

The male hormonal pill

In-depth perceptions of Dutch female students in the context of self-determination and shared responsibility



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Abstract

A qualitative research has been performed under Dutch female students in a relationship about how they perceive their sexual and reproductive self-determination and a shared responsibility concerning contraception. These perceptions are fed by the possible launch of the new revolutionary contraceptive: the male hormonal pill. This pill can have great impact on how traditional relationships work concerning contraception and how women perceive contraception. Women seem to be very passively engaged in the right to sexual and reproductive self-determination and would happily share the responsibility concerning contraception with their partner. The male hormonal pill does, however, only bode a solution for couples where the female struggles with taking existing contraceptives.

Introduction

Background

Lately, the male hormonal pill has been addressed by Dutch media, claiming that the male hormonal pill is almost ready for use (Nederlandse Omroep Stichting, 2018). Examples of this are Libelle (2016), a Dutch women's magazine, discussing that it might be available in 2021. And Vereniging Innovatieve Geneesmiddelen (2017), an association that represents pharmaceutical companies that produce alternative medicine, claims the pill would be ready in 2018. This has not happened yet, but research has shown that male hormonal contraception methods can be considered safe and effective, getting similar results compared to female hormonal contraception (Liu et al., 2010). Research on male hormonal contraceptives has already been going on since around 1970 (Dismore et al., 2014), but the male hormonal pill still has not been launched (Nederlandse Omroep Stichting, 2018). This is mainly because further pharmaceutical research projects are necessary to warrant the security of launching the male hormonal pill (Liu et al., 2010). The progress regarding further research has been slow, getting similar effectiveness among all users is seen as one of the main reasons causing the delay (Roth et al., 2016). The societal perception is that women are generally responsible for contraception, but research shows that most men are increasingly positive in sharing this responsibility during a relationship (Peterson et al., 2018).

Research problem

Literature shows that Western-European men are predominantly positive towards the introduction of the male hormonal pill and are willing to share the responsibility in taking contraception. (Dismore et al., 2014; Martin et al., 2000; Meriggiola et al., 2006). This positivity is mainly shared through men that are in relationships however; men who are not indulged in a relationship are predominantly negative on the male hormonal pill (Dismore et al., 2014; Martin et al., 2000; Meriggiola et al., 2006). Research has mainly focused on the opinions of men, which means there is a gap in the literature on the male hormonal pill. The female perceptions of the male hormonal pill have mostly been left out or do not have enough focus. These female perceptions are important and might be even more valuable in understanding how a future implementation of the male hormonal pill will look like, because women currently have virtually all the responsibility concerning contraception (Campo-Engelstein, 2015). This makes researching the female perceptions of the male hormonal pill of high societal relevance. One research by Glasier et al. (2010) on the male hormonal pill does have their focus on female perceptions; this study uses a quantitative research method and shows that only 2 percent of women in Scotland, China and South Africa would not trust their current partner concerning using male hormonal contraceptives. This is data that does not include The Netherlands, but it might give an indication of how the

situation would be in The Netherlands. Multiple studies have shown that men themselves are hesitant in trusting themselves in taking a pill daily (Dismore et al., 2014; Martin et al., 2000; Wenk & Nieschlag, 2009). Moreover, a research conducted by Hooper (2010) stated that 48 percent of women in various developed countries taking daily hormonal contraception have been forgetting to take the pill in the last three months. These facts make the 2 percent given by Glasier et al. (2010) surprisingly low, because it seems strange that women would trust their partners to take a pill daily but not themselves. Prior findings through research on the male and female attitudes towards the male hormonal pill have shown variable results, which might be an indicator that the introduction of the male hormonal pill might not be as positively received as it seems in the media. Moreover, women can find their sexual and reproductive self-determination very important and might not want to give that right out of their hands (Campo-Engelstein, 2015). Their right to sexual self-determination grants them the access to contraception and the ability to have sex for pleasure while not having to fear unwanted pregnancy (Richardson, 2000). This right is one of the concepts that influences a woman's sexual identity and her sexual citizenship (Richardson, 2000). The theory is that a woman's perception of their right to sexual and reproductive self-determination strongly influences their willingness to share the responsibility concerning contraception and vice versa. The aim of this research is to obtain a better understanding of women's perceptions of their right to sexual and reproductive self-determination, shared responsibility concerning contraception and the male hormonal pill in general. The male hormonal pill is the only "revolutionary" new solution that has the opportunity to be released on the pharmaceutical market anytime soon (Roth et al., 2016). This release would have great implications for couple's contraceptive use and influence their right to sexual and reproductive self-determination. Which makes for an excellent opportunity to research whether the theory is correct; the scientific relevance. The above results in the following research question:

"What perceptions do Dutch female students in a relationship have of the introduction of the male hormonal pill and how it influences their right to sexual and reproductive self-determination?"

With the following sub-questions to answer this question:

"How do Dutch female students perceive their right to sexual and reproductive self-determination?"

"What perceptions do Dutch female students in a relationship have of a shared responsibility concerning contraception?"

"What perceptions do Dutch female students in a relationship have of the male hormonal pill?"

Thesis structure

Firstly, a theoretical framework will be structured around the concepts introduced to take an in-depth look at what the literature concerning the concepts have found including a conceptual model that has been constructed through literature research. Secondly, the methodology will be described. This section will give insights on how, where and why the research data is collected. Thirdly, the results will be given in a sequence following the research questions. This is followed by a comparison between the results and their expectations and an in-depth discussion about this comparison. Lastly, there will be a brief conclusion of all the findings and a reflection on what the relevance is of the conducted research.

Theoretical framework

The male hormonal pill

The scientific research regarding developing new male contraception methods is in hands of the World Health Organization Task Force, they have been struggling with social and political attitudes and hesitations in the pharmaceutical industry (Waites, 2003). This is mostly due to differences in culture, men are less willing to indulge in contraceptives in lesser developed countries than in more developed countries (Waites, 2003). Struggles are more recently still present. An economical injection is needed to launch a broad scientific research that lasts more than 6 months or a year, like in previous researches (Scientas, 2018). Moreover, the current situation does not seem suitable for the male hormonal pill to be launched since it has not been sufficiently tested in practice yet. It is unavoidable that the market needs better confirmation on the effectivity and health issues in the longer term, before launching the male hormonal pill (Endocrine Society, 2018).

Contraception and intercourse in general

When discussing the male hormonal pill, it is required to go back to the roots of contraception and discuss how frequent and why certain contraceptives are being used. Around 50 percent of the Dutch female population that has experience with intercourse between 15 and 25 years old used the hormonal pill in 2017, which is a notably higher percentage than the second most-used contraception method; the hormone spiral with 11 percent (Rutgers, 2017). The hormone spiral is increasingly receiving more popularity, with almost a doubling in percentage since the research done by Picavet (2012). The hormonal pill is dropping in popularity, but still remains the most-used method by far (Rutgers & Soa Aids Nederland, 2017). Compared to the rest of Europe, The Netherlands seem to be doing quite well on the subject of contraception with a high percentage of women using contraceptives. This is the case for most West-European countries compared to more Eastern European countries, as shown in Figure 1. Figure 1 also shows that many countries still have the male condom as the most used method of contraception. This is remarkable, because studies have shown that the male condom is significantly less reliable than the hormonal pill or spiral (Hooper, 2010).

Men have claimed in previous research that hormonal oral contraception would be their preferred method of contraception in contrary to condoms, implants or hormonal injections (Martin et al., 2000; Meriggiola et al., 2006). The sole focus of this research has been set on the perceptions of female students. This is because students mostly do not have children yet and research has shown that the age cohort accessory to students one of the most frequent intercourse of all (Rutgers, 2017).

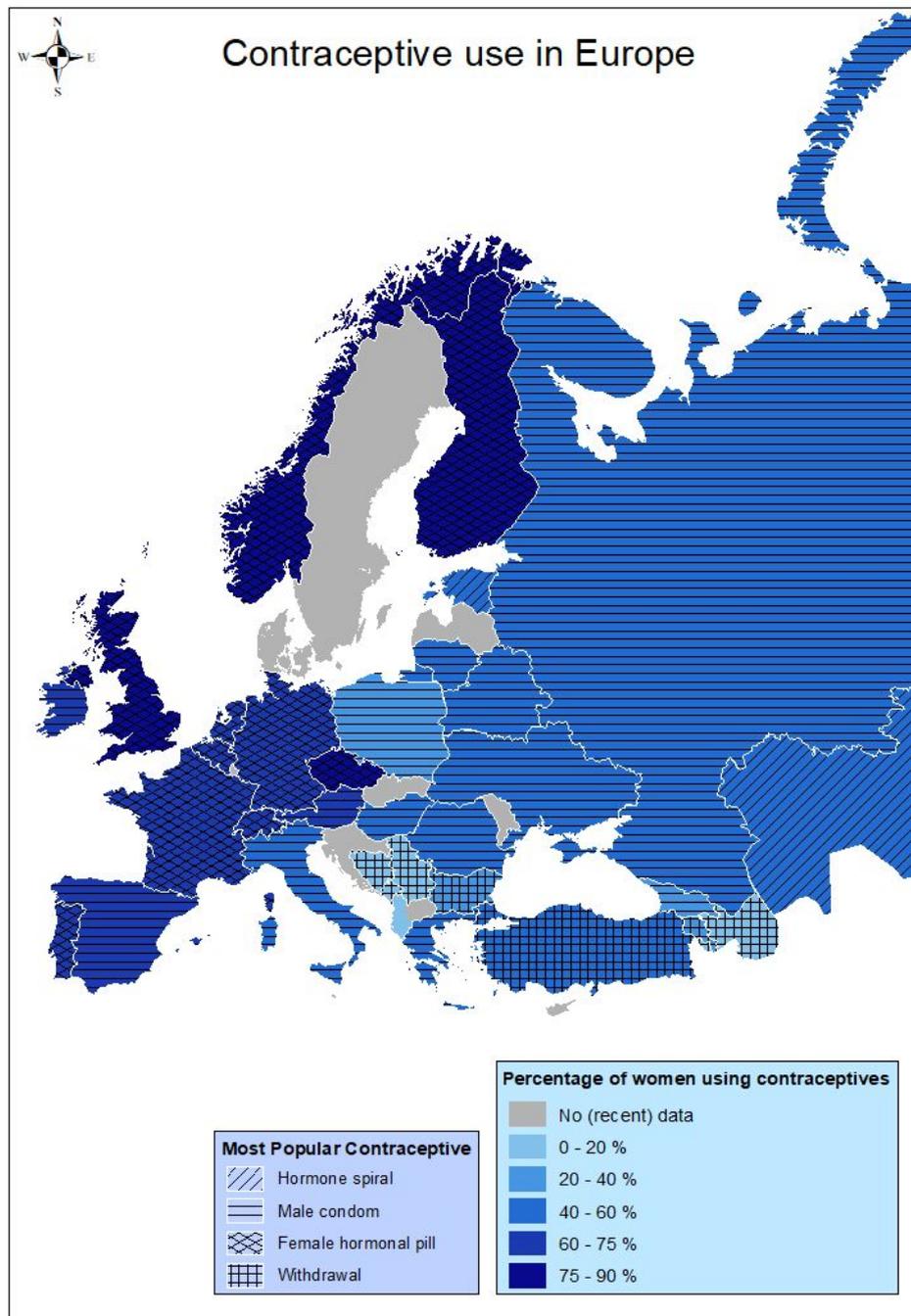


Figure 1: Contraceptive use in European countries showing their most popular contraceptive and the percentage of women that are using contraceptives. Source: United Nations (2018). Author: Wouter Vogelzang

Right to sexual and reproductive self-determination

Richardson (2000) distinguishes the right to sexual and reproductive self-determination as one of the three rights to various forms of sexual practice in personal relationships. It is focused on “freedom from sexual harassment, violence, abuse and coercion, as well as rights of access to abortion and contraception” (Richardson, 2000). This study will mainly be based around the latter. These rights all influence a woman’s sexual identity and her sexual citizenship (Richardson, 2000). While these rights are supposedly valid for every living human being, they are mostly applicable to women because 90 percent of the total sexual violence victims in the Netherlands are women (Centrum Seksueel Geweld, 2013). Being

able to use contraception in any shape or form directly connects to the right to reproductive self-determination. Even though women have started demanding a more equal situation between men and women when it comes to the side effects of contraception (Wenk & Nieschlag, 2009), the introduction of new male contraception methods such as the male hormonal pill would mean that women can have another method, besides the condom, to give part of their reproductive self-determination out of their hands. Women have always been responsible for their own sexual and reproductive health and with the introduction of the female hormonal pill in 1950 women have been able to actively join this responsibility while also been given a choice (Liao & Dollin, 2012). The female hormonal pill has been available for prescribing by doctors in most Western countries between 1960 and 1970 resulting in a situation where women could finally have control over their own lives and actually pursue careers, which also triggered the sexual revolution that suggested that men and women should be sexually equal (Liao & Dollin, 2012). In more developed countries, female rights are slowly progressing towards being somewhat equal to male rights (European Institute for Gender Equality, 2017), but in the area of contraception, this is not the case. Even though women do have control over their own sexual and reproductive health at this moment in time, contraception responsibility is still mainly theirs (Campo-Engelstein, 2015). Concluding those facts, the introduction and implementation of the male hormonal pill can seem as a win for female rights, since women would have a lesser burden when it comes to contraception. But on the other hand it seems like a loss when it comes to the right to their sexual and reproductive self-determination, since women will lose a part of their control in whether they are getting pregnant or not.

Shared responsibility for contraception

When it comes to actually having children, both men and women are responsible for what happens to their child (Edwards, 1994). But only women are physically affected when it comes to pregnancy and that fact is extremely visible when viewing the list of contraceptives available, having numerous different kinds of contraception methods available for women, whereas men only have condoms or sterilization (Family Planning, 2018). Since the invention and the success of the female hormonal pill, the pharmaceutical market has been mainly focusing on long-term reversible contraceptives for women, which resulted in the high diversity in female contraception methods available (Campo-Engelstein, 2012). Another reason that there are no male long-term contraception methods available (besides sterilization) is that there is a main perception that men think they should not be responsible for contraception at all and that because of that fact, there would be no reason to marketize new male contraception methods (Campo-Engelstein, 2012). Even though, research has shown that more than 70 percent of men would actually be willing to participate and take more responsibility in contraception (Glasier et al., 2000). It is still unknown if we should even include men in contraception, because there currently are no contraception methods to test this in practice. There is not enough evidence to assume that including men in contraception will result in improved contraception use and better pregnancy prevention (Edwards, 1994). The side effects of female hormonal contraceptives could be a strong reason to include men. Different women can encounter different levels of side effects, varying from none to unbearable (Burrows et al., 2012). The most severe side effects of the female hormonal pill are the increased chance of thrombosis and the deteriorated effectiveness of the pill while using other pharmaceuticals (Apotheek.nl, 2018). The less severe side-effects are more common and could include: sensitive or painful breasts, headaches, mood changes, stomach aches or weight gain (Apotheek.nl, 2018). While being less severe, these side-effects could lead to a quality of life that is nominably worse than living without taking the female hormonal pill. There also has been research on the subject of female sexuality while taking the hormonal pill; some females also encounter a deteriorated libido (Burrows et al., 2012). While

males would also encounter certain side effects while taking the hormonal pill, sharing the negativities would be a good way to resolve the current unevenness in contraception. In order to attain a situation where females and males are equally responsible for contraception; a situation of shared responsibility for contraception, men would first have to recognize the burdens that contraceptive responsibility for women entails (Davis, 2015). Moreover, the relationship between a man and a female should include a certain amount of trust before such a situation could be achieved (Dismore et al., 2014). Recently, it has been said that the majority of men still believe that contraception primarily is a woman's responsibility, but decision-making regarding contraceptives should be more balanced (Martin et al., 2000).

Connecting the concepts

Sexual and reproductive self-determination and shared responsibility of contraception between men and women are two individual concepts that are interchangeably linked to each other. For example, if a woman's contraceptive self-determination is really high, this would have consequences for the decision making in her relationship. She would probably have more issues with a successful integration of the male hormonal pill in her relationship. But on the other hand, if the man in that relationship would be more openly discussing contraception, the woman's very strong self-determination on the subject might become less strong. As stated before, the marketization and implementation of the male hormonal pill will definitely have effect on both a woman's sexual and reproductive self-determination, and her willingness to share her contraception with her partner (Dismore et al., 2014; Martin et al., 2000). The introduction of the male hormonal pill however, gives men the opportunity to actively try to help his female partner in this contraception, whereas traditionally this would only be possible through condoms. Condoms have a high failure rate when used normally and thus is considered a hassle by most couples (American Academy of Pediatrics, 2013). The male hormonal pill would be the only reliable contraception method that men can actively use to prevent pregnancy in their relationship. Prior research has shown that men are mostly willing to indulge in the process of contraception that their partner used to run (Dismore et al., 2014; Martin et al., 2000; Meriggiola et al., 2006). This male willingness though, does not show the entire picture when it comes to releasing the male hormonal pill. The strength of the sexual and reproductive self-determination of a woman and her willingness to share contraceptive decision-making with her partner will have influence on the eventual success of the male hormonal pill.

Conceptual Model

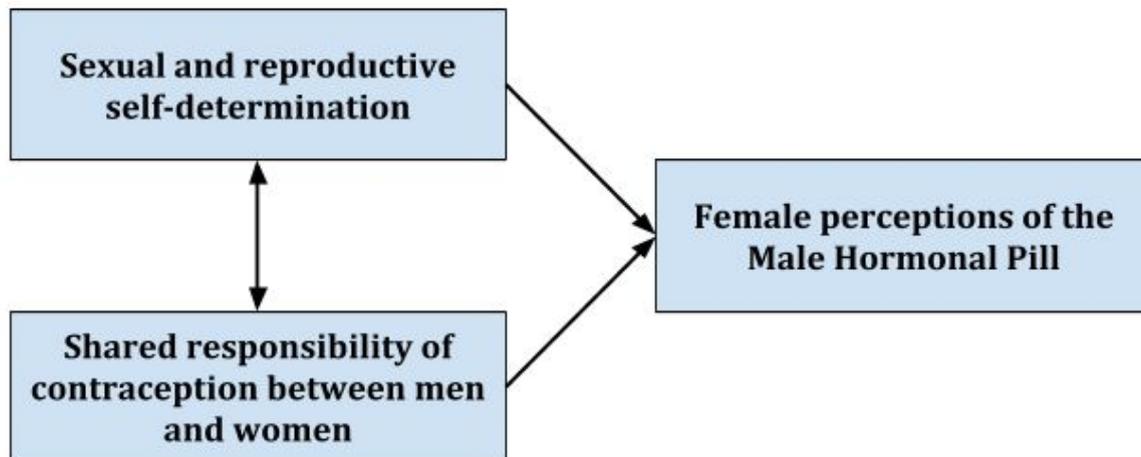


Figure 2: The conceptual model concerning the introduced concepts. Source: Wouter Vogelzang

Methodology

Research method

Based on the research questions and the fact that perceptions on sexual and contraceptive experiences was the most necessary to conceive, a qualitative research method has been chosen in the form of conducting interviews. The participants of the conducted interviews are female students and have an active relationship with a man. The sampling on how these participants have been selected is random. The research will take place in Groningen, The Netherlands, only taking their students as potential research subjects. A theoretical framework is set up through literature research which resulted in a conceptual model. Afterwards, an interview guide has been constructed to carefully obtain perceptions from the participants regarding the conceptual model. The results were analyzed through labeling certain quotes to a certain sub-question. An overall perception of how the concepts were perceived by the participants and how they linked together has been attained by doing this. Afterwards, the selected quotes were labeled on a scale of one to five (very positive to very negative). This was done to create the in-depth image on how the participants perceived the concepts.

Positionality

There was close to non-existent friendship connections between me and the participants prior to the interviews, because the research topic might be a delicate one to discuss. Experiences with sex and contraception and people's thoughts and emotions on the subject can be considered very personal. Personal relations between me and the participants might alter the outcome of the results. Moreover, the decision to solely conduct interviews with students has been made due to the fact that connecting with another person that has a very high age gap with yourself, especially discussing concepts such as contraception, might be difficult. My positionality during the entire research and during the interviews has been both an insider and an outsider. Since the interviews have only been with women, I can be considered an outsider since I am a man. Besides that, I have not experienced actually taking hormonal contraception and the participants do have. On the other hand, the interview

questions asked were about the male hormonal pill and since I am male, people might have been thinking that I had more inside information about how men think about the male hormonal pill. Giving out my personal perception on the male hormonal pill has not been done until after the interview to secure any participants adopting my views on the subject. Another thing that has been taken into consideration is the fact that I probably had more information on the subject prior to the interviews, which makes me an insider and the participants outsiders. To summarize, the positionality of me as a researcher has been vague since I am an insider when it comes to the theory but and an outsider in practice.

Ethics

All interviews conducted are kept for solely research-use; only I have permission to play the audio files. Participants' names were kept private when they asked to do so. If not, only the participants' first name has been used.. Prior to the commencing of the interviews, the participant has been informed about the base theory considering the male hormonal pill and its current state. This is because people can only give an honest and true opinion about something while they are correctly informed about the subject they are giving their opinion about. The participants were allowed to cancel an interview at any time and were also allowed to stop during an interview without any reason. Participating in the interviews was completely voluntary. There was a possibility that certain questions made the participants feel uncomfortable. And when this would have happened, they would have been able to simply quit the interview. Luckily, this was never the case. Participants have always been given the opportunity to answer whatever they want without being pushed in a certain direction. It was of the utmost importance for me as an interviewer to stay as neutral and as objective as possible. The participants have only been named using their first name or a pseudonym when needed, guaranteeing their anonymity. At the beginning of the interviews, the participants and I have signed a document that states all the aforementioned facts, which resulted in informed consent.

Results

In total, seven in-depth interviews have been conducted with seven different female students from Groningen that were all in an active relationship at that moment. The other relevant participant characteristics are shown in Table 1. Firstly, the perceptions of the female participants on the three different concepts will be given in the following order: sexual and productive self-determination, shared responsibility concerning contraception, the male hormonal pill. Afterwards, there will be a discussion about how these concepts connect and if the expectations are in line with the outcome. All results given are deductive results, except the situation where contraceptives are initially used by women as a medicine against heavy menstruation. This can be considered more inductive. This was not expected beforehand but had a major impact on the analysis of the results. Quotes that have been given in this section, are translated from Dutch to English.

Table 1: The participant characteristics.

Name	Age	Current Contraceptive Method	Relationship Length
Anneke	24	Hormone Spiral	± 6 and a half years
Heleen	27	None	± 1 year
Janneke	25	Hormonal Pill	± 1 and a half years
Jint	24	Hormone Spiral	± 6 and a half years
Karlijn	24	Hormonal Pill	± 2 and a half years
Laura	23	Hormonal Pill	± 6 years
Michelle	24	Hormone Spiral	± 1 year

Sexual and reproductive self-determination

All seven participants were optimistically speaking about the current state of their sexual and contraceptive rights. How they perceive these sexual and contraceptive rights is very different however. For example, Michelle (24) did not really feel anything specifically:

“Yeah, it is kinda of chill I guess, but then again, in The Netherlands we are not used to anything else. (...) I do find it really nice that there are so many different kinds of contraceptives on the market though. So that everyone has an option to use them.”

It does not seem to actively play a role in her feeling of freedom and self-determination. Which was the case for all of the participants. The existence of sexual and contraceptive rights in the Netherlands seem to be sort of be taken for granted in present time. But it is a similarity throughout all participants that these rights are in fact, very important to them. Also, none of the participants actually felt obliged to take contraceptives besides themselves. They seem to be very independent in what contraceptives they will or will not take. On the other hand, some of the participants did point out that contraception as a whole is and has always been very unfair, because women always have the responsibility of taking it. But still find it really important to do so, such as what Anneke (24) described:

“I find having contraceptives available very nice. And on the one hand I find it very pleasant that I have the ability to have control over these things. If someone else would have control over it, it would not be the same. Now I only have myself to blame when something goes wrong. It feels very safe to personally have this control.”

On the other hand, Laura (23) did seem very self-determined and did find her sexual and contraceptive rights very important. When asked if her partner was actively taking part in the decision-making concerning contraception in her relationship, she responded quite disgusted with the fact that another person would have anything to say about her body:

“No. Nothing at all. It’s my body. I make the choices about my body and he doesn’t have anything to say about that.”

Another similarity was the fact that five out of seven participants started taking the hormonal pill because of heavy menstruation. A side effect of the female hormonal pill is that it mostly

reduces menstruation. This was the main reason why these participants started taking it and not as protection against unwanted pregnancy. Michelle (24) described the situation like this:

“During the start of high school, I started taking the pill. And that lasted until two years ago, I took the pill for almost 10 years. (...) The reason that I started taking the hormonal pill was that I had such a heavy menstruation that I wouldn’t be able to live my life properly.”

Shared responsibility of contraception between men and women

Laura (23) also had significant issues concerning sharing her responsibility of contraceptive use with her partner. It did not seem like her partner had anything to say in the decision-making concerning contraception:

“When I stopped taking the hormonal pill, we did talk about it. Also why I wanted to stop and stuff. But it was more like a statement. Look, you have to talk about it. It is useful that he knows about it, since you have to start using condoms or whatever. But it is still entirely my choice.”

In general on the other hand, the participants were reasonably lenient towards their partner when he would, hypothetically speaking, use the male hormonal pill. All participants have had experiences with taking the female hormonal pill and six out of seven also had experiences with misuse of the pill, mostly regarding to forgetting to take the pill once and possibly becoming fertile because of it. Because of their knowledge how daily life is when it comes to taking contraceptives, they do not seem entirely judging towards their partners when a male hormonal pill would be forgotten. The participants do, however, would be “disappointed” or even “enraged” when their significant other would lie about forgetting to take the male hormonal pill. All seven participants do not think their current partner would be capable of doing so and they would not indulge in a relationship with a male that would seem capable to do so. There is definitely an overall picture being adumbrated that women do trust their partners; not with flawlessly taking the male hormonal pill, but with being honest and open. Jint (24) said this, when asked about if she would entrust her partner with taking the male hormonal pill:

“I don’t think I would trust him with that. I already know him for a very long time and I know that when he has to take nasal spray three times a day, it is already very hard for him.”

But when she answered the question what her reaction would be when her partner would forget to take a pill, she answered this:

“If he would just normally talk to me and would say that he had forgotten to take the pill, then it’s all fine. But if he is very unsure and vague about it or just straight up lies about it, it is a very different story.”

Female perceptions of the male hormonal pill

Only one out of seven participants, Heleen (27) actually found the male hormonal pill to be relevant for her current relationship. Prior to the interview she had already discussed the male hormonal pill with her current partner, because she figured it would be a perfect solution for them:

“I started using the hormonal pill when I was fifteen, because I had my first boyfriend then. That lasted about two years and afterwards I quit using the pill, because I noticed that I was suffering from using it. I was getting a lot of mood changes, I got depressed and didn’t feel

like doing anything. I stopped using the hormonal pill in my further relationships and only used a condom. (...) I think the male hormonal pill is a very good alternative in general and in my case it's perfect, because other contraceptive methods don't work for me."

To the interview question asking about what the participants would think of their partner when he would start taking the hormonal pill while the participants would keep using their contraceptive, the similarities in the answers are very clear. Most given answers contain words like "why?" or "weird". This is an indication of the male hormonal pill being only a substitution to female contraceptives and not for simultaneous use. The so called "Double Dutch"-method does not seem very popular under Dutch female students. It is also an indication of high trust towards contraceptives in general.

Discussion

Regarding the first sub-question, expectations were that the female participants would describe different stories. Since sexual and reproductive self-determination is a very personal concept and how strong this self-determination is and what roots it has, differs from person to person (Richardson, 2000). The participants all have similar aspects of life though; they all are students, live in the same city and belong to the same age cohort. This would likely result in certain similarities between the descriptions of their sexual and reproductive self-determination. It is expected that some participants will find it a requisite to have a very strong feeling of control over their own life, while others might not. Regarding the second sub-question, it was expected that participants would be very positive. Previous research has shown that only 2 percent of women would not trust their partners to actively take a pill daily and continue to do so (Glasier et al., 2010). Shared responsibility of contraception between men and women will be expected to be positively received by the participants, exceeding the 70 percent of men willing to participate in contraception (Martin et al., 2000). The expectations were that participants would describe a high level of trust between them and their partners. There was a high possibility, concerning the expectations stated above, that the perceptions the participants would sketch on the subject of shared responsibility of contraception between men and women and sexual and reproductive self-determination will be contradictory. When getting to the core of their sexual and reproductive rights and what this means to them, it was then expected that this positivity would change into more doubts on implementing the male hormonal pill in their relationship, because this would mean giving another person entrance to a part of their sexual self-determination. Another expectation was that information would be lost due to the translation from Dutch to English in analyzing the interviews. This expectation was not met however, the translation seemed to be fairly easy and little to no information has been lost due to language.

Sexual and reproductive self-determination

It seems the expectations that the participants would describe very different but similar stories regarding their sexual and reproductive self-determination, seems mostly true. To what extent and in what way the participants expressed themselves was very different, but it seemed like there was a general way on how these Dutch students thought about the concept. Everyone seems very positive towards the current sexual and reproductive rights in The Netherlands. It seems that the strength of self-determined women during the 20th century has faded into the background. The participants do still seem aware of the fact that they should be actively happy for having these rights and even have the right to self-determination. But the fact that the gender-gap is getting smaller in most of Western Europe seems to have made the active celebration of women's rights more feint. Which is

not what was expected beforehand. On the other hand, participants did have entirely different stories and opinions.

Shared responsibility of contraception between men and women

Prior research has shown that only 2 percent of women would not trust their partners to take a pill daily. Considering the outcomes of the interviews, this would not be the case. Women definitely do not trust their partners to take a hormonal pill daily. Simply because they generally do not trust themselves to take a pill daily. The trust mentioned by Glasier et al. (2010) does only cover the one aspect of it. It does not include the trust needed to support and forgive when the partner has made a mistake, which the participants claimed, would probably occur. The trust towards the participants' partners is high, but not in the exact same way as prior research has described it.

The fact that five out of seven participants initially started taking the female hormonal pill because of heavy menstruation bodes severe implications on the conceptual model. Women that take hormonal contraception because of this reason will not have any reason to share their responsibility concerning contraception. They need the hormonal contraception due to other reasons than just the prevention of pregnancy. There would be no reason for their partner to start taking the male hormonal pill, since that would just be "weird". If five out of seven would be projected on all Dutch female students, there would be a large group of people that would not have any benefit whatsoever in sharing their responsibility concerning contraception. Simple because they need their medicine.

Female perceptions of the male hormonal pill

Regarding the female perceptions of the male hormonal pill altogether, it seems like the male hormonal pill is a perfect solution for a small group of couples. And even though only one out of the seven participants actually found the male hormonal pill to be helpful for her and her relationship, all seven participants have stated that they would be open to a situation where their partners would be the ones to take an hormonal pill. This situation would, in most cases, be characterized with a lack of contraceptives that would sufficiently work for themselves. Laura (23) and Jint (24) gave a good impression of the situation. They would not easily give their own contraceptive independence out of hands and they seemed to have a very high awareness of their self-determination and a high level of independency during the interviews.

As expected beforehand, some of the participants did have different opinions concerning the male hormonal pill after the interview. Anneke (24) and Janneke (25) were quite optimistic about the male hormonal pill at first, but after questions were asked about their sexual and contraceptive independence, they were significantly less positive about an implementation of the male hormonal pill in a relationship. Even though, the two did already not have close to no purpose in using the male hormonal pill in a relationship due to them initially taking the female hormonal pill as a way to lower the strength of their menstruation. Besides this fact, it is still very interesting to see that there are women who do not actively think about the sexual and contraceptive rights self-determination that they have "gained" through the years.

Connecting the concepts

The concepts sexual and reproductive self-determination and shared responsibility in contraception between men and women were expected to be interchangeably linked to each other, but no strong evidence has been found through conducting these interviews. Women with a very strong feeling of self-determination can easily share the responsibility that contraception entails with their partner. It would, more or less, be more of a hassle when the female in the relationship has a very strong necessity to maintain control over her body. This

would be a harder process than for someone like Michelle (24), who does not have this strong necessity. This process seems extremely doable in the case of all the participants, since everyone imagined a situation where the male in their relationship would arrange contraception. It seems hard to grasp a clear link between these concepts due to internal and external factors that affect a woman's self-determination and willingness to share the responsibility concerning contraceptives. Women all have different identities which are formed by these factors and it can simply not be stated that women that have a strong sexual and reproductive self-determination are less willing to share the responsibility concerning contraception, nor the other way around. Both concepts seem to be formed by a person's sexual identity, which is a big part of their sexual citizenship. Also, both concepts seem to have a certain relatability but linking them together might need a broader research study or a different approach. The theory and conceptual model introduced in the theoretical framework is proven right. The link between sexual and reproductive self-determination and shared responsibility concerning contraception is not as clear and strong as it seemed to be beforehand.

Conclusions

This study tried to get a grasp of how women perceive their sexual and reproductive self-determination and how they would perceive a situation where the responsibility concerning contraception is shared in a relationship. These perceptions were fed and triggered by the possible marketization of the male hormonal pill. Which would lead to a change in how women perceive these concepts. The male hormonal pill seems to only be a good solution for couples where the female struggles with existing contraceptive methods. In other cases, the perceptive use of the new contraceptive will be close to non-existent. Furthermore, the way women perceive their sexual and reproductive self-determination seems to be very different. On the other hand, similarities have been found in the way they express themselves about it, resulting in a more feint awareness of one's sexual and reproductive independence. Another thing that has been noted through this study is that women do seem very willing to share the responsibility of contraception with their significant other. Women seem to be very trusting of their partners. They do not trust their partners to flawlessly execute taking a hormonal pill daily, but they do trust their partners to be open and honest about not being able to flawlessly execute taking the male hormonal pill. Concerning the collected data, there were a surprisingly large number of women that initially take contraceptive as a medicine for heavy menstruation. For these women, the male hormonal pill does not seem to have any use for them in or not in a relationship. How large the group of women is that are in a similar situation, is hard to measure. There are, to my current knowledge, no recent studies that study exactly this. Attaining these numbers would be very helpful in calculating how many couples would benefit from the male hormonal pill. Due to the small scale of this study, conducting a broader research on this subject seems to be very helpful as well. This study did, however, contribute to giving a better insight in how women perceive their right to sexual and reproductive self-determination and how this influences their willingness to share the responsibility concerning contraception.

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