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Tough Guy, Sensitive Vas: Analyzing Masculinity, Male Contraceptives & the Sexual Division of Labor

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Tough Guy, Sensitive Vas:

Analyzing Masculinity, Male Contraceptives & the Sexual Division of Labor

by

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ABSTRACT

A Marxist feminist standpoint positions patriarchy and capitalism as mutually beneficial, thus interestingly situating the new market of male contraceptives (MCs). This project takes an in-depth look at the opinions of 15 young men regarding the use of MCs by examining how Western, heterosexual masculinity informs their attitudes and discusses how a new economic market of MCs may affect current social ideologies about of the sexual division of labor. Because notions of masculinity are essential in perpetuating such ideologies, understanding masculinity as it relates to a new market for MCs is imperative. During a series of focus groups men described this relationship in terms of responsibility, control, sexual pleasure, cost, gendered ideologies, and side effects. As a result of this research, I argue that the emerging market for MCs may simultaneously strengthen power dynamics and restructure labor practices within the sexual division of labor.

CHAPTER ONE:

INTRODUCTION

Contraceptive control has been relegated to women since the development of oral contraceptives in the 1960s. While contraception was initially developed as a means of liberating women from the debilitating economic, physical and emotional burdens of uncontrollable fertility, women have become bound by to this responsibility (Drain, 2003). Popular ideologies see this responsibility as a "natural" extension of women's ability to bear children. In recent years, however, studies have shown that at least a minority of men are interested in their own methods of contraceptive technologies. Researchers in biomedicine have begun to respond to the growing market of "male contraceptors" (Fennell, 2012) by developing forms of long-lasting male contraceptives (MCs).

This project takes an in-depth look at young men's opinions on the use of MCs, examining how Western, heterosexual masculinity informs their attitudes and discusses how a new economic market of MCs may affect current social ideologies about of the sexual division of labor. Because notions of masculinity are essential in perpetuating such ideologies, understanding masculinity as it relates to a new market for MCs is imperative. I argue that the emerging market for MCs may simultaneously strengthen power dynamics and restructure labor practices within the sexual division of labor.

The sexual division of labor is a Marxist feminist concept described as the capitalist division of labor that places men's work in the public sphere of production and

women's work in the private sphere of reproduction. Marxist feminists argue that this structure is embedded with a "cultural heritage of forms of masculinity and femininity" (Rubin, 1975, p. 164) and has produced gendered ideologies about productive and reproductive labor practices. As such, it is important to examine the way the U.S. society's sexual division of labor is primed and perpetuated by gendered scripts. In this project, I will focus my attention on men's negotiation of Western, heterosexual masculinity in their opinions for or against MC use. Specifically, I examine heterosexual masculinity and interrogate the ways in which men's opinions reflect multileveled and varied conceptualizations of masculinity.

I have chosen to focus on long-lasting MC methods in this project for two reasons. First, research into men's current contraceptive options, like condoms or vasectomies, is expansive. The novelty of these long-lasting products provided me with an opportunity to contribute to a burgeoning body of research; there is a lot of work to be done in order to understand how MCs are, or may be, understood in society. Secondly, I have centralized my focus on long-lasting MCs because their introduction to contraceptive markets will likely affect ideas of reproductive responsibility – which, in this case, relates to the enactment of preventing unwanted pregnancy.

My research involved examining the opinions of 15 focus group participants regarding why men would or would not use these MCs. Open coding of worksheets from and transcripts of the sessions revealed common themes in the participants' opinions. A feminist analysis of these themes was used to conceptualize how notions of masculinity informed the participants' men's opinions. By examining the way men negotiate their opinions within a cultural sphere that has been historically relegated to

women, I have been able to identify the ways in which notions of masculinity are related to the sexual division of labor.

This paper begins with a discussion of Marxist feminism and the sexual division of labor, outlining the ways in which I employ this theoretical framework in my research. Next, I review the literature of reproductive ideologies and contraceptive economies to situate the introduction of MCs in current understandings of reproductive responsibility. Further, literature on masculinity is addressed to delineate the conceptualization of modern and plural masculinities used throughout this project. The next chapter discusses focus group research methodology and its value in my research. It also provides specific information about the process of contributor recruitment, session standardization, and participant makeup. Following this, I present my findings. I draw directly from participant contributions found in session transcripts and worksheets to analyze participants' ideas as they relate to the sexual division of labor and masculinity – theorizing potential implications of men's opinions both for and against MC use. Finally, this paper concludes with a discussion wherein I argue that the introduction of a new MC market may lead men to negotiate their ideas of masculinity and reify the sexual division of labor while restructuring specific labor practices.

CHAPTER TWO:

THEORETICAL FRAMEWORK & LITERATURE REVIEW

To lay the foundation for this project, this chapter outlines both my theoretical framework and relevant literature. I first discuss the sexual division of labor as defined by Marxist feminism and highlight the ways in which this theory is integral to an examination of reproductive responsibility, masculinity, and a new market for MCs. To situate this paper within the current historical moment, I review literature concerning reproductive ideologies to illustrate the circular ideological reinforcement of reproductive responsibility, as produced by mutually formative economic markets and cultural beliefs. I then examine the ideas of contraceptive economies to demonstrate how reproductive ideologies are manifested in U.S. contraceptive practices. Finally, I take a look at Western formations of masculinity and discuss the importance embracing their plurality. I address why comprehending negotiations of masculinity are imperative to understanding how a new market for MCs may meaningfully affect hegemony within the sexual division of labor.

Marxist Feminism & the Sexual Division of Labor

I have chosen to use Marxist feminism as the theoretical framework for this project because it ardently exemplifies the material and social effects that result from interplay between economies and gendered ideologies. Moreover, I have decided to use a traditional understanding of Marxist feminism here because it most clearly

illustrates reproductive labor practices and dynamics of gender hierarchy as they relate to the economy. While there are valuable critiques and modern reconceptualizations available, I have chosen to use founding texts because their decades' long applicability speaks to the entrenched and adaptive nature of capitalism and social ideologies.

Marxist feminism is a critique of the capitalist system that draws attention to the hierarchies of sex/gender that are built into ideologies[1] about economic productivity. These theorists point out the ways in which women[2] are doubly dominated by patriarchal capitalism as both workers and reproductive laborers. Rubin (1975) argues that capitalism was configured in a historical and moral moment that came with a "cultural heritage of forms of masculinity and femininity" (p. 164), and thus predetermined sexually divisive, and for women, oppressive, labor roles. Consequently, women's work has been constructed as vital to the upkeep of the economy that supports men as workforce laborers and simultaneously denigrates their work as *unproductive*. Marxist feminists seek to highlight this "sexual division of labor" as well as the embodied consequences it has had for women (Hartmann, 1981; Hartsock, 1983). Some argue that women's subordination in this system is a result of being defined by their ability to reproduce (Firestone, 1970), and thus their most valuable labor, in terms of capitalism, is found in the home, taking care of the *productive* laborers, their husbands, and future laborers, their children. The distinction between production and

[1] I use the term ideology to reflect an "inferentially related set of beliefs about the character of the social, political, and economic world" (Leiter, 2015 p. 1183). While there are other scholarly understandings of ideology (for a compressive discussion see Hawkes, 2002), I have chosen to use this form here because it is in line with my theoretical framework of Marxist Feminism.

[2] Throughout this section, I use the 'women' to specifically refer to U.S. women. I also use the term to reflect the way the concept of "women" has been conceived in Marxist theory.

reproduction and the concomitant dichotomy of public and private spheres established a new system of gender differentiation that detrimentally limited both men's and women's societal roles (Rubin, 1975). Moreover, while women have been defined by private life, the private sphere has also intimately structured the "genealogy of masculinity" (Aboim, 2010, p. 5).

Women's relegation to contraceptive use and control can be seen as a perpetuation of this system, something Firestone (1970) predicted when she said: "…new technology, especially fertility control, may be used against [women] to reinforce the entrenched system of exploitation" (p. 10). Women today are confined to their bodies in different ways than they were in Marx's time. Today, women are not only responsible for producing and raising children, they are also responsible for *not* producing children that they cannot support economically, and by extension, for "controlling" the population. Contraceptive use has been exploited by capitalist systems as a way to ensure economic success, and in this way has become another facet of women's reproductive labor.

Marxist feminists have also made clear that demarcation among patriarchy, capitalism and society is not possible. Hartmann (1981) argues, "a materialist analysis demonstrates that patriarchy is … a social and economic structure" (p. 44). Because capitalist success is reliant on women's reproductive labor, social mechanisms have been established to assure women's consent to and complicity in their role. One such mechanism has been controlling female sexuality (Rubin, 1975). During the sexual revolution of the 1960s, many women began to transgress the social boundaries of their sexuality and engage widely in sex out of wedlock. Rubin (1975) says, "transforming

moral law into scientific law, clinical practice has acted to enforce sexual convention upon unruly participants" (p. 184). In this light, then, it is no surprise that as women began to disregard one form of repression, they were assigned another – the responsibility to prevent unwanted pregnancy. The 1960s marked the decade where contraceptives became easily available, broadly used, and largely acceptable for *women* within society. Men were left without responsibility for contraception.

Considering the dissonance of contraceptive availability for men and women, Aboim (2010) argues, "it is in the historically privatized contexts of reproduction and sexuality that key processes of domination are still occurring, both materially and discursively" (p. 5). In just one manifestation, this can be seen in contraceptive responsibility. The systematic exploitation of women's reproductive roles "enable[s] men to control women's labor" (Hartmann, 1981, p. 48) and has sustained male superiority in the economy. This is an important factor to note because, as Hartmann (1981) remarks, "capital creates ideology" (p. 45). The capital production of contraceptive markets has reinforced cultural ideologies about women's responsibility for controlling unwanted and unplanned pregnancy. There is now a thriving economic market for contraceptives, where companies profit off women's "choice" to use their products. The market has solidified this cultural ideology to the point where for-profit pharmaceutical companies and grant awarding research institutions have declined to fund the development of MCs, believing that there is no viable market for such products (Dorman & Bishai, 2012; Gutmann, 2007). The capital produced by the economic market for female contraceptives has reinforced gendered ideology about reproduction, and served to sustain the sexual division of *unproductive* (i.e. reproductive) labor in a historic moment

in which women are entering the workforce as *productive* laborers at nearly the same rate as men (57.2% women versus 69.7% men) (Bureau of Labor Statistics, U.S. Department of Labor [BLS], 2015).

Capitalism is embedded with vestiges of hegemonic masculinity, which serve as tools to maintain men's dominant social position over women (Groff, 2013). I have tried to show throughout this section how these ideologies about masculinity have affected the market for and discourse surrounding contraceptive responsibility. But as we saw in the example of the sexual revolution, our society is capable of responding to resistance, though not without consequence. Women who defied their sexual repression in the 1960s were, for a moment, free from societal constraints. However, as women gained control of their sexuality, this freedom was supplanted by a new gendered expectation – preventing unintended pregnancy. Today, there has been a push to begin developing long-lasting forms of contraceptives exclusively for men. Because contraceptive control has been a component of women's labor for more than fifty years, the introduction of men to this labor practice is sure to meaningfully affect the sexual division of labor. Just as masculinity has historically played a large role in the perpetuation of the sexual division of labor, I surmise that it will also affect the way young men construct their attitudes toward the use of MCs. This project examines how negotiations of masculinity inform young men's attitudes and how the new economic market of MCs reinforces current understandings of the sexual division of labor.

Reproductive Ideologies

Since their advent in the 1960s, oral contraceptives have infiltrated the "contraceptive economy" (Terry & Braun, 2011) and normalized the use of contraception

for "safe sex"[3] in general. It is so pervasive, in fact, that nearly all sexually active women ages 15-44 have engaged in contraceptive use as a mode of family planning (Mosher & Jones, 2010). The Guttmacher Institute (2015) found that 25.9 percent of women using contraception rely on the pill, 10.3 percent rely on Intrauterine Devices (IUDs), and another 9 percent of women rely on other types of medical technology (including injections, patches, vaginal rings, implants, and emergency contraception) that have stemmed from OC research. Reliance on condoms and withdrawal represent 20.1 percent of contraception usage, while sterilization (tubal litigation 25.1%; vasectomy 8.2%) and fertility awareness methods (1.4%) encompass the remaining methods used (Guttmacher Institute, 2015). This comparison illustrates the popularity of biomedical technologies for contraceptive use. In the 50 years since the invention of oral contraception for women, options for MCs have remained stagnant, relying on practices established well before medicalized contraception, or contraceptives developed through empirical research and vetted through animal and human trials, was even available.

An understanding of the gendered ideologies regarding contraception is vital in the new market for MCs. While there is an agreement between heterosexual men and women about the importance of contraceptive use to prevent unwanted pregnancy, the enactment of responsibility is highly gendered as a result of the sexual division of labor, and is manifested in social expectations and biomedical technologies (Brown, 2015). Socially, these gendered roles of responsibility have become normalized to the point of

[3] Scholars such as Urvashi Vaid argue that notion of "safe sex" evolved out of advocacy surrounding the AIDS pandemic in the 1980's. While the concept's historical context is important to remember, in recent decades "safe-sex" has come to encompass both protection from STIs and preventing unwanted pregnancy.

"common sense," leaving many women bound to the responsibility (Martin, 1991b). *Our Bodies, Ourselves* (The Boston Women's Health Book Collective, 2005) claims that "birth control is not just a woman's issue" (p. 326). This statement seems obvious because men have a stake in preventing unwanted pregnancy. However, men are not compelled to take responsibility for preventing unwanted pregnancy in the same way as women because women get pregnant and men do not, creating that "common sense" idea that the responsibility belongs solely to women (Smith, Fenwick, Skinner, Merriman, & Hallett, 2011). Biomedically, the ideology of women's responsibility is reinforced by the near sole development of female contraceptive options.

This century has seen advancement and expansion of female contraceptives, yet not a single new, viable method for male contraception has hit the U.S. market (Dorman & Bishai, 2012; Kogan & Wald, 2014). The issue seems even more precarious considering that it was discovered as early as 1939 that fertility could be controlled in men through the suppression of sperm production via testosterone manipulation. (McCullagh & McGurl, 1939; Heckel, 1939). Decades later, WHO conducted studies to test these theories and found that hormone-induced modes of fertility control in men were both effective and reversible (World Heath Organization, 1990 & 1996). In more recent years, there has been some research into MCs known as "vas occlusive" methods, wherein a polymer is injected into the inter-vas region to create a plug that effectively serves as a barrier to sperm secretion, and is removable only through surgical intervention (Watkins, 2011), though these products have not been made available to the public. The paradox here is obvious; it has been surmised that professional discourses and ideologies about men's disinterest in contraception have

been barriers to investment in and demand for new male technologies in the marketplace (Dorman & Bishai, 2012; Gutmann, 2007). This leaves men relegated to the use of condoms, vasectomy, and withdrawal while women's choices encompass a wide range of possibilities, including an array of long lasting and easily reversible hormonal contraceptives. Ideologies about men's disinterest in MCs perpetuate a circular reasoning: researchers and pharmaceutical companies have not developed MC technologies because they believe that there is little demand, but without MC methods available, men do not know there are options for which to be interested and are thus perceived as disinterested by default.

Contraceptive Economies

The sexual division of reproductive labor has created what Terry and Braun (2011) call the "contraceptive economy." The authors draw on Hochschild's (2003) concept of the "economy of gratitude," wherein men are disproportionally rewarded for stepping outside their gendered roles in the home, arguing that the same sense of gratitude is awarded in the contraceptive economy. One aspect of such an economy can be seen in what Fennell (2012) describes as "contraceptive gatekeeping." To frame this notion, Fennell draws on the concept of maternal gatekeeping, which indicates mothers are reluctant to relinquish child and household responsibilities to men (Allen & Hawkins, 1999; Fagan & Barnett, 2003), and defines contraceptive gatekeeping as the unwillingness of women to give up control over contraception. This point is illustrated by the words of a female research participant: "I feel like women aren't trained to ever give up that control" (Fennell, 2012, p. 516). While women seem to have a difficult time giving up contraceptive regulation, men are not necessarily eager to "walk through the

gate" (p. 511) either. The logic behind this lies in cultural ideologies of who bears the burden of unintended pregnancy, from gestation to parenting. Consequently, the "default status" for heterosexual couples' contraception has been biomedical technologies that burden women with the responsibility to use oral and implant contraceptives (Oudshoorn, 2003).

Many scholars have attributed this feminization of contraception to the interaction of social ideologies and biomedical constraints which are "shaped by powerful actors and institutions with vested interests" (Ginsburg & Rapp, 1991, p. 314). Many of the social structures that construct, constrain, and enable greater reproductive health are focused almost exclusively on women (Thomson, 2008). As a result, men have been unable to participate fully in the contraceptive economy. These social structures have made it impossible for men to take responsibility for contraception in the ways available to women. Nonetheless, research reveals a minority of men have an interest in being "committed contraceptors" (Fennell, 2011). In the context of committed relationships, men have been shown to be involved in decision-making processes and cooperative methods of contraception (Weeks, 2012).

Despite these historical limitations on contraceptive options for men, men's growing interest in contraceptive responsibility has created an opening for a new biomedical market and researchers have begun developing contraceptives for men. The same structures that once prevented men's entrance into the contraceptive economy have begun to respond to the needs of the consumer. New technologies are being developed and include an inter-vas injection that prevents sperm from escaping during ejaculation (but does not require surgical removal like similar methods mentioned

earlier) (Parsemus Foundation, 2015), a trans-dermal gel that uses testosterone to weaken the production of sperm (Ilani et al., 2012), and a daily “clean sheets” pill that inhibits ejaculation all together (Male Contraceptive Initiative). This shift is in line with neoliberal understandings of the enmeshment of economic systems and cultural politics (Duggan, 2003). The motives of researchers, developers, and distributors of new MCs are not concerned with the potential political implications, but rather aim to capitalize on ideological shifts in social ideas about contraceptive use, and thus creates an economic market in which progressive notions of gender and contraceptive use are profitable.

Masculinity

There is a small amount of research dealing with men’s use of contraceptives. For example, there is minimal research detailing the technological acceptability MCs, mostly concerning whether or not men would consider using specific methods (for example, see Roth et. al, 2014). Additionally, there is some research indicating what factors might make men more likely to use long lasting forms of contraception, such as age, marital status, and education (for example, Heinemann, Saad, Wiesemes, White, & Heineman, 2004). However, I have found scarce research indicating the role masculinity plays in these conceptualizations. Understanding men’s new conceptualization of masculinity in regards to contraceptive use is a starting point in analyzing the effects a new market will have on the sexual division of labor.

Masculinity is a vital site of analysis for studying the potential use of MCs because, as Montell (1999) argues, it is “important to study taken-for-granted attitudes and beliefs about gender not as secondary phenomena, but as integral to the production of the sex/gender system itself” (p. 47). Conceptions of masculinity are

essential in perpetuating the sexual division of labor; understanding masculinity as it relates to introducing MCs – and the potential threat those contraceptives pose to labor hegemony – is imperative.

Masculinity is a fluid, changing, and often idealized ideology that is contingent on the historical moment (Hartsock, 1983). The notion of "hegemonic masculinity" emerged as the first conceptualization of masculinity and described a type of masculinity that sought to subordinate women and maintain dominance through violence, either physical or emotional (Connell, 1987). Moreover, hegemonic masculinity can also propagate hierarchies of power between men through discrimination along the lines of class, race, or sexuality (Aboim, 2010). Today, though, Western societies have seen a shift away from ideologies of hegemonic masculinity and into understanding modes of plural masculinities (Schrock & Schwalbe, 2009). Aboim (2010) argues, "plurality…is an intrinsic feature of any masculinity" (p. 3) because men in contemporary U.S. society are defining their self-concept of masculinity through a multitude of material realities and societal ideologies.

The pluralization of masculinity has affected the stability of hegemonic male dominance. For example, the recognition of the social struggles related to subordinate masculinities has led to negotiations of this of dominant ideology (Connell & Messerschmidt, 2005). These negotiations have resulted in today's prevailing "modern" masculinity that is "more expressive, egalitarian and peaceable" (Connell, 2012, p. 7). This may in part explain why western heterosexual men have become interested in domains once named as feminine (Nentwich, 2008), such as contraceptive use. It is important to note, though, that reconfigurations of masculinity can result in "new and

more egalitarian relations…*as well as* [new] relations of domination and exploitation" (Connell, 2012, p. 11, emphasis added). As men and women begin to occupy the same arenas, men are reconfiguring what it means to be masculine in different ways; they are deciding which "manhood acts" will be appropriate for their evolving conception of masculinity (Schrock & Schwalbe, 2009).

Schrock & Schwalbe (2009) note, "all manhood acts…are aimed at claiming privilege, electing difference, and resisting exploitation" (p. 281). This can be seen in research regarding men's decisions to undergo vasectomies, where men interviewed frame their experiences as manhood acts, most notably those of chivalry (Fennell, 2011) and heroism (Terry & Braun, 2011). While on the surface undergoing a vasectomy procedure seems to be a step toward relational equality between men and women, when men's motivations are examined, it is made clear that, "the status of being the dominant partner can…be achieved in different ways" (Schrock & Schwalbe, 2009). In this light, the use of MCs may be seen as an act of asserting dominance by seizing fertility control. Moreover, Schrock and Schwalbe (2009) argue, "manhood acts are institutionalized, and in the face of changing conditions and threats to male supremacy, improvised" (p. 290). This means masculinity is invested in maintaining hierarchical hegemony; it demonstrates that masculinity is adaptable and incessant. Modern masculinity is a mix of old and new enactments and a hybrid conceptualization of what it means to be a "man" in the current historical moment.

Because men are "doing gender" (West & Zimmerman, 1987) in a variety of ways, researchers should embrace a pluralistic understanding of masculinity that looks closely at the interplay between men's material locations and cultural ideologies. In this

project, I examine these domains as they relate to and influence participants' opinions. Additionally, I analyze how participants are reframing manhood acts as they grapple with the idea of MC use.

CHAPTER THREE:

METHODS

To gain an understanding of men's opinions of MC use, I conducted a series of focus groups with 15 young men interested in preventing unwanted pregnancy. This section begins by detailing the use of focus groups as a research method. Next, I describe my use of focus groups by outlining the specific details of my research design; I also provide an overview of the participants in the study and their group dynamics. The section concludes by discussing the ways in which the use of focus groups was effective in my research.

Focus Group Research

Focus groups are a targeted research method aimed at answering research questions about a particular group. Montell (1999) says, "rather than a random sample, the participants in a focus group can be thought of as a collection of individuals whose experiences highlight the social relations of interest" (p. 58). As such, focus groups are comprised of individuals interested in the research being conducted and often time share axes of social location (Hesse-Biber & Leavy, 2007). Because these samples are not randomized, focus group findings do not seek to be representative or generalizable (Leslie, 2010). However, the information gleaned from these group interviews is useful for exploratory and in-depth research (Hesse-Biber & Leavy, 2007).

Focus groups as a methodological technique stems from market research, and has since been adapted for other empirical and academic research endeavors (Montell,

1999). Conducted as moderately structured group interviews (Leslie, 2010), focus groups are used to “understand how people feel or think about an issue, product, service, or idea” (Krueger & Casey, 2000, p. 4). Discussion among participants “produces data and insights that would be less accessible without the interaction found in a group” (Morgan, 1988, p. 12). Through the researcher’s use of questions that “stimulate the exchange of ideas and opinions,” (Leslie, 2010, p. 59), this method can inspire lateral thinking (Bell, Golombisky & Holtzhausen, 2002) wherein participants question, complement, and corroborate each others’ statements, and produce richer data than is generated by other methods (Hesse-Biber & Leavy, 2007). The number of participants per session can range in number from five to twelve, but six to eight participants is ideal (Bell, Golombisky & Holtzhausen, 2002; Chilisa, 2012; Leslie, 2010) because a group this size is easily manageable for a single researcher while still allowing for fruitful conversation and data collection.

Participants’ active and equitable involvement in discussion is vital to focus group success. Unfortunately, the dynamic of group comfort often elicited within focus groups (Hesse-Biber & Leavy, 2007) can result in over, under, and tangential contributions. Should these issues arise, a skilled discussion leader can overcome them by guiding the discussion (Leslie, 2010). Additionally, the use of facilitation aids can help ensure equitable and informed participation while simultaneously providing another site for data analysis (Bell, Golombisky & Holtzhausen, 2002). One useful facilitation technique is free listing, or an exercise in which the researcher asks participants to exhaustively list answers to a prompt. The use of free lists in a focus group has a two-fold purpose. First, the use of free lists as a facilitation aid provides participants with time to reflect on their

opinions and formulate their ideas. Secondly, the lists can serve as a starting point for conversation and a road map to discussions. By using free list worksheets as discussion guides, the researcher can assure that all participants' voices are heard. Taking steps to assure equitable and meaningful participation allows the researcher to conduct a data-rich focus group.

Research Design

The aim of this project is to examine the nuanced notions of masculinity that are relevant to men's acceptance or rejection of contraceptive responsibility. In order to accomplish this, I conducted three focus groups with a total of 15 men interested in preventing unwanted pregnancy. In this section, I discuss my recruitment plan, the session structures, and the participant makeup.

Recruitment

With the ideal of group homogeneity in mind, I sought to recruit young heterosexual men between the ages of 18-30. I recruited participants interested in MC use from at a large metropolitan university in the Southeastern United States through campus fliers, email blasts, and departmental connections. The first stage of recruiting involved placing fliers in academic buildings on the university's campus, focusing on bulletin boards and men's restrooms (see Appendix A). Secondly, I used the university's organizational database to contact all fraternities as well as academic, professional, multicultural, sports, and special interest student groups. I sent over 300 emails to the presidents of these organizations asking them to share my call for participants with their membership. Finally, I used my departmental connections through the university to spread the word about my research to students. My call for participants was shared in

the Women's and Gender Studies Department, the Communication Department, the Sociology Department, and the English Department.

My recruitment efforts gave interested participants the options of 1) emailing me for more information about the study or 2) going directly to a DoodlePoll to indicate their availability – the results of this poll were viewable only by me. About a third of the participants emailed me for additional information. These participants wanted to know specifics about the research process and scheduling. In these cases, I provided the requested information and a description of the scheduling procedure, including the link to the DoodlePoll. The other participants went directly to the DoodlePoll, indicating an email address where they could be reached.

Session structure

In this section, I will discuss the details of my focus group structure. First, I outline the process of coordinating each session, talk about the location and duration of the sessions, and describe the purpose and use of audio and video recordings. Next, I examine my role as the researcher during the sessions. Finally, I explain the standardized session procedures.

Participant turnout and session technicalities.

My recruitment efforts gleaned 28 DoodlePoll submissions, in which each interested participant indicated his[4] availability. Based on the interested participants' availability, I scheduled a series of three focus groups. Eighteen participants were emailed anywhere from 3-8 days in advance of their respective focus group dates and

[4] All participants in the focus groups identified themselves using male pronouns. As such, I will be using "his" to refer to a single participant, and "their" to refer to the participants at large.

asked to confirm their availability to attend the session. The day before the session, each participant was sent a reminder via email, which included the date, time and location. While 18 men confirmed their attendance, only 15 participated in the sessions.

Two of the scheduled sessions were held in a library classroom and the third was held in a student center conference room. Participants were informed that the sessions would last approximately 1.5 hours and pizza and beverages would be available as compensation. While there was a timeframe provided, the length of each session was dictated by the flow of conversation. In all, the sessions lasted between 75 and 100 minutes. Each session was recorded for the purposes of post-session transcription and analysis. I chose to both audio and video record the sessions to assure that, should one device fail, I would not be left without data. Fortunately, none of the devices failed. The video recordings proved useful in my transcription process; they aided my ability to accurately transcribe the audio recordings. Specifically, the videos allowed me to pinpoint which participant was speaking when I was not able to decipher his voice, whether because of audio quality or multiple men talking at once.

Researcher.

I was the only researcher present during the sessions. This decision was both methodological and practical. Methodologically, it was important to ensure that the same researcher conducted each session to eliminate discrepancies based on the researcher's influence on participation. On a practical level, the sessions were scheduled based around my own availability and often on rather short notice, so it was not possible to find the same substitute researcher for each session. Therefore, I took responsibility for conducting each session. Due to the same availability constraints, I

was unable to obtain a secondary researcher. I accounted for this by taking my own notes on participant interactions and group dynamics.

By conducting the sessions myself, I was able to attain consistency in how group dynamics were influenced by the researcher. However, this does not mean my role as the session moderator had no effect on participant contribution. I anticipated that gender dynamics would impact the sessions; my presence as young woman conducting focus groups with men discussing sexual practices was likely to affect the group dynamics, as well as the frequency and type of conversations that occurred, even if these effects played out on a subconscious level. While I was not able to fully control the effects of my gender difference, I took measures to appear very clinical. To each session, I wore dress pants, a solid shirt, a black blazer, black closed-toe shoes, and black rimmed glasses. I also wore minimal makeup and tied my hair back in a low ponytail or bun. In taking these measures, the men were able to see me as a professional interested in their honest opinions, rather than as a female peer who might judge their responses. However, in some ways, I knew that my feminine identity influenced the conversation. For example, in one focus group I became, as one participant said, a “resource” for men’s questions about female birth control and the “female” perspective. While I attempted to answer as concisely and vaguely as possible, I am sure my responses shaped the following conversation. The implications of my gender on group interactions were discussed at the end each session; the participants’ comments are explored below.

Session procedures.

During the session, participants and I were seated at conference tables that formed a circle, replicating what Chilisa (2012) describes as a "talking circle." This formation was used to help assure all participants felt welcome to contribute; the circle stimulates "participants' respect for each other" and "symbolizes equality of members in the circle" (Chilisa, 2012, p. 213). Because the main goal of these sessions was to examine men's opinions, I chose to use a low level of moderation throughout each focus group (Hesse-Biber & Leavy, 2007). I used a standardized facilitation guide (see Appendix B) for each session and asked directive questions when necessary, but otherwise allowed the conversation to emerge organically so discussion would reflect the participants' most salient opinions. In what follows, I detail the session structure.

At the beginning of each session I discussed the informed consent process with all participants to clarify the purpose of my research. The participants were also told about the recording procedures and asked to respect the anonymity of fellow participants by confining their discussion of others' comments to the session. Each participant was provided with two copies of the informed consent to sign, one to be returned to me and a second to keep for his records. After this process, each participant was asked to fill out a demographic survey (see Appendix C), which included open-ended questions about his academic standing, gender identity, sexuality, and race and/or ethnicity. The surveys also included two Likert Scales that asked the participant to indicate 1) his interest in preventing unwanted pregnancy, and 2) his willingness to use male contraceptives on a scale of 1 (Low) to 10 (High). The results of this survey are detailed in the following section. Next, participants were instructed to fill out a

nametag for the purposes of addressing one another throughout the sessions. While they were strongly encouraged to use a pseudonym of their choosing, only 9 out of the 15 participants did so. In the sessions, then, some men were addressed by their chosen pseudonyms while others were addressed by their actual names. For the purposes of this paper, I have honored participant selected pseudonyms, but assigned pseudonyms to the others to ensure their anonymity.

After all the logistical issues were covered and paperwork was completed and returned to me, I asked the participants to introduce themselves to one another. From there, I thanked them for coming and reminded them of what would be discussed. I began the sessions by asking participants to consider what contraceptives are, what they do, and what their role in STI prevention is. The participants' responses indicated that they had a solid understanding of contraception. For example, John said, "Broadly defined, it would be either a device or the technique with the purpose of preventing unwanted pregnancy." Participants also addressed the nuanced relationship between contraceptives and STI protection. This is exemplified by Robert's comment, "Well, some of them, some [contraceptives] can you know, prevent [STIs], rubbers in particular, but anything that's hormonal won't do anything for anything other than prevent pregnancy." Additionally, in this portion of the sessions, I asked the men to define what "safe-sex" meant to them. Participants answered this question often in a joking manner (e.g. "Don't have sex in a moving car!"), but identified both the prevention of unwanted pregnancy and STIs as aspects of practicing safe sex.

Next, I asked participants what they knew about MCs. Participants cited things like condoms, spermicide, vasectomy, and abstinence. Some participants had

knowledge of less conventional MC methods. For example, Chad spoke about homeopathic methods such as the use of papaya and meme seeds; Derek referred to RISUG, the Indian precursor to Vasalgel; while Drew and Alexis talked about the "switch," a new contraceptive method circulating on social media.

Based on this discussion, I amended the following overview of MCs in development to fit the tone of the conversation and reflect the information participants shared. My scripted version is as follows:

> Currently, men have five options for birth control: 1) abstinence, 2) condoms, 3) outercourse, 4) vasectomy, and 5) withdrawal (Planned Parenthood). In this century, not a single new, viable method for male contraception has hit the U.S. market (Dorman & Bishai, 2012; Kogan & Wald, 2014). However, there are some technologies that are in the later stages of development. These include a trans-dermal gel that uses testosterone to weaken the production of sperm (Ilani et al., 2012), a "clean sheets" pill that inhibits ejaculation all together (Male Contraceptive Initiative), and most notably, Vasalgel, an inter-vas polymer injection that prevents sperm from escaping during ejaculation, which is projected to begin human trials this year (Parsemus Foundation).

From here, I welcomed questions about the different options. The participants' questions revolved around the specific mechanics, like how they worked and what was required of men using each method. For example, in discussing Vasalgel, Ken asked, "How does that even work?" While I attempted to answer all questions to the best of my ability, I was not always able provide the requested information. This happened in one

case when I could not offer Alexis an answer to his question: “For Vasalgel, what are the predicted side effects? Are there any? Short term, like immediate swelling?” After the participants asked all their questions and had a comfortable understanding of the new methods I outlined, I passed out a free listing worksheet (see Appendix D). I instructed the participants to use the information we had just discussed to exhaustively list all the reasons that came to mind when answering two questions: 1) *Why would men use contraceptives?* and 2) *Why would men **NOT** use contraceptives?* Participants were given as much time as they needed to fill out the worksheet. The activity time ranged from 6-11 minutes.

The lists the participants generated were used as a road map for the group conversation. Each participant kept his own worksheet, and I asked them to go around the circle to share their own responses and discuss their peers’ ideas. We began by addressing why men would use contraceptives. When that conversation waned, we moved into discussing why men would **not** use contraceptives. The content of the discussions varied, but in each case, there was substantially more time spent discussing the reasons men would not use MCs.

Once each participant had the opportunity to read from his list and discuss his opinions with the group, I interjected some directed questions to delve deeper into some of the issues participants brought up. The specific timing and order of my questions were dictated by the flow and content of each session. Some of the questions I asked included: 1) Do you think the introduction of male contraceptives will affect how men think about contraceptive responsibility? 2) How do you think ideas about masculinity play into decisions? 3) Do you think there are particular methods men would be likely to

use, and others they would not? and 4) How do you think a man's relationship status would affect his decision? I used these questions to guide the discussion in a direction that would be useful to my research. Specifically, my hope was that these questions would elicit a connection between their opinions and their conceptualizations of masculinity. Often times, though, these issues had already come up and I was simply asking the participants to revisit their ideas and discuss them in greater detail.

When group conversation reached a natural end, I asked each participant to share his final thoughts on the idea of MC use. Many provided their final opinions on their personal choice, others spoke about how men in general would react to the availability of MCs, while some identified a summary of the overarching themes the men had discussed. For example, John said, "I think the general consensus is that more options are good. It's empowering, but it will probably take some time before it becomes widely accepted."

Following this recap, I asked the participants a final question. I said, "If it isn't obvious, you are all men and I am woman. Did my identity as female in this setting influence your discussion? If so, how? Do you think the conversation would have been different if I was a man, too?" Initially, most said not at all. But upon further reflection, most came to the consensus that the tone of their comments changed, but not the content. There was only participant that said my presence as a woman completely altered his interactions. Jerry said, "I wouldn't have ever said 'social stigmas' if you were a guy, just sayin'." While he was able to critically view his experience, most of the participants did not admit to the same self-censoring behavior.

The last step in conducting the sessions was to pass out a final survey. This survey asked the men to revisit their willingness to use MCs after the focus groups. The same Likert Scale used at the beginning of the session was amended to say "*After the focus group*: Please indicate your willingness to use male contraceptives." The results indicated that 6 participants' willingness was higher, 7 were no different, and 2 were lower (also see Table 4.2).

Participants.

The make up and dynamics of the different focus groups varied somewhat. In this section, I address the participants that attended each session (see Table 1), their answers to the demographic survey (see Tables 2.1, 2.2, 2.3 & 2.4), their responses to the "interest in preventing unwanted pregnancy" survey (see Tables 3.1 & 3.2), and their pre- and post-session reactions to the "willingness to use male contraception" survey (see Tables 4.1 & 4.2). The aggregated results are provided in the tables below.

Table 1: Focus Group Participants
Participant pseudonyms, either chosen or assigned, are listed for each focus group.

Focus Group	Participant Pseudonym
1	Steven
	Drew
	Jason
	Derek
2	Tim
	Robert
	Alexis
	Donald
	Jerry
3	Bill
	Forrest
	Chad
	Tom
	John
	Ken

Table 2.1: Demographics – Academic Standing
The self-identified academic standings of participants are indicated for each focus group.

Focus Group	Undergraduate	Bachelor's Degree	Graduate	Graduate – Ph.D.	Graduate – Medical
1	1	1	1	1	--
2	2	--	3	--	--
3	2	1	--	1	2
Total	5	2	4	2	2

Table 2.2: Demographics – Gender Identity
The self-identified gender identities of participants are indicated for each focus group.

Focus Group	Man/Male
1	4
2	5
3	6
Total	15

Table 2.3: Demographics – Sexuality
The self-identified sexualities of participants are indicated for each focus group.

Focus Group	Heterosexual/Straight	Bisexual
1	4	--
2	4	1
3	6	--
Total	14	1

Table 2.4: Demographics – Race and/or Ethnicity
The self-identified races and/or ethnicities of participants are indicated for each focus group.

Focus Group	Caucasian/White	African-American	Hispanic	Middle Eastern	Jewish
1	2	1	--	--	1
2	3	1	1	--	--
3	5	--	--	1	--
Total	10	2	1	1	1

Table 3.1: Individual Measurement of Interest in Preventing Unwanted Pregnancy
Participants circled their level of interest in preventing unwanted pregnancy on a Likert Scale between 1 (Low) and 10 (High).

Focus Group	Participant Pseudonym	Interest in Preventing Unwanted Pregnancy
1	Steven	8
	Drew	10
	Jason	10
	Derek	8
2	Tim	10
	Robert	10
	Alexis	10
	Donald	10
	Jerry	10
3	Bill	9
	Forrest	10
	Chad	10
	Tom	10
	John	10
	Ken	10

Table 3.2: Total Participant Measurement of Interest in Preventing Unwanted Pregnancy

This table indicates the total number of men who indicated their interest on each level of the Likert Scale.

Likert Scale Options	**10**	**9**	**8**	**7**	**6**	**5**	**4**	**3**	**2**	**1**
Number of Participants	12	1	2	--	--	--	--	--	--	--

Table 4.1: Measurement of Willingness to Use Male Contraceptives

Participants circled their level of willingness to use MCs on a Likert Scale with numbers between 1 (Low) and 10 (High). This happened once before the session commenced, and again when session ended. Difference indicates either a positive, negative, or non-differentiated response.

Focus Group	**Participant Pseudonym**	**Willingness to Use MCs BEFORE Focus Group**	**Willingness to Use MCs AFTER Focus Group**	**Difference in Willingness Scale**
1	Steven	4	7	+3
	Drew	8	9	+1
	Jason	7	10	+3
	Derek	10	10	N/D
2	Tim	3	5	+2
	Robert	10	10	N/D
	Alexis	10	10	N/D
	Donald	10	10	N/D
	Jerry	3	4	+1
3	Bill	5	4	-1
	Forrest	10	10	N/D
	Chad	10	10	N/D
	Tom	10	9	-1
	John	10	10	N/D
	Ken	8	9	+1

Table 4.2: Total Difference on Willingness to Use Male Contraceptives Scale
This table indicates the total number of men's whose willingness increased, decreased, or stayed the same on the Likert Scale.

	Significantly Higher (+3 or more)	**Slightly Higher** (+1 or 2)	**No Difference** (both 10)	**Slight Lower** (-1 or 2)	**Significantly Lower** (-3 or more)
Number of Participants	2	4	7	2	0

Focus group 1.

The first focus group included four participants, Steve, Drew, Jason, and Derek. This group was made up of heterosexual men whose academic standings were comprised of 2 graduate students, 1 undergraduate, and 1 bachelor's degree holder. Participants showed a significant interest in preventing unwanted pregnancy. On the Likert Scale, 2 chose 8 and the other 2 chose 10. After the sessions, 2 men were significantly higher and 1 man was slightly higher in their willingness to use MCs. The last participant indicated a willingness of 10 in both surveys.

This focus group yielded the most fluid discussion. The participants engaged in an active conversation and were not afraid to challenge their peers' comments or ask for clarification. However, one participant, Steven, was less comfortable interjecting his comments than the others. He often looked to me or raised his hand when he felt shut out, relying on me to address him to share his opinion. Steven identified himself as Catholic and it seemed that he was more conservative in his opinions on sex and contraception than his peers. This dynamic is consistent with Hesse-Biber & Leavy's (2007) idea that majority voices may silence those with minority standpoints or otherwise make them uncomfortable sharing views. Perhaps because of his ideological

differences, Steven's contributions were less fluid, though he did make his points known.

Participants in this session focused heavily on the use of condoms as contraception and had the most active discussions about STI prevention. I interjected questions most frequently in this group. My goal was to direct the conversation away from a central focus on condoms and toward an emphasis on the MCs outlined in the overview. While I was successful in getting participants to think about ideas of gender and responsibility, I was not able to fully quell the discussion of condoms in order to more deeply explore the implications of new forms of MCs. In their final discussion, these participants concentrated on the potential social consequences of MCs.

Focus group 2.

In the second focus group, the five participants were Tim, Robert, Alexis, Jerry, and Donald. This group contained 4 heterosexual men and one bisexual man and included 3 graduate students and 2 undergraduates. The men in this focus group indicated the highest interest in preventing unwanted pregnancy; all participants chose 10 – the highest measure on the Likert Scale. Regarding their willingness to use MCs, 2 men specified a slightly higher willingness and 3 specified no difference (their responses were 10 both times) in their willingness after the session.

In this group, participants were also very apt to engage in discussion with one another. Everyone appeared to be comfortable sharing their opinions and challenging ideas they did not agree with or fully understand. The men's participation was fairly equal, though Robert did seem to have the most to say. Often it was Robert who introduced a new topic for discussion. Additionally, Robert was not afraid to call on me

as the only woman in the room to offer the “female” perspective, asking me questions about my personal experiences and women’s ideas about birth control. Toward the end of the session, Jerry was very outspoken about the role masculinity would play in men’s rejection of MC use. At this point, he seemed to dominate the conversation and influence the opinions of the other participants. The participants’ final thoughts centered on the role social stigmas regarding masculinity will likely play in future social discourses about MCs.

Focus group 3.

The final focus group contained six participants: Bill, Forrest, Chad, Tom, John, and Ken. These participants were all heterosexual men who indicated 3 were graduate students, 2 undergraduates and 1 held a bachelor’s degree. Men in this focus group were also very interested in preventing unwanted pregnancy; 5 selected 10 on the Likert Scale and 1 selected 9. These participants had different results in their willingness to use MCs than the others, though. While 1 man reported a slightly higher willingness and 3 indicated no difference (for the same reason as listed above), 2 men in this group actually reported a slightly lower willingness to use MCs after the discussion.

The last focus group was less successful at peer conversation than the others. Participants were willing to share their ideas and offer elaboration when asked, but there was much less peer-to-peer discussion than in the previous sessions. The session proceeded more as a series of opinions offered by different men than it did a dynamic conversation. While I followed the same introductory procedures as I had in the first two sessions, I could not help but feel that this group would have benefitted from an ice-breaking activity. Perhaps this was a function of the group size being larger, or that my

participation in this session was significantly less than in the others. These men, though, were the most informed about MC methods and thus offered substantial and interesting viewpoints.

Ironically, the most lively discussion happened “off the clock” when the focus group had ended. The men chose to stay an extra 25 minutes to discuss my research and opinions. The participants freely asked questions and responded to both their peers and me. While this conversation is not relevant to the purpose of this study, it did make me wonder if a more active role in the discussion on my part would have made the conversation more fluid.

Rationale

Focus groups were valuable to my research because they allowed for an in-depth understanding of the participants’ opinions and ideas. Because there is little research on how masculinity informs the way men think about their role as long-term contraceptive users, there is little literature from which to identify concepts that inform men’s attitudes. This meant that I would not have been able to practice a feminist ethic in my research by conducting surveys or interviews, because I would have been forced to impose my own assumptions about what categories and issues are relevant for men regarding their views on contraceptive responsibility. Focus groups offer “more realistic perceptions on issues” (Chilisa, 2012, p. 212) because they provide a space for participants to identify, discuss, and clarify these domains for themselves. Group interactions often helped to refine participants’ ideas, opinions and viewpoints organically, without the need for researcher intervention (Hesse-Biber & Leavy, 2007; Montell, 1999). Kitzinger elaborates on this idea, saying:

> Group work ensures that priority is given to the respondents' hierarchy of importance, *their* language and concepts, *their* frameworks for understanding the world…Everyday forms of communication may tell us *as m*uch, if not *more*, about what people "know"…revealing dimensions of understanding that often remain untapped by the more conventional one-on-one interview or questionnaire. (1994, p. 108-109; emphasis original)

Group interactions helped "to articulate the beliefs and categories that underlie…conscious attitudes" by calling into questions ideas that usually "go without saying" (Montell, 199, p. 47). For example, participants were extremely put off by the "clean sheets" pill because it works by completely inhibiting ejaculation. The conversation started off with vehement dismissal of the contraceptive method and then turned into a discussion about why ejaculation is important to many men's sense of a masculine identity.

Focus groups also allowed for a great deal of "methodological spontaneity" (Hesse-Biber & Leavy, 2007, p. 180) in my research process, something that is useful when examining a new phenomenon. The open-ended nature of the questions asked in the sessions allowed for an interpretive approach that welcomed elaboration and adaptation, such as asking for more information or probing at ideas that were unclear. This flexibility meant I could explore concepts and ideas that came up in conversation that I might not have otherwise thought to discuss, such as the importance of cost in the decision making process.

Additionally, a side effect of the participant interaction during focus groups is often consciousness-raising (Golombisky 2007; Montell, 1999). The potential for

participants to gain a more egalitarian understanding of contraceptive responsibility through this process was exciting for me as a feminist. The fact that over a third of the participants indicated a greater willingness to use MCs after the sessions speaks to this dual research value. Moreover, this type of research can be an effective feminist tool because it showcases a variety of perspectives and viewpoints and aids in determining the trajectory of future research (Hesse-Biber & Leavy, 2007).

CHAPTER FOUR:

FINDINGS

This chapter outlines the results of my research. I explain how I aggregated and analyzed my data to identify two overarching themes in participants' discussion: opinions *for* using MCs and opinions *against* using MCs. In sections that follow, I draw on participants' comments to theorize about their opinions in relation to masculinity and the sexual division of labor.

Data Analysis

Free List Data

I collected the free list worksheets from participants at the end of each session. Because these documents were used to guide much of the discussion, I was able to use the data collected from them to identify men's most salient opinions. Unfortunately, I was only able to use 14 of the 15 documents in my analysis. One participant accidentally took his worksheet with him, and by the time I contacted him, he had disposed of the document. Based on the remaining worksheets, I was able to identify several themes in the participants' opinions. In Tables 5.1 and 5.2, these themes are expressed and the reasons men gave are listed with the frequency of their occurrence.

Table 5.1 shows the reasons men listed to the question "Why would men use contraceptives?" There were 61 comments written in this section and included ideas about safe sex, partners, pleasure, control and cost. Table 5.2 includes significantly more responses; men wrote 101 reasons to answer the question "Why would men **NOT**

use contraceptives." The lists focused on ideas about side effects, usage, gender roles, cost, responsibility, pleasure, conception, and knowledge.

Table 5.1: Free Listing Responses: Why would men use contraceptives?
This table indicates the reasons participants wrote men would consider using MCs. Each reason is grouped according to theme, and its frequency listed.

Themes & Times Cited	Listed Reasons	Frequency
Ideas About Safe Sex (23)	Avoid Unwanted Pregnancy	13
	Prevent STIs	5
	Are Not Ready for Kids	3
	Engage in Safe Sex	2
Ideas about Partners (12)	Take Burden off Partner	3
	Share Responsibility	2
	Asked to by Partner	2
	Alternative if Woman Has Trouble with Birth Control	2
	Safer for Women	2
	Want to for a Partner	1
Ideas about Pleasure (11)	Not Wearing Condoms Would Increase Pleasure	7
	Delay Ejaculation	1
	To Get More Sex	1
	Possibly Less Clean Up	1
	Easy & Convenient	1
Ideas about Control (8)	Take Charge of Fertility	3
	Peace of Mind	3
	Backup Method	1
	More Effective than Female Birth Control	1
Ideas about Cost (4)	Cheaper (than Abortion, Raising Kids, Child Support)	4
Other Ideas (3)	Interest in Trying New Things	1
	Reversible, Unlike a Vasectomy	1
	Peer Pressure	1

Table 5.2: Free Listing Responses: Why would men NOT use contraceptives?
This table indicates the reasons participants wrote men would ***not*** consider using MCs. Each reason is grouped according to theme, and its frequency listed.

Themes	Listened Reasons	Frequency
Ideas about Side Effects (24)	Fear of (Long-Term) Side Effects	8
	Invasive/Painful Procedure	6
	Perception of Risk – Unknown Efficacy & Reversibility	4
	Fear of Infertility	3
	Testosterone Manipulation; Alter Mood	2
	Fear of Medical Error	1
Ideas About Usage (17)	Against Religion/Cultural Beliefs	7
	Unnatural or Strange	4
	Embarrassment	2
	No Concomitant Drug Usages	2
	Female Contraceptives Better Studied	1
	Female Contraceptives More Popular & Trusted	1
Ideas about Gender Roles (15)	Women's Job to be in Control of Fertility	3
	Feeling Less "Manly"	3
	Women Bear Burden of Pregnancy	2
	"Unfitting" [to Gender Role] Responsibility	2
	Assume Women Want to Control Fertility	2
	Traditional Gender Roles	2
	Social Stigmas	1
Ideas about Cost (12)	High Cost	8
	Don't Want to Pay for It	1
	Lack of Insurance Coverage	1
	Not Cheaper than Abortion	1
	Accessibility	1
Ideas about Responsibility (10)	Disdain for Responsibility	3
	Requires Forethought; Planning Isn't Fun	3
	Lack of Concern	2
	Likelihood of Forgetting	2

Table 5.2 (Continued)

Themes	Listened Reasons	Frequency
Ideas about Pleasure (9)	Decrease Pleasure	6
	Delayed Ejaculation	1
	Like Risk of Unprotected Sex	1
	Responsibility Reduces Passion	1
Ideas about Conception (6)	Wanting to Conceive	5
	Conflict with Partners Desire to Conceive	1
Ideas about Knowledge (6)	Ignorance or Lack of Education	6
Other Ideas (2)	N/A	1
	No STI Prevention	1

Transcriptions and common themes

The audio recordings from each focus group were used to transcribe the session proceedings. The transcription process yielded nearly 70 single spaced pages of data, which allowed me to identify which topics men discussed the most. The use of open coding, or "the process of breaking down data into themes, patterns, and concepts to create a meaningful story from [a] volume of data" (Chilisa, 2012, p. 214), of both the transcripts and free list data allowed me to identify common themes in the participants' interactions. These themes regarding men's opinions MC use produce "a multivocal narrative larger than the sum of its parts" (Hesse-Biber & Leavy, 2007, p. 185). In this section, the components of this narrative are critically examined in a feminist analysis. I pay close attention to the participants' words and how they relate to both conceptions of masculinity and the sexual division of labor.

The common themes that emerged from the focus group sessions were identifiable in two separate areas: opinions *for* using male contraceptives and opinions

against using male contraceptives. In the first section, themes of responsibility, control, cost, and increased sexual pleasure were common. In the second portion, themes of gender roles, fear of side effects, decreased sexual pleasure, and cost appeared.

Opinions *For* Using Male Contraceptives

The most frequently cited reason for men to use contraceptives was the desire to prevent unwanted pregnancy. This notion appeared in both the free listing exercise and the focus group conversations. During the focus group sessions, men often indicated this was their first response. Jason said, “The first one I wrote was to prevent pregnancy,” while Chad noted, “I put for mine the obvious: to prevent pregnancies. You’d be practicing safe sex.” Derek repeated the sentiments when he stated, “So it’s like, ‘I really can’t have a kid right now. So I’m going to make sure I use these.’” While this idea was the most common among participants, they rarely discussed the reasons men would not want a partner to become pregnant. Robert was the only participant to identify his motives for preventing unwanted pregnancy. He said, “I actually listed some sub-reasons being financial reasons, lack of interest in breeding, [and] personal insecurities in being a parent, such as yours truly.” Overall, the participants did not spend much time interrogating their motives, but instead agreed that this was the foremost reason men would choose to use MCs.

The following sections outline the most salient themes of the focus group discussions. The most discussed topics are in line with the ideas participants wrote on their free list worksheets. The common themes for why men would use contraceptives included ideas about responsibility, control, cost, and increased sexual pleasure.

Responsibility

In focus group discussions, ideas about responsibility were broken down into shared accountability, skepticism of mutual responsibility, and protecting partners.

Shared accountability.

One of the top reasons men discussed in the groups as to why men would consider the use of MCs was the idea of shared contraceptive accountability, a notion in line the with "the more expressive, egalitarian and peaceable" characteristics of modern masculinity (Connell, 2012, p. 7). Specifically, the men thought this would be most advantageous to couples in long-term relationships. Donald said MCs would provide, "more options for the long term," and Tim agreed because, as he said, in "long-term relationship[s], there's mutual trust and responsibility." Forrest also advocated for shared responsibility, saying, "Whether it's condoms or pills, you know, none of them are 100 percent, so, usually, the more options there are, especially if you can combine them, the better." Participants spoke about the role MCs would have in long-term relationships frequently. They thought that men's participation in contraceptive use would likely have positive effects on equity in relationships. As John said, "Yeah, I think it's great that these are in development. It has political implications, obviously, for making things more egalitarian." Tom went in more detail about how the politics of contraceptive equality would play out in a relationship. He said:

> I think the last one is, you know, we always center the idea like 'Oh, taking care of the fertility question is up to the woman' and the technology has kind of like, left it in that way, you know, because it's the woman who takes the pill and it's unclear exactly, other than the man maybe having

> condoms around, you know, the decision is primarily left to the woman. I, you know, I think it would be, it would make some more sense for a more egalitarian approach a little bit. You know, the man, if the man can take some sort of responsibility.

We can see that men are aware of the uneven responsibility that is placed on women to use contraception. We even see that there is an understanding of why, even if rudimentarily placing the blame on technology without addressing the cultural ideologies that inform biomedical advancement. In line with Brown's (2015) findings, the men recognized how the contraceptive market was structured to prohibit their full participation and served to sustain the sexual division of unproductive labor. In regard to long-term relationship and in line with Fennel's (2012) research, these participants were amenable to, at least in theory, sharing some contraceptive responsibility.

Perhaps, not surprisingly, the men said little about MCs usefulness for single men. When I asked about the role of relationship status, there was a consistent consensus that MCs would be used mainly by men in long-term, committed relationships. Often, men cited that the advantages of being sterile for any given amount of time would not necessarily be advantageous to the single man's sex life because the main concern would be STIs, not pregnancy. Here, what counts as safe sex is contingent on relationship status. This means that the immediate potential breech to the idea of masculine autonomy is most concerning: for single men, safe sex revolves around the need to protect one's own health, but for men in relationships, safe sex assures that he will not be subject to the undue burden of an unwanted child.

Skepticism of mutual responsibility.

The men in these focus groups emphasized that, in theory, men's use of long-term MCs would have positive outcomes for men, their partners, and intimate relationships in general. However, in advocating for shared accountability, the underlying reason was not always about the potential for relational equality. Rather, there were often times when men's advocacy for mutual responsibility came from fear. They discussed being wary about relying on women to prevent unwanted pregnancy. In these cases, men framed their own contraceptive use as a measure for protecting their financial futures.

> Robert: "And finally, just to piggyback off not wanting to have kids – don't want to have to pay child support. I don't really know how common this is, but one of my fears would be that my girlfriend would forget to take her [pill] or she would intentionally try to fuck with it."
>
> Jerry: "Forget it." [air quotes]
>
> Robert: "And having a back up is, shit, even a back up that is 90 percent effective would be great. Because you've got, again, going back to the whole you need to have equilibrium in your relationship, you would both have this responsibility. I think that would probably help a lot of relationships. But with the child support thing, I think, um we went back to the well if your partner conveniently forgets about their birth control, well, he might not want to be trapped in a situation where you have to pay child support for the next 18 years, particularly for a child you didn't want."

The participants nonverbally agreed that this was a real concern; men should share responsibility to protect themselves from women who seek to get pregnant regardless of men's wishes. Steven even said that there is always a fear that your partner will, "do some harm to you, whether it be by having your baby or intentionally getting pregnant by you for some insidious reasons…I'm sure [this fear has] crossed everyone's mind at some point or another." In both these cases, there was no push back from other participants. Instead, there was silent agreement, some head nodding and smirking, revealing that these participants really did think that, at least some women, somewhere, on some level, were looking to use their control of reproduction to manipulate men.

Under this lens, men's attempts to enact a relationship of shared responsibility within the current confines of available contraceptive methods can be read more critically. In the following comment, Derek discusses the contraceptive dynamic in his relationships lasting few months or more:

> I wear a condom to prevent getting pregnant. When the availability of the female… takes a birth control then I am no longer bearing the brunt of having to feel responsible for not bringing a child into this world with this person that I am in a relationship with. It then switches to them. In most cases, within the first month of anyone saying they're on the pill, then I like to at least, to a certain extent keep track of when they're taking the pill. Like, 'oh have you taken it?'

Derek recognizes that there is an imbalance in the use of contraceptives in long-term relationships. The way he has sought to bridge this gap in the past is to monitor his partner's daily doses. In the context of shared responsibility, Derek saw this method as

taking initiative in contraceptive control when the appeal of his only method of contraception (condoms) disappeared.

In the context of committed relationships, Weeks (2012) says that men are sometimes involved decision-making processes and cooperative methods of contraception. Drew's story exemplifies this:

> Drew: "The last cohabitating relationship I was in, basically her pills were kept by the coffee machine. And every morning when we both got our coffee about the same time, and you know, she would take it, I would always check, and I would check afterwards."
>
> Jason: "You would open the little packet?"
>
> Drew: "Yea, it would just sit there by the coffee machine and that was the arrangement we came to, 'you check on it and it's both of our responsibilities. And if I forget…'"
>
> Jason: "So it wasn't like you were, 'I'm curious?'"
>
> Drew: "That was the method, when she said she wanted to get on the pill. It was a matter of, 'hey, I'm bad at scheduling myself sometimes, so I forget these things. Let's find a system.' And, I don't know, that's the only time I've been in a similar situation where it was… we were both kind of in a very committed long-term relationship, obviously living together in close proximity. In that case it became a joint thing. Where as when I've not lived with a girl, it's been separate, we each take responsibility for our end of the spectrum and just, you know, brief discussion. But, you know, no cajoling or pressuring one way or the other for each other. It seems like it

only becomes a shared responsibility when you're really getting into that heavy commitment level."

The participants used these stories to show that shared responsibility is desired by men, or at least some men, and to describe how they have been finding solutions to contraceptive responsibility that has henceforth been placed on their partners. However, the anecdotes are perhaps better explained as a response to the fears Steven and Robert discussed – the fear of being "trapped" by their partners and forced to have children they are not ready for. Derek and Drew enacted an innovative manhood act (Schrock & Schwalbe, 2009) of surveilling their partner's birth control dosage as a means of avoiding feelings of reproductive exploitation and retaining their future autonomy. Aboim (2010) argues, "the emphasis on personal autonomy, emerging from historical individualization, is leading men to change the material and mental sets of masculinity and domination" (p. 6). This idea helps explain how Derek and Drew are able to ignore the underlying motivation for their surveillance while still exercising control over their partners' reproductive choices and demonstrates how practices within the sexual division of labor can be reconfigured. In this case, the participants found a way to simultaneously enact shared responsibility and exercise their roles as the dominant partner.

Protecting partners.

The participants' responses about willingness to use contraceptives also manifested as a desire to protect their partners from the negative side effects hormonal birth control. In the free list exercise, one participant wrote, "If a woman has trouble w/

birth control, it is a good alternative option." Tom said it was an issue of, "who can do this the healthiest?" Chad talked about this notion by saying:

> I put that it would be safer for women because I know, I'm not an expert on this, but I know there's bad arguments about the exact safety of at least the pill. I know some people worry it is linked to cancer, it's not linked to cancer, whatever, but regardless, you can do your part and, I guess, prevent any risk for your partner.

Robert echoed this idea with a personal story about his girlfriend's inability to use the birth control pill because it interferes with her anxiety medication. The need to control her anxiety superseded her desire to protect against pregnancy long-term. Alexis added another layer to the equation by saying that protecting a partner from the ill effects of birth control would be an obvious decision *if* there were no physical expenses to him. He said:

> I think that if there's a method that avoids that your partner has to go through any hormone therapies, specifically when the girls have a little bit of, you know, these methods could be linked to cancer and other issues. I mean if there was something in my case that I wouldn't have to worry about it, and my partner would be just ok, it's like, I mean if it doesn't cost anything to me, why wouldn't I? Or why would I want my partner to have an issue with the hormone therapy?

In these examples, men were willing to take on new roles in there relationships that in some ways seem more egalitarian, but yet still perpetuate masculine ideas about being a provider and protector. This is one instance in which men were willing to redefine

masculinity, to develop a new manhood act that would serve their relationship positively but still maintained a masculine facade. While this perpetuation of masculinity was left unexamined by participants, Steven added another element to the argument. He said, “My girlfriend tried to go on birth control and it made her really hormonal, emotional, and she thought she was going crazy.” In this case, Steven highlighted an unspoken benefit of protecting both his partner and himself from the emotional instability often caused by hormones.

In speaking about the idea of shared responsibility, the men often said that they would consider using their own form of contraceptives as a way to eliminate the burden from their partners. Donald said that men would consider using MCs, “to take the burden off their partner.” In a similar narrative to the ones seen above, John said:

> One scenario that it would be really useful for is if, uh, a woman is unable to take, you know, hormonal contraception for whatever reason, you know, it increases the risk of emboli and, you know it can cause issues with weight. So if a male has an option to, that’s just as effective as the pill, that would be an ideal scenario – that he could take responsibility for it and she would be relieved of that burden.

Here, John is redefining the use of MCs as a masculine act through protecting a female partner in the same way men in Terry & Braun’s (2011) study framed their vasectomies. However, there was one man who spoke about this issue in a different way. Jason said, “Someone might be asked to by a partner. So not consciously coming to that conclusion. Where the other is like, ‘hey you should do this!’” In this comment, Jason is pointing the ways in which the sexual division of labor coupled with the capital gains of

female contraceptives have created a cultural environment where men would not "consciously come to the conclusion" to use MCs on their own. From the comments in this section we can see that participants view women as the primary contraceptors. Moreover, by examining their comments in depth, we can tease out the ways in which men's willingness to use MCs is imbued with latent ideologies about masculinity and the gendered division of culturally assigned reproductive responsibility.

Control

The use of MCs was often framed as a means for men to take control of their own fertility. Participants spoke about how the ability to control their fertility would provide them with more autonomy. In these discussions, men talked about their lack of control in long-term relationships. For example, Chad said:

> And instead of, like, right now I guess women have a lot of options in contraceptives so I guess if you're not using condoms you're relying on them to be reliable on it. And so you can be relying on yourself, you can have that peace of mind and take charge of your fertility.

This comment relates back to the participants' fears of entrapment cited above, and encompasses many of the ideas about control participants discussed, including taking charge of their fertility, ensuring peace of mind, and having a backup method.

In taking charge of their fertility, men discussed how the use of MCs would mean they did not have to rely on anyone else. Tom said having control over his fertility is, "the number one most important thing. You don't have to necessarily depend on somebody else. I'd like to do that." Many times participants framed their desire as, again, a mistrust of female partners. Tom offered another opinion on the matter, saying,

“there’s always that little chance and, you know, and I think that we inherently trust ourselves more than anything else.” Robert reiterated this fear in his comment, “Finally, now I don’t have to rely on somebody else, now I can take responsibility and be certain that nothing’s going to happen.” Participants’ fear about being trapped by the birth of an unwanted child guided their ideas about controlling their fertility.

A vestige of men’s participation in the public sphere is that many men cherish the idea of personal autonomy. As a result, men are “finding strategies to rebuild the self in a traditional feminine sphere” (Aboim, 2010, p. 6). Derek described how he would potentially enact such a strategy in the future. He said, “I’ll happily go and do that, you know what I mean. I don’t need to have a discussion with a partner about preventing [pregnancy].” Derek’s comment points to the potential of new manhood acts to create new “relations of domination and exploitation” (Connell, 2012, p. 11). Specifically, Derek did not identify the ways in which this non-conversation with his partner may be problematic. On one level, his choice may possibly interfere with his partner’s wishes to get pregnant. On another, the power couched in his ability to *not* have such a conversation perpetuates his masculine dominance. And finally, by preventing himself from procreating and hiding this knowledge from his partner, he is exploiting her as a sexual object. While Derek was the only participant to use an example like this, his thoughts provide a premise for the ways in which MC use might deepen women’s sexual exploitation and serve to reinforce women’s subordination in the sexual division of labor.

Participants said that taking control of their fertility, and subsequently assuring their autonomy, would give the peace of mind. Like the aforementioned conversations,

these discussions were infused with ideas of female mistrust. For example, Bill said that having his own form on contraception would give him peace of mind because a man can never really know if his partner is being honest. He said, “You know, she’s saying she’s doing it. We had a fight about it. You know, after we argued she gave in but is she really doing it? You know, and then again were just circling back to ‘oops.’” More than that, some men cited fears of having to pay child support for an unwanted child. When talking about the Vasalgel injection, Robert advocated for its use by saying, “I won’t have to worry about anything, it’s like an investment. Does it hurt for like a half an hour or does it hurt for 18 years? [I] don’t want to have to pay child support.” A greater sense of security was shrouded in a fear of entrapment and a desire for autonomy. While women’s use of contraceptives has been manipulated to ensure society’s economic success, men’s MC use will ensure their individual economic autonomy.

In relation to peace of mind, participants talked about how the use of long-term MCs would be beneficial as a back up method to other types of contraceptives, whether that be condoms or female contraception. Donald said, “You don’t have to worry about people who are concerned about possibly having to use extra birth control. It’s like the, like someone said before – like, um, it’s like having a secondary, having a backup. It’s important to have a back up.” Derek went into more detail by saying:

> The reality is that it happens. There’s pregnancies [sic] due to condom failure. If there’s a backup method to condoms and condoms are going to prevent STDs, so not only do I have this shot that has allowed me to be sterile for ten years, and now I can have a condom and feel completely

safe whether the condom breaks or not and I'm preventing myself from an STD.

Often, these comments were intertwined with ideas of controlling fertility and sharing responsibly. For example, Alexis and Robert had this conversation:

> Alexis: "And it also provides a bit more equality and makes everyone, I don't know. It seems like a nice idea, that's how it should be. It should be that, you know, both sides have some kind of equal stake and that both sides or if the other person forgets you have a backup you."
>
> Robert: "Or if one of them fails."
>
> Alexis: "If one of them fails you have a back up. And just so that you're both taking responsibility for something that would ultimately be both of your responsibility anyway."

In discussing the use of MCs as a backup method, the participants seemed to back away from ideas about the potential malicious intentions of a female partner they referenced when talking about controlling their fertility. Instead, they spoke in a tone that promoted the idea of an egalitarian responsibility. This indicates that relationships within the private sphere may be restructured to accommodate new ideologies reproductive labor roles if men begin to use MCs.

Cost

Participants also discussed that if the cost were right, men might be inclined to use long-term methods of contraception. For example, one participant wrote that men would consider using MCs if they were "cheaper (than abortion, plan B, raising kids)." Forrest echoed this idea by saying that MCs would be a good option if they were,

"inexpensive versus the cost of an abortion or having a child." Often, the focus on financial issues was centered on the price of condoms versus new contraceptive technologies. Robert said, "I imagine if it were like Vasalgel, they would probably still get it just because it lasts for ten years, it's going to probably be fairly cheap compared to 10 years worth of condoms." While Ken noted, "If it's cheaper than condoms and the pill, then it's gonna [sic] be accepted. I mean, any of those three, as long as it's as effective or more effective than condoms, it's cheaper than condoms, it's going to take off." The participants said there was a delicate and nuanced balance that would have to occur among the price of new MC methods, the cost and easy accessibility of condoms, and the potential cost of raising a child that would influence men's decision. In these discussions we see first hand the ways in which "capital creates ideology" (Hartmann, 1981, p. 45). The participants' negotiations of different scenarios privilege the MC method's cost over MCs' use. In doing so, the participants reinforce an ideology about reproductive labor that views women as primarily responsible for fertility control.

Increased Sexual Pleasure

The final theme that emerged in support of using MCs was that long-lasting contraceptives would increase sexual pleasure. Participants spoke about the convenience of such contraceptives in sexual situations. Donald said that men would be interested in using them, "to prevent the hassle of using short term birth control." He said that by relying on condoms, "You have to remember at the last minute. You know you have to go and find condoms or whatever," but that by using MCs, "you know you don't have to worry about it. You're always ready." Moreover, Robert said another reason "was just not have to use rubbers, not just because they're inconvenient, but you

know, because they're not as fun." Men in the focus groups agreed that condoms were both inconvenient and reduced pleasure, because as John said, MCs will:

> fill a niche, you know. It's, I mean, condoms definitely affect the quality of the experience, so if you could have a contraception option for men that doesn't involve that, then, that would be a helpful. Because condoms, the big complaint with those is like, we're wearing a raincoat to a water park.

As we will see in the next section, the quality of men's sexual experience is very much tied to their self-conception of masculinity. If using a long-term MC has to ability enhance sexual pleasure, participants felt that would be a positive selling point.

Jason delved deeper into the importance of pleasure by saying, "What about pleasurable [sic]? Don't leave that out. That's how we started some of this conversation. Isn't that the real reason we *make* women take birth control, instead of using condoms?" (emphasis added). Jason recognized the power dynamic at play, citing the ways in which men perpetuate their control over women's sexuality by "making" them use contraception to enhance men's sexual experience. This idea is connected to cultural ideologies about both reproductive responsibility and men's dominance in heterosexual partnerships that makes such an imposition possible. Upon analyzing this statement, I wish that, in the moment, I had asked for more elaboration. A discussion in which participants expanded upon this opinion would have allowed me to better formulate a theoretical analysis. While it is clear that this statement is related to women's exploitation as sexual objects within the current sexual division of labor, I wonder if the availability of MCs might take away men's ability to "make" their partner use birth control

and thus decrease men's relational dominance, and am curious about the ways in which men might accommodate this loss.

Opinions *Against* Using Male Contraceptives

In the free listing exercise, nearly 63 percent of the comments written were about why men would not use MCs. Despite the fact that most men indicated a greater willingness to use MCs after the sessions, this imbalanced proportion was also evident in the focus group discussions. Bill was perhaps the most outspoken about his reservations, saying:

> I can't say for myself that I would raise my hand, so to speak, to, you know, volunteer to try any of these, but until research has proven that it can or will not have any side effects, you know, grand children down the road, at that point, you know, I guess, you know, everything's on the table, but I'm certainly not going to stand in line to get a needle in my nuts.

Bill's comment encapsulates many of the issues the participants named as barriers to MC use. While there was one participant that listed "N/A" on his free list, the participants as a whole discussed at length reasons men would not use MCs. Some notable ideas from the sessions include: the inability of new technologies to prevent STIs, the disdain for responsibility, potential religious conflict, and lack of accurate and/or comprehensive knowledge about MCs. However, the common themes in this section focused on gendered ideologies, fear of side effects, lower sexual pleasure, and cost.

Gendered Ideologies

The idea of gender permeated discussions about why men would not be inclined to use MCs. In regard to female gender roles, participants discussed that men assume

women are in control of fertility. They also said that women bear the burden of pregnancy, and thus it is an “unfitting” responsibility for men. Finally, participants noted that because of these ideas about gender, MCs would remain secondary to female contraceptives. In terms of male gender roles, the participants felt that social stigmas and infringement on masculinity would be barriers to societal uptake of MCs.

Female gender roles.

Traditional ideologies about women’s reproductive labor saturated discussions about gender in each focus group. While the contexts and reasoning varied, the idea that women are in control of fertility was perhaps most common. Jerry articulated this well by saying, “I guess, in the male mind, contraceptives and birth control just have a female association.” Men discussed the consequences of this association and the different beliefs that may prevent men from readily using MCs.

The assumption that women are automatically in control of issues regarding fertility was a major focus of the session interactions. One participant wrote, “Its [sic] expected that the woman is in control of her fertility, not the man,” while Jerry noted, “some men believe it’s the ladies [sic] job to prevent unwanted birth.” Participants agreed that there is a climate among men wherein ideas about gender dictate many men’s thought processes about contraceptive control. Tom said, “I agree with that. It’s hard to see it becoming like, the idea of controlling fertility or managing it, totally ungendered or something like that, that it’s not primarily managed by the woman.”

The technological barriers this presumption has created for men’s use of contraception was a consequence men discussed. For instance, Drew said:

> It's not a matter of shifting responsibility, it's just a matter of, in this case, the availability of it to me makes it a non-issue anymore. It's not even something that would need to be actively discussed beyond, 'Do we want to have a kid, do we not want to have a kid?' That's the extent of the conversation… And it becomes something that you don't have to involve yourself as much in their health decisions or ask them about that or make yourself involved.

According to Drew, traditional ideologies and concurrent biomedical barriers (Brown, 2015) have created a space in American culture where men feel a sense of apathy toward issues of contraception. It has become a women's health issue in which men feel they do not have a role to play. Tom confirmed this idea in a different session by saying, "Like it's just not accepted, or it's expected that the woman is in control. It sort of, like, it may not occur to the man to research these things." Derek took a different approach to the same idea, saying that because of biological circumstances of pregnancy and cultural ideas about parenting, he has no right to interfere with a partner's decisions. He said:

> In a sense it just makes sense, it's practical for a female to be responsible for unwanted pregnancy. Only because everything else is a female's, somewhat a female's responsibility. As a male, I don't have the right to interject on that female's responsibility.

These comments indicate that men have distanced themselves from the idea of controlling fertility. Here we see the consequences of the circular reasoning I discussed earlier: Because capital economies surrounding MCs have been absent, longer held

ideologies about female reproductive responsibility prevail. However, in one case, this indifference was challenged:

> Tim: “There’s such a solid foundation with female contraceptives, so that, that would be one. And then two, there’s always the, ‘if she can do it, why would I need to do it?’”
>
> Robert: “And also to go off of your, ‘well she’s doing it why do I need to?’ – a lot of people think the other way – ‘well she’s doing it so I should too,’ kind of thing.”

This conversation indicates that ideologies about contraceptive control may be shifting in some spheres. However, this was an isolated comment. Tim said, “it would take more of this shift in social mindset that [men] should bear some of the responsibility.” Therefore, it seems that though ideas about gender and their associated social roles are beginning to progress into more egalitarian understandings, for men writ large, traditional ideologies pervade. In these discussions, we can see how patriarchy, capitalism and society work together to create a circular ideology that perpetuates the sexual division of labor. The participants’ rejection or relegation of contraceptive control reproduces their hierarchical role within our patriarchal cultural. This paired with the lack of viable economic markets for MCs creates a situation in which ideologies about the sexual division of labor are perpetuated.

In explaining why men are likely to see women as having or deserving of contraceptive control, men cited the biological boundaries of pregnancy. Jason said, “Responsibility is still shifted towards women, whether that’s a function of because

women carry the child or the way society has structured the way things work." Forrest explained it in a different way:

> Also the burden of pregnancy is not, is not usually on the man, that's why a lot of, maybe, it's not as visceral a thing to worry about. Even if you are actually worried about it for a whole host of reasons, I feel like biologically a lot of people might be less worried about it.

Jerry also discussed that while both parents are liable for an unintended pregnancy, the man in the relationship might have a different relationship to the mental commitments of pregnancy, and thus be less invested in avoiding unwanted conception. He said, "I would say, I would say it's not necessarily the seeing of the responsibility, it's the active thought process of the responsibility. Right? She probably thinks about it all the time." Using the framework of women's higher investment in controlling fertility, John discusses the topic of "contraceptive gatekeeping" (Fennel, 2012), saying:

> It's tricky though, cause I'm assuming there's no physical manifestation, like, way that you can prove you are in fact shooting blanks. You know, if I'm a woman and, you know, this guy says he's been fixed, I mean, if I trust him that's one thing, but, you know it's tricky because as a woman I would be ultimately bearing the heaviest burden of a unwanted pregnancy.

Here, John makes an argument for men's contraceptive disinterest by saying women may not even trust a man to be in control of fertility decisions. Similar to the findings of Smith et al. (2011), many of the participant responses focused on the embodied experience of pregnancy and men's inability to relate to that burden as justification for women's contraceptive control.

One participant extended this idea to parenting. Steve said, “With the limitations put on men as far as child bearing and raising, it seems unfitting to make it the responsibility of the man to prevent pregnancy.” Social ideologies about pregnancy and parenting have created beliefs about contraceptive control that bind women to the biological functions of their bodies. Because men do not have a similar embodied connection to pregnancy (Smith et al., 2011), they may have a difficult time separating decisions about contraceptive use from women’s bodies, ultimately resulting in their abdication of contraceptive responsibility and the reification of reproductive labor as women’s work.

Bringing social ideologies and embodied ideas about pregnancy together, participants unanimously agreed that, even if MCs become widely accepted and used, women’s “default status” (Oudshoorn, 2003) as primary contraceptors would persist. One conversation in Focus Group 3 illustrates the participants’ thoughts:

> Ken: “I think that at the end of the day it’s still the woman getting pregnant. So that’s why I say that, uh, the female contraceptives are still going to be probably the most common.”
>
> John: “I mean, it’s not going to completely supplant female contraceptives because there’s not, women need to be empowered to take contraception if they so desire.”

While seemingly a progressive statement advancing women’s right to choose what is best for her body, John is actually employing the rhetoric of empowerment to justify women’s continued contraceptive responsibility. A similar conversation about MCs secondary status occurred in Focus Group 2:

> Robert: “I think part of the reason that men’s contraception will be secondary is because all the women have to carry the child. They have a much more vested interest in preventing that if they don’t want kids.”
>
> Jerry: “Exactly.”
>
> Tim: “And again, I mean that’s the reason a lot of female contraceptives were happened [sic], they wouldn’t be, and they would all probably be second, they will probably be first to male contraceptives because a lot of women are just going to say we keep the baby in our own hands and don’t have to worry if your partner does it or not.”

These conversations indicate that traditional ideologies about pregnancy and child rearing are still at the heart of issues about contraceptive parity; men may not want to take responsibility because the consequences are not as immediate, not embodied. For this reason, many of the participants felt that, even if MCs become wide spread, they will remain a secondary method to female contraceptives. Many participants argued that even as social stigmas begin to break down, the legacy of female contraceptives’ popularity, and thus women’s responsibility for reproductive labor, is likely to endure.

Masculinity.

Participants frequently focused on the ways masculinity would be challenged by the use of MCs. Most of these conversations were subtle and nuanced, not out-right naming masculinity’s role in justifying these responses. However, some participants were very straightforward. For example, Jerry wrote, “Could be perceived as an attack on masculinity” as the first reason in his free list worksheet. After sharing this with the group and being asked for clarification, Jerry said:

> You can't call it [sic] contraceptives if you want to be sort of accepted. It's going to fall into the same sort of lineage of the female sort of ideal, right, and men are quick to reject that sort of connecting the male identity to the female.

In unpacking this idea, participants discussed social stigmas and infringement on masculinity. Specifically, the men said that social stigmas related to virility may have an impact on men's decision to use MCs. In one instance, Chad discussed a time when he witnessed his aunt teasing his uncle for having a vasectomy. He said:

> I was at a family reunion and my uncle made a joke about how they can't have kids, and his aunt, or his wife, my aunt, was basically, like uh, calling him a pansy and a pussy. It was kind of funny, but it kinda [sic] just shows how a lot of people think, even getting a vasectomy is demasculine [sic], demasculizing [sic]. I can see how people would think it's not masculine.

Tim gave another example, saying, "If I saw a guy's phone that I worked with every day at 2 o'clock go off that said 'birth control', I think, I'd be like, 'Dude, are you using your girl's phone?'" These types of conversations indicated that contraceptive responsibility and the female identity are deeply intertwined in our culture, a point exemplified by Chad's story in which a woman used sexist language to mock her husband for his inability to reproduce. There are social stigmas attached to men who align themselves with the female sphere, stigmas that often calls their masculinity into question. The need to feel masculine is deeply embedded in many men's understanding of self and of others. Challenging that ideal by voluntarily taking on a traditionally feminine role may deter many men from using MCs.

The use of MCs may be stigmatized because they have the potential to infringe on other aspects of masculinity, too. For example, one participant wrote “feeling less ‘manly’” as one of the top reasons he would be less likely to use MCs. In discussing this idea, the participants began talking about the role condoms play in displaying masculinity. Chad and Bill discussed this phenomenon:

> Chad: “I guess you could say that condoms are a sign of masculinity because if you see your boy packin’, like, XXL Magnums, you’re like damn! So it’s like a sign of masculinity and it’s also a sign that you’re sexually active, which is a sign of masculinity, so who knows? I mean I guess if you see a pill pack of like, like no ejaculate pills on your buddy’s desk, I mean, you could say like high-five, congrats. But, no.”
>
> Bill: “Yeah, like, we’re not going to hang out anymore.”

The importance of ejaculation will be explored below, but currently this conversation is significant because it shows exactly how important displays of masculinity can be to many men. While the significance of these acts may be redefined in the wake of wide spread MC use, they are likely to be replaced by another iteration (Schrock & Schwalbe, 2009). This section illustrates the ways in which men’s masculine identities have been shaped by the private sector’s role in the sexual division of labor (Aboim, 2010), wherein concepts of masculinity are developed in opposition to femininity and female labor.

Fear of Side Effects

The potential for unknown future side effects was a concern for participants. Specifically, they noted that unlike female birth control, the long-term effects of MCs are unknown. For example, Drew said, “You know, personally I’d probably be a little more

concerned about using them when they were new, as a new product that might not fully understand the side effects, that, you know, there might be unforeseen problems with." Forrest noted that, "just like everything new, people will be cautious and want somebody else to be the guinea pig rather than them." Ken also discussed this issue by saying:

> I'm worried about ill effects later on. Like, what if, like if it hasn't been tested enough, I'm not sure if I'm willing to try something that might cause me to be infertile later in life that might cause me a lot of pain. Um, I think somebody said that, sometimes, sometimes the pill is linked to cancer or something in women, well if there's a similar contraceptive thing for men, like a shot or something, what is the link to some sort of disease that we don't know about until way down the road.

The men were wary about how the use of MCs would affect their health in later years. Tim illustrated these concerns when he said, "If you're going to get cancer, it's probably going to be down there first." Forrest elaborated on this point:

> I think the biggest barrier, no pun intended, is gonna [sic] be perception of safety. How safe is this? Because a lot of it's like, people are worried about are you injecting things into me, are you cutting my vessels, and, people freak out about these things. And I think educating people about the realities of this is going to be important.

Participants also worried about future infertility and reversibility. Drew said, "What's the speed at which, if I decide I want to have a family, I can reverse it. Will I still be able to have children?" As discussed earlier, men's ability to procreate has become a sign of masculinity; a lack of fecundity seems to indicate a breach of masculinity.

Interestingly, Jason said, “Well, the presumption seems to be that the consequences of side effects are worse than the consequences of pregnancy.” Because potential side effects affect men’s corporeal reality in ways pregnancy does not, participants felt men would have difficulties accepting these risks. The differential gendered embodiment of risk and public sector ideologies about individualism work together in these conversations to generate some men’s self-centered thought process. These men see themselves as individuals rather than as members of a partnership or family, and thus prioritize unforeseeable health effects over bringing an unwanted child into the world.

Similarly to their wariness about bodily side effects, the participants’ conversations about the Vasalgel shot centered on men’s reluctance to endure any pain in their groin, even if it meant preventing unwanted pregnancy. The participants said that men might be opposed to Vasalgel because the procedure was too invasive – “a shot to the balls” would be a significant hurdle for men to overcome because it is “painful in the wrong places.” When discussing the reversal procedure of Vasalgel (a subsequent shot in the inter-vas region used to flush out the polymer plug), participants in Focus Group 2 had the following reaction:

> Jerry: “Two ball injections?!” [cannot stop laughing]
>
> Tim: “They’ll just shrivel up and fall off!”
>
> Jerry: “A single injection to the balls is bad enough.”
>
> Robert: “But a single injection to the balls is a hell of a lot better than, you know, an incision to the balls.”
>
> Jerry: “You tell me two injections to the balls, I’ll take the kid!!”

This conversation is another illustration of the key role embodied understandings of masculinity have in men's decisions to use long-lasting MCs; it also offers an interesting commentary on the nuances of masculinity. Earlier, participant conversations indicated that social stigma surrounding the use of MCs may infringe on ideas about masculinity, making men feel "less manly" and thus deter their usage. Men are usually encouraged to be tough, but participants were very vocal about the pain they feared would result from an injection. Moreover, the admittance of fear is typically denigrated by dominant masculinities. This is a paradox of a "tough guy, sensitive vas," indicates men would rather run the risk of conceiving an unwanted child than endure a moment of pain. Perhaps this paradox can be explained by viewing men's "packages" as embodied markers of masculinity, wherein the avoidance of genital pain is actually seen as *more* masculine than pain endurance, and so this trepidation acceptable. Men negotiate these notions of masculinity by enacting a new "manhood act" (Schrock & Schwalbe, 2009). Here, the performance of genital protective strategies symbolically defends masculinity and, consequently, ambivalence to genital pain is suspect. Thus, participants' aversion to the use of Vasalgel perpetuates the sexual division of labor by simultaneously preserving normalized modes of masculinity and resisting reproductive responsibility.

Decreased Sexual Pleasure

Sexual pleasure was also a concern for the participants. While seemingly in contradiction to sexual pleasure as a reason men would use contraception, men talked about how using MCs might interfere with their quality of sexual experiences. Some worried contraceptives would lower their sex drive, while others said that planning to

have safe sex might make intercourse less enjoyable. One conversation detailed this idea:

> Jerry: “The risk. Some men are into the risk of that sort of, right, the thrill of the pull out. The thrill of the…”
>
> Tim: “Is she going to get her period?”
>
> Jerry: “Yeah.”
>
> Tim: “It’s that rush of it.”

Participants discuss the link between power, danger, and pleasure: how far can they push the limits? What if risk makes intercourse sexier, more pleasurable? Sex without a condom is far superior, as discussed earlier, but somehow that is not enough for some men. Perhaps men’s “rush” is in knowing that their pleasure will not be subsumed by the embodied consequence of pregnancy.

One of the most prominent discussions of sexual pleasure revolved around the importance of ejaculation. In fact, this was the topic that generated the most debate and conversation in each session. When discussing why men would consider using one type of contraceptive over another, most all participants found the “clean sheets” pill to be problematic because it works by completely prohibiting ejaculation. Participants said that men would not be interested in this method of contraception because, despite the appeal of no mess, ejaculation is essential to the male orgasm, and concomitantly, sexual pleasure. This issue was simultaneously contentious among and obvious to the participants. As they tried to parse out why men would be opposed to using this contraceptive method, participants had conversations such as this:

Bill: “Personally, if I were to do something like that, not to knock out the injection, but I would be more prone to taking the pill, but not having a…flow so to speak, that would almost demoralize me.”

Chad: “It’s kind of linked to masculinity.”

Bill: “Yeah, that’s the grand finale.”

John: “That’s the deal killer, for sure.”

The men make a direct connection between their ability to ejaculate during an orgasm and masculinity. They spoke specifically of sex as an act of male gratification; there was no conversation about female pleasure or sex outside of penetration, and thus ejaculation was seen as the precipice of heterosexual sex. In these conversations, I wanted to push the participants further in their examinations, so I asked “Why is ejaculation so important to you?” Derek and Jason discussed the answer to this question:

Derek: “It’s like, in my mind, the closest thing that I can describe it as is being robbed, pulling a gun out and firing a blank. It’s just like… yea I have bullets in this gun and it’s gonna [sic] make a loud bang but, like nothing is going to happen after that. I understand that the pretense and the whole idea…”

Jason: “What if you’re firing blanks at target practice?”

Derek: “Why would I go to target practice and bring blanks? That doesn’t make any sense. I went through all the trouble of putting up targets standing at the correct distance, pointing my gun and now when I fire it nothing happens, just a bang, just a bang goes off. So now when I go look

> at the target it's completely the exact same as when I put it up. There's no difference. I feel like you lose a small part of…"

Stoltenberg (2004) says heterosexual sex is a performance of men's power and dominance over women. Derek's analogy illustrates the same narrative; he depicts men's penises as metaphorical guns, women as their targets, and heterosexual intercourse as an act of violence, wherein women are the victims of men's symbolic bullets, ejaculation. Bill reflects notions of dominance in his statement:

> …That, like men in general, we want to feel like were in a dominant, in control and that's just, that all goes hand in hand. And if that doesn't, at least I feel that if that doesn't happen, it just, it takes away from the experience. Irregardless [sic] of if the feeling is there or not, um, for me, I would just, I would like to see it. You know, to make sure everything is still working.

Bill views the act of ejaculating as an act of dominance, a physical enactment of power over his partner. Derek's analogy, Stoltenberg's idea, and Bill's explanation work together to conceptualize the penis and ejaculation as tools of masculinity. Moreover, if we consider Stoltenberg's (2004) argument that the performative act of having sex is the moment in which masculinity is realized, ejaculation can be understood as both the visceral experience and visual representation of masculinity. As such, MCs that prevent ejaculation may be considered a literal attack on men's self-concept of masculinity. This understanding helps to explain why participants described seeing "the grand finale" as essential to sexual gratification. The participants' rejection of the "clean sheets" pill as

an acceptable form of contraception intrinsically protects their masculinity, and by extension, their dominance over women.

Cost

The last theme that in the focus group discussions was the notion of cost. Similar to the discussion in the previous section, participants wanted to know what the financial burden would be for them to have access to new contraceptive technologies. They ask questions like: Would insurance cover the cost, or at least subsidize it heavily? Would it be affordable to men on a budget? Participants said the answers to these types of questions would be essential to a man's decision to use or not use contraceptives. As Steven states, "If the available forms of contraceptives are not cheaper than the procedures available to terminate pregnancy, it may not be 'beneficial' for a male to do so." The conversations around this topic often looped back to the idea of women's reproductive responsibility – if female methods or condoms remain cheaper than MCs, men will have no incentive to challenge the status quo. Jerry discusses this this idea by saying:

> Men don't want to pay for it! And I just had some borderline, just flat out male response, right? You're not going to have the baby; it's sexist ideals that it's the woman's job to prevent the unwanted pregnancy. You're not going to give birth for nine months, right?

Jerry's reaction is an acknowledgment of the ways in which "capital creates ideology." He had a "flat out male response" to the idea of paying for MCs. Because the market for contraceptives has been dominated by female technologies, it has reified ideologies of the sexual division of labor about women's responsibility – physically and financially – to

control reproduction. This perhaps explains why participants referenced the notion of cost frequently. Men have largely been left out of markets for and conversations about contraceptive use, and thus men's commitment to MCs may not be very high. As a result, and perhaps despite high levels of interest in preventing unwanted pregnancy, men might not be willing to make a financial commitment to MCs.

CHAPTER FIVE:

DISCUSSION & CONCLUSION

Discussion

The participants in this study discuss both personal and general reasons men would or would not use MCs. In doing so, they grappled with ideas about their feelings and notions of masculinity. Aboim (2010) argues, "men's practices and identities are taking on multiple, hybrid, even paradoxical forms, as they seek to find a new place in private life" (p. 5). The findings in this project support this claim well. Based on the findings in this paper, I argue that a new MC economy may simultaneously strengthen power dynamics and restructure labor practices within the sexual division of labor. While MC use, on the surface, may seem to threaten the hegemony of entrenched public/private labor practices, looking deeper suggests that the division may actually be strengthened and practices restructured.

Participants' discussions revealed several examples of the ways in which the labor division is reified while modes of masculinity are negotiated. One set of examples is men's rejection of specific MC methods. In the first case, participants said men might not be interested in Vasalgel because of the invasive procedure; they would fear the pain caused by an injection to their inter-vas region. In these discussions, participants negotiated admitting fear and pain, otherwise acts denigrated by masculinity, into an affirmation of masculinity – if, as I have suggested above, men's genitals are corporeal tools of masculinity, by protecting their phallus, men are symbolically defending their

masculinity. In a similar case, participants outright rejected of the “clean sheets” pill. Men said that any MC that prevented ejaculation would not be popular because semen is essential to not only sexual pleasure, but also to masculinity. Understanding the participants’ words in relation to Stoltenberg’s claim that heterosexual, male-dominant sex is the moment in which masculinity is realized, ejaculation can be seen as a visceral experience and visual representation of masculinity. In both these instances, we can see how men’s rejection of MCs perpetuates the sexual division of labor in two ways: 1) by preserving normalized understandings of masculinity that place men in a socially dominant position over women, and 2) by resisting contraceptive use, men are reifying a system that relegates reproductive responsibility to women.

The interplay of economic markets and social ideology is also important to return to, because as Hartmann (1981) argues, “capital creates ideology” (p. 45). This idea is seen throughout the themes participants discussed, but especially in relation to gender ideologies and MC cost. The capital market for female contraceptive has sustained the traditional ideology that women are in control of fertility and contributed to their “default status” (Oudshoorn, 2003) as primary contraceptors. Participants said that even if MCs use became available and their use socially acceptable, they would remain a secondary form of contraception. Furthermore, men’s assumed secondary status meant that MC cost would be a deciding factor of use. These ideas indicate the traditional gender ideologies about reproduction, and their associated power dynamics, still prevail.

A final example is the idea of shared contraceptive responsibly. On the surface, this concept seems to threaten gendered labor hegemony. However, when participants’ conversations are looked at more critically, one can see how men are not abandoning

the gendered ideologies. Instead, they are responding to evolving ideas of what it is to be a man in the current historical moment by enacting innovative “manhood acts” (Schrock & Schwalbe, 2009). For example, Derek and Drew practiced shared contraceptive responsibility with their partners by “checking in” on her daily doses. Even though these men are attempting to negotiate reproductive responsibility in a contraceptive economy that is not currently amenable to their needs, they are actually reasserting their dominant role in their relationships by surveilling their partners’ reproductive habits and assuming the role of omniscient authority figure. In this situation, the propagation of male dominance occurs under the guise of greater gender equality; its effects on the sexual division of labor are insidious. I have used this set of examples to make a final argument for my claim that a new market for MCs will strengthen the sexual division of labor through adaptive labor practices and negotiations of masculinity.

Limitations & Future Research

The findings in this study offer a starting point for examining masculinity’s role in men’s decision to use or not use MCs as well has for investigating how men’s opinions are informed by notions of masculinity. However, there are some limitations to consider. The first issue involves the make up of focus group participants; participants were highly educated men who had a strong, self-identified motivation to preventing unwanted pregnancy – characteristics I can only assume are not widely represented in broader society. In future research, the themes identified in this study could be examined with a larger group and broader demographic to discuss the most salient factors of masculinity as they relate to the fortification of the sexual division of labor.

Another limitation of this study was the gendered dynamics created by my role as a female researcher conducting focus groups about sexual habits with young men. Men may have been enacting the type of masculinity they felt was most appropriate for a female researcher. Some participants said their tone was less aggressive and their words more polite because of my gender identity. Others said that having a woman as their moderator made the discussions “closer to reality” because it mimicked the kinds of conversations these men would have with their partners. So while my role as a female researcher did affect the group dynamics, it is not clear whether the effect was positive or negative.

Conclusion

The findings of this study demonstrate the ways in which notions of masculinity inform men’s opinions about MC usage and how the enactment of masculinity serves to perpetuate gendered power dynamics with in the sexual division of labor. In today’s social climate, men are enacting versions of modern masculinity that are interested in issues of care and equity. This means that some men are interested in the MC use. However, men’s desire to participate in the contraceptive economy does not deconstruct the system of gender hierarchy. Rather, the potential participation new MCs invites would restructure current reproductive practices in favor of men’s hierarchical status. So while the new market of MCs provides a theoretical possibility for a more egalitarian understanding of reproductive responsibility, I argue, that in reality, it likely will not. Our society is built on centuries’ old gendered power hierarchies that dictate men’s and women’s roles, especially regarding issues of reproduction. In this project, I exemplify the ways in which 15 young men renegotiated enactments of masculinity to

resist reproductive labor equality. These men redefine the face of masculinity, but maintain its patriarchal character.

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APPENDICES

Appendix A: IRB Approval Letter

RESEARCH INTEGRITY AND COMPLIANCE
Institutional Review Boards, FWA No. 00001669
12901 Bruce B. Downs Blvd., MDC035 • Tampa, FL 33612-4799
(813) 974-5638 • FAX (813) 974-7091

December 22, 2015

Kaeleen Kosmo
Women's & Gender Studies
Tampa, FL 33613

RE:	**Expedited Approval for Initial Review**
IRB#:	Pro00024807
Title:	Male Birth Control: Are Men on Board? Men's Opinions on Male Contraceptives

Study Approval Period: 12/21/2015 to 12/21/2016

Dear Ms. Kosmo:

On 12/21/2015, the Institutional Review Board (IRB) reviewed and **APPROVED** the above application and all documents contained within, including those outlined below.

Approved Item(s):
Protocol Document(s):
Study Protocol Version #1.docx

Consent/Assent Document(s)*:
Informed Consent Document .docx.pdf

*Please use only the official IRB stamped informed consent/assent document(s) found under the "Attachments" tab. Please note, these consent/assent document(s) are only valid during the approval period indicated at the top of the form(s).

It was the determination of the IRB that your study qualified for expedited review which includes activities that (1) present no more than minimal risk to human subjects, and (2) involve only procedures listed in one or more of the categories outlined below. The IRB may review research through the expedited review procedure authorized by 45CFR46.110 and 21 CFR 56.110. The research proposed in this study is categorized under the following expedited review category:

(6) Collection of data from voice, video, digital, or image recordings made for research purposes.

(7) Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

As the principal investigator of this study, it is your responsibility to conduct this study in accordance with IRB policies and procedures and as approved by the IRB. Any changes to the approved research must be submitted to the IRB for review and approval via an amendment. Additionally, all unanticipated problems must be reported to the USF IRB within five (5) calendar days.

We appreciate your dedication to the ethical conduct of human subject research at the University of South Florida and your continued commitment to human research protections. If you have any questions regarding this matter, please call 813-974-5638.

Sincerely,

John Schinka, Ph.D., Chairperson
USF Institutional Review Board

Appendix B: Focus Group Recruitment Fliers

Male Birth Control: Are Men on Board?

Men's Opinions on Male Contraceptives

Are you a heterosexual man, ages 18-30? Have you ever spent time thinking about contraceptives, like condoms or the pill? Did you know there are new, long-lasting forms of male contraceptives being developed?

If you'd like to talk about new male contraceptives, please consider participating in a 1.5 hour focus group — *pizza and beverages will be provided.*

This voluntary study is being conducted as part of my USF Master's Thesis. The purpose of this research is to examine young, heterosexual men's opinions about the use of male contraceptives. Pro00024807

Contact Kaeleen Kosmo at kaeleenkosmo@mail.usf.edu
if you are interested for more information about dates & times

Men's Opinions on Male Contraceptives
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Male Birth Control: Are Men on Board?

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Appendix C: Focus Group Facilitation Guide

Informed Consent, Demographic Survey & Name Tags

Discussion of contraceptives

- What do you think contraceptives do, exactly? Do they prevent the transmission of STIs?
- Do you know about any forms of male contraceptives? Why do you think this is?

Give overview of the male contraceptives in development

Currently, men have five options for birth control: 1) abstinence, 2) condoms, 3) outercourse, 4) vasectomy, and 5) withdrawal (Planned Parenthood). In this century, not a single new, viable method for male contraception has hit the U.S. market (Dorman & Bishai, 2012; Kogan & Wald, 2014). However, there are some technologies that are in the later stages of development. These include a trans-dermal gel that uses testosterone to weaken the production of sperm (Ilani et al., 2012), a "clean sheets" pill that inhibits ejaculation all together (Male Contraceptive Initiative), and most notably, Vasalgel, an inter-vas polymer injection that prevents sperm from escaping during ejaculation, which is projected to begin human trials this year (Parsemus Foundation).

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Conduct Free Listing Exercise

Direct conversation to these questions:

- Why do you think men would consider using them? Why would they not consider it?
- Would you personally be interested in using contraceptives?
- What are some of the reasons you would use contraceptives? What are some of the reasons you wouldn't?
- Do you think the introduction of male contraceptives will affect how men think about their responsibility to prevent unwanted pregnancy?
- How do you think contraceptive use would affect a man's love life? If so, would it be substantially different from those that elected not to use it?
- Do you think relationship status would factor into these decisions? What if the man was in a serious relationship? What if he were single?
- Are there particular ones you think men would use, and others you would not? Why?

Last Question

- Do you think that this conversation would have been different if I were a man, too?

Final Portion of Survey

Appendix D: Demographic Survey

This information will not be used to identify you in any way; do not put your name on this document. Please fill in each blank below to the best of your ability.

- What is your current academic standing? (e.g. Undergraduate – Junior)

  _____

- What is your gender identity? (e.g. man)

  _____

- How would you identify your sexual orientation? (e.g. heterosexual, straight)

  _____

- How would you describe your race and/or ethnicity? (e.g. Caucasian, African-American Latino)

  _____

- Please circle your level of interest in *preventing unwanted pregnancy*:

High									Low
10	9	8	7	6	5	4	3	2	1

- Please circle your level of *willingness to use male contraceptives*:

High									Low
10	9	8	7	6	5	4	3	2	1

- *After the focus group*: Please indicate your level of willingness to use male contraceptives:

High									Low
10	9	8	7	6	5	4	3	2	1

Appendix E: Free Listing Exercise

Free List Exercise

Please list all the reasons you can think of for the following two questions, both in relation to yourself and men in general.

_ Why would men use contraceptives?

_ Why would men **NOT** use contraceptives?