



# Research Findings

## Majority of Men Say They Would Be Likely to Take Hormone Pill or Injection as a Means of Birth Control, Regardless of Their Relationship Status

### Eight in Ten Women Would Trust Male Partner to Take Contraceptive if Relationship was Long-Term, Though Trust in Partner Declines Notably for Short-Term Relationships

**Washington, DC, September 14, 2017** — According to a recent online study conducted by Ipsos on behalf of Gustavus Adolphus College, nearly nine in ten (88%) Americans who identify as being straight/heterosexual believe that both men and women have equal responsibility for birth control in a healthy relationship – with slightly more women holding this opinion (90% vs. 85%, men). Only about one in twenty believe that either the female (7%) or the male (5%) should accept greater responsibility for birth control in a healthy relationship.

- When thinking about healthy relationships, men are significantly more likely to feel that birth control should be the male's responsibility (9% vs. 1%, women who say the same).
- Younger adults (9%, ages 18-34 vs. 2%, 55+), the more affluent (6%, earning more than \$50,000 vs. 2%, earning less), those with children living at home (9% vs. 3%, no kids), those with a college degree (7% vs. 2%, no degree), and those who are married (7% vs. 2%, other) are also among the most likely to believe men should bear the responsibility for birth control in a relationship.

There is a strong belief among survey respondents that women appreciate a man who is taking responsibility for birth control in a relationship (93%), and nearly three quarters think health insurance should cover the cost of male contraceptives (e.g. condoms, hormone pills or injections as means of birth control for men) at the same rate as female contraceptives (72%). Fewer than one in five are against equal insurance coverage (17%) and one in ten (11%) are not sure. Where women are much more likely than men to support the notion of health insurance coverage for male contraceptives (78% vs. 66%, respectively), men are more than twice as likely to oppose this idea (24% vs. 11%).

When it comes to taking a male contraceptive, two thirds of men say that they would be likely to take a hormone pill or injection as a means of birth control if they were in a *long-term* committed relationship (65%), and a majority (57%) would also consider taking it if they were in a *short-term* relationship. Eight in ten (80%) women, in turn, say that they would trust their male partner to take an oral or injectable contraceptive as means of birth control if they were in a *long-term* relationship, although trust in their male partner to take a contraceptive falls notably for *short-term* relationships (30%).

- Groups of men most likely to say they would take a hormone pill or injection as a means of birth control whether they were in a long- or short-term relationship include: those who are under the age of 55; those who earn more than \$50,000

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annually; those with children living at home; those with a college degree; and those who are married. Women under the age of 35 mirror this trend, and are especially likely to trust their male partner regardless of the relationship status.

### Impact of Male Contraceptives on Relationships, Image, and Health

Eight in ten (81%) adults agree that male contraceptives would not change the nature of a relationship, although just as many also believe that the use of male contraceptives could enhance intimacy (81%). The possibility of having more sex with their partner would motivate just over three quarters of men (76%) to take an oral or injectable contraceptive for men, and would also motivate seven in ten women (70%) to encourage their partner to take a male contraceptive. A majority across both genders agree that they would be less likely to continue using condoms if male contraceptives were introduced into the relationship (74% men and 69% women) – and this is especially true for younger men (18-34) and both male and female parents.

More than half (58%) of the men surveyed would want their female partner to continue using their existing form of birth control as a backup if they were to start taking a male contraceptive, although a third (31%) say that this decision would be up to their female partner. In comparison, the proportion of women who say that they would continue using the pill, IUD, diaphragm or other form of birth control if they had a male partner that was taking a male contraceptive jumps to seven in ten (69%) - and only 5% would leave this decision up to their male partner. Far smaller proportions of the heterosexual American population surveyed would not want the female to continue using birth control if the male started taking a contraceptive (6% men and 10% women), although women are significantly more likely to be unsure whether they would continue using a form of birth control or not (16% vs. 4%, men).

The vast majority of heterosexual Americans disagree that a man who takes a male contraceptive is less of a man (89%). However, about one in ten (11%) agree with this statement, including a significantly greater proportion of men (17% vs. 5% women). Another one in ten (10%) women agree that if their partner started taking a male contraceptive (i.e. oral or injectable contraceptive for men), it would make him “seem less masculine” (vs. 90% disagree). The proportion of men who say taking a male contraceptive would make them feel less masculine jumps to three in ten (29%), while a quarter (24%) would also be concerned that women would think less of them as men.

- The proportion of young men (18-34) who say that they would feel less masculine if they took a male contraceptive jumps to 52% (versus 20%, ages 35+). Young men are also more likely to be concerned that women would think less of them.
- Women under 35 display similar attitudes, with greater proportions agreeing that if their partner started taking a male contraceptive, it would make him seem less masculine.

Nearly half (49%) of those surveyed admit they have concerns regarding the effects of the new male contraceptives on a man’s sexual performance – including a majority of men (64%), younger adults (63%, ages 18-34), parents (58%), and college educated adults (51%) who worry about the effects this new birth control can potentially have on sexual performance.

When it comes to potential side effects of a male contraceptive, increased libido (39%) and injection site pain (32%) are rated as being the most tolerable by both men and women. However, a significantly greater proportion of women think that men would be willing to accept these (43% and 35%, respectively) versus the proportion of men who say they would be willing to tolerate them (35% and 29%). At least one in ten think that weight gain (14%), muscle pain (12%), nausea (11%), and mood changes/depression (10%) would be tolerable for men, while acne (9%) is slightly less likely to be seen as tolerable. Fewer think that men would be willing to tolerate an increased risk of stroke or irregular heartbeat (5%) or a decreased libido (5%), while 13% aren’t sure. Furthermore, a quarter (25%) of adults don’t think men would accept *any* of these side effects, and this is especially true for men themselves: 30% say that they

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would not tolerate any of these side effects as a result of taking a new birth control method, versus 21% of women who think men would not be willing to accept any of these.

### About the Study

These are the findings from an Ipsos poll conducted July 7 - 11, 2017 on behalf of the Gustavus Adolphus College. For the survey, a sample of 1,872 adults over the age of 18 from the continental U.S., Alaska and Hawaii was interviewed online, in English. To qualify for the survey, respondents had to identify as being straight/heterosexual. The precision of Ipsos online polls is measured using a credibility interval. In this case, the poll has a credibility interval of  $\pm 2.6$  percentage points for all respondents surveyed.

The sample for this study was randomly drawn from Ipsos's online panel (see link below for more info on "Access Panels and Recruitment"), partner online panel sources, and "river" sampling (see link below for more info on the Ipsos "Ampario Overview" sample method) and does not rely on a population frame in the traditional sense. Ipsos uses fixed sample targets, unique to each study, in drawing sample. After a sample has been obtained from the Ipsos panel, Ipsos calibrates respondent characteristics to be representative of the U.S. Population using standard procedures such as raking-ratio adjustments. The source of these population targets is U.S. Census 2016 American Community Survey data. The sample drawn for this study reflects fixed sample targets on demographics. Post-hoc weights were made to the population characteristics on gender, age, region, race/ethnicity and income.

Statistical margins of error are not applicable to online polls. All sample surveys and polls may be subject to other sources of error, including, but not limited to coverage error and measurement error. Where figures do not sum to 100, this is due to the effects of rounding. The precision of Ipsos online polls is measured using a credibility interval. In this case, the poll has a credibility interval of  $\pm 2.6$  percentage points for all respondents (see link below for more info on Ipsos online polling "Credibility Intervals"). Ipsos calculates a design effect (DEFF) for each study based on the variation of the weights, following the formula of Kish (1965). This study had a credibility interval adjusted for design effect of the following ( $n=1,872$ ,  $DEFF=1.5$ , adjusted Confidence Interval=4.1).

For more information about conducting research intended for public release or Ipsos' online polling methodology, please visit our [Public Opinion Polling and Communication](#) page where you can download our brochure, see our public release protocol, or contact us.

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