

## **Conflicting Contraceptive Norms for Men: Equal Responsibility versus Women's Bodily Autonomy**

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## **Abstract**

Most research investigating how men and women in heterosexual relationships negotiate contraceptive use focuses on the women's point of view. Using a sample of 44 interviews with men attending a western US university, this study examines norms governing men's participation in contraceptive use and pregnancy prevention and their responses to those norms. We demonstrate how competing norms around sexual health decision-making and women's bodily autonomy contribute to unintended outcomes that undermine young people's quest for egalitarian sexual relationships. While men largely agree that responsibility for sexual health decision-making should be shared with women, they also believe that women should have power over their own bodies and sexual health. However, the coexistence of these two competing norms—which call for both equal responsibility in decision-making and women's bodily autonomy—results in a disconnect between men saying that sexual health decision-making should be equal, but not always participating equally. Thus, men largely give contraceptive decision-making power over to women, putting the burden of pregnancy prevention on women and letting men off the hook. We conclude that men's negotiation of these competing norms reinforces unequal power and inequality in sexual relationships.

**Keywords:** social norms, contraceptive use, masculinity, college students, USA

## Introduction

In recent years, public perceptions of increased university sexual activity have generated a flurry of both academic and media attention. For example, a search on Google Scholar produces 100 pages of academic articles on this topic since 2008, almost all of which report on sexual behaviour among university-attending youth in the USA. This proliferation of material most often focuses on how sexuality is continually viewed through the lens of men's versus women's rights in the USA, highlighting the prevalent cultural construction of heterosexuality as a battle between the sexes. This cultural context complicates sexual decision-making among young men and women (Schalet 2011), including when and with whom they have sex and whether they use a contraceptive method.<sup>1</sup>

In this study, we investigate how men negotiate contraceptive decisions with their sexual partners in heterosexual encounters in a landscape increasingly fraught with social norms that conflict and compete, often framing men's interests as opposing women's interests. We draw on in-depth interviews with 44 men attending a public university in the western USA to document the competing norms men encounter regulating sexual health and contraceptive decision-making and examine how men respond to these norms. Finally, we highlight how men's reactions to these norms inform their behaviours and decision-making processes with their partners and ultimately reinforce inequality in sexual relationships.

This study contributes to our understanding of contraceptive use dynamics in several ways. First, there is limited research on men's perspectives regarding contraceptive use and yet men play an important role in pregnancy and pregnancy prevention in heterosexual couples. We must understand the decision-making process when men enter into sexual relationships if we are to increase men's participation in pregnancy prevention efforts. Second, this paper uses matched-gender interview data, which is rare. We argue that the likelihood of honest disclosure about men's feelings, thoughts and behaviours regarding contraceptive use is more likely with a male interviewer (Schwalbe and Wolkomir 2001) and that this work thus represents a unique contribution to the literature. Third, how norms govern men's decision-making about contraceptive-use is understudied. In the current US sexual climate, it is critical to understand both norms of women's bodily autonomy as promoted by affirmative consent campaigns and norms of equal participation in contraceptive decision-making. It is the conflict between these two norms that works to reify existing gender inequities in romantic relationships and pregnancy prevention, resulting in added burdens for women and frustration for some men as they attempt to navigate sexual relationships.

## Background

### *Cultural Norms about Pregnancy Prevention*

Researchers have demonstrated the importance of culture for the framing of contraceptive responsibility (Devries and Free 2010). In Western countries the advent of the birth control

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<sup>1</sup> In the USA, the terms 'contraceptives' and 'birth control' are often used interchangeably and include female-centred hormonal forms such as the birth control pill and IUD.

pill in the 1960s was touted as providing women with freedom to control their own reproduction, ostensibly conferring greater social freedom on them more generally (Kelly et al. 2017). However, an unintended consequence of this enhanced reproductive freedom was a pronounced cultural bias toward women as primarily responsible for pregnancy prevention (Oudshoorn 2004). Consequently, several studies have found that young men assume that pregnancy prevention will be taken care of by their partners (Brown 2015; Hoga et al. 2014), paired with an expectation by men that women will be on the pill (Fennell 2011; Smith 2014). Men's expectations that women will prevent pregnancy often hinge on the fact that women are the ones who become pregnant and will thus experience more negative consequences when an unintended pregnancy occurs (Brown 2015).

Other studies have analysed how gendered expectations govern the negotiation of contraceptive use in sexual relationships (Campo-Engelstein 2012; Raine et al. 2010). For example, Flood's (2003) qualitative study of Australian men found that men sometimes forgo condom use because they 'trust' that their (women) partners will not put them at risk for pregnancy and/or sexually transmitted infections (STIs). Civic (2000) also reported the absence of condom use in the presence of partner 'trust' among college students. These studies and others emphasise the prevalence of norms reinforcing women's responsibility for pregnancy prevention. Although research has documented the assumption that women will take responsibility for pregnancy prevention, we lack research examining the power and agency men may, perhaps paradoxically, lose by putting pregnancy prevention largely in their partners' control.<sup>2</sup>

### ***Navigating Conflicting Norms***

Social and cultural norms about relationships and sexual behaviour are often in conflict, leading to confusion, difficulty navigating complex normative terrain and role strain (Campo-Engelstein 2012; James-Hawkins, Qutteina and Yount 2016). Young men and women in particular are expected to navigate complex sets or bundles of competing norms regulating behaviours associated with whether to have sex, whether to use contraception and what to do if a pregnancy occurs (Mollborn 2017; Mollborn and Sennott 2015). These competing norms often derive from important reference groups such as peers, close friends, parents and/or communities (Mollborn and Sennott 2015; Sennott and Mollborn 2011). Competing norms also create tension surrounding sexual decision-making by young men and women, given that breaking different norms will result in varying levels of consequences, stigma or negative sanctions (James-Hawkins and Sennott 2014; Mollborn and Sennott 2015).

In the last two decades, multiple countries, including the USA, have moved social policy toward reframing contraceptive responsibility as shared across gender lines (Oudshoorn 2004). In light of the emergence of norms supporting casual sexual relationships among college students (Bogle 2008; Garcia et al. 2012), educational institutions have undertaken new social marketing campaigns and implemented programmes aimed at increasing contraceptive use among students (Breny et al. 2017; Manlove, Fish and Moore 2015). Many of these campaigns have targeted condom use specifically and encouraged young men to become more involved in contraceptive decision-making processes (Breny et al. 2017). These messages generally emphasise shared responsibility for contraception in sexual partnerships and encourage men to take a more

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<sup>2</sup> For important exceptions see Fennell (2011) and Wright et al. (2017).

active role in contraceptive choice and use (Breny et al. 2017). Simultaneously, there has been an increase in programmes designed to reduce instances of sexual assault and rape by emphasising affirmative consent (Alani 2017). The rise of feminist and equality discourses on university campuses and in the media suggests we are in a distinctive cultural moment where competing norms about men's rights and women's rights when it comes to sexuality and contraception now exist side by side.

Our research question therefore addresses how gender norms and social structure interact to influence men's feelings of responsibility about contraceptive use and pregnancy prevention. We document two strong social norms that are in conflict. On the one hand, men receive messages emphasising equal responsibility for pregnancy prevention and encouraging them to participate in contraceptive decision-making with their sexual partners. Notably, these messages are transmitted within a context where there are few male-controlled forms of pregnancy prevention (Fennell 2011). On the other hand, men also receive messages emphasising women's bodily autonomy, in line with the current movement toward obtaining affirmative consent in sexual encounters (Murphy 2016). While men can use condoms as a means of pregnancy prevention, the emphasis on women (and women's bodies) as most impacted both by a pregnancy and by the available pregnancy prevention methods provides men the option to choose not to use a condom under the assumption that women will take care of protecting themselves from pregnancy (Breny et al. 2017; Brown 2015; Fennell 2011). Thus, recent efforts emphasising women's bodily autonomy may have the unintended consequence of further removing men from the contraceptive decision-making process and creating confusion for men as they attempt to navigate competing norms governing sexual health decision-making and behaviour. Below we show how these processes work together to perpetuate inequality between men and women in relationships.

## **Methodology**

This paper analyses 44 semi-structured interviews conducted in 2013 with college men at one large public western US university known for its culture emphasising partying and casual sex. Participants were largely white, middle to upper-middle class and either single or in an exclusive relationship with a woman (Table 1). All interviews were conducted by a male interviewer to increase the likelihood of disclosure of men's opinions regarding sex and contraceptive use in sexual encounters. Participants were recruited (paid \$30 each) through campus flyers, class announcements and an electronic student bulletin. Men contacted the researchers to express interest in participating and were screened for study eligibility. Eligible men were aged 18 to 24, participated in heterosexual sex within the past year, and reported they were not sterile and that they had at some point taken a contraceptive risk when pregnancy was not desired. Interviews ranged from 45 to 120 minutes. Interviews were audio-recorded and professionally transcribed verbatim using pseudonyms to maintain confidentiality. Written informed consent was obtained from participants when they arrived for the interview. Each participant completed a short demographic survey.

Our analysis used a qualitative descriptive design (Merriam 2014), which combines inductive and deductive thematic analysis (Fereday and Muir-Cochrane 2008), allowing new insights to emerge from the data in line with grounded theory techniques (Glaser and Strauss 1967). After reading through all interviews several times, we identified central

themes in relation to male responsibility for pregnancy prevention. Two transcripts were double coded to ensure intercoder reliability, then all transcripts were coded using thematic and line by line strategies (Charmaz 2014) and NVivo software. All analysis was conducted by white women in their 20s, 30s and 40s. Because the analysts were women, the final themes, and argument were provided to the original male interviewer to ensure an accurate reflection of the content of the interviews from a male perspective.

## **Findings**

In this study, we argue that men sharing responsibility for contraceptive use with sexual partners – an issue fraught with gendered power – has become increasingly complex due to a shifting normative landscape. We first discuss norms of male participation in contraceptive decision-making and norms of women’s bodily autonomy and then provide evidence of the conflict between the two. Finally, we discuss the consequences that arise from this normative conflict and contribute to perpetuating gender inequality in romantic and sexual relationships.

### ***Norms of Equal Contraceptive Decision-Making***

Men felt that contraceptive decisions should be made through mutual engagement with a sexual partner to determine the best pregnancy prevention method for them as a couple. For example, Mark emphasised that men and women should bear equal responsibility for contraceptive decision-making: ‘[Contraceptive use is] not one person’s responsibility over the other’s...it should be a mutual consenting activity in which both people are mutually responsible’. Michael agreed with Mark: ‘[Both] people have to be responsible. Sex is a two-partner act’. Both Mark and Michael stressed that because sexual activity is a shared activity, contraceptive use should be a shared responsibility. Andrew discussed decision-making about contraceptives specifically as being a mutual responsibility: ‘I think [contraceptive decision-making] should be pretty equally balanced’. Jacob shared this view, saying: ‘I feel like [contraceptive decision-making is] kind of on both people equally’. Robert also agreed: ‘I would say both [partners] should take part in making sure there’s at least one form of contraception, whether it be condoms, or birth control, or something else’. Despite the general endorsement of contraceptive decision-making as something both partners should engage in, and norms that dictated men participate in contraceptive decision-making, men were aware that it was women who would end up pregnant. Men’s overall awareness that women would get pregnant, and that most forms of contraception were female-centred, presented a challenge as men struggled to integrate norms of women’s bodily autonomy into their narratives of equal responsibility for contraceptive use.

### ***Norms of Respect for Women’s Bodily Autonomy***

Participants described a social norm that respect for women’s bodily autonomy should be paramount in contraceptive decision-making processes. That meant that men often gave more weight to their partners’ wishes when it came to select a contraceptive method. For example, Kyle said: ‘I think it's the girl's decision because it's her body’. Ryan echoed this: ‘I think the female has the ultimate choice, because it's her body’. Although men frequently initially stated that decision-making should be equal, they often deferred to women’s

preferences and relied on women to either take care of contraceptives or to initiate the contraceptive discussion. This attitude among some - but not all - men appeared to be due to contraceptives being largely designed for women's use combined with men's concerns about not encroaching upon women's bodily autonomy. Men also sometimes framed female contraceptives as empowering women to protect themselves by controlling their own reproduction and exerting agency in their decisions about how, when and where to engage in sexual activity. Patrick said:

I think for women, it's definitely more of an empowerment aspect than for men...A lot of girls I know...like birth control...because it empowers them because they know...that they are allowed to have contraceptives and that's their decision...it's almost like [birth control] gives them agency.

Patrick's comments here reflect the belief that female contraceptives served as a source of agency and empowerment for women, although he did not acknowledge the concomitant pressure women faced to be primarily responsible for pregnancy prevention.

Unlike Patrick, some men in the study said they felt that because women were the ones who would get pregnant, their contraceptive preferences should be given more weight than men's. Chris put it this way: 'In the end, it's the woman's body that is producing a child. I mean it's going on in their body and if they want to do some certain things then that should be more respected I think'. A crucial aspect of this narrative was the idea that men are less likely to face consequences of an unintended pregnancy. For example, Liam said: 'I think it's a woman's decision, it's her body, she's the one who has to live with whatever she decides more so for the rest of her life than a guy does'. Aaron echoed this sentiment saying: 'I think the woman definitely has a bigger voice in this whole thing... because I think...when she has the kid, she has more of an attachment to it than the guy does'. Michael also saw pregnancy as a bigger problem for women than for men. He said: 'I think the girl should [have more say over contraceptives]. I mean, she is the one who is going to pay the bigger price if something happens'. Both Aaron and Michel's statements support Liam's view that it is culturally acceptable for men to be uninvolved in a pregnancy.

The norm supporting women's bodily autonomy was also highlighted when men talked about how power can impact contraceptive decision-making. Luke said, 'If [my girlfriend] wants to use an IUD or if she wants to be on the pill that's fine with me because it's her body and I'm going to let her choose what she will do'. Luke's language was suggestive of traditional gendered power differentials in that he said he will 'let' his girlfriend do what she wants. Luke's comments highlight how men frequently skirted the power issues embedded in who makes decisions about contraceptives and who is held responsible for decisions about contraception. In comparison, John addressed power directly when he said: 'It's her body so if she chooses not to use contraception because it's not good for her health then that is something that - regardless of power dynamics - it's a decision she gets to make'. John's take on the situation was more nuanced in that he simultaneously recognised that gendered power issues do exist, while attributing power to the woman over her own body. Cameron concurred with John's view of the woman as having power in this situation when he said: 'You can always [bring] up birth control with the girl, but you can't make her do anything'. Thus, while men's comments recognised women's bodily autonomy, they also reflected their limited understanding of how gendered power in relationships can influence both men's and women's behaviour.

## ***Norms in Conflict***

Men found themselves navigating between competing norms which dictated that they both participate equally in decision-making about contraceptives, while also deferring to women to ensure that they maintained autonomy over their own bodies. This conflict was demonstrated in Joel's statement as he talked through both concepts trying to decide which one should take precedence:

I'm hesitant to say [who should have more input], because I would want to say women because they're the one that actually would get pregnant and have more dramatic changes in their life than a man would. But also, I think if a man doesn't want to be a father, he's just as entitled as a woman who doesn't want to be a mother. I guess I would say, just for all practical purposes, it's more important to consider a woman's opinion when it comes to things like that.

Joel tried to reconcile the impacts on a woman's body of pregnancy and female contraceptives with the potential ramifications that a pregnancy could have for his own life. Eventually he decided that the woman's opinion held more weight. Like Joel, David also talked through the issue and arrived at the conclusion that the woman's preference should be more heavily valued:

Anything that is affecting her body, hormones or whatever, it's her decision. I mean the guy should have input. Like I want you to use this, I would like if you were on birth control or whatever. But ultimately, I think it's her decision.

At other times, a similar internal debate resulted in a different conclusion: that the decision should be equal. Benjamin said:

I think it's a mutual thing. Obviously, it's the woman who'd have to bear the child and that maybe would give her a little more say than the other, but you see now, it's like you're still the father of that child and you still would be very much involved. I think that it needs to be pretty shared, balanced.

Jacob went so far as to assign 'fault' for unplanned pregnancies to men, and therefore felt that men should have more say in pregnancy prevention: 'I feel like the man should have more of a say [in contraceptive use] ...when it all comes to [be] said and done, it's kind [of] his fault'. Whereas Joel and David concluded that women should have more input a handful of other men failed to reach a conclusion at all. For example, Liam talked through the issue and at first concluded:

I think it's a woman's decision, it's her body, she's the one who has to - she has to live with whatever she decides more so for the rest of her life than a guy does and because of that I think it should be more of their decision.



However, as he thought through the ramifications of a potential pregnancy, he continued: 'But because I'm also a responsible party, I need to be there too. [I need] to take responsibility'. Ultimately, Liam was unable to reach a conclusion he felt was satisfactory.

A handful of men specifically identified the cultural propensity for the burden of pregnancy prevention to be placed on women. Luke said:

I think that the responsibility truly is mutual. Of course, it's mutual. It's a coming together of two parties. But at the same time, it seems the way it's socially construed is that the woman has to be the one to deal with the majority of the burden.

Jason's views aligned with those of Luke. He said: '[It's] kind of us together but it's more the woman somehow got more responsible or something'. Both Jason and Luke attempted to reconcile the conflicting norms of equal responsibility and women's bodily autonomy and came to the conclusion that society places the burden of responsibility for pregnancy prevention on women, even while promoting the 'ideal' of equal responsibility across gender lines.

### ***Consequences of Conflicting Norms: Women as Responsible for Contraceptive Use***

Participants frequently felt that contraceptive use on the part of women was a given, and thus was not something men needed to worry about. Will put it this way:

Girls from a very young age, aren't they taught to just start taking the pill? I think they're told about it and they're sort of brought into the idea of it so it's an easier transition into it. They grow up with it.

Similarly, Ryan said: 'My idea of females these days, sexually active females, is that they're on some type of contraceptive'. Although he later qualified this statement by saying: 'I'm not sure if that's true or not, but that's my idea at least because that's what I've encountered', his comments reflected a clear supposition that women would be using a form of hormonal contraceptive, thus relieving men, at least partially, from the burden of worrying about contraceptives during a sexual encounter. In fact, Ryan concluded his statement by stating: 'I don't know why [a woman] would not use a contraceptive [during college]'. He based this opinion on the fact that there are multiple forms of female contraception and stressed that it did not make sense for a woman to risk a pregnancy when she had so many options for protecting herself.

Although participants often espoused the ideal of equal participation, in actuality, their descriptions of their own behaviour were seldom in line with that ideal. Often, these men's attitudes tended towards relinquishing responsibility for pregnancy prevention entirely. Chris said:

I think it's kind of men's implicit first thought to say, 'oh, it's my job to hit it and quit it.' I don't think a lot of men take it very seriously and say, 'oh, it's my job to be the one that's safe or it's my job to wear the condom.'

As Chris's quote illustrated, the emphasis on women's bodily autonomy and women's ultimate choice in resolution of an unplanned pregnancy allowed men to eschew responsibility themselves.

***Consequences of Conflicting Norms: Women as Responsible for Contraceptive Communication***

Men often indicated they did not discuss contraceptives with their sexual partners and would only use condoms when women insisted on it – which is an alternative way of saying to the woman that a pregnancy is 'her problem'. Tim told this story:

- Tim: No, I pretty much don't use condoms - like I've used condoms with two girls since that girlfriend at the beginning of high school.
- Interviewer: Ok, and on the occasions where you have used condoms was that out of concern for pregnancy or STIs?
- Tim: Uh uh [no]. It's just like the girls [saying] – 'you gotta put the condom on'.

Tim specifically placed the burden of discussing contraceptive use – even a male form such as condoms – on the woman. At times, men made assumptions that 'responsible' women would insist on condoms. Alex said this about his female friends: 'With most of the girls that I know, they're like, they know themselves enough that they'll usually kind of demand that the guy wear a condom'. While Alex was not necessarily advocating that men leave everything up to women when it comes to contraceptive decision-making and pregnancy prevention, he did make an implicit assumption that women would insist on condom use when they felt it was necessary. However, sometimes this assumption backfired. For example, Matthew talked about a situation in which he did not ask about contraceptive use, assuming that a method was being used, and later found out that they had engaged in unprotected sex:

I just trusted that whatever she was taking was okay, was enough...It was actually kind of bad because I thought that she was on birth control and she wasn't. And so, then there was this little [concern] mostly on her end because I was totally oblivious and just thought that like everything was totally fine. And then she was late on her period.

Mark's comments also reflected the importance of communication (or the lack thereof) when it came to men's assumptions that women were using contraception:

I think a lot of fault in these relationships come from men not having the conversation. It comes from the woman [having to say] 'do you have a condom' or 'let's have this conversation.' A lot of men, in my perception, don't stop and say 'Wait! Let's have this conversation before we go forward.'

At other times, however, men discussed external reasons for their lack of attention to pregnancy prevention methods. Mark described this nicely: 'I... think men should want to be more involved... I just, I don't think they are...they don't think about it in the moment - they don't think to have the conversation prior to the situation'. Thus, Mark felt men should want to be more involved with contraceptive decision-making, but they were not involved because it was easy to avoid the discussion.

Men also sometimes elevated their portrayal of their own behaviour by denigrating other men. Ryan said: 'I think the girl needs to be smart. There's a lot of immature jerks – guys - out there who just want to have sex'. Adam agreed: 'I don't think that most men are, particularly at my age being in college, really mature enough to understand that sort of power that they can prevent [pregnancy]'. While both Adam and Ryan framed men's abdication of responsibility as an issue of maturity – implying that as men get older they care more about contraceptive use, Brad felt that men overall were simply more likely to make bad decisions than women: 'I don't think [men can prevent pregnancy], no. I think that on the whole men are pretty weak-willed and are more prone to make poor decisions'.

Whatever the reason offered, overall, men indicated that they abdicated responsibility for ensuring contraceptive use and relied on women for pregnancy prevention, essentially framing the issue as a woman being 'responsible' or 'smart' because men would not be.

### ***Consequences of Conflicting Norms: Constraints on Men's Participation***

A few men suggested that men may feel constrained from full participation in the decision-making process because they were afraid of impeding women's bodily autonomy. Patrick felt that using both birth control [pills] and condoms was ideal but also that he did not necessarily have the ability to make that choice: 'If they [a partner] didn't want to use birth control pills then I guess depending on who it was I would be okay with using [just] a condom. But if I had the choice it would be both'. The way Patrick talked about this issue, saying 'if I had a choice' illustrates the lack of agency some men felt about their role in contraceptive decisions. Like Patrick, Tony emphasised constraints on men: 'I think men probably would prefer to have more control over the situation'. Tony went on to discuss taking control of the situation by refusing to have sex unless the woman was using [a hormonal contraceptive]: '...I just think that men are really cautious and like there is no way [a woman] and me are going to have sex unless [she's] on birth control'. Luke echoed this, saying: 'I won't have sex with her unless there's some form of birth control in place... I think that's the right as the male that you reserve, is that choice [to not have sex]'. It is worth noting that both Patrick and Luke felt that they were limited in the ways they could ensure use of contraceptives and said that refusing to engage in sex was the only way they knew for sure they could control the risk of pregnancy.

At times, men explicitly recognised the societal influences that placed this burden on women, including the lack of contraceptive choices for men. Chris put it this way: 'We let society do all these things to women's bodies and we somehow think, oh, that's okay. But if we touch a guy's body, it's a whole other issue'. This idea of societal responsibility for placing the burden of pregnancy prevention on women was echoed by Luke, who summed it when he said: 'I think that this comes back to the question of who the burden on is socially for keeping their body free of a child. And it's the woman'. Ultimately, men agreed that the burden of contraceptive use was primarily on the woman in a sexual relationship.

## Discussion

Drawing on data from interviews with 44 college men, we have documented the existence of competing norms around sexual health decision-making and women's bodily autonomy and shown how this conflict contributes to unintended outcomes that undermine young people's quest for egalitarian sexual relationships. While men agree that sexual health decision-making should be a responsibility shared with women, they also understand that women should have power over their own bodies and sexual health. However, the coexistence of these two norms—which call for both equal responsibility and women's bodily autonomy—results in men largely giving contraceptive decision-making power over to women, which puts the burden of pregnancy prevention on women and lets men off the hook. Thus, while focusing on women's bodily autonomy should in theory contribute to more equal relationships, in practice, because men may disproportionately grant women contraceptive decision-making power in an attempt to embody egalitarianism, it may lead to an increased burden on women.

In the end, men lack the tools to make sense of how they themselves can embody and enact egalitarianism in any way other than giving women power over sexual health decision-making—a practice which, perhaps paradoxically, can contribute to unequal relationships and result in 'blaming' women if pregnancy occurs. Either way, the result is that women end up with the burden of pregnancy prevention and decisions about what to do if an unintended pregnancy does occur.

Interestingly, we found little difference in these issues depending on if men were in a romantic relationship or engaging in only casual sex. While there was some small tendency for men in relationships to participate more in an initial contraceptive conversation, we found that overall, even those men were inclined to leave contraception up to their female partners. This may be because the romantic relationships in our sample most frequently began with some form of casual sex. Thus, by the time the men considered that they were in a romantic relationship, sexual activity had been occurring for some time and contraceptive use was, as in many casual encounters, assumed.

Limited existing research on men's views of contraception has focused on low-income and minority men. Our sample of middle-class primarily white men had some similarities and some differences to those existing findings. Both the men in our sample and low-income men previously studied were uncertain about female forms of contraception (Carter et al. 2012; Raine et al. 2010), and often did not discuss contraception with women before sex (Merkh et al. 2009; Raine et al. 2010). Our findings also are congruent with findings that men feel contraception is primarily a woman's responsibility (Merkh et al. 2009; Raine et al. 2010). However, men in our sample differed from low-income populations in other ways. Whereas low-income men have reported apprehension about women's consistent and correct use of female contraceptive methods (Carter et al. 2012; Merkh et al. 2009), men in our sample almost universally assumed that if a woman said she was using contraception, she was doing so both consistently and correctly. Also, while findings indicate that low-income men view abortion as shirking responsibility (Jackson, Karasz and Gold 2011), the majority of men in our sample were in favour of abortion as a solution to an unintended pregnancy.

Overall, our research adds to current conversations by revealing, from men's perspectives, why sexual actions and responsibilities seem to be incongruous with

egalitarian expectations (see also Fennell 2011; Wilkins and Dalessandro 2013). While men clearly subscribed to the idea that they should participate in contraceptive decision-making and use in line with egalitarianism, they also recognised that the vast majority of the contraceptive options available are for women (Fennell 2011). In addition, men's quotes reflected gendered understandings of the impact of pregnancy on women versus men, which justified giving women decision-making power. For example, men highlighted the idea that culturally, it is comparatively easier for men to be uninvolved in pregnancies than women (Wall and Arnold 2007), and the assumption that women are more likely to become attached to children (Dillaway and Paré 2008). Men were hesitant to pressure women to use hormonal forms of contraception based on the idea that women have bodily autonomy, and men also communicated that they felt limited to offer much input due to gendered ideas about the potential burdens of pregnancy.

Our work contributes to research on men's sexual practices and contraceptive use in important ways. First, we examine men's often overlooked views of contraception. Research on men's views generally addresses low-income men (Carter et al. 2012; Jackson, Karasz and Gold 2011; Merkh et al. 2009; Raine et al. 2010), with a distinct lack of research about middle class men in college settings, who are often lumped together with women when they do appear (such as Bogle 2008). Understanding the reasons men may not participate in contraceptive decision-making can aid in promoting communication and shared responsibility for pregnancy prevention across gender lines. Second, we used a male interviewer to facilitate disclosure of gendered perceptions regarding contraceptives that men may be hesitant to disclose to a female interviewer (Schwalbe and Wolkomir 2001). Third, we highlight how efforts to support women may result in confusion among men about their role in the contraceptive decision-making process with partners. While we do not suggest that empowering women disempowers men, it is important to recognise how seemingly consistent norms can in actuality work against one another to end up with the opposite result of what was intended.

While we believe the merits of our study outweigh the limitations, like most studies, our data is limited somewhat. The primary limitation is that we used a relatively small convenience sample. Since our data best reflects the experiences of white, middle to upper class college men, we cannot generalise about all US college men or college men in other national contexts. Overall, our research both documents seemingly congruous norms and demonstrates how conflict between these norms may perpetuate gendered inequalities in sexual decision-making. If gender inequalities are to be overcome within the broader culture, we must better understand how existing norms in support of equality actually function, and how and why they may perpetuate inequality.

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## References

- Alani, H. 2017 "Judge Drops Rape Case against U.S.C. Student, Citing Video Evidence." *The New York Times*. August 5. <https://www.nytimes.com/2017/08/05/us/usc-rape-case-dropped-video-evidence.html>
- Bogle, K. A. 2008 *Hooking Up: Sex, Dating, and Relationships on Campus*. New York: New York University Press.
- Breny, J. M., Lombardi, D., Madden, D., and Smoyer, A. B. 2017 "Getting Men to Explore Safer Sex Responsibility: The Use of Photovoice in Health Promotion Research." *Sage Research Methods*. doi: 10.4135/9781526419316
- Brown, S. 2015 "'They Think It's All Up to The Girls': Gender, Risk and Responsibility for Contraception." *Culture, Health & Sexuality* 17 (3): 312-25.
- Campo-Engelstein, L. 2012 "Competing Social Norms: Why Women Are Responsible For, But Not Trusted With, Contraception." *International Journal of Applied Philosophy* 26 (1): 67-84.
- Carter, M. W., Bergdall, A. R., Henry-Moss, D., Hatfield-Timajchy, K., and Hock-Long, L. 2012 "A Qualitative Study of Contraceptive Understanding Among Young Adults." *Contraception* 86 (5): 543-50.
- Charmaz, K. 2014 *Constructing Grounded Theory*. London: SAGE.
- Civic, D. 2000 "College Students' Reasons for Nonuse Of Condoms Within Dating Relationships." *Journal of Sex & Marital Therapy* 26 (1): 95-105.
- Devries, K. M., and Free, C. 2010 "'I Told Him Not to Use Condoms': Masculinities, Femininities and Sexual Health of Aboriginal Canadian Young People." *Sociology of Health & Illness* 32 (6): 827-42.
- Dillaway, H., and Paré, E. 2008 "Locating Mothers: How Cultural Debates About Stay-At-Home Versus Working Mothers Define Women and Home." *Journal of Family Issues* 29 (4): 437-64.
- Fennell, J. L. 2011 "Men Bring Condoms, Women Take Pills: Men's and Women's Roles in Contraceptive Decision Making." *Gender & Society* 25 (4): 496-521.
- Fereday, J., and Muir-Cochrane, E. 2008 "Demonstrating Rigor Using Thematic Analysis: A Hybrid Approach of Inductive and Deductive Coding and Theme Development." *International Journal of Qualitative Methods* 5 (1): 80-92.
- Flood, M. 2003 "Lust, Trust and Latex: Why Young Heterosexual Men Do Not Use Condoms." *Culture Health & Sexuality* 5 (4): 353-69.
- Garcia, J. R., Reiber, C., Massey, S. G., and Merriwether, A. M. 2012 "Sexual Hookup Culture: A Review." *Review of General Psychology* 16 (2): 161-76.
- Glaser, B. G., and Strauss, A. L. 1967 *The Discovery of Grounded Theory: Strategies for Qualitative Research*. Chicago, IL: Aldine.
- Hoga, L. A. K., Rodolpho, J. R. C., Sato, P. M., Nunes, M., and Borges, A. L. V. 2014. "Adult Men's Beliefs, Values, Attitudes and Experiences Regarding Contraceptives: A Systematic Review of Qualitative Studies." *Journal of Clinical Nursing* 23 (7-8): 927-39.
- Jackson, E., Karasz, A., and Gold, M. 2011 "Family Formation in the Inner City: Low-Income Men's Perception of Their Role in Unplanned Conception and Pregnancy Prevention." *Journal of Health Care for the Poor and Underserved* 22 (1): 71-82.

- James-Hawkins, L., Qutteina, Y., and Yount, K. M. 2016 "The Patriarchal Bargain in a Context of Rapid Changes to Normative Gender Roles: Young Arab Women's Role Conflict in Qatar." *Sex Roles* 77 (3-4): 155-168.
- James-Hawkins, L., and Sennott, C. 2014. "Low-Income Women's Navigation of Childbearing Norms Throughout the Reproductive Life Course." *Qualitative Health Research* 25 (1): 62-75.
- Kelly, M., Inoue, K., Barratt, A., Bateson, D., Rutherford, A., and Richters, J. 2017 "Performing (Heterosexual) Femininity: Female Agency and Role in Sexual Life and Contraceptive Use—A Qualitative Study in Australia." *Culture, Health & Sexuality* 19 (2): 240-55.
- Manlove, J., Fish, H., and Moore, K. A. 2015 "Programs to Improve Adolescent Sexual and Reproductive Health in the US: A Review of the Evidence." *Adolescent Health, Medicine and Therapeutics* 2015 (6): 47-79.
- Merkh, R. D., Whittaker, P. G., Baker, K., Hock-Long, L., and Armstrong, K. 2009 "Young Unmarried Men's Understanding of Female Hormonal Contraception." *Contraception* 79 (3): 228-235.
- Merriam, S. B. 2014 *Qualitative Research: A Guide to Design and Implementation*. San Francisco: Wiley.
- Mollborn, S. (2017). *Mixed Messages: Norms and Social Control Around Teen Sex and Pregnancy*. Oxford: Oxford University Press.
- Mollborn, S., and Sennott, C. 2015 "Bundles of Norms About Teen Sex and Pregnancy." *Qualitative Health Research* 25 (9): 1283-1299.
- Murphy, E. 2016 "No Means No: A Critical Examination of the Effectiveness of the Yes Means Yes Law." *The Jefferson Law Review* 39 (2016): 93-119.
- Oudshoorn, N. 2004. "'Astronauts in the Sperm World': The Renegotiation of Masculine Identities in Discourses on Male Contraceptives." *Men and Masculinities* 6 (4): 349-67.
- Raine, T. R., Gard, J. C., Boyer, C. B., Haider, S., Brown, B. A., Ramirez Hernandez, F. A., and Harper, C. C. 2010 "Contraceptive Decision-Making in Sexual Relationships: Young Men's Experiences, Attitudes and Values." *Culture, Health & Sexuality* 12 (4): 373-386.
- Schalet, A. T. 2011. *Not Under My Roof: Parents, Teens, and the Culture of Sex*. Chicago: University of Chicago Press.
- Schwalbe, M., and Wolkomir, M. 2001 "The Masculine Self as Problem and Resource in Interview Studies of Men." *Men and Masculinities* 4 (1): 90-103.
- Sennott, C., and Mollborn, S. 2011 "College-Bound Teens' Decisions About the Transition to Sex: Negotiating Competing Norms." *Advances in Life Course Research* 16 (2): 83-97.
- Smith, L. 2014 "'You're 16... You Should Probably Be on the Pill': Girls, the Non-Reproductive Body, and the Rhetoric of Self-Control." *Studies in the Maternal* 6 (1): 1-26.
- Wall, G., and Arnold, S. 2007 "How Involved Is Involved Fathering? An Exploration of the Contemporary Culture of Fatherhood." *Gender & Society* 21 (4): 508-527.
- Wilkins, A. C., and Dalessandro, C. 2013 "Monogamy Lite: Cheating, College, and Women." *Gender & Society* 27 (5): 728-751.
- Wright, R. L., Fawson, P. R., Frost, C. J., and Turok, D. K. 2017. "US Men's Perceptions and Experiences of Emergency Contraceptives." *American Journal of Men's Health* 11 (3): 469-478.





Table 1. Selected demographic characteristics of the men interviewed

Name	Age	Race/ Ethnicity	Major	Year in School	Type of Area From	Self-Reported Socio- economic Status <sup>5</sup>	Partner/Marital Status
Cameron	19	White	Business <sup>1</sup>	2nd	Suburban	UMC	Single
Mark	20	White	Hard Sciences <sup>2</sup>	3rd	Suburban	MC	Exclusive Relationship
Brad	21	White	Business	4th	Suburban	UMC	Exclusive Relationship
Blake	22	Latino	Hard Sciences	4th	Suburban	UMC	Exclusive Relationship
Dylan	18	White	Undeclared	1st	Suburban	MC	Single
Alex	21	White	Arts & Humanities <sup>3</sup>	3rd	Urban	UMC	Single
Harrison	21	White	Social Sciences <sup>4</sup>	3rd	Suburban	UMC	Single
Liam	20	White	Arts & Humanities	3rd	Suburban	UMC	Exclusive Relationship
Peter	22	White	Social Sciences	4th	Suburban	MC	Exclusive Relationship
John	23	White	Social Sciences	4th	Rural	UMC	Living with Partner
Patrick	21	White	Social Sciences	4th	Suburban	UC	Exclusive Relationship
David	19	White	Social Sciences	1st	Suburban	UMC	Single
Brandon	18	Latino	Hard Sciences	1st	Suburban	MC	Exclusive Relationship
Joe	22	White	Arts & Humanities	4th	N/A	UMC	Exclusive Relationship
Jason	21	White	Social Sciences	3rd	suburban	MC	Exclusive Relationship
Jake	22	White	Social Sciences	4th	suburban	UMC	Exclusive Relationship
Jeremy	20	White	Arts & Humanities	3rd	suburban	MC	Single
Matthew	19	White	Social Sciences	1st	urban	UMC	Exclusive Relationship
Sam	21	White	Arts & Humanities	3rd	Suburban	UMC	Exclusive Relationship
Chris	21	White	Social Sciences	4th	Suburban	MC	Single
Joel	19	White	Social Sciences	1st	Suburban	LMC	Single
Jacob	18	White	Business	1st	Suburban	UMC	Single
Kyle	19	Black	Business	2nd	Urban	LMC	Single
Nathan	21	Black	Social Sciences	3rd	urban	MC	Exclusive Relationship
Andrew	23	White	Social Sciences	4th	suburban	UMC	Single

Ryan	20	White	Hard Sciences	3rd	suburban	UMC	Exclusive Relationship
Will	21	White	Arts & Humanities	4th	suburban	UMC	Single
Michael	24	White	Business	3rd	suburban	UC	Single
James	19	Other	Hard Sciences	1st	suburban	MC	Exclusive Relationship
Benjamin	21	White	Business	4th	suburban	UMC	Exclusive Relationship
Adam	19	White	Hard Sciences	1st	Suburban	UMC	Exclusive Relationship
Jarrold	21	White	Hard Sciences	3rd	Rural	MC	Exclusive Relationship
Tim	19	Latino	Social Sciences	3rd	Urban	LMC	Single
Tony	20	White	Arts & Humanities	2nd	Suburban	UMC	Single
Nicholas	22	Latino	Hard Sciences	4th	Suburban	MC	Single
Jack	21	White	Social Sciences	3rd	Suburban	LMC	Single
Aaron	23	White	Hard Sciences	4th	N/A	MC	Single
Daniel	22	White	Arts & Humanities	3rd	Urban	UMC	Single
Thomas	20	White	Hard Sciences	3rd	Urban	LMC	Single
Scott	22	White	Social Sciences	4th	Suburban	MC	Single
Mitchell	21	White	Hard Sciences	2nd	Suburban	UMC	Single
Robert	22	White	Hard Sciences	4th	Suburban	UMC	Single
Luke	22	White	Social Sciences	4th	Suburban	UMC	Exclusive Relationship
Zach	21	White	Hard Sciences	3rd	Rural	WC	Exclusive Relationship

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<sup>1</sup> Business encompasses Business, Marketing, Advertising and Finance. <sup>2</sup> Hard Sciences encompasses Astronomy, Engineering, Environmental Science, Chemistry, Geology and Biology. <sup>3</sup> Arts & Humanities encompasses Film, Theatre, Media Studies, Communication and English. <sup>4</sup> Social Sciences encompasses Sociology, Psychology, Anthropology, Geography, Economics and Political Science. <sup>5</sup> UC=Upper Class, UMC=Upper Middle Class, MC=Middle Class, LMC=Lower Middle Class, WC=Working Class.