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Attitudes Toward Contraceptive Methods Among African American Men and Women: Similarities and Differences

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Abstract

Purpose—Men’s attitudes toward contraceptives are an understudied area, even though many men participate in contraceptive decision-making. The purpose of this study was to examine attitudes and perceptions regarding a selection of contraceptive methods among a national sample of African Americans, with a particular focus on gender differences.

Methods—Data come from a telephone survey of African Americans (aged 15–44 years) living in the contiguous U.S. For the present analyses, the sample was restricted to 152 men and 281 women who reported having had a sexual partner of the opposite gender at some point in their lives. Bivariate analyses compared men and women’s ratings of birth control pills, male condoms, female condoms, Norplant, Depo Provera, female sterilization, and male sterilization along several dimensions: bad/good, harmful/beneficial, difficult/easy, dangerous/safe, immoral/moral, and effectiveness. Multiple logistic regressions were performed to determine the association between gender and contraceptive attitudes, adjusting for sociodemographic variables.

Results—Male condoms were given the most favorable ratings along most dimensions by both African American men and women. In general, ratings of male condoms, female condoms, and Norplant did not significantly differ by gender. African American men did, however, give female and male sterilization, birth control pills, and Depo Provera significantly poorer ratings than did African American women.

Conclusion—African American men had less favorable evaluations of some contraceptive methods than did African American women. Further research is needed to examine how such gender differences may play a role in contraceptive decisions.

Introduction

The literature on contraceptive behavior is vast, yet relatively few studies have examined attitudes toward and perceptions of specific contraceptive methods, especially methods other than condoms (Beckman, Harvey, & Murray, 1992; Condelli, 1986; Libbus & Arps, 1997; McDermott et al., 1993; Tanfer & Rosenbaum, 1986; Tessler & Peipert, 1997). Furthermore, although research suggests that men and women have a role in contraceptive decision making (e.g., Grady, Tanfer, Billy, & Lincoln-Hanson, 1996; Harvey, Beckman, & Doty, 1999; Severy & Silver, 1993), studies on contraception are often limited to women. One exception is a study conducted by Grady, Klepinger, and Nelson-Wally (1999). Using national data on men and

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women aged 20–27 in 1991, Grady et al. examined gender's relationship with the importance given to several contraceptive characteristics when selecting a method and with perceptions about the extent to which specific methods had those characteristics. They found that men and women had different priorities and perceptions with respect to contraceptive method characteristics. For example, women rated the pill more favorably, and the condom less favorably, than did men in terms of effectiveness in preventing pregnancy. Grady and colleagues concluded that, despite many similarities in how women and men perceive the characteristics of specific contraceptive methods, differences in their perceptions of methods (i.e., the extent to which specific methods have certain characteristics) may affect contraceptive method choices. Research on men's attitudes toward contraceptive methods, however, continues to be limited.

Men's attitudes toward contraceptive methods may differ from women's in important ways. Grady et al. (1999) describe a number of reasons why men and women might have different perceptions of the characteristics of contraceptive methods: 1) men and women may be exposed to different amounts of contraceptive information, 2) men and women differ in their level of experience making contraceptive decisions, 3) the use of specific contraceptive methods requires different behaviors from women than from men, and 4) the consequences of becoming pregnant and of using a particular method are generally greater for women than for men. These gender differences in contraceptive information and experience may similarly contribute to differences in men and women's attitudes toward specific methods. The purpose of the present study was to examine attitudes toward, as well as perceived effectiveness of, a selection of contraceptive methods among a national sample of African American men and women. It was hypothesized that men and women would have different attitudes toward contraceptive methods. Given that both men and women have a potential role in contraceptive use, gender differences in contraceptive attitudes would have implications for pregnancy prevention programs and the delivery of contraceptive services.

Methods

Data

This study was developed from a larger project, which had the goal of improving understanding of the relationship of conspiracy beliefs and perceived discrimination to sexual behaviors related to HIV among African Americans of reproductive age. A cross-sectional, anonymous telephone survey was conducted with African Americans, aged 15–44 years, living in the U.S. The sample and procedures are reported in detail elsewhere (Bogart & Thorburn, 2005; Thorburn & Bogart, 2005). In brief, Survey Sampling International (SSI; Fairfield, CT) generated a targeted random digit dial (RDD) sample of 19,000 telephone numbers drawn from exchanges in the contiguous U.S. with estimated Black household densities of 27% or greater based on U.S. Census data. We chose the 27% density level to balance efficiency and generalizability. According to SSI, the estimated incidence of reaching a Black household using an RDD sample from exchanges with Black densities of 27% or greater was 47.2%, compared with 8.2% for an RDD sample without a Black household density requirement. SSI estimates that approximately 50.5% of Black listed households in the contiguous U.S. are in exchanges with Black household densities of 27% or greater. The target person in each household was the Black or African American (aged 15–44) who last had a birthday. To be eligible, potential respondents had to report being 15 to 44 years of age, Black or African American, and born in the U.S. From the initial 19,000 telephone numbers, 794 persons were identified as being eligible based on screening questions. Of the 794 eligible persons, 68 refused participation, 11 agreed to participate but could not be reached for the interview, 115 partially completed an interview, and 500 completed interviews (a full participation rate of 63%). The sample for this study was limited to respondents who completed interviews. Applied Research Northwest

(ARN; Bellingham, WA) conducted the interviews (averaging 32 minutes in length) from September 28, 2002 to March 2, 2003 using a computer-assisted telephone interviewing system.

The majority of respondents (75.0%) were 15–34 years of age, with an average age of 27 years ($SD=8.9$); 34.8% were men; 22.4% were currently married; and 49% had at least some college education. A comparison of the sociodemographic characteristics of our sample with data from the 2006 Current Population Survey on African Americans aged 15–44 nationally (U.S. Census Bureau, 2006) suggests that respondents to our survey were more likely to be women, were younger, and included a smaller percentage of 18–44 year olds who were married and a larger percentage of 25–44 year olds who had at least some college (data not shown). For the present analyses, the sample was restricted to the 433 respondents (152 men, 281 women) who reported having had at least one sexual partner of the opposite gender in their lifetime.

Measures

The survey instrument included a series of questions on attitudes toward several specific contraceptive methods. More specifically, respondents rated (on 5-point scales) specific contraceptive methods along five dimensions: the extent to which they are (1) a bad or good method of birth control, (2) harmful or beneficial, (3) difficult or easy to use, (4) a dangerous or safe method of birth control, and (5) immoral or moral. The seven methods evaluated were birth control pills, male condoms, female condoms, Norplant, Depo Provera, female sterilization, and male sterilization. For example, respondents rated birth control pills as harmful or beneficial on the following scale: very harmful, somewhat harmful, neither harmful or beneficial, somewhat beneficial, or very beneficial. The wording of questions about difficulty or ease of use was different for female and male sterilization; those questions asked the extent to which each type of sterilization was a difficult or easy method of birth control. Similar to the Grady et al. (1999) study of perceived contraceptive characteristics, for the present analyses the 5-point scales were dichotomized to examine the percentage of respondents giving the most favorable rating on each dimension (e.g., those indicating that they considered a method to be “very beneficial”).

Questions also asked about the perceived effectiveness of specific contraceptive methods. Respondents rated the seven contraceptive methods in terms of their effectiveness in preventing pregnancy on a 5-point scale: not at all effective, a little (effective), moderately (effective), very (effective), or extremely effective. In addition, respondents rated the effectiveness of a properly used condom for protecting against HIV infection through sexual activity on the same 5-point effectiveness scale. Both effectiveness scales were dichotomized to examine the percentage that perceived that the method is “very or extremely effective.”

The survey instrument also included questions to measure gender (male or female), age (in years), educational attainment (highest grade or year of school completed), religiosity (1 = “not at all religious” to 5 = “extremely religious”), current marital status (married, divorced, widowed, separated, or never been married), cohabitation status (currently living with a partner or not), and number of children currently living regardless of age. For the present analyses, respondents were categorized into three age groups (15–20, 21–34, and 35 or older). In addition, dichotomous measures of education (“high school or less” versus “some college or more”), religiosity (“not at all to moderately religious” versus “very or extremely religious”), currently married or living with a partner (no/yes), and having any children (no/yes) were created.

Analyses

Using an analytic approach similar to that used by Grady et al. (1999), the percentages of men and women giving the most favorable rating on each dimension were compared in contingency

tables, using Pearson chi-square to assess statistical significance. Multiple logistic regressions were performed to determine gender's association with each of the dichotomous attitude and effectiveness ratings, adjusting for age, education, religiosity, currently married or living with a partner, and having any children. In addition, multiple logistic regressions were performed that additionally adjusted for current use of birth control; those analyses, which included fewer cases, produced similar results and, therefore, are not discussed further in this article. These variables were included as potential covariates because they were expected to influence contraceptive attitudes. For example, women's contraceptive use varies by age, marital status, educational attainment, and religious affiliation (Chandra, Martinez, Mosher, Abma, & Jones, 2005), and differences in experiences and access to contraceptive services and information could affect attitudes. A 0.05 significance level was used for all analyses.

In responding to the attitude questions, some respondents indicated that they were unfamiliar with a method, which we coded as "don't know method" (the questions did not offer "don't know method" as a possible response). In addition, there were a small number of refusals. In general, "don't know method" responses and refusals, combined, were <10% of the data for any given scale. The exceptions were the questions assessing attitudes toward female condoms, for which the "don't know method" responses and refusals, combined, ranged from 7.4 to 17.6% of data, because a larger percentage of respondents were unfamiliar with female condoms. Similarly, the refusal rate for items assessing the perceived effectiveness of methods was low (from 0 to <1%), but some respondents indicated that they either did not know the method or did not know its effectiveness (again, "don't know" responses were not read to respondents). Combined, "don't know" responses and refusals were <5% of the data on perceived effectiveness of male condoms, birth control pills, and male and female sterilization; they were 10–17% of responses for female condoms, Norplant, and Depo Provera. For all attitude and perceived effectiveness measures, "don't know" responses and refusals were treated as missing. Missing data were excluded from analyses.

Results

As shown in Table 1, the men and women in the sample were similar with respect to age, education, religiosity, whether or not they were currently married or living with a partner, current use of birth control, and recent sexual activity. A significantly greater percentage of women reported having children than did men.

Table 2 presents the percentages of men and women who rated the contraceptive methods most favorably on each dimension. As shown, many similarities in men and women's ratings of these contraceptive methods exist. In general, men and women reported similar attitudes toward male condoms, female condoms, and Norplant. Both men and women gave male condoms the most positive ratings overall. In particular, male condoms were given relatively favorable ratings on four of the attitudinal dimensions by women and on all five dimensions by men. In contrast, both men and women gave Norplant the least positive ratings. Specifically, Norplant received the poorest ratings on three of the attitudinal dimensions by men and on all five dimensions by women. Men and women's ratings of female condoms were also similar and varied little across dimensions: 22.6–32.4% of men and 15.0–29.6% of women gave them very favorable ratings. Interestingly, both men and women gave male condoms the highest ratings with respect to ease of use, and conversely they both gave female condoms the lowest ratings on this dimension.

Men and women were also similar in their ratings of the effectiveness of methods in preventing pregnancy. Both types of sterilization were rated as very or extremely effective by roughly 80% of men and women. A smaller percentage of men and women (44–63%) gave hormonal

methods (i.e., pills, Norplant, and Depo Provera) high effectiveness ratings, and less than a third of men and women perceived female condoms as being very or extremely effective.

Table 2 also shows several differences in how men and women rated the contraceptive methods. Men and women's attitudes toward female sterilization, male sterilization, birth control pills, and Depo Provera significantly differed. The difference in percentages of men and women giving these methods the most favorable ratings suggests that women have more positive attitudes toward these methods than men. Specifically, women rated both male and female sterilization more favorably than did men along all attitudinal dimensions. Women also rated birth control pills more favorably than did men along all attitudinal dimensions with the exception of ease of use. Women rated Depo Provera more favorably than did men in terms of ease of use, safety, and the extent to which it is a bad/good birth control method. Overall, the difference between men and women's attitudes was greatest for male sterilization (ranging from approximately 11 to 30 percentage points). With respect to perceived effectiveness, men and women significantly differed in their ratings of male condoms: 46% of men versus 35% of women considered male condoms to be very or extremely effective in preventing pregnancy.

As shown in Table 3, the multiple logistic regression models produced similar results. With one exception, the associations between gender and ratings of contraceptive methods that were significant in the bivariate analyses were also significant in the multivariate analyses. The exception was that gender was not significantly associated with ratings of birth control pills as "very moral" in the multivariate analysis. In addition, the associations that were non-significant in the bivariate analyses remained non-significant. Thus, the multivariate results also indicated that men had less positive attitudes than did women toward male sterilization, female sterilization, the pill, and Depo Provera.

Table 4 presents the results for the full models of "very good method" ratings for birth control pills, Depo Provera, female sterilization, and male sterilization. In addition to the significant relationships between gender and these ratings shown in Table 3, the table presents the results for the other variables in the models. As shown, older respondents were significantly more likely to rate the pill and sterilization as "very good" methods of birth control, and having children was significantly associated with rating Depo Provera and sterilization as "very good" methods. None of the potential covariates were significantly associated with ratings of male condoms, female condoms, and Norplant as "very good" methods (data not shown).

Discussion and Conclusion

The present study adds to a limited body of research on men and women's attitudes toward and perceptions of contraceptive methods. Grady et al. (1999) examined the importance of seven contraceptive characteristics and perceptions of whether five methods (the pill, condoms, sterilization, the diaphragm, and spermicides) have those characteristics among young (aged 20–27) men and women, using national data collected in 1991. In contrast, this study examined attitudes toward seven contraceptive methods among a national sample of African American men and women aged 15–44. In addition to questions about birth control pills, we asked separate questions about both male and female condoms and male and female sterilization. We also asked about Norplant and Depo Provera, two methods for which much less is known with respect to men and women's attitudes and beliefs. More specifically, we measured respondents' attitudes toward each of the methods along five dimensions, as well as the perceived effectiveness of each method in preventing pregnancy. The selection of contraceptive methods examined and the focus on contraceptive attitudes in this study contribute to the significance of the findings.

The results suggest that African American men and women have similar attitudes toward some contraceptive methods and significantly different attitudes toward others. Of note, they were similar in their relative dislike of Norplant, which may not be surprising given the negative press about the method during the 1990s (Boonstra et al., 2000). They also were alike in their relatively positive views of male condoms and somewhat less positive views of female condoms, except that men were more likely than women to perceive that male condoms are highly effective in preventing pregnancy. Grady et al. (1999) found similar gender differences in the perceived effectiveness of male condoms for pregnancy prevention. The similarities in men and women's favorable attitudes toward condoms in this study suggest that male condoms may be an attractive method of pregnancy prevention for both African American men and women, particularly with accurate information about their effectiveness.

All significant gender differences in attitudes were in the direction of men having more negative attitudes than women. The gender gap was largest for male sterilization, where less than 20% of men compared to 20–50% of women gave the method very favorable ratings. Considering some of the reasons mentioned earlier as to why men and women might be expected to have different perceptions of specific contraceptive methods (Grady et al., 1999) and attitudes toward them, this gender difference in attitudes may reflect the fact that male sterilization is a method that requires men to undergo surgery and, thus, men (not women) experience the direct, long-term effects of the method and are at risk for any adverse health consequences. On the other hand, men's ratings of male sterilization were not dramatically different than their ratings of female sterilization. Although only 19% of men rated male sterilization as a "very good method" whereas 33% of men rated female sterilization as a "very good method," men's ratings of male sterilization were similar to their ratings of female sterilization across other dimensions. In addition, men had more negative attitudes toward female sterilization than did women. Thus, factors other than the obvious differences between male and female sterilization must contribute to gender differences in attitudes toward these methods. Furthermore, data from the 2002 National Survey of Family Growth indicate that African American women aged 15–44 use female sterilization much more frequently than they do male sterilization: 23% relied on female sterilization, whereas 1% relied on male sterilization (Chandra et al., 2005). A better understanding of the relationships between gender, attitudes, and use of sterilization among African Americans is needed. Gender differences were generally of a smaller magnitude for other methods (the pill and Depo Provera), but in some cases were still sizable. Future research should examine why African American men have more negative attitudes toward specific contraceptive methods than women, and how these differences may affect contraceptive choice and use.

This study has some limitations. First, the sample size was relatively small for a national sample. Our sampling strategy also targeted telephone exchanges with relatively high African American household densities (27% or greater) and, thus, excluded areas with relatively few African Americans. In addition, the contraceptive attitudes of non-respondents and African Americans living in non-telephone households may differ from those reported by survey respondents. As noted earlier, the sociodemographic makeup of our sample does not mirror the characteristics of African Americans nationally. Furthermore, because the sample was limited to African Americans, comparable data for other racial/ethnic groups are not available from this study and, thus, we do not know if these findings are specific to African Americans. For these reasons, the present findings may have limited generalizability.

Despite the study's limitations, these findings support the need to look at contraception from the perspective of men, and they suggest some of the ways men's views of methods may differ from women's. To the extent that both men and women have a role in contraceptive decision making, as research suggests (e.g., Grady, Tanfer, Billy, & Lincoln-Hanson, 1996; Harvey, Beckman, & Doty, 1999; Severy & Silver, 1993), differences and similarities in men and

women's attitudes have implications for pregnancy prevention interventions and programs, as well as the delivery of contraceptive services. For example, family planning counselors and practitioners may need to consider gender differences in contraceptive attitudes when counseling about contraceptive choices. It may be important to acknowledge those differences with both male and female clients and discuss how they might affect their contraceptive decision-making and choice. Furthermore, interventions may need to help men and women develop skills in negotiating the selection of a method in light of potential partner differences in attitudes toward specific methods.

In conclusion, the African American men in this study had less favorable evaluations of some contraceptive methods than did the women. To the extent that attitudes toward specific contraceptive methods play a role in contraceptive choice and use, these gender differences could be important. Further research is needed to improve understanding of the role of gender in contraceptive decisions.

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Table 1

Characteristics of African Americans (aged 15–44) who have ever had a sexual partner of the opposite sex, by gender.

Characteristic	Men <i>n</i> = 152 (%)	Women <i>n</i> = 281 (%)	<i>p</i> -value
Age in years			
15–20	28.9	24.2	ns
21–34	48.0	46.6	
35–44	23.0	29.2	
Education			
High school or less	54.6	44.8	ns
Some college or more	45.4	55.2	
Religiosity (n=427)			
Not at all to moderately religious	61.6	63.8	ns
Very or extremely religious	38.4	36.2	
Currently married or living with partner	35.5	43.8	ns
Has 1 or more children	46.1	63.3	<.001
Currently using birth control [†] (n=404)	82.2	75.4	ns
Vaginal intercourse in prior 3 months (n=429)	85.4	83.5	ns

Note: *P*-values based on Pearson χ^2 test.

[†] Excludes women who reported being pregnant or having had a hysterectomy.

Table 2
 Among African Americans (aged 15–44) who have ever had a sexual partner of the opposite sex, percentage who rated contraceptive method favorably on specific dimension, by gender.

Dimension	Men	Women	Difference
	Birth control pills		
Very good method	22.6	37.1	-14.5**
Very beneficial	5.6	23.0	-17.4***
Very easy to use	50.0	50.7	-0.70
Very safe method	14.4	26.0	-11.6**
Very moral	15.4	24.1	-8.7*
Very or extremely effective in preventing pregnancy	44.4	53.6	-9.2
	Male condoms		
Very good method	49.3	40.2	9.1
Very beneficial	40.1	41.2	-1.1
Very easy to use	68.4	69.4	-1.0
Very safe method	43.0	41.6	1.4
Very moral	34.7	28.8	5.9
Very or extremely effective in preventing pregnancy	46.1	35.0	11.1*
Very or extremely effective in protecting against HIV infection [†]	61.8	68.2	-6.4
	Female condoms		
Very good method	32.4	29.6	2.8
Very beneficial	27.2	23.3	3.9
Very easy to use	22.6	15.0	7.6
Very safe method	29.7	25.0	4.7
Very moral	22.9	20.2	2.7
Very or extremely effective in preventing pregnancy	30.7	23.0	7.7
	Norplant		
Very good method	15.9	17.7	-1.8
Very beneficial	7.4	10.1	-2.7
Very easy to use	29.3	30.9	-1.6
Very safe method	7.4	7.3	0.1
Very moral	8.7	14.1	-5.4
Very or extremely effective in preventing pregnancy	53.7	56.5	-2.8
	Depo Provera		
Very good method	18.9	31.4	-12.5**
Very beneficial	13.3	18.1	-4.8
Very easy to use	31.6	56.2	-24.6***
Very safe method	10.9	22.2	-11.3**
Very moral	14.1	21.3	-7.2
Very or extremely effective in preventing pregnancy	58.9	63.0	-4.1
	Female sterilization		
Very good method	32.5	44.0	-11.5*
Very beneficial	16.0	30.0	-14.0**
Very easy method	12.9	31.7	-18.8***
Very safe method	18.1	33.0	-14.9**
Very moral	10.7	20.7	-10.0**
Very or extremely effective in preventing pregnancy	79.2	78.1	1.1
	Male sterilization		
Very good method	19.3	49.6	-30.3***
Very beneficial	13.5	37.8	-24.3***
Very easy method	18.1	37.2	-19.1***
Very safe method	16.1	35.3	-19.2***
Very moral	9.4	20.7	-11.3**
Very or extremely effective in preventing pregnancy	81.4	83.7	-2.3

* p <.05

** p <.01

*** p <.001.

[†] Question asked about “condoms” and was not specifically limited to male condoms.

Table 3

Adjusted associations between gender (male vs. female) and contraceptive attitudes and perceptions among African Americans (aged 15–44) who have ever had a sexual partner of the opposite sex.

Dimension	Adjusted Odds Ratio	95% Confidence Interval
	Birth control pills	
Very good method	.52	(.33–.84) **
Very beneficial	.24	(.11–.52) ***
Very easy to use	1.00	(.66–1.52)
Very safe method	.52	(.30–.89) *
Very moral	.66	(.38–1.13)
Very or extremely effective in preventing pregnancy	.73	(.48–1.12)
	Male condoms	
Very good method	1.49	(.99–2.25)
Very beneficial	.97	(.63–1.48)
Very easy to use	.96	(.62–1.49)
Very safe method	1.11	(.74–1.69)
Very moral	1.51	(.97–2.37)
Very or extremely effective in preventing pregnancy	1.74	(1.14–2.64) *
Very or extremely effective in protecting against HIV infection [†]	.76	(.49–1.17)
	Female condoms	
Very good method	1.10	(.69–1.75)
Very beneficial	1.31	(.80–2.15)
Very easy to use	1.52	(.85–2.71)
Very safe method	1.32	(.82–2.13)
Very moral	1.36	(.81–2.28)
Very or extremely effective in preventing pregnancy	1.53	(.92–2.53)
	Norplant	
Very good method	.87	(.49–1.54)
Very beneficial	.70	(.32–1.53)
Very easy to use	1.09	(.67–1.75)
Very safe method	1.16	(.51–2.65)
Very moral	.64	(.32–1.29)
Very or extremely effective in preventing pregnancy	.98	(.62–1.55)
	Depo Provera	
Very good method	.53	(.31–.89) *
Very beneficial	.76	(.42–1.39)
Very easy to use	.39	(.25–.61) ***
Very safe method	.46	(.25–.87) *
Very moral	.69	(.38–1.23)
Very or extremely effective in preventing pregnancy	.86	(.55–1.36)
	Female sterilization	
Very good method	.64	(.42–.99) *
Very beneficial	.50	(.30–.85) *
Very easy method	.35	(.20–.60) ***
Very safe method	.48	(.29–.80) **
Very moral	.47	(.25–.86) *
Very or extremely effective in preventing pregnancy	1.19	(.71–2.00)
	Male sterilization	
Very good method	.26	(.16–.43) ***
Very beneficial	.29	(.17–.50) ***
Very easy method	.40	(.24–.66) ***
Very safe method	.39	(.24–.67) ***
Very moral	.44	(.23–.83) *
Very or extremely effective in preventing pregnancy	.99	(.57–1.73)

Note: All multiple logistic regressions adjusted for age, education, religiosity, marital/cohabitation status, and having any children. The reference group for gender is female.

* p < .05

** p < .01

p <.001.

[†]Question asked about “condoms” and was not specifically limited to male condoms.

Table 4

Results (full models) from multiple logistic regressions of “very good method” ratings among African Americans (aged 15–44) who have ever had a sexual partner of the opposite sex.

	Adjusted Odds Ratio	95% Confidence Interval
Birth control pills		
Age in years		
21–34	1.82	(.94–3.55)
35–44	2.21	(1.04–4.66)*
Some college or more	1.31	(.81–2.11)
Very or extremely religious	1.20	(.78–1.87)
Currently married or living with partner	1.23	(.78–1.93)
Has 1 or more children	.85	(.52–1.40)**
Male	.52	(.33–.84)**
Depo Provera		
Age in years		
21–34	.88	(.46–1.71)
35–44	.60	(.27–1.32)
Some college or more	.63	(.38–1.05)
Very or extremely religious	.83	(.52–1.35)
Currently married or living with partner	.89	(.54–1.47)
Has 1 or more children	2.06	(1.17–3.65)*
Male	.53	(.31–.89)*
Female sterilization		
Age in years		
21–34	1.79	(.97–3.28)
35–44	2.28	(1.14–4.57)*
Some college or more	.65	(.42–1.03)
Very or extremely religious	1.27	(.84–1.93)
Currently married or living with partner	.85	(.55–1.32)
Has 1 or more children	1.68	(1.04–2.70)*
Male	.64	(.42–.99)*
Male sterilization		
Age in years		
21–34	2.21	(1.12–4.34)*
35–44	2.15	(1.01–4.59)*
Some college or more	1.24	(.77–1.99)
Very or extremely religious	1.17	(.74–1.84)
Currently married or living with partner	.86	(.54–1.36)
Has 1 or more children	2.68	(1.60–4.48)***
Male	.26	(.16–.43)***

Note: The reference group for age is 15–20 years.

* p < .05

** p < .01

*** p < .001.