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 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 married women are 6.6 percentage points more likely than single women to report that contraception 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 the 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...