Men Bring Condoms, Women Take Pills:
Men's and Women's Roles in Contraceptive Decision-Making

Julie Fennell
Gallaudet University

Introduction

Although scientists and the media regularly promise that a male birth control "pill" will be available "in just a couple of years," decades have passed with many new methods of female-controlled contraception appearing and no new methods of male-controlled contraception. Despite unequal technological access, men and women both share in the experience of unintended pregnancy and sexually transmitted diseases, though their experiences often differ. From both a legal perspective and an academic and theoretical perspective, American men's role in the fertility and contraceptive decision-making process is unclear. Many academics and lay people both assume that men are uninterested in and uninformed about contraception, but this assumption has largely remained untested. This paper explores what men perceive their role in the contraceptive decision-making process to be and what women perceive and want men's role to be. Making use of in-depth interview data with 30 American couples, this research contributes to a growing body of literature looking at men and women together in couples as a major fertility and contraceptive decision-making unit of analysis.

Literature Review

The nature of contraception as a medical technology brings with it related, but distinct, biological and social constraints pertaining to sex and gender. Biologically, women have greater power over the contraceptive technologies currently available for preventing pregnancy, because they have a greater selection of reversible contraceptive methods, and they can use them without negotiating use with their partners. Men do not have access to the most effective reversible methods (the Pill, the IUD,

etc.) of pregnancy prevention without negotiating their use with their female partners. However, men have greater control over male condoms, which gives them a biological and social advantage in disease prevention, since women must negotiate with them if they want to use condoms. Currently, women are socially and biologically disadvantaged in disease prevention, since they do not have access to methods which are entirely within their control for disease prevention[1]. This situation leaves men with better control over disease prevention and women with better control over pregnancy prevention.

There has been extensive research on men's and women's relative contributions to contraceptive and fertility decisions in developing countries, where there has been a strong interest in men's potential role in shaping the outcome of family planning programs (e.g. Bankole and Ezeh 1999; Bankole and Singh 1998; Dodoo and Frost 2008). During the 1990s, the Demographic and Health Surveys began to collect information from focal women and their husbands, leading to couple analyses for many different countries (e.g. Bankole and Singh 1998; Blanc 2001; Dodoo 1998; Ezeh 1993; Lasee and Becker 1997). In addition, many studies combining couple interview and survey data have been collected in a wide variety of contexts, including Nepal (Barber and Axinn 2004), Guatemala (Becker, Fonseca-Becker, and Schenck-Yglesias 2006), Zambia (Biddlecom and Fapohunda 1998), the Phillippines (Biddlecom, Casterline, and Perez 1997; Williams and Sobieszczyk 2003), Vietnam (Luke et al. 2007), Nigeria (Oyediran 2005), Kenya (Clark, Kabiru, and Zulu 2008), and India (Ranjan 2004). These studies have consistently demonstrated that men are significant actors in fertility and contraceptive decisions, but their exact roles depend on numerous factors, including cultural context, class position, ethnicity, and marital status.

The research cited above indicates that in many developing contexts, men generally have more power than women over the prevention of disease and pregnancy (Blanc 2001; DeRose, Dodoo, and Patil 2002; Dodoo and Tempenis 2002). But the question of how much power and influence men have

[1] Contrary to its creators' intentions, the female condom is awkward to use and requires some male cooperation to use effectively; moreover, rates of ever use in the U.S. hover around 2% (Hoffman et al. 2004).

in contraceptive decisions among couples in developed contexts is less decided. Comparatively, women have greater power over many decisions in developed contexts, both inside and outside of the domestic realm, which has traditionally been under the control and management of women (Hochschild 2003 [1990]). This would imply that women may have more control over fertility and contraceptive decisions than men in these contexts even when men hold more obvious symbols of relationship power such as money and educational attainment. In general, heterosexual couples in the U.S. are more likely to report that men have more power than women in relationships (Felmlee 1994), with longitudinal data indicating that these perceptions are stable across time (Sprecher and Felmlee 1997). However, experimental evidence suggests that women may have more power in contraceptive decisions than men based on the finding that men's reports on contraceptive preferences differ more from the couples' actual contraceptive use than do women's (Gerrard, Breda, and Gibbons 1990). Self-report, on the other hand, suggests that husbands' and wives' relative influence over the contraceptive decision-making process varies according to the contraceptive method (Miller and Pasta 1996), while U.S. men report that they share equal responsibility with women for contraceptive decision-making (Grady et al. 1996). Forste and Morgan (1998) show that after controlling for the characteristics of U.S. men's female partners, the characteristics of the man were still significant predictors of contraceptive use, suggesting that men exert at least partial influence over contraceptive decisions and outcomes. Thus the question of how gender affects the distribution of contraceptive decision-making power among couples in the U.S. remains an open question that this paper will explore to better understand the circumstances that facilitate and discourage men's participation.

Given the biological and social constraints on contraceptive use, it is likely that couples in long-term relationships respond to these limitations by distributing primary contraceptive decision-making authority along gendered lines. Sociologists have uncovered patterns of gendered division of labor in relationships with respect to other tasks which couples must perform such as housework, childcare,

elder care, and financial management (Abroms and Goldscheider 2002; Bianchi et al. 2000; Cunningham 2001; Erickson 2005; Ferree 1990; Hochschild 2003 [1990]). Not only is there a tendency for certain tasks to be performed by men or women, the performance of these tasks may affirm or undermine a person's sense of masculinity or femininity. Pyke (1996) points out that the gendered assignment of these tasks is frequently accompanied by the illusion that men or women *could* be equally capable of performing them when in fact neither sex would be comfortable performing outside of their gender-appropriate roles. I suggest that contraceptive decision-making and responsibility presents another task that most heterosexual couples must successfully accomplish in an era of low fertility, and one which follows a path of gendered division of labor in the U.S. For most hormonal contraceptives, occasional doctor's visits must be made, infrequent pharmacy purchases must be obtained, and some sort of contraceptive regimen (daily, weekly, monthly, or sometimes much less) must be maintained. Because women are the ones who must visit the doctor and are usually the ones who must take or use the contraceptive method, they are likely to become the ones most responsible for the overall contraceptive upkeep in a couple. Indeed, the biological limitations of modern contraceptives create a parallel among other domestic tasks only with feeding infants, which also, because of the biological limitations of nursing, tends to become a task performed by women (Deutch 1999). Couples can, of course, choose to rely on condoms (as they can choose to rely on infant formula instead of breastmilk), but there are many reasons—not the least of which being contraceptive efficacy—why they would choose to rely on hormonal contraceptives instead in the long-term. Consequently, this paper fills a gap in the literature by examining the way that men's participation in the contraceptive decision-making process is part of the gendered division of labor in relationships.

Despite criticism charging that fertility and family studies have focused on women to the exclusion of men (e.g. Becker 1996; Goldscheider and Kaufman 1996; Greene and Biddlecom 2000; Helzner 1996; Watkins 1993), studies of couples in developed countries have been slow to emerge.

Several major surveys, such as the British Household Panel Study, the National Survey of Families and Households (U.S.), the Add Health survey (U.S.), and the Fragile Families Survey (U.S.) have included couple subsamples. The most recent wave (2002) of the National Survey of Family Growth in the U.S. surveyed both men and women, but it did not survey couples. William Grady and colleagues at the Batelle Institute recently conducted a nationally representative survey of couples in the U.S. called the National Couples Survey (Billy, Grady, and Sill 2009). Studies of men's involvement in fertility in developed countries tend to be studies of the specific experience of *fatherhood*, not fertility decision-making per se, and even more rarely contraceptive decision-making (e.g. Christiansen and Palkovitz 2001; Eggebeen and Knoester 2001; Marsiglio et al. 2000). This article seeks to clarify men's and women's relative roles in contraceptive decision-making in the U.S., with information from each about their self-perceived roles and information about their perceptions about their partner's roles.

Methods

In order to better understand the process of contraceptive decision-making, separate interviews were conducted with both members of 30 opposite-sex young adult couples (60 individuals) on the East Coast of the United States. The woman in each of these relationships was between the ages of 18 and 30, and all the couples had been romantically involved for at least six months. The interviews sought to ascertain what factors motivated contraceptive decisions, how calculated contraceptive decision-making is, and how contraceptive decision-making varies at the individual and the couple level. The interviews collected contain information on the history of the current relationship, including how the couple met, decisions about marriage and cohabitation, and the current status of their relationship. In addition, they contain information about general fertility preferences as well as fertility preferences with this partner. They have data about how contraceptive decisions were made, the context in which they were made, and who made them. The interviews overall focused on the current relationship, since

that is the only relationship which has information from both partners. However, having information on contraceptive decisions in the current relationship and previous relationships permits comparison between individuals' decisions on their own and with different partners. This comparison allows us to draw conclusions about the extent to which women's and men's contraceptive behavior was motivated by their own preferences versus their partners' preferences. Interviews averaged about an hour in length, but were as short as 35 minutes and as long two hours.

Five couples in the sample were recruited randomly from the internet, but the majority of respondents were recruited using a snowball sampling technique through friends in states all along the East Coast; half currently resided in North Carolina. 55 of the 60 respondents were non-Hispanic Whites, and most were well-educated: only 7 had a high school diploma or less, and 15 had attended or were currently attending graduate or professional school. All the couples in the sample were in what they characterized as serious relationships. Everyone claimed that they were in love with their current partners, and most respondents said that they had been in love for some time. However, because interviews contain data about individuals' relationship history information, comparisons are possible between people's contraceptive decisions with short-term partners, long-term partners in early relationship stages, and long-term partners in later relationship stages. Characterizations of individuals and their relationship tendencies are drawn from these individual relationship histories as well as the complementing portrayals of contraceptive decision-making occurring in their current relationships from their partners.

Because couples were recruited for this study instead of individuals, I suspect that my respondents' relationships were of higher quality than average relationships. Relationship quality is difficult to measure objectively, but many couples showed visible signs of affection when I observed them together (such as physical touching, and saying "I love you" spontaneously). More concrete—although more subjective—were the respondents' own reports, comparing their current relationship to

their previous relationships. People probably have an unconvincing tendency to portray their current relationship as their most satisfying ever, but key factual evidence supported the conclusion that these relationships really often were: three female respondents volunteered that their current partner was the first out of several partners to consistently help them reach orgasm[2], and women's sexual satisfaction is highly correlated with overall relationship satisfaction (Waite and Joyner 2001). Furthermore, no one mentioned seriously abusive behaviors, and few respondents even mentioned arguing very much. Only two of the sample couples had ever broken up with each other for any substantial period of time, and those two relationships overall were the most noticeably troubled. Since participating in a research study together (even though they were interviewed separately) required communication and coordination between members of the couple[3], I believe that the people who participated in my study on average were in higher quality relationships than the general population of longer-term relationships.

Results

The technological constraints that current contraceptives introduce produce differences in the ways men and women approach contraception. The only reversible methods of birth control available to men are condoms and withdrawal, but women have access to a wide array of barrier, hormonal, and intrauterine contraceptives. In common practice male condoms are the only reliable method of pregnancy *and* disease prevention[4], but female-controlled hormonal methods were the most effective

[2] The interview schedule did not specifically ask about sexual satisfaction, so there may have been others for whom this was true. Furthermore, 13 of the 60 respondents had never had sex with anyone other than their current partner, which was actually more common among older respondents than younger ones.

[3] This problem was demonstrated on two separate occasions, when I scheduled interviews with couples who had to cancel their interviews at the last minute and were unable to immediately re-schedule; in both cases, when I returned less than a month later to try to schedule interviews with them again, their relationships had dissolved—one of those couples had even initiated divorce proceedings.

[4] No one in my sample had used female condoms, and several people laughed at the prospect, saying they seemed impossibly awkward.

methods of pregnancy prevention. Yet the reality of these methods does not present women and men with equal opportunities to be involved in contraceptive negotiation for several reasons. First, women are inherently more involved in decisions about condoms because they share the physical experience of them, and they can usually discern whether or not they are being used. By contrast, men have to actively—and sometimes awkwardly—seek ways to be involved in women's more private experience of hormonal contraceptive use, such as taking pills, changing vaginal rings, etc. Second, couples rarely rely on condoms long-term because both men and women often perceive condoms as less convenient, less effective in preventing pregnancy, and less physically pleasurable than most hormonal methods; consequently, men's role as a major contraceptive actor in most couples is often relatively brief.

The primary agents of contraceptive socialization for both men and women are significant others and the media: peers, parents, sexual partners, television, and the Internet were the most frequently mentioned. People occasionally learned about specific methods from formal sources like school and medical professionals, and also, again, from the media, but they mostly learned about the concept of contraception and the importance of using it from people who mattered to them. However, men and women experienced gender-differentiated contraceptive socialization such that men are socialized to condom use and women are socialized to hormonal contraceptive use (generally the Pill). One example of this different socialization was that it was fairly common for parents to give their sons condoms and tell them to "be responsible," but women did not mention their parents giving them condoms. On the other hand, it was common for mothers to help their daughters obtain the Pill or other hormonal contraceptives and to provide advice and guidance about their use, while men did not recount getting information about hormonal contraception from parents. These different experiences of contraceptive socialization probably result partly from larger social ideas about men's and women's different experience of unintended pregnancy, and partly from gender-segregated social networks. Every respondent said that they had information about their sex-specific method of contraception (i.e.

men knew how to use condoms and women knew how to use the Pill) by the time they became sexually active, but they generally had less information about methods physically controlled by the other sex. Yet women's remarks still often indicated that they knew more about condom use than men knew about hormonal contraceptive use.

Men Bring Condoms, Women Take Pills

Men's and women's differential contraceptive socialization and experiences result in different gendered expectations about contraceptive responsibility such that men are expected to be more responsible for condoms and women are expected to be mostly responsible for hormonal contraception. Evidence of these expectations tended to emerge implicitly from respondents' attitudes, although Glenn[5], now in his late twenties and married for several years, says specifically that when he was a teenager, young men were expected to bring condoms to their sexual encounters:

> And, I mean, me personally—when I was growing up, and I got sexually active—it was pretty much up to the guy to bring the condoms. I only dated a couple girls who actually had them.

Echoing Glenn's perspective from the woman's point of view, Penelope, in her mid-twenties, expresses scorn for a young man she had a one-night stand with who came to a sexually permissive environment without a condom:

> But there were a couple of one-night incidents. Which is like, 'Hi, we're on a cruise ship. I'm intoxicated. It's nice to meet you.' And then, it just happened. […[6]] That dude, that dude didn't even have a condom. He's lucky that I'm prepared.

The fact that Penelope *had* condoms demonstrates that bringing them is not an exclusively male burden, but her assumption that a young man should have condoms, combined with Glenn's comments and the comments of others, suggests that men and women both perceive men as primarily responsible

[5] All names are pseudonyms. To minimize confusion, current couples have alliterative pseudonyms; because there are 30 couples and only 26 letters in the alphabet, many couples' names are based on alliterative diphthongs.
[6] All bracketed ellipses indicate text that has been omitted; all other ellipses indicate lengthy pauses or trailing off on the part of speakers.

for bringing condoms to short-term relationships or initial sexual encounters in long-term relationships.

Though men were more strongly socialized to their use, women generally seemed to feel confident that they knew how to use condoms correctly, and, like Penelope, they regularly brought them to sexual encounters. Most women were also confident about asking men to use condoms whenever they wanted them to, whether with short-term or long-term partners. Men, on the other hand, were much less confident about their knowledge of female-controlled methods and much more reluctant to ask their partners to use hormonal contraception or discuss its potential use with them. Murray, now in his mid-twenties, explains that when he was younger, he never asked a girl to use hormonal birth control in part because of ignorance about it and in part because of gender-segregated contraceptive responsibility:

> I didn't know a lot about them [hormonal birth control methods]. I knew birth control was an option, but I didn't know what one had to do to get it and what side effects were. And I knew that it was something the girl had to do, so it wasn't necessarily something I had to worry about. Not my deal—if the girl wants to do that, awesome, if not, I'm not going to push it really.

Like Murray, Hernando, now in his early thirties, explains that when he was younger and engaging in regular casual sex, he used condoms to protect himself and saw no reason to ask women if they were using birth control:

> Hernando: All the other girls I had sex with never used birth control.
> Interviewer: And you never talked about, you never asked them?
> Hernando: No.
> Interviewer: To get it or anything.
> Hernando: No. It was their business, not mine. I guess it is my business, but I use condoms.
> Interviewer: Right.
> Hernando: So I thought I was doing my part. It wasn't a big deal to me. I was hoping they would be safe. But I wore a condom for birth control and disease.

Most men, like Murray and Hernando, were much less likely to try to persuade their female partners to use hormonal contraception than women were to try to persuade their male partners to use condoms. Because women were the ones who had to put hormones into their bodies, men often said that they hesitated to ask them to do so.

Men's reluctance to negotiate hormonal contraceptive use made many women believe that most men did not care about hormonal contraceptive use. Amanda, who was in her early twenties, commented, "I've never had a boy say anything about the Pill; I don't think they really care," summarizing several women's feelings on the issue. It may be true that most men cared *less* than most women about hormonal contraceptive use (and women often cared less than men about condom use), but I think it would be incorrect to attribute the silence of men like Hernando and Murray on the subject to carelessness[7]. Hormonal contraception creates barriers for entry for men: they are often ignorant about its use and uncertain about how to broach the subject with women or if it is appropriate for them to do so. Moreover, women like Amanda often seemed to disparage men's lack of involvement in hormonal contraceptive decisions and use, while at the same time admitting that they preferred to be in charge of contraceptive decisions. Amanda explains:

> I've always been so paranoid about it [pregnancy] that that kind of made the decision. I've been on the pill, since I was insistent. I've had sex without a condom, but not the end result [i.e. ejaculation]. And I've always just been insistent completely 100% on that. So really the other person didn't have a choice.

Given that "the other person didn't have a choice," it is not surprising that in Amanda's experience men "didn't really care" about birth control. Catherine was less critical than Amanda of her partner Calvin's lack of involvement in their contraceptive decisions, but she also admitted that she preferred to be the one in control:

> I guess part of it is because I like the control of knowing, like, I'm taking the pill, therefore I know that I am doing what has to be done.

Many women were less adamant contraceptors than Amanda and Catherine, but women were often reluctant to cede any control of their contraceptive decisions or use to men. Contraceptive socialization and use are structured so that women are inherently involved in condom use, since condoms physically

[7] Measuring how much women or men "cared" about contraception was difficult, but an overall sense of their caring typically emerged from interviews based on how much knowledge they possessed about contraception, how eagerly they sought information about it, how much they remembered about its use in their own lives, and how detailed their responses about contraception were.

affect their sexual experiences. But women generally make an active choice to let men become involved in their hormonal contraceptive use, and even men who care a great deal are hesitant to push them on the subject. Most men seemed to feel that only a firm relationship status entitled them to ask women to use hormonal contraception.

Even in relationship contexts that were more secure and established, men often described attempts to persuade women to use hormonal contraception as tentative and awkward. Kevin, in his mid-twenties, says that his previous girlfriend's reluctance to use birth control, combined with her objections to abortion, made him anxious:

> Kevin: But then in the same boat later on with the previous girlfriend to Katie, I wanted her to take birth control, but she resisted for a long time. So I don't know. I mean, there's a dynamic there.
> Interviewer: You wanted her to take birth control because you were worried about pregnancy?
> Kevin: Yes.
> Interviewer: And you wanted to stop using condoms?
> Kevin: Yeah. Yeah, at that point I guess I had read more statistics about condoms and understood that they were in actual usage, I mean, obviously not 100% effective. And I guess with her, we had had conversations. And she really wanted to have a baby eventually. And she would not want to get an abortion or put it up for adoption or anything like that if she had gotten pregnant. And so that combination of things made me kind of uncomfortable, I guess.

Underlying Kevin's comments seems to be a belief that he does not have much control over his ex-girlfriend's contraceptive use or the outcome of a theoretical unintended pregnancy. A similar awareness is apparent in the comments of another man, Perry, also in his mid-twenties and a medical student, who was exceptionally involved in his scientist-girlfriend's decision to use Implanon:

> So at that point it was between the IUD and the Implant. And she kind of looked at the side effects, and, you know, together we kind of made that decision. But I was a lot more medical than she was. She could read the science articles and understand them pretty well. But she didn't really know a lot of the medical terminology and stuff like that, so it was kind of a team effort. You know, she deciphering the really scientific parts for me, and me deciphering the really medical information for her. And, I mean, ultimately it was her decision, because either way it was going in her.

Perry's comment that "ultimately it was her decision" highlights the fact that even men who take an extremely active role in contraceptive negotiations with their female partners are still generally left

with the knowledge that the final say falls to women. This tentative acknowledgment of and respect for the effect of contraception on women's bodies was common among men in my sample and simply had no parallel in women's discussions of men's use of condoms. Women were very disparaging of men who were reluctant to use condoms, even when men complained of an allergy to latex, while most men were conscious, and indeed self-conscious, about the effects of hormonal contraception on women.

Although women were more socialized to its use, the Pill has a high degree of normalization for both men and women. Oscar, in his mid-twenties, remarked that the Pill is "just kind of the default." Oscar's remark suggests that men simply expect women to be on the Pill. Indeed, women often accused ex-boyfriends of assuming that they or another woman was on the Pill without asking. However, no men in my sample ever claimed to have had such an expectation. All the men I talked to claimed that if they did not know if a woman was on the Pill, they generally assumed she was not using anything. Many men I interviewed had been in sexual encounters which did not involve condoms and in which they were uncertain about the woman's contraceptive use; all of them clearly regarded these encounters as "unprotected," regardless of how comfortable they were with the idea of having unprotected sex.

The Effect of Relationship Context and the Gendered Division of Labor

Despite men's and women's differing socialization to contraception, men in my sample universally reported the same contraceptive method use as their female partners, and could generally accurately report women's contraceptive side effects and other problems as well. They were slightly more likely to mention condom use and withdrawal than their female partners, suggesting that each sex is more likely to report use of the methods they themselves physically control. On the other hand, men regularly admitted that in previous long-term relationships, they did not know about their partners' contraceptive use, which seems to be related to the sampling bias discussed earlier of relationships in

my sample being of relatively high quality. Thus I can say that men always knew about their current partners' contraceptive use, but that many of these same men had not known about their partners' contraceptive use in previous relationships, of both short and long duration.

In subjectively identified short-term relationships (relationships which people did not perceive as "serious"), most people seemed to regard the primary purpose of contraception as protecting themselves, both from disease and unintended pregnancy. In these less-serious relationship contexts, both women and men seemed to expect that men would only have limited involvement in a decision about what to do with an unintended pregnancy, but both people regarded contraception as their own individual responsibility. Thus, as mentioned earlier, men did not assume in these contexts that women were using hormonal contraception unless they were told otherwise. In these relationship contexts, contraceptive concerns were often focused on both pregnancy and disease, since people often knew little about their partners or their sexual histories. Serious relationships gradually shifted contraceptive responsibility more in the direction of *couples* rather than individuals, in part because unintended pregnancies could threaten the success of relationships, not just the future of the individuals in them. In these contexts, contraceptive concerns were almost universally focused on pregnancy prevention rather than pregnancy and disease.

Contraceptive decisions take place in the context of relationships; as such, they tend to follow other established dynamics within relationships as well. Women in my sample were much more likely than men to characterize themselves as planners, and men almost always agreed with that assessment. When women planned for both members of the couple, functionally, "the couple" had plans. For example, Tasha and Terrence's overall relationship dynamic incorporated her strong general preference for planning and his relative unconcern, and this tendency manifested among their contraceptive decisions as well. Tasha self-identifies as a planner, explaining, "I'm a planner. A big-time planner." Her partner Terrence explains that he really is not as concerned with details as Tasha is:

> I'm just one of those people that like big ideas, I have the things that's going on, I don't need to deal with things. And she's the details type of person.

Tasha "plans" for the couple, and one of the things she plans is their contraceptive use. They depend on her pill use for contraception, and she says that Terrence never really influenced her contraceptive decisions, nor seemed particularly interested in them:

> Tasha: Terrence has never really been involved in my decision-making. Because when we first met, I was already on the Pill.
> Interviewer: But you said you talked about it, so…
> Tasha: Talked about the fact that I was on it, though. That was it. Just like, 'I'm on the Pill.'
> Interviewer: Right.
> Tasha: That's what I'm always on. And I pop it every morning. But not like the different forms —'which one do you think I should do?' We never really had a discussion.

Terrence likewise did not report any lengthy contraceptive negotiations with Tasha, although his account of their contraceptive use aligned with hers.

Women and men did not always agree about how involved men were in couple's contraceptive decisions. Occasionally, men characterized themselves as more involved than their female partners did. For instance Becky did not describe her boyfriend Brian as being particularly involved in her contraceptive decisions. She emphasized that women like her often go into relationships already using hormonal birth control, leaving men with few decisions to make. She says:

> Well, I think really, really often, the couple doesn't make the decision [about contraception]. Like they're kind of coming into a relationship, they have their own ways of doing things. Like, I was already on birth control.

Her boyfriend Brian, on the other hand, said confidently that he felt like he had always been an equal participant in contraceptive decisions with his partners, despite having two unplanned sons and displaying only a mild interest in contraception:

> Definitely been 50-50 in my relationships. I mean, it's always been, if I don't put it out there, then she'll put it out there. I think a lot of it has to do with how comfortable you are with the person.

Brian's statement suggests that he was more involved in the couple's contraceptive decisions than

Becky's does. Both seem to agree that they each had developed their own contraceptive decision-making habits as individuals so that their individual decision patterns were not really affected by their specific relationship.

On the other hand, Trisha and Tristan—who were each other's first and only sexual partners—had exerted significant influence on each others' "individual" patterns of contraceptive decision-making. Their accounts are somewhat discordant, with Trisha describing Tristan as far less involved than Tristan describes himself. As with Tasha and Terrence, Trisha characterizes their patterns of contraceptive decision-making as being in keeping with larger decision-making patterns in their relationship. She says that in the beginning:

> Trisha: [I was like] if you want to get anywhere near me, we're going to talk about this [contraception]. After a little prodding, then he was a little more open about it. But I think that if I had been more shy, like 'Oh, we don't have to talk about it,' then it probably would have been different. Probably would have been less comfortable with the situation the first time. Probably would have been less sure. I don't know what would have happened, but I think mostly because I was like, 'we're going to talk about this like adults.'
> Interviewer: And therefore the decision got made, because you said so.
> Trisha: Because he is laissez-faire, just sit around and do your thing, you have to push him a little to make him do something. I don't think I made the decision for him. He's a very vocal person once you actually get him to talk, which I did. I think he just had to get over his initial, 'I don't want to, I'm a churchgoer.' I'm like, 'Well if you think it, you want it to happen.' There are steps to this.

She characterizes their situation now:

> Um, I'm a little bit of a control freak. I like to know that what I'm doing. And he's gotten used to it, because I take my pill at night, because I'm never awake in the morning. And now he is to the point where he's like, 'Did you take it?' 'Oh, no.' Well, okay. So I think now that we've gotten into that routine, I wouldn't want to break it.

He describes their early contraceptive negotiations:

> Tristan: We sat down to talk about, that we wanted to proceed to a sexual relationship. Once that was decided, the next immediate thing was for contraception—what were we going to do. That was both—because we both got the same education—to do, what was available. Um, so that we can make that decision about... it was pretty, it wasn't an argument. We both had an idea, we both knew, pretty much agreed on […].
> Interviewer: Why did you keep using condoms even though she was on the pill?
> Tristan: Um well, you know, even though she was on the pill, there was still a small chance that

it might not work. So we wanted to be, like, extra sure. So we used two [methods].

Trisha characterizes herself as always having been a very methodical contraceptive decision-maker and user and Tristan as having a "laissez-faire," unconcerned attitude and being initially uncomfortable talking about sex and contraception. She claims that she was the primary one responsible for initiating contraceptive decisions in their relationship. Tristan, on the other hand, assigns nearly equal responsibility to both partners for their decisions. Both accounts describe a process of verbal negotiation, but in Tristan's account, both partners basically already know what they are going to do, while in Trisha's, she has made the main contraceptive decisions, and she slowly persuades him to become as concerned as she is herself, reminding her to take her pills. She suggests that the relationship context is what has completely shaped Tristan's contraceptive decisions; he makes no comment on this himself.

The trend towards women taking responsibility for contraception is most exaggerated among more traditionally gendered couples, where primary responsibility for contraceptive and fertility decision-making seems to fall to women as part of their feminine role, while, to a lesser degree, men's relative disinterest is part of a larger masculine role. Traditionally gendered couples were pairs that aspired to a homemaker-breadwinner model of the family and believed that mothers were the people best suited for taking care of children, and they were not common in my sample. More traditionally gendered men seemed to view contraceptive expertise as being outside their masculine role. For instance, Richard and Rachel were a Mormon couple expecting their fourth child, and Rachel stayed home with their young children while Richard worked. Both of them definitely agreed that Rachel was the one who makes contraceptive decisions in their relationship, even though they also agreed that she would never decide to get pregnant without consulting Richard. Richard says that Rachel is the contraceptive "expert," even though they both decide whether or not to use it:

Richard: She's the expert in that category, so I guess sort-of, [...] I defer to her judgment. […]

> Yeah, the decision of whether to use or not use contraception was definitely a mutual decision. Like what type to use—she sort of made that decision. But we've talked about it. We talk about it. We discuss…talk about the pros and cons […].
> Interviewer: But you don't feel like she'd ever have a baby without asking you first.
> Richard: Yeah.
> Interviewer: That's good.
> Richard: I definitely know.

Rachel agreed with Richard, saying that she doubted that most men would ever be as invested in contraceptive decisions as women would be:

> Rachel: But I bet in a lot of marriages, it's a very independent decision, like the woman kind of decides what form she wants to use. I don't think men really… I could be wrong, but I feel like probably more times than not the woman kind of takes that into her hands and says…
> Interviewer: But you feel like it's been more joint for you?
> Rachel: I do, but I also, like I said, I feel like I kind of researched it and said, 'Here's what I want to do, what do you think?' And he's like, 'That's a good idea. Let's do that.' Like, for him it doesn't make any difference to him physically or emotionally if I'm on an IUD or birth control. To him it's, like, the same thing.
> Interviewer: Right.
> Rachel: To me it makes a difference. So I want him to be invested in that decision because it does make a difference knowing he's supportive of it. I bet you'll never find a man who goes to his wife and says, 'You know, I've really been thinking about what kind of birth control you ought to use, and I'm going to get a vasectomy.' I mean, I bet that's rare.

Like many women partnered with men who were less invested in contraception, Rachel generalized Richard's disinterest in contraception to all men. In contrast to her expectations, several men in my sample had volunteered to get vasectomies in the future, either because they were committed to not having children themselves or because they felt like they would owe their female partners an exchange for years of hormonal contraceptive use once the couple had completed their childbearing. These men tended to have more liberal attitudes about gender overall.

While they consistently had less conservative attitudes about gender, men who were committed contraceptors varied greatly in their desires for children. Irv, who was in his late teens, was very careful contraceptor, had no children and said that he planned to get a vasectomy as soon as he could afford one. He had met his current girlfriend at an abortion rights rally and was one of the most knowledgeable contraceptors I spoke with, either male or female. He and his girlfriend tacked their

empty condom wrappers on the outside of her dorm room door, as a way to document their sex life and a means to proudly display their contraceptive safety. He was the only man I ever heard of who had tried to buy emergency contraception (for his girlfriend), but the pharmacy would not let him have it because it is supposed to be purchased by a woman age 18 or older. When I asked him why he had volunteered to get it for her while she was in class, he explained:

> Well, like, if it weren't for me, there would be no chance that she could become pregnant. And I felt obligated in a way. It's in part my responsibility, in a way. I was a part, so I went to go get it.

Without displaying Irv's exceptional conscientiousness about contraception or his aversion to having children, several other men described having had the idea "ingrained" in them to always be protected. Theo was an example of this type of man who was committed to regular contraceptive use despite not thinking a great deal about it or discussing it:

> Interviewer: Did you ever talk about, did you talk about using condoms with her?
> Theo: No. It's always been deeply ingrained in me to always be protected.

It was easy for women to underestimate the contraceptive commitment of men like Theo, who did not see much need to discuss contraception as long as they were confident that some form of contraception was being used. Like Theo, many men who cared about contraception and preventing pregnancy saw little need to discuss it as long as they knew they were using condoms.

Rather than expecting women to assume the role of contraceptive "experts," a few men in my sample actually framed contraceptive responsibility in terms of their own larger construction of masculine and paternal roles. For these men, taking an active part in contraceptive decisions became a way to "do masculinity." Their attitude was that a responsible man makes sure that contraception is taken care of, and he takes care of any pregnancies that result from contraceptive mishaps as well. Fred articulated this perspective most explicitly, explaining that even though he did not really discuss contraception with his previous sexual partners, he believed that it was important to his sense of

himself as a man to take responsibility for contraception:

> Fred: I just thought, I'm doing what I need to do, so I'm not going to worry about what she's doing.
> Interviewer: Right.
> Fred: But no, I didn't really think about it. And we never really talked about it, because apparently they didn't really care either, so they never brought it up either. So I tried to be responsible, and do what I needed to do, because that's the way I've always been. Not just with birth control, but with everything. When my dad was gone, you know, I was the man of the house even though I was a young boy. So I had to mow the yard and do all that stuff, and take care of my little sister. You know, I got to do all that, so I guess I've just been brought up that way. Be responsible and do the right thing.

For Fred, being responsible for contraception fell into the same category of masculine responsibility as mowing the lawn and taking care of his little sister. He was only willing to stop using condoms and withdrawal when he was comfortable enough in a serious relationship to make sure that his partner was using hormonal contraception. But his comments also indicate that he did not generally talk with his partners, because he knew that he was "doing what [he] needed to do"—i.e., using withdrawal and/or condoms. Even men who strongly valued contraceptive calculation like Fred were often reluctant to talk to women about it, which may have helped promote many women's view that men do not care about contraception. Several other men like Fred seemed to view taking responsibility for contraception as masculine, but talking about it apparently was not.

Like Fred, most men who were serious about contraception were also very serious about their role as potential fathers. Greg shared Fred's diligent contraceptive habits, and also said that he thought it was important for a man to take care of his children:

> Greg: All these guys that have kids floating around—it's like, 'Yeah, I've got three kids.' 'Where are they?' 'I don't know.' What do you mean you don't know? You helped make this thing, you've got to do something with it.
> Interviewer: Yeah.
> Greg: I can't see kids growing up saying, 'Who's your dad?' 'I don't know.' I don't know, I guess that comes from being family-oriented.

Kirk also valued contraceptive responsibility, having persuaded his partner Kim to get the patch, and checking on her use of it regularly. However, because he did not want to use condoms with his long-

term partner Kim indefinitely, he said that he suspected that he would eventually find himself a father, even though he did not want children. Nevertheless, he says he could never just "walk away" from his own child:

> Interviewer: Do you think she'll [his partner Kim] talk you into having kids eventually?
> Kirk: I don't want to say suckered, but I think it's one of those things that I'm going to turn around and be like 'oh... Jesus!' No, I don't think—I think I'll be conned into it.
> Interviewer: That's really sad! You sound resigned to your fate.
> Kirk: Yeah, you know, I wouldn't walk away from it. I mean that's trashy, you do what you've got to do. You do something like that, you've got to take care of it. Obviously, you can't just eat dirt, you know. So…

Neither Kirk nor Greg directly connected their feelings of responsibility for a child to their concern for contraception, but I suggest that the two points are indeed connected—and a sentiment they share with Fred as well. For men who take the responsibilities of fatherhood seriously—even if, like Kirk they are reluctant to assume them—it becomes necessary to take responsibility for contraceptive use as well. The theme that underlay all of these men's responses was the sense of responsibility for a pregnancy if it occurred, and their responsibility to help prevent a pregnancy from occurring in the first place if they were not ready to take responsibility for a child.

Discussion and Conclusion

Despite major biological and social limitations on their potential involvement, many men in the U.S. are very interested participants in decisions about contraception. All the men I spoke with gave the same report of their current contraceptive use as their partners, and many could also provide detailed information associated with it. A significant minority of men were very concerned contraceptors who cared more about contraception than many women I spoke with. They had put a great deal of thought into determining the best contraceptive choices for themselves and their partners, and sometimes engaged in lengthy discussions with their partners as well. In general, men's contraceptive involvement is more obvious in long-term relationships, where they are more likely to

openly discuss contraception with their female partners. At the same time, long-term relationships tend to diminish the importance of men's contraceptive decision-making contributions, since these couples are more likely to depend on women's hormonal methods. Couples in long-term relationships are less likely to depend on condoms because the inconvenience and lack of sexual pleasure that many people experience with condoms often begins to outweigh concerns about sexually transmitted diseases.

But many men who care about contraception are not comfortable talking about it with their partners, or see no need to. Men in short-term relationship contexts (hook-ups, the early stages of dating, etc.) almost never ask their partners about hormonal contraceptive use, and men who care simply use condoms—usually without talking about it. Men's reluctance to talk about contraception even when they care about it frequently leaves women with the impression that men do not care. Overall, both men and women seemed to mostly agree that in short-term relationships, contraception was an individual's responsibility, and in long-term relationships, contraception was the couple's responsibility. In practice, working out that dynamic generally meant that men used condoms in short-term relationships and women asked men to use condoms and/or used hormonal contraception, and in long-term relationships, concerned women and men tried to ensure that women consistently used hormonal contraceptives. Even the most devoted male contraceptors seemed to experience a certain degree of doubt, however: they remained conscientious of the effects of hormonal contraception on women's bodies, and they seemed anxious about asking too much of their partners. At root, they seemed uncertain about whether they really had a *right* to ask women to use hormonal birth control, and women often perceived this uncertainty as carelessness. Hopefully, in the future, more effective methods of male birth control will help resolve this gender inequity.

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