

Pregnant With Change: Contraceptive Responsibility in Contemporary America

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The contraceptive industry in America is a corporate piggybank, pulling in billions of dollars annually. New contraceptives on the brink of discovery appeal to the public, promising “easier” and “more convenient” methods of birth control. Advertising efforts pay off – the profits are colossal, providing opportunity for further innovative development. Though the market has been intensely focused on selling to women, today’s production companies are paying more careful attention to a new potential target: men. The industry’s expansion urgently calls for an understanding of the way in which young Americans perceive birth control responsibility, and how those perceptions are currently changing.

Birth control has run along rigid gender lines since its initiation into America’s medical sphere. Even as women made enormous social progress throughout the years, birth control remained – and remains today – primarily a woman’s concern. Though we see birth control choices as highly personal, there is a societal backbone to birth control production and marketing. The choices available to us are the result of social differences in a male-dominated Western society, where objectification of women’s bodies continues. Despite this rigid division, the birth control spotlight has recently shifted slightly off center, still focused on women but with greater inclusion of men. Here, I will explore how the current birth control market reflects gender stratification in American society, and how the market could potentially be entering a new era in which men and women are equally important consumers.

Historically, birth control was seen as a man’s responsibility – since the invention of the condom, men were seen as decision-makers and initiators in relationships, and were expected to initiate safe contraceptive practices. But as biomedical knowledge grew, women quickly became the primary target of birth control development and marketing. The first birth control pill was fully developed by the 1960s, and women were interested (Time Magazine, 2010). Since the 60s,

multiple birth control methods were developed. According to the FDA, birth control methods available to women today include: the female condom, diaphragm with spermicide, sponge with spermicide, cervical cap with spermicide, spermicide alone, “The Pill”, “The Mini Pill” (containing only progestin, without estrogen), the patch, the vaginal contraceptive ring, a progestin injection into the muscle which stops the ovaries from releasing eggs, the “Plan B” pill for “emergency” contraception, intrauterine devices (devices inserted into the uterus for years at a time, made of copper or plastic with hormonal release), an implantable rod that is surgically inserted into the woman’s arm, and of course, sterilization. The options currently available to men are: the male condom and sterilization (FDA, 2012).

Equal-responsibility relationships are being adopted by more couples as norms change, and the consequences are only now impacting the birth control market. Just this year, money was fueled into medical research projects to invent new forms of birth control for men, and a new gel-form contraceptive that significantly lowers sperm count is currently underway (LA Times, 2012). Rivaling the gel is a procedure called RISUG (Reversible Inhibition of Sperm Under Guidance), an injection made into the vas deferens that pulls apart and destroys sperm. The procedure requires one injection every ten years, and is inexpensive and completely reversible. It is now being studied intensely in India and Indonesia, and can enter the market successfully in a couple of years, pending further study (Science-Based Medicine, 2012).

Underlying the birth control issue is the highly gendered social context in America – specifically, during the fifty years when the birth control market experienced tremendous growth (1960-2010). Relations between men and women experienced major change in that timeframe, bringing us to the much more liberal relations that we are familiar with today. How do today’s Americans in romantic relationships perceive birth control responsibility and how are those

perceptions currently changing? Are today's couples who share egalitarian views of contemporary gender roles more likely to believe that the responsibility of birth control should be apportioned to both men and women? The answers to these important questions can help explain how our ideas of contraceptive responsibility shift over time as gender norms and expectations change, and will allow for a foundational understanding of the anticipated change in the birth control market.

LITERATURE REVIEW

Current debates in the realm of research concerning sexual and romantic relationships, responsibilities, and contraception present three central issues: gender differences in sexual education, cultural beliefs about sexuality, and ideas of patriarchy and masculinity. Understanding these issues is crucial for building new knowledge about currently-developing perspectives regarding contraceptive responsibility.

GENDER DIFFERENCES IN SEXUAL EDUCATION

Controversy over sexual education for adolescents has led to an unequal and haphazard distribution of information, resulting in a general focus on educating girls only. This imbalance has left young men with a lack of information regarding sexual activity, risk, and responsibility. Young women are encouraged to understand sexual risk, victimization, and how to protect themselves from unwanted pregnancy and sexually transmitted infections. Differences in education create differences in perspective on sexual responsibility, translating into mismatched attitudes about contraception – specifically, birth control – and who is responsible for it.

Carrea and S. Philliber (2000) and Gottsegen and W. Philliber (2001) explore adolescent understanding of sexual risk, responsibility, and willingness to participate in the use of

contraception. The two studies agree that the sexual education available today is inadequate, but focus on separate issues. Carrea and S. Philliber (2000) explain that adolescents often simply do not have access to proper sexual education and base their sexual relationships on incorrect information. The researchers insist that there is a serious lack of knowledge among adolescents about sexual activity, protection, and responsibility. They argue that sexual education is proven to be effective and should be seen as a necessity to promote sexual responsibility. On the other hand, Gottsegen and W. Philliber (2001) argue that young men, specifically, have largely been left out of sexual education, but highlight that this is now changing – information has been mostly available to women, but young men are increasingly becoming included.

Carrea and S. Philliber (2000) outline clear differences in education and a need to focus on restoring equality in teaching sexual responsibility. Their approach provides an impressive amount of data, exposing adolescents' views regarding sexual relationships. To help avoid speculating about what young people think about sexual responsibility, the research provides clean, straight-forward answers for analysis. Gottsegen and W. Philliber (2001) certainly make a strong case for expanding the resources currently available to young men, but their proof that formal sexual education works is questionable. It's possible that more young men are using contraception for reasons less related to their new knowledge and more related to the currently-changing gender dynamic in romantic and sexual relationships. Their research would benefit from more careful consideration and collection of evidence regarding the underlying causes for change.

CULTURAL BELIEFS ABOUT SEXUALITY

Accepted gender roles set the foundation for sexual interaction and the allocation of responsibilities in male-female relationships. Perpetuated ideas of ‘traditional’ relationships and differences in cultural practices make change slow and challenging. Cultural beliefs continue to reinforce male assertiveness and female accommodation, particularly in regard to sexuality and romantic relationships.

Simmons (2011) traces women’s sexuality throughout history, pointing to the ways in which marriage today has evolved but also in many ways has stayed the same. Culture is a central element in our understanding of relationships and though we now enjoy much more egalitarian marriages and relationships, past roles and expectations have not been erased. Rather, they have morphed into what we perceive to be new ideas about gender. Simmons argues that these “new” ideas are actually built upon traditional gender expectations. The cultural belief that men are more sexually aggressive than women is reinforced and celebrated by media, creating different standards of sexual behavior for men and women.

Embracing Simmons’ definitions of gender expectations, Smette, Stefansen, and Mossige (2009) stress the importance of the cultural definition of gender by closely analyzing the gendered double standards in place for sexual behavior and reputation. The general belief that girls need “protection” in a way that boys do not follows through from birth into adult relationships and into established ideas about contraception. Girls are often seen as innocent and physically fragile, whereas boys are considered adventurous and physically aggressive. In regards to birth control, this means that girls are the ones who are threatened by sexual assault and therefore are the ones who need to protect themselves. Citing John Bancroft (2000), the researchers assess the concept of gendered “sexual scripts” – an unspoken set of rules for male-female relations, dictating power and control distribution and emphasizing that men must be

assertive and women must be accommodating. This core belief branches out into all aspects of sexual relationships, creating a culture of victim-blaming. If women know that they are at risk, they are responsible for doing whatever they can to protect themselves. The aggressors are often excused because it is “natural” for men to be physically aggressive.

Pearson’s (2006) findings precede those presented by Simmons (2011) and Smette, et al. (2009), establishing that cultural ideas about gender are at the core of how we interpret sexual relationships. Building a foundation for Simmons’ (2011) and Smette, et al.’s (2009) research, she looks at the internalization of cultural beliefs – girls often feel that they should be accommodating and passive in male-female relationships, and are interested in fulfilling their partners’ desires. Feeling the need to be a “nice girl” means girls are often uncomfortable denying their partners’ sexual advances, even when they are unwanted. Pearson (2006) ties this into cultural beliefs about men’s sexuality and its perceived “uncontrollable nature”. The belief that men are naturally aggressive physically, specifically sexually, advances Bancroft’s (2000) concept of “sexual scripts” – girls and boys act based on a set of social rules, but also internalize these rules. Pearson (2006) presents the dilemma posed for adolescent girls: girls are expected to protect themselves from sexual assault by men, but a girl who has contraception is often seen as “looking for sex”.

Simmons (2011) works through the history of gender stratification neatly and accurately, outlining what was, what is, and what may be. Her research provides solid historical background for further analysis of the evolution of romantic and sexual relationships. The findings of Smette, et al. (2009) reinforce Simmons’ argument, explaining the cultural context of the perceptions of sexual male-female relations and, as a result, the understanding of contraceptive responsibility. Drawing upon historical ideas of gender relations allows for comparison between then and now,

explaining the context for the formation of gender stereotypes, especially among adolescents.

Pearson's (2006) research can help further explain why adolescent girls are often hesitant to seek contraception and more often participate in unprotected sex than do boys, despite having greater risk. Her thesis is strong and clearly stated here, offering credible solutions for common questions about young people and sexual responsibility.

PATRIARCHY AND IDEAS OF MASCULINITY

Historic emphasis on the differences between men and women and the importance of masculinity and femininity is a major factor in how men and women today are expected to act as partners in sexual relationships. Male-dominated marriages were, and largely continue to be, the norm. The power traditionally granted to the male breadwinner in contrast to the submissive role of the housewife is passed down to the sexual relationship. Masculinity is the key advantage in this power dynamic.

Coontz (2005) revisits the formation of the Victorian model of marriage – a familiar picture of a male breadwinner and a female caregiver who is responsible for housework. She gives a historical account of how this model of the family came to be, taking the reader through the economic and social implications of marriage, and concluding that marriage has changed drastically in recent years. The new shift in romantic relationships fulfills us in new ways but also brings unfamiliar expectations. Where before spouses may have felt trapped in a failing relationship, divorce is now an easily-accessible option, making marriage itself much more optional – Coontz (2005) calls this the “marriage revolution”. She argues that this change stems from women's independence and the new power women have in controlling relationships. Women can now choose their partners and the conditions under which they are willing to enter

into and stay in romantic relationships. A new desire for equality means that women want men who will share in equal responsibility: breadwinning, housework, and raising children. She goes on to say that men are increasingly willing to share in responsibility and to participate in more egalitarian marriages.

Pearson (2006) reemphasizes Coontz's (2005) claim of change, intricately discussing the power dynamic in sexual relationships and its ties to the social system of patriarchy. She delves into expectations for behavior: men and women are expected not to stray from what is considered "appropriate" masculine or feminine behavior. Definitions of what is appropriate come from the persistence of traditional marriages – Pearson (2006) is able to prove that expectations in romantic relationships trickle down from parents to children, and shape adolescent views on sexuality and responsibility. She exposes that adolescent boys who have traditional views of gender are much more likely to believe that girls are responsible for contraception. She presents a second interesting finding: those adolescents who hold more traditional views also believe that pregnancy is proof of masculinity, and serves as validation.

Marsiglio (1993) would agree with Pearson (2006) about the implications of pregnancy on masculinity, but would not call her findings new. His thorough analysis of adolescent boys' attitudes toward pregnancy displays somewhat different results: not all adolescent boys see pregnancy as validation of masculinity, and those who do are mostly non-white boys of low socioeconomic status. In fact, Marsiglio's (1993) research shows that white middle-class boys are much less likely to be happy with an unplanned pregnancy than are non-white lower-class boys, who believe that paternity is their entrance into manhood. He asserts that the recycled belief that having a child validates masculinity has less to do with parental views and

relationships, and more to do with socioeconomic status and the racial and class perpetuations of patriarchy.

Coontz's (2005) theory could offer an interesting explanation for why more men are now interested in sharing contraceptive responsibility with their partners and in pursuing male-oriented forms of birth control. She sets up an exciting trajectory of change to follow. Pearson (2006) takes an original stance on masculinity and pregnancy as validation, but her data could be evaluated in a number of ways, possibly producing different results. More thorough analysis of her data shows unexplained discrepancies in correlations between socioeconomic status and gender; race is also not considered. Marsiglio's (1993) research draws a clearer link between socioeconomic status, gender, and race. It's possible that both Marsiglio (1993) and Pearson (2006) present factors that are important in the formation of attitudes toward sexual responsibility – it's worth considering that the different components of general social context all play a part.

CONTRIBUTION

Extensive research on the formation of beliefs and attitudes towards sexual relationships and responsibility sets an excellent background for the investigation of change currently underway. Drawing upon past and recent findings, my research tracks presently-changing dynamics of contraceptive responsibility in relation to a broader change toward shared responsibility in romantic relationships. I hope that my findings will help to explain the new social interest in male-oriented contraception and the current shift toward shared birth control responsibility.

THEORY

Comparing us to scripted actors, Erving Goffman draws a conspicuous parallel between dramatization on the stage and in real life, using his role performance theory. Goffman suggests that like actors on a stage, we are given a “few cues, hints, and stage directions” and expected to pick up on them appropriately (Goffman, 1956). We are not necessarily told how to act. Rather, we gradually acquire an understanding of our roles through these cues and hints. Our experiences with others and exposure to others’ behavior shape our “performances” and ideas over time, pressuring us to conform to accepted norms. We assume the roles that we are presented with and adapt to fulfill them.

Our tendency to “stick to the script” is a way of sustaining predictability – we know how we’re expected to act and want to avoid the consequences of deviating from those expectations. Gender “scripts” are traditionally suited to empower men and disempower women, and aggressive socialization perpetuates ideas of “appropriate” behavior, maintaining gender stratification and the gap in resources between men and women.

Societal pressure on women to be nurturing, loving, and considerate partners is still very much present, and many women feel the need to cater to their partners’ wishes. Their partners’ wishes often include that the woman accept responsibility for birth control. Internalizing gendered social scripts, women often act out the role of the submissive partner. Women are socialized to put their partners first, and often feel guilty if they consider their own needs and wants before those of their partners. They feel that in order to maintain relationships, they must be selfless in many of their joint decisions. This can result in women voluntarily accepting

responsibility for birth control, because they do not want to burden their partners or make them unhappy.

Goffman's "presentation of self" theory makes the idea of independent "choice" appear to be little more than a social construct – we believe that it is fully a woman's choice whether or not to take the birth control pill, but "choice" is actually obscured by intense social pressure to perform in accordance with social norms. For example, women are expected to accept full responsibility for unwanted pregnancy. This expectation is exemplified by the controversial issue of abortion. Abortion appears in the media and among political groups as a woman's issue from which men are mostly exempt. Women are targets of ill-judgment for their decisions on how to deal with unwanted pregnancies possibly resulting from unsuccessful contraception use. There is pressure on women to "accept responsibility" for getting pregnant. We hardly ever see the men involved in creating these pregnancies being told to "accept responsibility" for getting the woman pregnant. There is an expectation that the woman should know to use effective birth control if she wants to avoid pregnancy, but very little expectation that her partner should do the same. The message is "don't get pregnant", not "don't impregnate". These perpetuated ideas feed slowly-changing social norms, encouraging women to embrace their role as the partners responsible for sexual protection.

Women are still socialized to be subservient to men, though this socialization has obviously lessened significantly in recent years – particularly in metropolitan areas. Today's parents are educating their children in very different ways than parents of the past have, and though gender stratification is still central to social organization, it has clearly weakened since the 1970s. Despite this, segregated gender roles persist and we continue to perform gender.

I expect to find that men are becoming increasingly interested in sharing in contraceptive responsibility as romantic relationships become more egalitarian. I also expect to see that the way people assume birth control responsibility is directly related to how they assume general responsibilities in romantic relationships.

METHODS

I held six in-depth individual interviews, in which all participant names have been changed to protect confidentiality. To acquire a variety of different perspectives, no two participants were of the same religion, gender, and race. Interviews served as excellent data collection – the participants were comfortable discussing individual issues in a private setting. I recruited one couple to interview, and then used snowball sampling. Since views on the topic are deeply personal, it was helpful to have previous participants put in a good word for me and encourage trust of my study and confidentiality. Initially, I was interested in interviewing couples only (each partner individually) and cross-referencing their answers. Though it surely would have provided worthwhile comparison, I found it difficult to find willing participants. Participants expressed doubt in confidentiality, and felt worried that I would share their answers with their partner. Convincing them otherwise proved too difficult, so I settled for one partner (almost always the woman). The first two participants were the only couple that allowed for both partners to be interviewed, and there were valuable discrepancies in their answers. It offered insight into how people who feel they are in agreement may still possess opposing perspectives. Indeed, there are two sides to every coin.

Another method I believed would prove useful was content analysis. I monitored online forums to gather information about people's feelings on the current state of contraception and the

development of birth control. I analyzed posted user responses to news articles on birth control news, and public internet forum posts on askmen.com, a website marketed to men, where men (and women) are free to discuss men's issues and seek advice. I started a forum 'thread' myself, asking for men's thoughts and feelings about up-and-coming birth control. I got mixed results with answers from men and women. Content analysis was especially effective here because internet forums are completely anonymous, so participants can post what they wish without restriction and without fear of personal consequence. Whereas interviews can be uncomfortable when discussing 'taboo' topics and largely personal issues, the internet is a place to freely express your opinion without worrying about exposing your identity.

I should account for possible limitations on the amount of information made available to me. Participants had varying levels of comfort during the interviews, and some were less willing than others to open up about their sexual decisions. It is possible that participants were still concerned that I would pass on personal information that they shared to me, especially to their partners. Though in general, it seems that most participants were honest and open with their answers. I believe that the online forum participants were less bound by concern with compromising their identities, and therefore were able to provide less censored answers. However, anonymity can be a double-edged sword: while participants are more comfortable discussing personal issues publicly because of it, it can also mean that posters do not seriously consider their answers, or are less compelled to be truthful. The forums gave me a general feel of how men and women feel about birth control, while the interviews gave me in-depth personal perspectives.

ANALYSIS

Birth control continues to be the woman's responsibility, but in a much more liberal way. With the new development of birth control for men, change is just over the horizon. As romantic relationships evolve, noticeable patterns of shared responsibility become more visible. It no longer strikes us as unusual to hear about women as the sole breadwinners in their families, stay-at-home-dads, and gay couples raising children. But we are not headed toward role reversal. Rather, as new family structures become available and enter the process of social indoctrination, we move toward new interpretations of romantic relationships, family, and participation in the professional and domestic spheres. Birth control is not exempt from these new interpretations – it is a reflection of a much broader societal move toward egalitarianism.

As women continue to fight for greater professional recognition, men find themselves feeling more comfortable participating in the domestic sphere. Though there are still notions of gendered division of labor, and men are still quite hesitant to do “woman's work”, the perceived threat to masculinity is diminishing. It cannot be denied that gender discrimination is still strong, but it continues to gradually shrink as men work under female bosses, help raise children, and of course, hear their partners' demands for equality. The modern couple defies all odds by splitting work, home, and child-caring responsibilities. We are now so accustomed to this image of the contemporary family, that the Stepford Wives image of the 70s seems outdated and oppressive. Women continue to strive to level the playing field with men, and today's men are more and more receptive to a more equal power dynamic.

The objectification of women's bodies in the media via focus on youth, beauty, and sex, translates into objectification of women's bodies in the medical field. Women are still

encouraged by magazines and other media outlets to alter their natural bodies by getting breast implants, cellulite reductions and liposuction, botox and collagen injections, “nose jobs” and “face lifts”. This alteration of the female body has successfully been extended to develop currently-available birth control. A woman can implant a device into her uterus, under the skin in her arm, accept hormonal injections, or take potentially harmful pills on a daily basis. The biomedical field certainly shares responsibility in the continued objectification of women’s bodies. However, as gender lines become increasingly blurred in American society, the stigma associated with physically altering the male body is slowly fading. More men are considering having their own noses altered, or having hair transplant surgery, or even getting birth control injections.

While the media perpetuates stereotypes about both men and women, the heavy emphasis on women’s sexuality remains a hot topic. Women’s bodies are used to sell products, and women in the public spotlight experience intense scrutiny and criticism of physical appearance – something men are hardly ever subject to. This often frustrating representation of women affects the way women feel about personal issues in their everyday lives, such as those pertaining to sexual protection and birth control. The media convinces us that women are the central decision-makers when it comes to abortion. The woman experiencing unplanned pregnancy is deemed irresponsible and inconsiderate of possible consequences. The woman’s partner rarely comes into play, and is not usually seen as having an important role in the decision-making, before and after the responsibility. Faiza, a 26-year-old woman, shares her perception of social norms regarding abortion:

There’s an expectation that men have sexual urges, and they’re going to have to satisfy [them], and it’s up to the woman to sort of control things...Society does tell us that it’s

more on the women because the man just needs his fix...When it comes to child-rearing – definitely greater responsibility on the woman.

User comments on internet forums represented a wide array of perspectives – some pushing for equality in relationships, others pushing for the opposite. Though responses varied, I was surprised to see a majority of comments by men arguing for women’s rights and privileges, and expressing a willingness to participate in male birth control. Justifications of all sorts were used – “I would like to use birth control to have better control over things”, “It’s not fair that my girlfriend has to worry about her health to protect both of us. If a safer option is available to men, why wouldn’t I do it? It’s about being considerate.” Of course, some were concerned with control and wanted the same “independence” they perceive women have from the many birth control options available to them. One poster commented that if he wanted to have many sexual partners, male birth control would empower him by giving him peace of mind that he wouldn’t have to deal with unplanned pregnancy. In his opinion, women have greater control over sexual relationships because they are the ones with the birth control. They are protected, men are not. The issue of control is one that came up again and again during participant interviews, presenting an interesting paradox: it appears that women have greater independence and control with the option of birth control, but really, they have less control as they are bound by the demands of their partners. Faiza explained the power dynamic in her relationship with her husband:

It’s definitely about control. He wants control, and I do too. And it’s everything – work, house cleaning and child-rearing. I need to stay at work because I haven’t developed that relationship with my husband, where I feel like I won’t feel powerless if I stay home. And with birth control, I need the control to counter his. I need to show that I’m the one who decides, not him.

Carrea and Philliber (2000) and Gottsegen and W. Philliber (2001) argue that proper sexual education is the most important factor in contraceptive decisions and shared responsibility, but my data does not agree with this. I found that couples rarely based their decisions on knowledge about risks or availability of birth control. Instead, they were much more focused on compromise in the relationship, and influenced by culture and discussions with friends and family. Derek, a 22 year old man, says:

I'm not sure sex ed was that important. Ultimately, the decision is between the couple. It is not about what you know, it's about what you and your partner want. My parents taught me well, but I can't say I've followed their advice. I do what works for me, and what works for my partner.

Bancroft's (2000) term "sexual scripts" was certainly in line with the responses received, but the participants seemed well-aware that the scripts were a reproduction of social norms. Though they acted in accordance with the sexual scripts, they were also able to observe them more objectively. A few participants, especially women, resented the perpetuation of ideas of gendered behavior, commenting that women should worry less about being accommodating to their partners. Ellen, 23, says:

Yeah, it's a joint effort. Yeah, we make the decisions together. But at the end of the day, it's my body and I decide what to do with it. If he wants something different, or if he doesn't like it, too bad. I'm all for compromise, but I'm not for bending over backwards to make your husband happy. Sacrifice should come out of both sides.

Coontz's (2005) revision of newly-available options in marriage tie in well with the responses I received. Options are important to couples today – the option of divorce, the option

of work or home life (or the option of both), and the options of birth control. Greater options mean greater independence for both men and women – the problem now is figuring out how to balance these options without getting overwhelmed. Too many options can leave us feeling that there's always something better, something that we have yet to explore. This can, of course, lead to issues in romantic relationships as our partners try to keep up with our thoughts and desires. And it has led to less stability, and a certain insecurity and impermanence between couples. With more options available, there is more to disagree on. Agreeing on birth control will be the next challenge.

CONCLUSION

Of course, much work is to be done before men and women can enjoy equal access to birth control methods and shared responsibility for contraception. But we're on the way. With growing interest and support by men, the new forms of male birth control under development could evolve into the next big thing to hit the birth control market. As gender relations continue to evolve in America, the views on birth control change, and so do its iron ties to traditional gender roles. Change in the birth control industry is a reflection of much larger-scale social change and progress. Men are much more likely today to break away from traditional ideas of gender roles, and as a result, view contraception and participating in contraceptive responsibility more favorably. They are more interested in being equal partners with their spouses – in raising children, breadwinning, household responsibilities, and now, in birth control.

I have not taken into consideration race, class, social status, culture, and direct parental influence. It's probable that those factors will expose noticeable differences between different

groups. My pool of participants was limited, and it is important that further research be done that takes these factors into consideration.

Only time will tell how the forms of available birth control and preference will change. A news reporter joked recently: “In a few years you may be reminding your husband to take his birth control pill.” And that’s a future both women and men are looking forward to experiencing.

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