"How the Birth Control Pill Influences Women's Attitudes and Expectations of Themselves."

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How the Birth Control Pill Influences Women’s Attitudes and Expectations of Themselves

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Acknowledgements

This thesis would not have been possible with the advice, encouragement, and inspiration of numerous people. Thank you to Professor Casserly to your constant guidance, for encouraging me to take on this project, and for helping me acquire valuable research and analytical skills that will transcend this thesis. Thank you to the Trinity College Psychology Department for four wonderful years of teaching me to be analytical and scientifically minded. Thank you also to the women who participated in my focus groups and surveys -- your voices are incredibly valuable and inspirational. Finally, thank you to my family, particularly to my grandmothers and mother, for raising me to be curious and for answering every question.
How the Pill Influences Women’s Attitudes and Expectations

Abstract

This study seeks to understand what influences women’s feelings and attitudes about pregnancy prevention through looking at the usage and/or attitudes surrounding the birth control Pill over time. We aim to understand how women of different generations learned about this invention, and how the concept of the Pill changed women’s expectations of themselves and their lives. This study compares three different generations of women – women currently under 30, women between ages 30 – 55 and women above 55 – to see how or if attitudes change over time. We hypothesize that women’s trust, comfort level, and positive attitudes of the Pill will increase as age decreases, and that younger women had more sources to learn about contraception than older women did. We acquired quantitative data on three generations of women through an online survey. We also conducted focus groups of 4 - 5 women each, 1 – 2 per age group for a more qualitative understanding of attitudes. Our results showed, most importantly, that women across age groups did not significantly differ on their opinions for the most socially appropriate age for women to start thinking about marriage or when to have children. We also found that women in the younger age group had significantly more access to a variety of methods of birth control than the higher age group, as well as a more complex form of sexual education in school. Additionally, the young group was the only group to report that their pediatricians were the first doctors to talk to them about contraception. Overall, the data reveal some areas of consistency across generations, while other areas show signs of change since the Pill’s first introduction to mainstream American society in 1960.
How the Birth Control Pill Influences Women’s Attitudes and Expectations of Themselves

This project started as a personal one. My grandmother was married and had her first child by age 21. This was a socially accepted norm for her social sphere in the U.S. in 1965. Conversely, when I began this project at the age of 21, the socially accepted norms for my social sphere were that I was focused on my education and career. The expectation -- set by myself, my social circle, and, importantly, my grandmother -- was not that I would be married and have a child at this age. This therefore inspired me to think about the following: how did this expectation change over time?

As it relates to this question, the birth control Pill has been on the market officially in the U.S. for less than 60 years (Eig, 2016). However, despite how recently it was invented, it has impacted the lives of countless Americans in terms of the options presented to them as it relates to their reproductive health. Having a large family is not the dominating norm in many American societies, and women are playing a greater role in the overall workforce outside the home. The average age to get married in the U.S. is 27 for women, and the average to have your first child is 26.3 as of 2014 (Barkhorn, 2013; Bichell, 2016).

This therefore led me to ask the following big questions: What influenced women’s feelings and attitudes about the Pill and family planning/pregnancy prevention in general? How did they learn about family planning/pregnancy prevention? How was it talked about? What do they feel when they think about the Pill? Have those attitudes changed over time? How did the invention and mainstream usage of birth control change women’s expectations of themselves and their lives?

I read extensively about the background of the Pill, learning about how the serious problem of women’s lack of bodily autonomy led Planned Parenthood-creator Margaret Sanger
and a few others to invent the birth control Pill (Eig, 2016). I also read a study conducted by Watkins and Danzi (1995) about how Italian and Jewish women in the 1920s – 1940s in New York City hospitals were forced to stay in the hospital for a few days after giving birth. This time was one of the only times that they were not expected to be doing housework and raising their oftentimes large families. In this downtime, they talked amongst themselves about how to not get pregnant again. These kinds of conversations amongst other mothers served as some of their only education on the subject. This study inspired me about the power of conversation amongst women, which helped me to think about what kinds of conversations (where, with who?) related to women’s education about their sexual health. Additionally, a study conducted by Reed et al. (2014) centered around questions pertaining to why women remain consistent or inconsistent in terms of their use of oral contraceptives. Reed’s research was conducted using qualitative interviews to learn how trust in a relationship, misconceptions about how to properly use oral contraceptives, and their feelings on their own chances of getting pregnant. Again, the idea of talking and the use of qualitative interviews as a research tool interested me because anecdotes really drove home the point of the study and brought it to life.

As a result, I chose to investigate my research questions through the use of both a survey for quantitative information and a focus group for qualitative information that would also serve the purpose of helping me to pick out what data was most important from my survey. Although the women in my focus groups spoke avidly about the importance of women being independent and career/education focused, this study found that marriage and family are still a priority across age groups. Additionally, access to different forms of contraception and education about contraception has increased over time, and pediatricians are now playing a role in sexual education for young women.
How the Pill Influences Women’s Attitudes and Expectations

Methods

Survey

Participants. The participants who took this anonymous, online survey were self-identified straight/bisexual cisgender women over the age of 18. The survey was shared via word of mouth, email, text, social media, etc. The intention was to receive responses from women of all ages. A few professors mentioned it to their undergraduate classes, I sent the survey via text to my friends and several sent them to their moms, and I posted on my personal social media accounts. I received 170 responses, but some responses had to be deleted because they either declined to take the survey after filling out the consent form, identified their gender identity as male, or else did not complete the survey. The final sample included in data analysis was therefore \( N = 145 \), with 89 respondents between 18-29 (young age group), 40 between 30-55 (mid age group), and 16 above 55 (high age group).

Materials and Procedure. The Qualtrics survey took participants between 10 - 15 minutes to complete. Participants were told before clicking the link that the survey was about birth control and life expectations. They were also told that it was completely anonymous and that they could choose to skip any question. All beliefs, lifestyles, and life stages were greatly appreciated and welcomed. The survey was 30 questions long and asked multiple choice/write-in/Likert scale questions such as the following: On a scale of 1-5, how much did/do you trust the Pill? What were/are your life expectations at age 21? Select all that apply. Did you talk to your doctor about pregnancy prevention? Select “yes” or “no”.

In addition to these 30 questions (listed in Appendix D), I also asked for the participant’s name, gender identity (though if anyone answered male, the survey results were not used for this
How the Pill Influences Women’s Attitudes and Expectations

study), where they consider themselves to be from, their ethnicity, the race(s) they identify with, their household income bracket, and their highest education level.

The content of these questions was intended to address how women learned about their bodies and reproductive health, who they learned from, and what motivated them to learn. I also wanted to see how women’s expectations of themselves changed over time, so I asked what was -- or what they expect will be -- important to them (in terms of school, career, marriage, and children) at ages 16, 21, and 30. I additionally asked questions specifically about the Pill to find out how women learned about it and how its invention impacted their lives, as well as what methods of contraception they have/had access to.

Data Analysis. We ultimately analyzed 10 of the 30 questions we asked. We selected these 10 questions in particular based upon the directions my focus groups took in terms of what they viewed as important topics of conversation. These questions took the form of three themes: discussions with doctors, accessibility to methods of contraception and education, and life expectations. We ran ANOVAs or Chi-Squared tests to look at these 10 questions for differences in responses across participant ages (as defined in Participants above), and the alpha criterion for significance was 0.05. No multiple comparison corrections were used.

Focus Groups

Participants. Focus groups were recruited from the same age groups as defined above, with two groups from the young age group, one from mid age group, and two from the high age group. The two young age groups were comprised of young women in their twenties who had grown up with the influence of the impending Fourth Wave of Feminism (2010 – today). There were 5 women in one group and 4 in the second group. The one middle age group was comprised of women who grew up (were in their teens or twenties) with the influence of the Third Wave of
How the Pill Influences Women’s Attitudes and Expectations

Feminism (1990 - 2009). There were 4 women in the group. The high age groups were comprised of women who grew up (were in their teens or twenties) when the Pill was being introduced to mainstream society (1960). There were 4 women in one group and 5 women in the other group.

All focus group participants were recruited through convenience/targeted sampling and exact ages were not confirmed or recorded. The women participating in this study were asked by the investigator or through word of mouth. There was no compensation or incentive offered for partaking in this study. This study therefore only provided a small snapshot of the experiences of women in the United States. Though this was not true for all participants, most of the participants across the three focus groups were white, college-educated, Christian, from the Northeast, and middle to upper middle class. This was a result of the convenience/targeted sampling via word of mouth recruiting.

**Materials and Procedure.** I asked the survey participants a series of 5 questions plus follow ups to prompt discussion across several key topics. The exact questions can be found in Appendix E. First, I discussed the expectations they had for their lives when they were 16 years of age to find out what they were taught to prioritize at that time. I additionally asked what their advice would be to teenage girls today. I also asked them about how they learned how the concepts of family planning/pregnancy prevention/safe sex even existed and how they felt about them over time.

The purpose of asking these questions was to collect anecdotes about women’s experiences as a way to breathe life into the quantitative part of this study. The purpose was also to gauge what issues came out of discussion as a way to narrow down my survey from 30
questions to 10 questions. This was done to assess what was truly important to women, as well as to better suit the time frame for analysis. The questions I chose to analyze are in Appendix B. The focus groups took between 40 minutes to 1 hour each, and they were audio recorded and transcribed with names changed to conceal the identities of the participants because there is slight risk of embarrassment associated with this study. The participants all signed a consent form before the focus group began. Questions were asked in the order they appear in Appendix A, and the women would go around and take turns sharing their stories. I would occasionally ask for more of a follow up on a topic or share bits of knowledge I had learned from talking with other women/from my literature review to prompt them, but mostly I let the conversation take shape.

Data Analysis. After conducting all 5 focus groups, transcripts were analyzed to determine recurrent themes that emerged from participants’ discussions. These themes included the following: how women talked to their doctors, where they learned about pregnancy prevention, how they felt about different forms of birth control and what was accessible to them when they were young women, where they saw their lives going and what they hoped young girls today were prioritizing and valuing. Then I referred back to my recordings of the focus groups, selecting examples and quotes from participants about those themes, illustrating central or important points.

Results

Through ANOVAs and Chi-squared tests, we determined what was statistically significant for the 10 selected survey questions. They are separated out into 3 themes: discussions with doctors, accessibility to methods of contraception and sexual education, and life expectations.
Theme One: Discussions with Doctors

There were three questions in the survey about discussions with doctors. The first asked, “Did a doctor talk to you about pregnancy prevention?” This yielded no significant differences across age groups ($\chi^2(8) = 4.611, p = .100$). 71% of young age participants selected “yes”, they had spoken with a doctor, while 63% of mid age participants and 44% of high age participants indicated they had also spoken with a doctor about pregnancy prevention. For the participants that answered “yes”, they were then asked, “At what life stage did you doctor first talk to you about pregnancy prevention?” There were significant differences across age groups ($\chi^2(8) = 16.224, p = .013$), specifically in the rate of reporting “in between having children” (higher than expected in the high age group) and “when you were done having children” (also higher in the high age group). 14% of women in the high age group answered that their doctor talked to them about pregnancy prevention in-between having children, whereas no one in the mid or young age group reported that their doctor talked to them about this at that time. 14% of women in the high age group answered that their doctor talked to them about pregnancy prevention when they were done having children, whereas no one in the mid group reported that their doctor talked to them about this at this time, and only 2% of women in the young group reported that their doctor talked to them about this at this time. Finally, of the women who answered “yes” when asked if their doctor talked to them about pregnancy prevention, they were then asked to answer, “What kind of doctor first talked to you about pregnancy prevention?” There were significant differences across ages ($\chi^2(8) = 29.301, p < .001$), specifically in reporting of “Pediatrician” (see Figure 1). 50% of women in the young age group reported that their pediatrician was the first doctor to talk to them about pregnancy prevention, whereas none of the women in the mid or high age group reported this.
Theme Two: Accessibility to Methods of Contraception and Sexual Education

There were two questions that dealt with topics of access. The first asked about access to birth control. It stated, “What external birth control methods were accessible to you when you first started thinking about pregnancy protection? Please specify all that apply. (Select “Condoms”, “The Pill”, “An IUD”, “Diaphragm”, “Hormonal shot”, “Hormonal implant”, and/or “None of the above”.)” There were significant differences across age groups for the following methods of birth control: the condom, the diaphragm, and the hormonal implant. There were significant differences for the condom (F(2,142) = 3.383, p = .037), Tukey post-hocs, with the high age group having less access to them than the mid age group, p <.05. 100% of women in the mid age group and 99% of women in the high age group reported having access to condoms, whereas only 81% of women in the high age group reported having access to condoms. There were also significant differences for the diaphragm (F(2,142) = 15.417, p < .001), post-hocs across all age groups, p’s < .05. 75% of women in the high age group reported having access to the diaphragm, 50% of women in the mid age group reported having access to it, and only 19% of women in the young age group reported having access to it. Finally, there were significant differences in terms of access to the hormonal implant (F(2,142) = 4.142, p = .018), post-hocs, with the high age group having less access than the young age group, p < .05 (see Figure 2). No woman in the high age group reported having access to the hormonal implant, whereas 10% of mid age women and 27% of high age women reported having access to it.

I also asked a question pertaining to access of education about birth control. I asked, “Did you have sexual education in school? Please select all that apply. (Select “Abstinence-only education”, “No education”, “Discussion about prevention of STDs”, “Discussion about prevention of pregnancy”, and/or “Discussions of non-heterosexual sex”.)” There were
How the Pill Influences Women’s Attitudes and Expectations

significant differences in how often the following topics were covered. In terms of STDs (F(2,142) = 11.378, \( p < .001 \)) Tukey post-hoc with the high age group was less likely than the mid and young age groups to talk about them, \( p \)'s < .05. Only 38% of women in the high age group reported being educated on STDs in school, as opposed to 78% of mid age women and 83% of young women being educated on it. In terms of Pregnancy Prevention (F(2,142) = 5.895, \( p = .003 \)) post-hoc with the high age group was less likely than the mid and young age groups to talk about it, \( p \)'s < .05. Only 38% of high age women reported being educated on Pregnancy Prevention in school, as opposed to 83% of mid age women and 71% of young women being educated on it. Finally, no sexual education was significant (F(2,142) = 5.802, \( p = .004 \)) post-hoc, with the high age group more likely to not have sex ed than the mid and young age group, \( p \)'s < .05. Only 13% of mid age women and 8% of young age women reported not having any kind of sexual education in school, whereas 38% of high age women reported not having any kind of sexual education in school (see Figure 2).

**Theme Three: Life Expectations**

Finally, I asked several questions about life priorities at different ages to measure how women’s expectations for themselves/life priorities change over time. I first asked, “When you were 16 years old, what were your hopes for your future? Please drag and drop the following options to rank them in order of importance, #1 being the most important. (Rank “Career”, “Marriage”, “Having children”, “Happiness”, “Going to college”, and “Other (please specify)”.)” There were no significant differences in rankings across age groups.

I then asked, “What were/are your own life expectations at age 21? Please drag and drop the following options to rank them in order of importance, #1 being the most important. (Rank “School”, “Career/Career Planning”, “Marriage”, “Starting a family” and “Other (please
specify).” I found that the high age group was significantly more likely to rank marriage and family as top priorities as opposed to the mid and young age groups when we ran a Tukey HSD post-hoc test $F(2,96) = 962.82$ where $p = .00$ for marriage and $F(2,96) = 2154.67$ where $p = .00$. The women in the high group ranked “marriage” as an average of 2.43, whereas the mid group ranked it significantly lower at an average of 3.30 ($p = .005$) and the young group ranked it at 3.25 ($p = .003$). Additionally, the women in the high group ranked “starting a family” at an average of 3.50, whereas the mid group ranked it at 3.93 (no significant difference between high and mid group), though the young group ranked it at 4.07 ($p = .020$), which was significantly different than the high group.

Finally, I asked, “What were/are your own life expectations at age 30? Please drag and drop the following options to rank them in order of importance, #1 being the most important. (Rank “School”, “Career/Career Planning”, “Marriage”, “Starting a family” and “Other (please specify)”.)” For this question, the young age group was significantly more likely to rank career as number one than the high age group when we ran a Tukey HSD post-hoc test $F(2,131) = 371.83$ where $p = .00$. The women in the high age group ranked “career” as an average of 2.44, which was significantly different from what the young age group ranked “career” which was 1.61 ($p = .007$).

For this theme, I also asked questions pertaining to timing/expectations of marriage and family. I asked, “In your opinion, around what age should women be thinking about getting married? (Write in)”. There were no significant differences across age groups ($F(2,142) = .033$, $p = .968$). The means were high age = 24.6, mid age = 24.6, and young age = 24.2 (see Figure 3).
I also asked, “In your opinion, around what age should women be thinking about having kids? (Write in). There were no significant differences across age groups $F(2, 142) = .624, p = .537). The means were high age = 26.7, mid age = 28.4, and young age = 26.6 (see Figure 4).

**Discussion**

As a participant in my high age group said when asked what she hoped young women are prioritizing today, she answered, “You need to value yourself.” This was a sentiment that was expressed in all of my focus groups -- the idea that young women should be prioritizing their education, career, happiness, and particularly, their self-worth. These discussions were both inspirational and hopeful, and they spoke to a value in our society.

However, my survey results spoke to other, more traditional tenets of our American society that are still very much valued. I’ll start this discussion, then, with an analysis of the results I got when I asked in the survey, “In your opinion, around what age should women be thinking about getting married? (Write in.)” and “In your opinion, around what age should women be thinking about having kids? (Write in.).” I was surprised to find that both yielded results that were not significant across age groups. For the marriage question, women answered that other women should be thinking about getting married between the ages of 24.2 - 24.6. For the having kids question, women answered that other women should be thinking about having kids between the ages of 26.6 - 28.4. For a point of comparison, the average age to get married in the U.S. is 27 for women (Barkhorn, 2013). For having your first child, it’s 26.3 as of 2014 (Bichell, 2016). I was particularly surprised by the age reported to get married because it is so much lower than the national average, but also that there were no significant differences between younger people (who often get married later) and older people (who often got married younger). This also speaks to the fact that, although many women in my focus groups reported that women
How the Pill Influences Women’s Attitudes and Expectations

should have other aspirations, marriage was still important and valued at an age where most women are relatively young. As one of my young focus group participants stated, “For me, having a family is almost more important than anything else. I wouldn’t put my career on hold for it but [it’s important].” This shows the interesting intersection of values our society is currently facing. On the one hand, women are encouraged to be independent; on the other, women may want— or feel a social pressure to want—a traditional marriage and children family.

My results also pointed to the fact that education about sexual health increased over time, with young women receiving more education in school than women in the high age group. As a participant in one of my high age focus groups said to me, “I really didn’t learn about most of that until I went to nursing school...I really as so naive about all of this.” This sentiment was echoed by some of my other high age focus group participants; they simply were not taught about sexual health in a classroom setting unless— as was the case for this participant— they were going into a medical field. However, while some young age focus group participants reported that they had a relatively comprehensive sexual education in school, some reported that they had none whatsoever, so it is still variant even within the group. Additionally, the results show that access to methods of contraception have increased over time (with the exception of the diaphragm). This makes sense, as new technology is being invented in a world where this kind of technology is allowed to be invented.

Finally, pediatricians are now playing a role in the lives of young women. This was the only group that reported that their pediatrician might have been the first doctor to talk to them about their sexual health. As one of my young age group focus group participants said, “My pediatrician asked me, ‘Are you sexually active? Are you using condoms?’” Doctors and female
patients are therefore having these kinds of conversations at a younger age than the older participants reported, which means that younger women might be getting educated or at least given choices about their reproductive health earlier in life.

**Opportunities for Further Research**

There are so many opportunities for further research that this methodology could be used to serve as a foundation. Most importantly, these kinds of questions should be used for a more in-depth examination across races, ethnicities, religious beliefs, geographies, and socioeconomic groups. The voices of these women are incredibly important and exploring their stories and experiences through survey results and focus group anecdotes can point to differences and similarities for women in the United States. Although I collected background information for this survey, I ultimately did not analyze it in terms of diversity. My focus groups were comprised mostly of white, college-educated, Christian, middle to upper middle-class women from the Northeast, but stories from women who do not fit into those categories are just as vital to this research.

Additionally, although this study showed that women in the mid age and young age groups received significantly more/diverse sexual education in school than did the high age group women, many of my focus group participants of all ages reported very varied experiences of sexual education. Therefore, I believe an entire study could be conducted about what schools offer what kind of sexual education, why, and what the consequences are when sexual education is not offered.

Finally, these kinds of questions could be asked of men. How women learned about their bodies and sexual health was incredibly variant, and this led me to wonder how men learned about their own reproductive health, in addition to that of women. This data could all lead to a
greater understanding of American’s forms of communication over time as it pertains to sexual health.

**Conclusion**

This study sought to explore how women learned about their bodies and sexual reproduction, as well as how or if their expectations of themselves changed over time. We found that, although women seem to promote the value of independence in conversations with other women, marriage and family are still priorities for women. This therefore suggests that there are conflicting values in our society, or that there are more priorities to now balance in women’s lives. Additionally, younger women have more access to different forms of contraception as well as more sexual education, and pediatricians are playing a more active role in young women’s sexual education by sometimes being the first doctor that young women talk to about contraception. I think this means that American society is slowly moving away from the idea that matters of sex are a taboo subject, and women are being presented with more options and choices for their lives.
How the Pill Influences Women’s Attitudes and Expectations

References


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Figure 1: Selected doctors for which doctor first talked to women about pregnancy prevention.
Figure 2: Rate at which participants from each age bracket indicated that their sexual education included each topic.
Figure 3: Results of ages women reported for when women should think about getting married.
Figure 4: Results of ages women reported for when women should think about having children.
Appendices

Appendix A
Survey Consent Form

This study investigates women’s attitudes and feelings surrounding the birth control Pill and women’s expectations of themselves and their roles in society. This survey will ask you to answer several multiple-choice questions. Due to the potentially sensitive nature of some of the questions, you may choose to leave any questions unanswered. We estimate that your participation in this survey will take 10 to 15 minutes.

There are some risks associated with taking this survey given the nature of its subject material. In particular, there is a risk of loss of privacy regarding your responses. We will protect your privacy by keeping the survey anonymous, not having names attached at any point, and by keeping the results of the survey (hardcopy and/or digital) in a locked research laboratory. Dissemination or sharing of the results will be done without identifying information of any kind. If you do agree to participate, you may end your participation at any time without repercussions from the investigators or Trinity College.

Thank you. If you consent to participate in this study, please indicate by clicking “next” below.

(Two options given - “I agree” or “I disagree”, and participants were either taken to the next question or exited from the survey).
Appendix B

Survey Questions we chose to analyze (10/30)

Did a doctor talk to you about pregnancy prevention?

At what life stage did you doctor first talk to you about pregnancy prevention?

What kind of doctor first talked to you about pregnancy prevention?

What external birth control methods were accessible to you when you first started thinking about pregnancy protection? Please specify all that apply.

Did you have sexual education in school? Please select all that apply.

When you were 16 years old, what were your hopes for the future? (Rank, #1 = most important; career, marriage, happiness, having children, go to college, and “other (please specify)” were listed as options).

What were/are your own life expectations at age 21? (Rank, #1 = most important; school, career/career planning, marriage, starting a family, “other (please specify)” were listed as options).

What were/are your own life expectations at age 30? (Rank, #1 = most important; school, career/career planning, marriage, starting a family, “other (please specify)” were listed as options).

In your opinion, around what age should women be thinking about getting married? (Write in).

In your opinion, around what age should women be thinking about having kids? (Write in).
Appendix C

Focus Group Consent Form

This study investigates women’s attitudes and feelings surrounding the birth control Pill and women’s expectations of themselves and their roles in society. In a group of approximately 5 women, you will be asked 5 open-ended questions with several follow ups primarily asking about your life expectations. The session will be audio-recorded to facilitate later analysis. Due to the potentially sensitive nature of some of the questions, you may feel uncomfortable sharing your answers. If so, you may choose to leave or not answer any questions at any time. We estimate that your participation in this focus group will take about an hour.

There are some risks associated with taking this survey given the nature of its subject material. There is a risk of loss of confidentiality, where others may learn of your participation and/or responses. We will mitigate this risk by not having names attached to anything written about the focus group or with the recording of the session. Please note that there will be other women participating, and we ask that you please respect the confidentiality of these women and what they choose to share in the discussion.

Thank you. If you consent to participate in this focus group, as described above, please sign below or contact the investigator to schedule a time to participate.

Investigator: Molly Santora
Molly.santora@trincoll.edu

Participant name ______________________________

Participant signature ___________________________
How the Pill Influences Women’s Attitudes and Expectations

Appendix D

Qualtrics Survey Questions

Block 1

1. How old are you? (Write in.)
2. With what gender do you identify? (Select “Male”, “Female” or “Other (please specify).”)
3. Where do you consider yourself to be from? (Write in.)
4. Please select your ethnicity. (“Hispanic or Latinx” or “Not Hispanic or Latinx”.)
5. Please select the race(s) you identify with. You may select more than one box if applicable. (Select “American Indian or Alaskan Native”, “Asian”, “Native Hawaiian or Other Pacific Islander”, “Black or African American”, “White”, and/or “Other (please specify”).)
6. What is your total household income? (Select “Less than $10,000”, “$10,000 - $19,999”, “$20,000 - $29,999”, “$30,000 - $39,999”, “$40,000 – $49,999”, “$50,000 - $59,999”, “$60,000 - $69,999”, “$70,000 - $79,999”, “$80,000 - $89,999”, “$90,000 – $99,999”, “$100,000 - $149,999”, or “More than $150,000”.)
7. What is your highest education level? (Select “Middle-school level”, “High school-level, no diploma”, “High school graduate – diploma or GED”, “Some college, no degree”, “Associate degree”, “Bachelor’s degree”, “Master’s degree”, “Professional degree”, “Doctorate degree”, or “Other (please specify)”.)

Block 2:

1. How did you first learn about the birth control Pill? (Choose all that apply: “Mother”, “Sister”, “Doctor”, “Friend”, “Media/Advertisement”, “School”, and/or “Other (please specify)”.)
2. How much did/do you trust that the birth control Pill would be effective at preventing pregnancy? (Sliding scale – 1 being the least trustworthy, 5 being the most trustworthy.)
3. Approximately what year do you think the birth control Pill was introduced to U.S. markets? (Write in.)
4. If you have ever taken the Pill, how long of a delay was there between when you first considered taking it to when you actually began taking it? (Select “A few weeks”, “A few months”, “A few years”, or “Other (please specify)”.)
5. If you have ever taken the Pill, how hesitant were you to start taking the Pill? (Sliding scale – 1 being the least hesitant, 5 being the most hesitant.)

8. What do you think influenced your mother to have her first child? Please select all that apply. (Select “Personal desire”, “Gender roles/societal expectations”, “Birth control failure”, “Spousal desire”, “Religious fulfillment”, “Timeline/life stage”, “When married”, “5 years into marriage” and “Other (please specify)”.)

9. What do you think influenced your mother to stop having children? Please select all that apply. (Select “Personal desire”, “Age”, “Unable to conceive”, “Health reasons”, “Spousal desire”, “Timeline/life stage”, “No desire to have more children”, and/or “Other (please specify)”.)

10. How dramatically did your life change when you heard about the Pill? (Sliding scale – 1 being the least dramatically, 5 being the most dramatically.)

11. How dramatically would your life change if the Pill had not been invented? (Sliding scale – 1 being the least dramatically, 5 being the most dramatically).

12. How dramatically would your life change if there was no form of accessible external birth control (i.e. the Pill, and IUD, condoms, diaphragm), either today or in your past? (Sliding scale – 1 being the least dramatically, 5 being the most dramatically).

13. When you were 16 years old, what were your hopes for your future? Please drag and drop the following options to rank them in order of importance, #1 being the most important. (Rank “Career”, “Marriage”, “Having children”, “Happiness”, “Going to college”, and “Other (please specify)”.)

14. Again think back to when you were 16 years old. Please drag and drop the following options to rank them in order of importance, #1 being the most important. (Rank “Career”, “Marriage”, “Having children”, “Happiness”, “Going to college”, and “Other (please specify)”.)

15. Did you have sexual education in school? Please select all that apply. (Select “Abstinence-only education”, “No education”, “Discussion about prevention of STDs”, “Discussion about prevention of pregnancy”, and/or “Discussions of non-heterosexual sex”.)

16. Did your doctor talk to you about pregnancy prevention? (Select “Yes” or “No”.)

17. At what life stage did your doctor first talk to you about pregnancy prevention? (Select “No children”, “In between having children”, and/or “When you were done having children”?)

18. What kind of doctor first talked to you about pregnancy prevention? (Select “Gynecologist”, “General practitioner”, “Pediatrician”, or “Other (please specify)”.)

19. What external birth control methods were accessible to you when you first started thinking about pregnancy protection? Please specify all that apply. (Select “Condoms”, “The Pill”, “An IUD”, “Diaphragm”, “Hormonal shot”, “Hormonal implant”, and/or “None of the above”.)
20. How important has religion been in your life? (Sliding scale – 1 being no importance, 5 being extremely important.)


22. Of the religion you selected above, which most closely matches their stance on the usage of birth control? (Select “Not permitted”, “Not discussed”, “Permitted”, “Unknown” or “Other (please specify)”.)

23. What do you expect a woman at age 21 is primarily concerned with at this day in time? Please drag and drop the following options to rank them in order of importance, #1 being the most important. (Rank “School”, “Career/Career Planning”, “Marriage”, “Starting a family” and “Other (please specify)”.)

24. What were/are your own life expectations at age 21? Please drag and drop the following options to rank them in order of importance, #1 being the most important. (Rank “School”, “Career/Career Planning”, “Marriage”, “Starting a family” and “Other (please specify)”.)

25. What were/are your own life expectations at age 30? Please drag and drop the following options to rank them in order of importance, #1 being the most important. (Rank “School”, “Career/Career Planning”, “Marriage”, “Starting a family” and “Other (please specify)”.)

26. In your opinion, around what age should women be thinking about having kids? (Write in.)

27. In your opinion, around what age should women be thinking about getting married? (Write in.)

28. In the context of today’s society, is sex before marriage considered socially acceptable? (Select “Yes” or “No”.)

29. In the context of today’s society, is having children outside of wedlock considered socially acceptable? (Select “Yes” or “No”.)

30. What experiences or observations led you to think about family planning? Please select all that apply. (Select “Experiences of a friend”, “Experiences of a family member”, “Individual future planning”, “Spacing of children”, “Medical reasons”, and/or “Other (please specify)”.)
Appendix E

Focus Group Questions

1. Try to think back to when you were 16 years old. At that time and age, what were your hopes for the future?
   a. Did you expect to have kids? How many?
   b. Did you want to be married?
   c. Academics? Career?
   d. What ended up happening?

2. When and how did you first learn about family planning/pregnancy prevention/safe sex? By that I mean, the ability to plan how many – if any – children you wanted, when you’d ideally have them, etc.?
   a. Did you talk about it with a doctor? Your friends? Your mother? Your spouse?
   b. Did you see advertisements about it?
   c. Did you see stories about it?
   d. Did you learn about it in school?

3. How did you feel about the Pill? What were your initial attitudes about it?
   a. How did you learn about it? When did you learn about it?
   b. Do you trust it? Did it scare you? Were you relieved?
   c. Why did you feel this way about it?
   d. Try to get them to recall a specific memory.

4. How do you feel about the Pill and family planning today?
   a. Has it changed? Why?
   b. If you use/used the Pill, do/did you receive other benefits besides pregnancy prevention? Side effects?
   c. Would/did you consider getting another form of contraception? Do you like the Pill? Why?

5. What do you think 16-year-old girls’ hopes for their future are today?
   a. What should they be?
   b. Has this changed? Why?
   c. At what age now do you think women should start thinking about when to have a family, if at all? Serious? When is normal to get married or have kids?