

# Correlates of Young Men's Intention to Discuss Birth Control with Female Partners

**CONTEXT:** Heterosexually active men who wish to prevent conception, but are not willing to use condoms consistently, need to discuss birth control with female partners. Improving the understanding of correlates of men's intention to have such discussions is one step toward supporting this health-facilitating behavior.

**METHODS:** A sample of 372 heterosexually active men aged 18–25 were recruited and surveyed online between December 2010 and June 2011. Men answered questions on attitudes toward, norms regarding and self-efficacy about discussing birth control, and about endorsement of two sexual scripts. Multiple regression analyses tested these measures' associations with intention to discuss birth control, controlling for age and relationship status.

**RESULTS:** Attitudes, norms and self-efficacy were each positively associated with men's intention to discuss birth control, accounting for 34% of variance. The more strongly men endorsed a traditional masculinity sexual script, the less likely they were to intend to discuss birth control (coefficient,  $-0.2$ ). Endorsement of an alternative, gender-equitable "sex-positive woman" script, which emphasizes sexual pleasure and emotional connection as goals for both partners, had no association with intention.

**CONCLUSION:** Strategies that merit further exploration as potential supports for men's intention to discuss birth control include improving men's self-efficacy and positive attitudes and norms pertaining to such discussions, and reducing belief in traditionally masculine sexual scripts or transforming them to include discussing birth control. Future research should work both experimentally and longitudinally to document each element of the process that ends with men's full participation in effective contraceptive use.

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Although women have several birth control options (e.g., IUDs, pills, hormonal implants), men's choices are limited to condoms and vasectomy. Heterosexually active men who wish to prevent conception, but are not willing to be long-term, consistent condom users or to employ vasectomy, will need to discuss birth control with their female partners. Such discussion can facilitate men's family planning goals and have a positive influence on their overall sexual health and that of their female partners. For young women, communication with male partners about contraception is positively related to consistent contraceptive use.<sup>1</sup> There is also evidence that communication about sexual safety topics such as prevention of pregnancy and STDs is negatively related to risk behavior.<sup>2</sup>

Improved understanding of characteristics associated with men's discussion with their partners about female-controlled contraception may suggest ways of supporting this health-facilitating behavior. One such characteristic is their intention to have such discussion. The theory of planned behavior (TPB),<sup>3</sup> which has been widely used in research on similarly complex health-related behaviors,<sup>4</sup> posits that a person's intention to perform a behavior is the strongest determinant of that behavior. Intentions are predicated, in turn, on attitudes, perceived social norms, and self-efficacy or perceived control with regard to the

behavior. Studying intentions allows examination of one person's theoretical contribution to behavioral outcomes absent other potential influences on his behavior, such as situational or interpersonal characteristics. Thus, this article examines correlates of men's intentions to discuss birth control with their female partners.

## BACKGROUND Men and Birth Control

A limited number of studies have examined men's interest in birth control and role in couples' contraceptive decision making. For the most part, these studies indicate that men take an interest and may play an important role. In a large, nationally representative household survey of 20–39-year-old men in heterosexual relationships, more than three-quarters of respondents agreed that decisions about contraception were a joint responsibility between men and women.<sup>5</sup> Another study gathered data from women aged 20–35 and their male partners aged 18 and older, and found that both partners' contraceptive method preferences were related to their actual method choice.<sup>6</sup> A national online sample of men in their teens and early 20s reported strong knowledge regarding contraceptive methods and high levels of concern about preventing pregnancy; while men also demonstrated gaps in contraceptive

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knowledge that would be important to address, findings nonetheless suggest men's interest in the topic.<sup>7</sup> None of these studies explicitly examined men's intention to discuss birth control with female partners.

Qualitative research also suggests there may be more to learn regarding men and birth control, particularly about influences on men's willingness to discuss birth control with female partners. An interview study with 30 male-female couples, who were aged 19–36 and mostly white, found that men participated only briefly as “major contraceptive actors,” generally early in a relationship and via their use of condoms.<sup>8(p.506)</sup> The author attributed this finding to a combination of the constraints of available methods (i.e., the far greater variety and efficacy of female-than of male-controlled methods) and the fact that most couples perceived condoms as less convenient, pleasurable and effective than hormonal birth control methods, such as pills. Men in this study reported reluctance to discuss birth control with female partners. This trepidation was less common among older men and men in longer term relationships than among their younger counterparts and those in newer relationships, but men typically felt that birth control was women's purview. Merkh et al.<sup>9</sup> reported similar findings with a more racially and ethnically diverse sample of 41 young adult heterosexually active men (44% black, 22% Latino, 34% white) from whom they gathered contraceptive histories. Although these men believed that birth control decisions were ultimately women's to make, they also perceived discussion of contraception to be a potential relationship fortifier and a part of men's contribution to pregnancy prevention.

### Correlates of Birth Control Discussion

•**Theory of planned behavior.** Whereas work on men's willingness to discuss birth control has been limited, a good deal of social psychological research has been aimed at better understanding other sexual safety decision-making behaviors, particularly condom use. Much of this work has employed the TPB, and the theory's ability to statistically predict concurrent and prospective condom use has been widely demonstrated.<sup>4</sup> Across studies, correlations of intentions to use condoms and condom use average about 0.5,<sup>10</sup> and multiple correlations of intention with attitudes and norms about 0.7.<sup>4</sup>

A growing number of TPB-based studies have also examined decisions that precede sexual encounters or concern overall sexual behavior patterns. One group of studies looked at preparatory behavior, such as carrying condoms or having them readily available<sup>11–14</sup> and discussing condom use with a partner.<sup>15</sup> Another examined variables associated with deciding to have casual or risky sex,<sup>16,17</sup> engage in intercourse,<sup>18–20</sup> or be abstinent<sup>21</sup> or monogamous.<sup>22</sup> The TPB statistically predicted intention or behavior in all of these studies; it accounted for 30–76% of the variance in intention<sup>16,18,19,21,22</sup> and 10–30% of the variance in behavior.<sup>11–15,17–20,22</sup> Thus, the TPB represents an important, powerful model for statistically predicting sexual intentions and

behavior, but significant variance remains unexplained in models that have used it. This fact has spurred research interest in identifying additional, complementary correlates of sex-related intentions and behavior.

•**Expanded versions of the TPB.** Some expanded versions of TPB models predicting sex-related behavior have added intrapsychic variables. Evidence for these models' explanatory power is varied. For example, moral norms have been shown to increase variance accounted for in some studies of contraceptive use<sup>17</sup> and carrying condoms.<sup>11</sup> However, Myklestad and Rise<sup>23</sup> found that moral norms predicted male youths' decisions to have unprotected intercourse, but not females', and moral norms were not significant in Conner and Flesch's<sup>16</sup> study of casual sex intentions. These mixed findings highlight the potentially nuanced role played by intrapsychic factors such as moral norms in sexual health behavior, and the need to understand their specific impact on cognitions or behaviors associated with contraceptive decision making.

Intrapsychic factors can also include the degree to which individuals identify with gender-related schemas. In particular, endorsement of or identification with traditional gender norms is a consistently demonstrated correlate of sexual behavior,<sup>24–26</sup> although it has yet to be examined in the context of men's intention to discuss female-controlled contraceptive methods. In one of the few studies to assess internalized gender roles as a complement to the TPB, Beadnell et al.<sup>22</sup> found that young urban men's lack of identification with traditional male gender roles added to the TPB's prediction of their intentions regarding mutual monogamy, although not to prediction of condom use intentions with casual or steady partners. These mixed findings suggest that whether traditional masculinity is correlated with men's intention to discuss birth control (a concept related to both mutual monogamy and condom use) is still an open question. More generally, endorsement of a “traditional” masculine ideology has been positively associated with young U.S. men's participation in unprotected sex<sup>24</sup> and number of sexual partners.<sup>27</sup> Overall, internalized expectations about what behaviors are appropriate for one's gender appear important to include in attempts to increase understanding of intentions and behavior related to sexual safety. Associations between gender beliefs and men's discussion of female-controlled contraceptives, however, have not yet been examined.

•**Sexual scripts.** The sexual scripts perspective<sup>28</sup> embodies both the role of a potential intrapsychic complement to the TPB and the documented role of gender ideologies in sexual behavior, and is widely used in social scientific research on sexuality.<sup>29–31</sup> Sexual scripts—cognitive schema for how sexual situations should unfold—include both individuals' interpretations of the implications of cultural norms for their sex-related interactions and their constructions of their own sexual desires.<sup>32</sup> Sexual scripts are highly gendered, and mirror notions of traditional gender ideologies of femininity and masculinity. Dominant sexual scripts emphasize contrasting positions for men and women.<sup>33–35</sup>

According to the traditional masculine sexual script, men have strong sex drives that make them relatively unconcerned about risk and long-term consequences, tend to value sex more than relationships and are oriented toward sexual variety.<sup>36,37</sup> The complementary traditional feminine sexual script specifies that women are less desiring, more concerned about risk, more relationship-oriented and less interested in variety. All of these ideas about appropriate gender enactment in the context of sex may hold implications for men's willingness to broach the issue of female-controlled contraception, potentially perceived as a "woman's topic."

However, scripts that offer alternative models for sexuality have also been identified and are being studied both qualitatively<sup>32,35,38</sup> and quantitatively.<sup>29,39</sup> One alternative sexual script speaks to men's ideas about female sexuality and the traditional feminine sexual script described above. Referred to as the "sex-positive woman" script, it involves men's appreciation of and attraction to women who express desire toward men, sexual pleasure as a goal for people of both genders and relationships that are emotional as well as physical.<sup>29</sup> A script like this one, which is more attentive to women's desire, but also more gender-equitable overall, may also be consistent with a greater willingness of men to proactively discuss birth control methods other than condoms.

Because adherence to sexual scripts may be correlated with sex-related intentions and behavior, sexual scripts may complement TPB models and may help to explain additional variability in men's likelihood of discussing birth control with partners.

## METHODS

### Study Design and Sample

The current study examines men's intentions to discuss birth control with a female partner, and the extent to which TPB variables and two sexual scripts—traditional masculinity and sex-positive woman—are associated with their intention to do so. Data used in these analyses came from a larger study of sexual scripts and sex- and relationship-related behavior among young, heterosexually active men. The University of Washington's institutional review board approved all procedures. The entire study, including recruitment, eligibility screening, informed consent and data collection, was conducted online. Men who completed surveys each received a \$40 check for participation.

We placed recruitment advertisements on Craigslist in a variety of U.S. cities and on Facebook. We targeted Facebook ads to men aged 18–25. Recruitment took place from December 2010 to June 2011.

Interested potential participants clicked on the advertisement to be directed to a screening survey. Individuals were eligible if they were 18–25 years old, were male, were U.S. residents and had been residents during their teenage years, had ever been physically intimate with a woman (i.e., had engaged in touching below the waist or in oral, vaginal or anal sex) and wanted to have sex with a woman

in the future. Given the relative youth of our sample and additional aims of the research program, we specified these last two criteria to include men whose sexual experience had not yet involved intercourse. However, the analyses reported upon here include only men who had had intercourse within the past year. We also established quotas in order to recruit roughly equal numbers of men from each of five racial or ethnic categories—black, Asian American, Latino, white and other (including multiracial). Once the quota in a category was met, additional potential participants from that group were ineligible.

After screening, eligible men were shown a description of the study and consent information, and consenting individuals were directed to the survey. When participants finished the main survey, a new webpage allowed them to submit a name and mailing address to which a check could be sent. This separation protected confidentiality by ensuring that names were never linked to data.

We took steps to ensure data integrity and protect against the careless responding that can be a concern with online surveys. Once an Internet protocol address was identified as ineligible, programming blocked participation by anyone using that address. Additionally, potential respondents were alerted that payment would be by a check made out to a named person and sent via postal mail, and that only one check per name would be issued. After data collection was completed, we conducted a thorough cleaning to identify surveys that were potentially invalid (e.g., ones that had repeated patterns of identical responses). We dropped from the data set any surveys for which most factors pointed to invalid data.

A total of 662 participants began the survey. During data cleaning, we excluded 14 because of suspicious or nonsensical response patterns and 93 because they dropped out before completing at least 25% of the survey. The latter group did not differ significantly from the 555 initially retained in terms of age, race or ethnicity, education or income. Because our research questions in this study focused on intention to discuss birth control with female sex partners, we included data only from the 447 men who reported having had intercourse with a woman during the past year. We excluded 75 men from this sample because they were missing data on every predictor variable; thus, our analytic sample consisted of 372 men.

### Measures

•**Controls.** Because previous research indicates that both age and relationship status are correlated with birth control-related beliefs and intentions,<sup>8,40</sup> analyses controlled for these characteristics. We computed age from participant date of birth provided during eligibility screening. We measured relationship status by asking two dichotomous questions beginning with the stem "Think about the last time you were physically intimate with a woman." One question went on to ask "Was she someone you would describe as a girlfriend, wife, or committed partner?" The second asked "Have you been physically intimate more than one

time with her?" We recoded responses to produce the following dummy variables for use in regression modeling: committed (if the response to the first question was yes), casual (if the response to the first question was no and the response to the second question was yes) and onetime (if the response to both questions was no).

•**TPB-based independent variables.** Our independent variables derived from the TPB were attitudes, norms and self-efficacy regarding discussing birth control with a hypothetical new partner. We measured these as scales, for which we computed means; the higher the mean, the more positive the attitude or norm, or the greater the self-efficacy. Questions were introduced with the following stem: "There are different precautions people use when having sex. These can be to prevent pregnancy or to prevent spreading sexually transmitted diseases (such as gonorrhea, herpes, or HIV). If you had sexual intercourse with a new woman in the next 6 months, imagine discussing whether she is on birth control before you have sex."

We measured attitudes with three items, which asked how good or bad, how smart or dumb, and how pleasant or unpleasant it would be to discuss birth control. Response options were rated on scales of 0 (very bad, dumb or unpleasant) to 4 (very good, smart or pleasant). Cronbach's alpha for this scale was 0.8.

Norms were assessed with two items. One asked "Do most people who are important to you think you should, or should not, discuss whether she is on birth control before you have sex?" The other was similarly worded, but referred to "most men your age." Response options were rated on a scale of 0 ("They think I definitely should not") to 4 ("They think I definitely should"). This scale had a Cronbach's alpha of 0.9.

Two items measured self-efficacy: "How much is discussing birth control under your control?" and "How confident are you that you could discuss birth control?" Response options were scored on scales of 0 (indicating a low level of control or confidence) to 4 (indicating a high level). The Cronbach's alpha for this scale was 0.8.

•**Sexual scripts.** We assessed men's responses to the traditional masculinity and sex-positive woman sexual scripts, using the scenario method presented by Morrison et al.<sup>29</sup> Men were presented with eight brief scenarios representing the former and three representing the latter. For each scenario, we asked "How desirable is this situation for you?" Response options were rated with scores from 0 (very undesirable) to 4 (very desirable). We computed the average score for each script; the higher the score, the greater desire for sexual experiences along the lines of that script. Cronbach's alpha for each script was 0.8.

•**TPB-based discussion variables.** We assessed two TPB-related birth control discussion variables: intention and behavior. We assessed intention using the same stem that we used for attitudes, norms and self-efficacy. We then asked "How likely is it that you will [discuss birth control with this new partner]?" Response options ranged from 0 ("I definitely will not") to 4 ("I definitely will"). The behavior item was part of a set of dichotomous questions about sexual safety practices introduced with the stem "Think about the last time you were physically intimate with a woman. Have you done any of these things with her?" The list included "Discussed whether she is using birth control."

**Analysis**

We examined the correlations between the TPB-based independent variables and behavior as an assessment of the validity of the TPB measures—that is, to demonstrate that attitudes, norms, self-efficacy and intention are related to behavior.

Correlates of men's intention to discuss birth control with a partner were assessed in a series of multiple regression models. We did not include behavior in these models, because the question refers to prior behavior, whereas the other TPB variables look ahead to the next six months. The first model examined only age and relationship status, the second added the TPB variables and the final one added the sexual scripts variables. Coefficients indicate the amount of change expected in intention to discuss birth control, given a one-unit change in a measure's value, with all other measures in the model held constant. To assess effect sizes, we calculated Cohen's *F*<sup>2</sup>, for which values of 0.10, 0.25 and 0.40 are typically interpreted as lower bounds signifying small, medium and large effects, respectively.<sup>41</sup> Analyses were carried out using SPSS 18.

**RESULTS**

Overall, men had a high mean attitude score (3.0 on the 0–4 scale), indicating that they had positive attitudes about birth control discussion (Table 1). They likewise reported supportive norms, moderately high self-efficacy and positive intentions regarding birth control discussion, as indicated by mean scores above the midpoints of these scales (2.6–2.8).

As expected, attitudes, norms and self-efficacy regarding discussing birth control with a female partner were all positively correlated (coefficients, 0.3–0.5). Each of these

**TABLE 1. Selected measures assessed in a study of correlates of intentions to discuss birth control among a sample of 372 heterosexually active men aged 18–25 in 2010–2011, and correlation coefficients showing relationships among measures**

Measure	Mean or %	Correlation coefficient						
		1	2	3	4	5	6	7
1. Birth control discussion attitudes	3.00 (0.76)	1.00						
2. Birth control discussion norms	2.76 (1.02)	0.40**	1.00					
3. Birth control discussion self-efficacy	2.63 (0.96)	0.31**	0.52**	1.00				
4. Traditional masculinity script	1.46 (0.75)	-0.18**	-0.30**	-0.19**	1.00			
5. Sex-positive woman script	2.82 (0.85)	0.17**	0.18**	0.16**	0.19**	1.00		
6. Intention to discuss birth control	2.79 (1.04)	0.55**	0.41**	0.35**	-0.25**	0.10	1.00	
7. Has discussed birth control (%)	71	0.23**	0.16**	0.08	-0.13*	0.05	0.21**	1.00

\*p<.05. \*\*p<.01. Notes: Unless otherwise noted, measures were assessed on scales of 0–4. Figures in parentheses are standard deviations.

variables was also positively correlated with intention to discuss birth control (0.4–0.6). Attitudes and norms—but not self-efficacy—were positively correlated with birth control discussion behavior (0.2 for each). The correlation between birth control discussion intention and behavior was significant (0.2).

In the first multiple regression model, age and relationship status were not associated with men's intention to discuss birth control (Table 2). The second model, which added the TPB-based independent variables, was significant overall, accounted for 34% of the variance in the outcome and had a large effect size (Cohen's  $f^2$ , 0.52). Each of the TPB variables was positively associated with men's intention to discuss birth control discussion (coefficients, 0.6 for attitudes, 0.2 for norms and 0.1 for self-efficacy). Finally, the addition of the sexual scripts variables also produced a significant model, but it did not add substantially to the amount of variance explained (35%) or to the effect size (0.54). Of the sexual scripts, only the traditional masculinity one was independently associated with intention to discuss birth control; the association was negative (coefficient, –0.2), indicating that the more strongly a man endorsed this script, the less likely he was to intend to discuss birth control with a female partner.

## DISCUSSION

Better understanding of correlates of men's discussion of birth control can help support efforts to encourage this behavior, thus potentially helping both men and their female partners to meet their family planning goals. Our finding that attitudes, norms and self-efficacy are associated with intention to discuss birth control add to existing support for the TPB as a useful model for understanding sex-related intentions, which in turn have empirically demonstrated associations with sexual behavior.<sup>10</sup> Considering men's level of adherence to a traditionally masculine sexual script may also add to what the classic TPB can tell us about their intention to discuss birth control, since endorsement of this script was negatively associated with intention.

Improving men's likelihood of discussing birth control with female partners is a complex task, and this study's findings make up only one piece of that large puzzle. They suggest several strategies for further exploration. Future research could investigate whether building men's self-efficacy and increasing their positive attitudes and norms regarding birth control discussions are associated with stronger intentions to have these discussions. For example, a clinical study could examine whether having health care providers include a question about discussion of birth control in their assessments of heterosexually active men is associated with increases in men's positive norms regarding this topic and, in turn, whether such increases correlate with increased intentions to have these conversations.

Another question suggested by these findings is whether broadening men's ideas about masculinity to include shared responsibility for contraception would be associated with their intention to discuss birth control. A review of

**TABLE 2. Unstandardized coefficients from multiple regression analyses assessing associations between selected measures and men's intention to discuss birth control**

Measure	Model 1	Model 2	Model 3
<b>Controls</b>			
Age	–0.01 (0.03)	0.00 (0.02)	0.01 (0.02)
Relationship status†			
Committed (ref)	na	na	na
Onetime	–0.29 (0.17)	–0.04 (0.14)	–0.02 (0.14)
Casual	–0.03 (0.13)	–0.04 (0.11)	–0.01 (0.12)
<b>Theory of planned behavior constructs</b>			
Birth control discussion attitudes	na	0.59 (0.06)***	0.58 (0.07)***
Birth control discussion norms	na	0.17 (0.05)**	0.14 (0.05)*
Birth control discussion self-efficacy	na	0.13 (0.05)*	0.12 (0.05)*
<b>Sexual scripts</b>			
Traditional masculinity	na	na	–0.16 (0.07)*
Sex-positive woman	na	na	0.00 (0.06)
<i>R</i>	0.09	0.58	0.59
<i>R</i> <sup>2</sup>	0.01	0.34	0.35
<i>F</i> ( <i>df</i> )	1.03(3)	29.44(6)***	23.08(8)***
<i>Cohen's f</i> <sup>2</sup>	0.01	0.52	0.54

\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ . †Refers to the last woman with whom the respondent was physically intimate. Notes: ref=reference group, na=not applicable. Figures in parentheses following coefficients are standard errors.

evaluation studies in both U.S. and international contexts concluded that “gender-transformative” sex education programs, which aim to bring issues of gender and power to the surface and advocate for gender equity, are associated with lower rates of STD and unintended pregnancy among participants than are sex education programs with no gender component.<sup>42</sup> To build on our study's findings, an experimental study could examine associations between exposure to gender-transformative sex education curricula and men's intentions to discuss birth control. Such a study could enhance understanding of whether birth control discussion is potentially one part of the bridge between changing concepts of masculinity and better reproductive health.

## Limitations

This study is limited by issues pertaining to the sample and to measurement. Men were recruited and took part in the study online, so although most men in this age-group use the Internet,<sup>43</sup> results may not be generalizable to men who do not. Using Facebook and Craigslist for recruitment means that we did not draw our sample from the general U.S. population. However, mathematical modeling of Facebook users' demographic characteristics suggests that the racial and ethnic distribution of users is similar to that of the U.S. population.<sup>44</sup> Craigslist users are anonymous, so we have no way of estimating this population's demographic characteristics or how recruiting from it may limit generalizability. Participants were not randomly selected from the population, but chose to participate in response to our advertising; individuals who volunteer for sex-related research tend to have more sexual experience than those who do not.<sup>45</sup>

Although we employed stringent monitoring and data cleaning procedures, we cannot be certain that we detected all invalid responses. Another limitation is the study's focus on intention, as opposed to behavior. To provide a test of the full TPB model, a future longitudinal study

could measure TPB constructs at one time point, then birth control discussion behavior at a later one. By measuring intention before behavior, this design could also provide evidence regarding whether one chronologically precedes the other (an element in establishing causality) or simply is associated with it. An experimental intervention study could improve understanding still further. One possibility would be testing a clinical intervention designed to decrease men's endorsement of the traditionally masculine sexual script and improve their self-efficacy and positive norms regarding birth control discussion. The next steps would be assessing whether it increased their intentions to discuss birth control, then whether any increases in intention were associated with more actual discussion of birth control and, finally, whether discussions about birth control led to protected behavior and thus contributed to reducing unintended pregnancy among men's partners.

### Conclusion

The sexual and reproductive health field is moving beyond considering birth control exclusively a women's issue.<sup>46</sup> However, more attention to men's family planning concerns and their shared responsibility for contraception is still needed in the clinical, research and policy realms.<sup>47</sup> Our findings suggest that the TPB is a strong theoretical framework for modeling men's intention to engage in discussion of birth control, but this study is only one step in the process of understanding this health-promoting behavior. Future research could work both experimentally and longitudinally to document each element of the process that ends with men's talking about birth control with their female partners. Such studies could lead to recommendations for interventions designed to support men's full participation in effective contraceptive practice.

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