safety and their desire to please their partner by taking a calculated risk. Often women seemed to decide to forego their own safety by engaging in risky sex. This finding is consistent with findings from young adult men which suggest that competing norms of women's bodily autonomy and increasing pressure for men to become more involved in pregnancy prevention can lead men to take risks by simply not engaging in any discussion of pregnancy prevention unless prompted by their female sexual partner (James-Hawkins et al., 2019). Thus, while women forgo their own safety, men forego responsibility for any risk-taking that occurs.

As evidence that women were indeed thinking deeply about this decision, despite claiming they "just weren't thinking" our participants described feeling nervous, distressed, and anxious, sometimes before, and often during and after sex, a finding that is consistent with research on the emotional work women perform with regard to contraceptive use (Kimport, 2018; Kincaid et al., 2022). Women also described rationalizing their engagement in risky sex in the moments leading up to or during sex. This rationalization often took the form of a belief that their risk of pregnancy was low either due to the timing of their menstrual cycle, because they *usually* took their birth control pills, though they acknowledged that they sometimes forgot for "only" one or more days, or because they had engaged in such risk-taking behavior in the past and had not experienced an unintended pregnancy. Instead of insisting on

condom use when they were concerned that other forms of contraceptives were either not being used or not being used correctly and consistently, women often opted to engage in unprotected sex in order to please their partner, and then sought out alternative contraception post-sex (i.e. emergency contraception) or took on high levels of stress and anxiety while waiting for their period to come and confirm that they were not pregnant. Women in our sample rarely included their partners in these post-sex experiences, taking on both the physical and emotional labor of pregnancy prevention (Kimport, 2018). Such disengagement is consistent with young men's reports of their lack of engagement with pregnancy prevention efforts (Dalessandro et al., 2019).

Such findings beg the question – why would women take on added physical and emotional labor and risk experiencing an unintended and unwanted pregnancy when they seem to know and realize they are at risk? One explanation may be that women decided to engage in behaviors that allowed them to experience immediate positive reinforcement. For example, there was immediate positive reinforcement in the form of partner approval when women prioritized having sex without condoms and worried more about men's pleasure than their own safety. Alternatively, any reinforcement for successfully preventing pregnancy did not happen for days – or sometimes weeks – after the sexual encounter (Fennell, 2006) when women had their period and confirmed that they were not pregnant. Thus, for these women, concern regarding immediate rejection from their partners or the overall health of their romantic relationship were more salient in the moment than preventing pregnancy. In other words, partner-related concerns were immediately evident to women and were prioritized during sexual encounters while pregnancy prevention was something that could be – and usually was – worried about later.

We also found that these women were aware of the risk they were taking by prioritizing their partner's pleasure which was misaligned with their personal goals and social expectations and caused them to feel negatively (e.g., shame, embarrassment). So, when asked to explain their decisions, women relied on strategic ambiguity to excuse their risk-taking behavior by saying they were just not thinking, were in the moment, or were pleasing or deferring to their male partners, thus drawing on socially conventional narratives of romantic love and passionate sex. Women in our sample tended to embody both traditional views of gender roles (e.g., feeling the need to cater to their male partner's sexual desires while discounting their own; Tolman, 1994, 2002), while at the same time they also saw themselves as empowered agentic sexual actors. However, embodying both of these concepts simultaneously is challenging and required women to walk a narrow line. By strategically using ambiguous narratives rooted in common cultural norms about sexuality and romance, women were able to frame themselves as both agentic contraceptive users and responsible middle-class women, while also presenting themselves as "good partners" who appropriately respond to their male partner's sexual needs and engage in sex in a way in which our culture suggests is normative (Armstrong et al., 2012; Sennott & James-Hawkins, 2022). However, we argue that women were indeed thinking, were not entirely – or perhaps at all – caught up in these romantic or sexual moments and were sometimes knowingly catering to their male partners' needs at their own risk and suffering. As a result, we argue the need for continued efforts to promote more sex-positive, affirmative, and empowering approaches to sexuality, especially for women.

Consistent with others (Jozkowski, 2015, 2022; Murnen et al., 2002; Willis & Jozkowski, 2018) we argue for more sex positive approaches to sexuality education as part of a broader comprehensive educational program that includes critical discussions of gender norms. In the age of #MeToo and affirmative consent, we argue there is a need to promote and achieve affirmative sexuality which includes women feeling empowered to express their own sexual needs – whether that be consent or refusal, contraception, or pleasure. As we see efforts focused on promoting "yes means yes" and affirmative consent continuing, we underscore the need for such approaches to also promote affirmative sexuality, especially for women (Jozkowski, 2015). Such efforts may include digital health interventions that can be broadly disseminated and have shown promise in terms of being adaptable, highly acceptable among youth, and feasible in terms of administration (Javidi et al., 2021). Affirmative consent policies and standards can also help facilitate more explicit consent communication, which can increase people, especially women, feeling more empowered to express their sexual desires (Jozkowski, 2013; Satinsky & Jozkowski, 2015), which may include contraception or condom use. However, some have argued that a cultural embrace of affirmative sexuality – including women's ability to affirmatively consent without social repercussion (e.g., Jozkowski, 2015) – is essential for affirmative consent initiatives to be effective. Although research suggests young people hold positive attitudes toward affirmative consent (Javidi et al., 2020), unfortunately, empirical evidence demonstrating that affirmative consent policies and standards actually change people's sexual communication behaviors is lacking. That women in our sample recognized risk, intentionally took it on to avoid upsetting their partner, and then worked to excuse their decisions to themselves and us during the interview suggests there is more work needed to empower women to prioritize their own sexual needs, which include contracepting if, and when, they want.

Limitations

In considering the limitations of this work it is important to note that because women were recruited on the basis of having taken a contraceptive risk, the views they expressed are likely somewhat different than those of women who were potentially more diligent in their contracepting. Further, women who became pregnant and chose to continue their pregnancies were likely not included in this sample because they were no longer at the university, unable to participate, or because they felt uncomfortable participating in a study where contraceptive risk-taking was the primary topic. However, the purpose of this study was to examine how women navigate perceptions of contraceptive risk-taking. It is not necessary that women experience negative events connected to risk-taking for this process to occur. Also, the analysis was completed by the first

author alone as part of their PhD dissertation. However, it is important to note that the second author engaged with the data and verified codes identified with any issues resolved through discussion between the two authors. Finally, it is important to remember that these interviews represent the findings of one group of undergraduate women on one college campus. Women who never attended college were not included, nor were men – either in or not in college. Narratives from these other groups may differ from those reported here.

Conclusion

We found that women used strategic ambiguity in the form of saying they were "just not thinking" as an excuse, according to Accounts Theory (Scott & Lyman, 1968), for risk-taking because it allowed women to disassociate themselves and their own agency from their risk-taking. While desire in women is culturally constrained (Tolman, 1994, 2002), in this context desire became a useful excuse for women who wished to explain to themselves or others why they engaged in sex without a condom when other forms of pregnancy prevention were not being used or were being used inconsistently or incorrectly, or why they agreed to the use of withdrawal. By accounting for their lack of contraceptive use in terms of their own overwhelming sexual desire, overwhelming love and trust for their partner, or in terms of the desires of their partners, women were able to reconcile their internalized responsibility for pregnancy prevention with their risky actions. Women were also able to assert that their risk-taking was understandable in light of American cultural norms that women should allow men to direct sexual encounters (Rhodes & Cusick, 2002; Sanchez et al., 2012, 2006) and that men's desire is the most important part of any heterosexual encounter.

Well documented norms that women feel responsible for pregnancy prevention (James-Hawkins et al., 2019; Sennott & James-Hawkins, 2022), norms that dictate that sex overwhelms rational thought (Fennell, 2006), and that "real sex" privileges men's desires persist (Angel, 2022; Brown et al., 2018). Women are therefore left to react to and navigate between these competing norms, despite risk to their own health or future plans and goals. We suggest that enforcing and reinforcing more empowered sexuality for women will result in women having better, safer sex because they will have their needs met, including their contraceptive needs, and the need to prevent pregnancy when they wish to do so.

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Appendix A. Detailed characteristics of women interviewed

Name	Age	Race/ Ethnicity	Major	Year in School	Type of Area From	Self-Reported Socio-economic Status	Partner/Marital Status
Abby	19	White	Social Science	Sophomore	Suburban	Upper Middle Class	Relationship
Alexa	19	White	Social Science	Sophomore	Rural	Middle Class	Single
Allison	18	White	Undecided	Freshman	Suburban	Middle Class	Single
Alyssa	18	White	Business	Freshman	Suburban	Middle Class	Relationship
Amber	19	Black	Art/Humanities	Sophomore	Urban	Upper Middle Class	Single
Anna	20	White	Social Science	Sophomore	Suburban	Working Class	Living With Partner
Ashley	23	White	Hard Science	Senior	Suburban/Rural	Working Class	Single
Brianna	18	White	Hard Science	Freshman	Suburban	Middle Class	Relationship
Brittany	20	Asian	Hard Science	Junior	Suburban	Middle Class	Relationship
Brooke	18	Latina	Undecided	Freshman	Urban	Lower Middle Class	Relationship
Cassie	20	Other	Business	Sophomore	Urban	Working Class	Single
Courtney	22	White	Hard Science	Senior	Suburban	Middle Class	Relationship
Ellie	18	Latina	Art/Humanities	Freshman	Urban	Upper Middle Class	Single
Emmy	18	White	Business	Sophomore	Suburban	Upper Middle Class	Single
Erin	19	White	Business	Sophomore	Suburban	Upper Middle Class	Single
Haley	19	Latina	Social Science	Sophomore	Urban	Upper Class	Single
Hannah	21	White	Social Science	Sophomore	Suburban	Lower Middle Class	Living With Partner
Jasmine	19	Asian	Social Science	Sophomore	Suburban	Upper Middle Class	Single
Jenn	19	White	Hard Science	Sophomore	Suburban	Lower Middle Class	Single
Jessica	18	Latina	Undecided	Freshman	Urban	Upper Middle Class	Single
Jordan	18	White	Undecided	Freshman	Urban	Lower Middle Class	Single
Kaitlin	20	White	Art/Humanities	Sophomore	Suburban	Upper Middle Class	Single
Kelsey	24	White	Social Science	Junior	Suburban	Middle Class	Relationship
Kim	20	White	Social Science	Junior	Rural	Middle Class	Relationship
Lacey	20	White	Art/Humanities	Junior	Suburban	Upper Class	Single
Lana	21	White	Social Science	Senior	Rural	Upper Middle Class	Single
Lauren	19	White	Social Science	Sophomore	Suburban	Middle Class	Single
Liz	20	White	Social Science	Sophomore	Urban	Working Class	Relationship
Madison	19	White	Social Science	Sophomore	Urban/Suburban	Upper Middle Class	Single
Maria	18	White	Undecided	Freshman	Urban	Upper Middle Class	Single
Marlee	21	White	Hard Science	Senior	Suburban	Upper Class	single
Megan	19	White	Business	Sophomore	Suburban	Middle Class	Relationship
Melissa	21	White	Social Science	Senior	Rural	Upper Middle Class	Single
Natalie	21	White	Social Science	Senior	Urban	Upper Middle Class	Single
Nicole	21	Asian	Business	Sophomore	Suburban	Lower Middle Class	Single
Olivia	22	White	Art/Humanities	Sophomore	Suburban	Upper Middle Class	Divorced
Rebecca	22	Latina	Art/Humanities	Junior	Urban	Middle Class	Single
Samantha	18	White	Business	Freshman	Urban	Upper Middle Class	Relationship
Shelby	20	White	Social Science	Junior	Suburban	Middle Class	Relationship
Annika	19	White	Social Science	Sophomore	Suburban	Upper Middle Class	Relationship
Sydney	19	White	Social Science	Freshman	Suburban	Upper Middle Class	Relationship
Taylor	21	White	Hard Science	Senior	Suburban	Upper Middle Class	Single
Tiffany	19	White	Business	Sophomore	Rural/Suburban	Middle Class	Relationship
Vicky	20	Asian	Social Science	Junior	Suburban	Lower Middle Class	Single
Victoria	20	White	Art/Humanities	Junior	Suburban	Upper Class	Single

Appendix B

Introductory Questions
What year are you in school?
What's your major?
Do you have a current partner (boyfriend)?
How many romantic relationships have you been in?
Can you tell me a bit about your relationships?
Personal Norms and Risk as a Teen
Tell me about the relationships you had in high school. (Probe for sex, contraceptives, partner relationship/influence on sex and contraceptives, age at first sex etc.)
Were your friends having sex in high school as well?

Did you talk about contraception with them at that point? What did they think about sex?

Did the experiences that your friends had with birth control affect your decisions about what to use/do? What did you learn from them? What do you think they learned from you?

Did you have any friends in high school that had a pregnancy scare, or got pregnant/got someone pregnant when she/he didn't want to? Can you tell me about her/his experience?

What did your parents think about you having sex? Did they know? Did they help you obtain contraceptives? Why or why not?

Was your family religious? (Probe for religious affiliation, church attendance, their perceptions of their religions stance on contraceptives)

Did you ever have sex without contraceptives while you were in high school? (If yes) Can you tell me about that experience (probe for regret, just not thinking, stupidity, other explanations for why birth control was not used)? Did you worry about pregnancy? What did you do?

Did you worry about pregnancy in general as a teen? Did you have any pregnancy scares?

What your parents have said/done if you had gotten pregnant while you were in high school? What would your friends have said/done?

How would you have reacted? Would you have kept the baby? Had an abortion? Given the baby up for adoption?

How would your partner(s) at that time have reacted? Did he/they worry about pregnancy? Did you talk about it?

How did you and your partner(s) in high school talk about contraceptive use? (Probe for just not thinking and in the moment)

Did you have different experiences with different partners? Can you tell me about your experiences? How were they the same? How were they different?

Personal Norms and Risk as an Emerging Adult

Tell me about the relationships you've had in college. (Probe for sex, contraceptives, partner relationship/influence on sex and contraceptives)

How do your friends view sex now that you're in college?

Did you talk about contraception with them now? Tell me about your conversations. What do they think about sex? Do most of them have long term relationships? Hook ups?

What is the norm for sexual behavior in your friend group right now? How about on campus in general?

Did you have any friends in high school that had a pregnancy scare, or got pregnant/got someone pregnant when she/he didn't want to? Can you tell me about her/his experience?

What about hook ups or other short term primarily sexual relationships?

How have your birth control decisions differed with romantic partners as compared to hookups or short term partners?

Do you talk with your parents about sex now that you are in college? What do they think about relationships you've had? Do you feel like they expect you to be having sex now that you are an adult?

Have you had sex without contraceptives while you've been in college? (If yes) Can you tell me about that experience (probe for regret, just not thinking, stupidity, other explanations for why birth control was not used)? Did you worry about pregnancy? What did you do?

Do you worry about pregnancy now? Do think differently about pregnancy now than you did as a teen? Do you think about contraceptives differently now? Why or why not?

Have you have any pregnancy scares while you've been in college? Have you ever been pregnant? (If yes) How did you handle it?

What would your parents say/do if you got pregnant now, while you are in college? What would your friends say/do? How would they think about a pregnancy differently now that you are in college as compared to when you were in high school?

Do the experiences that your friends have with birth control affect your decisions about what to use/do? What have you learned from them? What do you think they have learned from you?

How would you react if you found out you were pregnant right now? Would you keep it? Have an abortion? Given the baby up for adoption?

How would your partner(s) right now react? Does he/do they worry about pregnancy? Do you talk about it? Tell me about your conversations with your partner about preventing pregnancy.

How do you and your partner(s) now talk about contraceptive use? (Probe for just not thinking and in the moment)

Have you had different experiences with different partners while you've been in college? Can you tell me about your experiences? How were they the same? How were they different?

Do you feel you are at risk for getting pregnant right now? Why or why not? (Are there times when you feel you could become pregnant even when you are not planning a pregnancy?)

Can you tell me about how you and your most recent romantic partner made decisions about preventing pregnancy?

Would changing the way you make decisions about birth control affect your current/most recent relationship?

What would it mean for you if you got pregnant right now?

Does that influence your use of birth control? What about the type of birth control you use?

General Partner Influence

Can you tell me about a time in the past when you were uncomfortable with how you and your partner made birth control decisions? What made you uncomfortable and how did you handle it?

Ideally, what should each partner contribute to birth control decisions and why? Do you feel that one partner should have more input than the other? Which partner and why?

Do you think power within a relationship affects birth control decisions? How? Why?

General Norms Questions

What does it mean for a pregnancy to be planned? How about for a pregnancy to be intended? Are planning and intention the same thing? How often do you think people plan pregnancies? How often do you think they intend them?

Do you feel like you personally can prevent pregnancy? Why or why not?

Do you think other women can prevent pregnancy? Why or why not?

What do you think of when I say birth control? How about when I say contraceptives?

Do you think it's always important to use birth control?

Can you tell me what you think about different types of birth control?

- Probe for condoms vs. other forms of birth control

How do you think about condoms? How important to you is it to use them?

In general are you more worried about getting pregnant or getting an STI? Why?

What do you think makes a woman decide to have unprotected sex when she doesn't want to get pregnant?

What do you think a woman means when she says she had unprotected sex because she "just wasn't thinking" about birth control?

Do you think men and women view birth control differently? Why or why not?

Closing Questions

Are there other things you can think of that have affected how you think about contraceptives or your use of them?

Do you have anything else on your mind you want to share?