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Raging hormones, domestic incompetence, and contraceptive indifference: narratives contributing to the perception that women do not trust men to use contraception

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Recently, mainstream English-language news organisations have been reporting that a ‘male pill’ will soon be available. A common theme running through many published articles is that women will not trust men to use these new male contraceptives, though rarely is evidence provided to support this claim. In order to understand this disconnect between women’s distrust for men as a group and their trust in their male partners, this paper examines three dominant ideologies of masculinity that inhibit men’s contraceptive trustworthiness as a group. First, there is a cultural belief that men have an uncontrollable sex drive, which interferes with their ability to contracept. Second, there is a commonly held idea that men are incompetent in domestic tasks, which impairs their ability to correctly use contraception. Third, there is a social perception that men are not committed to pregnancy prevention, or at least not to the degree that women are.

Keywords: contraception; masculinity; cultural narratives; trust; USA

Introduction

In recent years, mainstream English-language news organisations have reported that long-acting, reversible male contraceptives (LARCs) are just around the corner. A common theme running through the stories is the assertion that women in developed countries will not trust men to be responsible for contraception. What is often neglected in these articles, however, is that there is evidence that women do trust specific men – their partners – rather than men as a group or some abstract, universal man. An empirical study by Glasier et al. (2000), which is cited in a few of the mainstream articles, found that 98% of women of various cultures would trust their own partner to use contraception. This finding is further supported by the fact that men are already responsible for contraception in many cases, as approximately 27% of heterosexual couples in Western nations use a male-dependent form of contraception, which suggests that women trust them with this responsibility (United Nations Population Division 2009). While not a representative sample, it seems safe to assume that women who have agreed to join clinical trials for male contraceptives, knowing this means they cannot use any other forms of contraception, trust their partner to use contraception.

In order to understand this disconnect between western women’s distrust for men as a group and their trust in their male partners, I turn to three dominant ideologies of

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masculinity in the developed world that inhibit men’s contraceptive trustworthiness as a group. First, there is a cultural belief that men have an uncontrollable sex drive, which interferes with their ability to contracept. Second, there is a commonly held idea that men are incompetent in domestic tasks, which impairs their ability to correctly use contraception. Third, there is a social perception that men are not committed to pregnancy prevention, or at least not to the degree women are.

**Uncontrollable libido**

One of the defining characteristics of hegemonic masculinity is ‘uncontrollable sexual desire’ – a trait that is often thought to be biologically rooted (Macia, Maharaja, and Gresha 2011, 1186). For instance, it has been written that, ‘Most Americans appear to believe that men’s sexual drives are stronger than women’s, and at least half perceive those differences as natural’ (Kane and Schippers 1996, 662). Claiming men cannot control their libido means that men cannot be held responsible with anything regarding sex, including sexual harassment, rape and contraception. In this section, I highlight how certain viewpoints, such as biological determinism and abstinence-only education, sometimes absolve men of contraceptive responsibility by implying that the strength of one’s libido can inhibit sexual and reproductive responsibility.

Reasons given to support the difference between men’s and women’s libidos, especially from those claiming these differences are natural, often echo biological determinism: the belief that our biology determines our desires, characteristics and actions (Nyalunga 2007, 4). Because women have so few eggs (approximately 500 in total compared to the millions of sperm men produce daily (Angier 2007), women need to be selective in who they choose to have sex with. They should limit sexual encounters to men who they think would make the best fathers, that is, men who would produce the best genetic offspring and who will be able to provide for the offspring. Moreover, since women will be responsible for childrearing, they should be careful to pick men who will make this investment worthwhile. Women’s passive sexual ‘nature’ – that is, their weak libido – is thought to aid them in making good choices about mates. In contrast, men have no reason to be selective. In fact, because they have so many sperm and because they are not responsible for childrearing, they have no constraints on whom to have sex with. If we accept there is a ‘biological’ urge to procreate, then men are ‘naturally’ inclined to have sex with as many women as they can.

A ‘spread the seed’ versus ‘hoard the eggs’ mentality is often used to explain, and justify, men and women’s different sexual natures. We see it used in everything from heterosexual courtship practices, to arguments about why men are more likely to cheat than women (Greenfieldboyce 2008), to rape. It is assumed that our sexual nature is uncontrollable because it is natural, that is, biological. Human brains are said to be biologically hardwired for us to act a certain way so as to ensure procreation and thus survival of the species. Whereas women long for a monogamous relationship to protect their investment – their children – men have trouble settling down and when they do, they often cheat because of their biological urge to procreate with as many women as possible. According to this view, people cannot be held fully responsible for their sexual behaviour because it is beyond their control – it is in their nature.

It may seem contradictory that men are typically regarded as in control of their bodies save for their libidos. Yet, this tension is rarely acknowledged. That men are perceived as unable to control their libido is generally not seen as problematic because this arrangement is thought to be biologically necessary. Since men’s uncontrollable libido is typically
viewed as natural, men cannot be blamed for it. Instead, it is men’s uncontrollable libido that is to blame, as it inhibits their rationality, thereby preventing them from acting according to their social values. For example, the teenage boy in Meatloaf’s song *Paradise by the Dashboard Light* is so ‘crazed’ by his desire to have sex that he makes promises in the heat of the moment that he later regrets. Although men’s libido is viewed as a barrier to rationality – a form of incompetence – that interferes with their ability to act the way they want to act, it is not thought to affect their overall competence. Instead, it is thought only to affect their competence in one sphere – the sexual realm. Since this incompetence is limited only to sex, men’s freedoms in other realms are not restricted. For instance, (white, property-owning) men have historically had the right to run for political office despite their ‘uncontrollable’ libido, because their libido is typically not thought to affect their political decision-making ability. If men are thought to be unable to control their libido, then who is to be held responsible for it? Women are typically the ones blamed for men’s libido, often faulted for arousing it with their sex appeal. Because women’s libido is thought to be either non-existent or easily controlled, and because they are assumed to know that men’s libido is the opposite, they are culpable for arousing men’s libido. *Sex Respect: The Option of True Sexual Freedom* (Mast 2001), an abstinence-only sex-education student workbook, explicitly makes this point:

... because they generally become physically aroused less easily, girls are still in a good position to slow down the young man and help him learn balance in the relationship ... the girl may be showing her interest in the guy, but ... the boy may sometimes misread this behavior and get carried away by his physical reactions to that behavior. (12–13).

We see this mentality when people talk about women who are ‘asking to be raped’ because of the women’s actions. The idea here is that most men cannot control their libido and if they see a woman who acts a certain way, they have no control over their desire to have sex with her and thus may rape her. Women are seen as responsible for causing their rape because of their actions, as they are supposed to know that men cannot rein in their libido and consequently should act in a way that prevents them from turning men on (McIntyre 2011).

Since women are thought to have a controllable libido, they are generally expected to assume responsibility for sex-related matters. Men, in contrast, cannot be trusted to act responsibly with anything related to sex due to their uncontrollable libido, which renders them irrational. According to this ideology, if one can control one’s sex drive, then one can control anything sex-related. While this reasoning clearly has its problems, which I will discuss shortly, it nonetheless applies to contraception. This argument posits that once men are turned on, they can no longer be blamed for their actions or held responsible for anything because their sex drive takes over, inhibiting their rationality and making them incompetent. Thus, men are unable to think about using contraception or, in the case of rape, realise that a woman is saying no.

One of the problems with this line of thought is that it posits that any strong, biologically-based desires or needs are uncontrollable. While I do not believe men’s libido is stronger than women’s due to biological reasons, let us, for a moment, assume it is and explore whether we treat other biologically-based desires or needs as uncontrollable. One biologically-based desire or need is addiction. Alcoholics’ bodies, for example, come to depend upon alcohol, thereby causing them to crave it, seek it, and feel like they need it. Although alcoholics have what feels like an uncontrollable need to have alcohol, there is a social (and medical) belief that addiction is something that can be controlled, though it may be difficult.
Some may dispute the comparison of libido and addiction, claiming that they are not analogous since libido is an innate urge, whereas addiction is a learned or social one. Though not everyone may agree, let us again assume that libido is indeed a biological drive, not something that is affected by environment. Given that people who believe libido is an innate urge usually support this claim with some form of biological determinism, I will compare men’s libido to women’s desire or need to have children, which is also often supported by biological determinism. People who support the idea that women have a ‘natural’ desire or need to have children, believe that this is an innate, biological urge, so in this way it is comparable to people who believe men’s strong libido is an innate, biological drive. There is a widespread belief that women have what is colloquially referred to as a ‘biological clock’ – a device, thought to be hormonal, that tells them to reproduce. A woman’s biological clock is considered extremely powerful because, like men’s strong libido, it is thought to be an evolutionary mechanism to ensure survival of the species (Easton et al. 2010, 516).

Assuming women’s biological clock and men’s strong libido are equally powerful given their biological nature and evolutionary origin, if one concludes that a man’s libido is uncontrollable, then women’s biological clock should also be considered uncontrollable. Yet, women’s need to have a child is not thought to be so great that it causes them to stop contracepting or leads infertile women to steal children off the street in order to become a mother. While many women may have a strong desire to have a child, there is a social expectation that they control this desire, which implies that they are able to control it. In contrast, the social understanding of men’s libido is that it is so strong that it not only leads them to reject contraception, but it also causes them to have sex with as many women as possible, even if this means rape. But if men’s libido and women’s biological clock are both equally strong and women can control their biological urge, then men should also be able to do so. Even if men’s libido and women’s biological clock are not equally strong, women’s ability to control their desire/need to have children shows that it is possible to control biological, innate drives.

Given that many men are able to control their libido, it does not make sense to think of men’s libido as an innately uncontrollable drive. Perhaps, certain men have uncontrollable libidos, but it seems a stretch to say all men have uncontrollable libidos. Plus, there are ways to help men control their libido, for example certain medications reduce and even diminish it completely (Peters 1993, 310–311). And if men are able to control their libido, then they should be able to use contraception.

The claim that men cannot use contraception because of their uncontrollable libido only works for contraception that is used in the heat of the moment. There are only two available male contraceptives and only the condom requires use during sexual activity (vasectomy is a permanent, one-time surgical procedure). It seems farfetched that men would not be able to think to use condoms during sexual activity because their rationality is inhibited by their libido. Yet even if this is true, it does not mean that men could not be responsible for other forms of contraception that do not need to be used during sexual activity, when their libido is presumably less strong. Many of the male contraceptives currently being researched are LARCs that do not need to be used right before or during sexual activity (Roth 2012).

Returning to the idea that if one can control one’s sex drive, then one can control anything that is sex-related, the belief that men’s libido is uncontrollable leads some to think that men will not even be able to be responsible for contraception that is not used during or right before sex. Part of the reason for this is that it is thought that men’s desire to ‘spread their seed’ is so strong that they will not diligently use contraception. Tied into this
covert need to procreate is the belief that ‘real’ men don’t use contraception because it diminishes their masculinity. The social norm that men ought to be tough can lead men to take risks and to shy away from protecting themselves (e.g. riding motorcycles without helmets). In the case of contraception, this means that men may risk having unprotected sex, even with people they do not know well or at all (Govender 2011).

Some men may worry that contraception emasculates them – men are often afraid to have a vasectomy for precisely this reason (Daniels 2006). The male genitals are generally central to men’s coherent sexual identity, and are associated with stereotypical masculine traits like ‘strength’ and ‘courage’ (Gurevich et al. 2004; Szasz 1998). Because of the personal, as well as social, significance of the male genitals, having ‘misfunctioning’ (e.g. impotent, prematurely ejaculating, infertile, sterilised) genitals or genitals that look ‘abnormal’ (e.g. small penis, missing a testicle, scarred) can diminish men’s sense of masculinity (Mormon 2000). In short, men sometimes fear that any alteration to their genitalia or anything that affects their hormone levels will make them less manly.

Very often men believe that testosterone is a crucial factor in what makes them men (Booth et al. 2006, 167). Although certain levels of testosterone in the body do result in what are usually classified as masculine characteristics, such as more body hair, more muscle tone, deeper voice, aggressive behaviour and stronger sex drive, the category ‘men’ is not just a biological one, it is also a social one. There are many ideologies about what it means to belong to the category ‘men’, one of which is that men have an uncontrollable libido. Most men want and feel pressured to adhere to these dominant conceptions of masculinity so that they are considered ‘real’ men. Hence, even if they know that their libido is controllable, they may pretend it is not so they are not accused of being ‘feminine’.

However, men in monogamous relationships may not feel as pressured to abide by the ideology of uncontrollable libido with their long-term partner as they do with others, such as friends and women they are dating casually. Since men are probably more honest about their sexual drive with their regular partner than with others, their partner is better equipped to make an assessment of men’s trustworthiness with contraception. Women can base their determination of trust on their partner’s specific and known characteristics instead of gender ideologies and even the façade their partner may project in order to publicly uphold norms of masculinity (Campo-Engelstein 2012a). On the interpersonal level, women can recognise whether their partner’s libido interferes with his ability to contracept. If a woman does not think her partner’s libido affects his ability to contracept, then assuming there are no other factors that inhibit his contraceptive competence, she probably will or does trust him with contraception. Even if a woman believes her partner has a strong libido and that once he is sexually aroused he is unable to focus on anything but sex, she may still be able to trust him to use types of contraception that are not related to the timing of sexual activity, such as an implant or a daily pill. Given that most women seem to trust their partner with contraception, it is logical to conclude that they do not think their partner’s libido prevents him from successfully contracepting (Glasier et al. 2000).

**Men are incompetent with domestic tasks**

I turn now to examine another cultural belief – that men are incompetent with domestic tasks – that contributes to the social distrust of men with contraception. This cultural belief results from the dichotomisation of the private and public realms and their corresponding gendered associations: women with the private realm and men with the
public realm. Reproductive work and domestic work, generally considered ‘women’s work’, has historically been relegated to the private realm (Okin 1989).

That our society is so firmly rooted in a gendered division of labour makes it difficult to trust women with public-realm tasks and men with private-realm tasks. To illustrate, I briefly analyse six Hollywood movies that epitomise this gendered division of labour. Mr. Mom, Three Men and a Baby and Cheaper by the Dozen all involve men trying to take care of children and other domestic tasks and are comedies precisely because of the cultural perception of men’s domestic incompetence. These movies include scenes in which men do not know how to change a nappy, do the laundry or keep siblings from injuring each other – all things that the women characters are able to do easily. In contrast, North Country, The Contender and Gracie, in which women try to break into the men’s world of mining, politics, and soccer respectively, are not comedies, but serious dramas.

There are at least a few reasons for the different genres of the two sets of movies. First, the women characters want to enter men’s world, whereas the men fall into the private realm for reasons beyond their control. Second, women entering the public realm is a threat to patriarchy because they are thought to be trying to usurp men’s power. Men doing ‘women’s work’ is not threatening – in fact, in some ways movies about men working in the private realm reinforce patriarchy by portraying men doing women’s work as silly and unnatural. Third, women’s work is thought to be frivolous and easy, which is why it is funny to watch a man put on a diaper backwards. Men’s work, however, is considered serious, important, and difficult, which is why allowing a girl to take a soccer penalty kick is both risky and scary.

In both sets of movies, the characters are able to prove that they can succeed in the new realm. In the movies about men entering the private realm, the men usually return to the public realm, whereas the women do not return full-time to the private realm (typically the women are balancing both realms simultaneously). This difference shows that work in the private realm is not worth taking on full-time and permanently. While men are indeed capable of mastering tasks in the private realm, they choose to return to the public realm, which sends the message that men belong in the public realm and women in the private realm.

This gendered division of labour that is presented as natural in these movies and by the media generally, leads us to believe not only that men are incompetent with domestic tasks, but also that this incompetence is normal. Men are not supposed to be good at domestic tasks because it is not in their nature. Women, in contrast, are thought to be naturally, that is, biologically, better at serving in a domestic role. Part of the reason for this is that women are considered better self-sacrificers and many domestic roles, especially those surrounding reproduction and childcare, require self-sacrifice (Campo-Engelstein 2012a, 68). Another reason for this is based on ideas about biological determinism. Since women give birth and breastfeed they are the ‘natural’ choice for caring for children. And because it is assumed that women must stay in or close to the house in order to care for children (Pickert 2012), it makes sense that they should tend to the private realm. Since men are physically stronger, do not get pregnant or breastfeed, and are thought to be tougher and more rational than women, they are viewed as better candidates for the public realm (Lloyd 1993). In short, according to this view, women are biologically better suited to work in the private realm and men are biologically better suited to work in the public realm. Men are biologically disadvantaged when it comes to work in the private realm, and so it should not be surprising that they are considered incompetent with domestic tasks. While this does not mean that men cannot learn how to
do private work well, it does mean that many of them start off as domestic bumbler,
which is exactly what the movies about men doing domestic work show.

Additionally, there is the assumption (also seen in these movies) that even if men
dedicate significant time to learning domestic tasks, they will never do as good of a job as
women ‘naturally’ do. Since women today still do the majority of the domestic work
(Bureau of Labor Statistics 2012), though men’s share of it has increased over time
(Greenstein 2009), they have the knowledge and experience – to succeed in these tasks.
It is this lifelong knowledge and experience – little girls learn domestic tasks from an early
age both by observing and by direct instruction from their mothers – that accounts for any
superior skills women have in the private realm, not their biology. Because little boys are
typically not taught how to cook or change a baby’s nappy, it is not surprising that they
fumble with them at first. Given that men do not spend nearly as much time doing private
work as women, it is also not surprising that their skills are not as honed as women’s. In
sum, it is this lack of knowledge and experience that makes many men incompetent with
domestic work.

Since there is the expectation that men are incompetent with private work, there is little
social incentive for them to strive towards success, nor is there much social blame if they
do not excel, as there is for women. A man who has a repertoire of three box or can dinners
might be thought of as a kitchen wiz. In contrast, a woman who has the same repertoire is
considered domestically deficient. This comparison shows that the expectations of men are
much lower because of their perceived incompetence. A recent commercial for Tyson
chicken epitomises these differing expectations: the mother in the commercial is praised
for making a good and healthy dinner (consisting of Tyson chicken, of course) for the sake
of her family (see Haskins 2008 for the video clip). The father makes frozen waffles for
dinner when the mother is not around, but he is not really blamed for this, though he does
look somewhat sheepish when this fact is mentioned. The message seems to something
like, poor dad, he does not know how to cook anything more complicated than frozen
waffles for dinner. Being incompetent with domestic tasks is obviously a form of
incompetence that affects one’s trustworthiness with domestic tasks. Due to the dominant
ideology that men are incompetent with domestic work, women may not trust men on the
group level to do this work.

While some men are competent with (and actually enjoy) domestic work, on the group
level they are usually not trusted because they are viewed as abnormal and this
abnormality is seen as a kind of incompetence. Indeed, men who enjoy working in the
private realm are thought to be ‘odd’, usually considered gay or perverted and typically the
subject of jokes, as in the movies I mention above. Men who take too much interest in
women’s work, like cooking, fashion and home décor, are often accused of being gay since
‘real’ (masculine) men stick to interests in the public realm. It is interesting to note that the
many of the famous chefs, fashion designers and interior decorators are straight men.
Perhaps, this shows how little trust we have for women and how strong patriarchy is that
we would rather employ men to do women’s work at the top levels than to allow women to
do it.

A man who likes women’s tasks is not a ‘full’ man, but only a feminised version of a
man. Consequently he must be gay because of the stereotype that gay men are, not ‘real’
men, but are, instead, effeminate men. Men who enjoy women’s work, but are not thought
to be gay are often labelled perverts. Parents and co-workers are sometimes suspicious of
men who work with young children, such as preschool and elementary school teachers,
because they fear they will molest the children. This fear stems from the convergence of at
least two dominant narratives: first, that men have uncontrollable libidos, second, that men
who want to do women’s work have something wrong with them. Together, these narratives result in the cultural stereotype that men who work with children do so for the unnatural reason of wanting to have sexual relations with children (McConaghy 1999, 310–11).

Although the cultural narrative that men are bad at private-realm work (and that those who are not should not be trusted because they are either gay or perverted) mostly focuses on reproductive and domestic work, given that contraception falls under the umbrella of reproduction, we can assume the same narrative also pertains to it. In fact, the parallel between contraception and other types of domestic and reproductive work is seen in the one scientist’s summation of women’s response to a potential male contraceptive pill: ‘Not infrequently, the American woman’s response was along the line of, ‘Are you kidding? I can’t even trust him to take out the garbage!’ (Segal 2003, 130). This quote squarely places contraceptive use within the realm of reproductive and domestic tasks and furthermore implies that using contraceptives is more demanding, or at least more difficult to ensure compliance, than taking out the garbage.

In sum, men being competent at and enjoying domestic work is seen as a type of incompetence that can prevent social trust of men as a group. In contrast, on the interpersonal level, such competence aids in trust. A woman who believes her partner is competent with domestic tasks is much more likely to trust him with them than if she did not think he was competent. Furthermore, she is less likely to view his competence as odd or abnormal. Since she knows him personally, she probably does not think that domestic competence diminishes his masculinity. That is, she is unlikely to classify him as ‘gay’ or effeminate because he does ‘women’s’ work. Instead, she probably positively views his competence and may think he is ‘more of a man’ for it. His ability and willingness to take on domestic tasks may lead her to respect him even more. In short, it is her interpersonal relationship – the fact that a woman knows the personal characteristics of her partner – that explains why a woman may laud and trust her partner with domestic work, while labelling men in general as ‘weird’ if they do, or especially if they enjoy, such work. On the interpersonal level, women generally look beyond the cultural trope that men are incompetent with domestic chores and base trust on individual traits. This opens up for the possibility for women to trust their partners with specific domestic tasks, including contraception.

Men are not committed to preventing pregnancy

Even if men were perceived as being in control of their libido and fully component with private-realm work, some women (and men) would still not want to trust men with contraception because of men’s perceived lack of commitment to preventing pregnancy. The cultural belief that men are not committed to pregnancy prevention, or at least not to the degree women are, makes them seem untrustworthy with contraception.

Yet there is empirical evidence that shows that men are concerned about pregnancy prevention and are interested in using male contraceptives (Sohn 2010). For example, a survey of 9000 men in nine countries in 2005 revealed that 55% of men were willing to use male hormonal contraceptives, while only 21% were unwilling to do so (Nuzzo 2006). Another study showed that one third of men would use male contraception as their main form of contraception (Macrae 2006). And, according to Garesia Randle (2006) various ‘studies show men are ready for a change [in contraceptive options] contrary to popular belief’ (6). As previously mentioned, men are already responsible for contraception in many cases, as approximately 27% of heterosexual couples in Western nations use a
male-dependent form of contraception (United Nations Population Division 2009). Men’s willingness and desire to participate in contraceptive responsibility is at least a couple of decades old, for in 1989 James Knight and Joan Callahan noted that:

there does appear to be a growing interest on the part of men in sharing responsibility for family planning and a growing desire among men to achieve control over their own fertility. Given that more than 25 per cent of the couples employing contraception in the United States rely upon the condom and that over half a million vasectomies are performed each year, it seems that a large segment of the male population is willing to share or assume the responsibility for fertility control. (1989, 304)

These examples show that both in the USA and abroad, not only are men willing to take responsibility for contraception, but in many cases they already do.

Notwithstanding this empirical evidence, however, the master narrative that men do not value the end of preventing pregnancy as much as women do persists. This cultural trope is usually presented as fact without much or any empirical backing in the literature, even the academic literature, as seen in these two examples: ‘men are, in general, less interested in controlling their fertility than are women’ (Knight and Callahan 1989, 11) and ‘For men, the subject of pregnancy may cause concerns, but their level of concern tends to be lower than women’s’ (Hatcher 2004, 21). One explanation for this phenomenon is that reproductive prowess is an important component of masculinity. It is true that fatherhood, especially biological fatherhood, is important to many men (Campo-Engelstein, Rodriguez, and Gardino 2012). However, the desire to be a father should not be conflated with a lack of reproductive responsibility or with the biological determinism ‘spread-one’s-seed’ and have-as-many-children-as-possible mentality. Despite significant evidence to the contrary, ‘The idea that men want more children than women has been a very dominant representation of men, particularly non-white men’ (Oudshoorn 2003, 120).

Another explanation, and one that is quite ubiquitous, is that men are not the ones who get pregnant. Since men are not at risk for pregnancy and thus do not have to deal with all the problems and challenges of pregnancy (e.g., the decision whether to carry to term or abort, the bodily changes, the stigma of being a single mother etc.), they are less concerned about pregnancy and hence less willing to make the sacrifices (i.e., use contraception or abstain) to avoid it. On the group level, most women are not willing to depend upon men with regards to contraception because they do not believe men sufficiently value pregnancy prevention and they do not want to suffer the consequences (i.e., get pregnant) due to men’s perceived lack of commitment to pregnancy prevention. As Segal (2003) quips, ‘If he doesn’t get it right, it is the woman who pays the price’ (114). While some women are willing to rely on men to use condoms because they know they are being used and can check to make sure they are being used correctly, ‘it is questionable how many women would be willing to rely on men’s use of a systemic, undetectable method [such as a male pill or gel], except in the context of a long-term, committed relationship’ (Darroch 2000, 91).

The case of a long-term, committed relationship is an exception because the woman knows her male partner well and so she does not have to defer to cultural tropes to determine if her male partner sufficiently values the end of pregnancy prevention. Instead, the woman can judge her partner’s commitment to this end based on his individual characteristics and not based on social perceptions about men generally. Looking at individual characteristics rather than general social beliefs will enable women to recognise if their partners do not fit the dominant narrative that men are less interested in preventing
pregnancy. If their partners do not adhere to this social norm but, instead, sufficiently value avoiding pregnancy, then women can trust them to contracept.

Carol C. Korenbrot (1980) nicely summarises these two reasons why men are thought not to value pregnancy prevention as much as women: ‘men are not as easily motivated to take responsibility for contraception as women ... both because the risks of pregnancy are more remote and because masculinity is socioculturally connected to maintaining full reproductive potential’ (52). In short, because men are not thought to be invested in and concerned about preventing pregnancy to the same degree women are, they are less likely to value self-sacrifice in their own reproductive behaviour. Hence, many women view men as untrustworthy to contracept.

What can explain the discrepancy between the social perception that men are less or not interested in using contraception and the fact that men say they are interested and many men in fact use contraception? There seem to be many possible answers to this question, so I will briefly enumerate a few. As already mentioned, one way to understand this tension is to distinguish between the group level and the individual level: one may perceive men as a group as uninterested in contraception yet simultaneously may recognise that some men are genuinely interested in contracepting.

Another explanation could be that social perceptions and realities do not always match up. Sometimes one’s perceptions about how life is differ dramatically from how life actually is. The reason for this may be due to an incorrect master narrative – the master narrative that men are not interested in contraception is wrong. Or, the actual realities are changing and the corresponding narratives and norms have yet to catch up – men are becoming interested in participating in contraception, but the narratives and norms do not yet reflect this. There are many reasons men could be becoming more interested in using contraception. An optimistic reason could be that our society is becoming more egalitarian and men want to assume shared responsibility for contraception. A cynical reason could be that increasingly stringent paternity and child support laws are causing many men to want to protect themselves from women who may deceive them into having a child. A historical explanation points to the fact that it is only recently that contraception has become women’s responsibility (MacCorquodale 1984). Perhaps, the reason men are interested using contraception is that they still feel that it is their responsibility. While the new expectation is that women should be the ones responsible for contraception, maybe some remnants of the older expectation are still at play. A more insidious explanation is that men do not want to let on that they are willing to use contraception because then they would be forced to assume contraceptive responsibility. Indeed, as I have discussed elsewhere, men benefit significantly from not being the ones responsible for contraception (Campo-Engelstein 2009, 2010, 2012b).

A third possible explanation is that women may not want to relinquish contraceptive responsibility to men. Women may be concerned about sharing contraceptive responsibility with men, a more privileged group and a group that historically has and continues to limit or deny their reproductive rights (Miller 2012). According to Dixon-Mueller (1993), many women, ‘although committed to furthering research on male methods so that men can share the responsibility for birth control and sexually transmitted disease prevention more equitably, are reluctant to depend on their male partners and want to maintain this control for themselves’ (49). In other words, even if they believe there should be more male contraceptives and that men and women should share contraceptive responsibility, some women are worried about the consequences of a privileged group actively participating in contracepting because such an arrangement could lead men to usurp women’s (albeit limited) control over contraception.
Conclusion
Current contraceptive arrangements unfairly burden women with most of the responsibility for and negative effects (e.g. health, social and financial) of contraception. Additionally, men’s autonomy is inhibited, as well as enhanced, by the dearth of male LARCs. Clearly, male LARCs are not a panacea – they will not, for example, magically equalise power relations between women and men. Furthermore, they should not negate women’s contraceptive responsibility nor should they take away from research on creating and improving female LARCs. However, male LARCs are an important and necessary factor for achieving a more just and equitable contraceptive arrangement for heterosexual couples (Campo-Engelstein 2011).

One of the major obstacles inhibiting research on male LARCs is the social perception that men are untrustworthy with contraception. Pharmaceutical companies are generally not interested in funding male contraceptive research because they do not think male contraceptives will be lucrative, in part because they doubt women will trust men to use them (Moss 2007). Yet it is problematic that contraceptive research decisions are often based on sexist and false cultural narratives like the ones I have discussed. Shedding light on underlying beliefs about men’s contraceptive trustworthiness is one of the first steps in moving toward greater social acceptance of and more scientific research on male LARCs.

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References
Dragoti, (Director), S. 1983. Mr. Mom. Los Angeles: 20th Century Fox DVD.


Nimoy, (Director), L. 1987. Three Men and a Baby, DVD. Burbank: Touchstone Pictures.


Depuis quelques temps, des organismes de presse anglophone orientés vers le grand public rapportent qu’une «pilule masculine» sera bient disponible. Un thème fréquemment abordé dans de nombreux articles publiés est que les femmes ne feront pas confiance aux hommes qui utilisent ces nouveaux contraceptifs masculins, bien que cela soit rarement vérifié. Afin de comprendre ce décalage entre la méfiance des femmes pour les hommes dans leur ensemble et la confiance qu’elles accordent à leurs partenaires masculins, cet article examine trois idéologies dominantes de la masculinité qui limitent la crédibilité des hommes dans leur ensemble. D’abord, il existe une croyance culturelle selon laquelle les hommes ont un désir sexuel incontrôlable qui interfère avec leur capacité à avoir recours à la contraception. Ensuite, il est courant de considérer que les hommes sont incompétents en ce qui concerne les tâches ménagères et que cette incompétence entrave leur capacité à utiliser les méthodes de contraception correctement. Enfin, les hommes sont perçus comme étant incapables de s’engager dans la prévention des grossesses, tout au moins de ne pouvoir le faire autant que les femmes.

Resumen

Recientemente, las agencias de noticias de lengua inglesa han informado que, próximamente, habrá a disposición una “píldora para hombres”. Sin embargo, estos informes suelen acompañarse del comentario de que las mujeres no confían en que los hombres utilicen estos anticonceptivos nuevos, aún a pesar de la falta de evidencia que respalde esta afirmación. Para analizar esta contradicción entre la desconfianza de las mujeres en los hombres como grupo por un lado, y la confianza que tienen en sus parejas masculinas por el otro, este artículo examina tres ideologías de masculinidad dominantes que, en su conjunto, impiden que a los hombres como grupo se les tenga confianza a la hora de usar anticonceptivos: en primer lugar, la creencia cultural de que los hombres tienen un impulso sexual incontrolable que interfiere con su predisposición a utilizar anticonceptivos; en segundo término, la idea general de que éstos son incompetentes en las tareas domésticas, lo cual también obstaculiza su inclinación a usar anticonceptivos; finalmente, la percepción social de que los hombres no están comprometidos a evitar el embarazo, o al menos, no en el mismo grado que las mujeres.