Pulling Out of the Conversation? Masculinity, Responsibility, and the Politics of Male Birth Control in the Netherlands

Alycia Lacourt[1*]
[1]BSc. Sociology
[*]Corresponding author. Email: alycia.lct@gmail.com

Abstract

Contraceptive responsibility has long been shaped by gendered assumptions that cast it as primarily a woman's concern, leaving men's roles underexplored in both public discourse and academic research. Guided by scholarship on hegemonic and emerging masculinities, this thesis asks: *How do men living in the Netherlands perceive and navigate contraceptive responsibility? What do their personal narratives reveal about the information available in public discourse, social media, healthcare, and personal decision-making?* Based on qualitative interviews with young men, the study identifies five key themes: gendered responsibility, negotiation in relationships, risk-taking and method preferences, emerging masculinities, and informational barriers. The findings show how dominant masculine ideals can limit men's active engagement with contraception, while more reflexive, caring masculinities offer space for change. This research contributes to debates in medical sociology, gender studies, and reproductive justice by highlighting how contraceptive responsibility is not merely individual but embedded in cultural scripts and institutional exclusions.

Keywords

male contraception, reproductive responsibility, hegemonic masculinity, fertility and virility, gendered stereotypes, gendered identities, emergent masculinities, gender equity

Introduction

In matters of contraception, men's voices are often missing. Not because they are silenced, but because they are not expected to speak. Contraceptive responsibility has long been framed as a predominantly women's concern, with women bearing the physical, emotional, and financial burdens of preventing pregnancy (James-Hawkins et al., 2019; Kimport, 2018). This framing is reinforced through medical, educational, and policy systems that center women as the primary actors in reproductive care (Kimport, 2018). From the early development of the contraceptive pill to the routine targeting of women in sex education and family planning programs, the burden of contraception has been systematically feminized (Kimport, 2018). Meanwhile, men's engagement remains limited, both due to the restricted availability of methods —currently confined to condoms, vasectomy and withdrawal— and to dominant gender norms that discourage their involvement (van Wersch et al., 2012; Kimport, 2018). This disparity is not merely a matter of individual choice but is shaped by broader social norms, gendered expectations, and institutional structures that influence how reproductive responsibility is assigned and performed (van Wersch et al., 2012). Existing research highlights that hegemonic masculinity, being the dominant form of masculinity that privileges control, autonomy, and virility, can create resistance to male contraceptive use, which reinforces the idea that contraception is a woman's issue (van Wersch et al., 2012).

This resistance persists even as clinical researchers have, in recent decades, made significant progress in developing hormonal male contraceptives, such as transdermal gels and oral pills combining progestin and testosterone, demonstrating that male fertility can be suppressed reversibly and safely in controlled trials (Nickels & Yan, 2024). However, despite promising results in clinical trials, no male hormonal method has yet reached the market (Nickels & Yan, 2024). Several factors explain this delay. First, male contraceptives must suppress sperm production continuously, unlike female methods that act on a monthly cycle, which makes the development and testing process longer and more complex (Nickels & Yan, 2024). Second, some trials have reported side effects such as changes in mood, sex drive, and body weight, and although these effects are often mild —and very similar to the ones women bear with hormonal contraceptives methods—, they have raised safety concerns and slowed down progress (Nickels & Yan, 2024). Finally, large pharmaceutical companies have largely pulled out of male contraceptive development, because many see it as a risky investment due to uncertain demand, strict regulations, and competition with well-established female methods (Nickels & Yan, 2024). This delay in developing hormonal male contraceptives methods reflects and reinforces a broader research gap: while women's experiences and burdens have been extensively studied, far fewer studies have explored men's perspectives on contraceptive responsibility (Greene & Biddlecom, 2000). Where men have been studied, they are often positioned as reluctant, resistant, or peripheral actors (Greene & Biddlecom, 2000). However, changing gender norms, growing demands for gender equity, and advances in male contraceptive technologies provide a critical moment to reassess male engagement in contraception (van Wersch et al., 2012).

This research aims to analyse how masculinity influences men's attitudes and practices regarding contraception, examining how responsibility is constructed, performed, and negotiated in different societal spheres. In this study, masculinity is understood not as a fixed identity, but as a set of socially constructed norms, expectations, and practices associated with being perceived as masculine, including but not limited to ideals of autonomy, strength, control, and responsibility (Connell & Messerschmidt, 2005). Building on literature on hegemonic masculinity used throughout this study, these norms are approached as relational and context-

dependent, shaped through everyday interactions and institutional settings such as intimate relationships, healthcare encounters, and reproductive decision-making (Thompson, 2005; van Wersch et al., 2012). Masculinity is therefore treated as something that is continuously negotiated in practice rather than possessed, which makes in-depth interviews particularly well suited to capturing how men articulate, justify, and sometimes question gendered expectations in their narratives. By integrating these perspectives, this research seeks to offer a comprehensive analysis of how masculinity and contraceptive responsibility intersect. It also addresses how men encounter information about contraception, through healthcare, digital platforms, and informal networks, and how the availability or framing of information influences their choices. In doing so, this study broadens discussions on gender equity in reproductive health and the social transformation of contraceptive responsibility, by contributing to a more nuanced understanding of how men experience contraceptive responsibility.

This thesis paper aims to answer the following research question: **How do men living in the Netherlands perceive and navigate contraceptive responsibility? What do their personal narratives reveal about the information available in public discourse, social media, healthcare, and personal decision-making?**

The research is structured around sub-questions that correspond to key themes explored throughout the findings:

1. How do gendered norms around masculinity affect men's sense of responsibility toward male contraception?

2. How are masculinity and responsibility about male contraceptives portrayed in public discourse, social media, digital communities, and healthcare?

3. How do men access information about male contraceptives, and how available, reliable, and biased is this information?

To address these questions, this study adopts a qualitative research design based on semi-structured interviews with men currently living in the Netherlands. Focusing on the Dutch context is analytically relevant because the Netherlands is often characterised as a progressive and liberal society with widespread access to contraception, comprehensive sexual education, and an established discourse on gender equality (Weaver et al., 2005). This makes the continued feminisation of contraceptive responsibility particularly puzzling, as one might expect male engagement to be more normalised in such a context. Yet, despite these favourable structural conditions, participants' narratives consistently framed contraceptive responsibility as a women's issue, raising critical questions about the persistence of gendered norms beneath ostensibly egalitarian arrangements. In this study, "personal narratives" refer to men's own accounts of how they experience, interpret, and navigate contraceptive responsibility in their everyday lives. Analysing these narratives allows the research to examine not only men's practices and knowledge, but also how meanings around masculinity and responsibility are constructed in relation to partners, healthcare, and public discourse. By examining men's personal narratives within this setting, the study explores how masculinity, responsibility, and access to information are negotiated in everyday life, offering insight into why gendered patterns of contraceptive responsibility endure even in one of Europe's most "advanced" reproductive health contexts.

This thesis is structured as follows. The next chapter presents the theoretical framework, which introduces the key concepts and perspectives that inform the research questions and guide both the analytical lens and the

operationalisation of core themes. The selected theories not only provide a foundation for understanding masculinity, responsibility, and reproductive decision-making, but also shape the methodological choices and interpretation of findings. Following this, the methodology chapter outlines the use of semi-structured interviews and qualitative thematic analysis. It also includes a critical reflection on positionality and the ethical considerations that shaped the research process. This thesis is structured around a clear analytical distinction between findings and discussion in order to make transparent how empirical insights are generated and then interpreted theoretically. The findings section presents the interview data thematically, using participants' narratives to show how masculinity and contraceptive responsibility are articulated, negotiated, and experienced in everyday life. The discussion section then builds on this analysis by situating these empirical patterns within broader theoretical debates on masculinity, gendered responsibility, and reproductive health. This separation allows the analysis to remain grounded in participants' voices while also demonstrating how the findings contribute to and extend existing theory. The thesis concludes with a summary of the main findings, a reflection on the study's contributions and limitations, and suggestions for future research.

Theoretical Framework

1. Gendered Identity and Forms of Masculinity

Hegemonic masculinity refers to the dominant form of masculinity that is culturally idealised and linked to power, control, and traditional gender norms (Connell & Messerschmidt, 2005). It shapes how individuals perceive masculinity and sets the standard against which all other forms of masculinity are compared. Connell and Messerschmidt (2005) argue that hegemonic masculinity remains a vital concept for understanding gender power relations, though it requires theoretical refinement. They stress that hegemonic masculinity is not a fixed identity but a configuration of practices legitimising men's dominance over women and subordinated men (Connell & Messerschmidt, 2005). These configurations of hegemonic masculinity are lived, reproduced, and made meaningful through gendered identities that organise everyday expectations, roles, and responsibilities. Gendered identities, as discussed by Oudshoorn (2004), refer to the socially constructed roles and expectations that individuals are assigned based on their perceived gender. In many societies, masculinity is still defined by power and virility, which can discourage engagement with contraception (van Wersch et al., 2012). This reluctance reflects deeply embedded gendered identities that associate fertility with femininity and sexual control with masculinity (van Wersch et al., 2012; Oudshoorn, 2004).

Thompson (2005) further illuminates how masculinity is constructed and contested in reproductive contexts. Drawing on Judith Butler's concept of gender performativity, they show that men undergoing infertility treatment must actively perform masculinity, through displays of virility (e.g. sperm count) or demonstrations of emotional commitment, to reaffirm their gender identity (Thompson, 2005). Infertility thus becomes not only a medical condition but a perceived failure of masculinity, threatening the cultural link between male identity, potency, and fatherhood (Thompson, 2005). Men respond with "parodic" performances, which are exaggerated enactments of traditional masculine roles, to repair this disruption and reassert legitimacy within a heteronormative framework (Thompson, 2005). These dynamics are crucial for understanding male contraception, as they reveal the cultural pressures men face to align reproductive capacity with masculine worth. Just as infertility can trigger gender

insecurity, the voluntary prevention of reproduction may be perceived as emasculating, especially in contexts where fertility is equated with virility. Thompson's ethnographic examples underscore that men's reproductive behaviours are shaped not by biological facts alone but by deeply gendered scripts that reward reproductive capacity and penalise deviation from hegemonic norms (Thompson, 2005).

While hegemonic masculinity remains structurally dominant, it does not fully capture the dynamic and evolving ways men negotiate gendered expectations in relation to health and reproduction. Regarding changes and evolutions in the concept of "manhood", Inhorn and Wentzell (2011) offer a crucial lens for understanding how masculinities are not static but emergent, particularly concerning reproductive and sexual health technologies. Inhorn and Wentzell (2011) propose the concept of "emergent masculinities" as a response to rigid notions of "hegemonic masculinity" as theorised by Connell and Messerschmidt (2005). Through ethnographic research, they demonstrate how men engage with reproductive and sexual health technologies in ways that both challenge and reproduce dominant gender norms (Inhorn & Wentzell, 2011). Their concept of "emergent masculinities" emphasises how men adopt novel, context-specific gender performances as they navigate changing sociopolitical realities, bodily transformations, and medical interventions (Inhorn & Wentzell, 2011). This concept offers a crucial analytical tool for interpreting the ambivalence and contradictions that characterise men's narratives around contraceptive responsibility. By emphasising the relational and embodied nature of masculinity in flux, this perspective reveals how men may adopt new forms of gendered behaviour, such as assuming greater responsibility for contraception, as they negotiate changing sociopolitical expectations, intimate relationships, and health-related choices.

Inhorn and Wentzell (2011) argue that masculinities are not static but in progress, shaped by bodily change and social context. Applied to male contraception, this framework helps illuminate how men may begin to embody more caring and health-engaged masculinities, even within settings structured by hegemonic norms that traditionally associate contraceptive labour with women (Greene, 2000). Rather than viewing male responsibility as a complete rupture from dominant gender ideologies, the concept of emergent masculinities allows us to see male participation in contraception not merely as a passive shift in behaviour, but as an active negotiation of identity, where new masculinities may take shape.

While scholarship on hegemonic and emergent masculinities offers valuable frameworks for understanding gendered power relations, much of this work remains conceptually oriented or focused on specific reproductive disruptions, such as infertility, rather than on men's everyday understandings of contraceptive responsibility. As a result, there is limited insight into how men themselves articulate, reflect on, and negotiate masculinity in relation to contraception in ordinary life contexts. This study builds on these theoretical perspectives by centering on men's personal narratives, examining how hegemonic norms, moments of reflexivity, and emergent masculinities coexist within men's accounts of responsibility and reproductive decision-making. In this research, gendered identities and forms of masculinity are operationalised through men's narratives about responsibility, bodily control, fertility, and communication.

2. Contraceptive Responsibility and Hegemonic Masculinity

Hegemonic masculinity helps understand the reluctance of men to engage with contraceptive responsibility, as it aligns masculinity with fertility and virility (van Wersch et al., 2012; Thompson, 2005). Although decades of

research have shown that a male contraceptive pill is pharmacologically viable, its absence from the market is largely attributed to psychosocial and cultural barriers rather than medical limitations (van Wersch et al., 2012). While men across contexts tend to support the idea and development of a male pill, willingness to use it in everyday life remains more conditional, by societal expectations of masculinity, perceptions of trust in relationships, and concerns over bodily control and medical side effects (van Wersch et al., 2012). The introduction of male contraceptive methods, particularly the male pill, challenges these norms by shifting responsibility traditionally ascribed to women, threatening the perception of male virility and authority (van Wersch et al., 2012).

Since the 1960s, nearly all contraceptive innovation has focused on women, leaving men with methods like condoms and vasectomy (Oudshoorn, 2004). Oudshoorn (2004) highlights how male contraception disrupts long-standing associations between masculinity, reproductive control, and women's role in contraception. She argues that creating hormonal contraceptives for men involves not just technological innovation, but also a cultural renegotiation of masculine identities (Oudshoorn, 2004). This renegotiation of masculine identities challenges the hegemonic discourse that has historically excluded men from contraceptive decision-making. The fear that male involvement in contraception undermines masculinity stems from the view that masculinity is tied to physical strength, fertility, and sexual dominance (Oudshoorn, 2004).

Building on the framework of hegemonic masculinity, Greene (2000) argues that gendered stereotypes (stemming from hegemonic masculinity) have led to the disproportionate burden of contraceptive responsibility being placed on women. Reproductive health and family planning initiatives have historically operated under the assumption that women are the primary actors in reproduction, while men are cast as peripheral, problematic, or outright obstructive (Greene, 2000). This perspective, deeply embedded in demographic research, has reinforced myths of male irresponsibility and female accountability (Greene, 2000). By portraying men as passive or unchangeable, such programs have failed to address the gendered power dynamics that shape reproductive decision-making (Greene, 2000). As a result, interventions that assume male disengagement often end up validating it, thereby entrenching traditional roles that undermine reproductive autonomy. Greene (2000) highlights how these stereotypes are not only embedded in policy and research but also perpetuated by health systems and broader societal expectations, which view male engagement with contraception as unnecessary or abnormal. These structurally reinforced assumptions about men's disengagement do not remain abstract, but materialise in everyday masculine practices through which men actively reproduce distance, silence, and non-responsibility in relation to sexual and reproductive matters.

This gendered division of contraceptive responsibility is not only visible in who performs contraceptive labour, but also in how responsibility is avoided. Dalessandro et al. (2019) conceptualise this avoidance as "strategic silence": a patterned practice in which men remain silent in order to shift responsibility onto women while maintaining alignment with hegemonic masculine norms. Among college men, this silence is not merely a passive absence of communication, but an active strategy used to avoid vulnerability, and maintain group cohesion while distancing themselves from sexual violence accountability (Dalessandro et al., 2019). Instead of overtly denying sexual violence, men avoid discussing it altogether, allowing them to remain neutral and disengaged while upholding dominant masculine norms (Dalessandro et al., 2019). These silences are not accidental but reflect conscious or semi-conscious decisions to manage impressions and avoid emotional or social risks (Dalessandro et al., 2019).

Although existing research has extensively documented the feminisation of contraceptive labour and the structural exclusion of men from reproductive responsibility, men are often positioned as passive absentees rather than as reflective subjects navigating these arrangements. Consequently, less attention has been paid to how men themselves understand, justify, or question their limited engagement with contraception. This study addresses this gap by foregrounding men's own accounts of contraceptive responsibility, showing how disengagement, silence, or reliance on female partners are not merely defaults, but gendered practices shaped by hegemonic ideals of autonomy, control, and virility. Contraceptive responsibility is operationalised by analysing how men talk about their perceived role in contraception, their willingness or reluctance to engage with male contraceptive methods, and their views on the division of labour between partners. Particular attention is paid to expressions of discomfort, deferral, silence, and responsibility-shifting, which are analysed as meaningful indicators of how hegemonic masculinity structures reproductive behaviour.

3. Men's Contraception in Social, Healthcare, and Policy Contexts

While hegemonic masculinity has historically limited men's engagement with contraception, emerging male contraceptive technologies hold the potential to disrupt these entrenched gendered arrangements at a structural level. Recent studies suggest that advancing male contraceptives is crucial not just for expanding contraceptive choices but also for fostering gender equity, strengthening health systems, and promoting universal access to sexual and reproductive health and rights services (Kidula et al., 2025). Currently, the only male contraceptive choices available (condoms, withdrawal, and vasectomy) each come with specific challenges regarding their effectiveness, ease of access, or societal acceptance; however, emerging methods under development offer hope for a more balanced method mix (Kidula et al., 2025). Their introduction could act as a catalyst to integrate men's sexual and reproductive health and rights services into broader healthcare, potentially increasing men's engagement with health systems, broadening health education, and alleviating the gendered burden of contraception (Kidula et al., 2025). Overall, Kidula states that the availability of male contraceptive methods could challenge the traditional gendered division of labour in contraception and empower men to take more active roles in family planning (Kidula et al., 2025). However, integrating male contraceptive methods into health systems requires a shift in societal attitudes and health practices, including the deconstruction of gendered stereotypes that position men as uninvolved in reproductive matters (Greene, 2000).

While policy and health systems literature increasingly highlights the societal benefits of expanding male contraceptive options, these discussions often overlook how men's own perceptions, knowledge gaps, and gendered assumptions shape the viability of such interventions. This creates a disconnect between macro-level ambitions for gender equity and the micro-level realities of men's everyday decision-making. By centering men's narratives, this study contributes a grounded perspective that exposes how structural silences, limited information, and gendered expectations continue to constrain men's engagement with contraception, even in contexts where new technologies are imagined as transformative. The societal impact of men's contraception is examined through participants' reflections on public discourse, social media, healthcare encounters, and access to information. By analysing how men evaluate the availability, reliability, and framing of information about male contraception, the study reveals how individual experiences both reflect and reproduce broader structural and institutional barriers.

Research Design

Methods for Data Collection and Analysis

This research used semi-structured interviews to explore how men perceive and navigate contraceptive responsibility. Drawing on the methodological principles outlined by Bryman in Clark et al. (2021), this qualitative approach enabled rich, in-depth engagement with personal narratives while allowing flexibility to adapt to individual experiences. The interview guide was structured around key themes, including contraceptive practices, responsibility, masculinity, communication, public discourse, and medical discourse, while remaining open to emergent topics raised by participants (see Appendix 1 for the interview guide).

Key theoretical concepts —such as hegemonic masculinity, reproductive responsibility, and access to knowledge— were operationalised through both the design of the interview questions and the analytical approach. The research questions and sub-questions were broken down into concrete topics explored during interviews (see Appendix 2 for the interview guide), allowing participants' personal experiences to be connected to broader social and theoretical concerns. To explore how gender norms and masculinity shape men's sense of contraceptive responsibility, interview questions focused on how participants understood their role in contraception, how they perceived the division of responsibility between men and women, and whether they felt pressure or discomfort when thinking about active involvement. Concepts from Connell and Messerschmidt's (2005) framework of hegemonic masculinity —particularly autonomy, emotional restraint, and bodily control—, and from Thompson's (2005) framework on masculine gendered identity —particularly fertility, virility, potency—, guided the development of these questions and informed later analysis.

The sub-question on representations in public discourse, media, and healthcare was operationalised through questions about where and how participants had encountered male contraception, either in formal education, medical settings, or online environments. Participants were asked about what they had seen or heard, how these messages were framed, and whether they felt included or addressed by them. These reflections were analysed considering literature that critiques the marginalisation of men in reproductive discourse (Oudshoorn, 2004; Greene, 2000). Finally, to investigate how men access and assess information about male contraception, interviews included questions on sex education, online research habits, peer conversations, and trust in healthcare professionals. These responses helped to evaluate not only the availability of information but also its perceived relevance, clarity, and emotional impact. This process of operationalisation ensured that abstract theoretical concepts were translated into accessible and meaningful prompts during interviews, while remaining closely tied to the analytical framework used in coding and theme development.

Participants were selected through a combination of purposive and snowball sampling, aimed at capturing both demographic and experiential diversity (Clark et al., 2021). Demographic diversity was pursued in terms of relationship status and nationality, while experiential diversity concerned participants' familiarity with contraceptive methods, their perceived level of responsibility, and openness or resistance toward male contraception. The final sample consisted of ten participants, all currently residing in the Netherlands: five were in a relationship (three Dutch men and two internationals from Brazil and Poland), and five were single (also three Dutch men and two internationals from England and Ecuador). This composition enabled a balanced exploration of how relationship context and cultural background may influence perceptions of contraception. While the sample

was limited to ten participants, this size was considered sufficient for in-depth thematic analysis and allowed for detailed engagement with each narrative. Recurring themes across participants also indicated a degree of data saturation. A detailed overview of the interview planning, including anonymised participant aliases, relationship status, and the dates and times of each interview, is provided in Appendix 3.

One of the recruitment criteria concerned men's country of residence, with participants required to be living in the Netherlands. This choice allowed masculinity to be examined as a relational and situational practice, emerging through everyday interactions within a shared social and discursive environment. Rather than treating masculinity as a fixed attribute tied to nationality, residence was used as a key analytical criterion, enabling the study to examine how men negotiate contraceptive responsibility within the same societal context while bringing diverse gendered backgrounds into that negotiation. Additionally, focusing on younger men enabled the study to examine contraceptive responsibility at a stage of the life course where reproductive decision-making and negotiations of responsibility are actively ongoing (the age of the participants can be found in Appendix 3). From a theoretical perspective, this focus aligns with an understanding of masculinity as a dynamic and processual phenomenon, allowing for closer analysis of how gendered norms are negotiated, questioned, or reproduced in real time rather than retrospectively.

Recruitment began through purposive outreach within relevant social networks, followed by snowball sampling, where initial participants were invited to informally refer others who might be interested in contributing. This strategy proved effective in building a sample that reflected both variety and thematic relevance. Most interviews were conducted in person, in settings chosen by the interviewee to ensure their comfort, privacy, and openness. Three interviews took place online to enhance accessibility, particularly for participants who preferred the anonymity and convenience of a virtual setting. In-person interviews offered opportunities to establish rapport and observe non-verbal cues, while online interviews made it easier for some to discuss sensitive issues and to participate in the study. In a few cases, interviewees later reported that their participation had prompted conversations with peers or acquaintances, and relevant, consented insights from these indirect sources were also incorporated into the broader analysis to reflect the surrounding discursive environment.

All interviews were conducted in English, audio-recorded and transcribed using the software NoScribe. Transcripts were subsequently reviewed manually to ensure accuracy and to correct any errors in spelling, transcription, or formatting. The research was informed by an interpretivist epistemology, aiming to understand how participants construct meaning around contraception and responsibility within their social and relational contexts (Clark et al., 2021). Data analysis was guided by thematic analysis principles, particularly as outlined by Terry et al. (2017), with a focus on uncovering recurring patterns in how men express views about contraception, responsibility, and gender roles. Thematic analysis was considered especially suitable for this study because it allows for a flexible yet systematic examination of shared meanings across participants' narratives, while remaining attentive to contradictions, ambivalence, and variation within individual accounts. This approach aligns with the study's aim to explore how men *perceive and navigate* contraceptive responsibility, rather than to test predefined hypotheses or quantify attitudes.

ATLAS.ti was used to support a rigorous and transparent coding process. Coding was conducted in multiple rounds, with each interview transcript coded at least twice. An initial round of open, inductive coding focused on close reading of the data to identify salient concepts, expressions, and experiences emerging directly from

participants' narratives. Subsequent rounds involved refining, merging, and re-coding segments of the data, allowing earlier transcripts to be revisited in light of insights gained from later interviews. This iterative, back-and-forth process ensured that emerging patterns were consistently examined across the dataset and that codes remained analytically grounded rather than fixed prematurely. Although the analysis was primarily inductive, it remained sensitive to existing theoretical concepts such as masculinity, bodily autonomy, and responsibility. Particular attention was paid to how these themes intersected with factors such as relationship status, trust, access to information, and contraceptive practices. Through this process, broader themes were developed by clustering related codes and examining how they operated across and within participants' accounts. The full codebook, including the frequency of each code, is presented in Appendix 4.

Positionality and Ethical Considerations

Ethical considerations were central to this research. The study followed the University of Amsterdam's ethical guidelines, as well as the ethical practices outlined by Clark et al. (2021). Informed consent was obtained from each participant prior to the interview (oral and written consent), with a clear explanation of the study's aims, the voluntary nature of participation, and the right to withdraw at any stage without consequence following Clark et al. (2021). A copy of the consent form can be found in Appendix 1. All data were anonymised by removing identifying information, with participants selecting their own pseudonyms, and securely stored in password-protected files to ensure confidentiality and privacy. Particular care was taken regarding potential discomfort that could arise from discussing sensitive topics such as reproductive control, body image, and medical mistrust, and participants were offered resources and follow-up support if needed.

As a young female researcher studying masculinity and contraceptive responsibility, I was acutely aware of how my positionality could shape the research process. Gender dynamics may have influenced how participants presented themselves, particularly on topics involving sexual behaviour, responsibility, or emotional vulnerability. This positionality could also have shaped how questions were asked, how silences were interpreted, and how narratives were analysed. I remained reflexive throughout the research process, considering how my presence and identity could both open up and close down certain narratives.

To encourage openness and reduce potential discomfort, I adopted several informal strategies to build rapport. Drawing on my personal experience and social proximity to male peers, I used conversational language and expressions familiar from male friendship groups. I made an effort to mirror participants' phrasing, even when I found their statements disputable, so as to avoid a confrontational dynamic and sustain the flow of dialogue. Humour and casual language were used strategically to create a relaxed atmosphere, allowing participants to feel that I could be a part of the conversation rather than an external evaluator. These performative choices, such as laughing along, validating their contributions, and carefully choosing when and how to challenge certain views, were central to establishing trust and accessing more truthful reflections. While these tactics were effective in creating a non-judgmental space, they also raised ethical questions about complicity and critical distance. I remained mindful not to reinforce problematic views and took care to balance empathetic listening with analytical scrutiny during data interpretation. This reflexive engagement with positionality not only shaped the interviews but also informed the analytical lens through which I interpreted the narratives, acknowledging both the co-constructed nature of the data and the structural dynamics that shaped the fieldwork.

Beyond the interviews themselves, the topic often sparked reflection and conversation among participants and within my own social circles. Many participants initiated debrief conversations immediately after the interview, while others messaged me days later to share new thoughts or insights that had emerged after discussing the topic with friends, partners, siblings, or parents. Some even described how the interview prompted more sustained dialogue within their relationships or households. These ongoing exchanges and similar discussions within my private network suggest that men are not only willing to engage with questions of contraceptive responsibility but are increasingly open to rethinking their roles. This, in itself, is an encouraging sign of shifting norms and growing reflexivity.

Findings

In the following section, the findings are expanded across five thematic sections by linking participants' narratives to key theoretical frameworks and existing literature. Using direct quotes to deepen the analysis, this section operationalises the theoretical framework introduced earlier, showing how abstract concepts such as responsibility, masculinity, and care take shape in lived experience. These themes highlight not only the dominance of traditional gender norms and structural silences but also moments of reflexivity, care, and shifting masculinities. In doing so, they provide insight into how men negotiate and navigate their position in the reproductive domain, often marked by ambivalence, contradiction, and gradual change. By situating individual narratives within broader social, cultural, and institutional contexts, this section reflects on what these findings suggest about the possibilities and limits of shifting contraceptive responsibility.

1. Responsibility is a Woman's Thing: Masculinity and the Gendering of Responsibility

Across interviews, participants described contraceptive responsibility as something inherently gendered, often feminised, avoided, or negotiated through masculine ideals. This section explores how men internalise and navigate dominant ideas of masculinity in relation to contraception. The data reveal how hegemonic masculinity (Connell & Messerschmidt, 2005) not only shapes behaviour but also structures what men feel is possible, shameful, or admirable regarding contraceptive involvement.

Participants often described responsibility as part of a feminine domain, a perspective so normalised that it often went unquestioned, as states Chris with *it's on women to think about it and not on men* and *it's more put on women to protect themselves*, or even Johan with *it has always been, like, girls, not their responsibility, but it was always their job*. It was expected and natural for men to think that women would take responsibility for contraception, not necessarily because of an explicit decision, but because it aligned with what they saw as the norm. Leon, for example, reasoned, *I do think that because so many women are on the pill*, revealing how the widespread use of the pill by women serves to reinforce expectations that they will handle contraception by default. Jeff echoed this logic in a more immediate, relational context: *she's using the pill, I don't need to use a condom*, suggesting that a sexual partner's contraceptive use not only relieved him of responsibility, but also justified the absence of his own involvement.

As Greene (2000) mentions, hegemonic masculinity puts the responsibility of contraception solely on the shoulders of women. By thinking about contraceptive responsibility in that way, for example, in healthcare systems

and cultural narratives, men are left uninvolved and unaccountable. This leads to an endless cycle of reproduced gendered contraceptive division of labour where men will never see themselves as having to be a part of it (Greene, 2000), as Josh mentioned that even if male methods were easily available, it would still be the woman's responsibility. This sense of inevitability often came with an initial low awareness of male options (e.g. *No, I really don't know anything for men* (Tim)) and low awareness of female options (e.g. *I don't even know how the woman's pill works* (Bob)), reinforcing the idea that men just do not need to think about it. When mentioning contraceptive responsibility as a burden, John even mentioned that he does not *necessarily even see it as a burden*. Such views show how gendered responsibility is institutionalised not only culturally but structurally (Greene, 2000). Men's limited awareness of both male and female contraceptive methods points to broader structural arrangements in which contraceptive knowledge, counselling, and responsibility are routinely directed at women rather than men. Healthcare encounters and public discourse rarely position men as primary or even equal contraceptive subjects, which means that men's lack of knowledge and sense of non-responsibility are not experienced as shortcomings, but as normal and institutionally reinforced. As a result, disengagement is sustained not through explicit resistance, but through the absence of structural expectations that men should be informed, involved, or accountable.

Additionally, many men expressed discomfort with the idea of taking an active role in contraceptive care, fearing it might make them appear less masculine to others or even to themselves. Some mentioned that they would be mocked by their peers, as Johan said that *there, there would be, uh, laughs about it*, or that their partner would be having too much power over them, as Josh mentioned that it would be like *letting the woman decide everything*. Mentions of the male pill were sometimes associated with loss of power, emasculation, or even being feminised, captured in phrases like *If this guy pill decreases my testosterone, increases my estrogen, and I literally start becoming more of a woman* (Bob), or *I could understand that if you're taking a pill, that you would feel a bit less like a man* (Josh). This discomfort reflects how hegemonic masculinity equates male sexuality with virility, independence, and control (van Wersch et al., 2012; Thompson, 2005). Male contraception, by requiring care, planning, or bodily change, challenges this construction. Even though most men mentioned carrying condoms on a regular basis, which is a form of male contraception, they mentioned either liking the freedom and control it gave them, or that *using a condom, some people might argue, would ruin the moment* (Jeff). Yet even here, contraception had to be reframed in traditionally masculine terms, control, power, and initiative, to be acceptable.

Many men openly acknowledged that they benefit from a system and natural dispositions that place the burden on women. Several mentioned that men can just get away with it, or that *it's also because it's not my body that I don't think as much about it* (Michael). As Dalessandro et al. (2019) mentioned, men sometimes make use of strategic silence, where they can avoid responsibility not due to ignorance, but as a way to uphold their masculine identity while evading vulnerability. Participants also described this asymmetry in concrete ways: women are the ones who plan, worry, take pills, or deal with consequences like pregnancies, while men rarely face physical, medical, or social fallout from unprotected sex. As Johan said, *the guy will never feel the consequences of not using contraception*. Leon even mentioned that he was *disappointed that I had to pull out, because I liked it more not pulling out, but I did understand it and I also did respect it*. This creates a gendered hierarchy of risk and effort, in which male responsibility is seen as voluntary or even heroic, while female responsibility is expected and invisible. As Chris pointed out, even the wide variety of female contraceptives reinforces this gap: *you have so many, like, female options*. But instead of this sparking reflection, many used it to justify disengagement.

2. She Brings It Up: Love, Power, and the Contraceptive Talk

While hegemonic masculinity reinforces the idea that men should remain distant from reproductive responsibility, everyday contraceptive decision-making often happens in intimate, social, and relational spaces. Men exhibit both resistance and possibility in how responsibility is shared or avoided, in the way they navigate conversations, peer influence, emotional labour, and partner dynamics when it comes to contraception.

Many participants described how conversations about contraception are typically unequal and initiated by their partners. Indeed, Josh mentioned that it is often the woman who brings it up, Leon said how some of his partners are the ones initiating the use of condoms (*there was also one girl who wanted me to put on a condom, which was fine*), and Chris said how contraceptive decisions were *more of my girlfriend's idea*. Some men were well-aware of this imbalance and even expressed a desire for their —potential— contributions to be acknowledged. As Leon puts it, if he would take on responsibility: *I do hope that at least that would be a bit of an acknowledgement, like, hey, good job, buddy, I appreciate it*. However, the fact that such recognition is requested reinforces how rare male initiative remains and how support is framed more as a favour than a shared duty.

While romantic relationships were a space where some men did discuss contraception, peers often served as the opposite, a space of silence and social pressure. Men often mentioned discussing their sexual encounters with friends; however, more often regarding how pleasurable it was, rather than having open discussions about contraception. As Chris exemplifies, *it's more about, you know, who you hook up with and stuff. Rather than, if you used a safe method of contraception*, same for Leon *it's more like comparison. Like, how are your experiences? How are my experiences? What do you think about this and that*. Following Dalessandro et al. (2019), silence becomes a way to conform to masculine ideals, by avoiding emotional vulnerability and maintaining an image of detached sexual agency. When male contraceptives were discussed, especially the potential use of hormonal male pill, reactions often involved discomfort, as Josh mentioned that *a lot of people would find it weird at the moment still*, while Leon said *if you want to be a lab rat, have such a thing being tested out on you, uh, go ahead, good luck, buddy*. Those discussions also involved mockery: *People do make fun of me because I wear condoms, but I don't give a shit* (Bob, in a relationship). These moments reflect how contraceptive engagement threatens masculine peer identity, especially when care is perceived as weakness or loss of control (Oudshoorn, 2004).

Still, a few interviewees described moments where friends did engage in deeper conversations, especially around the risks of STDs or pregnancy. Jeff noted how he changed his friend's mind by reprimanding him on his unsafe sexual behaviour: *you should have used one* [about the use of condoms]. Johan reflected on his past contraceptive habits with his friends, especially when not wearing condoms: *I have said something in the past, like, hey, we're stupid, dude*. Bob also judged his friends' contraceptive habits, noting: *they never expect to use condoms because their girlfriends take pills*. Moreover, when facing anxiety about risky behaviours, particularly related to STDs, some men became informal sources of support for their peers. As Leon recalled, *he was totally freaking out about it. Asking me, like, hey, dude, uh, what was your experience with this? Am I screwed or not?*. However, even in these exchanges, responsibility was often projected onto women. As Leon commented in another context, *as a woman don't just let every guy hit*, shifting accountability for safe sex onto women's choices rather than men's actions. These glimpses show that while peer silence is common, it is not unbreakable: discussions within men's friendship groups can and do emerge, though they are often shaped by persistent gendered assumptions.

Alternatively, some participants expressed that responsibility was increasingly shared, or at least negotiated, within their relationships. A growing number of men are aware of the need for balance: *sometimes the lady, sometimes the guy, to make sure that you both use it, not at the same time, but, like, 50-50* from Josh. And, most men in relationship mentioned how decisions about contraceptives were made by discussing it with their partner: *As soon as you're in a relationship, I think it's all about communicating* (Michael), *sex and contraception is something that just has to be communicated really extensively* (Leon), and couples compromising about contraception. Kidula et al. (2025) note that male contraceptives and conversations around them can challenge the gendered division of labour in contraception and promote relational equity. Yet, these negotiations are often uneven. Men's decisions to participate tend to remain optional or situational: *I've never really been in a long-term relationship, so I've never really felt the need to use them* (John) or *she is the one who wanted me to pull out* (Leon). This ambivalence underscores Connell and Messerschmidt's (2005) idea that hegemonic masculinity operates as an internalised standard that quietly organises everyday practices and expectations. In the accounts above, men articulate support for shared responsibility and communication, yet their participation in contraceptive labour remains conditional, relational, or reactive rather than assumed as their own responsibility. This reflects how hegemonic masculinity functions less as an explicit ideology and more as a background norm, allowing men to endorse gender equality discursively while still relying on women's default responsibility in practice.

3. Condoms Kill the Mood: Risky Logics and Everyday Practices

While hegemonic masculinity influences broader attitudes toward responsibility, it is in men's actual contraceptive practices, and the reasoning behind them, that this influence becomes embodied. This section explores how participants chose or avoided specific methods, how they negotiated risks, and how emotional and social logics often took precedence over medical knowledge.

There was a conditional logic showing how contraceptive decisions were shaped less by formal health education and more by situational factors, especially the emotional context of sex and the level of perceived intimacy with a partner. Rather than drawing on consistent knowledge of effectiveness or risk, participants made decisions based on how "safe" or "serious" a given encounter felt. As a result, many expressed a casual or dismissive attitude toward pregnancy prevention, justifying non-use with statements like *I'm not as stressed about pregnancy* (Michael). In long-term relationships or when trust was high, methods like withdrawal were seen as sufficient, revealing how emotional closeness could override perceived risk. Josh explained, *it would be more for STD safety than pregnancy safety*, while Michael noted, *I mostly use it to prevent STDs*. These responses suggest that contraception was often framed not as a shared, ongoing responsibility but as something negotiable, situational, and reactive, especially in the absence of clear guidance or consistent norms. This supports van Wersch et al.'s (2012) idea that risk-taking aligns with traditional masculine norms of control and invincibility. Rather than planning proactively, many relied on improvisation by random decision-making or not doing an STD test.

Condoms, one of the only male-controlled and widely available contraceptive methods, were frequently framed by participants as unpleasant, inconvenient, or simply undesirable. The persistent myth that "it doesn't feel as good with a condom" continues to shape attitudes and practices: *once you go without a condom, you'll never come back* (Bob, married), *a slightly bit of pleasure because it feels the best to do it without a condom or to come inside* (Leon, single), *there is a stigma around condoms being less fun or being less nice* (Jeff, single), and *it's just not the nicest way if you would use condom all the time* (Josh, in a relationship). This perception goes beyond

personal preference and points to a broader peer-based stigma. Amongst male peer groups, condoms are often framed not only as physically less pleasurable, but also as something undesirable or even embarrassing, something men are expected to avoid if they can. This stigma also carries an implicit message that a "real man" should not need or want to wear a condom, reinforcing a gendered narrative in which male sexual pleasure is prioritized and contraceptive responsibility is minimized or displaced. Several men admitted they preferred withdrawal because it felt more natural, pleasurable, and because it had become normalised in their digital and peer environments. These preferences echo the way hegemonic masculinity positions pleasure, spontaneity, and dominance above caution and mutual responsibility (Connell & Messerschmidt, 2005; Thompson, 2005).

Although this section mostly focuses on condom (non-)use, bringing the male pill into the conversation helps reveal the broader logics men use when making contraceptive decisions. Condoms are currently one of the only male-controlled methods available, so when participants were asked to imagine alternatives, like the male pill, their responses shed light on the same underlying concerns: control, risk, responsibility, and bodily autonomy. Comparing how men talk about condoms and how they talk about hypothetical options like the pill helps to expose the emotional and cultural conditions under which they are willing or unwilling to take contraceptive responsibility. When asked about the male pill, many participants responded with interest, but a conditional interest: *considering the side effects, yes, I'd be open to taking it* (Jeff) and *if there's no bad things about it, then yeah, I would try to take it* (Josh). The male pill, while promising, was still framed in terms of potential loss of control, fertility, or strength. Leon mentioned that with the male pill, *you're playing with your fertility*, whilst others mentioned being afraid of sterility. These concerns mirror what Thompson (2005) observes in the context of infertility treatment, where fertility is not only a biological function but a symbol of masculine legitimacy. Just as infertility threatens the cultural link between masculinity, virility, and control, the male pill is perceived by some as undermining that very foundation. Following Oudshoorn's (2004) argument that male contraceptives challenge traditional associations between masculinity and reproductive dominance, Thompson's (2005) work helps clarify why some men respond with discomfort or resistance. In this context, even openness to the male pill is framed by efforts to preserve control and reaffirm masculine identity, which is what Thompson (2005) describes as "parodic performances" that attempt to reassert dominance in moments of perceived vulnerability.

4. More of a Man with the Pill: Reflexive and Emerging Masculinities

Although much of this research reflects the persistence of hegemonic norms, many participants also described moments that hinted at change. Whether through action, reflection, or aspiration, a number of men articulated attitudes that challenge the dominant model of distant, detached masculinity. Almost all participants expressed a clear sense of own responsibility: *be responsible for yourself* from Bob, *both of them should be responsible because they're both consenting adults* from Chris, *you're both your own responsibility* from Johan, or even *both should have a lot of responsibility, but I think everyone themselves should feel like a hundred percent responsibility* from Michael. This shifting perspective connects contraception not only to risk management but also to values such as care, mutual accountability, and relational trust, which some scholars have identified as central to more emotionally engaged and equitable models of masculinity (Inhorn & Wentzell, 2011). Michael stated that *if it's about penetration, it's also maybe a bit more the male's responsibility*, while Bob mentioned always using condoms because they have zero barriers. For some, taking initiative was not a threat to masculinity, but a confirmation of

it: with the male pill, *it would make me feel more of a man* (Chris), or with condoms, *I think you're just a little boy if you don't dare buying them* (Johan).

Others described mutual care and relational thinking. Men spoke about mutual responsibility (*if you're having sex, and it's unprotected sex, it's on both of you* from Bob), shared roles (*we both have a role to play in it* from John) and taking care of your partner (*you know, just taking care of my girlfriend, making sure that she doesn't have to take contraception* from Chris), while a few also explicitly linked their sense of responsibility to relationships with women in their lives: *I care about my sisters and I don't want anything bad to happen to them* (Johan, who has sisters and wants their boyfriends to care about contraception). These responses reflect what Inhorn and Wentzell (2011) have described as caring or emerging masculinities: forms of masculinity that reject dominance and detachment in favour of emotional presence, relational accountability, and active involvement in reproductive care. Rather than distancing themselves from responsibility, some men articulated a clear ethic of care that extended to both their partners and their broader social circles.

Willingness to consider new methods also emerged, even when uptake was still hypothetical. Some participants said they would consider trying the male pill or would *do a vasectomy and feel as manly as before the vasectomy* (Johan) later on in their life, if it fit their values and relationship goals. Others saw male methods as a path to greater autonomy and fairness, as John stated, *I would feel free then, and it's more important for life*. Some, like Chris, mentioned that it would be a good thing if men would take on more responsibilities: *if a person takes it, they take some of that risk from the other person, so you would be doing a very good deed*. Even Michael, now single, ultimately took on the burden of responsibility to support his previous partner: *two months later, I said, alright, we're in a relationship at that point in time. And I know how much the pill screws with her. I said, alright, we'll just use condoms and you can get off the pill*. Importantly, these moments of shift were not always presented as revolutionary. Some participants described them as common sense: Bob *always uses a condom*, or Johan offered *her to pay for it* regarding Plan B.

Taken together, these narratives reveal that shifts toward more equitable understandings of contraceptive responsibility often arise not through dramatic change, but through everyday actions, subtle reflections, and evolving expectations. While hegemonic masculinity still shapes many practices, participants also expressed emerging attitudes rooted in care, mutual accountability, and relational thinking. These align with what Inhorn and Wentzell (2011) describe as emerging masculinities, where responsibility is not avoided but actively embraced as part of being emotionally present and ethically engaged. Men discussed shared responsibility, the importance of protecting partners, and the value of reducing the burden placed on women. Their openness to future methods like the male pill or vasectomy suggests a quiet redefinition of masculinity that includes care and cooperation. Rather than distancing themselves from contraception, some men framed their involvement as common sense, a natural extension of fairness and intimacy. These shifts, though subtle, suggest that masculinity is being reimagined not only in response to societal change, but within the small, personal negotiations of everyday life.

5. Men Just Don’t Hear About It: How Men Learn About Contraception

Participants often described their understanding of contraception as fragmented, outdated, or simply absent. For many, sexual education had been minimal or ineffective: *it was one class in first grade, and then the teacher, he was like, yeah, you guys can't take it seriously* (John), *in elementary school, it's all a joke. Because people can't*

concentrate (Michael). This aligns with Greene's (2000) critique of systemic failures that reinforce gendered stereotypes by excluding men from comprehensive sexual and reproductive education. Michael as well was well aware that current sexual education is not sufficient: *I think it should be definitely more of a topic in sexual education in high school*. Participants noted that they did receive some basic information, such as how to use a condom and that withdrawal was not a recommended method. However, this knowledge was limited and often superficial. Instead of schools or doctors, most participants cited friends or just Google as their primary sources of knowledge. When seeking information, they made a conscious effort to use government-approved websites to ensure the content was trustworthy and accurate. While some mentioned going *to sources that I already trusted* (Michael), others highlighted confusion: *It's hard to find good reliable information on the internet* (John). John's difficulty in finding clear and reliable information online is exemplified by the first website that appears when searching "male contraception" on Google (*Male Birth Control Options*, 2023). The site presents five methods: condoms, spermicide, vasectomy, outercourse, and withdrawal. Notably, spermicide is a chemical substance designed to disable or kill sperm and is applied inside the woman's body, typically in the vagina, which makes its classification as a male contraceptive method misleading. Its inclusion in this list highlights the confusion and imprecision that can arise in public informational sources about male contraception, where responsibility is rhetorically shifted without corresponding control or bodily involvement.

Trust in healthcare providers was also inconsistent. Several participants noted that their GP only addressed STDs or promoted condom use without mentioning other male-oriented methods. Others described medical professionals as sceptical or biased, particularly in non-Dutch contexts, such as perceived bias in Brazilian healthcare as mentioned by Bob. Comparing GP to the internet, Jeff put it as *I don't think there's that much of a discrepancy*. One participant shared a telling example later on, after the interview was conducted: when a female acquaintance of his told her GP she planned to stop using the pill and switch to condoms with her partner, the GP discouraged her, warning that it would likely cause "more disagreements" in the relationship because condoms are uncomfortable for men. This anecdote underscores how even trusted health professionals can reinforce gendered assumptions and misinform patients, further entrenching the idea that contraception is —and should remain— a woman's burden. These narratives highlight how medical gatekeeping and silences reproduce the notion that reproductive responsibility lies outside the domain of men.

This invisibility extends into media and pharmaceutical messaging. Participants saw no interest in male contraception ads (*I would be bored after 10 seconds* from Johan), no profit, so no display (*I don't think it will really be of interest to the news outlets* from Michael) and a general belief that male methods are not in the media because it is boring for men (*because it's boring and because I just don't think they'd be interested in it* from Leon). Yet, some imagined change, like Johan mentioning that maybe if a male influencer talked about it, it could help, or Jeff *keeping an eye on the current state of affairs and seeing where it goes*. For Johan, a cultural shift is needed: *I think it needs time to set in a society, like, to people get used to it*. Finally, many participants pointed to their upbringing. Parental education shaped whether they viewed contraception as normal or taboo. Bob noted how *she kind of broke the taboo right there* talking about his mother when she talked contraception with him. Alongside this, participants expressed mixed feelings about the future of male contraceptives. While some were hopeful (*men will not be the same as women, but they'll have the same option as women to use a contraception* from Jeff), others were hesitant, as aforementioned, with male contraception affecting their masculinity. These ambivalent responses

reflect what Oudshoorn (2004) describes as the cultural negotiation of new technologies, where emerging methods challenge traditional gender roles but remain constrained by existing norms, scepticism, and lack of visibility.

Discussion

Drawing on thematic analysis of a series of semi-structured interviews, and as exemplified in the above findings section, the empirical findings consist of five key themes that emerged, reflecting the gendered, social, and emotional landscapes through which male contraceptive responsibility is shaped. This discussion section situates these findings within the broader theoretical and empirical literature on masculinity, gendered responsibility, and reproductive health. Rather than introducing new data, it reflects on how the patterns identified in the interviews connect to and extend existing theories. By revisiting the findings through a theoretical lens, this section highlights what the study contributes to ongoing debates about the possibilities and limits of shifting contraceptive responsibility.

The first theme focusses on the first sub-question, exploring how contraceptive responsibility is perceived as inherently gendered (**1.**). Reflecting Connell and Messerschmidt's (2005) reformulation of hegemonic masculinity, many participants described contraception as "naturally" a woman's role, internalising ideals that associate masculinity with emotional detachment, bodily distance, and a rejection of care-related practices. Taking an active role in contraception was not only unfamiliar but often felt at odds with their sense of self, evoking discomfort, embarrassment, or even shame. This discomfort aligns with Greene's (2000) concept of gendered stereotypes, which highlights how emotional engagement, especially in areas like reproductive care, is socially coded as unmasculine. Participants' avoidance of contraceptive responsibility was less about ignorance and more about navigating boundaries imposed by normative masculinity. Dalessandro et al. (2019) similarly argue that men's reproductive behaviours are shaped by broader cultural scripts around intimacy and responsibility, which became visible in moments when participants hesitated or felt unequipped to take initiative. Finally, as van Wersch et al. (2012) and Thompson (2005) observed, the persistent lack of male contraceptive knowledge reflects not just gaps in education, but a deep-rooted gendered division of labour, one that continues to frame men as peripheral actors in reproductive decision-making, and links masculinity with fertility and virility.

The second theme, focussed on the first sub-question, tackles how men negotiate responsibility within intimate relationships and social circles, revealing how gendered power relations shape the ways responsibility is negotiated or deferred (**2.**). Consistent with Connell and Messerschmidt's (2005) concept of hegemonic masculinity, participants often positioned their partners as the initiators of contraceptive conversations and as the ones carrying most of the emotional and practical labour. Taking on responsibility themselves was rarely expected or encouraged, reinforcing ideals of masculinity that emphasise emotional detachment and autonomy over care and collaboration. Within these relationships, many men expressed ambivalence: while willing to support their partners, they lacked both the knowledge and the emotional language to fully participate. This reflects what Dalessandro et al. (2019) identify as "strategic silence", which structures men's reproductive involvement, where care and communication are feminised, and thus distanced from normative masculinity. These dynamics were further shaped by peer environments. Conversations about male contraceptives were rare, and when they did occur, they were often framed with humour or dismissal. As Oudshoorn (2004) explains, by historically designing contraceptive methods

around female bodies and excluding men from reproductive healthcare narratives, institutions have contributed to the perception that contraception simply "belongs" to women, making male involvement feel unnatural or even inappropriate. However, some participants engaged and promoted discussions, which helps promote relational equity, as advocated for by Kidula et al. (2025).

Coming to the third theme, focussed on the first and third sub-questions, it examines how men navigate contraceptive practices in their daily lives, focusing on method choice, perceived risks, and the logics underlying these decisions (**3.**). Participants commonly expressed preferences for withdrawal or condoms, often emphasising spontaneity, sensation, and personal control over caution or mutual planning. These preferences reflect Connell and Messerschmidt's (2005) and Thompson's (2005) notion of hegemonic masculinity, which prioritises autonomy, physical pleasure, and dominance, being values that can conflict with shared responsibility or precaution in sexual encounters. Such preferences were also shaped by how certain methods aligned, or clashed, with participants' sense of masculinity. Many viewed male hormonal contraceptives with hesitation, describing them as unnatural or potentially emasculating. This echoes Oudshoorn's (2004) argument that male contraceptives challenge dominant associations between masculinity and reproductive control. For some, the idea of altering their bodies for contraception was not only unfamiliar but posed a perceived threat to their gender identity. Risk-taking further emerged as a central theme, particularly in how men justified less reliable methods like withdrawal. This aligns with van Wersch et al. (2012), who found that young men often approach sexual risk with a sense of invincibility, downplaying consequences in favour of maintaining control and spontaneity. These findings suggest that contraceptive decision-making is not only about knowledge or access but deeply entangled with emotional, sensory, and gendered logics that shape what feels acceptable or desirable.

The fourth theme, providing new insights, covers how some men are beginning to question traditional gender norms and engage with contraception in more reflexive, relational ways (**4.**). While hegemonic ideals still shaped many narratives, a number of participants described moments of personal responsibility, emotional awareness, and care toward their partners. These accounts reflect shifting understandings of masculinity, not rooted in dominance or detachment, but in presence, accountability, and mutual trust. This resonates with Inhorn and Wentzell's (2011) notion of emerging masculinities, which highlights how men's identities are increasingly shaped through caregiving roles, emotional engagement, and relational ethics. Rather than seeing contraception as irrelevant or emasculating, these men framed their involvement as an act of respect and shared responsibility. Their openness to learning, communicating, and even making sacrifices (such as adapting sexual practices or expressing willingness to try new methods) suggests a move toward more caring and collaborative forms of masculinity. Importantly, these shifts did not appear as radical breaks from tradition but as subtle, everyday reorientations. Inhorn and Wentzell (2011) emphasise that such changes often unfold through small decisions, quiet reflection, and growing awareness within relationships. The participants' stories support this view, offering insight into how masculine identities are not fixed but continually negotiated in the context of intimacy, responsibility, and evolving gender norms.

Last but not least, the fifth theme, regrouping second and third sub-questions, is concerned with how men seek, encounter, and often struggle to access information about male contraception (**5.**). Participants pointed to gaps in formal sex education, limited engagement from healthcare providers, and the near absence of male-focused contraceptive content in public discourse. Many relied on informal sources such as upbringing, peers, or online

searches shaped more by chance than by structured support. These experiences reflect what Greene (2000) critiques as systemic failures in sexual and reproductive education, where men are routinely excluded from comprehensive knowledge, reinforcing the idea that contraception is not their concern. This absence not only limits awareness but also reproduces gendered stereotypes about responsibility and care. Participants' uncertainty about new male methods also speaks to what Oudshoorn (2004) identifies as the cultural negotiation of technology. While emerging methods challenge traditional gender roles, their uptake is hindered by scepticism, limited visibility, and persistent norms about who contraception is for. Without clear messaging or cultural reference points, male contraception remains peripheral, more imagined than integrated. Overall, these five themes presented provide a detailed account of how men living in the Netherlands perceive and engage with contraceptive responsibility across social, relational, and institutional contexts.

Conclusion

This thesis set out to investigate how men living in the Netherlands perceive and navigate contraceptive responsibility, an area often marginalised in both scholarly inquiry and public health discourse, and what their narratives reveal about the information available in public discourse, social media, healthcare, and personal decision-making. Through in-depth qualitative interviews and thematic analysis, this research traced how young men make sense of contraception within a web of cultural expectations, emotional norms, and shifting gender roles. Five key themes emerged: gendered responsibility, negotiation in relationships, risk-taking and method preferences, emerging masculinities, and informational barriers. Taken together, they provide nuanced answers to the main research question and its sub-questions.

The findings show that hegemonic masculinity continues to shape men's disengagement from contraception. Responsibility was often viewed as incompatible with masculine identity, with several participants describing discomfort, shame, or confusion when imagining themselves in an active contraceptive role. This was especially visible in practices such as withdrawal or condom use, where control and spontaneity were prioritised over mutual planning or long-term reliability. However, the research also identified emerging masculinities, grounded in care, reflexivity, and relational thinking, where some men began to reframe responsibility as a sign of respect, partnership, and maturity rather than weakness or feminisation.

Regarding how masculinity and responsibility are portrayed in public discourse, healthcare, and digital communities, participants described an overwhelming absence of male contraception as a visible or valued topic. In formal healthcare settings, conversations were often heteronormative and centred on women. In digital spaces, especially social media, male contraception appeared either as a joke or as a speculative future product, reinforcing a sense of detachment and irrelevance. These portrayals often failed to challenge gendered assumptions or offer men any meaningful entry point into the conversation, thus reproducing the sense that contraception is not "for them".

Moreover, when it comes to how men access information, participants revealed a patchwork of informal, inconsistent, and often biased sources. Many had learned about contraception only indirectly, through partners, peers, parents, or outdated sex education. Several expressed frustrations at the lack of accessible, balanced information about male contraceptives, particularly new or emerging methods. Some relied on self-led internet

searches, while others admitted to avoiding the topic entirely due to discomfort or lack of guidance. The knowledge gaps were not simply informational but deeply gendered: men were not just uninformed, they were structurally and culturally excluded from the conversation.

By drawing on theories of hegemonic masculinities and gendered stereotypes (Connell & Messerschmidt, 2005; Greene, 2000) as well as emerging masculinities (Inhorn & Wentzell, 2011), and more, this thesis contributes to sociological understandings of how gendered responsibility is produced, resisted, and reworked. It highlights that reproductive responsibility is not simply a matter of individual decision-making or technological availability, but a deeply social and relational process, shaped by norms, silences, and the emotional politics of gender. In doing so, it also raises difficult questions: What would it take for male responsibility to become the norm, rather than the exception? What kind of emotional and institutional infrastructures are needed to support this shift?

However, this research has its limitations. It focused on a relatively small sample of cisgender heterosexual men within a particular national and cultural context, leaving open important questions about how race, class, religion, sexuality, and other intersecting identities shape men's experiences of reproductive responsibility. Future research should continue to expand this conversation. Yet even within its limits, this study demonstrates that men are not absent from the conversation; they are listening, thinking, feeling, and in some cases, acting. They are questioning what they were taught, engaging with their partners, and starting to see that responsibility can be a form of care, not a threat to their masculinity. That shift, however slow or quiet, is powerful. If we are to build a more just and equitable future for reproductive health, we must stop framing men's involvement as optional, exceptional, or secondary. Instead, we must imagine and create a world in which shared responsibility is not a radical act, but a natural expectation.

Conflict of Interests

There is no conflict of interests.

Acknowledgements

I would like to extend my sincere gratitude to my supervisor, whose guidance, feedback, and support have been invaluable throughout this process. I am deeply thankful to my peers for their encouragement and thoughtful input, and to the Sociology bachelor's team, whose teaching and dedication provided me with the foundation to carry out this research. Most of all, I am grateful to the participants who entrusted me with their experiences and insights; their openness made this thesis possible.

Bibliography

Clark, T., Foster, L., Bryman, A., & Sloan, L. (2021). *Bryman's Social Research Methods*. Oxford University Press.

Connell, R. W., & Messerschmidt, J. W. (2005). Hegemonic Masculinity: Rethinking the Concept. *Gender & Society*, *19*(6), 829–859. https://doi.org/10.1177/0891243205278639

Dalessandro, C., James-Hawkins, L., & Sennott, C. (2019). Strategic Silence: College Men and Hegemonic Masculinity in Contraceptive Decision Making. *Gender & Society*, *33*(5), 772–794. https://doi.org/10.1177/0891243219850061

Greene, M. E. (2000). Changing Women and Avoiding Men Gender Stereotypes and Reproductive Health Programmes. *IDS Bulletin*, *31*(2), 49–59. https://doi.org/10.1111/j.1759-5436.2000.mp31002007.x

Greene, M. E., & Biddlecom, A. E. (2000). Absent and Problematic Men: Demographic Accounts of Male Reproductive Roles. *Population and Development Review*, *26*(1), 81–115. https://doi.org/10.1111/j.1728-4457.2000.00081.x

Inhorn, M. C., & Wentzell, E. A. (2011). Embodying emergent masculinities: Men engaging with reproductive and sexual health technologies in the Middle East and Mexico. *American Ethnologist*, *38*(4), 801–815. https://doi.org/10.1111/j.1548-1425.2011.01338.x

James-Hawkins, L., Dalessandro, C., & Sennott, C. (2019). Conflicting contraceptive norms for men: Equal responsibility versus women's bodily autonomy. *Culture, Health & Sexuality*, *21*(3), 263–277. https://doi.org/10.1080/13691058.2018.1464209

Kidula, N., Nguyen, B. T., Habib, N., & Kiarie, J. (2025). The Impact of Male Contraception on Global Sexual and Reproductive Health and Rights. *Contraception*, 110811. https://doi.org/10.1016/j.contraception.2025.110811

Kimport, K. (2018). More Than a Physical Burden: Women's Mental and Emotional Work in Preventing Pregnancy. *The Journal of Sex Research*, *55*(9), 1096–1105. https://doi.org/10.1080/00224499.2017.1311834

Male birth control options. (2023, April 23). WebMD. https://www.webmd.com/sex/birth-control/male-contraceptives

Nickels, L., & Yan, W. (2024). Nonhormonal Male Contraceptive Development—Strategies for Progress. *Pharmacological Reviews*, *76*(1), 37–48. https://doi.org/10.1124/pharmrev.122.000787

Oudshoorn, N. (2004). "Astronauts in the Sperm World": The Renegotiation of Masculine Identities in Discourses on Male Contraceptives. *Men and Masculinities*, *6*(4), 349–367. https://doi.org/10.1177/1097184X03260959

Terry, G., Hayfield, N., Clarke, V., & Braun, V. (2017). Thematic analysis. In C. Willig & W. S. Rogers (Eds.), *The SAGE handbook of qualitative research in psychology* (pp. 17–37). SAGE. https://doi.org/10.4135/9781526405555

Thompson, C. (2005). *Making parents: The ontological choreography of reproductive technologies*. Mit Press.

van Wersch, A., Eberhardt, J., & Stringer, F. (2012). Attitudes towards the male contraceptive pill: Psychosocial and cultural explanations for delaying a marketable product. *Basic and Clinical Andrology*, *22*(3), Article 3. https://doi.org/10.1007/s12610-012-0185-4

Weaver, H., Smith, G., & Kippax, S. (2005). School-based sex education policies and indicators of sexual health among young people: A comparison of the Netherlands, France, Australia and the United States. Sex Education, 5(2), 171–188. https://doi.org/10.1080/14681810500038889

Appendix 1 - Thesis Participation Consent Form

University of Amsterdam - Department of Social Sciences

Informed Consent Form for Participation in Research

Title of Study: "Pulling Out of the Conversation? Masculinity, Responsibility, and the Politics of Male Birth Control in the Netherlands"

Researcher

Alycia Lacourt, alycia.lct@gmail.com, +33684370378

Introduction

You are invited to take part in a research study about men's perspectives on contraceptive responsibility in the Netherlands. Before deciding whether to participate, it is important that you understand what the study is about and what your involvement would look like. Please take a few moments to read through the information below carefully.

Purpose of the Study

This study investigates how men living in the Netherlands perceive and navigate contraceptive responsibility. It explores how masculinity, public discourse, healthcare, and social norms shape men's attitudes toward male contraception.

What Does the Study Involve?

If you agree to participate, you will be asked to:

- Answer a few short questions about your background (e.g. age, relationship status, and country of origin)
- Take part in a semi-structured interview (lasting about 30–45 minutes) about your thoughts, experiences, and perspectives on male contraception, masculinity, and responsibility in the Dutch context.

With your consent, the interview will be audio recorded for transcription and analysis purposes. Your identity will be anonymised, and your responses will be kept strictly confidential.

Voluntary Participation

Participation is completely voluntary. You can choose to withdraw from the study at any time, for any reason, without consequences. You also have the right to skip any question you do not wish to answer.

Confidentiality

All information you provide will be treated with care and confidentiality. Your name or identifying details will not appear in any reports or publications. Audio recordings will be securely stored and later anonymised during transcription. All data will be kept on password-protected devices, and any printed material will be securely stored.

Risks and Benefits

There are no known risks associated with participating in this study. While there is no direct benefit to you, your contribution will help deepen our understanding of gender, masculinity, and reproductive health in relation to male contraceptive responsibility.

Contact Information

If you have any questions about the research, please feel free to contact Alycia Lacourt (Researcher, contact details above-mentioned). For questions about your rights as a participant, you may contact the Ethics Review Committee of the Department of Social Sciences at the University of Amsterdam.

Agreement to Participate

By signing below, you indicate that you have understood the information provided and agree to participate in this research study.

Participant's Name / Interviewee Number: ……

Participant's Signature:

Date: ……

Researcher's Signature:

Date: ……

Appendix 2 - Interview Guide

Introduction

Hello, how are you today?

My name is Alycia, and I am conducting research on masculinity and male contraception for my bachelor's thesis. Thank you for agreeing to participate.

This study aims to explore men's experiences and perspectives on contraceptive responsibility. I want to understand how men perceive and navigate contraceptive responsibility, including the role of public discourse, healthcare, and social media in shaping these views.

This interview will take approximately 30-45 minutes and will consist of several sections. Feel free to take your time in responding.

Your participation is entirely voluntary. You can choose not to answer any question or withdraw at any time.

With your consent, I would like to record this conversation for accuracy. Is that okay with you? If you prefer, I can take notes instead.

Section 0 - Interviewees' background

- What do you wish to pick for your alias? Which name should I use to refer to you during this research?
- How old are you?
- Where are you from?
- (For how long have you been living in the Netherlands?)
- What is your relationship status?

Section 1 - Understanding of Male Contraception

1. What do you know about male contraceptive methods?
2. Have you ever used or considered using male contraception? Why or why not?
3. How do you feel about the idea of male contraception?
4. What do you see as the main barriers or challenges to male contraception?
5. Are you familiar with specific male contraceptive methods (e.g., male pill, vasectomy, condoms)?
6. Do you carry condoms, or do you expect your sexual partners to carry them?

Section 2 - Masculinity and Contraceptive Responsibility

7. In your view, what role should men play in contraception?

8. Do you feel societal expectations influence men's involvement in contraceptive decision-making? How so?
9. How do you think masculinity affects men's willingness to take responsibility for contraception?
10. How do you perceive other men's attitudes toward contraceptive responsibility?
11. Do you feel pressure to conform to traditional masculine expectations when making contraceptive decisions?
12. If a male contraceptive method were easily available, how do you think your friends or people around you would react to men using it?
13. Have you ever felt that using contraception (like condoms or considering a male pill) would change how others perceive you?
14. Do you ever talk about contraception with your male friends? Why or why not?
15. How do conversations about contraception usually go among the people you hang out with?
16. What kind of comments or reactions do you think men might get if they said they were taking a male contraceptive pill?

Section 3 - Influence of Social Norms and Public Discourse

17. How do you think male contraception is portrayed in the media and on social media?
18. Have you seen discussions about male contraception on platforms like Reddit, Twitter, Instagram or Facebook? What stood out to you?
19. Do you think cultural or social norms shape men's engagement with contraception? In what ways?
20. Why do you think male contraception is not often discussed in mainstream media?

Section 4 - Healthcare and Reproductive Responsibility

21. Have you ever discussed contraception with a healthcare provider? If so, what was your experience like?
22. Do you feel healthcare professionals provide enough support and information for men regarding contraception?
23. How do you think healthcare providers could better support men in making contraceptive choices?
24. Have you ever felt dismissed or uninformed when seeking information about contraception?

Section 5 - Personal Decision-Making and Relationships

25. How do you make decisions about contraception in your personal life?
26. If you have a partner, how do they influence your contraceptive choices?
27. If you are single, do you approach contraceptive responsibility differently than when in a relationship?
28. Do you think contraceptive responsibility should be shared equally in relationships? Why or why not?
29. How do you think male contraception affects relationship dynamics?

30. When you think about who is usually responsible for contraception in relationships, what comes to mind?
31. Have you and your partner(s) ever talked about who should take the lead in contraception? How did that go?
32. Do you feel like it matters who brings up contraception in a relationship? Why or why not?
33. Would you feel comfortable being the one to take full responsibility for contraception? Why or why not?

Section 6 - Knowledge, Access, and Information Sources

34. Where do you get information about contraception?
35. Do you find the information on male contraception to be adequate and reliable?
36. How does information from online sources compare to that from healthcare professionals?
37. Who do you trust more when it comes to contraception—online sources or healthcare professionals? Why?

Section 7 - Challenges and Future Perspectives

38. What do you think needs to change for more men to consider using male contraception?
39. What would make it easier for men to take on more responsibility in contraception?
40. How do you see the role of men in contraceptive decision-making evolving in the future?

Wrap-Up Questions

- Is there anything else you would like to share about male contraception and responsibility?
- Do you have any additional thoughts on societal perceptions of masculinity and reproductive health?

Conclusion

Thank you for your time and for sharing your thoughts. Your insights are very valuable to this research.

If you have any questions or would like to receive a summary of the study's findings, feel free to contact me.

Your responses will remain confidential, your identity private, and I appreciate your participation in this study.

Appendix 3 - Interview Planning

Relationship Status	Name (Alias)	Age	Country	Interview time	Consent Form	Transcribed	Coded
In a relationship	Johan	20	Dutch	14/04 13:00	✓	✓	✓
	Bob	26	International (Brazil)	14/04 16:30	✓	✓	✓
	Josh	22	Dutch	21/04 10:00	✓	✓	✓
	Chris	24	International (Poland)	20/04 18:00	✓	✓	✓
	Tim	24	Dutch	16/04 13:00	✓	✓	✓
Single	John	22	Dutch	17/04 13:30	✓	✓	✓
	Leon	22	Dutch	02/05 17:00	✓	✓	✓
	Michael	21	Dutch	11/04 13:00	✓	✓	✓
	Jeff	25	International (England)	20/04 14:00	✓	✓	✓
	Marco	25	International (Ecuador)	21/04 14:00	✓	✓	✓

Appendix 4 - Code Log

1.Responsibility is a Woman's Thing: Masculinity and the Gendering of Responsibility

Code	Grounded
○ As men can get away with it, they do not take responsibility	1
○ Awareness that responsibility is put on women	1
○ Bears contraceptive burden	1
○ Becoming more of a woman w male pill	1
○ Carrying condoms	7
○ Culture men do not have to wear condoms	1
○ Difference responsibility & burden	1
○ Differences single & relationship	2
○ Disappointed having to pull out	1
○ Emasculating to put a condom on	1
○ Even if male methods would be on the market, it is the women's responsibility	1
○ I would not take full responsibility	1
○ Importance not being to procreate anymore	1
○ It is easier to say than to do	1
○ It is just the way it is	1
○ Joked on for getting a STD	1
○ Joked on for using male pill	2
○ Joked on for wearing condoms	1
○ Less manly if taking responsibility	2
○ Less of a men with pill	3
○ Less of a men with vasectomy	1
○ Like to pull out	1
○ Loss of power w sterility	1
○ Lot of women contraception	1
○ Male & Female expectations	1
○ Men getting away with pregnancy	3
○ Men thinking too easy about contraception	1

○ More manly without use of condoms	3
○ More scared of STDs than pregnancies	5
○ Myth lack of pleasure w condoms	7
○ Natural for a men to have power to procreate	3
○ No consequences for men	1
○ No considerations for vasectomy	1
○ No knowledge about female pill	1
○ No knowledge about male contraception	2
○ No my body so no care about pregnancy	1
○ No need of 50-50	3
○ No need to change the situation	1
○ No need to worry about contraception	1
○ No perception of contraception as a burden	1
○ No understanding of male responsibility	1
○ Pill is a women thing	3
○ Pleasure without condoms	5
○ Power for men in pulling out	1
○ Putting blame on women	1
○ Reluctance men for male pill	1
○ Responsibility depend on method	1
○ Responsibility is a women thing	9
○ Responsibility is a women thing when single	2
○ The women bring it up	2
○ Uncomfortable with switch of responsibility	1
○ Use of condom ruins the moment	1
○ Want acknowledgement for taking responsibility for contraception	1
○ Why would I be the one to take it?	1
○ wide variety of female contraception	1
○ Women appear to be in control of the men if he is taking male pill	1
○ Women have the responsibility for choosing their partner	2
○ Women have the responsibility for contraception	2

2. She Brings It Up: Love, Power, and the Contraceptive Talk

Code	Grounded
○ Communicating about contraceptive decisions	4
○ Compromising in contraception	1
○ Desire for children	2
○ Discussions male pill with friends	1
○ Dumb for not wearing condom*	5
○ Everyone should bring it up	1
○ Friends not taking responsibility	1
○ influence of partner	4
○ Interviewee breaking taboo	1
○ Joked on for getting a STD	1
○ Joked on for using male pill	2
○ Joked on for wearing condoms	1
○ Judgment from peers about male pill	2
○ Lab rat if you try male pill	1
○ Men looking out for support from peers	1
○ No long term relationship so not much thoughts	1
○ No peer discussions about contraception	1
○ Partner wanting men to pull out	1
○ Peer discussions about contraception	1
○ Peer pressure	1
○ Potential shared responsibility in relationships	1
○ Risk-adverse peers who do not care about the risks	1
○ Taboo topic	4
○ The women bring it up	2
○ Trust in your partner	2
○ Trust regarding STDs	3
○ Want acknowledgement for taking responsibility for contraception	1
○ Women initiating talks	1
○ Women initiating use of condoms	3

3. Condoms Kill the Mood: Risky Logics and Everyday Practices

Code	Grounded
○ Always condom when single	2
○ Always use condoms	1
○ Amazing if no side effects male pill	1
○ Carried in so no condoms	1
○ Condom use	2
○ Condoms for one night stand	2
○ Condoms not great for relationships	3
○ Differences single & relationship	2
○ Equal fear for STDs and children	2
○ Familiarity for use of pulling out	1
○ Fear of male pill	1
○ Fear of pregnancy	4
○ Fear of STDs	5
○ Fear of sterility	2
○ Fear of vasectomy	3
○ Importance of context	6
○ Importance of side effects any contraception	1
○ Importance of side effects male pill	8
○ It will never happen to me	1
○ Lack of care regarding wearing condoms	2
○ Lack of information so unwant to use	1
○ Lack of trust	2
○ Lazy regarding contraception peers	1
○ Like to pull out	1
○ Male pill not safe enough	1
○ More scared of STDs than pregnancies	5
○ Myth lack of pleasure w condoms	7
○ Need for trust	2
○ Need of male contraception for hook-ups	1

○ Need of male contraception when single	1
○ Need of no side effects for men to take contraception	1
○ Never trust girls	1
○ No babies	2
○ No condoms during first time	1
○ No condoms in movies	1
○ No fear of pregnancy	1
○ No fear of STDs	1
○ No need of condom from the girl	1
○ No STD test	2
○ No use of contraception if knows for sure no STDs	2
○ No use of contraception in countryside	1
○ No will to use condoms	1
○ No women's contraception so pulling out	1
○ normalization condoms	1
○ Not carrying condoms	1
○ Okay with not being able to procreate as long as already procreated	1
○ Ovulation = high risks	1
○ Partner wanting men to pull out	1
○ Payments contributions	1
○ Pleasure without condoms	5
○ Popularity condoms	1
○ Potential shared responsibility in relationships	1
○ Potential use if no side effects male pill	3
○ Pulling out use	3
○ Random decision making when using contraception	1
○ Rarely girls carrying condoms	5
○ Religion as argument for no contraception	1
○ Risks outweigh the gains	1
○ Risks with pulling out	2
○ Shame buying condoms	1

○ Shame with taking male pill	1
○ Should be using condoms	1
○ Sober state influencing decisions	3
○ Spiritual pleasure without condoms	1
○ There should not be side effects to a male pill	1
○ Traditional condoms	1
○ Trust in long term acquaintances so no contraception	1
○ Untrust in female pill	4
○ Vasectomy	1
○ When in relationship, no babies	2
○ When single, no STDs	1
○ When using pulling out	2
○ With a male pill, you are playing with your fertility	1
○ Women initiating use of condoms	3

4. More of a Man with the Pill: Reflexive and Emerging Masculinities

Code	Grounded
○ Appreciation for his partner	1
○ Awareness need of condom	1
○ Awareness that it is a wrong thought	1
○ Care for women cause care of sisters' well-being	1
○ Carrying all of the responsibility	1
○ Comfortable with vasectomy	3
○ Condoms = zero barriers	1
○ Consider vasectomy	3
○ Freedom with male contraception	1
○ Give emotional support	1
○ Good if men take responsibility	1
○ Indifference towards loosing procreating power	1
○ Less of a man if you do not buy condoms	1
○ Male contraception should be bigger	1

○ Men paying plan B	2
○ Men taking off burden from women	1
○ Men would use male pill	2
○ More of a men with the pill	1
○ Mutual responsibility	3
○ Need of male contraception	3
○ Never use of pull out	1
○ Own responsibility	11
○ Owning up to the risk	2
○ Shared responsibility	7
○ Shared role	1
○ Special case where responsibility has to be put on women	1
○ Taking care of your partner	1
○ The responsibility of the consequences	1
○ Trust in oneself	2
○ Willingness to take male contraception	2
○ With penetration, more of male responsibility	1

5. Men Just Don't Hear About It: How Men Learn About Contraception

Code	Grounded
○ Adequate but limited information on internet	1
○ Barrier of knowledge	1
○ Bias Brazilian healthcare providers	1
○ Biology classes	1
○ Conversation with GP only for STD	1
○ Development in research	1
○ Early parenthood concerns	1
○ Engagement through comedy	6
○ Future of condoms	1
○ GP promoting condoms	1
○ Illegal abortions Brazil	1

○ Impact of culture	2
○ Keeping an eye on the current state of affairs	1
○ Knowledge from sexual education	2
○ knowledge from the internet	7
○ Knowledge through friends	1
○ Lacking resources when young	1
○ Male pill on social media	1
○ Manly figure promoting male contraception would help with change	1
○ Men having the same options as women in the future	1
○ Men need to get used to it	1
○ Men not aware of contraception	1
○ Mom breaking taboo	1
○ Need for more sexual education about male contraception	1
○ No able to take seriously sexual education classes	2
○ No appearance of contraception online	1
○ No big trust in development of male pill	1
○ No conversation with GP	3
○ No cultural differences but rather age specific	1
○ No difference GP to internet	1
○ No interest in male contraception adds	1
○ No knowledge about female pill	1
○ No knowledge about male contraception	2
○ No knowledge about male pill	1
○ No knowledge about vasectomy	1
○ No need for male contraception advertisement	1
○ No profit so no display	4
○ No promotion of male contraception because women ones exist	1
○ No reliable info on the internet	1
○ No sexual education	2
○ No teaching about consent & STDs by school	1
○ Normalization of behaviour	1

○ Not in the media because boring form men	1
○ Not yet pharmaceutical profit with male pill	2
○ Online normalization of pulling out	1
○ Online trustworthy sources	3
○ Only condoms adds	2
○ Parental education	3
○ Pharmaceutical profit with female contraceptive	1
○ Potential bias of medical providers	2
○ Prevalence of female contraception because of financial incentive more than cultural/societal	1
○ Professional sceptical about contraception	1
○ Raising process	1
○ Reading discussions on social media	1
○ Reliable info on the internet	3
○ School not teaching boys about it	1
○ School project about male pill	1
○ Sexual education	2
○ Sexual education discouragement for pulling out	1
○ Social media stating not a man's responsibility	1
○ Teaching about consent from parents	1
○ Teaching about contraception from parents	2
○ Trust in online sources	2
○ Trust in professionals	2
○ Upbringing influence	2
○ Women promoting contraception online	1

Background Country of Origin

Code	Grounded
○ Almere	1
○ Amsterdam	4
○ Brazil	1
○ Ecuador	1

○ England	1
○ Hilversum	1
○ Poland	1

Relationship Status

Code	Grounded
○ In a relationship	3
○ Married	1
○ Occupied	1
○ Single	5