

GENDER NORMS AND CONTRACEPTIVE TRUST¹

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I. INTRODUCTION

Trust is one of the underlying themes in many discussions, media coverage, laws, and policies about contraception.² Although women are generally held responsible for contraception, the myriad laws, as well as forms of surveillance and normalization, surrounding it give the impression that

¹ This paper is based on two previously published papers: Lisa Campo-Engelstein, *Competing Social Norms: Why Women Are Responsible for, But Ultimately Not Trusted with Contraception*, 26 INT'L J. APPLIED PHIL. 67 (2012) [hereinafter *Competing Social Norms*]; Lisa Campo-Engelstein, *Raging Hormones, Domestic Incompetence, and Contraceptive Indifference: Narratives Contributing to the Perception that Women Do Not Trust Men to Use Contraception*, 15 CULTURE, HEALTH & SEXUALITY 283 (2013) [hereinafter *Contraceptive Indifference*].

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² Due to space limitations, I will only focus on heterosexual couples in the United States using contraception to prevent pregnancy.

women are not trustworthy with it. Men are typically not thought to be the ones responsible for contraception and a significant part of the reason why, at least according to popular press articles on developing a “male pill,”³ is that they are not considered trustworthy with contraception. My goal in this paper is to discuss some of the gendered social norms that contribute to the perception that neither women nor men are trustworthy with contraception. I begin in the first section by laying out my own conception of trust, which draws heavily on Amy Mullin’s work, claiming that we trust those who we assume believe in the same social norms we do. In the second section, I unpack some of the social norms relevant to contraceptive trustworthiness and conclude that, like in most other areas of reproduction, the dominant norm is self-sacrifice. In the third and fourth sections, I show how dominant gender norms portray women and men as social groups as incompetent for contraceptive responsibility and hence contraceptive trustworthiness. Specifically, in the third section I claim that although women generally adhere to the social norms necessary for contraceptive trustworthiness, the cultural belief that women are irrational inhibits their overall trustworthiness, including their contraceptive trustworthiness. In the fourth section, I argue that cultural beliefs about men (e.g. they have uncontrollable libido, they have trouble mastering domestic tasks, and they are not concerned about preventing pregnancy) suggest that they will not be competent to contracept correctly and consistently. Finally, in the conclusion, I make some suggestions for increasing contraceptive trust for women and men.

II. THE ROLE OF SOCIAL NORMS IN TRUST

A common theme running through most accounts of trust is that trust is the attitude that others will meet our expectations of how people should act. In everyday life, we normally do not discuss our expectations of people’s behavior with them, except with children and employees, because many expectations are tacitly shared. For example, almost everyone in Western culture knows that when there is a line for something that they should stand at the end. While the case of knowing to wait one’s turn in line may seem morally trivial since it is an example of social

³ *Contraceptive Indifference*, *supra* note 1.

etiquette, it is still an expectation we have of others. Expectations that are not merely etiquette but that carry some moral significance are also rarely discussed, such as people should remember their good friends' birthdays. Given that there is minimal discussion at best and no discussion at worst of how people should act, how do people know what actions are socially and/or morally correct? The answer is that people learn how to act through social norms. While parents often explicitly tell children how to behave (e.g. wait your turn in line), children (and adults) also learn quite a bit about how they should act by observing the actions of others as well as people's responses to these actions.⁴ For example, if a child sees that her grandfather is upset because a friend forgot his birthday, she learns that it is expected that people remember their friends' birthdays.

In her account of trust, Amy Mullin describes the importance of social norms:

In interpersonal trusting, we assume that the one we trust shares our own commitment to a particular social norm which we take to govern the trusted one's behavior in some specific domain. We further assume that the trust one's commitment to that norm is to at least some degree intrinsic rather than instrumental⁵

Let me provide an example to clarify. At some colleges, students are under the "honor code" to conduct their work with moral integrity. Jim and Kim both go to the same college where this honor code is in place. Jim intrinsically values the honor

⁴ E.g., Tanya L. Chartrand, William W. Maddux & Jessica L. Lakin, *Beyond the Perception-Behavior Link: The Ubiquitous Utility and Motivational Moderators of Nonconscious Mimicry*, in THE NEW UNCONSCIOUS 334, 334 (Ran. R. Hassin, James S. Uleman & John A. Bargh eds., 2005), available at http://www.communicationcache.com/uploads/1/0/8/8/10887248/beyond_the_perception-behavior_link_the_ubiquitous_utility_and_motivational_moderators_of_nonconscious_mimicry.pdf ("When we perceive the behaviors of others, we may proceed to unconsciously copy or mimic those behaviors."); Bruce Feiler, *Train a Parent, Spare a Child*, N.Y. TIMES Jan. 11, 2013, <http://www.nytimes.com/2013/01/13/fashion/modifying-a-childs-behavior-without-resorting-to-bribes-this-life.html> (encouraging parents to treat their children more like adults so that they are not dependent on rewards for their behaviors); Frederic A. Levine, *Children Learn to Put Things off by Watching*, N.Y. TIMES, May 20, 1990, <http://www.nytimes.com/1990/05/20/nyregion/westchester-opinion-children-learn-to-put-things-off-by-watching.html> (classifying procrastination as a learned behavior); Roy Benaroch, *Teaching Children How to Behave: 5 Essential Principles*, KevinMD.com (Feb. 19, 2013), <http://www.kevinmd.com/blog/2013/02/teaching-children-behave-5-essential-principles.html> (encouraging parents to model appropriate behavior).

⁵ Amy Mullin, *Trust, Social Norms, and Motherhood*, 36 J. SOC. PHIL. 316, 316 (2005).

code and thinks it is immoral to violate it. Kim, in contrast, does not intrinsically value the honor code, but only instrumentally values it because it allows her more freedom, such as to the freedom to take her final exams whenever and wherever she wants during exam week. As pre-med students, Jim and Kim are both taking Organic Chemistry. They both need to get an A on the final exam in order to get an A in the class, which will ensure that they get into medical school. Given their different reasons for valuing the honor code, can we trust both of them to follow it when taking their exam? My intuition is that Jim is trustworthy, while Kim is not. Because he intrinsically values the honor code, Jim *wants* to act in accordance with the honor code. He normatively values the honor code and thus considers violating it morally wrong.⁶ While he may be tempted to cheat because he

⁶ In the case of the honor code, it seems obvious that intrinsically valuing the honor code entails viewing it as normatively correct. Let me provide another example—one in which the connection between intrinsically valuing a norm and believing it to be normatively correct is less obvious—to show that intrinsically valuing a norm always entails normatively valuing it. Miguel arranges to pay his friend and neighbor Miriam \$50 to water his plants while he is away on vacation. First off, there is a question here of which social norm Miriam is committed to: that friends and neighbors should help one another out; that if you agree to do a job, then you should do it to the best of your ability; that humans should take care of plants; etc. I think that people can be simultaneously committed to more than social norm, even if they conflict. Knowing what social norm people are committed to is important for Mullin's conception of trust, even if a commitment to different social norms will lead to the same action: all the possible social norms Miriam could be committed to should lead her to water Miguel's plants while he is away. It is important for Miguel to know which social norm Miriam is committed to because his trust depends on a belief that they both intrinsically value the same social norm. Let us assume that Miriam is committed to the social norm that friends and neighbors should help each other out. If she intrinsically values this norm, this means that she values the idea that friends and neighbors should help each other for its own sake. Upholding this norm for its own sake presumes affirming it as good and worthwhile—that is, as normative, as the morally correct action. If Miriam intrinsically values this social norm, then it makes sense for Miguel to trust her. However, if she only values this norm instrumentally—because it means her friends and neighbors will help her out when she needs help or because it makes for smoother neighborly relationships—then Miguel should not trust her because her commitment to help him is secondary to her other priorities. She is only secondarily committed to helping him out so there is a greater chance Miriam would desert this job than if Miriam intrinsically valued the job. I do not want to imply that people we rely upon will willy-nilly and unremorsefully fail to meet our expectations. Rather, people we rely upon have different priorities, which lead them to make different decisions than we would face with the same situation. That is, they do not value the same things we value for the reasons we value them and consequently their actions may be different. Valuing things for different reasons is not necessarily a bad thing.

wants to get into medical school, he is less like to cheat due to his deep commitment to the honor code. If he does cheat, we may chalk it up to weakness of the will or competing values (i.e. his commitment of the honor code and his desire to get into medical school). Whereas Jim can be trusted to follow the honor code because he intrinsically values it—this, of course, does not guarantee that he will follow it—since Kim only values the honor code instrumentally—it gives her more freedoms with exams—she finds it less morally troubling to violate it and consequently would be more likely to cheat than Jim in the same situation. We cannot trust Kim to follow the honor code, but we can rely upon her to adhere to it because she instrumentally values the honor code.⁷ The honor code is important to Kim because it provides her with freedoms that she values. By valuing these freedoms, she indirectly values the honor code and hence is less like to violate it than someone who doesn't value the honor code at all. Another student, Tim, who does not value the honor code at all—neither intrinsically nor instrumentally—is the most likely to violate the honor code because it has no significance for him.

This example shows the role norms play in trust. Other accounts of trust do not explicitly include such norms. For example, the proponents of the goodwill approach posit that when we trust, we rely upon and/or have the optimistic attitude that others' goodwill will positively influence their interactions with us.⁸ According to the moral integrity approach, trust entails expecting others to act with moral concern and respect toward us.⁹ Although I don't have the space to discuss in detail these

However, we need to recognize when people value something intrinsically versus instrumentally because it will help us know whether to trust them or rely upon them.

⁷ Whereas trust requires intrinsically valuing a shared social norm, reliance depends only upon instrumentally valuing a shared social norm. See Mullin, *supra* note 5, at 316–17, 320 (differentiating between trust and reliance).

⁸ See Annette Baier, *Trust and Antitrust*, 96 ETHICS 231, 242, 251 (1986) (discussing the natural tendency to “impute goodwill to the . . . persons on whom [we] depend”); Karen Jones, *Trust as an Affective Attitude*, 107 ETHICS 4, 4–12, 14 (1996) (“[T]rust is an attitude of optimism that the goodwill and competence of another will extend to cover the domain of our interaction with her, together with the expectation that the one trusted will be directly and favorably moved by the thought that we are counting on her.”).

⁹ See Trudy Govier, *Trust, Distrust, and Feminist Theory*, 7 HYPATIA 16, 17–18, 21, 28 (1992) (trusting others based on the belief that they are “persons of integrity” who will “act in ways that are helpful, or at least not harmful to us”); Carolyn McLeod, *Our Attitude Towards the Motivation of Those We Trust*, 28 S. J. PHIL. 465, 465 (2000) (“Part of what makes trust unique from other

approaches, let me mention two reasons why they are less suited to contraceptive trust than Mullin's theory. First, given that contraception is associated with the private realm and consequently is rarely publicly discussed, people learn contraceptive expectations through social norms. Any theory of contraceptive trust therefore needs to explicitly involve social norms. Yet, neither the goodwill approach nor the moral integrity approach does this.¹⁰

Second, I am concerned with trust on a social level, what I term "social group trust." Whereas interpersonal trust examines trust on the individual level—does person A trust person B?—social trust takes a broader perspective and examines whether society as a whole trusts a particular group of people. While Mullin's approach is based on interpersonal trust, because she recognizes social groups and incorporates social norms, it is possible to expand her theory to include social trust. These other approaches base trust on our expectations of how others' actions will affect us—making the trusting individual the focus¹¹—whereas Mullin grounds trust in our expectations that people follow norms—placing society's, not the individual's, perspective as the center. Because social trust looks at entire groups of people rather than specific individuals, it relies more heavily on social norms and stereotypes.¹² Whereas people involved in interpersonal trust can acknowledge particular differences about the people and/or the circumstances, since social trust involves groups of people—and thus generalizations about these groups—no such particularities about individual people or circumstances can be recognized. Instead, social group trust looks to social

attitudes toward others, such as mere reliance, *is* the kind of motivation we expect from trusted others.").

¹⁰ One could argue that these approaches do involve social norms, as what we consider goodwill and moral integrity depend on social norms. While I think one could make a case for this, I believe social norms need to play a more direct role in a conception of trust applied to contraception.

¹¹ For example, Annette Baier puts the individual at the center of trust, claiming, "[w]hen I trust another, I depend on her good will toward me." Baier, *supra* note 8, at 235. Trudy Govier makes a similar move, stating "[w]hen we trust others, we expect them to act in ways that are helpful, or at least not harmful to us." Govier, *supra* note 9, at 17.

¹² Social norms typically reflect the perspective of the dominant group(s) and so it is not surprising that they attribute positive characteristics to themselves and negative characteristics to the oppressed groups. The examples I give later in the paper about race and gender exemplify this tendency. *See infra* Part IV.B.

norms in order to determine whether a group of people is trustworthy.¹³

In this paper, I apply this distinction between interpersonal trust and social group trust to the case of contraception to explain why there is a social perception that both women and men are untrustworthy with contraception, yet individuals tend to trust their partners to contracept. Differentiating between these two levels of trust illuminates the seemingly contradictory views, laws, and policies that relate to contraception and trust. On the interpersonal level, people are likely to trust their partner to contracept because they can assess trustworthiness on known characteristics instead of dominant gender norms. In contrast, on the group level, the media, politicians, policymakers, and researchers and developers often defer to dominant gender norms, which typically lead them to conclude that neither women nor men are trustworthy with contraception. Exposing some of the dominant gender ideologies that contribute to women's and men's perceived untrustworthiness to contracept on the group level is important not only because it enables us to better understand the roots of this perception, but also because it is the first step in determining strategies to alter it.

III. CONTRACEPTIVE SOCIAL NORMS

One of the most dominant norms for reproduction and childcare is self-sacrifice; women are expected to willingly, and happily, sacrifice themselves for their fetuses and children, even if there is only the potential for a slight improvement or advantage. Implicit in this expectation is that women are to blame if their children do not turn out "right," as it signifies that the women did not sacrifice enough.¹⁴ Since contraception fits

¹³ I agree with Lorraine Code that "epistemologically speaking, the use of stereotypes is always a crude and irresponsible way of not bothering to know, yet posing as though one does." Lorraine Code, *Experience, Knowledge, and Responsibility*, in *WOMEN, KNOWLEDGE, AND REALITY: EXPLORATIONS IN FEMINIST PHILOSOPHY* 170 n.3 (Ann Garry & Marilyn Pearsall eds., 1st ed. 1989). By extension I think that relying on social norms to determine social trustworthiness is problematic, yet I think this is what is done. Like Code, I believe that "something very like stereotypes is in fact needed if knowledge, or language [or social trustworthiness], are to be possible at all," but that we should strive for these stereotypes to be flexible, not dogmatic *Id.* at 162.

¹⁴ For a more thorough and detailed analysis of the social norms involved in reproduction and childcare, see AMY MULLIN, *RECONCEIVING PREGNANCY AND CHILDCARE: ETHICS, EXPERIENCE, AND REPRODUCTIVE LABOR* (2005); REBECCA

under the umbrella of reproduction and childcare, it follows the same norm of self-sacrifice.

Initially, it seems odd that one of the social norms for contraception is self-sacrifice. Some may argue the opposite: that contraception is a form of self-empowerment, not self-sacrifice, because it allows women to control their reproduction. I agree that contraception is empowering because it enhances women's autonomy. Furthermore, most women are willing to put up with the inconveniences of contraception because it allows them to achieve their ultimate goal of avoiding pregnancy. However, contraception involves self-sacrifice because it is, in many cases, a forced responsibility.¹⁵ Women are often saddled with full contraceptive responsibility because there is a significant disparity in both the number and quality of available contraceptives: all contraceptives target women's bodies except condoms and vasectomies;¹⁶ no male contraceptives are both long-acting and reversible;¹⁷ and male contraceptives have a higher failure rate.¹⁸ Problematic views of women's bodies have both contributed to and reinforced this disparity; women's bodies are typically understood as inherently diseased and in need of medical solutions to their "problems" in addition to being thought to be less complex and more controllable than men's bodies.¹⁹ Women's perceived traits, especially their "natural" caretaking ability and their association with the private realm, buttress

KUKLA, MASS HYSTERIA: MEDICINE, CULTURE, AND MOTHERS' BODIES (2005).

¹⁵ Lisa Campo-Engelstein, *Contraceptive Justice: Why We Need a Male Pill*, 14 VIRTUAL MENTOR 146, 146 (2012) [hereinafter *Contraceptive Justice*]; Lisa Campo-Engelstein, *No More Larking Around! Why We Need Long-Acting, Reversible Male Contraceptives*, 41 HASTINGS CENTER REP. 22, 22 (2011) [hereinafter *No More Larking Around*].

¹⁶ Unless you also count withdrawal and the rhythm method, which target both women's and men's bodies. *Birth Control Methods Fact Sheet*, WOMENSHEALTH.GOV, <http://www.womenshealth.gov> (last updated Nov. 21, 2011).

¹⁷ These are qualities many monogamous couples are looking for, especially if they plan on having biological children in the future and if they are not concerned about preventing STDs.

¹⁸ "[A]lthough less than 20% of contraceptive use requires male participation [(condoms, withdrawal, and rhythm)], these methods result in well over half of all contraceptive failures in the United States." SHELDON J. SEGAL, UNDER THE BANYAN TREE: A POPULATION SCIENTIST'S ODYSSEY 114 (2003); see also *No More Larking Around*, *supra* note 15, at 23 (noting the high failure rates of male contraceptive options).

¹⁹ BARBARA EHRENREICH & DEIRDRE ENGLISH, FOR HER OWN GOOD: TWO CENTURIES OF THE EXPERTS' ADVICE TO WOMEN 121-32 (2d ed. 2005).

women's contraceptive responsibility: "good" women not only tend to private tasks, but they also care for their partners' needs, including their sexual and reproductive needs, and their children's and potential children's needs.²⁰

These reasons show that, while women may be grateful to assume contraceptive responsibility, if they want to avoid pregnancy and be "good" women, then they have little choice but to contracept. Women shoulder almost all the contraceptive burdens: maintenance, bodily invasion, adverse side effects, financial cost, etc. While these burdens may seem more like minor inconveniences that enable women to achieve reproductive autonomy, that there are few alternatives²¹ and that this arrangement systemically benefits men is troubling. Absolving themselves of contraceptive responsibility increases men's freedoms: to have sex worry-free, to avoid bodily invasion, and to have enhanced sexual access to women.²² It also means that men do not have to take the blame for unintended pregnancies. Even in our pro-natalist society,²³ contraception is valued because it protects the life of potential children by preventing their birth to women who are assumed will be less sacrificing since they were not interested in having children (at that time or ever). In this way, contraceptive expectations resemble those at play in

²⁰ See Ronald R. Rindfuss, Karin L. Brewster & Andrew L. Kavee, *Women, Work, and Children: Behavioral and Attitudinal Change in the United States*, 22 POPULATION & DEVELOPMENT REV. 457, 459 (1996) (discussing traditional perceptions of women's roles in the United States); *My Body: Your Choice? How Men Control and Dominate Women's Bodies*, FEMINISTS FOR CHOICE.COM (May 3, 2012), <http://feministsforchoice.com/my-body-your-choice-how-men-control-and-dominate-womens-bodies.htm> (discussing men's control over women's bodies).

²¹ Clearly there are ways men could more actively participate with contraception: for example, men could help with the financial costs of contraception and could be emotionally supportive of women who experience adverse side effects. However, women are still the ones saddled with the adverse side effects, maintenance, bodily invasion, other negative effects, and the overall responsibility of contraception. The only exception to this is if a man uses condoms or had a vasectomy and he and his female partner share contraceptive responsibility (she too contracepts) or he assumes full contraceptive responsibility (she does not contracept).

²² CATHERINE A. MACKINNON, TOWARDS A FEMINIST THEORY OF THE STATE 188 (1989) (arguing that abortion was legalized because the "availability of abortion enhances the availability of intercourse.") I believe contraception is socially acceptable for the same reason—it increases men's sexual access to women.

²³ "Pronatalist tradition encourages valuation of women based on reproductive function." Paula Abram, *The Tradition of Reproduction*, 37 ARIZ. L. REV. 453, 454, 456 (1995).

reproduction and childcare—women are supposed to put the well-being of their potential children ahead of their own desires. While we may not consciously think of contraception in this way, we nonetheless talk about the necessity of contraception to protect potential children, especially children born to women deemed unworthy of motherhood (e.g. women who are poor, of color, lesbian, disabled, and/or unmarried). For example, some politicians have suggested mandatory contraception for women on welfare as a way of preventing the birth of potential children who will, it is assumed, be harmed by the environment in which they grow up.²⁴

John Arras and Jeffrey Blustein present this line of thinking in their discussion of what it means to responsibly reproduce:

If one can reasonably be expected to predict that, should a person decide to reproduce, the resulting child's existence would fall below a certain threshold of acceptable well-being, the person can be blamed for reproducing irresponsibly.²⁵

Arras and Blustein enumerate a range of ideas of what counts as being below this threshold from least controversial to most controversial: child abuse and neglect, children with medical conditions, anything that parents do to “lower a child's potential” (e.g. drinking alcohol during pregnancy), and “parents who do not optimize their child's potential for a good life” (e.g. genetic enhancement).²⁶ Regardless of how this threshold is defined, the main idea here is that people should not reproduce if their potential children would be harmed.²⁷ The potential parents are viewed as the ones responsible for causing this harm and, moreover, as the only ones who can prevent it. In order to be responsible reproducers, people who believe their potential children will fall below the threshold should take action to ensure that they do not reproduce either through abstinence or contraception. Even if these individuals would like to be parents, they should not reproduce because of the potential harm to their potential children.²⁸

²⁴ Although this protectionist rhetoric is used, these policies are usually racially motivated. See, DOROTHY ROBERTS, *KILLING THE BLACK BODY: RACE, REPRODUCTION, AND THE MEANING OF LIBERTY* 108–10, 112 (1997).

²⁵ John D. Arras & Jeffrey Blustein, *Reproductive Responsibility and Long-Acting Contraceptives*, 25 HASTINGS CENTER. REP. S27, S27 (1995).

²⁶ *Id.* at S28.

²⁷ See *id.* at S27 (advocating for reproductive responsibility).

²⁸ Let me briefly state and reply to two possible objections to the argument that people should not reproduce if their potential children will have a quality

Taking the perspective of potential children, Lisa Cassidy extends this argument even further, arguing not only that those people who may harm their potential children should not parent, but also that “those people who anticipate being averagely competent parents should not parent.”²⁹ She concludes that only people who will make excellent parents should have children because “parenting is just too important to do in a way that is just good enough.”³⁰ Although Cassidy intentionally avoids defining what it means to be a good parent,³¹ her parenting ideal is in line with that of the self-sacrificer.³² She recognizes this and, in presenting an objection to her argument, states that her position could lead to the “self-sacrificing non-mother who has sacrificed having children for the children’s sake.”³³ While she objects to the gendered nature of sacrifice—that just women should be the ones making sacrifices—she does not find people sacrificing their desire to have children problematic because she believes that morality should take others into consideration and

of life below a certain threshold. First, those who believe that any life is better than no life will argue that these potential children are harmed more through the prevention of their lives than they would be by living. This comparison is problematic not only because it’s comparing such vastly different things, but also because I am not sure how one quantifies the quality of nonexistence in order to compare it to the quality of life. Additionally, I do not think we could argue that nonexistent beings are harmed unless we imagine that there exists a place where all the nonexistent beings hang out and wait for existence *and* that this place is such a bad place that any sort of life would be better in comparison. Second, while people may believe that parents who knowingly have children whose lives will fall below the threshold are being irresponsible, this does not mean that they think these children should be prevented from living. It is true that some people will argue that the best way to protect potential children from living a life below this threshold is to prevent their birth. However, this argument does not entail that these potential children be denied life. In fact, this argument makes no claim about how these potential children should be treated once they become embryos, fetuses, and infants. The only normative claim this position affirms is that responsible people should ensure that their potential children have a quality of life at or above the threshold of acceptable well-being. To act otherwise is to irresponsibly reproduce. There is no normative claim about what action we should take, if any, toward people who reproduce irresponsibly or children whose lives fall below this threshold.

²⁹ Lisa Cassidy, *That Many of Us Should Not Parent*, 21 HYPATIA 40, 46 (2006).

³⁰ *Id.* at 47.

³¹ *See id.* at 48 (naming only the minimum requirements).

³² *See id.* at 49 (“Parenting simply is not the kind of thing that morally speaking should allow for dabblers—those well-meaning, but rarely excellent ‘amateur’ parents. Parenting should be for extraordinary people for whom parenting is a true vocation.”).

³³ *Id.* at 53.

that the potential children's interests outweigh the potential parents' desires.³⁴ Yet, many would argue that not parenting is too great a sacrifice to ask people to make. While Cassidy rightfully points out that "the belief that refraining from parenting is an undue sacrifice is a belief imbued with our culture's pronatalist values," this does not minimize the feeling that people have that not having children is an unbearable sacrifice.³⁵ Furthermore, that the desire to have children may be a social construct does not take away from the fact that people are expected to make what they view as significant sacrifices for their potential children.

Cassidy's discussion makes explicit the socio-cultural assumption that people who believe they will make inadequate or even average parents have a responsibility to ensure that they do not reproduce. There are just two ways to avoid pregnancy—abstinence or contraception—and both require sacrifice(s).³⁶ The social norm of self-sacrifice leads to the conclusion that people who unintentionally reproduce are blameworthy because they failed to fully align with this norm. Just as in pregnancy and childcare, people are expected to make sacrifices for potential children and if something goes wrong (i.e. unintended pregnancy), it is assumed that it is the potential parents' fault for not making every possible sacrifice. For example, if they had been willing to use more than one form of contraception or a more effective form of contraception then they would not have gotten pregnant. Or if they had been willing to be abstinent, they would not have reproduced. This expectation of abstinence especially affects women, as due to the virgin/whore dichotomy, women who are sexually active are "bad" and thus deserve the punishment of unintended pregnancy. Additionally, it is thought to be easier for women to abstain because they are believed to have a weaker libido than men.³⁷

Although I have carefully kept my discussion of contraception gender neutral, it is important to note that just as the self-sacrificing norms apply almost exclusively to women for pregnancy and children, the same is true for contraception. While part of the reason for this may be that women are the ones who

³⁴ *Id.*

³⁵ *Id.*

³⁶ See *supra* text accompanying notes 14–20.

³⁷ Emily W. Kane & Mimi Schippers, *Men's and Women's Beliefs About Gender and Sexuality*, 10 GENDER & SOC'Y 650, 652 (1996).

get pregnant and that the majority of contraceptives are for women, there are sexist reasons behind why women are assumed to be the ones responsible for contraception. As the case of childcare shows, the expectation of self-sacrifice is usually only applied to women even though childcare, unlike pregnancy, is not something that is limited to women. Men could just as easily participate in childcare as women, so it would seem like a general social norm about how to raise one's children should equally apply to women and men. However, there are gendered beliefs regarding childcare: women are expected to be self-sacrificing, whereas men are not. In fact, what reproductive and childcare norms reveal is that there are broad gendered expectations of how women should act towards others. The general pattern is that women are expected to be self-sacrificing; they are expected to put others' needs, particularly their children's and male partners', before their own. There is not a corresponding social norm of sacrifice for men. In fact, quite the opposite: men are expected to be independent, self-interested, and to prioritize their own needs.³⁸

IV. WOMEN, CONTRACEPTION, AND TRUST

Now that we have an understanding of the social norms involved with contraception, I turn to the question of whether women are regarded by society as trustworthy with contraception. According to Mullin, to trust, we need to assume (1) that the trusted group shares our commitment to a specific social norm that will guide their behavior in a specific domain and (2) that their commitment to this norm is at least partially intrinsic.³⁹ Women who value the contraceptive social norm of self-sacrifice for at least some intrinsic reasons should be trusted.⁴⁰ However, even women who meet both of Mullin's requirements for trust are still viewed as untrustworthy.⁴¹ As I

³⁸ Interestingly, because men do not adhere to the social norm of self-sacrifice they are not viewed as trustworthy with reproductive and childcare matters. That men don't fit this social norm is advantageous for them because it absolves them of any reproductive and childcare responsibility. Also contributing to cultural belief that men are untrustworthy with reproduction and childcare is that reproduction and childcare are considered women's duties, not men's.

³⁹ Mullin, *supra* note 5, at 316.

⁴⁰ Mullin's assertion that interpersonal trust depends shared intrinsic commitment to a specific social norm would make it likely that women who adhere to the contraceptive social norm would be trusted. *Id.*

⁴¹ See Anna North, *Study: Women Are "Emotional," Men Are "Having a Bad*

argue below, this is due to a competing social norm that regards women and irrational and emotional and that leads society to view women as generally incompetent, especially with major events and decisions.⁴²

Believing people are incompetent can prevent us from trusting them. What matters is whether we think their incompetence affects that with which we trust them. Mullin recognizes the importance of competence in trust, stating “when we trust, we assume not only internal commitment to a social norm, but also certain forms of general competence. These involve competence (1) to recognize the social norm supposed by the truster and understand what it requires and (2) to act in accordance with one’s own norms.”⁴³ In other words, in order to be trusted, people need to know what social norm is at play, what action it requires, and act accordingly.⁴⁴

A. *Self-Sacrifice and Oppressive Socialization*

The vast majority of women recognizes the social norm of self-sacrifice in reproductive and childcare matters and understands that it means putting their children first and themselves last. Furthermore, most women abide by this norm and consequently are considered trustworthy. Such women, like Bobbi McCaughey, the famous mother of septuplets, are socially praised.⁴⁵ McCaughey jeopardized her own health⁴⁶ during pregnancy and

Day,” JEZEBEL (June 25, 2009, 7:00 PM), <http://jezebel.com/5302593/study-women-are-emotional-men-are-having-a-bad-day> (describing how women are generally thought to be naturally emotionally unstable).

⁴² *Id.*

⁴³ Mullin, *supra* note 5, at 322.

⁴⁴ It is worth noting that other approaches to trust also affirm the importance of competence. Carolyn McLeod claims that there is some consensus that what we trust in others is “their competence to do what we are trusting them to do and their motivation for doing it.” McLeod, *supra* note 9, at 465. For example, Govier enumerates three aspects of trust and one of them is competence. Govier, *supra* note 9, at 18. Karen Jones directly incorporates competence into her definition of trust, stating, “trust is optimism about the goodwill and *competence* of another.” Jones, *supra* note 7, at 7.

⁴⁵ See, e.g., Michael D. Lemonick et al., *Septuplets: It’s A Miracle*, TIME, Dec. 1, 1997, www.time.com/time/printout/0,8816,987455,00.html (describing the support and donations Ms. McCaughey received for giving birth to seven children).

⁴⁶ See Pam Belluck, *Iowan Makes U.S. History, Giving Birth to 7 Live Babies*, N.Y. TIMES, Nov. 20, 1997, www.nytimes.com/1997/11/20/us/iowan-makes-us-history-giving-birth-to-7-live-babies.html?ref=bobbimccaughey (discussing the difficult late stages of her pregnancy and her prolonged hospital

then she devoted herself full time to caring for the septuplets.⁴⁷ What makes McCaughey such a great example of a woman who lives up to the self-sacrificing ideal is not only the number of children she has, but also her eagerness and devotion to being self-sacrificing.⁴⁸ McCaughey was rewarded for her pro-natalist, self-sacrificing behavior with intense media coverage, numerous substantial gifts, and even a phone call from President Clinton.⁴⁹ Women like McCaughey are viewed as trustworthy with reproductive and childcare matters because they not only fit the self-sacrificing model, but they also intrinsically value it. Although McCaughey may seem like an extreme case, she is not. Most women happily make significant sacrifices for their children and many women would amiably make the same sacrifices McCaughey did. The reason for this is that, given the ubiquity and strength of this expectation, almost all women intrinsically value self-sacrifice. I contend that the norm of self-sacrifice is a case of oppressive socialization, according to Paul Benson's definition.⁵⁰

Benson presents two ways socialization can be oppressive: "(1)

stay). She also jeopardized the health of her fetuses, though this was rarely mentioned by the media. See Sonya Charles & Tricha Shivas, *Mothers in the Media: Blamed and Celebrated—An Examination of Drug Abuse and Multiple Births*, 28 PEDIATRIC NURSING 142, 144 (2002) (describing the harmful effects which multiple-birth pregnancies may have upon fetuses).

⁴⁷ McCaughey worked from home as a seamstress in her spare time but otherwise devoted her full attention to the care and education of her eight children, at least until they reached school age. Ann Curry, *Eight is Great for the McCaughey Septuplets: A Pajama Party with the World's First Set of Living Septuplets*, TODAY, (Jan. 15, 2006, 7:14 PM), <http://www.today.com/id/10867824/#.Uup5ArzCaSo>.

⁴⁸ See, e.g., Belluck, *supra* note 46 (demonstrating the McCaughey's unquestioning devotion to carrying all of their children to full term, despite potential harm to both mother and children). However, clearly not all women who have multiple or many children are socially praised. Nadya Suleman, otherwise known as "octomom," is one such example. In her case, factors such as race, class, and marital status were strong contributors in the public outcry following the birth of her octuplets. See Dana-Ain Davis, *The Politics of Reproduction: The Troubling Case of Nadya Suleman and Assisted Reproductive Technology*, 17 TRANSFORMING ANTHROPOLOGY 105, 108–09 (2009).

⁴⁹ Belluck, *supra* note 46; Charles & Shivas, *supra* note 46, at 143–44; Tricha Shivas & Sonya Charles, *Behind Bars or Up on a Pedestal: Motherhood and Fetal Harm*, in *WOMEN AND CHILDREN FIRST: FEMINISM, RHETORIC, AND PUBLIC POLICY* 183, 191 (Sharon M. Meagher & Patrice DiQuinzio eds., 2005).

⁵⁰ Paul Benson, *Autonomy and Oppressive Socialization*, 17 SOC. THEORY & PRAC. 385, 385 (1991) ("Certain forms of socialization are oppressive and clearly lessen autonomy."). For an illustration of oppressive socialization through the lens of feminine beauty norms, see *id.* at 489–90.

coercive socialization that inflicts penalties for noncompliance with unjustifiable norms and (2) socialization that instills false beliefs that prevent people from discerning genuine reasons for acting.”⁵¹ Like the feminine beauty norms that Benson discusses, the norm of self-sacrifice is oppressive in both ways. In the first way, women internalize the norm of self-sacrifice. They normatively value it, insisting it is an essential component of what it means to be women. Indeed, women assert that “a real woman is a mother, or one who acts like a mother, or more specifically, like the self-sacrificing, nurturant, and care-taking mothers women are supposed to be.”⁵² Furthermore, they believe that their self-worth lies in their sacrifices for others, especially men and their children. Catharine MacKinnon makes a similar point in discussing care, claiming that “[w]omen are said to value care . . . because men have valued women according to the care [that women] give [to them].”⁵³ The same holds true for sacrifices: women value sacrifices because men value women who make sacrifices for them. Moreover, women value sacrifices because society values self-sacrificing women, like McCaughey. In contrast, women who challenge this norm are stigmatized and punished: “Women learn that their prospects for satisfying their basic interests in meaningful work, material security, social acceptance, and so forth can be expected to suffer” if they do not meet the expectation of self-sacrifice.⁵⁴ The pressure to be self-sacrificing is coercive because it impairs autonomy by making norm compliance a much more palatable option (social rewards, acceptance, and improved ability to achieve their personal, social, and economic goals) than norm rebellion (social punishment, ostracism, and diminished chance to achieve goals).

The second way the norm of self-sacrifice is oppressive is that it teaches women falsehoods: that women who do not sacrifice are “bad” (they are selfish, uncaring, and unwomanly) and that self-sacrifice is a necessary component of women’s self-worth.⁵⁵

⁵¹ Diana Tietjens Meyers, *Feminism and Women’s Autonomy: The Challenge of Female Genital Cutting*, 31 METAPHILOSOPHY 478, 478 (2000).

⁵² Janice G. Raymond, *Reproductive Gifts and Gift Giving: The Altruistic Woman*, 20 HASTINGS CENTER REP. 7, 7–9 (1990).

⁵³ MACKINNON, *supra* note 22, at 51.

⁵⁴ Benson, *supra* note 50, at 387–88.

⁵⁵ *See id.* at 387–90 (showing then detrimental effect on women’s self-image resulting from their difficulty meeting the expectations of men). Benson provides the example of an eighteen-year-old girl to indicate that even with personal support and a good upbringing, women’s self-worth is subverted by

Internalizing these falsehoods inhibits women's autonomy by preventing them from competently developing critical reflection skills regarding reasons to act in certain ways. Often women's critical competence becomes fragmented: they are receptive to reasons in certain realms, but not others.⁵⁶ In this case, women have trouble recognizing that their self-worth can lie in things other than self-sacrifice; they are unreceptive to reasons for rejecting self-sacrifice. As Diana Meyers asserts, "A culture's ultimate defensive weapon [against change] is to make alternative ways of life unimaginable or imaginable only as bizarre or loathsome specimens" and this is precisely what oppressive socialization does.⁵⁷ In making self-sacrifice appear to women as the only way they are valuable, combined with women's internalization of this norm, oppressive socialization teaches women to intrinsically value self-sacrifice. Put differently, women intrinsically value self-sacrifice not only because they are instilled with the belief that it is the way women should act, but also because they cannot imagine alternative ways of being that challenge, self-sacrifice. What is so insidious about oppressive socialization it that it gives the impression of choice—that women autonomously choose to value self-sacrifice—rather than having it forced on them.

Some may object that there are good reasons to intrinsically value sacrifice for reproduction and childcare matters—for example, all types of reasonable sacrifices are necessary in order to be a good parent—and that women are self-sacrificing for these reasons. While I agree that other reasons factor into women's valuing of self-sacrifice, I don't think we can underestimate the role that oppressive socialization plays. Especially when we compare women and men on self-sacrifice, it becomes clear that women intrinsically value self-sacrifice for more than it being "objectively" the right way to act: they value it because they have internalized it and cannot imagine another way of being. "The criterion most frequently cited by [women of all classes] as the mark of a good mother [wa]s . . . put[ting] her

men. *Id.* at 389. I am not going to defend these claims as falsehoods because I assume that most audiences, especially feminist-friendly ones, would agree with me that they are falsehoods.

⁵⁶ See *id.* at 397 (indicating that women's critical competences are fragmented because they are very intelligent but they are unable to detach themselves from society's definition of femininity).

⁵⁷ Meyers, *supra* note 51, at 487.

children first,”⁵⁸ whereas the social understanding of a good father is one who provides financially.

B. Competing Social Norm: Women as Irrational

If the majority of women intrinsically value self-sacrifice, why aren't women trusted with contraception? This question gets to the heart of why women are not considered trustworthy with contraceptives even though, *prima facie*, they would seem to be excellent candidates for trust since they intrinsically uphold the social norm of self-sacrifice. The answer is that women are perceived as incompetent because of the social norm that women are irrational and emotional, which makes them incapable of making good decisions and of acting in accordance to their own norms. It is important to recognize that this norm is part of a dichotomy, the reason/emotion dichotomy. Women are associated with the negative half of the dichotomy and consequently they are thought to be irrational and emotional, whereas men are associated with the positive half and thus are considered rational and stoic.⁵⁹

While it is assumed that women will recognize the social norm that they are supposed to follow and understand what it entails—the first type of competence Mullin enumerates—the concern is that women will not act according to their norms—the second type of competence Mullin lists.⁶⁰ Specifically, the worry is that women will not be able to act in a self-sacrificing way because of their presumed irrational and emotional nature. Although women may be committed to being self-sacrificing and may intrinsically value this expectation, they cannot help but act contrary to it because of their irrationality, which makes it difficult for them to judge how best to act in order to be self-sacrificing. For example, a woman who indulges her children's every request may be doing so as a way of putting her child first (i.e. self-sacrifice), but others may view it as her irrationality

⁵⁸ Karen McCormack, *Stratified Reproduction and Poor Women's Resistance*, 19 GENDER & SOC'Y 660, 666 (2005).

⁵⁹ I do not provide a thorough explanation for this social norm like I did for contraceptive social norms because the association of women with irrationality and emotion and men with rationality and reason has been discussed elsewhere in great detail. *See, e.g.*, GENEVIEVE LLOYD, THE MAN OF REASON: "MALE" AND "FEMALE" IN WESTERN PHILOSOPHY 2–3, 50, 74–79, 82–84 (2d ed. 1993) (explaining the historical backdrop and current understanding of women as inferior emotional beings and men as their rational superiors).

⁶⁰ Mullin, *supra* note 5, at 322.

(and lack of strength) that causes her to “spoil” the child.

Most women are not thought to be maliciously making decisions that go against the expectation of self-sacrifice. Instead, it is assumed that their irrationality—in the case above, their poor reasoning or related character flaws such as selfishness—interferes with their ability to be self-sacrificing. Women’s irrationality is perceived to be like an overarching force that has the potential to affect any decision they make. While society is not concerned when women’s supposed emotional nature affects their choice in wallpaper, society is worried when there is more at stake with a decision, especially if the decision involves others, namely children and men.⁶¹ Given that protecting children and fetuses is a strong social value and that society does not trust women to adhere to the norms women believe in, society does not trust women with contraception.

In addition to the social perception that women are irrational, there are contraceptive-specific factors that contribute the belief that women should not be trusted with contraception. First is the high rate of unintended pregnancies—almost half of all pregnancies in the U.S. are unintended.⁶² According to some calculations, a woman can expect to have 1.42 unintended pregnancies by the time she reaches 45.⁶³ Despite our recognition that no form of contraception is 100% effective,⁶⁴ the existence of so many unintended pregnancies leads us to question women’s competence with contraception. Second, and further eroding trust, is the knowledge that many women are unhappy with their contraceptive options, sometimes leading them to inconsistently and incorrectly use contraception. In fact, half of all unintended

⁶¹ As a pernicious example of this, through 1996, less than one percent of all AIDS literature dealt specifically with women and AIDS outside of their roles as vectors and vessels. Ruth Faden, Nancy Kass & Deven McGraw, *Women as Vessels and Vectors Lessons from the HIV Epidemic*, in FEMINISM & BIOETHICS 252, 266 (Susan M. Wolf ed., 1996). This example shows that we were only concerned about women’s effects on others regarding AIDS and not about women themselves.

⁶² Lawrence B. Finer & Stanley K. Henshaw, *Disparities in Rates of Unintended Pregnancy in the United States, 1994 and 2001*, 38 PERSP. ON SEXUAL & REPROD. HEALTH 90, 90 (2006), available at <http://www.guttmacher.org/pubs/psrh/full/3809006.pdf>.

⁶³ Stanley K. Henshaw, *Unintended Pregnancy in the United States*, 30 FAM. PLAN. PERSP. 24, 24 (1998).

⁶⁴ Malcom Potts, *Birth Control Methods in the United States*, 20 FAM. PLAN. PERSP. 288, 288 (1988) (“Even a contraceptive method with an annual failure rate of one percent that is used from age 30 to age 45 will leave one woman in seven with an unintended pregnancy.”).

pregnancies occur when people *are* using contraception.⁶⁵ Women's dissatisfaction with available contraceptive methods is reflected in the fact that most types of contraception have discontinuation rates approaching fifty percent after one year of use.⁶⁶ Women who are dissatisfied with their contraceptive method are at high risk for experiencing a gap in contraceptive coverage⁶⁷ and, at any given time, between 9-16% of sexually active women are not using any type of contraception.⁶⁸ Third, there is a cultural fear that women become pregnant deliberately to "trap" men.⁶⁹ In other words, some men worry that women lie about their contraceptive use because they believe becoming pregnant will force men to commit to a relationship with them. The belief that women are deceptive about their contraceptive use diminishes their contraceptive trustworthiness even more. Fourth, until the introduction of the female contraceptive pill in the 1960s, men were generally seen as the ones responsible for contraception because contraceptive use was tied to the act of sex itself, "sexual knowledge was synonymous with sexual experience,"⁷⁰ and dominant gender roles aligned masculinity with contraceptive responsibility.⁷¹ Although both women and men today tend to relegate contraceptive responsibility to women,⁷² the long historical association between contraceptive responsibility and men may still play a role in the social perception that women are not trustworthy with contraception.

It seems not only strange, but also unfair that we, as a society, consider women untrustworthy with contraception and yet we still hold them responsible for it. Why is this? In some ways, the

⁶⁵ Henshaw, *supra* note 63, at 26–27.

⁶⁶ NEW FRONTIERS IN CONTRACEPTIVE RESEARCH: A BLUEPRINT FOR ACTION 125–26 (Sharyl J. Nass & Jerome F. Strauss, III eds., 2004).

⁶⁷ Jennifer J. Frost, Susheela Singh & Lawrence B. Finer, *Factors Associated with Contraceptive Use and Nonuse, United States, 2004*, 39 PERSP. ON SEXUAL & REPROD. HEALTH 90, 90–92, 95 (2007), available at <http://www.guttmacher.org/pubs/journals/3909007.html>.

⁶⁸ U.S. DEP'T OF HEALTH & HUMAN SERVS., DHHS PUB. NO. (PHS) 2010-1350, USE OF CONTRACEPTION IN THE UNITED STATES: 1982-2008 15 (2010).

⁶⁹ Jennifer A. Reich & Claire D. Brindis, *Conceiving Risk and Responsibility: A Qualitative Examination of Men's Experiences of Unintended Pregnancy and Abortion*, 5 INT'L J. MEN'S HEALTH 133, 141 (2006).

⁷⁰ Paula Rawlinson, *Gender Influences of Contraceptive Choice*, 20 PRIMARY HEALTH CARE 16, 16–20 (2010).

⁷¹ Patricia L. MacCorquodale, *Gender Roles and Premarital Contraception*, 46 J. MARRIAGE & FAM. 57, 57–58 (1984).

⁷² *No More Larking Around*, *supra* note 15, at 23; Reich & Brindis, *supra* note 69, at 141.

answer is simple: it reinforces the patriarchal order by absolving men of the burdens of contraception and the adverse social consequences of unintended pregnancy while retaining their control over reproduction. The belief that women are irrational and therefore incapable of making good decisions positions men, who are viewed as rational and thus capable of making good decisions, as the best decision-makers for reproductive matters, especially on the policy level. They exercise this control through policies, laws, surveillance, and normalization that target women's bodies. Men benefit from this arrangement by maintaining power while at the same time avoiding responsibility and all that it entails. Assuming full contraceptive responsibility means that women not only make all the sacrifices, but also that they alone are blamed for any contraceptive mistakes. First, women are blamed for being sexually active—for falling on the “whore” side of the virgin/whore dichotomy—especially if they belong to one of the groups I discuss below. Second, women are blamed for not successfully contracepting. Yet, the barriers to successfully contracepting are typically ignored. For example, Anna Stubblefield claims that some women risk not using contraception even though they know it increases the probability of pregnancy because of the belief that women who use contraception are sexually promiscuous.⁷³ She concludes that “[s]ocial norms such as those in the case of contraceptive risk-taking that assign blame to women for unwanted pregnancies while simultaneously coercing them to engage in premarital sexual intercourse without using contraceptives are oppressive.”⁷⁴ These competing social norms lead to a no-win situation for women: if they contracept then they are viewed as sluts, but if they do not contracept, then they run the risk of pregnancy.

It is important to note that certain groups of women—young, poor, unmarried, and minority—are considered less trustworthy and more blameworthy than others. While it is true that these groups of women are more likely to have unintended pregnancies,⁷⁵ rather than understand why this is the case, we blame them for not upholding the self-sacrificing norm either by using contraception or abstaining from sex. The stereotype that

⁷³ Anna Stubblefield, *Contraceptive Risk-Taking and Norms of Chastity*, 27 J. SOC. PHIL. 81, 85 (1996).

⁷⁴ *Id.*

⁷⁵ See Finer & Henshaw. *supra* note 62, at 93 tbl. 1.

women belonging to these groups are sexually promiscuous leads many to argue both that these women are morally irresponsible for not being able to control their libido⁷⁶ and that if these women stopped having sex their “problems” would also cease.

The belief that women are irrational is a key part of men’s control over them not only in the reproductive and childcare realms, but in all other facets of life as well (e.g. public life, political realm, education). Women are not trusted in any realm due to incompetence stemming from their perceived irrationality. The only way to move toward trusting women, then, is to deconstruct the social norm of women as irrational.⁷⁷ One reason it is so important for women to be viewed as trustworthy is because it will enhance their autonomy. Believing that someone is incompetent justifies paternalism. If we uphold the belief that women are irrational, then we are justified in limiting their autonomy because they are assumed not to be able to make good decisions for themselves. However, if women are viewed as rational, then our actions that result from distrust (e.g. laws, surveillance) are unjust because we are violating competent people’s autonomy.

V. MEN, CONTRACEPTION, AND TRUST

Just like for women, dominant gender norms inhibit men’s contraceptive trustworthiness as a group. In this section, I discuss three specific dominant masculine gender norms. Two of them suggest that men are incompetent. First, there is a cultural belief that men have an uncontrollable sex drive, which interferes with their ability to contracept. Second, there is a

⁷⁶ The Missouri ban on family services provides an example of this stereotype. Rep. Susan Phillips (R-Kansas City) said in an interview, “If you hand out contraception to single women, we’re saying promiscuity is OK as a state, and I am not in support of that.” Phillip Baron, *Poor People Shouldn’t Have Sex*, SHAKESVILLE, (Mar. 16, 2006), <http://www.shakesville.com/2006/03/poor-people-shouldnt-have-sex.html>.

⁷⁷ Some may suggest that we would be able to trust women with contraception if we changed its social norm. Lisa Campo-Engelstein, *Trusting Women with Birth Control*, ALB. MED. C.: ALDEN MARCH BIOETHICS BLOG (Dec. 26, 2012), <http://www.amc.edu/BioethicsBlog/post.cfm/trusting-women-with-birth-control>. While I think there are many good reasons to strive to eliminate the expectation of self-sacrifice for reproduction and childcare, as well as for women generally, I do not think that changing this expectation will make women more trustworthy. The reason women are distrusted is because they are seen as incompetent and changing this norm will not make them seem more competent.

commonly held idea that men are incompetent with domestic tasks, which impairs their ability to correctly use contraception. The third norm does not involve competence; rather, it deals with valuing the dominant ideologies at play in contraception and specifically the ideology of self-sacrifice. According to my conception of trust, when we trust, we expect people to act so as to uphold our shared social norms. Yet, there is a social perception that men are not committed to pregnancy prevention, or at least not even close to the degree women are, which make them seem less likely to be trusted to act in a self-sacrificing manner.

A. *Men Have an Uncontrollable Libido*

One of the defining characteristics of hegemonic masculinity is “uncontrollable sexual desire”⁷⁸—a trait that is often thought to be biologically rooted. For instance, “[m]ost Americans appear to believe that men’s sexual drives are stronger than women’s, and at least half perceive those differences as natural”⁷⁹ Claiming men cannot control their libido means that men cannot be held responsible for anything regarding sex, including sexual harassment, rape, and contraception. In this section, I highlight how certain viewpoints, such as biological determinism and abstinence-only education, sometimes absolve men of contraceptive responsibility by implying that the strength of one’s libido can inhibit sexual and reproductive responsibility.

Reasons given to support the difference between men’s and women’s libidos, especially from those claiming these differences are natural, often echo of biological determinism—the belief that our biology determines our desires, characteristics, and actions.⁸⁰ Because women have so few eggs (approximately 500 total compared to the millions of sperm men produce daily),⁸¹ women

⁷⁸ See generally Manuel Macia, Pranitha Maharaj, & Ashley Gresh, *Masculinity and Male Sexual Behaviour in Mozambique*, 13 CULTURE, HEALTH & SEXUALITY 1181, 1186 (2011).

⁷⁹ Emily W. Kane & Mimi Schippers, *Men’s and Women’s Beliefs about Gender and Sexuality*, 10 GENDER & SOC’Y 650, 662 (1996).

⁸⁰ Dumisani Nyalunga, *Dispelling the Misconceptions and Myths about Gender*, 2 INT’L NGO J. 001, 004 (2007) (stating that biological determinism is “based on the belief that all differences that exist between men and women are strictly biological . . . [T]hat all human behavior is innate and cannot be changed or altered.”).

⁸¹ Natalie Angier, *Sleek, Fast and Focused: The Cells That Make Dad Dad*, N.Y. TIMES (June 12, 2007), <http://www.nytimes.com/2007/06/12/science/>

need to be selective in who they choose to have sex with. They should limit sexual encounters to men who they think would make the best fathers; that is, men who would produce the best genetic offspring, and who would be able to provide amply for offspring. Moreover, since women will be responsible for childrearing, they should be careful to pick men who will make this investment worthwhile. Women's passive sexual "nature"—i.e. their weak libido—is thought to aid them in making good choices about mates. In contrast, men have no reason to be selective. In fact, because they have so many sperm, and because they are not responsible for childrearing, they have no constraints on whom to have sex with. If we affirm a "biological" urge to procreate, then men are "naturally" inclined to have sex with as many women as they can.

"[The] 'spread the seed' versus 'hoard the eggs' mentality is often used to explain, and justify, men and women's different sexual natures."⁸² We see it used in everything from heterosexual courtship practices to arguments about why men are more likely to cheat than women,⁸³ to rape. It is assumed that our sexual nature is uncontrollable because it is natural, that is, biological. Human brains are biologically hardwired for us to act a certain way so as to ensure procreation, and thus survival of the species. Whereas women long for a monogamous relationship to protect their investment—their children—men have trouble settling down and when they do, they often cheat because of their biological urge to procreate with as many women as possible. According to this view people cannot be held fully responsible for their sexual behavior because it is beyond their control; it is their nature.

It may seem contradictory that men are typically regarded as in control of their bodies save for their libidos. Yet, this tension is rarely acknowledged. That men are perceived as unable to control their libido is generally not seen as problematic because

12angi.html?_r=0.

⁸² Lisa Campo-Engelstein, *Politicians, Rape, and Biological Determinism*, ALB. MED. COLL.: ALDEN MARCH BIOETHICS BLOG (Nov. 26, 2012), <http://www.amc.edu/BioethicsBlog/post.cfm/politicians-rape-and-biological-determinism>.

⁸³ See Nell Greenfieldboyce, *Marriage Woes? Husband's Genes May Be at Fault*, NAT'L PUB. RADIO (Sept. 2, 2008, 2:21 PM), <http://www.npr.org/templates/story/story.php?storyId=94199631> (referring to a new study which suggests that a certain gene found in some men, linked to less bonding, might make it more difficult for such men to commit to one partner).

this arrangement is thought to be biologically necessary. Since men's uncontrollable libido is typically viewed as natural, men cannot be blamed for it. Instead, it is men's uncontrollable libido that is to blame, as it inhibits their rationality, thereby preventing them from acting according to their social values. For example, the teenage boy in Meat Loaf's song "Paradise by the Dashboard Light" is so "crazed" by his desire to have sex that he makes promises in the heat of the moment that he later regrets.⁸⁴ Although men's libido is viewed as a barrier to rationality—a form of incompetence—that interferes with their ability to act the way they want to act, it is not thought to affect their overall competence. Instead, it is thought only to affect their competence in one realm: the sexual realm. Since this incompetence is limited to only the sexual realm, men's freedoms in other realms are not restricted. For instance, (white, property-owning) men have historically had the right to run for political office despite their "uncontrollable" libido, because their libido is typically not thought to affect their political decision-making ability.

If men are thought to be unable to control their libido, then who can be held responsible for it? Women are typically the ones blamed for men's libido, often faulted for arousing it with their sex appeal. Because women's libido is thought to be either nonexistent or easily controlled and because they are assumed to know that men's libido is the opposite, they are culpable for arousing men's libido. *Sex Respect: The Option of True Sexual Freedom*, an abstinence-only sex education student workbook, explicitly makes this point:

[B]ecause they generally become physically aroused less easily, girls are still in a good position to slow down the young man and help him learn balance in the relationship [T]he girl may be showing her interest in the guy, but . . . the boy may sometimes misread this behavior and get carried away by his physical reactions to that behavior.⁸⁵

We see this mentality when people talk about women who are "asking to be raped" because of the women's actions. The idea here is that most men cannot control their libido, and if they see a woman who acts a certain way, they have no control over their desire to have sex with her and thus may rape her. Women are

⁸⁴ MEAT LOAF, *Paradise By the Dashboard Light*, on BAT OUT OF HELL (Epic Records 1977).

⁸⁵ COLEEN KELLY MAST, *SEX RESPECT: THE OPTION OF TRUE SEXUAL FREEDOM* 12–13 (Juliene Forrestal ed., 4th ed. 2001).

seen as responsible for causing their rape because of their actions, as they are supposed to know that men cannot rein in their libido and consequently they should act in a way that prevents them from turning men on.⁸⁶

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

One of the problems with this line of thought is that it posits that any strong, biologically-based desires or needs are uncontrollable. While I do not believe men's libido is stronger than women's due to biological reasons, let us, for a moment, assume it is, and explore whether we treat other biologically-based desires or needs as uncontrollable. One biologically-based desire or need is addiction.⁸⁷ Alcoholics' bodies, for example, come to depend upon alcohol, thereby causing them to crave it, seek it, and feel like they need it.⁸⁸ Although alcoholics have what feels like an uncontrollable need to have alcohol, there is a social (and medical) belief that addiction is something that can be controlled, though it may be difficult.⁸⁹

⁸⁶ See, e.g., Mike McIntyre, *Rape Victim 'Inviting,' So No Jail*, BRANDON SUN (Feb. 26, 2011 6:05 PM), <http://www.brandonsun.com/breaking-news/rape-victim-inviting-so-no-jail—rape-victim-inviting-so-no-jail-116801578.html> (lowering a convicted rapist's sentence because the victim was allegedly dressing and acting in a manner that invited the rape).

⁸⁷ See Rainer Spanagel, *Alcoholism: A Systems Approach from Molecular Physiology to Addictive Behavior*, 89 *PHYSIOL. REV.* 649, 680 (2009) ("Addictive behavior is . . . the result of cumulative responses to alcohol exposure, an individual's genetic and epigenetic make-up, and environmental perturbations over time").

⁸⁸ See *id.* at 679 (discussing the augmented cravings that accompany repeated "alcohol withdrawal episodes" and often lead to the continuation of the individual's alcohol consumption).

⁸⁹ See, e.g., U.S. DEP'T OF HEALTH & HUM. SERVS., TREATMENT FOR ALCOHOL

Some may dispute the comparison of libido and addiction, claiming that they are not analogous since libido is an innate urge, whereas addiction is a learned or social one. Though everyone may not agree, let us again assume that libido is indeed a biological drive, not something that is affected by environment. Given that people who believe libido is an innate urge usually support this claim with some form of biological determinism, I will compare men's libido to women's desire or need to have children, which is also often supported by biological determinism. People who support the idea that women have a "natural" desire or need to have children believe that this is an innate, biological urge, so in this way it is comparable to people who believe men's strong libido is an innate, biological drive. There is a widespread belief that women have what is colloquially referred to as a "biological clock": a device, thought to be hormonal, that tells them to reproduce.⁹⁰ Women's biological clock is considered extremely powerful because, like men's strong libido, it is thought to be an evolutionary mechanism to ensure survival of the species.⁹¹

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

AND OTHER DRUG ABUSE: OPPORTUNITIES FOR COORDINATION ch. 3 (1994), available at <https://secure.addictioncounselor.com/articles/102015/TAP-11-Treatment-for-Alcohol-and-Other-Drug-Abuse-Opportunities-for-Coordination-101-1-.pdf> (indicating that treatment for alcohol addiction, for those who remain in treatment, is effective).

⁹⁰ See e.g., Judith A. Easton, Jamie C. Confer, Cari D. Goetz & David M. Buss, *Reproduction Expediting: Sexual Motivations, Fantasies, and the Ticking Biological Clock*, 49 PERSONALITY & INDIVIDUAL DIFFERENCES 516, 516 (2010).

⁹¹ See *id.* at 516, 519–20 (explaining the sexual evolution of females and their "psychological adaptation that functions to shift their sexual motivations and behaviors in such a way as to capitalize on their remaining opportunities to reproduce.").

many women as possible, even if it means rape. But if men's libido and women's biological clock are both equally strong and women can control their biological urge, then men should also be able to do so. Even if men's libido and women's biological clock are not equally strong, women's ability to control their desire/need to have children shows that it is possible to control biological, innate drives.

Given that many men are able to control their libido, it does not make sense to think of men's libido as an innately uncontrollable drive. Perhaps certain men have uncontrollable libidos, but it seems a stretch to say all men have uncontrollable libidos. Plus, there are ways to help men control their libido. For example, certain medications reduce and even diminish it completely.⁹² (It is interesting to note that weak libido is usually considered a problem, even a medical condition,⁹³ but a strong libido is generally considered neither a problem nor a medical condition).⁹⁴ And if men are able to control their libido, then they should be able to use contraception.

The claim that men cannot use contraception because of their uncontrollable libido only works for contraception that is used in the heat of the moment. There are only two available male contraceptives, and just the condom requires use during sexual activity (vasectomy is a permanent, one time surgical procedure). It seems farfetched that men would not be able to think to use condoms during sexual activity because their rationality is inhibited by their libido. Yet even if this is true, it does not mean that men could not be responsible for other forms of contraception that do not need to be used during sexual activity, when their libido is presumably less strong. Many of the male contraceptives currently being researched are long-term reversible contraceptives (LARCs) that do not need to be used right before or during sexual activity.⁹⁵

⁹² See Kimberly A. Peters, Comment, *Chemical Castration: An Alternative to Incarceration*, 31 DUQ. L. REV. 307, 310–11 (1993) (discussing the use of the medication Depo-Provera, which “diminishes compulsive erotic fantasy and lowers male sex drive”).

⁹³ Benjamin Wedro, *Low Testosterone (Low T)*, MEDICINET.COM (last reviewed Sep. 12, 2012), http://www.medicinenet.com/low_testosterone/article.htm.

⁹⁴ See e.g., Ivonne Szasz, *Masculine Identity and the Meanings of Sexuality: A Review of Research in Mexico*, 6 REPROD. HEALTH MATTERS 97, 98 (1998) (“Sexual prowess is seen as an important way of proving masculinity . . .”).

⁹⁵ Mara Y. Roth, *Male Hormonal Contraception*, 14 AM. MED. ASS'N J. ETHICS,

Returning to the idea that if one can control one's sex drive, then one can control anything sex-related, the belief that men's libido is uncontrollable leads some to think that men will not even be able to be responsible for contraception that is not used during or right before sex. Part of the reason for this is that it is thought that men's desire to "spread their seed" is so strong that they will not diligently use contraception. Tied into this covert "need" to procreate is the belief that "real" men don't use contraception because it diminishes their masculinity. The social norm that men ought to be tough can lead men to take risks and to shy away from protecting themselves (e.g., riding motorcycles without helmets). In the case of contraception, this means that men may risk having unprotected sex, even with people they do not know well or at all.⁹⁶

Some men may worry that contraception emasculates them; men are often afraid to have a vasectomy for precisely this reason.⁹⁷ The male genitals are generally central to men's coherent sexual identity,⁹⁸ and are associated with stereotypical masculine traits like "strength" and "courage".⁹⁹ Because of the personal, as well as social, significance of the male genitals, having "misfunctioning" (e.g. impotent, prematurely ejaculating, infertile, sterilized) genitals or genitals that look "abnormal" (e.g. small penis, missing a testicle, scarred) can diminish men's sense of masculinity.¹⁰⁰ In short, men sometimes fear that any alteration to their genitalia or anything that affects their hormone levels will make them less manly.

Very often men believe that testosterone is a crucial factor in what makes them men.¹⁰¹ Though certain levels of testosterone in the body do result in what are usually classified as masculine

126, 126 (2012).

⁹⁶ See e.g., Kaymarlin Govender, *The Cool, the Bad, the Ugly, and the Powerful: Identity Struggles in Schoolboy Peer Culture*, 13 CULTURE, HEALTH & SEXUALITY 887, 893 (2011).

⁹⁷ Glenda Daniels, *The 'Snip' Still Inspires Some Fear*, BUSINESS DAY (S. AFR.) (July 19, 2006), <http://www.accessmylibrary.com/article-1G1-148457580/nip-still-inspires-some.html>.

⁹⁸ Maria Gurevich et al, *(Dis)embodying Gender and Sexuality in Testicular Cancer*, 58 SOC. SCI. & MED. 1597, 1604 (2004).

⁹⁹ Szasz, *supra* note 94, at 98.

¹⁰⁰ Mark T. Morman, *The Influence of Fear Appeals, Message Design, and Masculinity on Men's Motivation to Perform the Testicular Self-Exam*, 28 J. APPLIED COMM. RES. 81, 96 (2000).

¹⁰¹ Alan Booth, Douglas A. Granger, Allan Mazur & Katie T. Kivlighan, *Testosterone and Social Behavior*, 85 SOC. FORCES 167, 167 (2006).

characteristics, such as more body hair, more muscle tone, deeper voice, aggressive behavior, and stronger sex drive, the category 'men' is not just a biological one, it is also a social one. There are many ideologies about what it means to belong to the category 'men,' one of which is that men have an uncontrollable libido. Most men want and feel pressured to adhere to these dominant conceptions of masculinity so that they are considered "real" men. Hence, even if they know that their libido is controllable, they may pretend it is not so they are not accused of being "feminine."

However, men in monogamous relationships may not feel as pressured to abide by the ideology of uncontrollable libido with their long-term partner as they do with others, such as friends and women they are causally dating. Since men are probably more honest about their sexual drive with their partner than with others, their partner is better equipped to make an assessment of men's trustworthiness with contraception. Women can base their determination of trust on their partner's specific and known characteristics instead of gender ideologies and even the façade their partner may project in order to publicly uphold norms of masculinity.¹⁰² On the interpersonal level, women can recognize whether their partner's libido interferes with his ability to contracept. If a woman does not think her partner's libido affects his ability to contracept then, assuming there are no other factors that inhibit his contraceptive competence, she probably will or does trust him with contraception. Even if a woman believes her partner has a strong libido and that once he is sexually aroused he is unable to concentrate on anything but sex, she may still be able to trust him to use types of contraception that are not related to the timing of sexual activity, such as an implant or a daily pill. Given that most women seem to trust their partner with contraception, it is logical to conclude that they do not think their partner's libido prevents him from successfully contracepting.¹⁰³

¹⁰² *Competing Social Norms*, *supra* note 1, at 68.

¹⁰³ See Glasier, et al., *Would Women Trust Their Partners to Use a Male Pill?*, 15 HUMAN REPROD. 646, 646 (2000) (discussing a study in which only 36% of the women surveyed said they would not trust their partners with the responsibility of contraception).

B. Men are Incompetent with Domestic Tasks

In this section, I examine another social norm—that men are incompetent with domestic tasks—that contributes to the social distrust of men with contraception. This cultural belief results from the dichotomization of the private and public realms, and their corresponding gendered associations: women with the private realm and men with the public realm. Reproductive work and domestic work, generally considered “women’s work,” has historically been relegated to the private realm.¹⁰⁴

That our society is so firmly rooted in a gendered division of labor makes it difficult to trust women with public realm tasks and men with private realm tasks.

To illustrate, I briefly analyze six Hollywood movies that epitomize this gendered division of labor. *Mr. Mom*,¹⁰⁵ *Three Men and a Baby*,¹⁰⁶ and *Cheaper by the Dozen*¹⁰⁷ involve men trying to take care of children and other domestic tasks, and are comedies precisely because of the cultural perception of men’s domestic incompetence. These movies include scenes in which men do not know how to change a diaper, do laundry, or keep siblings from injuring each other—all things that the women characters are able to do easily. In contrast, *North Country*,¹⁰⁸ *The Contender*,¹⁰⁹ and *Gracie*,¹¹⁰ in which women try to break into the men’s world of mining, politics, and soccer respectively, are not comedies, but serious dramas. There are at least a few reasons for the different genres of the two sets of movies. First, the women characters *want* to enter the “men’s” world, whereas the men fall into the private realm for reasons beyond their control. Second, women entering the public realm are a threat to patriarchy because it is thought that they are trying to usurp men’s power. Men doing “women’s work” is not threatening, in fact, in some ways movies about men working in the private realm reinforces patriarchy by portraying men doing women’s work as silly and unnatural.

¹⁰⁴ See generally SUSAN MOLLER OKIN, *JUSTICE, GENDER, AND THE FAMILY* 118 (Basic Books 1989) (discussing the “private realm” as the domestic realm, where familial responsibilities occur and how work in this realm is often devalued and almost always unpaid).

¹⁰⁵ *MR. MOM* (Aaron Spelling Productions 1983).

¹⁰⁶ *3 MEN AND A BABY* (Touchstone Pictures 1987).

¹⁰⁷ *CHEAPER BY THE DOZEN* (Twentieth Century Fox Film Corporation 2003).

¹⁰⁸ *NORTH COUNTRY* (Warner Brothers 2005).

¹⁰⁹ *THE CONTENDER* (Cinerenta Medienbeteiligungs 2000).

¹¹⁰ *GRACIE* (Elevation Filmworks 2007).

Third, women's work is thought to be frivolous and easy, which is why it is funny to watch a man put on a diaper backwards. Men's work, however, is considered serious, important, and difficult, which is why allowing a girl to take a soccer penalty kick is both risky and scary.

In both sets of movies the characters are able to prove that they can succeed in the new realm.¹¹¹ In the movies about men entering the private realm, the men usually return to the public realm, whereas the women do not return full time to the private realm (typically the women are balancing both realms simultaneously).¹¹² This difference shows that work in the private realm is not worth taking on full time and permanently. While men are indeed capable of mastering tasks in the private realm, they choose to return to the public realm, which sends the message that men belong in the public realm and women in the private realm.

This gendered division of labor, which is presented as natural in these movies and by the media generally, leads us to believe not only that men are incompetent with domestic tasks, but also that this incompetence is normal. Men are not supposed to be good at domestic tasks because it is not in their nature. Women, in contrast, are thought to be naturally, that is, biologically, better at serving in a domestic role. Part of the reason for this is that women are considered better self-sacrificers, and many domestic roles, especially those surrounding reproduction and childcare, require self-sacrifice.¹¹³ Another reason for this is based on ideas of biological determinism. Since women give birth and breastfeed, they are the "natural" choice for caring for children. And because it is assumed that women must stay in or close to the house in order to care for children,¹¹⁴ it makes sense

¹¹¹ *Id.*; NORTH COUNTRY, *supra* note 108; THE CONTENDER, *supra* note 109; IMDb, *Synopsis for MR. MOM*, <http://www.imdb.com/title/tt0085970/synopsis> (last visited Mar. 18, 2013); IMDb, *Synopsis for 3 MEN AND A BABY*, <http://www.imdb.com/title/tt0085970/synopsis> (last visited Mar. 18, 2013); *Synopsis for CHEAPER BY THE DOZEN*, http://www.imdb.com/title/tt0349205/synopsis?ref_=tt_stry_pl (last visited Mar. 18, 2013).

¹¹² GRACIE, *supra* note 110; NORTH COUNTRY, *supra* note 108; THE CONTENDER, *supra* note 109; MR. MOM, *supra* note 105; 3 MEN AND A BABY, *supra* note 106; CHEAPER BY THE DOZEN, *supra* note 107.

¹¹³ *Competing Social Norms*, *supra* note 1.

¹¹⁴ See Kate Pickert, *The Man Who Remade Motherhood*, TIME, May 21, 2012, available at <http://www.time.com/time/magazine/article/0,9171,2114427,00.html> (describing the Attachment Theory, proposed by Dr. William Sears, which suggests that the closer the mother stays in proximity to the child, the

that they should tend to the private realm. Since men are physically stronger, do not get pregnant or breastfeed, and are thought to be tougher and more rational than women,¹¹⁵ they are viewed as better candidates for the public realm. In short, according to this view, women are biologically better suited to work in the private realm and men are biologically better suited to work in the public realm. Men are biologically disadvantaged when it comes to work in the private realm, and so it should not be surprising that they are considered incompetent with domestic tasks. While this does not mean that men cannot learn how to do private work well, it does mean that many of them start off as domestic bumblers, which is exactly what the movies about men doing domestic work show.¹¹⁶

Additionally, there is the assumption (also seen in these movies)¹¹⁷ that even if men dedicate significant time to learning domestic tasks, they will never do as good of a job as women “naturally” do. Since women today still do the majority of the domestic work,¹¹⁸ although men’s share of it has increased over time,¹¹⁹ they have the knowledge and experience to succeed in these tasks. It is this lifelong knowledge and experience—little girls learn domestic tasks from an early age both by observing and by direct instruction from their mothers—that accounts for any superior skills women have in the private realm, not their biology. Because little boys are typically not taught how to cook or change diapers, it is not surprising that they fumble with them at first. Given that men do not spend nearly as much time doing private work as women, it is also not surprising that their skills are not as honed as women’s. In sum, it is this lack of knowledge and experience that makes many men incompetent with domestic work.

Since there is the expectation that men are incompetent with

better off the child will be).

¹¹⁵ See LLOYD, *supra* note 59, at 103–04 (discussing how historically philosophical thought in regards to “maleness of Reason” was based on surface misogynist attitudes).

¹¹⁶ MR. MOM, *supra* note 105; 3 MEN AND A BABY, *supra* note 106; CHEAPER BY THE DOZEN, *supra* note 107.

¹¹⁷ *Id.*

¹¹⁸ U.S. DEP’T OF LABOR, BUREAU OF LABOR STATISTICS, *AMERICAN TIME USE SURVEY* (June 22, 2012).

¹¹⁹ Theodore N. Greenstein, *National Context, Family Satisfaction, and Fairness in the Division of Household Labor*, 71 J. MARRIAGE & FAM. 1039, 1039 (2009).

private work, there is little social incentive for them to strive towards success, nor is there much social blame if they do not excel, as there is for women. A man who has a repertoire of three boxed or canned dinners might be thought of as a kitchen wiz. In contrast, a woman who has the same repertoire is considered domestically deficient. This comparison shows that the expectations of men are much lower because of their perceived incompetence. A recent commercial for Tyson chicken epitomizes these differing expectations: the mother in the commercial is praised for making a good and healthy dinner (consisting of Tyson chicken, of course) for the sake of her family. The father makes frozen waffles for dinner when the mother is not around, but he is not really blamed for this, though he does look somewhat sheepish when this fact is mentioned.¹²⁰ The message seems to be something like, poor dad, he does not know how to cook anything more complicated than frozen waffles for dinner. Being incompetent with domestic tasks is obviously a form of incompetence that affects one's trustworthiness with domestic tasks. Due to the dominant ideology that men are incompetent with domestic work, women may not trust men on the group level to do this work.

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

A man who likes women's tasks is not a "full" man, but only a feminized version of a man; consequently he must be gay because

¹²⁰ Sarah Haskins, *Target Women: Feeding Your F—ing Family*, CURRENT (July 17, 2008), http://current.com/items/89113716_target_women_feeding_your_f_ing_family. The video can be found at <http://www.youtube.com/watch?v=b-dRgM51iII>.

of the stereotype that gay men are not “real” men, but are instead effeminate men. Men who enjoy women’s work, but are not thought to be gay are often labeled perverts. Parents and coworkers are sometimes suspicious of men who work with young children, such as preschool and elementary school teachers, because they fear they will molest the children. This fear stems from the convergence of at least two dominant narratives: first, men have uncontrollable libidos, and second, that men who want to do women’s work have something wrong with them. Together, these narratives result in the cultural stereotype that men who work with children do so for the unnatural reason of wanting to have sexual relations with children.¹²¹

Although the cultural narrative that men are bad at private realm work (and that those who are not should not be trusted because they are either gay or perverted) mostly focuses on reproductive and domestic work, given that contraception falls under the umbrella of reproduction, we can assume the same narrative also pertains to it. In fact, the parallel between contraception and other types of domestic and reproductive work is seen in the one scientist’s summation of women’s responses to a potential male contraceptive pill: “Not infrequently, the American woman’s response was along the line of, ‘Are you kidding? I can’t even trust him to take out the garbage!’”¹²² This quote squarely places contraceptive use within the realm of reproductive and domestic tasks, and furthermore implies that using contraceptives is more demanding, or at least more difficult to ensure compliance, than taking out the garbage.

In sum, men being competent at and enjoying domestic work is seen as a type of incompetence that can prevent social trust of men as a group. In contrast, on the interpersonal level, such competence aids in trust. A woman who believes her partner is competent with domestic tasks is much more likely to trust him with them than if she did not think he was competent. Furthermore, she is less likely to view his competence as odd or abnormal. Since she knows him personally, she probably does not think that domestic competence diminishes his masculinity. That is, she is unlikely to classify him as “gay” or effeminate because he does “women’s” work. Instead, she probably positively views

¹²¹ See Nathaniel McConaghy, *Unresolved Issues in Scientific Sexology*, 28 ARCHIVES SEXUAL BEHAVIOR 285, 310–11 (1999) (explaining how nonconformity to certain stereotypical roles correlates to abnormal behavior).

¹²² SEGAL, *supra* note 18, at 130.

his competence and may think he is “more of a man” for it. His ability (and willingness) to take on domestic tasks may lead her to respect him even more. In short, it is her interpersonal relationship—the fact that a woman knows the personal characteristics of her partner—that explains why a woman may laud and trust her partner with domestic work, while labeling men in general as “weird” if they do, and especially if they enjoy, such work. On the interpersonal level, women generally look beyond the cultural trope that men are incompetent with domestic chores and base trust on individual traits. This opens up the possibility for women to trust their partners with specific domestic tasks, including contraception.

C. Men Are Not Committed to Preventing Pregnancy

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

Yet, there is empirical evidence that shows that men are concerned about pregnancy prevention and are interested in using male contraceptives.¹²³ For example, a survey of 9,000 men in 9 nine countries in 2005 revealed that 55% of men were willing to use male hormonal contraceptives, while only 21% were unwilling.¹²⁴ “Another study showed one third of men would use male contraception as their main form of contraception.”¹²⁵ And, according to Garesia Randle, various “studies show men are ready for a change [in contraceptive options] contrary to popular belief.”¹²⁶ As previously mentioned, men are *already* responsible

¹²³ Emily Sohn, *Male Birth Control Pill: What’s The Hold-Up?*, DISCOVERY NEWS (May 11, 2010, 3:00 AM), <http://news.discovery.com/human/male-birth-control-pill.html>.

¹²⁴ Regina Nuzzo, *Beyond condoms: Years in the Making, Male Hormonal Contraceptives may Finally be on Track*, L.A. TIMES (Oct. 16, 2006), <http://articles.latimes.com/print/2006/oct/16/health/he-lab16>.

¹²⁵ Lisa Campo-Engelstein, *Do Men Care About Preventing Unintended Pregnancy?*, ALB. MED. COLL.: ALDEN MARCH BIOETHICS BLOG (Mar. 7, 2013), <http://www.amc.edu/BioethicsBlog/archives.cfm/category/reproductive-medicine>. See Glasier, *supra* note 103, at 646–49.

¹²⁶ Garesia Randle, *Male Birth Control Pill Developed*, THE DAILY REVEILLE (Louisiana), Nov. 29, 2006.

for contraception in many cases, as approximately 27% of heterosexual couples in western nations use a male-dependent form of contraception.¹²⁷ Men's willingness and desire to participate in contraceptive responsibility is at least a couple of decades old. In 1989 James Knight and Joan Callahan noted that:

[T]here does appear to be a growing interest on the part of men in sharing responsibility for family planning and a growing desire among men to achieve control over their own fertility. Given that more than 25 percent of the couples employing contraception in the United States rely upon the condom and that over half a million vasectomies are performed each year, it seems that a large segment of the male population is willing to share or assume the responsibility for fertility control.¹²⁸

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

Notwithstanding this empirical evidence, however, the master narrative that men do not value the end of preventing pregnancy as much as women do persists. This cultural trope is usually presented as fact without much or any empirical backing in the literature, even the medical literature, as seen in these examples in a medical reference text for health care providers in the reproductive field: "[M]en are, in general, less interested in controlling their fertility than are women," and "[f]or men, the subject of pregnancy may cause concerns, but their level of concern tends to be lower than women's."¹²⁹ One explanation for this phenomenon is that reproductive prowess is an important component of masculinity. It is true that fatherhood, especially biological fatherhood, is important to many men.¹³⁰ However, the desire to be a father should not be conflated with a lack of reproductive responsibility or with the biological determinism "spread one's seed," and have as many children as possible

¹²⁷ U.N. Dep't of Econ. & Soc. Affairs, Population Div., World Contraceptive Use (2009), <http://www.un.org/en/development/desa/population/publications/family/contraceptive-wallchart-2009.shtml>.

¹²⁸ JAMES W. KNIGHT & JOAN C. CALLAHAN, PREVENTING BIRTH: CONTEMPORARY METHODS AND MORAL CONTROVERSIES 304 (1989).

¹²⁹ *Id.* at 11; ROBERT A. HATCHER ET AL., CONTRACEPTIVE TECHNOLOGY 21 (2004).

¹³⁰ LISA CAMPO-ENGELSTEIN ET AL., *Saving More Than Lives: A Gendered Analysis of the Importance of Fertility Preservation for Cancer Patients*, in PUBLIC HEALTH-METHODOLOGY, ENVIRONMENTAL AND SYSTEMS ISSUES 426-27 (Jay Maddock ed., 2012).

mentality. Despite significant evidence to the contrary, “The idea that men want more children than women has been a very dominant representation of men, particularly non-white men.”¹³¹

Another explanation, and one that is quite ubiquitous, is that men are not the ones who get pregnant. Since men are not at risk for pregnancy and thus do not have to deal with all the problems and challenges of pregnancy (e.g. the decision whether to carry to term or abort, the bodily changes, the stigma of being a single mother, etc.), they are less concerned about pregnancy and hence less willing to make the sacrifices (i.e. use contraception or abstain) to avoid it. On the group level, most women are not willing to depend upon men with contraception because they do not believe men sufficiently value pregnancy prevention and they do not want to suffer the consequences (that is, get pregnant) due to men’s perceived lack of commitment to pregnancy prevention. As Segal (2003, 114) quips, “[i]f he doesn’t get it right, it is the woman who pays the price.”¹³² While some women are willing to rely on men to use condoms because they know they are being used and can check to make sure they are being used correctly, “it is questionable how many women would be willing to rely on men’s use of a systemic, undetectable method [such as a male pill or gel], except in the context of a long-term, committed relationship.”¹³³

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

Carol C. Korenbrot nicely summarizes these two reasons why

¹³¹ NELLY OUDSHOORN, *THE MALE PILL: A BIOGRAPHY OF A TECHNOLOGY IN THE MAKING* 120 (2003).

¹³² SEGAL, *supra* note 18, at 114.

¹³³ Jacqueline E. Darroch, *The Pill and Men’s Involvement in Contraception*, 32 *FAM. PLAN. PERSP.* 89, 91 (2000).

men are thought not to value pregnancy prevention as much as women: “[M]en are not as easily motivated to take responsibility for contraception as women . . . both because the risks of pregnancy are more remote and because masculinity is socioculturally connected to maintaining full reproductive potential.”¹³⁴ In short, because men are not thought to be invested in and concerned about preventing pregnancy to the same degree women are, they are less likely to value self-sacrifice in their own reproductive behavior. Hence, many women view men as untrustworthy to contracept.

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

Another explanation could be that social perceptions and realities do not always match up. Sometimes one’s perceptions about how life is differ dramatically from how life actually is. The reason for this may be due to an incorrect master narrative; the master narrative that men are not interested in contraception is wrong. Or, the actual realities are changing and the corresponding narratives and norms have yet to catch up: men are becoming interested in participating in contraception, but the narratives and norms do not yet reflect this. There are many reasons men could be becoming more interested in using contraception. An optimistic reason could be that our society is becoming more egalitarian and men want to assume shared responsibility for contraception. A cynical reason could be that increasingly stringent paternity and child support laws are causing many men to want to protect themselves from women who may deceive them into having a child. A historical explanation points to the fact that it is only recently that

¹³⁴ Carol C. Korenbrot, *Value Conflicts in Biomedical Research into Future Contraceptives*, in BIRTH CONTROL AND CONTROLLING BIRTH: WOMEN-CENTERED PERSPECTIVES 47, 52 (Helen B. Holmes, Betty B. Hoskins & Michael Gross Clifton eds., 1980).

contraception has become women's responsibility.¹³⁵ Perhaps the reason men are interested using contraception is that they still feel that it is their responsibility. While the new expectation is that women should be the ones responsible for contraception, maybe some remnants of the older expectation are still at play. A more insidious explanation is that men do not want to let on that they are willing to use contraception, because then they would be forced to assume contraceptive responsibility. Indeed, as I have discussed elsewhere, men benefit significantly from not being the ones responsible for contraception.¹³⁶

A third possible explanation is that women may not want to relinquish contraceptive responsibility to men. Women may be concerned about sharing contraceptive responsibility with men, a more privileged group and a group that historically has and continues to limit or deny their reproductive rights.¹³⁷ According to Dixon-Mueller, many women, "although committed to furthering research on male methods so that men can share the responsibility for birth control and sexually transmitted disease prevention more equitably, are reluctant to depend on their male partners and want to maintain this control for themselves."¹³⁸ In other words, even if they believe there should be more male contraceptives and that men and women should share contraceptive responsibility, some women are worried about the consequences of a privileged group actively participating in contracepting because such an arrangement could lead men to

¹³⁵ MacCorquodale, *supra* note 71, at 57–58.

¹³⁶ See *Contraceptive Justice*, *supra* note 15, at 146–49 (highlighting the burdens associated with female contraceptives); Lisa Campo-Engelstein, *Contraceptive Responsibility and Autonomy: The Dearth of and Need for Long-Acting, Reversible Male Contraception*, 9 APA NEWSLS.: NEWL. ON PHIL. & MED., (Am. Phil. Ass'n, Newark, N.J.), Spring 2010, at 29, 30 (discussing burden's women face in primarily taking responsibility for contraception, and how this leads to male reproductive autonomy); Lisa Campo-Engelstein, *Autonomous Contraception: Science, Sociology, and the Potential of a Male Pill*, SCIENCE PROGRESS (Aug. 24, 2009), <http://scienceprogress.org/2009/08/autonomous-contraception/> ("Not being responsible for some or all of these economic, health-related, and other burdens is a significant boon for men.").

¹³⁷ See, e.g., Sunlen Miller, *Birth-Control Hearing Was 'Like Stepping Into a Time Machine*, ABC NEWS BLOG (Feb. 17, 2012, 3:43 PM), <http://abcnews.go.com/blogs/politics/2012/02/birth-control-hearing-was-like-stepping-into-a-timemachine/> (discussing how The House Committee on Oversight and Government Reform had no women representatives at the contraception hearing).

¹³⁸ RUTH DIXON-MUELLER, POPULATION POLICY & WOMEN'S RIGHTS TRANSFORMING REPRODUCTIVE CHOICE 49 (1993).

usurp women's (albeit limited) control over contraception.

VI. CONCLUSION

Our current contraceptive arrangement is problematic for both women and men: it unfairly burdens women with most of the responsibility for and negative effects (e.g. health, social, and financial) of contraception and it minimizes men's reproductive autonomy by the dearth of male contraceptives available to them (the only options are male condom and vasectomy).¹³⁹ At least part of the reason for this troubling contraceptive arrangement is the lack of social group trust for women and men for contraception. While it will most likely take a long time to develop social group trust for women and men, here are some suggestions for moving in that direction.

My main suggestion to move toward social group trust for women is to deconstruct the social norm that they are irrational. One way to do that is to stop treating them paternalistically. On a practical level, this means removing laws that regulate women's reproduction. In addition to granting women the negative freedom to make choices about their bodies, we must provide them with the positive freedoms that enable them to make good choices (e.g. education, access to clinics, cheap or free contraceptives). We must strive toward gender equality in all realms, and not just reproduction, as a way of systematically affirming women's rationality since what happens in one realm affects other realms. In addition to supporting women's autonomy, we must move reproduction out from the private realm. We can normalize contraception by teaching children sex education that promotes its use and lobbying the media to include contraception in movies and television shows¹⁴⁰ to help women feel comfortable using contraception and to encourage people to discuss contraception. Making contraception a public matter allows us to recognize the challenges women face in contracepting, as well as the role men and society play in

¹³⁹ *No More Larking Around*, *supra* note 15, at 22 n.2.

¹⁴⁰ As Stubblefield explains, contraceptive use is not included in media images: "First, the prevalent images in the media of nonmarital sexual activity, which impart the message that such activity is both common and acceptable and thereby counter the norm against it, do not include images of contraceptive use. Second, these images propagate a paradigm of sexuality and romance in which women are 'swept off their feet' rather than actively planning sexual intercourse." Stubblefield, *supra* note 73, at 96.

contraception, which would (hopefully) minimize the blame directed at women. In sum, viewing women as rational and making contraception a public matter would allow women to freely exercise their reproductive autonomy and would limit unfair blame directed at them. Additionally, affirming women's rationality would increase women's overall autonomy by making them seem more trustworthy with matters outside of reproduction and childcare.

My main suggestion to move toward social group trust for men is to develop male contraceptives, especially long-acting reversible methods, as a way of achieving shared contraceptive responsibility.¹⁴¹ The lack of options for men makes it difficult for them to assume responsibility for contraception and often leads to heterosexual couples delegating contraceptive responsibility to women. Despite the fact that historically men were involved in contraceptive responsibility, the more recent, (since the early to mid twentieth century),¹⁴² and extremely strong association between femininity and contraceptive responsibility¹⁴³ has engendered discomfort and distrust for men using contraception.¹⁴⁴ Men today are often excluded from contraceptive matters, as well as reproductive matters more broadly. For instance, most family planning programs are geared toward women,¹⁴⁵ and family planning providers are sometimes hostile to men.¹⁴⁶ The systemic exclusion of men from contraceptive issues makes it seem "unnatural" for them to assume contraceptive responsibility. The existence of more male contraceptives would hopefully normalize men's involvement in contraceptive responsibility, and lead to increased social group contraceptive trust for them. While the development of male long-acting reversible contraceptives is not a panacea, in addition to enhancing men's contraceptive trustworthiness and reproductive

¹⁴¹ Some research has been focused on developing long-acting male contraceptives since the 1970s, but nothing has yet to hit the market. *See No More Larking Around*, *supra* note 15, at 22.

¹⁴² *See* Andrea Tone, *Contraceptive Consumers: Gender and the Political Economy of Birth Control in the 1930s*, 29 J. SOC. HIST. 485 (1996) (discussing the history of women as the target contraception consumers).

¹⁴³ OUDSHOORN, *supra* note 131, at 120.

¹⁴⁴ *No More Larking Around*, *supra* note 15, at 23.

¹⁴⁵ Sharon R. Edwards, *The Role of Men in Contraceptive Decision-Making: Current Knowledge and Future Implications*, 26 FAM. PLAN. PERSP. 77, 77 (1994).

¹⁴⁶ *Id.* at 78.

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autonomy, they are an important and necessary factor for achieving a more just and equitable contraceptive arrangement for heterosexual couples.¹⁴⁷

¹⁴⁷ *No More Larking Around*, *supra* note 15, at 23.