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# Masculine and Feminine Norms that Affect Perceptions of Male Contraceptives

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**Abstract**

The purpose of this project was to investigate the factors that influence men's and women's perceptions of their role in contraceptive use and their willingness to try new forms of male contraceptives. Qualitative interviews asking participants about their experience with contraceptive use and decision making were conducted with 16 individuals between the ages of 18 and 27 ($M$ = 20.12, $SD$ = 2.41). Thematic analysis was then applied to the interviews, and two themes were identified. The first major theme was "Perception that a Task Needs to Be Simple", which showed that men and women have different feelings about the ease of using women's contraceptives. Specifically, men perceive taking a pill to be easy; however, women believe that it is a difficult task, and their experiences suggest it is not easy to use oral contraceptives. This led to the perception that a contraceptive task needs to be easy for men to engage in it. The second major theme was "Societal Pressure for Responsibility", which showed that men and women felt differently about responsibility for contraceptives because of societal pressure. This means that people believe men and women should have specific contraceptive responsibilities instead of sharing the responsibility, such as men bringing condoms and women using an oral contraceptive. Understanding what factors influence men's and women's perceptions of their role in contraceptive use and why someone may not be willing to use other forms of contraceptives could help determine whether male contraceptives will be used if these additional forms become available. This project is important because the research will help address the gender gap seen with contraceptive responsibility that places unjustified burden on women.

## Masculine and Feminine Norms that Affect Perceptions of Male Contraceptives

The widespread development of contraceptive methods in the 1950s was originally directed toward female use. Over time, the use of oral contraceptives and more recently, long-term reversible methods like the intra-uterine device (IUD), became the norm for women of reproductive age wishing to prevent pregnancy. Following this, it quickly became a societal norm in the United States for women to take primary responsibility for contraceptives among heterosexual couples (Fennell, 2011; Walker, 2011). Because there are many effective, reversible methods available for women and it is now considered "feminine" by society to use contraceptives, research and development of male-focused contraceptives is limited. There are many psychological factors that could potentially affect the willingness to try male contraceptives for both men and women in heterosexual relationships. There is little research on the likelihood of whether male methods of contraceptives other than condoms and vasectomies would be accepted by men or women, and this leads to uncertainty whether male contraceptive methods would be used if they were developed. Thus, the purpose of this study is to investigate how masculine and feminine norms for behavior and contraceptive use affect people's willingness to try male contraceptives.

### Past Use of Contraceptives

Since the World War II era, different contraceptive methods have been developed for women, such as the contraceptive patch and ring, intrauterine devices (IUD), injectable birth control, and the most commonly used, oral contraceptives, or 'the pill' (Peterson et al., 2019). In comparison, men have fewer contraceptive options available, including only vasectomies, condoms, and the withdrawal method (Peterson et al., 2019). This means that contraceptive use has been historically and over time has continued to be the responsibility of women, and the lack

of reversible and reliable methods developed for men also restricts family planning among heterosexual couples (Eberhardt et al., 2009). There has been little research done about the limited methods of contraceptives available for men; however, the research available reveals that there are numerous factors that will impact decision-making when it comes to contraceptive responsibility.

**Vasectomies.** One method of contraceptives available for men is the vasectomy, also known as male sterilization. A research study conducted with 99 participants between the ages of 18 to 50, with 29 of them being in a steady relationship revealed that approximately ten percent of the couples used the vasectomy method (Roth et al., 2014). This percentage appears to be on the lower side especially since the vasectomy is a much safer procedure than female sterilization. Male sterilization is used less, especially in populations that have low educational levels and have either no health or public insurance (Shih et al., 2012). Some reasons why participants in this study chose the vasectomy were: maintaining financial responsibility, sharing responsibility of contraceptives, avoiding infidelity, and a desire to care more for your family (Shih et al., 2012). In Black and Latino communities, the vasectomy is not socially supported, whereas in White communities, it is, which leads to a stronger presence of White communities wanting to get a vasectomy (Shih et al., 2012). Some reasons participants cited for not choosing male sterilization included the word “sterilization” itself having a negative connotation, permanence, perceived loss of manhood, and lack of social support which is mainly experienced by those in Black and Latino communities (Shih et al., 2012).

In another study, many participants expressed concerns about the vasectomy procedure. The participants believed the procedure to be permanent, there would be long-term effects, and they believed they would not be able to function in the same way they had before. Additionally,

because of the little knowledge they had on the procedure, many had confused it with castration (Shih et al., 2012). Vasectomies appear to be used less than the other methods that are available for men.

**Condoms.** Another method of contraceptives available for men is the use of condoms. Research has shown that condom use is dependent on several demographic factors such as geographical location, gender, and the status or type of relationship. For example, in the United States the contraceptive method most prevalent for sexually active high school students was condom use at 43.9% (Szucs et al., 2020). Roth (2014) also found that approximately 16 percent of couples use the condom method. In another interview study, three out of eighteen males reported that they disliked using condoms and another three reported preferring the condom method because they were easy to use (Walker, 2011). An additional benefit of condoms is that they protect users from sexually transmitted infections (STIs) and sexually transmitted diseases (STDs) in addition to unwanted pregnancies; however, one concern is that they are used inconsistently and may be less effective at pregnancy prevention than alternative methods (Peterson et al., 2019).

**Decision-Making Factors.** Contraceptive knowledge also seems to be affected by gender, where males are more familiar with condoms and the withdrawal method and females are familiar with the pill, shot, and patch in addition to condoms (Marcell et al., 2005). Because males have limited options, they may be less likely to take responsibility for contraceptives. In addition, medical interventions are focused on women, and this discourages men from getting involved in family planning (Peterson et al., 2019), which means the likelihood of caring about contraceptive responsibility is on the lower side for men. On the other hand, another study showed that many participants believe contraceptive responsibility should be shared; however,

many people in this study also preferred not to use any contraceptives (Eberhardt et al., 2009). If men and women prefer not to use them, they will not take part in contraceptive responsibility.

## Attitudes Toward New Contraceptives

**Male Attitudes.** Based on several interview studies (Martin et al., 2000; Walker, 2011; Roth et al., 2014; Heinemann et al., 2005), the male population seems to be open to the idea of new male-based contraceptive methods, and this seems to be based on sociodemographic factors such as relationship status. For example, Martin et al. (2000) found that, a majority of the male population is content with their current method of contraceptives but welcome and encourage a new hormonal method for men.

Studies also show that there is a general willingness among men and women to try male hormonal contraceptives, although acceptability and attitudes can vary by country. In a study with 188 participants in the UK, 49.5% of participants expressed willingness to try a male pill (Walker, 2011). In another experimental study of 79 participants between the ages of 18 and 50 with different relationship statuses (casual, steady, married, cohabitating, or no partner), researchers examined the acceptability of a hormonal gel-based male contraceptive which was applied to the arm daily for 20 to 24 weeks. Fifty-six percent (44/79) reported being satisfied with this method after a six-month trial (Roth et al., 2014). Another group of researchers examined a male fertility control product (MFC), which can prevent the production of sperm, though they did not specify the route of delivery. This study was conducted in eight different countries – Argentina ($n$=1000), Brazil ($n$=1000), Germany ($n$=1021), Indonesia ($n$=1000), Mexico ($n$=1024), Spain ($n$=1049), Sweden ($n$=1023), and the United States of America ($n$=1500) – and regarding overall acceptability, 55.1% of all the countries expressed they were willing to use a MFC product (Heinemann et al., 2005). Specifically, in the United States, 49.3%

expressed they were willing to use a MFC product (Heinemann et al., 2005). Overall, a majority of the male participants in each study had a positive attitude towards new forms of male-based contraceptives.

There are some predictors of willingness to try new male-based contraceptives. Men reported positive attitudes toward male hormonal contraceptives if they were in a stable relationship and if they had a higher income and education level (Peterson et al., 2019). Current use of contraceptives, acceptance of vasectomies, and higher income and educational levels were also important predictors of their willingness to consider using male fertility control products (Heinemann et al., 2005). Finally, a significant predictor of willingness to try male-based contraceptives is whether other males use the method first (Marcell et al., 2005) because social acceptability and gender norms are important for male contraceptives to be accepted. Alternatively, a predictor that has a negative influence is whether men will view male-based contraceptives as a feminine task, which will be explained in full detail later. To conclude, males' willingness to try male-based contraceptives may be dependent on relationship status, current contraceptive use, income and education levels, and whether others are using these new methods.

**Female Attitudes.** Similarly, females also seemed to be open to the idea of male-based contraceptives. In comparison to males, females had a much more positive attitude when it came to the male pill (Eberhardt et al., 2009). In a study consisting of 15 females, sixty percent of the participants were excited for the roles to be changed, that is, for men to take on more contraceptive responsibility (Marcell et al., 2005). They expressed very strong opinions on the need for men to "experience" what many females do when taking hormonal contraceptives, including side-effects that make women feel sick, such as cramps, mood changes, or nausea.

Many females also stated that this would put less of a burden on women when it comes to contraceptive responsibility (Marcell et al., 2005). Women also believe that if men start to take responsibility for contraceptives, they will learn how to care for themselves better, and they will learn how to be more responsible in pregnancy prevention as a result (Marcell et al., 2005). Overall, women are excited for males to take on more contraceptive responsibility and have a positive attitude towards these new methods being developed. However, similar to the males described above, one thing that is holding some women back from accepting a new male method is the societal perception that hormonal contraceptives are made "just for females" (Marcell et al., 2005).

**Male and Female Concerns.** A majority of males have a positive attitude towards male contraceptives, but their concerns are unlike those of women. Males are concerned that there will be short- and long-term effects on emotions and behavior (Walker, 2011). Another concern is the perceived impact male contraceptives have on sexual satisfaction and desire (Martin et al., 2000) and whether they are truly reversible (Walker, 2011). Men are also concerned with these new methods affecting their self-perception of masculinity (Martin et al., 2000). Lastly, many women who take hormonal contraceptives endure side effects, and a large number of male participants expressed that they were not willing to endure any of these or other possible side effects (Eberhardt et al., 2009).

Although many women want and are excited about the development of male-based contraceptives, some have concerns that are dissimilar to those of men. A study examined attitudes in the United Kingdom where the females favored a male pill more than the males did; however, they also found that males put trust in themselves and believe that they can use the pill effectively more than females believed they could (Walker, 2011). About 52% of the female

participants were concerned about males and their perceived forgetfulness (Walker, 2011). Eberhardt et al. (2009) found evidence of this same concern in their study. Other women are concerned because there is a societal perception that men are untrustworthy when it comes to contraceptives (Campo-Engelstein, 2013). Another concern is whether males are responsible enough to use a hormonal method, which is based on their previous experiences with how men act in their relationships (Marcell et al., 2005). Additionally, because the responsibility has traditionally fallen to women, they are reluctant to delegate part of it to men (Eberhardt et al., 2009). In summary, females accept the idea of a male pill being developed but they are concerned with whether their male counterparts can remember to take them and are responsible or trustworthy enough. They also believe that males should take on more responsibility after having little contraceptive responsibility to begin with.

## Gender Norms

**Masculine Norms.** Traditional masculinity describes males as engaging in risky behaviors such as aggression, substance abuse, risky driving and sexual behaviors, and lowered willingness to consult medical or mental health providers (Mahalik et al., 2007). These societal gender norms deem men as dominant, independent and stoic individuals. In addition, consists of four key elements: (1) a need for power, (2) a need for self-sufficiency, (3) a need to be aggressive or have dominance, and (4) the need to shun femininity (Wasylkiw & Clario, 2018). Because societal norms state that males are supposed to be “powerful” and “dominant”, young boys feel empowered and able to voice their opinions, and they also make more demands than girls (Pearson, 2006). Furthermore, within the context of heterosexual relationships, their sexual role is viewed as that of active partner or aggressor (Pearson, 2006). Another important part of

traditional masculinity is the display of passing on one's genes (Eberhardt et al., 2013), and a pregnancy within a heterosexual couple is evidence of this (Pearson, 2006).

Masculine norms may affect whether males will consider accepting contraceptive responsibility. Masculine norms can create individuals who do not take care of their own health because it is considered to be a sign of weakness (Eberhardt et al., 2013) and this can lead to a lack of responsibility when it comes to contraceptives because they do not feel the need to protect themselves from anything, such as STIs. Another thing that may stop men from accepting contraceptive responsibility is the belief that condoms interfere with pleasure and performance (Pearson, 2006). In addition, there is a perception that men who enjoy "women's tasks" are "gay" or not a "full man" (Campo-Engelstein, 2013). Femininity is perceived as "gay" and "real men" stick to interests that are considered masculine. This is important because men see oral contraceptives as a feminine task, and research has shown that men construct their identity in opposition to women and will do the opposite of a perceived norm for women (Mahalik et al., 2007). The male pill is seen as a feminine task since many females take an oral contraceptive pill daily and this discourages men from wanting to try this new contraceptive method because it may diminish their feeling of masculinity. Because men believe the pill is a feminine responsibility, in order to preserve their masculinity, they distance themselves from it or ignore it.

**Feminine Norms.** Traditional femininity describes females as "nice girls". These societal gender norms portray females as modest, passive, and sexually inexperienced individuals (Pearson, 2006). Additionally, norms suggest that females' work is supposed to be that of reproduction and domesticity (Campo-Engelstein, 2013). Because females are supposed to be "passive", many young girls find it more difficult to voice their concerns and demands than boys

do (Pearson, 2006). This is important because having difficulty with using their voice can translate to females finding it difficult to discuss contraceptives with their partners. Another thing that impedes their ability to feel sexually assertive is the cultural belief that women should be "sexually inexperienced individuals" (Pearson, 2006). However, when it comes to contraceptive responsibility, society expects women to be mainly responsible for hormonal contraceptives since reproduction is considered women's work and because many men do not take on this responsibility (Fennell, 2011). Yet, when women approach a potential sexual encounter prepared to protect themselves as well as their sexual partner, women are perceived as "looking for sex" (Pearson, 2006). This happens because of the mixed messages many women receive as they are told to be sexually inexperienced, while also being told to be prepared in order to prevent pregnancy and STIs.

**The Present Study**

In conclusion, there are limited contraceptive methods that are available for men which means that women carry the burden of contraceptive responsibility. Men and women have similar attitudes towards willingness to try male contraceptives, since many expressed they were willing to try them. Both males and females have concerns that oppose each other such as short- and long-term effects on performance or health and male forgetfulness. In addition, society has created gender norms that men and women are supposed to follow, such as "men are aggressive", and "women are passive". What is unclear from previous research is whether these gender norms for behavior play a role in the willingness to try male-based contraceptives. This knowledge will help to provide useful information for addressing the gender gap in contraceptive use. The purpose of this project is to investigate how gender norms affect the perception of gender roles in contraceptive decision-making and the willingness to try male contraceptives.

## Method

### Participants

Participants ($n$ = 16) were Bridgewater State University students who were recruited through the school's SONA account, which is a participant recruitment system where students enrolled in Psychology courses can sign up to participate in a research study for course or extra credit. Participants were informed that they would be interviewed and questioned about their attitudes toward male contraceptives. The participants' ages ranged from 18 to 27 years old ($M$ = 20.12, $SD$ = 2.41). Out of the 16 participants, one was Black and fifteen were White. Four of the participants identified as male, eleven as female, and one as a transgender male. Fourteen of the participants identified as straight, one as lesbian, and one as queer. Seven of the participants self-identified as single, two self-identified as dating, and seven self-identified as in a committed relationship. Eleven of the participants were currently using a form of contraceptive and five were not using any form. Of the people currently using contraceptives, one reported using both condoms and the pill, four reported using just condoms, four reported using the pill, and two reported using the IUD.

### Interviews and Procedure

Nine of the participants reported to the psychology lab on campus to be interviewed and were brought to a small meeting room where the interviews were conducted in person, in a one-on-one format by one interviewer from a team of researchers. They were given an informed consent document to review and sign before being interviewed. The participants were also asked to fill out a demographic survey to begin. All interviews were audio recorded. The remaining seven participants signed on to a Zoom call to be interviewed. I conducted the interviews by briefly describing the informed consent document and asked for verbal consent to record an

audio file. After receiving consent, the interviewer began to audio record the interview. The interview began by verbally asking the participant to respond to demographic questions and proceeded with the research content portion of the interview. Although the length of each of the interviews varied depending on the responses to each question, they lasted between 25 minutes and an hour.

The interviews explored attitudes towards contraceptives and were divided into sub sections, including an opening ice-breaker question, contraceptive knowledge, contraceptive use and decision-making, contraceptive attitudes, and male contraceptive attitudes. These questions were developed by a group of researchers. A full list of the questions can be found in the Appendix. The opening question was used to create an open environment by asking the participant to talk about themselves. The contraceptive knowledge section was used to gain insight on what the participant knows about contraceptives up to this point and their comfort level talking about contraceptives. The contraceptive use and decision-making questions were asked to learn how the participant chose their contraceptives and what factors may have impacted their contraceptive decisions. In addition, the contraceptive attitudes section questions were designed to gather information about how participants felt about the gender divide. Finally, in the last section, the male contraceptive attitudes questions asked the participants what their thoughts were on male contraceptives in general. In this section, the interview then describes in more depth three male contraceptives. The first one was a hormonal gel meant to be rubbed on the shoulders once a day in order to decrease sperm count; the second one was a pill to be taken an hour before intercourse to interrupt sperm motility; the third was a reversible injectable gel inserted directly into the penis to prevent sperm from entering ejaculate (a full description of the contraceptives can also be found in the appendix). The hormonal gel and pill are being tested in

clinical trials, and the Vasalgel is available in India and Indonesia. Participants were asked if they would be willing to try them.

**Data Analysis**

Thematic analysis is a qualitative analysis technique used to find significant themes within a set of qualitative interview data. It was applied to the transcribed interviews described above in order to identify and develop significant patterns and themes (Braun & Clarke, 2006). Before applying thematic analysis, the researcher and psychology research students transcribed each interview word-for-word. In order to make this process easier, an app called "Otter" was used to record the original interviews. This app completes an auto-transcription of the interview as it is recording, which the user can then download as a text file. Transcribers listened to the audio files while referencing the Otter-generated text files and made modifications when there were errors to produce a final version of the transcripts. Passages in the transcripts were cleaned up by eliminating fillers, such as "um" and repetitive statements.

Once the transcriptions were completed, the researcher read the interviews. The researcher then began coding the interviews for any information relevant to the themes of gender, masculinity and femininity, or anything that is related to the research question. For example, "I kind of use condoms because like it was easy" was coded as *Ease of Access*. Once all the interviews were coded, the researcher identified common themes among the codes. Next, the researcher created a document for each theme where all coded passages related to that theme were extracted from the individual interviews. For example, one of the final themes is *Perception that a Task Should be Easy*. This theme was created by combining several codes together. The passage "Whereas the guy, they don't need to worry about it because not everybody uses condoms" was originally coded as *Perception that Guys Don't Need to be Responsible for*

*Contraceptives*. This code was then combined with the original code *Ease of Access* mentioned above to create the overarching theme *Perception that a task should be easy*. The two relevant coded passages were then placed into the document for this overarching theme. Similarly, documents were created for all of the overarching themes in this way, so that they contained any coded passages from all 16 interviews related to that particular theme. The master coding documents were used to flesh out a full description of each theme. This process resulted in the identification of the significant themes the *Perception that a Task needs to be Simple* for a man to be interested and *Contraceptive Responsibility*. These themes represent common trends in the data that will be described further in the results section.

## Results

### Perception that Task Needs to Be Simple

**Perceptions of Ease of Contraceptive Use.** Men and women had different perceptions of the ease of contraceptive use. Men believed it was easy for women to take a pill and this influenced their perceptions of male contraceptives. For example, when asked about a 'male version' of the female oral contraceptive pills that men could take long-term in order to prevent pregnancy, Participant 12 (male, age 20) said: "I don't think it's like very hard to take a pill the same time every day. And if it's actually effective, and it works, why wouldn't I? Why would anybody be opposed to it? Yeah. I would say I like that." In this quote, the participant indicated the perception that using female contraceptives is simple, and if a similar male version were to be made, a male taking a pill would be simple enough. He also perceived there are no social barriers to taking a male version of the pill which will be described as a possible deterrent to the use of male contraceptives later.

Women's experience showed that it is not easy to use oral contraceptives, and they often forgot to take a pill at the same time every day and experienced negative side effects. For example, when asked about her thoughts on female oral contraceptives, Participant 5 (female, age 19) said: "I don't want to remember to take a pill every single night. So, I want something that's there when I need it, but I don't have to necessarily worry about it. So, I'm thinking about IUD and the copper one." Here, the participant believed that remembering to take the pill at the same time every day was a difficult task, and she was looking for a method that is easier. Because women perceived taking a pill to be difficult, though men did not acknowledge this, the women then believed men will need something that is simpler than taking a pill.

**Perceptions of Use of Condoms.** Men and women also had different perceptions of the use of condoms. Men believed that using condoms is easy because they do not have to consider long term side effects or lasting consequences. For example, when asked about his thoughts toward male contraceptives if they were to have similar side effects as female contraceptives, Participant 3 (male, age 22) said: "I know girls have to go through a lot of side effects with theirs [birth control], but I don't know. Condoms just seem easier now. I mean they don't really have side effects." Another participant echoed this idea, Participant 12 (male, age 20) said: "I kind of use condoms because like it was easy. I could just buy them and then not have to worry about like doing any other intensive research and stuff like that." Here the participants indicated that condom use is simple and is not accompanied by any other considerations such as side effects or the need to do further research.

On the other hand, women perceived that using condoms requires remembering to use one and they perceived that men do not want to have to think about contraceptives. For example, when asked about her initial reaction to hearing about male contraceptives other than condoms or

vasectomy, Participant 14 (female, age 18) said: “Because like obviously you can just like put on a condom, but like a guy doesn't really want to think about it.” In this quote, the participant indicated that women perceive using condoms to be another thing to have to think about, and she imagines that men do not want to proactively think about contraceptives. This may have influenced women’s perception that a contraceptive task for men needs to be easy because they do not want to think about it.

**Perceptions of New Contraceptives.** This led to the perception that a new male contraceptive task needs to be easy for men, and this influenced their perceptions of the new contraceptives. Men felt positively overall about the idea of male contraceptives. For example, when asked about what the advantages might be to having more male contraceptives available, Participant 12 (male, age 20) said: “I think well obviously the more its available, the more people are having protected sex […] So, I feel like if it was more accessible to everybody, I feel like that'd be a good thing.” Here the participant indicated that he has a positive perception because ease of availability increases the likelihood of more protected sex, which is perceived as a clear advantage.

Despite the positive attitude towards the availability of new male contraceptives, contraceptives that seemed difficult or too invasive are not favored methods. For example, when asked if he would be willing to try the Vasalgel injection, Participant 12 (male, age 20) said: “I don't know personally because I don't like the way that sounds. But she might. I don't know. I feel like it, that one depends on your relationship. The other person doesn't want to have a kid, so you do that. And then later in life, people go like, ‘maybe I want kids so instead of a vasectomy you get that. Then you can reverse it.’ But I would say no.” With this statement, the participant indicated that he has a negative perception, but the relationship may determine whether someone

uses this contraceptive method; additionally, he indicated there may be a gender divide in the perception where men are less likely to be interested than women. Generally, men felt positively about certain contraceptives and negatively about others. Specifically, generally men did not feel positively about the hormonal gel or Vasalgel and are more positive about a fast-acting or long-term pill.

Overall, women had mixed perceptions about male contraceptives. Some women perceived applying a hormonal gel to your shoulders as a simple task, while others indicated the application process as inconvenient to the user. In comparison to the hormonal gel, women perceived taking a pill as an easier task, and both were considered easier than getting an incision for the Vasalgel method. Although women perceived taking a pill to not be an easy task, when comparing the pill to the other male contraceptive methods, the pill is perceived as the simplest.

Women felt excited about men's use of all the new methods of male contraceptives, and they believed there should be more options available for men because there are many options for women. Despite women feeling excited about men's use of these contraceptives, women believed certain male contraceptives will create different levels of difficulty of use. For example, when asked if she would be willing to try the hormonal gel method that is applied to the male's shoulders, Participant 14 (female, age 18) said: "Um, well it seems decently simple just rubbing the cream [gel] on your shoulders, I guess. Yeah, it would take like a couple seconds to do, so that's definitely a plus." Here the participant indicated that she believes that rubbing a hormonal gel on the shoulders does not require much invested time to apply and is perceived as a contraceptive that would be easy to use for a potential male partner.

On the contrary, other women believed that men would be less willing to try the hormonal gel because the application site seems strange. For example, when asked if she would

be willing to try the hormonal gel, Participant 10 (female, age 18) said: “I think so, but I feel like it's not a good place for the gel. Like, on the shoulders is a little strange. […] It would probably be pretty annoying for the person using it, especially having like some gel on their shoulders. And then having a shirt over it for 30 minutes and not being able to like be in contact with anyone.” In this quote, the participant did not oppose the idea of a hormonal contraceptive gel but indicated she has a negative perception because applying a hormonal gel on the users shoulders in particular is strange and inconvenient to the user. In addition, the participant indicated that the hormonal gel is more inconvenient because of the time it requires after application that you have to be contactless.

Women believed that taking a pill is much easier than rubbing a hormonal gel onto the shoulders and this will lead to more willingness to try this method. For example, when asked about a pill that men could take prior to engaging in sexual activity to prevent pregnancy, Participant 1 (female, age 19) said: “You know, I think something as easy as that and like not the gels. But that’s just a very simple thing of like ‘oh take the pill’. And then, you know, it’s good and that’s why a lot of people like with Plan B, people are like ‘oh I’ll just like take the pill after’. It’s just a pill, you know. I can grab those little simple stuff.” With this statement, the participant indicated the perceived simplicity of the task of ‘just’ taking a pill once, contrasting this with the more difficult experience of rubbing a hormonal gel onto the arms. The participant believed that the task of taking a pill is much more attractive to men since it is much simpler than alternative possibilities. This demonstrated the perceived importance of a simple task.

In addition, women believed that taking a pill is a much easier task compared to getting an incision for the Vasalgel method. For example, when asked if she would be willing to try the Vasalgel method, Participant 8 (female, age 22) said: “Yeah I feel like a pill or like the gel like

you said, is much easier than getting a - I want to say surgery on their penis. Like that's a lot. Then they gotta wait for it to heal." In this quote, the participant indicated she has a negative perception because this method involves a procedure. She believed men will be more willing to try the pill or hormonal gel because they are perceived as a simple task that is less invasive and time consuming.

On the contrary, other women had the perception that it is not a simple task because it is invasive compared to other methods, thus creating less willingness to try it; however, because it is reversible, there was some consideration. For example, Participant 15 (female, age 27) said: "Um, I'm not sure. That's a hard one. I think I've definitely tried to talk about vasectomies. And I think, maybe with him too, that like he doesn't seem too thrilled to get any incision or whatnot. But the fact that it is reversible, might at least have a try at it." Here the participant acknowledged that her partner may consider trying this method because it is reversible. However, she indicated that she has a negative perception because men may view an incision as invasive, which contradicts the perception that a task needs to be simple for men to be willing to try it.

Some women believed that because the user did not need to worry about the Vasalgel injection method and you can 'forget about it' or 'don't have to think about it', it is simple enough for men to be willing to try it. For example, when asked if she would be willing to try Vasalgel, Participant 1 (female, age 19) said: "I think that's really good. I think that's very interesting. I like, I think the really good like simple birth control kind of like 'set it and forget it.' Like, I think that makes a lot of sense." In addition, when asked why she would be willing to try the Vasalgel method, Participant 16 (female, age 21) said: "Um, because it is reversible, and also 10 years is a very long time to not have to worry about it and for that to be your form you're

using. So that's why I would be interested in it." In these quotes, the participants indicated that they have a positive perception because you can 'set it and forget it' for a long period of time and it is reversible. This indicated not having to think about it or thinking in the moment and shows the perceived importance of a simple task for men to be willing to try this method.

### Societal Pressure for Responsibility

**Gender Divided Education.** Currently, there is a gender divide in providing education about contraceptives within public settings, which sets an early precedent about perceptions for who is responsible for which type of contraceptive. Specifically, male participants said that health educators talked to boys only about condoms; however, education was mixed for girls. Some learned only about puberty and contraceptive options for women, and other girls had discussions and learned about condoms as well. For example, when asked about formal sex education provided by his school, Participant 3 (male, age 22) said: "I remember that in school they didn't talk about the girls. I want to say only because they split up our class like boys and girls, so they talked to us about pretty much only like condoms." With this statement, the participant indicated that there is a gender divide when it comes to sex education because boys and girls are split up and boys only learn about condoms. This is important to note because it means that many boys are not taught about contraceptives for females, setting a precedent from an early age.

In addition, parents also reiterated the importance of condoms to boy children which led to a very limited perception of their responsibility for contraceptives. For example, when asked about what his parents emphasized during a conversation about sex education, Participant 3 (male, age 22) said: "To definitely use condoms every single time. They didn't really tell me to make sure the girl was on birth control. They just told me to use them." Here the participant

indicated that his parents emphasize the importance of using condoms regardless of what the potential partner might be doing. This showed that even parents followed a gender divided sex education by reiterating to boys that they only have condoms and do not show the importance of learning about female contraceptives.

**Societal Pressure for Different Responsibilities.** The gender divide in education led participants to have a perception that there was societal pressure (or a norm) for separate contraceptive responsibilities. It involved the expectation that the woman is taking or using a long-term contraceptive and/or the man brings condoms. For example, when asked if a gender divide in responsibility for contraceptives exists, Participant 3 (male, age 22) said: "I want to say yes. […] I feel like it's mostly split because girls do expect guys to wear condoms a lot of the time, but guys also expect girls to be on the pill. But I feel like it might lean more into the girls' side of being responsible for it. Because if a guy finds out a girl's not on birth control, I feel like a lot of them can get upset, just because it's like normalized now for all girls to be on birth control." In this quote, the participant indicated that he believes there is a gender divide in responsibility for contraceptives, but it weighs more heavily on girls to meet these expectations. Additionally, the participant indicated girls being on an oral contraceptive has become normalized, making them more responsible for contraceptives. This was further expected because of the perceived negative reaction by men if they are not taking contraceptives.

It was not just a societal perception for women to be using a long-term contraceptive, but birth control has been widely available for women for many years. For example, when asked about a gender divide in responsibility for contraceptives, Participant 4 (male, age 23) said: "I think somewhat because I think women are more expected to be on some form of birth control. I think that's just because female birth control has been widely available since like the 60s. […] I

think men aren't expected to be on any sort of medication. Rather, that they come prepared with a physical contraceptive, like a condom or something." With this statement, the participant indicated that because long-term contraceptives have been around for years, using birth control has become a social norm for women. However, societal norms did not require men to be taking a long-acting contraceptive, but they were expected instead to bring a condom.

There were also societal expectations for men where they have a choice to use contraceptives or not. For example, when asked about a gender divide in contraceptive responsibility, Participant 5 (female, age 19) said: "Well, the woman is usually the one who is going to the doctor, going to the store, picking it up, being inconvenienced by it. Whereas the guy, they don't need to worry about it because not everybody uses a condom. So, there's not always a need for the guy to go out and get his contraceptive. And sometimes even the girl is expected to bring that type of contraceptive because the guy might not want to use it. So he won't bring it." In this quote, the participant indicated that societal pressure leads to more inconveniences for women when it comes to contraceptive responsibility. These inconveniences not only include needing to pick up prescriptions at the store, but women feel pressured to be more responsible for both parties when the man comes unprepared.

Additionally, there were contrasting perceptions of women navigating condom use which created a double standard. Women were considered 'pushy' if they ask to use a condom; however, they were called a 'slut' if they did not ask to use one. For example, when asked about a gender divide in contraceptive responsibility, Participant 11 (transgender male, age 18) said: "There's a lot of like pressure on women. I feel like when it comes to contraceptive use, like if you ask to use one, you're super pushy, like you're killing the fun; or if you don't use one, you get pregnant, like, you're a slut basically." Here the participant indicated that women face conflicting

messages when it comes to contraceptive responsibility, especially in relation to condom use. Men may try to opt out of using a form of contraceptive, and there were no negative effects. However, there was a lot of societal pressure placed on women that put them in an impossible position and causes them to be perceived in a negative way.

There was a perception that women expect men to provide condoms in casual relationships. For example, when asked about responsibility for bringing condoms in casual relationships, Participant 9 (female, age 18) said: “I mean in my personal relationship, no. But in others I really don't know. I mean I feel like it's more expected the guy have one.” In this quote, the participant indicated that she did not expect men to provide the condom, but she believed there was a perception that other women expected men to bring the protection. In addition, Participant 2 (male, age 19) said: “When you're not in a relationship, I feel like sometimes, like if two people are hooking up, the girl usually says it’s like up to the male to buy the condoms. […] Typically in my experience, the girl that I've been seeing would always, you know, be expecting me to provide it, which is fine.” In this quote, the participant indicated that men were socially pressured to bring a condom, but this is dependent on the type of relationship the participants were in.

Participants talked about normalizing condom use among both genders, so that men are not societally expected to be the only ones “bringing protection”. For example, when asked if he believes there is a gender divide for responsibility of using contraceptives, Participant 12 (male, age 20) said: “Yeah, I say to an extent. Like I know, mainly like males, always carry around condoms. But like, I’d say even like if a girl and I were like having sex, I don’t know. I feel like if they carried a condom too, it kind of like not just normalizes that it's always the guy that has to bring protection.” With this statement, the participant indicated that there is the perception that

men are the only ones who bring condoms. Although there was societal pressure for men to bring the protection, the participant wanted bringing protection to be normalized for both genders.

**Relationship Considerations.** Societal pressure led to participants discussing a "conversation" with their partners about who would be responsible for contraceptives overall or for contraceptives in that particular interaction. Some participants' own sense of responsibility was dependent on their partner. For example, when asked about conversations with his partner, Participant 3 (male, age 22) said: "Sometimes it's a conversation, and sometimes its, 'are you going to use something?' I'm like yeah. They're all mostly okay with that, but I've heard of people who don't want people to use them. But everyone's usually okay with it. Like I told them before or during like when I'm about to use one." In this quote, the participant indicated that he usually uses condoms but takes into consideration if his partner wants to use one. In addition, he used them if he was asked by his partner if he will be using one. This is important because it showed that some people, regardless of gender, may become responsible for contraceptives if their partner asks them.

Some participants stated that if they were in a long-term relationship, they then trusted their partner more. For example, when asked about trusting his partner with contraceptive responsibility, Participant 4 (male, age 23) said: "I have not engaged in sexual activity with anybody that's more casual, somebody that I don't know very well. So, having it be something in a committed relationship, for me personally, I feel like there's like a level of trust and respect that's already there. But then when it gets to that point, things are much more manageable." Here the participant indicated that being in a long-term relationship created a level of trust where he felt comfortable enough to talk to his partner about splitting responsibility for contraceptives. This allowed trusting his partner to use contraceptives to become more manageable.

On the other hand, if participants were engaging in casual relationships, they were dependent on themselves more. For example, when asked if relationship status affects contraceptive use, Participant 7 (female, age 20) said: “Probably because if I wasn’t in a relationship, if I was like having sex with someone else, I want them to wear a condom 100% of the time because I don’t know like their history. And I’d want to be extra careful if it was just some stranger.” In this quote, the participant indicated that if she were not in a relationship and casually hooking up, she would not be comfortable unless she were more dependent on herself when it comes to contraceptives. This means that if the participant could not trust her partner, she felt the need to have extra precautions, which reiterates the responsibility for contraceptives being mainly on women. Additionally, the need for self-protection may rise above the concerns about being viewed negatively for bringing condoms, and women indicated becoming more responsible for contraceptives.

**Individual Desire.** Participants talked about wanting equal responsibility for contraceptives, which may be attainable once more options are available for men. This would create “double” accountability which means both men and women would become responsible for contraceptives. For example, when asked about advantages to the availability of male contraceptives, Participant 11 (transgender male, age 18) said: “The argument I hear a lot is, ‘Oh, they're [condoms] uncomfortable. I just don't want to use them because of that.’ Like, if there was a pill men can take similar to how women take birth control […] I think it might have more of a positive impact. Because I feel like it could be kind of a mutual like, ‘Oh, I'm taking this contraceptive, you're taking contraceptive.’ It's like very equal grounds here. I feel like it would be a positive thing.” With this statement, the participant indicated an awareness that some people

argued not wanting to use condoms because they are uncomfortable; however he believed that men should use condoms in order to create fair and equal responsibility for contraceptives.

However, many women wanted to keep the responsibility of contraceptives for themselves. Many wanted to do what they saw as best for them in order to protect themselves. For example, when asked as a person of her gender what her role in contraceptive decision-making is, Participant 15 (female, age 27) said: “I think that it's my role to make sure that I'm getting what's best for me and best for my situation or my relationship. But, mainly for me.” In this quote, the participant indicated that she believes her role in contraceptive decision-making is to do what is best for her. She also wanted to take into consideration her situation or relationship, but mainly to focus on what she wanted. In addition, when asked whether she trusted or relied on her partner to take contraceptive responsibility, Participant 15 (female, age 27) also said: “Since I'm kind of keeping myself responsible, I don't. I mainly just, I guess, like keep it on me.” In this quote, the participant indicated that because she wanted to keep contraceptive responsibility on herself, she did not want to rely or trust her partner to take on responsibility for contraceptives.

## Discussion

The purpose of this study was to investigate how masculine and feminine norms for behavior and contraceptive use affect people’s willingness to try new male contraceptives. Two major themes arose in the data. The first was “Perception that a Task Needs to Be Simple”, and this theme showed that men and women have different feelings about the ease of using women’s contraceptives. Specifically, men perceive taking a pill to be easy; however, women believe that is it a difficult task, and their experiences suggest it is not easy to use oral contraceptives. This led to the perception that a contraceptive task needs to be easy for men to engage in it. The

second major theme was “Societal Pressure for Responsibility”. This theme showed that men and women felt differently about responsibility for contraceptives because of societal pressure. Previous literature has not found a connection between a gender divide in education and attitudes towards male contraceptives. However, the data collected in this study found that a gender divide in early education about contraceptives has led to the perception that there are societal norms for separate responsibilities when it comes to contraceptive use. This means that people believe men and women should have certain contraceptive responsibilities instead of sharing the responsibility, such as men bringing condoms and women using an oral contraceptive.

Perceptions of the use of condoms differs between men and women. Previously, Walker (2011) found that three out of eighteen males reported preferring the use of a condom because they are “easy to use”. This previous research is supported as the current study also discovered that men believe using a condom is easy because there are no considerations of long-term side effects or lasting consequences. However, the current study also discovered that women perceive that using condoms requires needing to remember to use one. The findings of the previous research may differ from the current study because of the younger generation of women wanting to protect themselves and approach a potential sexual encounter prepared. In other words, the current study may have captured women’s perceptions of the use of condoms because women are more likely to provide their own condoms now. In addition, although previous research discovered attitudes towards choosing the vasectomy method, the participants of the current study only brought up vasectomies in order to compare it to the Vasalgel method, but they did not offer comments about the acceptability or their thoughts on vasectomies directly.

Society perceives women in a negative way when they are trying to navigate condom use. Pearson (2006) found that traditional femininity portrays women as sexually inexperienced

individuals who are perceived as “looking for sex” if they are prepared for potential sexual encounters. This previous research is further supported as the current study discovered that a double standard is created for women in relation to condom use. They are considered ‘pushy’ if they ask to use a condom; however, they are labeled as a ‘slut’ if they do not ask to use one. The findings of previous research and the current study may be consistent because of the mixed messages society is giving women as they are labeled sexually inexperienced, while also being told to be prepared for any potential sexual encounter.

Through previous research, it is evident that men and women have differing attitudes towards contraceptives. Previously Walker (2011) discovered that roughly half the participants expressed willingness to try a male pill; however, Eberhardt et al. (2009) found that females had a more positive attitude for a male pill when compared to men. This previous research shows contrast with the current study as it found that overall, men feel positively about the idea of male contraceptives, and women have mixed perceptions about male contraceptives. There may be differing attitudes towards contraceptives because of the perception that society has separate contraceptive responsibilities for men and women. This perception comes from a lack of shared education which was not observed in the previous literature. In other words, because there is societal pressure put on women to use an oral contraceptive and because they want to protect themselves, they may be less willing to allow men to take on more contraceptive responsibility. This may be contributing to their mixed feelings about contraceptives rather than simply having positive ones.

Previously Marcell et al. (2005) discovered that women are excited for males to take on more contraceptive responsibility and for them to “experience” what females do when taking hormonal contraceptives. However, there has been a stigma against males taking contraceptives

because of the societal perception that hormonal contraceptives are made “just for females”. This previous research is slightly contradicted by the current study because although women feel more excitement for new male contraceptives, their perceptions are mixed. Despite the excitement, many women believe that certain male contraceptives will create levels of difficulty of use. Women perceive men will not be willing to try a new male contraceptive if it is not easy to use thus causing women’s mixed feelings.

Previous research has not discussed relationship conversations or considerations, however, the current study discovered that relationship considerations, including conversations, were an important part of contraceptive responsibility. Some participants are socially pressured into a “conversation” with their partner about who is responsible for contraceptives. On the other hand, other participants use of contraceptives depended on whether they are in a long-term relationship or if they are engaging in casual relationships.

**Limitations**

There are several limitations that should be addressed in future research. First, the sample used for this study lacked diversity as many of the participants were white, female, and heterosexual. The lack of diversity in the subject pool means the results may not be able to be generalized to a larger population. Participants of different age, race, gender or sexual orientation may provide varying perspectives on the topic. For example, individuals who identify as gay and lesbian may have different needs for contraceptives and may not need the benefits of pregnancy prevention but might like positive side effects. Second, researchers’ interpretations of the data are limited when doing qualitative research. The results require the researcher to infer and interpret the data, which is often influenced by biased thinking and personal experiences. This may lead to misinterpreting what the participants are actually thinking. Specifically, this study

was conducted by an Asian American female, age 22, who self-identifies as heterosexual, which may influence how the data was interpreted.

**Implications & Future Directions**

This study provides findings that will help understand and determine people's willingness to try new male contraceptives. People's willingness to try new male contraceptives will increase if the contraceptive method is easy to use; however, making contraceptives available does not mean individuals will use them. If society works to change the perception of separate responsibilities to a shared responsibility for contraceptives instead, this may help increase willingness to try new male contraceptives. Furthermore, working on targeting messages at young boys and girls in the educational setting about social norms for contraceptives will help encourage men to want to use them. Additionally, the burden of contraceptive responsibility has been on women for years, but if these new male contraceptives become available, the responsibility for contraceptives could become more equal and lessen the burden. Future research could be conducted similarly to how the current study was but may consider using a more diverse sample in order to get findings that can be generalized to a larger population. Future research should investigate this to see if similar factors play into decision-making, which will help in changing social messages targets at boys and girls about social norms for contraceptives.

**Conclusion**

There are limited male contraceptives available for men despite the positive attitudes toward them and their willingness to try some of these male contraceptives. The purpose of this study was to examine what factors, such as masculine and feminine norms for behavior and contraceptive use, affect people's willingness to try all new male contraceptives. The results of

this study suggest a perception that the task needs to be easy for men before women believe they will complete it. This is evident when looking at the different perceptions of ease of contraceptive use, perceptions of the use of condoms, and perceptions of new male contraceptives. In addition, societal pressure for responsibility will affect people's willingness to try all new male contraceptives. This is evident when looking at the gender divide in education, societal pressure for different responsibilities, relationship considerations, and individual desire. Developing and making new male contraceptives available for people to use is important because it will help address the gender gap seen with contraceptive responsibility that places an unjustified burden on women.

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# Appendix

## Opening Question

**Can you start by telling me a little bit about yourself…** maybe where you're from and what you're majoring in here at BSU?

## Contraceptive Knowledge

So you know from the study description that we're interested in male contraceptives. So, I wanted to open up the conversation by asking you to just tell me what you know about contraceptives? **(If they don't know: Contraceptives are anything that is intended to prevent pregnancy. Most people call it birth control, and probably the best known one is the female pill. By "male contraceptives" we mean anything** focused on pregnancy prevention that man takes or uses!

**So, can you talk a little bit more about how you learned about contraceptives?**

- What kinds of things did you learn in school?
- What kinds of things did you learn from friends or family members?
- Was there any information that you would have wanted to know? Did you do any research into contraceptives on your own?

**What's your comfort level talking about contraceptives?**

- How about with a doctor?
- How about with a partner?
- How about with friends?
- How about with family members?

## Contraceptive Use & Decision Making

**Are you or have you previously used any contraceptive methods?**

**How did you choose this contraceptive method?**

**Did someone recommend this contraceptive method to you?**

- **Are you satisfied with the contraceptive method?**
- **Are there things that you like about your current contraceptive?**
- **Are there things that you don't like about your current contraceptive?**

**Are you currently sexually active?**

**Are you currently in a committed relationship? If so, did you talk to your partner about contraceptives?**

- **Do you feel like you had a say in the contraceptive choice?**

**Are you or have you in the past had casual sex?**

**Do you think your relationship status affects how you think about contraceptive use?**

- **Do you have different needs or wants from contraceptives when you're in a relationship versus when you're not?**

**What kinds of other things factored into your decision-making about contraceptives?**

- **Were there any specific priorities that you had?**

- **Were there any difficulties or roadblocks that you hit?**
  - **Could be your relationship with your partner, religious beliefs, maybe your history of contraceptive use…**

Contraceptive Attitudes

**Not necessarily talking about your own relationship, but in our society, do you believe there is a gender divide in responsibility for using contraceptives? What is it? Do you believe there are any other social factors – like maybe race or your socioeconomic status – that affect responsibility for contraceptives?**

**As a *person of your gender,* what do you believe your role is in contraceptive decision making? Are there other parts of your identity that affect this belief?** (maybe your cultural or religious background?)

**As a *person of your gender,* do you trust (*or rely on*) your partner to take responsibility for contraceptives?**

- **Can you talk about some reasons why this may be?**

- **Do you feel like you have some control over your contraceptive decision-making? If not, what kind of control would you like?**

Male Contraceptive Attitudes

So transitioning a little bit…we're gonna talk more specifically about **MALE CONTRACEPTIVES. So, I'd like to start with, what's your initial reaction to hearing about male contraceptives other than condoms or vasectomy?**

**If a new contraceptive for men were to become available, would you be willing to try it?**

- **Do you believe that your sexual partner(s) would be willing to try it?**
- **What are some reasons why?**

**What kind of information would you like before you or your partner were to try male contraceptives?**

**Is there any kind of preventative care you'd like from a male contraceptive? For example, there are some positive side effects for women taking oral contraceptives such as a decrease in acne.**

**What might be some advantages to the availability of male contraceptive?**

**What might be some disadvantages?**

**So, now I'm going to tell you about a couple of different products that are either being tested in clinical trials or are already available in different countries.**

- The first one is a **hormonal gel.** In the U.S. context, this is the furthest along in development. To use it, a male would need to rub it on his shoulders once a day, every day. It works by significantly reducing the male's sperm count, and so you would need to use a backup method for about 3 months before the sperm count is lowered enough. **Would you be willing to try this? Would your partner? Can you talk about some reasons why this may be?**
    - (**If they ask**: there are side effects similar to female contraceptives such as weight gain, mood changes, and skin sensitivity. They would also cause the testes to shrink in size)

- Another product in development is a **pill that unlike most contraceptives is non-hormonal**. This pill would need to be taken about 1 hour before having sex, and it essentially works by lowering the sperm's ability to move. So, it stops them from "swimming." **Would you be willing to try this? Would your partner? Can you talk about some reasons why this may be?**

- In India, there is currently a **reversible injectable gel** available for men. It works like a vasectomy and the procedure is similar. So, you would have to go to a doctor, they make a small incision, and then inject a gel that prevents sperm from entering into the ejaculate. It's non-toxic and you can stay for up to 10 years. You can choose to have it removed before then, but you would need to go back to a doctor to have the gel flushed out. **Would you be willing to try this? Would your partner? Can you talk about some reasons why this may be?**

**Is there anything else you would like to know more about regarding male contraceptives?**

**Do you have any questions for me?**