

## Attitudes of Men toward Contraception

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Received June 25, 1975

*Summary.* This report describes a pilot study conducted to determine the attitudes of men toward contraception. A questionnaire elicited responses from 436 males regarding: Personal data; contraceptive responsibility; contraceptive knowledge; use of contraception and preference for future methods. Results include attitudes toward contraceptive responsibility, assistance to pregnant partners and knowledge regarding eight common contraceptives. Usage of contraceptives in general and condoms and withdrawal specifically is reported. Preference for eight common contraceptive methods is also presented, along with data on delay of intercourse due to lack of contraceptives, partners' requests for male use of condoms/withdrawal and attitudes toward dissemination of contraceptive material to the public. Also reported are attitudes toward development of new contraceptives, use of male sterility shots or pills and the prices that men would pay for newly developed male contraceptives. The most preferred male contraceptive for future development is reported. It was concluded that the survey form and methodology were valid; that men desired to participate in family regulation; that the majority of men placed a low economic value on male contraceptives and finally that the overwhelming majority of men wanted contraceptive information to be widely disseminated in the public.

The limitation of population growth is of concern to family units, social organizations, governmental agencies, and the medical profession. In the last 15 years, perfection of the oral contraceptive, the intra-uterine device (IUD), and of vaginal foams and spermicides has clearly placed the responsibility of contraception on the woman. Each contraceptive method has been subjected to criticism. During the same period, few efforts were directed toward men to ascertain their desires regarding increasing participation in the area of family planning.

Male attitudes toward contraceptive practice are influenced by religious beliefs, desire for a family, and economic considerations. These beliefs ultimately affect the incidence of venereal disease, influence marketing research, governmental policies, and expenditures in the public domain.

An initial survey of attitudes of men toward family planning was undertaken at Cook County Hospital, Chicago, in 1971 [1]. The results suggested that a larger and more comprehensive study might be helpful in developing programs with greater emphasis on the participation of men.

## Materials and Methods

### *Interview Preparation*

An undisguised questionnaire was formulated for a personal interview situation. This method gave advantages of flexibility, accuracy, and control over the sample. The project questionnaire was divided into sections, as follows: a) personal information; b) contraceptive responsibility; c) contraceptive knowledge; d) use of contraception, and e) contraceptive preferences.

Each question was tested to see whether it facilitated answering the question: "What is your attitude toward contraception?" The anticipation was that most respondents would have the information requested and would give it without effort. Most questions were multiple choice. A few were dichotomous. The exact wording of each question was reviewed to insure technical accuracy. To that end, simplicity of the questions was essential; ambiguity had to be avoided as did leading the respondent, generalizations, and unreasonableness. The survey was pre-tested, revised, and printed.

A combination of convenience and stratified random sampling was used in the selection of the samples for the survey. The stratification variable, geographic location was qualitative, and decisions on the definition of strata were arbitrary. Stratified selection of locations was combined with the non-probability sampling technique of convenience sampling, so that "men-on-the-street" would actually be chosen as the sample units, a primary objective of this pilot survey.

The stratified locations included: Eatontown, N.J., Monmouth College, N.J., Philadelphia, Pa., Washington, D.C., random locations in Monmouth County, N.J., and Anacostia, Va.

The desired sample size was 450 units. The actual sample numbered 438. Some men who were asked to participate refused. Accurate statistics about them were not kept, but the estimated number is 5%; all were over 30 years of age. In all instances of refusal, a different additional respondent was sought to participate, thus reducing the bias of non-response.

### *Data Analysis*

Computer reduction of raw data was paramount to the success of the project; therefore, the computer program choice was the MERMAC System of Test and Questionnaire Analysis Programs for the IBM System 360 [2]. That system provides frequency distribution of responses, weighted means, standard deviations, a reliability index for items logically grouped, descriptive information about each group (in this case, the demographic questions), and summaries of responses to items for each question. On the initial gross print-out of the data, no attempt was made statistically to test observed differences between groups, to explain why differences existed, or to make recommendations concerning such differences. Subsequent data evaluation has explored each group separately for each item, permitting an analysis of differences among the groups. These differences will be reported at a later date.

## Results

### *Age*

70% of the respondents were between the ages of 20 and 39 years; 14% were under 20 years of age; and 14% were 40 or more (Table 1).

### *Marital Status*

55% were married, either for the first or second time; 38% were single; the remainder of the respondents listed other categories.

### *Education*

The general education of the sample population was higher than that of the national population: 32% of the survey respondents had completed college or

Table 1. Age of respondents<sup>a</sup>

10-19	14 <sup>0</sup> / <sub>0</sub>
20-29	47 <sup>0</sup> / <sub>0</sub>
30-39	23 <sup>0</sup> / <sub>0</sub>
40-49	10 <sup>0</sup> / <sub>0</sub>
50 and above	4 <sup>0</sup> / <sub>0</sub>
Not answered	1 <sup>0</sup> / <sub>0</sub>

<sup>a</sup> All data 100%  $\pm$  1% because of computer rounding

Table 2. Degree of religious feeling

Very religious	8 <sup>0</sup> / <sub>0</sub>
Somewhat religious	39 <sup>0</sup> / <sub>0</sub>
Slightly religious	31 <sup>0</sup> / <sub>0</sub>
Not at all religious	20 <sup>0</sup> / <sub>0</sub>
Irreligious	2 <sup>0</sup> / <sub>0</sub>
Not answered	1 <sup>0</sup> / <sub>0</sub>

attained graduate degrees. Only 13% reported that high school had been the last formal education.

### Religion

The Catholic and Jewish populations surveyed were out of proportion to their national representation.

### Degree of Religious Feeling

Most of the respondents (70%) reported feeling either "some" or a "slight" degree of religious feeling. Only 8% of the respondents considered themselves "very religious" (Table 2).

### Children Produced

53% of those surveyed were childless. Of the respondents with children, 14% had 1 child, 15% had 2, 10% had 3, 5% had 4 and 3% had 5 or more children.

### Children Desired

The number of children desired differed significantly from the number of children produced. The most frequent response was 2; the majority wanted 3 or less.

### Racial Background

The racial background of the respondents approximates the national demographic pattern. This takes into account a 12% Black population, half of which are women.

### Contraceptive Responsibility

Overwhelmingly, 84% of the men asked believed that both sex partners had responsibility for contraception. Further, 77% stated that they would help a woman whom they impregnated both financially and morally when contraceptives taken or used by either partner failed. This preponderance dropped to 54% who responded positively when asked if they would assist a woman whom they impregnated to get an abortion (Tables 3, 4, 5).<sup>1</sup>

<sup>1</sup> Note: Survey completed prior to the Supreme Court ruling on abortion January, 1973.

Table 3. Contraceptive responsibility

Man	4 <sup>0</sup> / <sub>0</sub>
Woman	10 <sup>0</sup> / <sub>0</sub>
Both sex partners	84 <sup>0</sup> / <sub>0</sub>
Neither	3 <sup>0</sup> / <sub>0</sub>

Table 4. Assistance to personally impregnated woman

Morally	6 <sup>0</sup> / <sub>0</sub>
Financially	7 <sup>0</sup> / <sub>0</sub>
Morally and financially	77 <sup>0</sup> / <sub>0</sub>
Neither	8 <sup>0</sup> / <sub>0</sub>
Not answered	3 <sup>0</sup> / <sub>0</sub>

Table 5. Assist woman to obtain an abortion

Morally	4 <sup>0</sup> / <sub>0</sub>
Financially	9 <sup>0</sup> / <sub>0</sub>
Morally and financially	54 <sup>0</sup> / <sub>0</sub>
Neither	27 <sup>0</sup> / <sub>0</sub>
Not answered	6 <sup>0</sup> / <sub>0</sub>

Table 8. Who should have access to contraceptive information and devices

Anyone	76 <sup>0</sup> / <sub>0</sub>
Anyone over 18	15 <sup>0</sup> / <sub>0</sub>
Anyone over 21	2 <sup>0</sup> / <sub>0</sub>
Only married or engaged couples	3 <sup>0</sup> / <sub>0</sub>
No one	1 <sup>0</sup> / <sub>0</sub>
Not answered	4 <sup>0</sup> / <sub>0</sub>

### Contraceptive Knowledge

The knowledge of the respondents regarding eight present day contraceptives was high. It ranged from a low of 84% for the IUD to a high of 98% for oral contraceptives and condoms. Although some respondents did not answer parts of this question, all who answered had knowledge of condoms. The average for the eight responses was 91% (Table 6).

Table 6. Contraceptive knowledge

Do you have knowledge of the "pill"?	Yes	98 <sup>0</sup> / <sub>0</sub>
	No	2 <sup>0</sup> / <sub>0</sub>
Do you have knowledge of intra-uterine devices (IUD's)?	Yes	84 <sup>0</sup> / <sub>0</sub>
	No	16 <sup>0</sup> / <sub>0</sub>
	No answer	1 <sup>0</sup> / <sub>0</sub>
Do you have knowledge of female diaphragms?	Yes	93 <sup>0</sup> / <sub>0</sub>
	No	7 <sup>0</sup> / <sub>0</sub>
	No answer	1 <sup>0</sup> / <sub>0</sub>
Do you have knowledge of contraceptive douches?	Yes	86 <sup>0</sup> / <sub>0</sub>
	No	13 <sup>0</sup> / <sub>0</sub>
	No answer	1 <sup>0</sup> / <sub>0</sub>
Do you have knowledge of contraceptive creams, foams, or jellies?	Yes	90 <sup>0</sup> / <sub>0</sub>
	No	9 <sup>0</sup> / <sub>0</sub>
	No answer	1 <sup>0</sup> / <sub>0</sub>
Do you have knowledge of the rhythm method?	Yes	89 <sup>0</sup> / <sub>0</sub>
	No	10 <sup>0</sup> / <sub>0</sub>
	No answer	1 <sup>0</sup> / <sub>0</sub>
Do you have knowledge of condoms?	Yes	98 <sup>0</sup> / <sub>0</sub>
	No	0 <sup>0</sup> / <sub>0</sub>
	No answer	1 <sup>0</sup> / <sub>0</sub>
Do you have knowledge of withdrawal as a contraceptive method?	Yes	94 <sup>0</sup> / <sub>0</sub>
	No	5 <sup>0</sup> / <sub>0</sub>
	No answer	1 <sup>0</sup> / <sub>0</sub>

*Use of Contraception*

There were nine questions regarding the respondents' present use of methods of contraception. Complete results are shown in Table 7. Of the men interviewed, 46% stated that they or their sex partners used some form of contraceptives all of the time; 6% used condoms all of the time; 3% reported the habitual use of coitus interruptus. Conversely, 40% never practiced coitus interruptus and 13% never used condoms. 58% of the men stated that presently they prefer female oral contraceptives for family planning. 11% reported delaying or postponing intercourse many times because of lack of a contraceptive. 36% were never asked by a female partner to use a condom or coitus interruptus. When asked to use a condom or coitus interruptus by their partner, 31% agreed to do so all the time but 3% refused many times. A significant number, 76% of those queried, believed that anyone, regardless of age or marital status, should have access to contraceptive techniques and devices (Table 8).

Table 7. Present use of contraceptive methods

All of the time	46%	Postponement of intercourse because of inadequate contraception	
Most of the time	16%		
Seldom	12%		
Never	23%		
Not answered	3%		
Respondents use of condoms			
All of the time	6%	Many times	11%
Most of the time	8%	Sometimes	21%
Some of the time	20%	Very few times	29%
Seldom	19%	Never	36%
Very seldom	31%	Not answered	4%
Never	13%	Request for use of condom or withdrawal by female partner	
Not answered	2%	Many times	9%
Repondents practice of coitus interruptus		Sometimes	28%
All of the time	3%	Very few times	24%
Most of the time	5%	Never	36%
Some of the time	16%	Not answered	4%
Seldom	10%	Agreement by males to use condom or withdrawal	
Very seldom	23%	Never was asked	25%
Never	40%	Agreed all the time	31%
Not answered	4%	Agreed many times	9%
Most preferred presently available contraceptive		Agreed sometimes	14%
Condom	9%	Agreed very few times	8%
Withdrawal	3%	Never agreed	8%
Pill	58%	Not answered	4%
IUD	11%	Refusal of males to use condom or withdrawal	
Diaphragm	5%	Never was asked	35%
Douche	1%	Refused many times	3%
Contraceptive foams, creams or jellies	3%	Refused sometimes	6%
Rhythm method	5%	Refused very few times	11%
Not answered	5%	Never refused	40%
		Not answered	5%

Table 9. Future contraceptive preferences

Would you use a newly developed male contraceptive if it were other than a condom or withdrawal?	Yes	70%
	No	25%
	Not answered	6%
Would you use a pill or take a shot to make you sterile for a period of up to 30 days, but capable of intercourse and ejaculation?	Neither	32%
	Pill	25%
	Shot	3%
	Both	36%
	Not answered	3%
What would you consider a reasonable price for a male contraceptive?	More than \$ 5.00 a month	13%
	Less than \$ 5.00 a month	54%
	Less than \$ 1.00 a month	26%
	Not answered	7%
Which one of the following would you prefer in future male contraceptives?	Improved condoms	10%
	One night sterility, pill or shot	15%
	One week sterility, pill or shot	13%
	One month sterility, pill or shot	27%
	One year sterility, pill or shot	10%
	Reversible vasectomy	1%
	Not answered	5%

### Contraceptive Preferences

Four questions pertained to contraceptive preferences for the future (Table 9). 70% of the respondents stated that they would use a newly developed male contraceptive if it were not associated with condoms or coitus interruptus; 36% would use a pill or shot making them sterile for 30 days but still capable of intercourse and ejaculation. 25% preferred a pill alone.

The economic value placed on contraception by men was low: 54% stated that the cost should be less than \$ 5.00 a month, and an additional 26% thought that the cost of the contraceptives should be less than \$ 1.00 per month.

The last question asked interviewers to show their preference in male contraceptives for the future. 10% desired improved condoms, 15% a one-night sterility pill or shot, and 13% preferred a one-week sterility pill or shot. 27% desired a one-month sterility pill or shot, obviously, on the same order as the female "pill". Only 10% indicated a preference for a pill or shot that would be effective for one year. The second largest number of respondents, 19%, preferred a reversible vasectomy.

### Discussion

The pilot study was done in three geographic locations: Philadelphia, Pennsylvania; Monmouth County, New Jersey; and Washington, D. C. More than 75% of the respondents were in Monmouth County, New Jersey. Certain limitations are recognized. Three geographical survey areas do not comprise a representative

national sample. Those locations were selected because they had large populations of men and were easily accessible to the interviewers. Every effort was made to choose as wide a range of respondents as possible regarding age, racial background, and annual income. It is possible that a few respondents who were personally acquainted with interviewers under-reported, that is, did not answer all of the questions. Some of the questions were personal, so that a number of those surveyed refused to fill in specific responses. Such refusals ranged from 1-7% on specific questions. Statistical results were not weighted in any way to provide for national projectibility; this limitation prevents a generalization regarding the results.

The study showed that most men (70%) would use newly developed contraceptive methods, if available. Of the preferences offered, a monthly pill or shot was most favored (27%), a figure somewhat less than was observed by Spillane and Ryser. Slightly over 50% of the men in Pittsburgh stated that they would take a birth control pill [3]. Among so-called lower "class" males, Balswick found only 41% were inclined to take a pill or shot [4].

Consistent use of contraception was admitted by 46% of the respondents while 16% were frequent users. Only 23% of those interviewed stated that they never used contraception. They can be called rejectors. In the Spillane and Ryser study, there was a 21% non-contraceptive use [3], and 56% of American-Black men [5] responded similarly. The Westoff study [6] in 1970 showed a slight decrease in the number of all couples reporting that they never used contraception as compared with 1965.

Rejection of contraception is an interesting phenomenon in view of the widespread availability of contraceptive methods [7]. As a result of this rejection, almost a third of the first births in the U.S.A. are illegitimate. Among the psychological reasons for rejection of contraception are: denial, guilt, love, shame coital gamesmanship, sexual identity crisis, hostility, masochism, eroticism, nihilism, fear and anxiety, and the availability of abortion. The results of rejection of contraception are diverse. Not only is the possibility of pregnancy a grave threat, but should this take place, it often leads to a train of disastrous physical and mental events.

Contraceptive knowledge was higher in this study than in any other reported series, including a national youth survey by Planned Parenthood - World Population [8] reported in 1972. This may reflect the higher education of the respondents. The finding of 76% respondents who believe that contraceptives should be available to all persons is in agreement with our previous study reported in 1971 which showed 70% of the respondents in favor of birth control services at public clinics [1]. Almost 90% of Pittsburgh respondents stated that they would themselves participate as clients of family planning services [3]. The same men held a favorable attitude toward the involvement of government in voluntary family planning services.

The youth of the respondents may be reflected in the discrepancy between the number of children produced and the number desired. Our earlier study showed similar results [1].

The implications of this study are clear. 1) From a man's point of view, adequate male contraception is simply not available. If it were, no great economic

value was placed upon it by the respondents. 80% would pay no more than \$ 5.00 a month for adequate male contraceptives. Although a percentage of the American public could afford up to \$ 5.00 a month for male contraception, such a sum would be impossible for many others especially in underdeveloped countries. 2) Men have yet to enter the contraceptive market in significant numbers and with greater enthusiasm. This finding supports the conclusions of Middlemon [9].

Even when presently available methods have been intensively advertised in the public media, such a campaign did not produce significant changes in the birth control behavior of individuals who obtained contraceptives from private doctors or drugstores [10]. Improved male condoms are available. Japan has spearheaded their development. However, these products are not presently marketed in the U.S.A. [11].

### Conclusions

1. The vast majority of respondents believed that contraception was the responsibility of both partners. Significant numbers of the men stated that they would provide moral and financial assistance to a woman they had impregnated, but only slightly more than 50% agreed to assist the woman to get an abortion. (N.B. The study was done prior to the 1973 Supreme Court Decision on Abortion.)

2. The knowledge exhibited regarding contraceptive methods was higher than any other survey previously reported.

3. Contraceptive responsibility had been abrogated to female partners or was not used at all. The habitual use of condoms or coitus interruptus was found in a minority of respondents only.

4. Almost two-thirds of the men had been asked to use condoms or coitus interruptus by their partners at some time.

5. Postponement of intercourse for lack of contraception is common.

6. A once-a-month shot or pill for men was the most favored of possible contraceptive suggestions for the future. The next most frequently requested was a reversible vasectomy.

7. 70% of the respondents stated they would use a newly developed male method if not a condom or coitus interruptus.

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