

PERSPECTIVES ON MASCULINITY AND CONTRACEPTIVE BEHAVIOR ACROSS EUROPE

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INTRODUCTION

Policy programs, reproductive health services as well as research primarily focus on contraception as a female sphere of influence. This mainly results from the observation that women bear the physical costs of pregnancy and birth, and they are traditionally responsible for childcare and perceived as the caretaker of the family (Grady et al., 2010; Thomson, 1997). At the same time, studies have shown that the exclusion of men from the reproductive domain enforces them not to take responsibility this “female” domain (Edwards, 1994). Recently, men’s characteristics, preferences and their participation in the reproductive domain however proved to be equally important (Bauer & Kneip, 2013; Grady et al., 2010; Thomson, 1997).

Two divergent trends in male contraceptive method use can be observed across Europe. On the one hand, Western European societies witnessed a switch to contraceptive methods that enabled couples to delay parenthood more effectively (Frejka, 2008; Skouby, 2004). The introduction of the hormonal birth control pill during the 1960s gave women greater power to control reproductive decision-making and required a switch from control or cooperation by men to methods for which women had primary responsibility (Dalla Zuanna et al., 2005; Santow, 1993). Although most effective reversible contraceptives are female controlled (e.g., the pill, intra-uterine device) and their use thus logically exceeds that of male reversible methods (e.g., condom), it is suggested that many women think that the responsibility or burden for contraception falls too much on their shoulders, and side effects resulting from hormonal methods urge them to switch their method (Grady et al., 2002). At the same time, it is indicated that non-use of condoms is related to men’s refusal to use them and men are less likely to rely on sterilization as compared to women although the procedure entails lower financial and physical costs (Shih et al., 2014). Other research points to the educational gradient in male method use. Condoms are more often relied on by higher educated men as compared to the lower educated (Martinez et al., 2006) and they are also more inclined to rely on sterilization (Bertotti, 2013). In accordance with these observations, we expect for the WE countries that *men’s engagement in the female contraceptive domain might be perceived as a threat to their masculinity.*

On the other hand, the Central and Eastern European region shows significantly higher rates of withdrawal and condom use as compared to Western European countries, despite the sharp increase in female controlled method use since the 1990s. During the socialist period, access to hormonal contraception was limited, costs were high because of importation from the West and quality of domestically produced products was poor (Santow, 1993; Westoff, 2005). Until today, perceptions that hormonal or “unnatural” methods are harmful to health remain (IPPF, 2012). Accordingly, while most people are aware that male methods are less reliable, these are considered as the safest from a health

perspective. In addition, natural methods such as withdrawal are free, take no preparation and are always available. In some CEE countries, withdrawal is seen as a source of pride, as a skill in mastering their sexual performance and male discipline. From women's perspective, reliance of withdrawal serves as an indicator of commitment, trust and intimacy within a relationship. In line with these studies, we expect for the CEE countries that *men's engagement in the contraceptive domain might be perceived as a source of masculinity*.

Our study elaborates on the complex intertwinements between gendered power and norms, and contraceptive use. Perspectives on masculinity, from both his and her point of view, are the focal point of this paper. Specific attention will be paid to the divergent trends by analyzing each of the countries under investigation separately. This simultaneously enables us to take the heterogeneity within both European regions into account.

METHOD

Sample. We rely on data from the Generations and Gender Survey, a European longitudinal panel survey initiated by UNECE (2005) that collects representative data in 19 countries. Our study focuses on five WE countries (Austria, Belgium, France, Germany, Norway) and eight CEE countries (Bulgaria, Czech Republic, Estonia, Georgia, Lithuania, Poland, Romania, Russian Federation). We select a subsample of co-residential heterosexual men (N = 19,662) and women – only of reproductive age (N = 18,035) – that can be identified as “currently in need for contraception” (i.e., not pregnant/no pregnant partner, fecund/fecund partner) who had no desire for children at the moment of the survey.

Variables. Our dependent variable is contraceptive use. We distinguish between three types of methods: traditional male controlled (withdrawal) versus traditional female controlled (period method); modern male reversible (condom) versus modern female reversible (the pill, intra-uterine device, diaphragm, injectable, implants, spermicidal foam/jelly); and modern male permanent (vasectomy) versus modern female permanent (tubal ligation). The male controlled method is the reference group. Our key independent variables are men's and women's values about gender. We distinguish between values concerning the private sphere (mean score calculated based on eight items that address issues such as “If a woman earns more than her partner, it is not good for the relationship”) and those concerning the public sphere (based on the question “When jobs are scarce, men should have more right to a job than women”). Scores range for both variables range from 0 to 4 and a higher score indicates more traditional values. All models are controlled for the respondents' age and age square, socio-economic status (educational attainment, employment status and personal income), partner status, parity and residence.

Analysis. We perform three logistic regression analyses (one for traditional methods, one for modern reversible methods and one for modern permanent methods) to test our hypotheses. Each country is analyzed separately and different tables are constructed for men and women.

RESULTS

The descriptive results confirm the suggested “East-West divide” in contraceptive use patterns as mentioned in the introduction. Whereas WE is characterized by higher levels of modern female reversible methods and male and female permanent methods, CEE witnesses higher prevalence of non-use, male and female traditional use, and modern male reversible use. For gender values, it should be noticed that all countries score more traditionalism on the private gender index as compared to the public gender index. All CEE countries show more traditional gender values for both indices than the WE countries. Country specific mean scores range from 1,72 in Norway to 2,58 in Georgia for the values concerning the private sphere, and from 0,67 in Norway to 2,66 in Georgia concerning the public sphere. Estonia is the exception, as the respondents living in this country show one of the most modern gender values of all countries.

First, preliminary results of the country and gender specific logistic regressions suggest that gender values – particularly women’s – are only associated with traditional method use for several CEE countries. We find that more traditional values associated with both the private and public sphere are related to a higher likelihood of using traditional *female* methods. Second, men as well as women with more traditional gender values are more likely to rely on modern *female* reversible contraceptives in multiple WE countries whereas they are more likely to practice modern *male* reversible contraceptives in several CEE countries. Third, we only find a positive association between more traditional gender values about the public private sphere and a higher likelihood of relying on modern *female* permanent methods than on male permanent methods, but only for Belgium.

CONCLUSION

First of all, in accordance with the observation that modern method use is almost universal in the WE region, we do not find any significant associations between gender values and traditional method use. Likewise, sterilization rates are very low in many CEE countries and we find no relationships between values and permanent contraceptives for any of these countries. Based on the first results, we cautiously conclude that our hypotheses are largely confirmed. For WE, we find that more traditionalism seems to go hand in hand with higher use of *female* methods and, only for Belgium, with a higher likelihood of performing modern *female* permanent methods. As such, people with more traditional gender norms will be more likely to rely on female methods. In contrary and also in line with the hypothesis, for CEE, we find that more traditional values are related to higher use of *male* methods. Nevertheless, traditional gender values are associated with a higher likelihood of practicing traditional *female* methods in multiple countries. Additional analyses are needed to further explore the varying dynamics that are at play between *and* within both European regions.

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