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AWARENESS, PERCEPTIONS, EXPERIENCES AND REPRODUCTIVE RIGHTS IMPLICATIONS OF THE USE OF COITUS INTERRUPTUS AS A FAMILY PLANNING METHOD AMONG PUBLIC UNIVERSITY STUDENTS IN GHANA

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Abstract

Historically, coitus interruptus (withdrawal/pull-out method) is a significant family planning method globally that links traditional practices to modern family planning strategies. Yet, it remains under-researched among students in Ghana. In this study, the awareness, perceptions, experiences, and human rights implications of coitus interruptus among university students in Ghana were explored to contribute to the existing literature. Using an explanatory sequential mixed-methods design that combined a cross-sectional online survey (n =136) with in-depth interviews (n = 20), key findings show that awareness of coitus interruptus was high, significantly influenced by occupation ($p < 0.001$, Cramér's V=0.54) and age ($p=0.003$, Cramér's V= 0.30). Ethnicity influenced perceptions of its usage ($p = 0.043$, Cramér's V = 0.44). Younger students reported inconsistent experiences and moderate satisfaction, while the older participants displayed polarised views, emphasising both autonomy and scepticism. Misconceptions regarding safety and Sexually Transmitted Infection prevention were prevalent. About 65% considered coitus interruptus a personal choice, with 13% connecting it to human rights.

Keywords: *Coitus interruptus, experiences, perceptions, sexual and reproductive rights, university students*

1. Introduction

Coitus interruptus, also known as the "withdrawal" or "pull-out method," (Mofokeng, 2021), is a traditional contraceptive practice in which the male partner withdraws before ejaculation to prevent sperm from entering the female reproductive tract (Altshuler & Blumenthal, 2020).

This ancient fertility control method persists across cultures and eras, even with modern contraceptive advancements (Le Guen, 2021) and remains common among young people although less effective than modern contraceptives (Lampiao, 2014). Socioeconomic factors, including social status, wealth, and power dynamics, have also been shown to influence its use since poorer or less empowered groups rely more on Coitus interruptus (Salih, 2024). Withdrawal continues to be a common contraceptive method despite the presence of modern options, mainly due to factors such as accessibility, affordability, cultural acceptance, and worries about side effects (Simetinger, 2026). The preference of coitus interruptus varies across the globe due to fertility intentions, contraceptive access, and abortion availability, with significant usage among adolescents in Turkey, Romania, and the Czech Republic (Fruhauf et al., 2021) and Mosul (Salih, 2024) with misinformation and limited knowledge perpetuating reliance on this traditional method.

In Africa, some young people still view withdrawal as viable options despite misconceptions about their effectiveness and safety (Otang-Mbeng, 2020). Some studies indicate that withdrawal is seen as a sign of trust in relationships but does not offer protection against STIs (Matson et al., 2012). Additionally, the use of withdrawal as a substitute for condoms among young adults in Uganda reflects how cultural values and relationship dynamics influence contraceptive choices, raising public health concerns, especially regarding HIV exposure and condom negotiation Higgins et al. (2014). Research on coitus interruptus among university students in Ghana is scarce. Prior studies have examined this method within different demographics, including poor urban settings (Bawah et al., 2021) and young Ghanaian women (Keogh et al., 2021). Additionally, data from the 2008 Ghana Demographic and Health Survey highlighted factors related to contraceptive discontinuation among women of reproductive age (Modey et al., 2014).

Research in Ghana shows that while awareness of modern contraceptive methods is high, usage remains low, with only 26.7% of sexually active senior high students and 58.1% of female university students currently using them (Anyomi et al., 2024). Factors such as education, religion, and marital status significantly affect attitudes towards contraception, while social stigma hinders open discussions and access (Agyei-Sarpong, 2025). The discourse on "ejaculating responsibly," with respect to withdrawal as popularized by Blair (2022), advocates for shifting contraceptive responsibility to men, thereby alleviating the burden of pregnancy risk and contraceptive management on women (Shahvisi, 2020). However, men often leave contraceptive decisions to women, compounded by structural barriers such as limited male-centered methods and insufficient sexual health knowledge (Caddy et al., 2023). Coitus interruptus has a failure rate of 18% to 28% in normal use and 4% in perfect use (Awadalla, 2020), while its reliability is further marred by the presence of sperm in pre-ejaculatory fluid and the challenges surrounding effective withdrawal (Koilpillai et al., 2024). It also fails to offer STI protection (Robinson, 2025). Despite its unreliability, coitus interruptus remains pertinent in discussions surrounding reproductive autonomy and gender equity (Demir et al., 2021), signifying its relevance to contraceptive security. This is particularly relevant among university students, who balance autonomy and peer influence in contraceptive choices. Understanding their views is crucial for dispelling myths and enhancing culturally relevant sexual and reproductive health education. This study thus examined the awareness, experiences, perceptions and sexual reproductive rights dimensions of coitus interruptus among students to enhance the literature in this area.

2. Theoretical underpinnings

This study is situated in Robert Connell's Theory of Gender and Power (Connell, 1990); the Theory of Reasoned Action (TRA) by Fishbein and Ajzen (1975); and the reproductive justice framework (Ross & Solinger, 2017). According to Robert Connell's Theory of Gender and Power, the sexual division of labour, power, and emotional norms (cathexis) are three interconnected systems that support gender inequality as a social construct. This theory emphasises the unequal distribution of labour, authority, and emotional relationship dynamics while highlighting how societal systems uphold male dominance, making gender inequality frequently "invisible" in everyday living. Additionally, by using this theory, gender issues relating to coitus interruptus are recognised as a "power-over" relationship essential to comprehending coitus interruptus as a sexual and reproductive rights concerns among the study population.

The TRA asserts that behavioral intention, influenced by attitudes and perceived social norms, is a crucial predictor of behavour. In the context of sexual health, positive attitudes towards risky behaviours and the belief in social approval may drive individuals to adopt methods like coitus interruptus as contraception despite the high failure rate and risk of contracting STIs. The TRA framework aids in examining how university students' beliefs and peer expectations shape their contraceptive choices. It is acknowledged for its predictive power regarding voluntary behavours, with applications in public health, consumer behavour, and social psychology. The use of TRA informed the design of the study's research instruments. It highlights the importance of understanding how various factors like age, occupation, and ethnicity affect perceptions of coitus interruptus, providing a nuanced context for analysing TRA constructs in reproductive decision-making.

The use of the 1994 reproductive justice framework expands the discourse beyond the "pro-choice vs. pro-life" debate, focusing on the social, political, and economic factors affecting black women's reproductive health that also relates to the current study. Although it advocates human rights, highlighting bodily sovereignty, sexuality, and reproduction rights for marginalized populations it is also relevant in the context of the current study. The use of this framework seek to address concerns regarding coitus interruptus use to uphold individuals' reproductive rights to have or not to children, emphasizing the need for resources that allow all individuals to achieve self-determination.

From a rights-based perspective, the connection between these three theories (Theory of Gender and Power, the Reproductive Justice framework, and the Theory of Reasoned Action), illustrates how larger societal influences impact on individual sexual and reproductive choices. The integration of these theories in the study also illustrates how macro-level social institutions, such as gender roles, influence contraceptive choices including coitus interruptus. The TRA elucidates the psychological processes behind these choices while reproductive justice, being an intersectional human-rights framework, emphasises individuals' rights to have or not to have children by choice.

3. Materials and Methods

3.1 Study design

This study utilised an explanatory sequential mixed-methods design, comprising two phases: a quantitative survey of university students followed by qualitative in-depth interviews with a subgroup of participants (Creswell & Creswell 2017). This design was deemed appropriate

because the qualitative data enriched the quantitative findings, offering deeper insights than a single approach could provide.

3.2 Study setting

The study was conducted in a large public university in Ghana with a diverse student population. This university was selected purposively due to its unique mandated in the educational sector in Ghana, year of establishment and large students' population from diverse backgrounds. The procedure for the purposive selection of this university for the study involved deliberately choosing the institution based on a specific, predefined criteria that best addressed the research objective rather than using random sampling. The university's identity was anonymized in line with the ethics approval requirements.

3.3 Study Population

The study population comprised students enrolled at the main campus of a public university in Ghana during the 2021/2022 academic year (*name of the university concealed to ensure anonymity*). Participants were drawn from all academic levels and diverse programs to capture a range of perspectives. The focus was on sexually active students, estimated at 15,566 individuals drawn from a preliminary WhatsApp poll of 'yes or no responses' to the question "are you sexually active"? A purposive sampling approach was used to target this group, which ensured relevance to the research objectives.

3.4 Sampling of respondents and Selection of participants

A total of 15,566 respondents screened as sexually active and eligible to participate in the study were invited online. Statistically, the minimum sample size of 375 participants was estimated using the Raosoft sample size calculator (Raosoft, 2025). This tool is widely used in survey research because it incorporates parameters such as confidence level, margin of error, and population size to generate reliable sample estimates. Although the statistically estimated target population was 375, only 136 respondents voluntarily completed the survey, resulting in a low response rate that raises concerns about representativeness and statistical power.

The study engaged 15,566 students through WhatsApp groups and online invitations during data collection. Participants confirmed their sexual activity status via a single blind WhatsApp poll, ensuring confidentiality in the initial screening process. The study utilised a quantitatively purposive sampling method, with participant selection grounded in qualitative purposive criteria. Although all 15,566 students were invited, the survey invitation response rate was approximately 0.87%. The estimated sample size of 375 from the eligible study population of 15,566 yielded an actual participation of 136 out of the target sample of 375 giving 36.3% response completion rate in the quantitative component of the study.

For the qualitative phase, twenty (20) participants comprising 10 married and 10 unmarried but sexually active students (involving 10 males and 10 females, across all levels) were purposively selected for in-depth interview to ensure certainty of sexual activity. Data collection ended at 20 interviews when thematic saturation was reached.

3.5 Informed consent for participation

Participation in the study was voluntary, with confidentiality and the right to withdraw from the study at any time without penalty assured. For the quantitative phase, respondents provided online written consent (yes/no tick) before accessing the questionnaire. In the qualitative phase, informed verbal consent was obtained from all the participants through phone interviews, which was the primary method of data collection.

3.5 Data collection

Two trained research assistants with backgrounds in Health Education assisted with the data collection after a five-day training that focused on: research overview, item-by-item review of the specific data collection instruments, techniques of data collection, research ethics, data quality, logistics and fieldwork management. The quantitative data was collected through an online questionnaire distributed via social media, requiring institutional email login for authentication. The questionnaire, designed and validated based on Boparai et al. (2018) and Taherdoost (2022), underwent a pilot test among 50 sandwich students to refine its structure. To ensure privacy, students were encouraged to change passwords after logging in and access to sensitive information was limited to specific personnel, maintaining data confidentiality and anonymity.

The survey conducted over 14 weeks during the first semester of the 2021/2022 academic year received 136 responses. In the second semester, qualitative data were gathered through one-on-one phone interviews, each lasting about 30 minutes, with a total of 20 participants to achieve thematic saturation. The interviews followed a guide developed based on a theoretical framework and literature exploring the implications of coitus interruptus on contraceptive choices and bodily autonomy. The guide was pilot tested with ten students, ensuring refinement in line with the COREQ checklist for qualitative research reporting, which organizes factors such as research team, methods, context, findings, and analysis.

3.6 Eligibility Criteria

Participation in the study was restricted to fully registered students from the 2021/2022 academic year to ensure relevance and accuracy regarding student life and sexual health practices. Exclusions included non-registered individuals and students under 18 years, primarily for ethical reasons, to protect their vulnerability and the complexities in obtaining consent.

3.7 Data analysis

Quantitative data were cleaned and coded in Microsoft Excel and analyzed using Stata Version 14.0. Descriptive statistics summarized background characteristics, while Chi-square tests and Cramér's V were used to assess associations between variables. The qualitative data were analyzed thematically. Audio recordings were transcribed verbatim and coded manually. Codes were grouped into categories, which were refined into themes and subthemes aligned with the research objectives. To enhance reliability, two independent coders reviewed a subset of transcripts and resolved discrepancies through discussion and consensus.

4. Results

4.1 Background Characteristics of Respondents

The majority (44.1%.) of the respondents were aged between 21–26 years, indicating a mix of mature and younger students. The majority were Christians (92.6%), reflecting national demographics, and the ethnic diversity suggests cultural norms may influence practices (Table 1).

Table 1: Background Characteristics of Respondents

Variable	Frequency	Percentage (%)
Age Group		
18–20	9	6.6%

21–23	28	20.6%
24–26	32	23.5%
27–30	19	14.0%
31 and above	48	35.3%
Gender		
Female	61	44.9%
Male	75	55.1%
Religion		
Christianity	126	92.6%
Islam	7	5.1%
Traditionalist	2	1.5%
African Mission	1	0.7%
Marital Status		
Single/Not Married	100	73.5%
Married	29	21.3%
Cohabitating	4	2.9%
Separated	2	1.5%
Dating	1	0.7%
Level of Study		
First Year	25	18.4%
Second Year	15	11.0%
Third Year	50	36.8%
Fourth Year	21	15.4%
Graduate Level	25	18.4%
Occupation		
None	54	39.7%
Teacher	37	27.2%
Trader	16	11.8%
Others*	29	21.3%
Ethnicity		
Akan	80	58.8%
Ewe	30	22.1%
Ga-Dangme	6	4.4%
Others**	20	14.7%

Source: Author's Field Data (2022)

*Others include Farmer, Entrepreneur, Coach, Designer, etc.

**Others include Dagaari, Frafra, Mole-Dagbani, Sissala, and Fante.

4.2 Association Between Background Variables and Awareness of Coitus Interruptus

Chi-square tests and Cramér's V were used to examine associations between students' background characteristics and awareness of coitus interruptus. The awareness of coitus interruptus was high, with younger participants citing school-based education as their knowledge source, while older respondents mentioned peers or media. Further results indicate that occupation was the strongest and most significant association with awareness ($p < 0.001$, Cramér's $V = 0.54$). Age was also a substantial factor, with an association ($p = 0.003$, Cramér's $V = 0.30$), indicating that older students were more likely to be aware of the method. Level of study showed only a weak, non-significant association (Cramér's $V = 0.19$). Other variables, including gender, religion, marital status, and ethnicity, had no meaningful associations with awareness.

4.3 Age and other factors of perception

Perceptions of coitus interruptus differ by age. Younger students aged 18–20 (9 students) exhibited less awareness and familiarity with the method, often citing school-based reproductive health education as their main information source. In contrast, older students over 31 years (48 students) were more aware and familiar, learning about it from peers or media. They expressed greater caution regarding its risks, including unintended pregnancy and dependence on partners, highlighting the method's limitations and ineffectiveness compared to the younger students, who were more confident in its effectiveness (Figure 1).

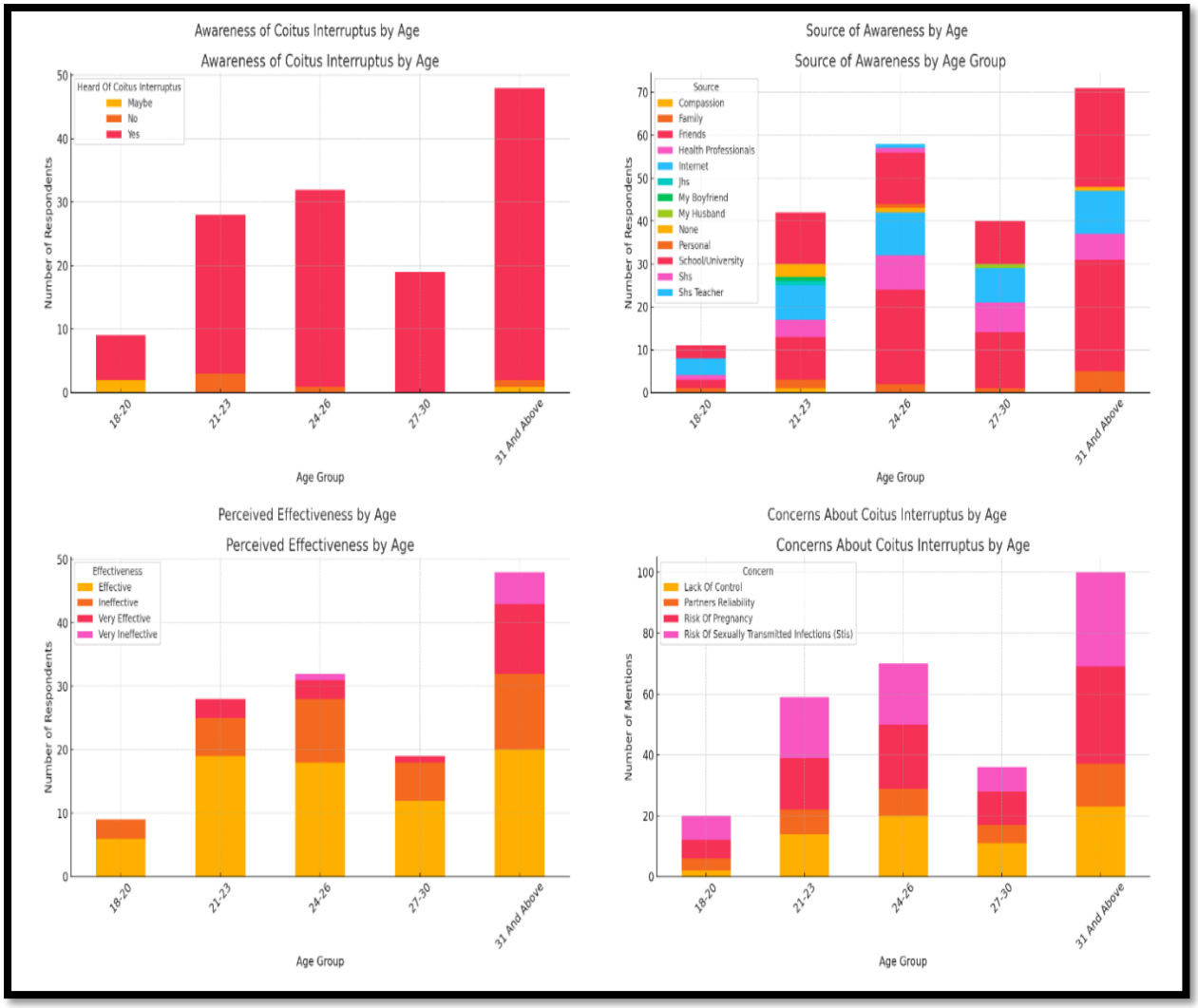


Figure 1: Age and other factors of perception.
Source**:** Author's Field Data (2022)

4.4 Level of study and other factors of perception

Coitus interruptus awareness was high (70%) across varying educational levels, with sources of knowledge differing across groups. It was observed that 98% of the participants who rated Coitus interruptus awareness as high (70%) preferred a more effective family planning method to Coitus interruptus. This observation shows that awareness of Coitus interruptus does not necessarily imply usage of Coitus interruptus as a family planning method among the study population. Graduate and fourth-year students primarily obtained information on Coitus interruptus through formal education, whereas third-year students were more influenced by peers. While 90% of students believed the method could prevent pregnancy, graduate students

expressed the most skepticism, highlighting concerns about withdrawal failure and lack of STI protection.

4.5 Result of the Chi-square and Cramér's V score on perception

Perceptions of coitus interruptus varied among students across occupational groups, with teachers (72%) displaying greater awareness compared to unemployed students. Teachers primarily gained their knowledge from formal education, while unemployed students rely more on peer sources. Further analysis of the associations between demographic factors and perceptions of coitus interruptus using Chi-square tests and Cramér's V showed that age had a statistically significant but weak correlation with perception ($p = 0.03$, Cramér's $V = 0.25$), indicating differing views among younger and older students. Ethnicity showed a strong association ($p = 0.04$, Cramér's $V = 0.44$), reflecting the impact of cultural values on choice. Occupation also correlated strongly (Cramér's $V = 0.37$), although not statistically significant. Gender, religion, study level, and marital status were not significantly associated with perceptions of coitus interruptus.

4.6 Age group, occupation and preferred family planning method experiences

Participants' perceptions and experiences with coitus interruptus revealed age-related differences. Younger students reported inconsistent use, often due to experimentation, with moderate satisfaction. In contrast, older students (31 and above) had a higher personal usage but expressed mixed satisfaction; approximately 58% pointed out drawbacks like reduced control and health concerns. Most respondents across age groups reported no history of STIs, though a few cases were noted among those aged 23–26 and over 31. The use of coitus interruptus varied among different student occupational groups. Sports Coaches and prison officers reported higher usage and satisfaction, while teachers and unemployed students showed less use and lower satisfaction. STIs were rarely experienced, although some misunderstood the method as a preventive measure.

The data suggests that occupational background influences both the frequency of use and perceptions of the method's effectiveness. There was an observed association or descriptive pattern which showed that occupation and formal education of the respondents were predictors of coitus interruptus use for family planning among the participants. Higher education is associated with better reproductive health outcomes and the adoption of modern contraceptive methods. However, no significant correlation was found regarding other causal factors influencing the choice of coitus interruptus beyond access to formal education.

Emergency contraceptive pills (48%) were the most preferred family planning method among respondents, followed by coitus interruptus (25%), Male Condoms (12%) and birth control pills (10%), indicating a mix of natural and pharmaceutical preferences. Other methods (5%) including Implants, IUDs and surgical methods, were rarely mentioned and less favored, potentially due to concerns regarding side effects or procedural hurdles. The data implies that students prefer familiar and accessible methods, while the low usage of long acting and reversible contraceptives points to insufficient knowledge and access, suggesting a need for targeted education and counseling.

4.7 Sexual Reproductive Rights Implications

About 65% of the participants viewed coitus interruptus as a personal choice rather than a sexual reproductive rights issue, with 22% undecided due to context and potential coercion. Only 13% linked it to human rights focusing on autonomy and relationship dynamics. The

results indicate a limited framing of coitus interruptus as a human rights issue, alongside a growing awareness of its cultural, ethical, and informational connections to reproductive choices.

5. Qualitative Findings

Table 2 presents the background characteristics of the 20 participants interviewed

Table 2: Background Characteristics of Participants

Variable	Frequency	Percentage (%)
Age Group		
23–26	2	10
27–30	7	35
31 and above	11	55
Gender		
Female	10	50
Male	10	50
Religion		
Christianity	15	75
Islam	5	25
Level of Study		
Second Year	4	20
Third Year	5	25
Fourth Year	8	40
Graduate Level	3	15
Occupation		
None	10	50
Teacher	7	35
Others	3	15
Ethnicity		
Akan	10	50
Ewe	5	25
Ga-Dangme	3	15
Fante	2	10

Source: Author's Field Data (2022)

5.1 Thematic Analysis for the Choice of Family Planning Method

The thematic analysis identified six key considerations (thematic categories) in participants' preferences for family planning methods: men's versus women's perspectives, agreement/dissent between partners, safety and STI prevention, convenience and ease of use, effectiveness with some doubts about reliability, and a preference for natural or non-invasive methods as alternatives to biomedical options (Table 3).

Table 3: Thematic Analysis for the Choice of Family Planning Method

Themes	Example Response
Men's versus women's perspectives	While some men find coitus interruptus challenging to utilise consistently, others feel competent and secure in its application.

	Women are anxious due to the high perceived risk of pregnancy associated with coitus interruptus, because its effectiveness mostly depends on the male partner's ability to effectively withdraw.
Agreement/dissent between partners	Participants of the Catholic religious faith viewed coitus interruptus as a sin against the natural purpose of the sexual act hence causing disagreements between partners.
Safety / STI Prevention	because it's safe and prevents further risk to the other partner, by not taking too many contraceptives
Effectiveness	not effective
Convenience / Ease of Use	very easy to use and less expensive
Natural / non-invasive	It's natural, and it's the most appropriate method

Source: Author's Field Data (2022)

The participants' quotations vividly demonstrate anxiety, mistrust, pleasure loss, religious conflict, and power asymmetries within relationships. For instance, some participants recounted their experiences as follows:

> *"I have never been successful with coitus interruptus. On many different occasions that I tried it; my partners came back pregnant. I refused responsibility because I pulled it off them before releasing"* (Male student 1).

> *"I have always been anxious during sex anytime we practice* the pull-out method *due to the two unwanted previous pregnancies I had, which were both associated with failure of the method, because I relied on my ex-boyfriend's ability to effectively withdraw, but at the peak of the act, they failed to come out early and hence poured everything inside me, making me pregnant"* (Female student 1).

> *"My wife always wants me to ejaculate inside her because, according to her Catholic faith, coitus interruptus, condom use or any form of contraception are sins against God's natural purpose for sexual acts; this sometimes leads to disagreements between us when we need to take precautions to prevent unwanted pregnancies"* (Male student 2).

> *"I prefer the withdrawal method because it's safe and has no side effects like the other family planning methods, which have many side effects and complications"* (Female student 2).

"I have been married for the past five years with two children, aged three years and 1 year. My partner and I have always used the withdrawal method to space our children because I am allergic to all the artificial family planning methods" (Female student 3).

> *"Why should I release outside my own wife if sex is meant to be enjoyed most at the peak? On a few occasions that I tried it, we did not enjoy the sexual act to the maximum; besides, I find it difficult to control myself in practicing this method when the sperm are coming."* (Male student 3).

"The *withdrawal method has failed me many times, leading to unwanted pregnancies and STIs----so, for me it's ineffective and should not be recommended to anyone as a family planning method"* (Male student 4).

5.2 Thematic Analysis on Human Rights

Participants viewed coitus interruptus as a human right issue affecting autonomy and consent, reproductive rights, informed choice, and partner influence (Table 4). Autonomy was linked to pregnancy and STI prevention, while reproductive rights emphasize mutual decisions. Access to information and personal choice were deemed crucial, with concerns about power dynamics arising from partner disagreements. The findings highlight human rights considerations by extending participants' perceptions of coitus interruptus beyond medical concerns. The study also examined gendered responsibility in withdrawal, noting a gap in understanding male perceptions of this method as responsible, even as women report a higher incidence of negative outcomes from method failure.

Table 4: Thematic Analysis of Human Rights

S/N	Themes	Example Response
1.	Autonomy and Consent	Relying on coitus interruptus to prevent pregnancy
		Using coitus interruptus to protect oneself against STIs
2.	Reproductive Rights	The partners have the right to coitus interruptus during sexual encounters
		Every individual has the right to be born
3.	Right to Information and Choice	Life is a choice of available opportunities, so if one chooses coitus interruptus as a family planning method, it is the person's right.
		Partners have the right to taking information received about coitus interruptus seriously or not.
		Any of the Partners can make a choice on coitus interruptus
4.	Partner Influence / Power Dynamics	imposing on other partners' rights if the two partners do not have a consensus
		Your partner might want to get pregnant.

Source: Author's Field Data (2022)

Table 5 presents the Thematic Analysis on TRA constructs. The thematic analysis exploring coitus interruptus (withdrawal) through the lens of the Theory of Reasoned Action (TRA) focused on how a person's behavioural intention to use or not use this method is shaped by two core components: Attitudes (beliefs about the outcome) and Subjective Norms (perceived social pressure).

Table 5: Thematic Analysis on TRA Constructs

S/N	Themes	Example Response
1	Attitudes	Search for reliable contraception option
2	Subjective norms	male partner's control and responsibility for withdrawal

		partner preferences for coitus interruptus
2	Behavioral intentions	the perception of trust and intimacy between partners.

Source: Author's Field Data (2022)

The analysis observed attitudes toward Coitus Interruptus through three key themes. Behavioural Beliefs, Subjective Norms and Intention versus Behaviour. For the behavioural Beliefs, it was observed that participants express both positive and negative evaluations of the method. The positive attitudes include its accessibility, natural approach without hormonal side effects, and enhancement of sexual pleasure by maintaining intimacy. The negative attitudes highlight anxiety regarding unintended pregnancies, disruption of sexual flow due to the method's demands, and lack of protection against STIs. The subjective Norms shows the influence of social pressures and partner dynamics is crucial. Partner reliance shifts contraceptive responsibility to males, affecting trust and performance pressure. Whereas cultural acceptance among peers can normalize withdrawal, but medical stigma exists, leading to underreporting of its use. The case of Intention versus Behaviour observed that there is often a disconnect between intention and actual practice. For instance, factors like emotional intensity, situational influences and communication failures can hinder the effective application of withdrawal during intercourse. The participants expressed their views in the following ways:

"We already have six children, but my wife does not want to use any family planning methods. Although my wife does not like it anytime, I pull out of her before I release, I am the one who takes care of the home and is responsible for the upkeep of the children, so I have to be more careful to plan my family to prevent unwanted pregnancies". (Male Student 4).

> *"People said the withdrawal method is natural and effective, so my husband and I tried it only once, but it failed us; that is why I became a mother today."* (Female student 4).

> *"I know my husband is a womanizer, but he doesn't like protected sex. So anytime we have sex, and I suspect he has an STI, I am very cautious about when he is about to ejaculate, so I push him to release outside me so that the sperm don't enter me to contract any STIs".* (Female student 5)

"My partner is always careful about pregnancy-----and keeps saying he is not ready for a child currently-----He always pulls his penis out of me before ejaculating anytime we have sex. I am ageing and really need a child. Still, he is not receptive to the idea of having a baby now-----on a few occasions that I forced him to release inside me, he insisted I take an emergency contraceptive to prevent pregnancy". (Female student 6)

Evidence from the current study based on the TRA identifies participants' attitudes, subjective norms, and perceived behavioural intentions as key predictors of the intention to use coitus interruptus as a contraceptive method. Despite being regarded as an ineffective contraceptive method, it is commonly utilised due to its convenience, low cost, and perceived trustworthiness, as outlined in the following narrative responses.

Attitudes towards coitus interruptus

"I see this method as a natural and reliable contraception option because it can be used anytime to prevent unwanted pregnancy." (Female student 7).

"My lady thinks it is risky and ineffective, so she will always use an emergency contraceptive backup every time we have sex, even if I pull out before ejaculation." (Male student 5)

Subjective norms to coitus interruptus

"Though it is the responsibility of the man to pull out of me before ejaculation, I really don't trust the men during intimacy, even if he is my committed partner and suggests we use this method." (Female student 8)

"I became pregnant twice after using this method because, in the first instance, the man couldn't control himself and ejaculated inside me. In the second instance, I really didn't know how it happened because despite him ejaculating outside me, I still became pregnant, and he refused responsibility on the grounds that he ejaculated outside me, so the pregnancy is not his." (Female student 9)

Behavioral intentions to coitus interruptus

"I prefer natural methods of family planning; hence, I always ensure I'm in my safe period before meeting my partner or use the withdrawal method to avoid unwanted pregnancy." (Female student 10)

"Despite my current awareness of its risks of failure and STIs, I still prefer coitus interruptus to the artificial methods because of its convenience and natural nature which does not affect my menses." (Female student 9)

The qualitative responses indicate that participants favour methods they perceive as effective and safe. Contradictory attitudes, such as labeling a method as "risky," "ineffective," "unsafe," and "unreliable" while still using it, highlight the need for clearer and more accessible instructions on the functionality and protection levels of various contraceptives.

6. Discussion

This study examined the awareness, perceptions, and experiences of coitus interruptus among Ghanaian university students, highlighting implications for reproductive rights. It explored how students view this method as a form of birth control, their levels of understanding regarding its effectiveness, and the cultural and social influences impacting their choices. The study aimed to shed light on the reproductive health education needed to enhance informed decision-making in sexual practices.

In this study, the survey findings on the background characteristics of the respondents, their level of awareness and perceptions about coitus interruptus informed the qualitative phase of the study. The qualitative phase acted as a deep-dive mechanism that unpacked why or how the quantitative patterns occurred. When some unexpected statistical findings were observed, the qualitative analysis through the in-depth interviews explored the context behind these trends, outliers, or high variability. The results of previous quantitative analysis guided participant selection for the qualitative inquiry, focusing on those with distinctive scores or

characteristics. The qualitative instrument (interview guide) was designed based on the quantitative outcomes to investigate specific correlations. While the quantitative methods highlight associations, the qualitative dialogue uncovered the reasons behind them, such as experiences, perceptions and constraints. Ultimately, the qualitative insights were synthesized with the quantitative data to create a comprehensive narrative that added human meaning to the quantitative findings.

An estimated sample size of 375 participants was planned for the study; however, only 136 responded, reflecting a low response rate common in sensitive studies (Fenton et al., 2001). The methodological strategies utilized during design and data analysis, however, helped mitigate the potential nonresponse bias. The participants in this study have different awareness, perceptions and experiences about coitus interruptus. While all the participants recognise its use, the majority (98%) tend to prefer more effective family methods due mainly to concerns regarding reliability and sexual satisfaction. Due to the low response rate and limited statistical power, the associations found using Chi-square tests and Cramér's V are viewed as exploratory rather than definitive (Fenton, et al., 2001; Damianovich et al., 2006).

The discussion of the key findings were situated within the relevant existing literature, reinforcing the persistence of misconceptions about STI prevention and the symbolic association of withdrawal with trust. Theoretically, this study integrates Robert Connell's Theory of Gender and Power (TGP), Fishbein and Ajzen (1975), Theory of Reasoned Action (TRA) and Ross, et al., (2017) documentation of the 1994 Reproductive Justice (RJ) Framework. These theoretical underpinnings were used to examine gender inequality, sexual and reproductive rights among university students. Connell's theory posits that labour division, and power dynamics uphold gender inequality, rendering it often invisible in society (Connell, 1990). The TGP was used to illuminate inequalities in contraceptive decision-making, while the RJ framework provided the background for discussing sexual autonomy, access to information on the various sexual and reproductive rights-based issues associated with the use of coitus interruptus as a family planning method among the study population. The integration of the TGP, the TRA, and the 1994 RJ created a multi-layered approach to studying coitus interruptus. Together, they shift the focus from viewing coitus interruptus as merely an isolated, individual behavioural failure to understanding it as a complex practice shaped by relational dynamics, cognitive intentions, and systemic inequalities. Using this concept for designing the research instruments emphasised the complex relational dynamics over simplistic inquiries. The TGP also guided the design of the research instruments as it guided the assessment of power imbalances in sexual relationships, such as male control over contraception timing. The TRA evaluated psychological factors influencing contraceptive choices, focusing on personal attitudes and societal norms. The 1994 Reproductive Justice Framework gathered intersectional data, acknowledging diverse women's experiences influenced by socioeconomic status and healthcare access. In the data analysis, TGP and TRA confirmed how gender roles affect contraceptive reliance, while the RJ Framework highlighted systemic barriers. Ultimately, these frameworks elucidate the continued use of coitus interruptus despite its less effectiveness, thereby underscoring the importance of contextual factors in reproductive health decisions (Gbagbo, 2026).

The use of the TRA in this study was key as it emphasized that attitudes and perceived social norms shape behavioral intentions, influencing contraceptive choices like coitus interruptus, which carries risks. For instance:

6.1 Attitudes towards coitus interruptus

Participants' attitudes towards coitus interruptus as a family planning method vary widely; it was seen as a reliable option by some participants, while others viewed it as risky and ineffective. This method carries significant cultural, religious, and historical implications (Santow,1993). As previously observed by Genazzani et al., (2025), Coitus interruptus was also found in the current study to be popular among the participants who have unmet needs for modern contraceptive options, those afraid of contraceptive side effects, those not eligible for modern contraceptive options and those who have religious and cultural values regarding modern contraceptives. Acceptance of coitus interruptus fluctuates, being more accepted in long-term relationships and less so in casual encounters as also observed by Passet-Wittig and Lück, (2025) in an earlier project by the German Research Foundation on the Drivers of contraceptive non-use among women and men who are not trying to get pregnant.

6.2 Subjective norms to coitus interruptus

Subjective norms regarding coitus interruptus use in the current study involve social pressures and beliefs that affect a couple's contraceptive decision making and choices. Key aspects include the male partner's control and responsibility for coitus interruptus, trust and intimacy in committed relationships, partner preferences favouring this method over others, and concerns that it may diminish sexual pleasure. These norms highlight the interplay between interpersonal dynamics and the acceptance of coitus interruptus as a contraception method among some participants. The work of Raine et al., (2010) on Contraceptive decision-making in sexual relationships focusing on young men's experiences, attitudes and values supports this finding. Their study shows that although much attention has been focused on efforts to reduce unintended pregnancy by improving contraceptive use among high-risk women, there is limited information to guide interventions to engage young men in contraceptive decision-making. These observations also support those of John, Babalola, & Chipeta, (2015) and Kusunoki, & Barber, (2020) where interpersonal dynamics influenced the acceptance of coitus interruptus as a contraceptive method particularly in marriage.

6.3 Behavioural intentions to coitus interruptus

Behavioural intentions regarding coitus interruptus are motivated by the desire for natural and accessible contraception, particularly among younger individuals (Gilliam, & Hernandez, 2007; Gbagbo, 2026). The key influencing factors observed in the current study included the method's convenience and cost, the perception of safety and trust during intimacy between partners. Limitations such as the risk of failure and lack of STI protection led to the use of backup contraceptives methods following coitus interruptus in some situations. Contextual factors like age, relationship status, and cultural acceptance also play significant roles. Additionally, psychological aspects, such as ambivalence about pregnancy and attitudes towards condoms, influence their adoption. Overall, coitus interruptus is preferred for its perceived convenience and natural experience, despite awareness of its risks

Linked to the theoretical underpinnings of the study, the qualitative findings of the study shows that behavioral intention, attitude toward the behavior, and subjective norm are interconnected constructs influencing actions like coitus interruptus. Behavioral intention, affected by attitudes and social pressures, governs sexual behaviours, showcasing participants' differences in learning about contraceptive methods between younger and older students, influenced by education and social networks. Misconceptions about STI prevention persist among educated individuals due to societal stigma surrounding STIs and unplanned pregnancies in Ghana, hindering access to accurate sexual and reproductive health information. Similar findings have been reported in an adolescent and young populations study (Whittaker et al., 2010), where withdrawal was linked to experimentation and peer influence.

Additionally, the reproductive justice framework advocates for marginalized populations' rights related to reproduction and bodily autonomy, moving beyond simplistic pro-choice versus pro-life debates. This synergy of theories elucidates how societal structures influence individual sexual and reproductive decisions while advocating for self-determination and equitable access to reproductive resources including Coitus interruptus.

The integration of these complementary frameworks has strengthened the analysis of the paper, particularly regarding autonomy, coercion, and partner dynamics involved in coitus interruptus. From the perspective of reproductive justice, the findings further reveal a correlation between quantitative data and qualitative responses regarding contraception preferences.

6.4 Culture, Religion, and Ethnicity Dynamics of Coitus Interruptus

In this study, it was observed that coitus interruptus is primarily influenced by culture, gender, religion, and ethnicity dynamics. The study participants largely stated that coitus interruptus is an important method of contraception of choice for them despite its documented high failure rate as reported by some previous studies (Demir et al., 2021; Bawuah et al., 2026). The method was also culturally acceptable because of male decision-making authority, religious beliefs, fear of side effects and problems with modern family planning methods, as well as participants' preferences for natural contraceptives.

Participants viewed withdrawal as "responsible" under conditions of trust but perceived it as risky otherwise. Some participants held contradictory beliefs, considering certain methods "ineffective" yet continuing to use them. This underscores the need for clearer and professional education on contraceptive methods, tailored to users' socio-demographic contexts. Another key finding was the significant impact of occupation on perceptions, with teachers and coaches showing greater awareness through formal education, while unemployed individuals relied more on peer discussions.

Ethnicity also revealed a strong link to awareness and practice of coitus interruptus, which is influenced by cultural and religious norms that prescribe and affect decisions regarding contraception. This finding was also observed in a previous study by Cory et al. (2025), where some women expressed worries about side effects contraceptives such as infertility hence tend to value the views of peers and male partners to guide their contraceptive choices. These perspectives reveal a blend of beliefs regarding the influence of ethnicity, religion and experiences of stereotyping in contraceptive decisions, including the choice and use of coitus interruptus.

The quantitative results indicated a significant association between ethnicity and perceptions (Cramér's $V = 0.44$), supported by qualitative findings that demonstrate how norms influenced initiation and satisfaction with coitus interruptus. These results align with previous research (Ndayishimiye, 2020; Thomé, 2022) which show that traditional methods are shaped by community norms and moral beliefs, underscoring the necessity for family planning education that is culturally tailored and age sensitive.

The participants' qualitative narratives in the current study challenge simplistic views of "contraceptive choice," illustrating how coitus interruptus can express autonomy while simultaneously representing coercion and a violation of sexual and reproductive rights. This

finding aligns with Eldridge (2011) where people in making contraceptive decisions have to explore the various available options before settling on those that meet their needs.

6.5 Age and Occupation Dynamics of Coitus Interruptus

Experiences with coitus interruptus differed by age and occupation. Younger users indicated inconsistent satisfaction and greater experimentation, while older individuals had polarized views, showing both autonomy and skepticism about its effectiveness. Misunderstandings about STI/ HIV protection emerged, with some incorrectly linking withdrawal to prevention. Similar misconceptions were observed in rural Uganda (Higgins et al., 2014) and among African American adolescents (Horner et al., 2009) who recognized withdrawal's failure to prevent STIs despite associating it with trust.

6.6 Gender and Power Dynamics of Coitus Interruptus Use

Gender and power dynamics were observed in the decisions on the choice of coitus interruptus. While some men found coitus interruptus challenging to utilise consistently, others felt competent and secured in its use. The high perceived risk of pregnancy associated with coitus interruptus, which mostly depended on the male partner's ability to effectively withdraw, was the main cause of women's anxiety around the use of coitus interruptus which Gbagbo (2026) also documented.

In the context of navigating marital disagreements, it was observed in the current study that some female partners insist on ejaculation into the vagina due to their beliefs influenced by Catholic doctrine, which views coitus interruptus and condom use as sinful (Kalbian, 2014). Coitus interruptus was also observed in the current study as a violation of sexual and reproductive rights particularly in situations where both partners are not in mutual agreement for its correct use. This difference in perspective was reported as a cause of conflicts among some partners, particularly regarding the practices of coitus interruptus as a form of contraception and was also document by Endsjø, (2012).

6.7 Human Rights Implication of Coitus Interruptus

Various issues such as the right to health and reproductive autonomy arose from the study which have critical human rights implications. For instance, it was observed that Coitus interruptus offers significantly less protection against both unintended pregnancy and sexually transmitted infections (STIs) compared to modern barrier or hormonal contraceptive methods (Forbis, Jackson, & Blumenthal, 2026). The method has high failure rates due to biological and behavioral factors, such as the need for precise timing, the possibility of sperm in pre-ejaculatory fluid, and the lack of protection against STIs during vaginal penetration (Mason, et al., 2023). While it is a widely accessible and cost-free form of family planning, relying solely on this method carries substantial health and reproductive risks (Tulsiani, & Abou-Haila, 2010).

The effectiveness of coitus interruptus often depends on the male partner's self-control, which can undermine women's agency and disrupt sexual pleasure (Katz, & LaRose, 2019). Access to accurate information regarding the associated risks of coitus interruptus is essential for informed decision-making, but factors like male dominance and cultural or religious beliefs can influence mutual consent for the effective use of coitus interruptus (Simetinger, 2026).

The documented high failure rates of coitus interruptus in the literature and its inability to prevent sexually transmitted infections (Higgins et al., 2014) may result in unintended pregnancies, compromising women's control over their reproductive choices as well as the risk

of sexually transmitted infections. To enhance reproductive control and reduce infection risks, combining methods is recommended. Using barrier methods like condoms with effective contraceptives and considering emergency contraception after potential failures can provide improved protection against unintended pregnancies and STIs.
The human rights implications of coitus interruptus observed in this current study were also documented in a previous study (Nyinawagaba, 2024) including the right to make informed decisions about coitus interruptus, the need for thorough knowledge on coitus interruptus and bodily autonomy. Lack of full sexual pleasure due to cautiousness to ensure ejaculation outside the vagina whilst practicing coitus interruptus may violate the individual 'rights to full sexual enjoyment'. Samani et al. (2022) argued that although coitus interruptus is a straightforward physical act, its use frequently takes place in the context of injustice and disinformation, raising significant human rights concerns, particularly for women and girls.

In the current study, the participants' perceptions of sexual and reproductive rights and ethical concerns could be linked to the sexual and reproductive rights established under recognised legal national and international frameworks. The 1992 Constitution of Ghana for instance, does not explicitly name "sexual and reproductive rights" in a single clause but embeds them across foundational human rights provisions in Chapter 5 (Articles 12–33). These constitutional provisions include:

- *Article 12 (Protection of Fundamental Human Rights and Freedoms):* Mandates that all organs of government (Executive, Legislature, Judiciary) and persons respect and uphold fundamental freedoms without discrimination based on gender, race, or religion.
- *Article 13 (Protection of Right to Life):* Implies obligations surrounding maternal health and safe childbirth environments to prevent avoidable maternal and infant mortality.
- *Article 15 (Respect for Human Dignity):* Prohibits all forms of torture, cruel, inhuman, or degrading treatment which is an argument that frequently applied against gender-based violence, forced marriage, or abusive medical handling.
- *Article 17 (Equality and Freedom from Discrimination):* Guarantees equality before the law and explicitly prohibits discrimination on the grounds of gender, forming the constitutional anchor for gender equity and anti-discrimination policies.
- *Article 18 (Protection of Privacy of Home and Other Property):* Protects personal and bodily privacy, which underpins confidential medical and reproductive health choices.
- *Article 21 (General Freedoms):* Includes the right to information (Article 21(1)(f)), which courts and advocates interpret as encompassing access to sexual and reproductive health education.
- *Article 24 (Safe and Healthy Working Conditions):* Guarantees safe and healthy conditions for workers, intersecting with reproductive health protections for working women and pregnant mothers.
- *Article 27 (Rights of Women):* Specifically provides for special support, paid leave, and social facilities for working mothers, as well as safeguards against deprivation of property, health, or social status by reason of traditional or customary practices.
- *Article 28 (Rights of Children):* Mandates special care, maintenance, and protection for children (under 18) against economic and social exploitation, tying into prohibitions against child marriage and adolescent abuse.
- *Article 30 (Medical Treatment during Sickness):* Addresses rights concerning medical treatment and consent during sickness.
- *Article 33(5) (Unenumerated Rights):* Preserves other rights and freedoms that are inherent in a democracy and consistent with the spirit of the Constitution thereby allowing courts to recognize fundamental human rights not explicitly listed in text (such as aspects of personal bodily integrity)

6.8 National and International sexual and reproductive health (SRH) frameworks

There are also some complementary national and international frameworks that support the constitutional provisions of sexual and reproductive health rights. Key among these include:

- **National Legislation:**
  - *Children's Act, 1998 (Act 560):* Sets the legal age of marriage and adulthood protections at 18.
  - *Domestic Violence Act, 2007 (Act 732):* Criminalizes domestic and marital abuses, addressing bodily integrity.
  - *Criminal Offences Act / PNDCL 102:* Outlines narrow statutory exceptions for lawful abortion (e.g., rape, incest, threat to mental/physical health).
- **International and Regional Treaties:**
  - *ICCPR & ICESCR:* International covenants recognizing the right to health (Article 12 of ICESCR) and the right to seek, receive, and impart information.
  - *ICPD (Cairo, 1994) & Beijing Platform for Action (1995):* Established sexual and health rights as core human rights dimensions linked to empowerment and gender equality.
  - *Maputo Protocol:* The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, which explicitly champions women's sexual and reproductive autonomy (though domestic implementation and ratification caveats apply).

Findings from the current study also align in part with the provisions of some of the International sexual and reproductive health (SRH) frameworks, such as the 1994 International Conference on Population and Development (ICPD) Programme of Action, the Beijing Platform for Action, and the Sustainable Development Goals (SDGs), targets 3.7 and 5.6, that are grounded in human rights law, and seeks to provide universal access to comprehensive care such as family planning, maternal health, and HIV prevention (Khasanova, 2025).

In my personal considered view, coitus interruptus does not in itself constitute violation of sexual and reproductive rights. Concerns arise where there is coercion, misinformation, lack of meaningful partner consent or interference with a partner's sexual and reproductive autonomy. As advocated by the World Association for Sexual Health (WAS) and the International Planned Parenthood Federation (IPPF), the "rights to full sexual enjoyment" are part of sexual rights recognized as fundamental human rights, ensuring pleasurable, satisfying, and safe sexual experiences free of coercion, discrimination, and violence, which are essential for overall health and well-being.

These international sexual and reproductive health frameworks acknowledge coitus interruptus as a traditional contraceptive method, albeit less effective than modern options and without STI protection. The World Health Organization (WHO) and Centre for Disease Control and Prevention (CDC) highlight the importance of proper technique and its limitations, noting a 4% failure rate with correct use and a 22–27% rate in typical use (Curtis et al., 2016). The WHO Family Planning Handbook (WHO, 2025) underscores the cost-effectiveness and universality of coitus interruptus, while the Family Planning Medical Eligibility Criteria indicate no health contraindications, although providing some recommendations to include it as a backup method with hygiene practices and consideration for emergency contraception.

The observation from the current study that Emergency contraceptive pills were the most preferred alternative contraception method at 48%, followed by coitus interruptus (25%), male

condoms (12%), and birth control pills (10%) shows a perceived desire for “raw sexual intercourse” but mindful of preventing an unwanted pregnancy. The practice of coitus interruptus (withdrawal) was commonly used among participants due to its perceived natural nature and minimal side effects. This perception results in the dependence of coitus interruptus as a natural method, despite doubts about its effectiveness, mirrors global findings that couples often choose when modern methods are unavailable, unacceptable, or perceived to have side effects (Thomé, 2022). The other contraceptive methods, such as implants, IUDs, and surgical options, made up only 5% of the contraceptive preferences observed in this study, which are predominantly due to reported concerns about side effects or procedural difficulties. Education interventions should therefore not only promote modern contraceptives but also address persistent myths and normalize conversations about sexual decision-making.

7. Conclusion

This study explored the importance of an overlooked contraceptive method in reproductive rights discussions and highlight gaps in literature regarding its classification as a "traditional method," as well as factors affecting its use and effectiveness among university students in Ghana. The findings align with the theoretical underpinnings used, advocating for rights-based approaches in contraceptive counselling. Similarly, the participants’ perceptions and beliefs that Coitus interruptus prevents STIs is a major misconception that has to be addressed since it does not offer protection against STIs. Given the widespread use of coitus interruptus among the study population, the practical implications for the university public health unit involve education on its low efficacy against pregnancy prevention and lack of STI protection. Access to accurate information about coitus interruptus is essential for student users to make informed decisions about their sexual and reproductive health and rights. Limitations in the design and the sample size used necessitate cautioning readers against overgeneralising the results.

8. Recommendations

In view of the gaps identified in literature, the small sample size used, findings and the limitations of the current study, it is recommended that future research in this area should involve larger sample size, multiple universities and longitudinal or intervention methods to track attitude changes and the effectiveness of tailored contraception education programmes. Additionally, including perspectives from healthcare and family planning service providers may improve understanding to inform contraceptive policy and programme decisions in Ghanaian universities.

The study highlights its strengths in novelty regarding contraceptive security trends among students at a major public university in Ghana, specifically focusing on coitus interruptus. It explores cultural tensions between traditional conservatism and modernity. The innovative mixed-method data collection, conducted with strong ethical considerations, is recognized as a key asset for generating robust data.

The study faces limitations such as a low survey response rate (136 vs. 375 target), affecting representativeness and statistical power. Participant recruitment challenges, stemming from the sensitive subject, could compromise validity and generalizability. I acknowledge that the intentional (purposive) recruitment of only sexually active students may limit representativeness and may bias findings towards individuals already involved in contraceptive decision-making. I also acknowledged this as a methodological limitation of the study. The purposive sampling of sexually active students may also overlook abstainers' perspectives.

Nonetheless, this approach was deliberate towards recruiting prospective respondents who had experiences with coitus interruptus and were willing to participate in the study. Furthermore, findings are constrained by the study's single-institution focus, and the reliance on self-reported data raises concerns regarding recall and social desirability biases.

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