

# Contraceptive Characteristics: The Perceptions And Priorities of Men and Women

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**Context:** *Despite the fact that choosing a contraceptive method is often a decision made by couples, little is known about how men and women differ in their perceptions of the characteristics of various method types, and in the importance that they attach to those characteristics when choosing a contraceptive method.*

**Methods:** *The data analyzed here are subsets from two companion surveys conducted in 1991—1,189 men aged 20–27 who were surveyed in the National Survey of Men and 740 women aged 20–27 who were surveyed in the National Survey of Women. Multivariate ordered logit analysis is used to examine how gender is related to both the importance that individuals assign to seven specific contraceptive characteristics when choosing a method, and to perceptions about the extent to which five common method types possess each of these characteristics.*

**Results:** *Women rank pregnancy prevention as the single most important contraceptive characteristic when choosing a method, with 90% citing it as “very important.” The health risks associated with particular methods and protection from sexually transmitted diseases (STDs) are rated as the second most important characteristics by women (each mentioned as “very important” by 77%). In contrast, men consider STD prevention for themselves and their partner to be just as important as pregnancy protection (each mentioned as “very important” by 84–86%), and they rank STD prevention as more important than other health risks (by 72%). Women, but not men, rank both ease of use and the need to plan ahead as being more important characteristics than a method’s interference with sexual pleasure. Both men and women have an accurate understanding of the strengths and weaknesses of particular methods, but differ enough in their perceptions to alter the relative attractiveness of each method. In particular, women have more favorable perceptions than men about the pill, being somewhat more likely than men to believe that the pill is “very good” at preventing pregnancy (75% vs. 67%) and to say that it is very good at not interfering with sexual pleasure (82% vs. 76%). In contrast, women have generally less favorable perceptions than men about other reversible methods, including the condom: Women were less likely than men to consider the condom very good at pregnancy prevention (29% vs. 46%) or at having no need for advance planning (22% vs. 38%). Gender differences in perceptions about the specific characteristics of contraceptive methods often vary by marital status.*

**Conclusions:** *Men and women have somewhat different priorities when choosing a contraceptive method. Despite many similarities between women and men in their perceptions about the characteristics of each method type, numerous differences between them may have an important influence on how couples make their method choices.*

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There is convincing evidence of joint contraceptive decision-making among married couples.<sup>1</sup> Further, there is clear and growing evidence that a high proportion of both men and women, even those who are young and unmarried, now believe that contraception is a shared responsibility.<sup>2</sup> To the extent that both partners in a sexual relationship actually participate in making contraceptive decisions, it is important to understand the priorities and perceptions that each of them brings to the decision-making process.

There are at least four reasons to expect that men and women have different perceptions about the characteristics of each method option, and that they also assign

different values to those characteristics when choosing a method. First, their levels of exposure to information about contraceptive methods may vary because family planning clinics have generally been “the domain of women.”<sup>3</sup> Better access to this important source of information should enable women to differentiate between contraceptives in terms of method characteristics more accurately than men. However, men are often included in condom education and promotion efforts. These efforts may promote the sense that disease prevention is a male responsibility, and increase the value that men place on that method attribute.

The second factor, which also enhances

women’s ability to discriminate among methods, is differential experience in making method choices. A few men do not believe they have such a responsibility,<sup>4</sup> and others are sometimes discouraged from participating in these decisions by their partners or by providers.<sup>5</sup>

Yet another factor on which men and women differ is in the kinds of actions that are required to use each type of method. Most reversible methods require few, if any, actions on the part of men, while requiring very specific, and often elaborate, actions on the part of women. Thus, we would expect that women would be less likely than men to rate these methods favorably in terms of their convenience, ease of use and need to plan ahead for use. This difference is particularly likely to be true for coitus-dependent methods, such as the diaphragm and spermicides. The primary exception is the condom, for which we expect the opposite relationship.

Finally, men and women differ in terms of the pregnancy- and health-related consequences of the use of particular methods. Women are more directly affected by an unintended pregnancy than are men, and, except for male sterilization, are also the ones who suffer adverse health consequences associated with the adoption and use of a method. Thus, we would expect method effectiveness and health consequences to be more salient selection criteria for women, and that women may be more aware than men of differences in these risks by method.

Married and unmarried couples attribute different costs to an unintended pregnancy, have different expectations regarding exposure to sexually transmitted diseases (STDs) and have different patterns of sexual behavior.<sup>6</sup> Some of these differences in marital status are expected to affect gender distinctions in perceptions and valuations. For example, since many forms of contraception require more actions by

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women than by men, we expect women's perceptions and valuations to be more affected than men's by marital status differences in the frequency and regularity of sex.

## Background

Selecting a contraceptive method involves assessing each method in terms of its characteristics and determining which method offers the optimal combination of characteristics, given the needs and desires of the individuals making the decision. This task is further complicated by the fact that these characteristics cannot be independently selected but rather must be chosen from the limited number of currently available methods. When a couple is making a contraceptive decision, the partners may have different needs and desires and may not assess method characteristics in the same way.

While most studies of contraceptive behavior have acknowledged the importance of method characteristics, only a few consider method characteristics as outcomes. These can be classified into three general types: studies that examine the characteristics of persons using some contraceptive method but do not differentiate among types; those that focus exclusively on the characteristics of people who use condoms; and a small number that consider perceptions regarding the characteristics of an expanded set of alternative method choices.

In research of the first type, the characteristics of contraceptive use are generally measured in terms of agreement or disagreement with statements about the consequences of using some unspecified form of contraception, such as a reduced risk of unintended pregnancy.<sup>7</sup> Such studies provide important information about which perceived advantages and disadvantages of birth control are important predictors of contraceptive use, especially among adolescents. However, by defining characteristics that are not specific to any method, they offer little help in understanding the process by which individuals choose among the array of available methods.

Many of the studies focusing exclusively on the characteristics of condom use are restricted to identifying the perceived attributes of condoms that may facilitate or prohibit use.<sup>8</sup> Such research offers a wealth of information relevant to programs and policy makers, but its usefulness is limited because it remains unclear whether these perceptions are generally shared, or whether they are the concern of only specific subgroups of the population.

A few studies have explicitly examined the relationship between individuals' characteristics and their perceptions about condoms.<sup>9</sup> However, only three have explored the impact of gender. Two found that females perceive the condom more positively than males do with respect to both its effects on sexual experience and its "interpersonal impact."<sup>10</sup> In one of these studies, women rated the condom's comfort and convenience more positively than did men.<sup>11</sup> In contrast, another found no significant effect of gender on perceptions about the condom.<sup>12</sup>

While this research is important, its usefulness is limited because the condom was considered in isolation from all other methods. For example, the study showing that women view the condom's convenience more positively than men do could not identify whether they perceive the condom to be more or less convenient than other methods with which it may compete. This limitation is critical, because the decision that most individuals face is not whether to use the condom, but rather whether to use the condom, some other method or no method.

Recognizing this problem, one researcher examined how perceptions about the effectiveness, convenience and "major" and "minor" health-related side effects of the pill and diaphragm were related to women's choices between those two methods.<sup>13</sup> The choices made were related to perceptions about both methods included in the choice set, with the relative ratings of the methods on each dimension having a critical effect. For example, adopters of both methods perceived the pill to be more effective and convenient than the diaphragm, but those adopting the pill perceived the method differences in these characteristics to be much larger than those who chose the diaphragm. Another analysis examined how young women's method choices were related to their ratings of the pill, IUD, condom, diaphragm and spermicides, in terms of their safety, effectiveness, interference with sexual intercourse, convenience and cost.<sup>14</sup> Women ranked the methods similarly on each dimension, but those who chose a particular method viewed it as having bigger advantages and smaller disadvantages, relative to other methods, than women who made other method choices. Further, in multivariate analyses, perceptions about the characteristics of one or more competing methods were significant predictors of method choice.

These and other analyses provide com-

plementary evidence that men and women evaluate alternative contraceptive methods in terms of their perceived convenience, effectiveness, health effects, interference with sex and other characteristics.<sup>15</sup> However, in almost all studies in this area, the effects of personal and couple characteristics are of interest only to the extent that they are viewed as capturing the demand for, or importance of, certain contraceptive characteristics, such as effectiveness.<sup>16</sup> Such valuations usually are not directly measured, though, and seldom are empirically investigated. In one exception, the authors listed general characteristics on which individuals might compare contraceptive methods (e.g., "Being able to control if and when you have children") and asked individuals to rate how "salient" each was to them when considering specific methods.<sup>17</sup> They also investigated gender differences in how these ratings were related to attitudes toward different methods. Unfortunately, by asking about the salience of these characteristics for each method, they obtained measures that combined valuations and perceptions and could not uniquely identify either.

In this article, we focus on the effects of gender on the importance of contraceptive characteristics and on how specific contraceptive methods are evaluated by men and women. Specifically, we examine how gender is related to the importance of seven contraceptive characteristics when a method is chosen: effectiveness in preventing pregnancy; health and side effects; interference with sexual pleasure; ease of use; amount of prior planning needed; effectiveness in protecting the user from STDs; and effectiveness in protecting one's partner from STDs. We also evaluate how gender affects perceptions about the extent to which five methods (sterilization, the pill, the condom, the diaphragm and spermicides) possess each of these characteristics. Finally, we investigate the importance of marital status in the impact of gender on these perceptions and valuations.

## Methods

### Data

We used data derived from two companion surveys conducted in 1991, the National Survey of Men (NSM) and the National Survey of Women (NSW). Both were conducted by the Institute for Survey Research (ISR) at Temple University, using the same stratified, clustered, disproportionate area probability design, drawn from the national sample frame of ISR. The sample frame for the surveys contained 17,650 housing units, of which

**Table 1. Among men and women aged 20–27 in 1991 who have ever had oral, anal or vaginal intercourse, percentage who considered specific contraceptive characteristics “very important” when choosing a method, by gender, 1991**

Characteristic	Men	Women	Difference
Effective in preventing pregnancy	86.4	90.0	-3.6*
Effective in protecting partner from STDs	84.0	75.2	8.8*
Effective in protecting you from STDs	83.7	77.5	6.2*
No health risks	72.0	77.4	-5.4*
Easy to use	37.1	51.4	-14.3*
Does not interfere with sexual pleasure	30.0	27.8	2.2
No need to plan ahead	27.6	44.6	-17.0*

\*p<.05

93% were successfully screened for eligible respondents. Blacks were oversampled in both surveys to ensure adequate representation in the database. In-person interviews were completed for 3,321 men aged 20–40 and 740 women aged 20–27. Almost all of the questions asked of respondents in the two surveys were identical, and the question ordering and the average interview lengths were also very similar. In particular, the questions relevant to our analysis were identical in all respects. Moreover, the two surveys were conducted during the same time period, were jointly screened and used the same interviewers.

The major difference between the two surveys, besides the gender of the respondents, was the age range of the target populations. Because the NSW included a much narrower age range, we have restricted the sample of men studied in this article to the same age range as found in the NSW (20–27). We have also restricted the sample to include only those men and women who have had oral, anal or vaginal sex. Given these restrictions, the population included in this study comprised 740 women and 1,189 men.\*

**Measures**

The dependent variables in this analysis are based on two related sets of questions. The first set was designed to obtain in-

\*The smaller number of women reflects only differential sampling rates in the two surveys and not a difference in the nature of the samples.

†Involvement in nonmarital relationships, such as cohabitation, may also influence valuations and perceptions of method characteristics. However, an investigation of the impact of such involvement is beyond the scope of this analysis. Our decision was based in part on preliminary investigations that revealed that marital status was much more important than other relationship statuses in modifying the impact of gender on perceptions and valuations. However, it is also due to the fact that with so many outcomes considered in this analysis, an elaboration of relationship status would detract from the central focus on gender and would overly complicate the presentation of findings.

formation about how important certain contraceptive characteristics are to the respondent when choosing a contraceptive method. For each of the seven characteristics considered, the men and women were asked to rate its importance on a five-point scale, which ranged from “not at all important” (one) to

“very important” (five). Responses were elicited based on questions that each began with the phrase “In choosing a method, how important [is/are]...” and ended with: “how effective the method is for preventing pregnancy?”; “the potential health risks or side effects from using it?”; “how much it interferes with the pleasure of sex?”; “how easy is it to actually use?”; “how much you have to plan ahead to use it?”; “how effective the method is for protecting you from sexually transmitted diseases, including AIDS?”; and “how effective the method is for protecting your partner from sexually transmitted diseases, including AIDS?”

In the second set of questions, respondents were asked to rate how favorably specific types of methods compared to using no method in terms of the seven characteristics described above. By using “no method” as a common referent, all respondents rated each method relative to the same standard. This allows us to make comparisons across all method types considered. The wording of the questions used to obtain these ratings for sterilization, pill, condom, diaphragm, and spermicides was kept as parallel as possible to those used to obtain the associated valuations described above. For example, the rating for effectiveness in protecting oneself from the risk of STD or HIV infection was elicited using the following question, “Compared to using no contraception, how would you rate [method], in terms of its effectiveness in protecting you from sexually transmitted diseases, including AIDS?” A five-point scale was used for the response, with the end-points labeled “very bad” (one) and “very good” (five). Characteristic ratings were obtained for each method considered. However, for sterilization, ratings for interference with sexual pleasure, ease of use and the need to plan ahead were deemed not applicable and were omitted from the questionnaire.

In this article, marital status is measured as a dichotomy (married or not married)

based on status at the time of the interview. Only those who were currently married and not separated from their spouse at that time are defined as married.<sup>†</sup> Other measures of personal attributes and background characteristics included in the analyses are: age; race and Hispanic origin; education; religion; and living arrangements when growing up. Each is expected to influence perceptions about the characteristics of specific methods of contraception and the reported importance of different factors in choosing a method of contraception.

Age, measured in single years, is associated with the likelihood of being exposed to information about different contraceptive options, their characteristics and consequences of use (including health effects). Older women also have more experience with making method choices, have more information about their own fecundity and tend to have lower fecundity than younger women.<sup>18</sup>

Race (black vs. other races) and ethnicity (Hispanic vs. other) are important because of differences by these factors in fertility norms (which alter the costs of an unintended pregnancy), because of cultural differences in the acceptability of certain forms of contraception (e.g., condoms) and because of the different prevalence of AIDS and STDs in various racial and ethnic groups.<sup>19</sup>

A person’s level of education is related to his or her access to and utilization of family planning and STD services and other sources of information about contraception, pregnancy and STDs. Utilization of these information sources would not only increase an individual’s ability to discriminate among methods in terms of their health effects and ability to protect users from pregnancy and STDs, but would also alter the importance of those characteristics in a method. Education is measured using a series of dummy variables (less than 12 years, 12 years and greater than 12 years of education).

Religion (Catholic, conservative Protestant, other and no religion) is related to the likelihood of engaging in high-risk sexual behaviors;<sup>20</sup> and also affects attitudes toward abortion, which alter the cost of an unintended pregnancy and the acceptability of some forms of contraception.

Whether an individual lived with both parents when growing up may affect his or her perceptions about the stability of heterosexual relationships—and hence the cost of children—and has been shown in past research to be related to method choices.<sup>21</sup> In this article, living arrangements are



included as a dummy variable indicating whether the respondent lived with both parents most of the time between the ages of five and 15 or in another arrangement.

### Analytic Approach

Our analysis consists of four parts: First, we investigate aggregate gender differences in the importance that individuals assign to different contraceptive characteristics when making method choices. To simplify these comparisons, we dichotomized the five-point ordinal scales on which the outcomes are measured and examined the percentages of men and women who rated a characteristic as “very important.” (Although we could have chosen different categories of the outcome variables for this analysis, the results did not vary substantially when we did so.)

Next, we adopt a multivariate approach to examine the independent effects of gender on valuations of the importance of different contraceptive characteristics, while controlling for other background characteristics. In this analysis, each of the seven characteristics considered was treated as a separate dependent variable. Because the ratings of the importance of these contraceptive characteristics were measured using ordered scales, we estimated the empirical statistical models using an ordered logit procedure.<sup>22</sup> In this analysis, we also investigated interactions between gender and marital status.

The third part of the analysis examines the percentages of men and women who ranked each method as being “very good” on each of the characteristics, and in the final section we adopt a multivariate approach to examine the independent effects of gender on these perceptions, while controlling for other background characteristics. Each rating of each method comprises a separate dependent variable, and we separately estimate models for each.

## Results

### Contraceptive Characteristics

• *Bivariate analysis.* Men and women rank effectiveness in preventing pregnancy, lack of health risks and protection from STDs as being the most important contraceptive characteristics considered (Table 1). In contrast, they rank interference with pleasure, ease of use and the need to plan ahead as being among the least important characteristics.

Although this basic pattern applies to both men and women, there are important gender differences in the ranking of method characteristics. Women rank pregnancy prevention as the single most impor-

**Table 2. Ordered-logit coefficients showing overall effects among men and women aged 20–27 of gender, effects of gender within marital-status groups and effects of marital status within gender groups on the importance of contraceptive characteristics when choosing a method**

Characteristic	Male vs. female	Male vs. female		Married vs. single	
		Single	Married	Male	Female
Effective in preventing pregnancy	-0.36*	-0.06	-1.08*,†	-0.18	0.84*,‡
Effective in protecting partner from STDs	0.47*	0.44*	0.51*	-0.65*	-0.72*
Effective in protecting you from STDs	0.31*	0.25	0.41*	-0.62*	-0.78*
No health risks	-0.26*	-0.22	-0.36*	-0.07	0.07
Easy to use	-0.59*	-0.53*	-0.70*	-0.00	0.16
Does not interfere with sexual pleasure	0.05	0.14	-0.12	0.16	0.43*
No need to plan ahead	-0.71*	-0.51*	-1.09*,†	-0.21	0.37*,‡

\*p<.05 †The effect of gender differs significantly by marital status at p<.05. ‡ The effect of marital status differs significantly by gender at p<.05. Note: All models also control for age at interview, race, Hispanic origin, religion, education and childhood living arrangements.

tant characteristic, but men assign it about the same level of importance as STD protection. Also, women assign similar importance to lack of health risks and STD protection, but men rank lack of health risks as less important than STD protection. Finally, women attribute considerably greater importance to ease of use and no need to plan ahead than to interference with sexual pleasure, but men assign similarly low levels of importance to each of these three factors.

The source of the gender differences in rankings becomes more apparent when we examine gender differences in the ratings of specific characteristics. For instance, in the first row of Table 1, we see that men are 3.6 percentage points less likely than women to report that pregnancy prevention is a very important characteristic, a difference that is statistically significant. Men are also less likely than women to report that health risks are a very important consideration, and are much less likely to indicate that ease of use and the amount of planning required are very important characteristics when choosing a method. In contrast, men are significantly more likely than women to report that a method’s effectiveness in protecting oneself and one’s partner from STDs are very important considerations. There is no significant difference between men and women in rating the importance of interference with pleasure.

• *Multivariate analysis.* We next examined whether other factors may be responsible for the male-female differences described above. Table 2 presents coefficients showing the effects of gender within marital-status groups and the effects of marital status within gender.\*

The first column of Table 2 displays the ordered logit coefficients for gender (male vs. female). This coefficient is interpreted as the log-odds that a man would report a method characteristic to be more or less important than a woman would. (A pos-

itive coefficient implies that men rank a characteristic as more important than women do, while a negative coefficient implies that men rank it as less important than women do.)

Although the estimated parameters indicate the effect of a predictor variable on the underlying unobserved response variable, the quantitative interpretation of ordered logit parameters is not intuitive.<sup>†</sup> To help illustrate the magnitude of effects implied by the ordered logit coefficients, we used the ordered logit parameters to calculate the predicted proportions of men and women who would rate a characteristic as “very important” if they did not differ with respect to the other characteristics included as control variables.

For example, the coefficient of -0.36 in the first row of the first column of Table 2 shows that men rate pregnancy prevention as less important than do women. Based on predicted probabilities derived from the estimated parameters, this coefficient implies that 3.9% fewer men than women report that pregnancy prevention is a very important characteristic to consider when selecting a method of contraception (not shown in Table 2).<sup>‡</sup> This figure is slightly higher than the level of 3.6%

\*Because of the number of outcome variables, we do not discuss or display the estimated impacts of the control variables, but rather focus on the effects of gender and marital status. Full results are available from the authors.

†Although the ordered logit coefficients indicate the change in the log-odds in the outcome variable for a unit change in the predictor variable, this effect refers to the unobserved continuous response variable, rather than the observed ordered measure. Moreover, the partial effects associated with the ordered logit parameters vary across outcome categories, and because the partial effects are restricted to sum to zero, some of the estimated partial effects must have opposite signs.

‡Predicted probabilities are calculated using the estimated parameters and each respondent’s observed values on the predictor variables. The reported gender difference is based on the difference in predicted probabilities when each respondent is treated as male from when each respondent is treated as female, summed over all respondents.

**Table 3. Among men and women aged 20–27 who have ever had oral, anal or vaginal intercourse, percentage who rated contraceptive method “very good” in terms of method characteristics, by gender**

Method and characteristic	Men	Women	Difference
<b>Pill</b>			
Effective in preventing pregnancy	66.8	75.1	-8.3*
Effective in protecting partner from STDs	4.2	3.8	0.4
Effective in protecting you from STDs	3.9	3.9	0.0
No health risks	9.7	9.8	-0.1
Easy to use	74.8	74.6	0.2
Does not interfere with sexual pleasure	76.3	82.0	-5.7*
No need to plan ahead	47.1	59.7	-12.6*
<b>Condom</b>			
Effective in preventing pregnancy	46.3	29.3	17.0*
Effective in protecting partner from STDs	48.5	48.5	0.0
Effective in protecting you from STDs	49.9	45.5	4.4*
No health risks	60.4	54.1	6.3*
Easy to use	32.9	30.9	2.0
Does not interfere with sexual pleasure	9.3	12.8	-3.5*
No need to plan ahead	38.2	22.0	16.2*
<b>Diaphragm</b>			
Effective in preventing pregnancy	16.4	12.1	4.3*
Effective in protecting partner from STDs	2.7	0.5	2.2*
Effective in protecting you from STDs	2.1	1.3	0.8
No health risks	15.6	14.4	1.2
Easy to use	10.7	6.4	4.3*
Does not interfere with sexual pleasure	19.3	8.1	11.2*
No need to plan ahead	14.2	3.5	10.7*
<b>Spermicides</b>			
Effective in preventing pregnancy	7.6	2.3	5.3*
Effective in protecting partner from STDs	1.6	1.0	0.6
Effective in protecting you from STDs	1.9	1.2	0.7
No health risks	11.8	11.1	0.7
Easy to use	10.5	9.4	1.1
Does not interfere with sexual pleasure	17.9	11.5	6.4*
No need to plan ahead	11.6	3.3	8.3*
<b>Sterilization</b>			
Effective in preventing pregnancy	84.0	83.7	0.3
Effective in protecting partner from STDs	4.0	2.0	2.0*
Effective in protecting you from STDs	4.1	2.1	2.0*
No health risks	40.4	41.1	-0.7

\*p≤.05

shown in Table 1, implying that inclusion of the control variables and incorporation of the full distribution of responses in the analysis only slightly alters the estimated gender difference in the importance rating of pregnancy prevention.

Table 2 also shows that men rate health risks, ease of use and the need to plan ahead as less important than women do, but rate protection from STDs more highly than do women. These results are consistent with those shown in Table 1, and imply that those gender differences are not the result of compositional differences in factors included as control variables in the multivariate models. Generally, the quantitative effects for indicating “very important” derived from the ordered logit parameters are quite similar to those found in Table 1. The exceptions are the importance of protection from STDs, where the ordered logit results yield smaller gender differences than those shown in the bivariate results.

The second and third columns of Table

2 show gender effects for single and married respondents, respectively. The gender effect on the importance of effectiveness in preventing pregnancy is essentially zero for single respondents (a coefficient of -0.06), but is quite large and negative for married respondents (-1.08). In terms of the predicted percentages, the estimated coefficients imply that single men are 0.7% less likely than single women to report that pregnancy prevention is very important in selecting a contraceptive method, but that married men are 9.5 percentage points less likely than married women to give that rating (not shown). These results are statistically significant and indicate that the observed gender effect for the total sample is due to the large gender effect found for married respondents.

Table 2 also demonstrates that the only other characteristic for which we find a significant difference in gender effects by marital status

is in the need to plan ahead, where among married respondents, men attribute it less importance than women do (-1.09). Otherwise, regardless of marital status, men rate health risks as less important than women do; the gender effect is not significantly different for married and single respondents. Marital status also has no significant impact on how gender is related to the rating of the importance of interference with pleasure, ease of use or protection from STDs.

To further explore the impact of marital status and gender on ratings of method characteristics, we estimated the effects of marital status separately for men and women. (These results are shown in the last two columns of Table 2.) The importance of pregnancy prevention is rated significantly higher among married women than among single women (0.84), but the importance ratings of married and single men are not significantly different. Based on predictions derived from the estimated parameters, the results imply that mar-

ried women are 6.6 percentage points more likely than single women to report that pregnancy prevention is “very important,” while married men are 2.2 percentage points less likely than single men to give this response (not shown). Thus, the relatively large gender effect observed for married respondents arises because of the marital-status difference in women’s ratings.

Table 2 also shows that the larger negative gender difference among married respondents in the importance of the need to plan ahead arises because married women are more concerned about this aspect of contraception than are single women (0.37), while marital status is not significantly associated with men’s rating of this characteristic. Compared with single women, married women place greater importance on interference with sexual pleasure (0.43) but less importance on STD protection (-0.72 and -0.78). Marital status has little association with ratings of health risks and ease of use.

**Method Ratings**

• *Bivariate analysis.* To examine how men and women rated five methods of contraception in terms of the characteristics examined up until now, we report for each of five methods the percentages of women and men who rated the method as being “very good” on each characteristic, and also show gender differences in these percentages (Table 3). Overall, sterilization and the pill received relatively favorable ratings on most dimensions except the level of STD protection afforded by both methods and the health risks associated with the pill. In contrast, the diaphragm and spermicides were rated relatively poorly on nearly every dimension, including the health risks associated with use.

For the most part, both men and women appear to have a good understanding of the strengths and weaknesses of the various contraceptive methods. They rate sterilization and then the pill as being the most effective in preventing pregnancy, and they believe spermicides and the diaphragm to be the least effective. They also rank the condom and then sterilization as being better than the other methods with respect to potential health risks, and evaluate the condom as being much better than other methods for STD protection. In addition, men and women similarly rank the pill and then the condom most highly on both ease of use and need for prior planning, and the pill on lack of interference with pleasure. However, women rate the diaphragm lowest on interference with pleasure, while men

rate the condom lowest on this dimension.

We can get a general impression of the nature of gender differences by examining the signs of the differences between men's and women's ratings. In general, men appear to rate the condom, diaphragm, spermicides and sterilization more favorably, while women rate the pill more favorably. Further, the pattern of differences suggests that men exhibit less variance in their ratings of methods on most dimensions, including effectiveness in preventing pregnancy, interference with sexual pleasure and the need to plan ahead. For example, among men, the proportion indicating that a method is very good on the need to plan ahead ranges from 47% for the pill to 12% for spermicides, a difference of about 35 percentage points. Among women, in comparison, these proportions ranged from 60% for the pill to only 3% for spermicides, a difference of nearly 57 percentage points. Thus, it appears that women tend to perceive greater differences among methods than do men.

With regard to specific gender differences for individual methods, women rate the pill more favorably than do men with regard to pregnancy prevention, interference with pleasure and the need for prior planning. In contrast, men rate the condom more favorably than do women on four important dimensions, while women are more likely than men to rate the condom as being very good for not interfering with pleasure. Men rate the diaphragm more favorably than women do on five of the seven dimensions examined, although both men and women rate the diaphragm poorly on protection of one's partner from STDs. Men rate spermicides more favorably than do women in three aspects, and while men rate sterilization more favorably than women do with respect to its effectiveness in preventing STD acquisition and transmission, the differences are small and very few men or women believe that sterilization is very good in this regard.

• **Multivariate analysis.** The ordered logit results for the rating of specific methods of contraception, shown in Table 4, indicate a significant gender effect in the rating of the pill in terms of its effectiveness in preventing pregnancy, with men rating the pill lower than women do (-0.34). Men also rate the pill less favorably than women on its interference with pleasure (-0.40) and on the need to plan ahead when using it (-0.36), while they view the pill more favorably than women do regarding its ability to protect one's partner from STDs (0.28).

In general, the gender effects for the ratings of each method of contraception are similar to those found in the bivariate analy-

ses. For example, the coefficient for the gender difference in evaluating the effectiveness of the pill for preventing pregnancy (-0.34) implies that men are 7.1 percentage points less likely than women to rate the pill as "very good" in preventing pregnancy (not shown), slightly lower than the 8.3 percentage-point difference shown in Table 3.

The primary differences are for the diaphragm and spermicides. For the diaphragm, the ordered logit results yield smaller gender effects for preventing pregnancy, not interfering with sexual pleasure, not needing to plan ahead and effectiveness in protecting one's partner from STDs. For spermicides, the ordered logit results show smaller gender effects for preventing pregnancy and not needing to plan ahead, and larger gender effects for no health risks and ease of use. In addition, there were smaller gender effects for effectiveness in preventing STDs for sterilization and for not

needing to plan ahead for the pill, and larger gender effects for effectiveness in protecting one's partner for the pill.

When we examined gender effects by marital status, we found that married men rate the pill as less effective in preventing pregnancy than do married women (-13%), but that there were no significant gender differences among single respondents (-4%). The only other characteristic of the pill where the gender difference varies significantly by marital status is the need for prior planning, where the gender effect is larger for married respondents. Moreover, the analysis of marital-status effects by gender shows that the gender effects observed for married respondents' ratings of the pill with respect to effectiveness in preventing pregnancy and the need to plan ahead arise because the ratings of married women are significantly higher than those of single women

**Table 4. Ordered-logit coefficients showing overall effects among men and women aged 20-27 of gender, effects of gender within marital-status groups and effects of marital status within gender groups on how well contraceptive methods compare to no method, in terms of method characteristics**

Characteristic	Male vs. female	Male vs. female		Married vs. single	
		Single	Married	Males	Females
<b>Pill</b>					
Effective in preventing pregnancy	-0.34*	-0.20	-0.64*,†	-0.11	0.33*,‡
Effective in protecting partner from STDs	0.28*	0.31*	0.21	-0.04	0.06
Effective in protecting you from STDs	0.08	0.13	-0.03	0.08	0.23
No health risks	-0.09	-0.16	0.04	0.07	-0.12
Easy to use	0.01	0.01	0.01	0.01	0.01
Does not interfere with sexual pleasure	-0.40*	-0.39*	-0.42*	0.11	0.14
No need to plan ahead	-0.36*	-0.19*	-0.69*,†	-0.09	0.41*,‡
<b>Condom</b>					
Effective in preventing pregnancy	0.66*	0.63*	0.72*	-0.18	-0.27*
Effective in protecting partner from STDs	0.07	0.19	-0.17†	-0.28*	0.08‡
Effective in protecting you from STDs	0.20*	0.35*	-0.09†	-0.47*	-0.03‡
No health risks	0.33*	0.49*	0.02†	-0.08	0.40*,‡
Easy to use	0.02	0.03	0.02	-0.13	-0.11
Does not interfere with sexual pleasure	-0.30*	-0.43*	-0.04†	-0.16	-0.55*,‡
No need to plan ahead	0.71*	0.68*	0.76*	-0.28*	-0.35*
<b>Diaphragm</b>					
Effective in preventing pregnancy	0.15	0.23	-0.01	-0.14	0.10
Effective in protecting partner from STDs	-0.03	0.16	-0.40*,†	-0.22	0.34*,‡
Effective in protecting you from STDs	-0.26*	-0.19	-0.40*	-0.03	0.18
No health risks	0.11	0.14	0.03	0.04	0.15
Easy to use	0.44*	0.51*	0.28	-0.02	0.21
Does not interfere with sexual pleasure	0.60*	0.57*	0.67*	-0.11	-0.21
No need to plan ahead	0.87*	0.78*	1.07*	-0.04	-0.33*
<b>Spermicides</b>					
Effective in preventing pregnancy	0.46*	0.64*	0.14†	-0.24	0.25*,‡
Effective in protecting partner from STDs	0.01	0.14	-0.26	-0.05	0.35*
Effective in protecting you from STDs	-0.14	0.04	-0.50*,†	-0.11	0.43*,‡
No health risks	0.28*	0.22	0.38*	0.06	-0.10
Easy to use	0.49*	0.49*	0.50*	0.09	0.08
Does not interfere with sexual pleasure	0.65*	0.63*	0.69*	0.01	-0.05
No need to plan ahead	0.75*	0.75*	0.75*	-0.18	-0.17
<b>Sterilization</b>					
Effective in preventing pregnancy	0.09	0.11	0.03	0.07	0.16
Effective in protecting partner from STDs	0.03	0.27	-0.47*,†	-0.43	0.30‡
Effective in protecting you from STDs	0.07	0.28	-0.35†	-0.35	0.29‡
No health risks	-0.08	-0.09	-0.05	-0.13	-0.17

\*p<.05 †The effect of gender differs significantly by marital status, at p<.05. ‡The effect of marital status differs significantly by gender, at p<.05. Note: All models also control for age at interview, race, Hispanic origin, religion, education and childhood living arrangements.



along these dimensions (0.33 and 0.41); in contrast, single men and married men do not differ significantly in their evaluations.

The results for the condom show that overall gender differences in perceptions about health risks, interference with pleasure and STD protection are found primarily among single men and women. Moreover, these differences arise because the perceptions of both men and women are related to marital status: Compared with single women, married women rate the condom more favorably in terms of its health risks and less favorably for interference with pleasure, while marital status was unrelated to men's rating of the condom on these dimensions.

In contrast, married men rate the condom lower than do single men on effectiveness at preventing STDs, but marital status is unrelated to women's ratings of the condom on these dimensions. The results also show that married women rate the condom more poorly on effectiveness at preventing pregnancy than single women do, and that both married men and married women rate the condom less favorably than their single counterparts on the need to plan ahead.

For the diaphragm, the effects of gender vary by marital status for being effective at protecting one's partners from STDs, with married women rating it more favorably than do married men, while there is no significant gender effect among single respondents. This result arises because married women rate the diaphragm more favorably on protecting one's partner from STDs than do single women. Both married men and single men rate the diaphragm more favorably than women for not needing to plan ahead, but the effect is larger for married respondents. This difference arises because married women rate the diaphragm less favorably along this dimension than do single women. There are no significant marital-status differences in any of the men's ratings of the diaphragm.

For spermicides, marital status has a statistically significant impact on gender differences in perceptions about two characteristics. Single men rate spermicides as more effective at preventing pregnancy than do single women, but there is no significant gender effect among married respondents. For protecting oneself from STDs, married men rate spermicides as less effective than do married women, but that there is no significant gender effect among single respondents. For both of these characteristics, the marital-status difference in the effect of gender occurs because married women rate spermicides more favorably along these di-

mensions than single women do.

Finally, there are significant gender differences by marital status in perceptions about sterilization. Specifically, single men rate sterilization marginally more favorably than do single women at preventing STDs ( $p < .10$ ), but married men tend to rate it lower along this dimension than do married women. These differences arise because married men rate this method less favorably along these dimensions than do single men, while married women rate it more favorably than do single women.

## Discussion

Our results demonstrate that men and women have somewhat different priorities in choosing the characteristics of their contraceptive methods. Although differences in the importance that men and women assign to specific characteristics are not always large in percentage terms, these variations do combine to create important differences in the relative rankings of these characteristics.

In terms of perceptions about the characteristics of specific methods, we find that both men and women understand the actual strengths and weaknesses of the methods considered. However, women appear to differentiate methods to a greater extent than men do in terms of method characteristics, especially with respect to effectiveness in preventing pregnancy, interference with sexual pleasure and the need to plan ahead. Further, these differences in perceptions are large enough to produce important gender differences in the relative attractiveness of each method. In particular, compared to men, women have more favorable perceptions about the pill and generally less favorable perceptions about the other non-permanent methods, including the condom. These difference would tend to make the pill a more attractive option to women than to men.

Gender differences in both valuations and perceptions often vary by marital status. In most instances, the observed gender differences arise because of differences in the ratings of married and single women. Marital status has little impact on the ratings of men.

In evaluating the implications of these results for the method-selection process, it is important to examine the ratings of methods in terms of their characteristics in conjunction with information about the importance that men and women assign to those characteristics. For example, although both men and women accurately rank the methods in terms of their effectiveness in preventing pregnancy, men

rate the pill lower on effectiveness and the less-effective methods higher on effectiveness than do women. This suggests that men are somewhat less discriminating on a factor that both men and women define as critical in their method selection process. Such an outcome is expected, given that an unintended pregnancy tends to have higher potential costs for a woman, but it also means that men may be less able to choose among reversible methods based on this factor.

Given that the health risks associated with method use is another important factor in method selection, it is informative to compare ratings on this dimension as well. In particular, it is important to compare the pill with sterilization. Despite the fact that the adoption of sterilization requires a surgical procedure, both men and women rate it substantially more highly on this dimension than they rate the pill, which also ranks lower in effectiveness. Thus, it appears to be this balance of highly valued traits that makes sterilization such a popular method.

Both men and women rate the diaphragm and spermicides very poorly in terms of health risks. In fact, the proportions rating these methods very highly on this dimension are nearly as low as was found for the pill. The source of the poor health rankings of these methods is unclear. However, the lack of recognition of their low level of side effects, together with their low ratings on the other dimensions considered, means that they have little to offer to users who consider them as alternatives to oral contraceptives or other types of hormonal methods.

Men not only rate ease of use and the need to plan ahead as less important method-selection criteria than women do, but men also tend to rate the coitus-dependent methods more favorably on these factors (although the difference on ease of use for the condom is not statistically significant). The method ratings for the diaphragm and spermicides are not surprising. However, the fact that both married and single men rate the condom so much more favorably than women on the need to plan ahead is unexpected, although consistent with the very low level of importance that men attach to this method characteristic.

In examining perceptions about the condom relative to other method types, we can see that both men and women accurately rate its effectiveness in preventing pregnancy as being much lower than sterilization and the pill, but higher than the diaphragm and spermicides.<sup>23</sup> Given the importance of this factor in the method-

selection process, the fact that so few people rate the condom as very good in terms of effectiveness identifies this as an important barrier to condom use. Further, this barrier may be particularly critical for women because they place somewhat greater importance on method effectiveness as a selection criterion, and also rate the condom's effectiveness much lower than men do. On the other hand, the condom received the highest rating of any method on health risks, a dimension that was also identified as a very important factor in method selection, particularly for women. Thus, this factor promotes the use of condoms, as does its high rating on effectiveness in protecting oneself and one's partner from STDs, which is very important to single men and women.

Other important information about the condom garnered from the analysis is that unmarried men rate it more positively than unmarried women do on every dimension except interference with sexual pleasure. Further, men consider this single dimension on which they perceive it more negatively as the least important factor in method selection. Indeed, only about 13% of unmarried men both identified interference with sexual pleasure as very important when choosing a method and rated the condom as either bad or very bad on this dimension (not shown). Thus, this does not appear to be the critical barrier to condom use that it is sometimes thought to be. Taken together with the other results for the condom, it suggests that condom promotion efforts must pay particular attention to the concerns of women, especially their concerns about the condom's moderate effectiveness in preventing unintended pregnancy.

The fact that STD protection is more highly valued among single men and women than among their married counterparts is consistent with the difference by marital status in exposure to this risk. However, it is notable that males not only rate this dimension as significantly more important than females do, but they also assign it nearly the same level of importance as effectiveness in preventing pregnancy. Since unmarried men rate the condom higher on STD protection than women do, this result suggests that men are also more motivated than women to adopt and use this method to protect themselves and their partners from STDs.

Although there are many similarities in the perceptions of men and women about the characteristics of particular contraceptive methods, numerous differences may have an important influence on how cou-

ples make their method choices. Taking these differences into account complicates the task of understanding the role of gender in shaping the nature of the contraceptive decision-making process. Yet developing such an understanding is a critical endeavor, in that the choice of a method is often a joint decision where differences between partners in priorities and perceptions must be negotiated and resolved.

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