

Union Status and Female and Male Contraceptive Sterilization in the United States and Australia

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ABSTRACT

Context: Diversity in the union context of contemporary decisions regarding female and male contraceptive sterilization is insufficiently understood, despite a puzzling dominance of female sterilization and a persistently high level of post-sterilization regret in the U.S.

Methods: Drawing on data from the 2006-10 National Survey of Family Growth and the 2005-06 Australian Generations and Gender Programme, I investigate the U.S. sterilization union context in comparative context. Event-history techniques are used to determine if demographic background factors such as age, parity, early childbearing, education, nativity, and race/ethnicity can explain differences in the prevalence of sterilization according to union context.

Results: I confirm that gendered sterilization patterns persist in the U.S., and largely extend to Australia. Male sterilization stands out as the near exclusive domain of married men, with a low relative risk for single (RRs=0.3 for never- and ever-married single men) and never-married cohabiting men (RR=0.1) in the U.S. Female sterilization is mainly driven by parity and thus characterized by a more diverse set of union contexts – though remains less common among never-married single women (RR=0.7) and more common among women in higher-order marriages (RR=1.3) in the U.S.

Conclusions: The union context of U.S. sterilization has changed surprisingly little since the 1980s – early 1990s. Gendered sterilization decision-making can only partly explain the persistent dominance of female sterilization. Unmarried individuals seeking sterilization – i.e., mainly women – may benefit from counseling about the possibility of changing childbearing desires in response to a new union status as well as from policy efforts aimed at increasing reliance on long-acting reversible contraceptives.