

STRATEGIC SILENCE:

College Men and Hegemonic Masculinity in Contraceptive Decision-Making

CRISTEN DALESSANDRO
Pacific University, USA

LAURIE JAMES-HAWKINS
University of Essex, UK

CHRISTIE SENNOTT
Purdue University, USA

Condom use among college men in the United States is notoriously erratic, yet we know little about these men's approaches to other contraceptives. In this paper, accounts from 44 men attending a university in the western United States reveal men's reliance on culturally situated ideas about gender, social class, race, and age in assessing the risk of pregnancy and STI acquisition in sexual encounters with women. Men reason that race- and class- privileged college women are STI-free, responsible for contraception, and will pursue abortion services if necessary. Since men expect women will take responsibility, they often stay silent about condoms and other contraceptives in sexual encounters—a process we term “strategic silence.” Men's strategic silence helps uphold local constructions of hegemonic masculinity that prioritize men's sexual desires and protects these constructions by subtly shifting contraceptive and sexual health responsibility onto women. Our analysis demonstrates the importance of men's expectations of women for upholding constructions of hegemonic masculinity, which legitimate gender inequality in intimacy and are related to men's underestimation of the risks associated with condom-free sex.

KEYWORDS: Masculinity, Contraception, Sexuality, Reproduction, Young Adults

AUTHORS' NOTE:

This paper was previously presented at the Population & Health Workshop at the University of Colorado Boulder. We thank Brian Hawkins and Larry James for their assistance with data collection and preparation, and Linda Renzulli and Spencer Headworth for their helpful comments on an earlier version of the manuscript. Finally, we are grateful to the young men who participated in this research and spoke so freely about their personal experiences.

Correspondence concerning this article should be addressed to Cristen Dalessandro, Pacific University, 2043 College Way, UC Box A165, Forest Grove, OR 97116, USA; email: dalessandro@pacificu.edu.

Despite calls for more research focusing on men, much of the current literature on collegiate sexual culture, contraception, and reproduction focuses on women (Almeling and Waggoner 2013; Breny and Lombardi 2019; Kalish 2013). An important and overlooked issue in college students' sexual lives is the negotiation of contraceptive and reproductive decision-making, especially from men's point of view (for exceptions see Bearak 2014; Civic 2000). Men's views can help explain erratic condom use (Blayney et al. 2018; Lewis et al. 2012), poor communication between college women and men in sexual interactions (see also Armstrong, England, and Fogarty 2012; James-Hawkins 2015; Raine et al. 2010), and men's understandings of woman-centered reproductive technologies, such as birth control pills and intrauterine devices (IUDs). In light of this, we ask: how do college men approach pregnancy prevention and resolution methods that center on women's bodies, and what is behind some men's willingness to risk pregnancy and sexually transmitted infections (STIs) due to inconsistent condom use?

Using interviews with 44 college men, we demonstrate how race, age, social class, and local constructions of hegemonic masculinity that prioritize men's sexual pleasure and desires structure college men's understandings, decision-making, and communication around condoms, birth control pills, Plan B, and abortion in their sexual encounters with college women. Local constructions of hegemonic masculinity are those that are developed via interactions within the immediate community (Connell and Messerschmidt 2005), such as the collegiate dating scene. We find that men engage in "strategic silence"—a concept that describes men's silence in communication around condoms and other contraceptives before and/or after sexual activity—and that men largely expect privileged women to take responsibility for STI and pregnancy prevention and resolution. This allows men to opt out of contraceptive decision-making while minimizing their own worry about pregnancy and STIs.

Men's silence is strategic in that it subtly enables men to pursue condom-free sex by relying on privileged women's ability to protect women and men from pregnancy and STIs. Yet, strategic silence also has consequences, as it maintains gendered power inequities and increases the risk of both pregnancy and STI transmission. The concept of strategic silence adds insight to theories of masculinities by demonstrating the importance of men's views of women in informing and upholding a version of hegemonic masculinity that prioritizes men's sexual freedom, and charges women with STI and pregnancy avoidance work before, during, and after sexual encounters.

HEGEMONIC MASCULINITY AND PRIVILEGED UNIVERSITY MEN

Hegemonic masculinity refers to a gendered pattern of behavior that maintains men's power over women and represents the most culturally valued form of masculinity (Connell and Messerschmidt 2005). Rather than characterize "real" men, hegemonic masculinity is comprised

of behavioral ideals that help guide men's actions and are reinforced through interactions (Connell and Messerschmidt 2005). For example, among college men in the United States, characteristics associated with hegemonic masculinity often include alcohol and drug use, risk-taking, frequent pursuit of heterosexual sex, and a sense of invulnerability (see Gilbert, Giaccardi, and Ward 2018; Ray and Rosow 2012). Hegemonic masculinity is relational and depends on context (Messerschmidt and Messner 2018), and in the United States, it is usually most accessible to white, class-advantaged, cisgender, heterosexual men (Madfis 2014; Wade 2017). Further, hegemonic masculinity does not simply refer to the overt domination of men over women. Hegemony requires that unequal power is normalized and taken-for-granted (Messerschmidt and Messner 2018). For example, Armstrong, England, and Fogarty (2012) found that among college students who hook up (an indication of privileged status), it is normatively expected that men will orgasm, while no such expectation exists for women. Thus, men are more likely to orgasm during hookups. Hegemonic masculinity helps render these kinds of inequalities invisible, with generally favorable results for men (Messerschmidt and Messner 2018).

Though scholars recognize the importance of interactions for both guiding and reinforcing hegemonic masculinity in a given space (Connell and Messerschmidt 2005), how men's views of women help shore up hegemonic masculinities—especially in sexually intimate contexts—remains underexplored (see Sweeney 2014). This is interesting considering that many ideals associated with collegiate hegemonic masculinity in intimacy and in our research space—including the pursuit of casual sex and leaving emotional work up to partners—involve women (see Seabrook, Ward, and Giaccardi 2018). How hegemonic masculinity upholds privileged

men's goals is important, though not widely discussed, in the context of contraceptive decision-making.

GENDERED POWER AND CONTRACEPTIVE DECISION-MAKING

Although gender inequality in intimate relationships among college students is well documented (Armstrong, England, and Fogarty 2012; Hamilton and Armstrong 2009), few studies have analyzed how students' contraceptive use, behaviors, and decision-making can both reflect and contribute to inequality (for exceptions, see Bearak 2014; Civic 2000; Downing-Matibag and Geisinger 2009). According to recent research, contraceptive labor is often unequally distributed among college women and men. For example, our earlier research found that college men say they leave contraceptive choices up to women because they believe contraception to be a women's realm in which men have little influence (James-Hawkins, Dalessandro, and Sennott 2019). Although this reasoning acknowledges women's bodily autonomy, it also shifts responsibility for contraceptive- and pregnancy-related work onto women (Fennell 2011; James-Hawkins, Dalessandro, and Sennott 2019). Moreover, this abdication of responsibility by men underscores the invisibility of men's bodies in reproduction and pregnancy avoidance despite their central reproductive role (Oudshoorn 2004).

While there is little information on college men's negotiations of abortion and woman-centered contraceptive methods, some research focuses on men's approach to condom use—the only “masculinized” method that prevents both pregnancy and STIs (see Albarracin et al. 2001; Fennell 2011). This research found that rather than openly communicate with partners, men sometimes rely heavily on cursory vetting processes—such as judging partners by appearance—to circumvent condom use (Civic 2000; Flood 2003). Further, men's ideas about race and social class inform their opinions about which women will pose an STI risk, and white, affluent women

are usually considered the lowest risk despite having the most sexual partners (see Wade 2017). Ideas about masculine strength and invulnerability—the understanding that men are resilient and smart enough to avoid undesired consequences from sex—may be related to nonuse of condoms as well (Courtenay 2000; Limmer 2016). Pleck and colleagues' (1993) research on high school boys found those less invested in intimacy with women, and more invested in the idea that men and women are not equals, were less likely to use both condoms and feel responsible for pregnancy prevention. Ideas about women as dependable—in both intimacy and more generally—also help structure men's willingness to risk not using condoms (Petrides, Furnham, and Martin 2010). However, ideas about *which* women are dependable are linked to women's social class, race, and age statuses.

GENDER, AGE, SOCIAL CLASS, AND RACE INTERSECTIONS

Local constructions of hegemonic masculinity are reinforced through men's interactions with women surrounding sex and contraception. At the same time, broader structures of inequality rooted in ideas about age, social class, and race are also important in men's approach to condoms and contraceptives. Thus, an intersectional framework is useful for making sense of men's decision-making about contraceptive communication and use (see Crenshaw 1989; Collins 1990). Intersectional frameworks center those individuals experiencing oppression, yet they also can be used to understand the mechanisms through which those with power maintain structural advantages at the intersection of multiple social factors (Madfis 2014). For example, race is significant to college men's decisions around sex. Compared to other groups, white students are the most likely to pursue casual sex with multiple partners in college (Wade 2017). Yet, unlike class-advantaged white men, other raced and classed groups of men face different dilemmas. Black men, for example, worry about associations between sexual activity and racialized

stereotypes (Ray and Rosow 2012). Historical associations of whiteness with sexual safety (see Collins 2005) preclude white men from worrying about negative reputational consequences from sexual activity. These racialized assumptions can also influence men's STI worries (or lack thereof) depending on partner choice.

At the same time, social class and age intersect with race to structure sexual decision-making. Most white, class-privileged young adults expect college to be a time of selfishness, self-exploration, and independence (Hamilton and Armstrong 2009). Expectations related to youth and economic privilege intersect with gendered expectations of having "fun" and taking chances in college. For college men who are privileged by their race and class statuses, having fun usually means participating in the party scene and pursuing casual sex (Ray and Rosow 2012; Wade 2017). Simultaneously, groups with comparatively less privilege—such as white women, low-income students, and men and women of color—face greater penalties for engaging in frequent partying and casual sex, such as threats to reputation or the loss of academic scholarships (Armstrong and Hamilton 2013; Dalessandro 2019).

For many white, class-privileged, heterosexual women and men, the time needed to achieve privileged class goals—such as establishing a career, getting married, and only then having children—means that avoiding pregnancy is paramount (see also Mollborn 2017; Mollborn and Sennott 2015). Unlike young people from less privileged social locations who may be more accepting of unintended pregnancies (Edin and Kefalas 2005; James-Hawkins and Sennott 2015), or who may wish to avoid pregnancy due to ongoing social hardships (see Fefferman and Upadhyay 2018), college students on privileged paths to adulthood seek to avoid pregnancy because it could upset their racialized class trajectory (see Mollborn 2017; Mollborn and Sennott 2015). Thus, raced, classed, aged, and gendered ideas work together at the structural

level to determine students' understandings of their risk of pregnancy and STIs in their interactions with partners.

STRATEGIC SILENCE

Considering structural and interactional factors, we find that men's approach to pregnancy prevention and resolution is influenced by both larger power dynamics and perceptions of individual partners. This relates to a particular pattern of behavior that we term "strategic silence." Strategic silence conveys what men do—or, do not do—in their communications with women related to STIs and pregnancy prevention and resolution. It describes the process of men staying largely silent about condoms and contraceptives before and after sex, which frees men up to pursue sex without condoms and shifts both pregnancy and STI avoidance responsibility onto women. Strategic silence upholds local hegemonic masculinity ideals that privilege men's sexual desires.

Strategic silence works because it is subtle. Rather than tell women they must be responsible for contraceptives, men largely leave conversations about contraceptives up to women and expect that women are using contraceptives if they do not broach the topic. Because strategic silence structures gendered responsibility via what goes unsaid, it operates similarly to Ashcraft's (2000) concept of "domestic dodging"—a practice that contributes to gender inequalities in the household through compelling women to claim responsibility for domestic duties in light of men's (unintentional) forgetfulness or inattentiveness. However, strategic silence shows how conscious decisions about communication omission are made at the intersection of raced, classed, and gendered understandings. We argue that in the context of intimacy, men make quick, but also conscious, decisions about navigating STI and pregnancy risk before and after sex based on their understandings of themselves and their partners.

Ultimately, men's approach of strategic silence puts the onus of STI and pregnancy prevention on women. Further, strategic silence can complicate women's ability to request condoms before sex, since doing so might interfere with men's socially valued pleasure. Strategic silence maintains structural and interactional power inequalities that prioritize race-, age-, and class-privileged college men's sexual desires and upholds the power dynamics inherent to the local, collegiate version of hegemonic masculinity found in our research space. This version of hegemonic masculinity includes the pursuit of condom-free sex with high status (race- and class-privileged) women.

METHODS

Our data come from 44 semi-structured, face-to-face interviews conducted with men attending a major research university in the western United States ("Western University"—a pseudonym). The second author recruited participants using campus fliers, announcements in undergraduate classes, and through an electronic bulletin for students. Criteria for selection included being aged 18 to 24, currently sexually active, and able to contribute to a pregnancy (not sterile). Men had to have participated in sex with women within the past year. Although men did not have to identify as heterosexual, all did with the exception of one bisexual-identified participant. As one of the original purposes of the project was to explore when, why, and in what capacity college men risk pregnancy by not using contraceptives consistently, men also had to have reported taking a risk by forgoing contraceptives. Participants received \$30 USD for their time. In-depth interviews provided men an opportunity to give detailed explanations of their desires, choices, and decision-making processes, and to open up about a private, intimate topic that might be difficult to study in the same capacity using another method, such as surveys (see Weiss 1994).

A white, heterosexual man in his late forties conducted the interviews, which ranged from 45 minutes to two hours. We conducted gender-matched interviews to encourage young men to share intimate details that they might frame differently if interviewed by women (Schwalbe and Wolkomir 2001). With permission, the interviewer recorded each interview for later transcription, and each participant was assigned a pseudonym. Interview questions asked about men's personal experiences and about hypothetical/general situations. The interview schedule covered men's experiences with sex, contraceptives, and approaches to pregnancy. The interviewer also asked questions regarding pregnancy prevention and power such as, "Do you think that men can prevent pregnancies from occurring?" and, "Does power in relationships influence birth control decisions?" Men also discussed the experiences of their friends and how their family and friends influenced their own understandings of sex and contraception.

Consistent with the student body of Western University, 84 percent of participants (n=37) identified as white. The rest of the participants identified as either Black (n=2), Latino (n=4), or Pacific Islander (n=1). Thus, our data here best represent the views of white men occupying a predominantly white space. None of the men discussed race openly in their interviews, which is likely due to a combination of the interviewer's white racial presentation and the colorblind approach to race in the United States, which discourages explicit discussions of race (Bonilla-Silva 2003). All but one participant self-identified as middle-class, with upper-middle-class being most common (n=23); the remaining man identified as working-class. As college students, all men were on class-advantaged life trajectories. Although men were in different types of relationships at the time of the study, we found no systematic differences in contraceptive-related behaviors based on relationship status.

Our analytic approach combined deductive and inductive thematic analysis (Fereday and Muir-Cochrane 2008) and was inspired by grounded theory techniques (Charmaz 2014). This approach allowed us to explore the original research question (why college men risk pregnancy), as well as novel insights that emerged from the data. First, after reading the interview transcripts, we discussed the most striking patterns emerging from the data. We then double-coded two transcripts and revised coding thereafter to increase reliability. We used NVivo qualitative data analysis software to code for major themes and sub-themes, including those focused on men's understanding of pregnancy prevention and resolution. We found codes examining men's perceptions of risk, plans for pregnancy prevention, and views on different pregnancy prevention and resolution methods (e.g., the pill, Plan B, abortion) to be most important in addressing the research questions. Lastly, as the manuscript developed, each author and the interviewer reviewed the argument and quotes to ensure participants' voices were correctly represented.

The prevalence of white, class-advantaged, traditional college-age students at Western University, and its status as a "party school," characterize Western as a space in which white, class-privileged, hegemonic masculinity and emphasized femininity are valued (Armstrong and Hamilton 2013; Wade 2017). The Western University version of hegemonic masculinity includes many of the characteristics supported at similarly-situated universities in the United States—frequent hooking up, participating in the party scene, and accepting a "boys will be boys" attitude during college. This version of hegemonic masculinity empowers privileged men and their desires. Below, we begin by discussing men's views on condoms, and then focus on woman-centered contraceptive technologies, to illustrate how men's decisions are structured by class, age, race, and local constructions of hegemonic masculinity that are informed by men's expectations of women. We also note men's racial identities to highlight how classed, aged, and

gendered patterns are raced as well. Throughout, we discuss examples of strategic silence and how it upholds masculine privilege and power in intimacy among college students.

MEN'S INTIMATE EXPECTATIONS AND DECISIONS

Though men in our study frequently *said* women and men should share responsibility for contraceptives, their accounts actually reflected an unequal division of work. Even in committed relationships, a common sequence of events was to discuss the use of contraceptives near the beginning of the relationship, and then never revisit the conversation. Overall, men expressed confidence in their ability to avoid undesired outcomes due to their class, age, race, and gender positions in their sexual relationships with (privileged) college women. Men expected that college women—who in this setting were also primarily middle- to upper-middle-class, heterosexual, and white—would take responsibility for pregnancy avoidance and resolution. This expectation was associated with men's use of strategic silence. We begin by describing men's reasoning behind their inconsistent condom use, and then discuss men's expectations around women's pregnancy prevention and resolution responsibilities.

“You can pick out a slutty girl...” Deciding to Not Use Condoms

Despite awareness that condoms are effective at preventing pregnancy and STIs, men did not always use them. This is consistent with survey research showing that only about a quarter of college students report “always” using condoms in sexual interactions (Certain et al. 2009). Participants indicated that they did not use condoms consistently because they felt protected by their own identities and by the pool of potential sexual partners: white, class-privileged women attending college. Confident in their ability to differentiate between partners who would expose them to STI and pregnancy risks and those who would not, men's belief in their own aged,

classed, and raced invulnerability (see also Courtenay 2000; Limmer 2016) contributed to their erratic condom use and strategic silence surrounding contraceptives.

Men relied on visual assessments of race- and class-coded markers in evaluating the potential riskiness of a sexual partner. Harrison (white and 21 years old), illustrated this calculation by explaining, “I just kind of size up the character of the girl ... You can pick out a slutty girl verses like a hometown, like, wholesome, relatively, ah, well-off girl, I guess.” Harrison then explained what he means by “character:”

Just like, the vernacular, the way [women] present themselves—I mean there's a lot that goes into it ... I mean clothing, makeup, everything, you know. The way they want to be seen, the way they speak to you—like how easy it is to hook up with them—or like how receptive they are [to sexual advances].

With both his statements, Harrison outlined which traits differentiate women who are “safe” hookups from those who are not by relying on class- and race-coded language, such as how women “present” themselves. Thus, consistent with previous work indicating the importance of social class to college women’s social status (Armstrong and Hamilton 2013; Bettie 2003; Sweeney 2014), Harrison’s quote reflects the assumption that traits indicating high-status sexual partners translate into safer encounters. Harrison’s quotes construct a distinction between “well-off” women and women who are “sluts,” implying that well-off women are more desirable as partners because they are not “slutty.” Based on the overwhelmingly white undergraduate student body of Western—the percentage hovers around 80 percent—we can read these traits as racially coded as well (for comparison, only 2.5 percent of the total student body is Black). Women considered high status in U.S. collegiate contexts tend to be *both* class-advantaged *and* racially white (Armstrong and Hamilton 2013).

In another example of men's confidence in their own race- and class-coded assessments, Alex (white, 21) spoke of an encounter in which he did not use condoms or bring up any discussion of contraceptives before sex:

The morning after, yeah, I had big concerns. Ah, I asked her [after sex] if she was on the pill and she said yeah, so I wasn't concerned about her getting pregnant but I was slightly concerned—well—very concerned about STIs. And, but I guess my initial reaction was that—it was a stupid reaction—but her house, her apartment was so nice that I was like, she's probably clean.

Despite Alex's uncertainty, he believed he was protected from both STIs and pregnancy based on his perceptions of his partner's class status and responsibility and therefore did not follow up with STI testing after the encounter. Alex, like many of the men, vetted partners based on race and class codes to determine whether he should worry. Alex expected his partner to use the pill consistently and correctly, and only thought to verify its use after sex. This case demonstrates an example of strategic silence before sex, since Alex drew on ideas about race and class in his expectation that his partner would take responsibility for contraception and be STI-free. This upheld his masculine privilege since he concluded that he did not have to worry about STI transmission or pregnancy.

Men's explanations of their lack of condom use were connected to the expectation that their partners—privileged college women—would be using effective contraception. For example, Joel (white, 19) said:

I feel like most men, at least my age, [believe] something like, “Oh, I just don't want to get her pregnant, but it feels really good to have sex without a condom. She should be on

birth control so I [don't have to] use a condom." For women, it's like ... "I really don't want to get pregnant myself."

Many participants echoed Joel's belief that men, in general, prefer condom-free sex and will forgo condoms if they believe another form of birth control is used—a hegemonic masculine ideal, since condom-free sex privileges men's power and pleasure. Men expected their privileged college-attending partners to use some form of woman-centered contraception because it would be in their best interest to avoid pregnancy during college. For example, Brandon (Latino, 18) said, "[F]or most girls ... they don't want to get pregnant in college. Just because they feel like, that like, they are not ready [to be pregnant] yet." Cameron (white, 19) echoed this, saying, "I don't think anybody really [is] trying to get pregnant [in college]. At this point in [our] lives, most of the time that [pregnancy] happens, it's not planned." As a result, as Adam (white, 19) put it, "Most women I know are on birth control." Daniel (white, 22) also claimed, "I haven't really run into a girl that hasn't been on birth control." Comments such as these were common among participants, who believed that college women did not want to get pregnant due to aged, raced, and classed life trajectories that would be disrupted by pregnancies or having children. Men's expectation that women would be using some form of hormonal or long-acting reversible contraceptive, in addition to men's confidence in their own ability to avoid STIs by choosing the right partners, freed men up to pursue more condom-free sex. These expectations paved the way for the use of strategic silence. This silence was structured by the hegemonic goal of privileging men's pleasure and also reinforced the prioritization of men's desires by tasking women with STI and pregnancy work.

"I don't remember ever asking her if she was on birth control—I just assumed that she was." Pregnancy Prevention and Strategic Silence

In light of men's assumptions about their lack of susceptibility to STIs and pregnancy, men trusted women to be STI-free and to use contraceptives responsibly. For example, James (Pacific Islander, 19) shared, "When a guy hears that a girl is on the pill he thinks, 'Oh this is awesome,' because then they don't have to wear a condom." Aaron (white, 23) had an experience in which he presumed condoms were not needed after learning a partner was on the pill. He said, "I was like, 'Okay, no condom. Great.'" For men, expectations about women's contraceptive use and STI status supported hegemonic masculine ideals by freeing men up to forgo condoms and take other sexual risks. Men's expectations also may be linked with race. For example, previous research has found that white students are less likely to use condoms and undergo STI testing compared to Black peers (Buhi, Marhefka, and Hoban 2010). These practices may be related to racialized perceptions of risk (or lack thereof). Thus, the whiteness of the student body at Western University (among which men choose partners) might influence how men make decisions about risk in terms of both pregnancy and STIs.

Despite articulating the importance of doing so, men admitted that they did not always communicate about condoms and contraceptives before sex. Jeremy (white, 20), like many men, expressed that he knew the cultural story that condom use is important with every encounter. However, despite his knowledge, his own practices did not conform:

I mean yes, just in general [you should] use condoms when you have sex with strangers. Always ask. You can always ask if [a woman is] on birth control because that was something I didn't do with this most recent girl. We had sex a bunch of times before I even asked.

Though Jeremy first emphasized the importance of talking with a partner about birth control, he admitted that he does not always ask. Benjamin (white, 21) also shared, "Most of the times

where I've had sex with a girl that I just met and we used a condom ... Before I can even get there, the girl always says, 'Do you have a condom?'" While Benjamin implied that he *would* ask, his quote indicates that he actually leaves it up to women to insist on condom use, which shifts the burden of responsibility away from him and onto women.

At the same time, ideas about having fun and being young in college are also related to strategic silence around contraceptives. For example, Jeremy went on to say:

A lot of people are hesitant to ask [about contraceptives] because it might be a buzzkill, getting real serious for a second! When you're about to make something [sexual] happen, if you're about to have sex, it's not a very serious situation. You're not really trying to discuss serious things.

In line with ideas about risk-taking and enjoying oneself in college that center on race, age, and class, Jeremy—a middle-class white man on an advantaged trajectory—said he believes that bringing up contraceptive use in a collegiate hookup situation is a “buzzkill” that could ruin the fun. Instead, Jeremy and other men stayed silent, relying largely on their privilege for protection.

Similar to Alex in the previous section, recent graduate Luke (white, 22) had casual sex with a woman without asking if she was using contraceptives. She also did not tell him she was on the pill until after sex. He said, “She told me later that she was on the pill, but I had no idea [when we had sex].” In another example, Blake (Latino, 22) said, “I don't remember ever asking her if she was on birth control—I just assumed that she was.” Peter (white, 22), like Luke and Blake, gave an example of strategic silence with his story:

When we got back to my place, we kind of just started making out and then we were going to have sex and she didn't ask if I needed a condom or anything, or if I had a

condom or anything, so by her not asking I guess I just assumed that she was using birth control. I should have asked.

As the examples here show, regardless of whether men waited for women to communicate, asked women after sex, or never found out at all if women were using contraceptives, men expected that the privileged women with whom they were partnering would be proactive about condoms and contraceptives if needed. Even in longer-term relationships, men expected after an initial conversation that women were consistently taking care of pregnancy prevention either through birth control or requesting condoms. Men's strategic silence before sex opened up the possibility of sex without condoms unless women specifically *asked* for condoms. Without cues from women, men regularly pursued sex without condoms even if they knew that it could be risky (as the men's apologetic quotes demonstrate).

While men occasionally attributed their silence about condoms and other contraceptives to alcohol and drug use, most admitted to employing strategic silence more generally. As many of the quotes show, men articulated expectations of women in sexual encounters independent of the presence of alcohol or drugs. Further evidence for men's silence as strategic is men's ability to identify the importance of condoms and contraceptive communication. Men apologized in the interviews for not using condoms or asking women explicitly about contraceptives. However, this tactic does not challenge the practice of strategic silence since men frame silence as an omission—a mistake—rather than a deliberate action. Yet, as shown above, men's strategic silence is patterned. Men's views on Plan B (the "morning after pill") illustrate that men also sometimes deploy strategic silence *after* sex occurs.

“... the cure-all for pregnancy.” Plan B and Strategic Silence

Similar to men's expectation that women would be on some form of birth control, men expected that privileged women would seek out Plan B if they felt there was a risk of pregnancy. Brad (white, 21) said, "I think that the association with Plan B is that it's like the cure-all for pregnancy. It has the connotation of being—I don't want to say this because it sounds bad, but [Plan B is] like the cure for pregnancy or for unwanted pregnancy." Brad, like other men, had confidence in women's use of Plan B to prevent pregnancy if needed. Yet, class privilege underlies this confidence. For example, the cost of Plan B hovers around \$50 USD. Having access to the money needed to pay for Plan B was a critical part of men's expectation that women would be able to obtain it if needed. It also reflects men's confidence that they were partnering with privileged women who would be able and willing to use Plan B to circumvent pregnancy, reinforcing the hegemonic masculine goal of ultimately putting men's pleasure (via sex without condoms) first.

While some men offered to buy Plan B for their sexual partners if women confided that they might need it, even these men often failed to follow up to see if women had actually taken it, enacting a post-sex version of strategic silence. Instead, men expected that women had taken Plan B, and moreover, they expected that women successfully avoided pregnancy due to their ideas about women's responsibility. For example, Luke shared that he did have one incident in which he failed to confirm that his partner had been using a contraceptive. When asked if he followed up or if he knew whether she took Plan B, Luke said, "No. [But] I wouldn't be surprised if she did." Like Luke, other men also expected that no pregnancy had resulted from their sexual encounters—despite lack of confirmation—due to their confidence in their own abilities to avoid pregnancy, as well as privileged women's motivation to use Plan B. While men in committed relationships were more likely to follow up with partners, these men also expected that their

partners would seek out Plan B if needed and take it as directed. Men had similar expectations about, and deployed strategic silence further, about abortion services.

“This sounds terrible, but you get one free abortion...” Abortion and Avoiding Pregnancy

Due to their statuses as young, white, privileged men trying to have fun in college, men wanted to avoid pregnancies at the time of the interview. Although men varied in their views of abortion (many found it unproblematic while a few were conflicted), they expected most college women to opt for abortion if given a choice. In terms of men’s actual experiences, only four had a pregnancy scare brought to their attention by women. Of these four men, only two (Mitchell and Aaron)—both of whom were white—had partners with positive pregnancy test results. Aaron’s partner reported to him that she had a miscarriage while they were deciding what to do, whereas Mitchell exercised some influence by advising his partner to seek an abortion, which she did.

Of the 44 men, 36 (82 percent) shared that abortion would be their first choice in the event of an unintended pregnancy. Men expected that women would feel the same way due to the effects unintended pregnancies could have on college women’s lives. For example, David (white, 19) said if he found out a partner was pregnant, “I would have a slight heart attack and then I would—we would figure out how to get rid of it—how to get an abortion.” In thinking about how his past partners would resolve an unintended pregnancy, Sam (white, 21) said, “Out of all [my] relationships, most [women] would say abortion. Probably only one would say adoption.” Similarly, Michael (white, 24) said, “If the birth control [pill] failed, [I know] that she would get an abortion or that she would use Plan B or whatever she would do. So, yeah, I don't feel as responsible for her birth control.” Thus, men felt protected from pregnancy and interpreted silence from their privileged college-attending partners to mean that they would do

whatever it took to prevent an unintended pregnancy or birth, including seeking out abortion. This understanding freed men from worrying too much about pregnancy, and thus, men's views on women's approach to abortion helped uphold constructions of hegemonic masculinity that encouraged condom-free sex.

In discussions about abortion, men often used aged, raced, and classed reasoning. For example, Adam (white, 19) said he and his sexual partners are “too young to have kids,” but that if a pregnancy occurred, he would try not to be too hard on himself: “This sounds terrible, but you get one free abortion. Then, from then on, it's responsibility. If you screw up again, you take the responsibility for it.” While Adam reasoned that multiple abortions constitute a moral failing, he felt that young people should have “one free abortion” as a buffer. This supports the privileged aged, classed, and raced expectation that young people in college should have the freedom to make mistakes before they transition fully to adult life (see Arnett 2004), an idea often not afforded to young adults without race and class privilege (Edin and Kefalas 2005). To make mistakes is expected and excused in youth—especially for white, class-privileged youth—but not once young people gain more life experience.

The men's quotes also explicitly spoke to how women's classed, raced, and aged positions incentivize them to avoid pregnancies. Jacob (white, 18) said about his last casual sex partner, “Um, she is a college student, college athlete, so I'd say that she would be on the same boat as me [in choosing] abortion or adoption. [We] definitely wouldn't want to keep it.” However, women did not need to be athletes for men to feel that they had incentive to avoid pregnancy. Jason (white, 21) said about the women and men in his friend group, “Yeah, most of them would get an abortion ... None of the people that I know would embrace a kid at this point.” This is because, as Jeremy (white) put it, “[S]o much more right now is on the line ... you

don't want to mess this up [with a pregnancy].” Jeremy, like others, expressed the idea that for college women and men, unintended pregnancy could derail their future plans (see Mollborn and Sennott 2015). Since there seemed to be agreement among partners that women would most likely terminate an unintended pregnancy, men felt that they did not have to discuss the possibility of abortion with partners.

Even those men who had pregnancy scares did not always change their behavior. For example, Aaron (whose partner had a miscarriage) continued to engage in unprotected sex, saying he felt that things like pregnancy and STIs were “never going to happen to a person like me.” As Aaron’s quote shows, men’s accounts sometimes reflected a disconnect between their actual experiences and their perceptions of risk. This misplaced self-assurance highlights the safety men felt due to their confidence in their assessments of partners and their own race, class, and age positions. Ultimately, men’s deployment of strategic silence in sexual encounters with privileged women upholds men’s privilege and allows them to pursue condom-free and worry-free sex with minimal consequences.

CONCLUSION

This article makes both empirical and theoretical contributions. First, with few exceptions, little work has explored young men’s approaches to pregnancy prevention and resolution methods besides condoms (Fefferman and Upadhyay 2018). Our research speaks to this by focusing on men’s views of condoms as well as other methods. Second, while past research has found a gendered division of labor when it comes to contraceptives (Fennell 2011), we find that men rely on women to both request condoms and to use woman-centered contraceptives. This relates to men’s use of strategic silence, which operates to maintain the local construction of hegemonic masculinity in our research site by shifting responsibility for

contraceptive communication largely onto women and prioritizing men's sexual pleasure and freedom. Thus, we explore the importance of men's expectations of women for upholding hegemonic masculinity.

Due to privileged aged, classed, and raced expectations of the college experience, the young, mostly white, middle- and upper middle-class men in our study expect to have fun, take risks, and hook up frequently with women during their college years. Doing so adheres to a version of hegemonic masculinity found on other similarly-situated, predominantly white campuses in the United States (Ray and Rosow 2012; Wade 2017). At the same time, men desire to avoid pregnancy and STIs. The men in our study reason that privileged college women will shield them from pregnancy and STIs since women are incentivized to avoid pregnancy and STIs during college as well (see Mollborn and Sennott 2015). Men use a superficial vetting process to choose "safe" and responsible women—high-status, white, class-privileged—whom men believe will not put them at risk for pregnancy or STIs. Men's comments suggest that if they choose partners strategically, condom use can be optional. Thus, unlike Ashcraft's (2000) concept of "domestic dodging," we argue that men's strategic silence is intentional rather than unintentional. That is, men actively make decisions about STI and pregnancy prevention, resolution methods and responsibility at the intersection of raced, classed, and gendered understandings of both their partners and themselves. Ultimately, women are compelled to be responsible for both pregnancy and STI prevention, increasing (or maintaining) men's power in sexual relationships. Further, though men rely on women to ask for condoms, women's asking can challenge men's pursuit of sexual pleasure. Other work has shown that individuals with contextually less social power may employ silence in response (Fong 2018). Thus, women might be silent as well in sexual interactions, and the silence of both women and men can lead to

mishaps, misunderstandings, and STI or pregnancy risk-taking behavior in a collegiate sexual context.

Strategic silence is effective because it serves to downplay and obfuscate ongoing issues similar to the ways in which, for example, colorblind ideologies obscure the ongoing importance of race (Bonilla-Silva 2003). In our context, strategic silence is useful for supporting hegemonic masculinity in its subtlety. Women are compelled to take on more work since men are largely silent and because the consequences of not taking action—such as, for example, pregnancy—would fall heavily on women. The disproportionate amount of contraceptive options that focus on women’s bodies both reflects, and exacerbates, this problem (Oudshoorn 2004).

Outside of our context, strategic silence may be present in other instances in which social inequalities quietly persist. Individuals in power might use strategic silence in the workplace, in schools, in government agencies, or in other settings to maintain structural and interactional inequalities. For example, strategic silence could be a useful framework for analyzing gender inequality in male-dominated workplaces. In such contexts, men may decline to advocate for, or collaborate with, women, and instead wait for women to speak up for themselves or take initiative. Thus, men’s silence would serve to uphold existing gendered power and opportunity structures. While previous work has explored the importance of social networks and support for gendered employee outcomes (McGuire 2002), further investigations into silence as a strategy would add more insight into the mechanisms that enable gender inequality in the workplace.

In the future, it would be useful to explore how strategic silence might be deployed in intimacy among older adults or change across the life course. Further, since our analysis relies on a group of mostly white men in a predominantly white context, future work should examine if strategic silence operates similarly among more race- and class-diverse samples. We found that

the few men of color who participated in our study mirrored the assumptions and behaviors of white men in the space. Partner choice and availability (in terms of race) may structure masculinity practices among men of color and should be investigated further. In addition, more work on intimacy should consider the importance of race in peer groups. As other scholars have shown (Ray and Rosow 2012), the racial makeup of friend groups can be important for how young men approach intimacy and the expectations of hegemonic masculinity.

In addition to helping explain ongoing inequalities in intimacy, our findings also align with sexual health trends. While live birthrates among college-aged women have declined over time in the United States (Hamilton et al. 2017), researchers have documented a rise in STIs among college students—a pattern that indicates inconsistent condom use (CDC 2016; Kovacs 2016). Both rising STI rates and declining birth rates suggest that woman-centered contraceptives may have become more commonplace than condom use. In terms of education and policy, our findings add insight into why telling college students to use condoms is not fully effective for preventing undesired sexual outcomes or working towards equality in intimacy. These men’s accounts demonstrate that while men know they should use condoms, they still deploy strategic silence, which serves as a powerful mechanism of maintaining inequality by privileging men’s desires and tasking women with more work.

REFERENCES

- Albarracin, Delores, Blair Johnson, Martin Fishbein, and Paige A. Muellerleile. 2001. Theories of reasoned action and planned behavior as models of condom use: A meta-analysis. *Psychological Bulletin* 127(1): 142-61.
- Almeling, Rene and Miranda R. Waggoner. 2013. More and less than equal: How men factor in the reproductive equation. *Gender & Society* 27(6): 821-42.
- Armstrong, Elizabeth, and Laura Hamilton. 2013. *Paying for the party: How college maintains inequality*. Cambridge, MA: Harvard University Press.
- Armstrong, Elizabeth, Paula England, and Alison C. K. Fogarty. 2012. Sexual practices, learning, and love: Accounting for women's orgasm and sexual enjoyment in college hookups and relationships. *American Sociological Review* 77: 435-62.
- Arnett, Jeffrey. J. 2004. *Emerging adulthood: The winding road from late teens through the twenties*. New York: Oxford University Press.
- Ashcraft, Catherine. 2000. Naming knowledge: A language for constructing domestic violence and systematic gender inequity. *Women and Language* 23(1): 3-10.
- Bearak, Jonathan. 2014. Casual contraception in casual sex: Life-cycle change in undergraduates' sexual behavior in hookups. *Social Forces* 93(2): 483-513.
- Bettie, Julie. 2003. *Women without class: Girls, race, and identity*. Berkeley: University of California Press.
- Blayney, Jessica A., Melissa A. Lewis, Debra Kaysen, and Jennifer P. Read. 2018. Examining the influence of gender and sexual motivation in college hookups. *Journal of American College Health* 26(8). DOI: 10.1080/07448481.2018.1440571.
- Bonilla-Silva, Eduardo. 2003. *Racism without racists: Colorblind racism and the persistence of racial inequality in America*. Lanham, MD: Rowman and Littlefield.
- Breny, Jean M. and Deirdre C. Lombardi. 2019. "I don't want to be that guy walking in the

- feminine product aisle": A photovoice exploration of college men's perceptions of safer sex responsibility. *Global Health Promotion* 26(1): 6-14.
- Buhi, Eric R., Stephanie L. Marhefka, and Mary T. Hoban. 2010. The state of the union: Sexual health disparities in a national sample of US college students. *Journal of American College Health* 58(4): 337-46.
- CDC (Centers for Disease Control), National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention. 2016. *CDC fact sheet: Reported STDs in the United States, 2016*. <https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/std-trends-508.pdf>. Last Accessed April 15, 2019.
- Certain, Heather E., Brian J. Harahan, Elizabeth M. Saewyc, and Michael F. Fleming. 2009. Condom use in heavy drinking college students: The importance of always using condoms. *Journal of American College Health* 58(3): 187-94.
- Charmaz, Kathy. 2014. *Constructing grounded theory*. London: SAGE.
- Civic, Diane. 2000. College students' reasons for nonuse of condoms within dating relationships. *Journal of Sex & Marital Therapy* 26(1): 95-105.
- Collins, Patricia Hill. 1990. *Black feminist thought: Knowledge, consciousness, and power*. Boston, MA: Unwin Hyman.
- Collins, Patricia Hill. 2005. *Black sexual politics: African Americans, gender, and the new racism*. New York: Routledge.
- Connell, R.W. and James W. Messerschmidt. 2005. Hegemonic masculinity: Rethinking the concept. *Gender & Society* 19(6): 829-59.
- Courtenay, Will H. 2000. Constructions of masculinity and their influence on men's well-being: A theory of gender and health. *Social Science and Medicine* 50(2000): 1385-1401.
- Crenshaw, Kimberlé. 1991. Mapping the margins: Intersectionality, identity politics, and

- violence against women of color. *Stanford Law Review* 43(6): 1241-99.
- Dalessandro, Cristen. 2019. Manifesting maturity: Gendered sexual intimacy and becoming an adult. *Sexualities* 22(1-2): 165-81.
- Downing-Matibag, Teresa M. and Brandi Geisinger. 2009. Hooking up and sexual risk taking among college students: A health belief model perspective. *Qualitative Health Research* 19(9): 1196-1209.
- Edin, Kathryn and Maria Kefalas. 2005. *Promises I can keep: Why poor women put motherhood before marriage*. Berkeley: University of California Press.
- Fefferman, Ann M. and Ushma D. Upadhyay. 2018. Hybrid masculinity and young men's circumscribed engagement in contraceptive management. *Gender & Society* 32(3): 371-94.
- Fennell, Julie Lynn. 2011. Men bring condoms, women take pills: Men's and women's roles in contraceptive decision making. *Gender & Society* 25(4): 496-521.
- Fereday, Jennifer and Eimear Muir-Cochrane. 2008. Demonstrating rigor using thematic analysis: A hybrid approach of inductive and deductive coding and theme development. *International Journal of Qualitative Methods* 5(1): 80-92.
- Flood, Michael. 2003. Lust, trust, and latex: Why young heterosexual men do not use condoms. *Culture, Health & Sexuality*, 5(4): 353-69.
- Fong, Kelley. 2018. Concealment and constraint: Child protective services fears and poor mothers' institutional engagement. *Social Forces* DOI: 10.1093/sf/soy093.
- Gilbert, Michael A., Soraya Giaccardi, and L. Monique Ward. 2018. Contributions of game genre and masculinity ideologies to associations between video game play and men's risk-taking behavior. *Media Psychology* 21(3): 437-56.

- Hamilton, Laura and Elizabeth A. Armstrong. 2009. Gendered sexuality in young adulthood: Double binds and flawed options. *Gender & Society* 23(5): 589-616.
- Hamilton, Brady E., Joyce A. Martin, Michelle J.K. Osterman, Anne K. Driscoll, and Lauren M. Rossen. 2017. *Births: Provisional data for 2017*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System Centers for Disease Control and Prevention. <https://www.cdc.gov/nchs/data/vsrr/report002.pdf>. Last Accessed April 15, 2019.
- James-Hawkins, Laurie. 2015. Why female college students risk pregnancy: I just wasn't thinking. *Journal of Midwifery and Women's Health* 60(2): 169-74.
- James-Hawkins, Laurie and Christie Sennott. 2015. Low-income women's navigation of childbearing norms throughout the reproductive life course. *Qualitative Health Research* 25(1): 62-75.
- James-Hawkins, Laurie, Cristen Dalessandro, and Christie Sennott. 2019. Conflicting contraceptive norms for men: Equal responsibility vs. women's bodily autonomy. *Culture, Health & Sexuality* 21(3): 263-77.
- Kalish, Rachel. 2013. Masculinities and hooking up: Sexual decision-making at college. *Culture, Society & Masculinities* 5(2): 147-65.
- Kovacs, Kasia. 2016. College vs. STDs. *Inside Higher Education*, 3 November. <https://www.insidehighered.com/news/2016/11/03/cdc-finds-sharp-growth-stds-college-age-population>.
- Lewis, Melissa, Hollie Granato, Jessica Blayney, Ty Lostutter, and Jason Kilmer. 2012. Predictors of hooking up sexual behaviors and emotional reactions among U.S. College students. *Archives of Sexual Behavior* 41(5): 1219-29.

- Limmer, Mark. 2016. "I don't shag dirty girls": Marginalized masculinities and the use of partner selection as a sexual health risk reduction strategy in heterosexual young men. *American Journal of Men's Health* 10(2): 128-40.
- Madfis, Eric. 2014. Triple entitlement and homicidal anger: An exploration of the intersectional identities of American mass murderers. *Men & Masculinities* 17(1): 67-86.
- McGuire, Gail M. 2002. Gender, race, and shadow structure: A study of informal networks and inequality in a work organization. *Gender & Society* 16(3): 303-22.
- Messerschmidt, James W. and Michael Messner. 2018. Hegemonic, non-hegemonic, and "new" masculinities. In *Gender reckonings: New social theory and research*, edited by James W. Messerschmidt, Patricia Yancey Martin, Michael A. Messner, and Raewyn Connell. New York: New York University Press.
- Mollborn, Stefanie. 2017. *Mixed messages: Norms and social control around teen sex and pregnancy*. New York: Oxford University Press.
- Mollborn, Stefanie and Christie Sennott. 2015. Bundles of norms about teen sex and pregnancy. *Qualitative Health Research* 25(9): 1283-99.
- Oudshoorn, Nelly. 2004. "Astronauts in the sperm world": The renegotiation of masculine identities in discourses on male contraceptives. *Men and Masculinities* 6: 349-67.
- Petrides, K.V., Adrian Furnham, and G. Neil Martin. 2010. Estimates of emotional and psychometric intelligence: Evidence for gender-based stereotypes. *The Journal of Social Psychology* 144(2): 149-62.
- Pleck, Joseph H., Freya L. Sonenstein, and Leighton C. Ku. 1993. Masculinity ideology: Its impact on adolescent males' heterosexual relationships. *Journal of Social Issues* 49(3): 11-29.

- Raine, Tina R., Jennifer C. Gard, Cherrie B. Boyer, Sadia Haider, Beth A. Brown, F. Antonio Ramirez Hernandez, and Cynthia C. Harper. 2010. Contraceptive decision-making in sexual relationships: Young men's experiences, attitudes and values. *Culture, Health & Sexuality* 12: 373-86.
- Ray, Rashawn and Jason A. Rosow. 2012. Getting off and getting intimate: How normative institutional arrangements structure Black and white fraternity men's approaches toward women. *Men and Masculinities* 12(5): 523-46.
- Seabrook, Rita C., L. Monique Ward, and Soraya Giaccardi. 2018. Why is fraternity membership associated with sexual assault? Exploring the roles of conformity to masculine norms, pressure to uphold masculinity, and objectification of women. *Psychology of Men & Masculinity* 19(1): 3-13.
- Schwalbe, Michael and Michelle Wolkomir. 2001. The masculine self as problem and resource in interview studies of men. *Men and Masculinities* 4(1): 90-103.
- Sweeney, Brian N. 2014. Masculine status, sexual performance, and the sexual stigmatization of women. *Symbolic Interaction* 37(3): 369-90.
- Wade, Lisa. 2017. *American hookup: The new culture of sex on campus*. New York: W.W. Norton & Co.
- Weiss, Robert S. 1994. *Learning from strangers: The art and method of qualitative interview studies*. New York: Simon and Schuster.

AUTHOR BIOS

Cristen Dalessandro is a visiting assistant professor of sociology at Pacific University (Oregon) and forthcoming postdoctoral fellow at the University of Utah (fall 2019). Her research on gender, sexual and romantic intimacy, and inequalities in the lives of young adults has previously appeared in journals such as *Gender & Society*, *Culture, Health & Sexuality*, *Sexualities*, and *Sociological Perspectives*.

Dr. Laurie James-Hawkins is lecturer at the University of Essex in the UK. She was previously a postdoctoral researcher at the Rollins School of Public Health. She received her PhD in sociology at the University of Colorado in 2015. Her research areas include gender, sexuality, and health.

Christie Sennott is associate professor of sociology at Purdue University. Her research interests are in the areas of gender, sexual and reproductive health, HIV/AIDS, and family formation processes and her work has appeared in journals such as *Gender & Society*, *Culture, Health & Sexuality*, *Demography*, and *Journal of Marriage and Family*.