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Male participation in contraception

Karen Louise Rivers
San Jose State University

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MALE PARTICIPATION
IN
CONTRACEPTION

A Thesis

Presented to

The Faculty of the School of Social Work
San Jose State University

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by

Karen Louise Rivers

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APPROVED FOR THE SCHOOL OF SOCIAL WORK

Diana M Schaff

Rodolfo Quirab

Peter Lee

APPROVED FOR THE UNIVERSITY GRADUATE COMMITTEE

Grant McKemie

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Chapter 1
INTRODUCTION

At present, society considers contraception to be the responsibility of women. Many aspects of the contraceptive industry support this. For example, industry has developed female methods of contraception, and agencies that promote contraception focus on women. Although the female orientation of contraception and contraceptive agencies discourage male involvement, there is a growing trend to include men in the services. This paper will examine the present extent of male participation in contraception.

Most of the contraceptive methods, the birth control pill, the intrauterine device (IUD), the diaphragm, and foam are technically for female use only. In other words, their effectiveness is dependent on anatomical structures that are common to women only. The birth control pill acts on the menstrual cycle in order to prevent pregnancy.¹ The IUD is inserted into the uterus as a way of preventing pregnancy.² When these methods are used, the consent of the woman is

¹Hatcher, Robert A. et. al., Contraceptive Technology 1976-1977 (New York: Irvington Publishers, Inc. 1976), pg. 22.

²ibid., p. 24.

crucial. Without her willing participation, the use of these methods is impossible.

The majority of health agencies that dispense contraception are organized to accommodate female clients. At these agencies, predominantly women counselors assist women clients in making decisions about contraception. The agencies distribute pamphlets and reading materials that show how women can be effective contraceptors.

Though pregnancy is exclusive to women, conception is not. Since "immaculate conception" is rare, birth control should be the concern of men as well as women. Many people apparently believe otherwise, and men are largely ignored in discussions of contraception.

Consequently, the same factors that encourage female participation in contraception are the same factors that discourage male participation in contraception. For example, the contraceptive clinics that focus on women, tend to exclude men. And the use of female methods of contraception discourage men.

An organizer of a conference on the male role in family planning described feeling discouraged when he accompanied his partner to a birth control clinic:

I was not allowed to accompany my partner into the exam room because I was told that my participation would not be necessary because she would be receiving the birth control pill. I was not included in the clinic interview, the methods class, or the medical examination. I left the agency a couple of hours later with my ignorance about birth control fully intact.³

The above is an illustration of how female methods of contraception discourage men. It was assumed that, because the pill is for women, men cannot be involved in any aspect of contraception. By definition, female methods of contraception do not depend on the physical involvement of the male. Therefore it is not crucial for men to be involved in the decision to use these methods.

Within the last several years, several contraceptive agencies have begun to seriously treat the issue of equal male involvement. Planned Parenthood Clinics in Chicago, Marin and Newark have expanded their contraceptive services to incorporate a male focus.⁴ Two agencies in particular have opened for the specific purpose of serving men.

³The Male Role in Family Planning (San Francisco: Office of Family Planning and Planned Parenthood, 1975) p. 14

⁴The Family Planner, Syntex Laboratories, California, March/April 1977, Volume 8, Number 2/3.

In 1971, the Chicago Planned Parenthood organized a "Male/Motivation/Education Program" with the idea of motivating males toward responsible sexual attitudes and behaviors.⁵ The Marin Planned Parenthood is attempting to involve men in family planning by including them in every aspect of contraceptive delivery.⁶ Staff members who favor male involvement in contraception were hired. Many of them are men. Provided both partners agree, a man is encouraged to go through the clinic situation with a woman he is involved with. The man is encouraged to participate in the entire contraceptive process, including medical history, contraception discussion, laboratory procedures and medical examination. Including men in this process will enable them to become more involved in contraception.

The Male's Place in San Jose and the Men's Reproductive Health Clinic in San Francisco have been operating to provide contraceptive services specifically to men. Both of these clinics operate under the premise that men in addition to women are responsible for pregnancy. Thus, it is asserted that men should participate in the decision making process of contraception. Some of their services include contraceptive discussion groups for men that are similar to contraceptive

⁵ *ibid.*, p. 2.

⁶ *ibid.*, p. 5.

discussion groups for women. They discuss the uses, complications, disadvantages and advantages of all methods of birth control. It is believed that when men have information about birth control they will begin to share in the responsibility. When both men and women have information about birth control, together they can rationally choose a method that is comfortable to them both.

The primary purpose of this study is to investigate male involvement in contraception. The emphasis will be male attitudes toward male involvement, how men participate in contraception, and why men feel they should or should not participate.

It is hoped that the results of this study will address themselves to the broader and more practical issue; that is, increasing male participation in contraception.

BACKGROUND

A little over ten years ago, the most common method of contraception was the condom.⁷ The use of the condom was significant because it required men to play an active role in contraception. The birth control pill, the IUD and other methods of contraception affected the popularity of the condom. Since then, contraception has evolved into the present female orientation. Female orientation has had major effects on male involvement in contraception. This section will trace the development of contraception in terms of its effects on male participation.

Condoms were a popular method of contraception for several reasons. One important reason is that they were, (and still are) an effective method of preventing pregnancy.⁸ In addition to this, they provided a measure of protection against venereal disease.⁹ This dual responsibility cannot be found in any other method of contraception. Another

⁷U.S. Bureau of the Census, "Fertility Indicators: 1970," Current Population Reports, Series P-23, No.36 (Washington, D.C.: U.S. Government Printing Office, 1971) Table 32, p. 53.

⁸Misra, B.D., "Correlates of Male Attitudes Toward Family Planning", Donald J. Bogue, Sociological Contributions to Family Planning Research (Chicago: University of Chicago Press, 1966), p. 161.

⁹ibid., p. 161.

reason for their popularity, is they were, (and still are) very accessible. They can be purchased in most drugstores, while most other methods of contraception require a visit to a clinic and/or a doctor's prescription.

The condom is a male method of contraception. In reference to this study, this is more significant than effectiveness, protection against venereal disease, and accessibility. In order to prevent pregnancy, condoms must be worn by men. When condoms are used, it is essential for men to be involved in the decision to contracept. If a man chooses not to use a condom, it can serve no purpose. Hence, condom usage is significant in terms of male involvement in contraception.

The condom is the only non-surgical male method of contraception. This points to another reason for the significance of condom usage in terms of male involvement. Not only is the condom a male method of contraception, it is the only non-permanent male method.

Male involvement in contraception was more prevalent; ten years ago. Men participated in both the contraceptive decision-making process, and the physical use of a contraceptive method.

With the advent of the birth control pill, condom usage became less common.¹⁰ When the birth control pill was introduced, its perceived advantages overshadowed those of the condom. It was introduced as a more effective method in preventing pregnancy, non-related to intercourse, and for female use.¹¹ The condom, on the other hand, is related to intercourse and is used by men.

According to researchers, the pill is the most effective method of preventing pregnancy. With no contraception, 80% of the sexually active women of child bearing age become pregnant; for women in the same population on the pill, the pregnancy rate is 0.1 percent. The IUD is the second best method with a pregnancy rate of 2%.¹²

The pill does not interfere with intercourse. The birth control pill is taken once a day outside the context of intercourse. Concern for contraception, therefore, does not have to occur during the act of lovemaking. Condoms, on the

¹⁰Luker, Kristen, Taking Chances: Abortion and the Decision not to Contracept (California: University of California Press, 1975), p. 126.

¹¹Parker, A. A., Biological Aspects of Fertility Control (New York: Excerpta Medical Foundation, 1964) p. 54.

¹²Lamb, E. J., OB/GYN (Stanford: Department of Gynecology and Obstetrics, 1976), p. 3.201.

other hand, have a direct relationship to intercourse. A man must put one on just prior to penetration. This may be regarded as an interruption of sex. The birth control pill relieves couples of the interruption.

It is believed that the pill is a more effective method of contraception because it is a female method. If women use contraception, unplanned pregnancy will be less likely. This stems from the assumption that because women bear the burden of contraceptive failures, they have more incentive than men to use birth control.

The pill was the first widely accepted and reasonably effective method of contraception. For the first time women were able to assume major responsibility in birth control. This, with the advantages of the pill over previous methods lead to a large decrease in the use of condoms.

Along with the change in method there was a major shift in responsibility for contraception from men to women.¹³ Women who did not use the pill were encouraged to use other female methods of birth control, such as the IUD and diaphragm.

The new Female role greatly affected the role of men in contraception. There became no incentive for men to share in

¹³Luker, op. cit., p. 127.

contraception. This situation has caused men to become passive spectators. There are several other theories which attempt to explain male noninvolvement.

Kristen Luker in Taking Chances explains that men do not participate in contraception because both men and women are caught in "ideological binds".¹⁴ She explains that it is self-defeating for women to demand that men share in contraception by using a male method. For if any pregnancies result, they are going to be defined as the woman's fault. This is due to the female definition of contraception.

She further states that women have been conditioned to the norm of exclusive responsibility; that they feel they do not have the right to ask men to join them in contraception. In her study she found that condoms are considered to be so inconvenient and unpleasant for men to use that women would prefer to run the risk of pregnancy rather than suggest or insist that men use them.

Her studies also find it is difficult for men to accept alternate patterns of contraception as a result of similar binds. The female definition of responsibility is so pervasive that men find it hard to escape.

Due to the fact that responsibility and accountability for contraception and pregnancy have become exclusively

¹⁴Luker, op. cit., p. 106.

female, "men have neither the social means nor the personal motivation to take a more active interest in contraception".¹⁵

Bernie Zilbergeld, a Clinical Psychologist in the Human Sexuality Program at the University of California Medical Center in San Francisco feels that male noninvolvement in contraception is attributed to socialization.¹⁶ He says that agencies that dispense contraception do not take male attitudes into consideration when planning programs. He says that males are openly sexual and enjoy talking about their sexual experiences. However, Dr. Zilbergeld finds that the clinics often treat sex and contraception as two separate subjects. In a society where men have been conditioned to be leaders, the female definition of contraception makes them feel powerless.

Helene Kaufman, a Public Health Advisor for the Department of HEW, says that stereotypes of males continue to perpetuate and influence male noninvolvement. An example of one such stereotype is that men lack an interest in contraception. This attitude inhibits program planning before it even starts.¹⁷

¹⁵Luker, op. cit., p. 107.

¹⁶The Male Role in Family Planning.

¹⁷The Male Role in Family Planning, p.10.

The author agrees with the above and would add the following reasons for the lack of male involvement: Men make certain assumptions about the birth control pill. With the popularity of the pill, many men assume that a woman having sexual intercourse is contraceptively protected.

Another possible explanation for lack of male involvement in contraception, may be opposition to the use of condoms. A man opposed to the use of condoms may be reluctant to initiate a discussion on birth control lest he feel pressured to use one.

The lack of male participation as explained by the author is merely speculation rather than based on substantiated studies. The proof of these beliefs is not within the scope of this study, however it may be deserving of future research.

Statement of the Research Problem

Males used to participate in contraceptive decision making by virtue of the physical reality that the major method of contraception was for men. However, the advent of the birth control pill and the IUD have made it physically possible for women to make exclusive contraceptive decisions.

The present orientation of birth control delivery is in the direction of allocating sole responsibility of contraception to women. One indicator of this trend is the

absence, until recently of birth control clinics oriented toward a male focus.

Therefore, the current state of male attitudes toward and participation in contraception is practically unknown. Need for this information stands not just on academic curiosity, but also on planning contraceptive services. If one accepts the assumption that it is better for a couple to share contraceptive decision making, then this information will also be seen as a basis for promoting male participation.

Therefore, the questions to be investigated in this study are: .

- 1) What are the attitudes toward male involvement in contraception.
- 2) How do men share in the responsibility of contraception?
- 3) What are the reasons men feel they should, or should not, share in contraception?

THEORETICAL FRAMEWORK

A value held by birth control agencies that have begun to include men in their contraceptive services, is that men should assume some responsibility for contraception. This

value is also shared by the author of this study. It is the value orientation on which this study is based, and it provides the author with the rationale for why it is important to study the male role in contraception.

This study also makes certain assumptions about the effects of male involvement in contraception. Involvement of males in contraception will have effects on the male role in society and effects on male and female relationships.

In addition to the value orientation and assumptions, this chapter will include a section of definitions. These definitions will give the reader a better understanding of the concepts in this study.

As participants in pregnancy, men have an obligation to avoid unplanned pregnancies, and therefore should assume a major part in contraception responsibility. Contraception is a decision that should be a joint responsibility between a man and a woman. And whenever possible, that responsibility should be equally shared by the two partners.

Because the focus of contraception is toward women, it will be difficult for men to share in areas that do not physically involve them. These areas include, knowledge of birth control methods, attending birth control clinics, paying for contraceptive services, and sharing in contraceptive decision making.

The underlying assumption of male involvement in

contraception is that unplanned pregnancies will be reduced. As Kristen Luker pointed out in Taking Chances, "contraception would be more effective if both partners made serious efforts to use it effectively".¹⁸

Another assumption is that it will diminish sex role stereotypes and foster greater alternatives for both role and lifestyles for men and women. It will free women from the exclusive burden of contraceptive responsibility. It enables two partners to provide support in contraception, an area where they may find conflicts, contradictions and ambivalence.¹⁹

The final assumption is that men are willing to participate in contraception. And they are willing to participate in more ways than by using male methods.

¹⁸Luker, op. cit., p. 149.

¹⁹The Male Role in Family Planning, op. cit., p. 17.

Definitions

Contraception Commonly referred to as birth control and family planning. The Random House Dictionary supplies this definition. "The prevention of conception or impregnation by any of various techniques or devices."

Conception The definition provided by the Random House Dictionary is, "fertilization or inception of pregnancy."

The specific methods of contraception as defined by Contraceptive Technology and Our Bodies, Ourselves are:

Birth Control Pill Prevents pregnancy by inhibiting the development of the egg in the ovary, by the estrogen amount in the pill.

Intrauterine Device (IUD) Plastic devices of varying shapes and sizes placed inside a woman's uterus. No one is absolutely sure how the IUD works. One belief is that the IUD, which touches the lining of the uterus, irritates that lining and keeps it from developing properly. Thus, the fertilized egg cannot be implanted because of the hostile environment of the lining.

Diaphragm A soft, rubber, domelike shaped device that is used with spermicidal jelly. It fits over the cervix and works by prohibiting sperm from passing through the cervical canal.

Foam A cream that contains a sperm killing chemical. Deposited outside the entrance of the cervix, foam blocks the sperm and kills them.

Condom A sheath usually made of thin, strong latex rubber, designed to fit over an erect penis to keep semen from depositing into a woman's vagina.

Female Oriented Methods Pertains to contraceptive methods that are dependent on the anatomy and physiology of women in order to be effective. These methods include the birth control pill, IUD, diaphragm and foam.

Male Oriented Methods Pertain to contraceptive method that requires a man's anatomy for usage. Included is the condom.

Couple Oriented Methods Pertains to a contraceptive method that both men and women use. This includes withdrawal.

Withdrawal A method of contraception whereby a man removes his penis from a woman's vagina just prior to ejaculation.

Contraceptive responsibility Refers to control over the prevention of pregnancy. This involves the decision to contracept, the choice of contraception, and the use of a contraceptive method. This is also referred to as contraceptive participation

Chapter 2

REVIEW OF LITERATURE

A scan of the literature indicates that there is a paucity of information pertaining to the male role in contraception. Most contraceptive information tends to focus on women. It is believed that the reasons for the above are attributed to the fact that male participation in contraception is a recent concern. Only recently has information been written that discusses the importance of the male role in contraception.

Some sources discuss male participation in contraception in the context of avoiding contraceptive interruptions during lovemaking. In For Yourself, by Lonnie Garfield Barbach, it is suggested that men help with the insertion of diaphragms so as not to interrupt sex.²⁰ In this sense, male participation in contraception is not seen in terms of responsibility for prevention of pregnancy.

In reading the literature on men's liberation, masculinity and the male role, contraception was not found

²⁰Barbach, Lonnie Garfield, For Yourself: The Fulfillment of Female Sexuality (New York: Doubleday and Co., Inc. 1975), p. 52.

to be a topic of concern. Sections on sexuality and fatherhood, topics with direct relationships to contraception, did not include contraception in their discussions. Examples of these sources are, The Male Machine and Men and Masculinity.

Interesting however, is that several books written for women suggested that men assume responsibility for contraception. In Taking Chances, Kristen Luker discusses the importance of male participation in contraception as a way of avoiding contraceptive risk-taking. The authors of Our Bodies, Ourselves make the same suggestions.

Specifically related to the male role in contraception are two recently written pamphlets. The Family Planner, prepared by Syntex Lab offers a special issue on the male role in family planning. Included are discussions pertaining to the psychology of male noninvolvement, male education programs, and suggestions for implementing male programs in clinics.

The other recently written source is the Male Role in Family Planning. This resource was prepared by the California Office of Family Planning, and Planned Parenthood. That men should share in contraceptive responsibility is the major topic of concern. It describes how men have been discouraged from participating in contraception and suggests ways to encourage more participation. The Male Role in Family

Planning and The Family Planner appear to be the most comprehensive literature on the subject of male participation in contraception.

The lack of information concerning male participation in contraception has given this author additional incentive to attempt this study. If male participation in contraception is to become more common, additional research is necessary.

Chapter 3

METHODOLOGY

This study examines the degree of male involvement in contraception. The specific research focus is to determine attitudes toward contraception. More specifically it is an investigation into how men share in contraception and why they feel men should or should not share in contraception.

The data for this study was obtained from eighty-nine randomly selected male students at San Jose State University. Every department and major in the university was written on a slip of paper and placed in a box. Without looking, five departments were drawn from the box and set aside. The researcher then referred to the 1978 Spring Register of Classes, and turned to the pages of the selected departments. Again without looking, but by pointing to a class on the page, one class for each department was chosen. A total of five classes were selected. The researcher then contacted the instructors of the classes and with their permission distributed a questionnaire to their male students. One hundred questionnaires were distributed, and eighty-nine were returned.

With the exception of one open-ended question, all of

the questions are closed-ended questions. The questions pertained to attitudes toward contraception, and contraceptive practices. Personal information, such as age, ethnicity and marital status is included. A copy of the questionnaire is included in the Appendix.

After the questionnaires were collected, the results were input to a mini computer. The data was processed by a program written specifically for the purpose. This report was prepared on the same mini computer using the LARC EDITOR/SCRIBE Word Processing System.

Chapter 4

RESULTS AND ANALYSIS OF DATA

The results of this study will be presented in several sections. The first section consists of a discussion of the demographic profile of the respondents. The second section is a discussion of the frequencies of responses to individual questions. Following is the crosstabulations of the responses. This sections compares the responses to the individual questions. The fourth and final section is a discussion of Question 13, the reasons men should or should not share the responsibility of contraception.

Demographic Profile

The sample population for this study consisted of eighty-nine male San Jose State University students. Following is a discussion of personal data pertaining to this population including: age, ethnicity, marital status and current sexual commitment. Later in this section is a discussion of the relationship between these variables and the responses to the questions of the survey.

Age

The ages of the respondents have been divided into four categories. This was done in order to aid the researcher in

analyzing the data. The age categories are; (1) 15-19 years, (2) 20-24 years, (3) 25-29 years, and (4) 30 years and over. 20% of the respondents are between the ages of 15-19 years. The majority of the respondents are between the ages of 20-24 years, with a total of 39%. 25% of the respondents consist of the 25-29 age group. The smallest number of respondents are 30 years and older, with a total of 13%.

Ethnicity

The percentages of respondents by ethnic group are; Black-16%, Chicano-7%, White-51%, Asian-9%, and Indian-1%. Note that the majority of the respondents are White.

Marital Status

The majority of the respondents, 80%, are not married; 18% indicated they were married; 2% (2 respondents) left the question blank.

Current Sexual Commitment

The largest number of respondents, 34%, indicated they are "not involved in a sexual commitment at present." Of the respondents who are involved in a sexual commitment, most responded that they are "committed to one sexual partner, but do not live with her" (24% of the respondents). Nineteen percent of the respondents stated that "they have several

sexual partners". Fifteen percent responded that "they live with their sex partner and have no other sexual relationships". The least frequent response was that "they live with sexual partner, but have other sexual involvements" (7% of the respondents).

Frequency of Responses

The following is a discussion of frequencies of the responses to individual questions. The focus of the discussion pertains to the highest frequency response to each question. A discussion of the relevance of these frequencies in terms of the objectives of this study will be taken up later.

The first group of questions concerns attitudes toward contraception. The respondents were given the options of strongly disagreeing, disagreeing, don't know, agreeing and strongly agreeing to each statement. For purposes of discussion the five categories were collapsed into three: agree, disagree, and don't know.

Question #1 Contraception is a woman's responsibility.

Most of the respondents, 53%, disagreed with this statement; 24% agreed; 13% indicated "don't know"; and 9% did not respond.

Question #2 Sexual partners should jointly discuss contraception.

The majority of the respondents either agreed or strongly agreed with this statement (94%). Only 3% disagreed; and 3% didn't know or did not respond.

Question #3 Contraception is a man's responsibility.

Most of the respondents, 63%, are of the opinion that contraception is not the responsibility of men; 21% are of the opinion that contraception is; 13% didn't know and 2% did not respond.

Question #4 Men should receive training in birth control.

The most frequent response to this statement was indicated by 82% of the population who agreed that men should receive training in birth control. This compares to 5% who do not agree with this statement.

Question #5

This question was omitted because the wording was unclear causing respondents to misunderstand.

Question #6 Abortion is wrong unless the life of the mother is threatened.

Most of the respondents, 62%, disagreed with this statement; 28% of the respondents agreed; 8% did not know and 2% did not answer the question.

Question #7 Women should receive training in birth control

Most of the respondents, 90%, indicated that they agree that women should receive training in birth control. Only 1% indicated that they disagreed; 8% did not know.

Questions eight through twelve deal with the contraceptive practices of the respondents. Respondents were asked for "yes/no" answers; in each case one of the responses triggered a second question.

Question #8 Have you ever attended a birth control clinic with a sex partner?

If you answered "no", would you consider attending such a clinic in the future?

Only 18% of the respondents stated they had attended a birth control clinic with a sex partner. Eighty one percent had not attended such a class. However, there was an increase in percentage when asked whether they would attend a birth control clinic in the future. Forty eight percent indicated they would attend a clinic in the future, 23% indicated they would not and 20% did not respond.

Question #9 Have you ever paid for birth control services that your partner received?

If you answered "no", would you consider paying for services in the future?

Twenty nine percent of the respondents stated they had paid for birth control services that their partners received. However, more respondents indicated they had not paid for services, 70%. When asked whether they would pay for services in the future, 47% indicated they would, 22% indicated they would not, and 30% did not respond.

Question #10 Have you ever used condoms as a method of birth control?

If you answered "no", would you consider using condoms in the future?

The majority of the respondents, 62%, indicated they had used condoms as a method of birth control. A lower percentage, 36%, indicated they had not used condoms. In response to whether they would consider using condoms in the future, 21% indicated they would and 18% indicated they would not. The majority of the respondents, 61%, did not respond to this question.

Question #11 Suppose that a new method of contraception is now being sold. It is safe, easy to use and reliable. And it is for men. Would you consider using it? If you answered "yes", would you consider using it as your major method of contraception?

Most of the respondents, 80%, indicated they would use a male method of contraception, whereas 17% indicated they would not. Most respondents, 57%, indicated they would use a male method of contraception as a major method of contraception, 13% indicated they would not, and 29% did not respond.

Question #12 In your sexual relationships, how frequently do you make certain that a method of contraception is being used?

The majority of the respondents indicated they always or usually make certain a method of contraception is being used. These percentages equalled 42% and 26%, respectively. Nine percent of the respondents often make certain, 6% seldom make certain, and 8% never make certain that a method of contraception is being used.

Discussion of Frequencies

In the preceding presentation of the results of the frequency data, several factors appear to be significant. These factors will be discussed according to their relationship to male attitudes toward contraceptive responsibility and contraceptive practices.

The frequency findings strongly indicated that the respondents in this study have an interest in participating in contraception. Evidence of this interest was demonstrated by the responses to several questions.

The majority of the respondents agreed that "sexual partners should jointly discuss contraception." The majority of respondents also agreed that "contraception is neither the exclusive responsibility of men or women." These findings support the value orientation of this study, which states that men should share in the responsibility of contraception.

In analyzing the frequency of responses to specific

contraceptive practices, the majority of respondents indicated that they "always" or "usually" make certain that a method of contraception is being used. The majority of respondents also indicated that they have used condoms as a method of birth control.

Contraceptive practices of these respondents did not include attending birth control clinics with sexual partners or paying for birth control services that their partners received. The frequency of responses to these specific contraceptive practices was low.

The frequency of responses of whether they would attend clinics or pay for services in the future was high.

While the majority of respondents in this survey feel contraception should be a shared responsibility, most have not shared in areas that do not physically involve them. Whereas, many have used condoms, most have not paid for services or attended birth control clinics with sexual partners. It is believed that lack of male involvement in these areas is in part attributed to the female orientation of contraception. Contraception is viewed in terms of women using female methods, which physically excludes men. Men, therefore are not aware of sharing in contraception in ways other than using male methods of contraception.

Crosstabulation Results

This section more closely examines the relationships between the responses to the questions in the survey. Included in this section are comparisons of demographic information to attitudes toward contraception, and comparisons of contraceptive practices to attitudes toward contraception. The discussion following this will pertain to the significance of these comparisons. To aid the reader in understanding this discussion, tables are included. Only those crosstabulations and tables with significant information will be discussed.

Marital Status by:

Have you ever attended a birth control clinic with a sexual partner?

Table 1 Marital Status by Attendance

	Married	Single
Yes	31% (5)	14% (10)
No	69% (11)	86% (61)

Although the majority of married and single respondents have not attended a birth control clinic with a sexual

partner, a slightly higher percentage of married respondents than single have attended.

If you answered "no", would you consider attending such a clinic in the future?

The majority of both married and single respondents, 65% and 59% respectively would be willing to attend a clinic in the future.

Have you ever paid for birth control services that your partner received?

Table 2 Marital Status by Paid for Services

	Married	Single
Yes	50% (8)	23% (16)
No	44% (7)	77% (55)
n.r.	6% (1)	0% (0)

More married respondents than single respondents have paid for birth control services. However, the difference between the married respondents who have paid and who have not paid is not large. The difference between the single respondents who have and have not paid is larger.

If you answered "no", would you consider paying for services in the future?

The majority of both married respondents, 75%, and

single respondents, 69%, would consider paying for services in the future.

Have you ever used condoms as a method of birth control?

The majority of both married and single respondents, 63% and 61% respectively, have used condoms.

If you answered "no", would you consider using condoms in the future?

Table 3 Marital Status by Condoms

	Married	Single
Yes	13% (2)	24% (17)
No	35% (4)	17% (12)
n.r.	63% (10)	59% (42)

These percentages indicate that a higher percentage of single respondents would use condoms in the future. Most respondents did not answer this question since it was asked only if the previous answer was "no".

In your sexual relationships, how frequently do you make certain that a method of contraception is being used?

Table 4 Marital Status by Use of Contraceptive

	Married	Single
Always	44% (7)	41% (29)
Usually	44% (7)	21% (15)
Often	0% (0)	11% (8)
Seldom	6% (6)	6% (4)
Never	0% (0)	0% (7)

Age by:

Contraception is a woman's responsibility.

Table 5 Age by Woman's Responsibility

	15-19	20-24	25-29	30+
Disagree	46% (9)	48% (16)	64% (14)	67% (8)
d.k.	22% (4)	20% (5)	0% (0)	0% (0)
Agree	27% (3)	22% (6)	12% (2)	13% (4)
n.r.	5% (1)	10% (2)	14% (3)	20% (5)

The majority of respondents in all age groups disagreed with this statement. There appears to be a higher percentage of disagreement in the 25-29 and 30+ age groups. In addition, there appears to be a high percentage of "don't know" responses to this statement in the 15-19 and 20-24 age groups.

Sexual partners should jointly discuss contraception.

All age groups agreed with this statement. The percentages for these responses are as follows: 15-19--95%, 20-24--91%, 25-29--91%, and 30+--100%.

Contraception is a man's responsibility.

Table 6 Age by Man's Responsibility

	15-19	20-24	25-29	30+
Disagree	61% (11)	68% (12)	72% (15)	75% (9)
d.k.	22% (5)	15% (7)	10% (2)	7% (3)
Agree	7% (3)	5% (2)	2% (1)	1% (1)
n.r.	7% (3)	2% (1)	16% (4)	17% (5)

The majority of respondents in all age groups disagreed with this statement. More people in the 25-29 and 30+ age groups disagreed with this statement. The 15-19 and 20-24 age groups more frequently indicated "don't know" to this statement.

Have you ever attended a birth control clinic with a sexual partner?

Table 7 Age by Attendance

	15-19	20-24	25-29	30+
Yes	11% (2)	11% (4)	27% (6)	33% (4)
No	89% (16)	89% (31)	68% (15)	67% (8)
n.r.	0% (0)	0% (0)	5% (1)	0% (0)

The majority of respondents in all age groups have not attended clinics. However, the respondents in the 25-29 and 30+ age groups have attended more than the respondents in the younger age groups.

If you answered "no", would you consider attending such a clinic in the future?

The majority of respondents in all age groups indicated they would be willing to attend clinics in the future. The percentages of these age groups are: 15-19--67%, 20-24--50%, 25-29--62%, and 30+--59%.

Have you ever paid for birth control services that your partner received?

Table 8 Age by Paid for Services

	15-19	20-24	25-39	30+
Yes	11% (2)	29% (10)	32% (7)	58% (7)
No	89% (16)	71% (25)	64% (14)	42% (5)

The majority of respondents in all age groups except the 30+ have not paid for services.

If you answered "no" would you consider paying for services in the future?

The majority of respondents in all age groups indicated they would pay for birth control services in the future. These percentages are: 15-19--59%, 20-24--54%, 25-29--62%, and 30+--63%.

Have you ever used condoms as a method of birth control?

Table 9 Age by Condoms

	15-19	20-24	25-29	30+
Yes	55% (10)	60% (21)	68% (15)	92% (11)
No	44% (8)	40% (14)	27% (6)	8% (1)

The majority of respondents in all age groups have used condoms. It appears that condom usage increased with the age of the respondents.

Suppose that a new method of contraception is now being sold. It is safe, easy to use and reliable. And it is for men. Would you consider using it?

Table 10 Age by Male Contraceptive

	15-19	20-24	25-29	30+
Yes	67% (12)	82% (29)	83% (18)	92% (11)
No	22% (4)	17% (6)	19% (3)	6% (9)
n.r.	11%	1%	3%	2%

The majority of respondents in all age groups would consider using a male method of contraception. The younger the respondent the greater the tendency not to consider a male method.

If you answered "yes", would you consider using it as your major method of contraception?

Table 11 Age by Regular Use of Male Contraceptive

	15-19	20-24	25-29	30+
Yes	62% (19)	65% (21)	67% (13)	72% (10)
No	28% (8)	25% (6)	16% (3)	15% (0)
n.r.	10% (7)	10% (6)	17% (4)	13% (2)

The majority in all categories indicated that they would use a male method of contraception regularly. The disagreement was, however, higher than in the previous question possibly indicating an unwillingness to assume full responsibility for birth control.

In your sexual relationships, how frequently do you make certain that a method of contraception is being used?

Table 12 Age by Use of Contraceptive

	15-19	20-24	25-29	30+
Always	28% (5)	46% (16)	36% (18)	33% (4)
Usually	28% (5)	14% (5)	5% (2)	42% (5)
Often	6% (1)	9% (3)	0% (0)	17% (2)
Seldom	11% (2)	9% (3)	0% (0)	8% (0)
Never	17% (3)	9% (3)	0% (0)	0% (0)

The majority of respondents in all age groups "always" or "usually" make certain that a method of contraception is being used. There was a higher percentage of "seldom" and "never" responses in the 15-19 and 20-24 age groups.

Ethnicity by:

Contraception is a woman's responsibility

The majority of Black(67%), Chicano(67%), White(72%) and Asian(69%) respondents disagreed with this statement.

Sexual partners should jointly discuss contraception.

Table 13 Ethnicity by Discussion

	Black	Chicano	White	Asian
Disagree	0% (0)	67% (4)	2% (1)	13% (2)
d.k.	0% (0)	0% (0)	0% (0)	0% (0)
Agree	100% (14)	33% (2)	95% (44)	89% (6)

The majority of respondents in all ethnic groups, except Chicano, agreed with this statement. The majority of Chicano respondents disagreed that sex partners should jointly discuss contraception.

Contraception is a man's responsibility.

Table 14 Ethnicity by Man's Responsibility

	Black	Chicano	White	Asian
Disagree	71% (10)	100% (6)	67% (0)	63% (5)
d.k.	7% (1)	0% (0)	13% (6)	13% (1)
Agree	21% (3)	0% (0)	18% (8)	26% (2)

The majority of respondents in all ethnic groups disagreed with this statement. All of the Chicano respondents disagreed with this statement.

Have you ever attended a birth control clinic with a sexual partner?

The majority of respondents in each ethnic group have not attended clinics with a sexual partner.

If you answered "no", would you consider attending such a clinic in the future?

Table 15 Ethnicity by Attendance in Future

	Black	Chicano	White	Asian
Yes	57% (8)	33% (2)	53% (24)	75% (6)
No	14% (2)	50% (3)	27% (12)	25% (2)
n.r.	29% (4)	17% (1)	20% (9)	0% (0)

The majority of Chicano respondents indicated they would not attend a clinic in the future. The majority of respondents in the other ethnic groups indicated they would attend a birth control clinic in the future.

Have you ever paid for birth control services that your partner received?

The majority of respondents in these ethnic groups have

not paid for services that their partners received. However, the majority of respondents in all ethnic groups would be willing to pay for services in the future.

The responses to the other questions about contraceptive practices indicate that the majority of respondents in each ethnic group have used condoms, and would be willing to use a male method of contraception.

In your sexual relationships, how frequently do you make certain that a method of contraception is being used?

Table 16 Ethnicity by Use of Contraceptive

	Black	Chicano	White	Asian
Always	29% (4)	17% (1)	47% (21)	13% (1)
Usually	36% (5)	17% (1)	24% (11)	50% (4)
Often	7% (1)	17% (1)	9% (4)	13% (1)
Seldom	7% (1)	33% (2)	0% (0)	13% (1)
Never	21% (3)	17% (1)	7% (3)	0% (0)

This table indicates that Black, White and Asian respondents "always" or "usually" make certain that a method of contraception is being used. However, the Chicano

respondents indicated that they "seldom" or "never" make certain that a method of contraception is being used.

Attitudes toward contraception by:

Contraceptive practices

Of the respondents who feel that contraception is not the exclusive responsibility of women, the majority of those respondents have not attended clinics with sexual partners or paid for services that their partners received. They did, however, indicate they would be willing to in the future.

Of the respondents who disagreed that contraception is the exclusive responsibility of women, the majority have used condoms, and would be willing to use a male method of contraception.

The respondents who agreed that sexual partners should jointly discuss contraception, have neither attended clinics, nor paid for services. However, the majority of them have used condoms.

The results of these comparisons indicate respondent attitudes toward contraception differ from their contraceptive practices. The attitudes uniformly show more responsibility than do the practices.

Discussion of Crosstabulations

The crosstabulation data indicated little difference in attitudes toward contraception between married respondents and single respondents. The majority of both married and

single respondents agreed that "sexual partners should jointly discuss contraception" and "neither men nor women should be exclusively responsible for contraception."

The difference between married and single respondents was indicated in the responses to contraceptive practices. Of these respondents, more married men than single have attended birth control clinics with sexual partners, paid for birth control services and made certain that a method of contraception is being used. The greater responsibility of married men is probably due to the commitment of the relationship. Married couples tend to share expenses.

The majority of respondents in each age group tended to agree that "sexual partners should jointly discuss contraception", and "contraceptive is not the exclusive responsibility of men or women." A difference among age groups was found in their contraceptive practices. Older respondents have shared in contraception more than younger age groups. This could be due to the fact that older men have had more sexual relationships, therefore more of an opportunity to share.

Except for the Chicano respondents there was general agreement that contraception should be discussed between sex partners. The majority of non Chicano respondents had used condoms but had not paid for birth control services nor attended clinics. However they had an interest in doing so in

the future. All Chicano respondents felt that contraception is not a male responsibility.

Discussion of Question #13

What are the most important reasons for your opinions about whether men should or should not participate in contraception?

Responses to this question were divided into several categories for the purpose of discussion. Each represents a specific attitude toward contraceptive responsibility. The categories are: women as exclusive contraceptors, men as exclusive contraceptors, and joint responsibility for contraception.

The least frequent response to this question indicated that men should assume most of the responsibility for contraception. Only four respondents held this particular viewpoint. This opinion was expressed by one respondent because, "men are the factor that causes pregnancy." It appears that this respondent was of the opinion that men are more responsible for conception and should therefore be more responsible for contraception. Another respondent indicated that contraception should be the responsibility of men because, "contraception for males is healthier than creams, jellies and carcinogenic birth control pills."

Eight respondents expressed the viewpoint that women should be exclusively responsible for contraception. Their reasons were related to accessibility of female methods and the female responsibility of pregnancy. One respondent noted that "she bears the child so she therefore should be careful or suffer through it and be responsible for the consequences for the rest of her life." Another respondent said "it is easier for women to be on birth control pills and more pleasureable for a man to wear nothing."

The most common attitude was that contraception should be a shared responsibility. Forty respondents held this opinion for reasons related to the mutuality of sex and childbearing. Some of these opinions were, "sex is an equal act, therefore responsibility should be shared" and "sex is a joint relationship, the enjoyment of and responsibility surrounding such a joint relationship should be considered together. Another opinion is "contraception should be used by both partners in order to avoid unwanted pregnancies."

The four who said that contraception should be the responsibility of women give the impression that the role of men in pregnancy is either nonexistent or minor. In addition, they view contraception in terms of pleasure and comfort for the man and responsibility for the woman.

More empathy was expressed by those who felt men should assume responsibility for contraception. For them,

contraceptive responsibility should be based on safety of the methods.

Chapter 5.

CONCLUSION

The views of the respondents in this study were that men should assume a major role in the responsibility of contraception. Because the occurrence of pregnancy and the pleasures of sex are shared, the responsibilities of contraception should be shared also. Whenever possible, attempts should be made to equally divide this responsibility.

Although attitudes indicate the respondents are willing to share in contraception, in actuality their contraceptive practices are limited. The majority have not attended birth control clinics with their sexual partners, nor have they paid for birth control services that their partners received. Yet they have used condoms and indicated they "always or usually make certain contraception is being used."

The delivery of family planning services is primarily directed toward women. This direction frequently makes it difficult for men to become involved. They are not encouraged to seek and accept responsibility. This causes their role in contraception to be ill-defined.

The female orientation of contraception can be assumed responsible for the lack of participation in contraceptive

practice by the males in this study. The results indicate an interest in sharing in contraception, yet the female focus does not allow them to channel that interest into practice.

One area where men did participate was in the use of condoms. It is believed that some of the respondents used condoms as a method of contraception because they feel contraception is their responsibility. (Some may use the condom strictly as a prophylactic.) However, it is speculated that many of them used condoms because female methods of contraception were not immediately available.

The majority of respondents also indicated they "always or usually make certain that a method of contraception is being used." These responses do not indicate whether the men shared in the decision to use contraception, or whether just prior to intercourse they ask their partner if she is protected. The level of contraceptive responsibility cannot be determined by these responses.

Men are a crucial part in effective contraceptive usage. The men in this study indicated they can and want to get involved. This interest suggests a need for promoting male participation. The major problem however, is in bridging the difference between interest and actual practice. In order to do this, several changes based on the data of this study are recommended.

Most important, the focus of contraception needs to

change from an exclusively female oriented process, to one that includes men. Because of the biological fact that it takes a man and a woman to create a pregnancy, both should be the target of concern. Aiming contraceptive advertising and services at men will show them that they have a significant role in contraception.

While changing the female definition of contraception is a massive task, a smaller change can occur through birth control clinics. The atmosphere of clinics can be changed to reflect a male and female orientation, rather than one that suggests that only women get pregnant and hence only women need to use contraception. As a way of making men feel comfortable in female dominated clinics, male staff can be hired. In addition, clinics can adopt policies that will include men in every aspect of contraceptive services. They can suggest that their women clients bring their partners to the clinics.

Once men begin to attend clinics, they can be included in contraception discussion groups. Male attitudes toward sex and contraception should be topics of discussion. Because most birth control methods are for women, men are physically unrelated to this aspect of contraception. Men need to be specifically shown how they can share in areas where they are not physically involved. For example, men can be taught to insert diaphragms, and use foam. Men can also understand

that they can participate in the decision to use or not use a particular method. When the specifics of contraceptive responsibility are explained, the male role in contraception can become more defined.

For men who are not in stable, monogamous relationships, contraceptive clinics can provide sessions for men only. The purpose of these would be to show that contraception should be the concern of men who are involved or not involved in monogamous relationships. Such a session might be beneficial to the single respondents in this study who had a tendency not to participate as much as married men. This may be due to a feeling that contraception responsibility is equated with commitment. This session should be geared to show that commitment or not, pregnancy can still occur.

Special attention should be directed toward men who feel contraception is not their concern. This will involve outreach, since these men will probably not be visiting birth control clinics. Workshops about contraception in areas where men frequently socialize is suggested for encouraging more participation.

While differences in age and marital status of the respondents did not indicate significant differences, ethnicity did. Except for Chicano respondents, there was general agreement that contraception should be discussed between sex partners. The Chicano respondents expresses

little interest in sharing in contraception. While it is beyond the scope of this study to explain how cultural values affect male participation, a future study of this nature is recommended. The results of such a study could be incorporated into program planning in an attempt to include Chicanos.

To encourage more participation by minority men, and in particular Chicanos, it is suggested that the exclusive Anglo orientation of birth control clinics be changed. Programs for ethnic populations should be tailored to the cultural and ethnic orientation of the different communities. Factors such as religion, economic status and familial relationships should be taken into consideration.

This study found that the younger the respondent, the greater the tendency not to have shared in contraception. However, they did express an interest in sharing in the future. Outreach and contraception education for younger populations is recommended as a way of directing their interests into practice.

A major step in changing the present orientation of contraception can come from men. Men can assist in identifying what they need and how they want to be included. Men who have an interest in sharing in contraception need to express it and act on it. They can become more knowledgeable of the methods of birth control, and attend

clinics with their partners. They can ask their partners how they can best be included when the contraception does not physically involve them.

In addressing male involvement in contraception, women cannot be excluded. The change in contraceptive focus can come from women as well. Women can encourage their partners to share in the decision making process. They need to convey that they no longer want sole responsibility for contraception.

The respondents in this survey are willing to participate more fully in contraception. If this is an accurate view of male attitudes, changes in the direction of family planning services would be advantageous. One would expect well planned programs actively seeking male participation to receive enthusiastic response. Responsibility equally shared by men and women will make contraception twice as effective.

Recommendations for Future Research

Since the male role in contraception has only recently become a topic of concern, more research is needed for program planning. The following are recommendations for future research:

- 1) Select a larger more diversified sample of men. A study of men who are not college educated will probably give different results.
- 2) Conduct an exploratory study of men who attend clinics with their partners. Attempt to determine what motivates them to participate.
- 3) Conduct a study to determine how men would like to be involved in contraception.
- 4) Determine how men who do not feel contraception is their responsibility can be encouraged.
- 5) Conduct a study to determine how male participation effects the relationships of men and women.

These recommendations are a direct reflection of the limitations inherent in this study. All participants in this study were enrolled in college; the sample was drawn from classroom attendance; and there was no detailed follow-up investigation of how to encourage those who felt no contraceptive responsibility. The college population cannot be considered representative of sexually active males.

Chapter 6.

SUMMARY

Throughout this study, the male role in contraception was discussed. This discussion more specifically pertained to the lack of male involvement in contraception.

Factors were presented that showed how the female orientation of contraception has contributed to male noninvolvement. The female focus of birth control clinics and methods have discouraged male participation.

It was also pointed out that there is a growing trend to include men in contraception. The burden of contraceptive responsibility should not rest solely on the woman. In an attempt to change the female focus, clinics have begun to include men in their programs by hiring male staff members and by including men in birth control discussion groups.

This researcher is concerned with promoting male participation in contraception. The findings suggest that there is an interest in male involvement. This study examined male attitudes toward contraception in terms of the male role. This lead to suggestions for future program planning.

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APPENDIX

MALE ROLE IN CONTRACEPTION Questionnaire

_____ Age _____ Ethnicity _____ Major Subject
 _____ Year in School _____ Marital Status
 of Study

How would you describe your current sexual committment(s)?

- _____ (a) I live with my sex partner and have no other sexual relationships.
- _____ (b) I live with my sex partner and have other sexual relationships.
- _____ (c) I am committed to a single sex partner, but I do not live with her.
- _____ (d) I have several sexual partners.
- _____ (e) Other

Please indicate your opinion.

	Strongly Disagree	Disagree	Don't Know	Agree	Strongly Agree
1. Contraception is a woman's responsibility.					
2. Sexual partners should jointly discuss contraception.					
3. Contraception is a man's responsibility.					
4. Men should receive training in birth control.					
5. Men and women should not have sex without contraception.					
6. Abortion is wrong unless the life of the mother is threatened					
7. Women should receive training in birth control.					

8. Have you ever attended a birth control clinic with a sexual partner?
_____ Yes _____ No

 If you answered "no", would you consider attending such
 clinic in the future?
_____ Yes _____ No

9. Have you ever paid for birth control services that your partner
received?
_____ Yes _____ No

 If you answered "no", would you consider paying for services
 in the future?

10. Have you ever used condoms as a method of birth control?
_____ Yes _____ No

 If you answered "no", would you consider using condoms
 in the future?
_____ Yes _____ No

11. Suppose that a new method of contraception is now being sold.
It is safe, easy to use and reliable. And it is for men.
Would you consider using it?
_____ Yes _____ No

 If you answered "yes", would you consider using it as your
 major method of contraception?
_____ Yes _____ No

12. In your sexual relationships, how frequently do you make
certain that a method of contraception is being used?
_____ Always

_____ Usually

_____ Often

_____ Seldom

_____ Never

13. In the questions above you have expressed your attitudes about
the male role in contraception. In the space below, could you
please state what are the most important reasons for your
opinions about whether men should or should not participate
in contraception.
