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"Men don't think that far" – Interviewing men in Sweden about chlamydia and HIV testing during pregnancy from a discursive masculinities construction perspective

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ABSTRACT

Objectives: We used qualitative research design to discursively explore expectant fathers' perceptions of chlamydia and HIV, and their masculinity constructions about testing, and explored how they talked about their potential resistance towards testing and their pre-test emotions.

Study design: Twenty men were offered chlamydia and HIV testing at the beginning of their partner's pregnancy. Those who agreed to be tested were interviewed in-depth; those who declined testing were also interviewed. The interviews were tape recorded and transcribed verbatim. The analysis was inspired by discourse analysis on masculinity.

Main outcome: Three discursive themes: *Men prefer to suppress their vulnerability to STIs, Body and biology differ between men and women* and *Men have mixed emotions around STI testing* underscore the informants' conversations and sometimes conflicting thoughts about STI testing.

Conclusion: The majority of men talked about pregnancy as a feminine territory, raised uncertainties about men's roles in the transmission of STIs, and talked about women's and men's essentially different bodies and biology, where few men realised that they could infect both their partner and the unborn child. This knowledge gap that men have must become apparent to healthcare providers, and policy makers must give men equal access to the reproductive arena.

Introduction

There is a growing body of critical masculinity research, for example in sociology [1], and in psychology [2], that addresses the endangering of health and wellbeing of men and boys and the connection to constructions of masculinities. Critical masculinity perspectives pay attention to the complexities and contradictions that are evident in men's health, where it is not only biological factors and social class indicators that affect men's health and wellbeing but also a question of how gendered structures and gender relations may influence and change men's attitudes and lifestyle practices culturally and socially [3]. For instance, Courtenay points out the fact that men in the USA suffer more severe chronic conditions, have higher suicide rates, are more likely to use alcohol and other drugs, and die at an earlier age compared to women [2]. The potential explanations behind these reasons why men are more likely to be involved in risk-taking behaviour, and the cultural assumption that men do not seek healthcare, have seldom been addressed in medicine and epidemiology [2]. From Courtenay's social constructionist standpoint, many men are demonstrating dominant ideals of manhood by neglecting their own health needs, because men want to legitimise themselves as the "stronger" sex [2].

Connell uncovered the hierarchies of power between men, by exploring in what way the making and unmaking of masculinity intersects with local conditions, history and power dimensions such as social class and ethnicity [1], and how individual, relational and structural factors can affect men's heath negatively.

As cultures differ, definitions of masculinity will also differ. In every culture, the concept of "being a man" comprises a variety of attributes, for example being a winner, and being prepared to compete, and "real" men are ideally not whiny or vulnerable [1]. To put it briefly, being a man is the opposite of being a woman. According to Connell (1995), masculinities are configurations of

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practice structured by gender relations, where we need to focus on the processes and relationships through which both men and women conduct gendered lives [1]. The point Connell makes is that the making of masculinities is shaped in relation to an overall structure of power, i.e. a gender order connected to the discourse about men's dominance over women, where both men and women uphold this construct globally [4].

The masculinity theorists in the Nordic countries are influenced by Australian, American, or British masculinity theorists [1,2,5], and from a Swedish theorist perspective this is both positive and problematic as semi-peripheral masculinity studies, i.e. studies from the Nordic countries, need to be contextualised in terms of where these are situated, shaped and placed [6]. In Sweden, studies on men have gradually advanced from the 1960s sex role theories and fatherhood studies towards studies grounded in social constructivism masculinity, and Hearn et al., have analysed how the contested concept hegemonic masculinity has been adapted in specific Swedish national contexts such as schooling, fathers and children, and men and violence [7]. The concept of hegemonic masculinities has been used much more in relation to fatherhoood and schooling and is little employed in relation to men's health in Sweden, and there are gaps in knowledge for instance in the field of sexual health and sexually transmitted infections (STIs).

Researchers use the concept in manifold ways, sometimes without discussing how the concept may change or vary in context and time. For example, in Sweden hegemonic masculinity may be understood as a marginalised position of some men who are not perceived as 'typical' men but constructed as 'others' in opposition to Swedish, white middle-class men, or seen as a gender stereotype linked to patriarchy [7]. Hence, the concept can be used in new ways where gender equality discourses and changes in gender relations influence men's practices [7].

Discursive psychologists such as Edley [8], argue that gender is not a fixed position, but a fluid status where people adapt to a given social setting, where expressions of masculinity become the consequences of the context. That is to say, the more unequal the gender relations in a society, the greater the risk of rigid expressions of masculine traits and vice versa. The Nordic countries are known for their highly developed gender equality policies. The Global Gender Gap Report (2015) ranked four of the Nordic countries as the most gender equal countries in the world [9]. One criterion for the ranking is women's position in society and their independent status, which may impact to what extent and how expressions of masculinity are constructed among a group of younger men, about to become parents, in Sweden. To promote equal parenting in Sweden, the government has shaped the Swedish family policy, embracing the right of both men and women to have parental leave, while parents are still paid by the state [10]. These so-called father-friendly Swedish family policies, encouraging fathers to take parental leave, since men and women can share the days [10], leading towards a child oriented masculinity discourse (in part hegemonic) where men are seen as modern, responsible and gender equal. Newer research indicates that the transition to fatherhood increases men's responsibility towards children and family matters in manifold contexts worldwide [11,12], and as a consequence helps men to change their own health positively by eating healthier, driving sober or taking exercise [13]. Men may also cut back on smoking as a result of becoming fathers [14]. A sample of mainly African and Caribbean men living in the UK were interviewed about how to involve fathers in screening for recessive disorders, in this case their experiences and expectations of sickle cell antenatal screening were explored [15]. Although screening gave the men an opportunity to articulate a supportive role, most of them were unsure about what role they actually had in antenatal care and the risk for exclusion and disempowerment was present. Similar conclusions were drawn from a metasynthesis with the aim of developing a consensus on what is known about men's experiences of antenatal screening and prenatal diagnosis [16]. The findings from 18 relevant research studies reveal that men show willingness to be involved in screening, as this encourages men's responsibility for the unborn child, and allows them to support their pregnant partner, although there is no clearly defined role for men in screening during pregnancy.

Despite increasing research into men's experience of pregnancy and fatherhood, and genetic test screening in antenatal care, in the western world less is written about expectant fathers' perceptions of screening men for STIs during pregnancy [17]. The reproductive health initiatives are mostly directed towards pregnant women [18]. Here we have conducted an empirical study which employs a qualitative research design to explore and discursively describe expectant fathers' perceptions of chlamydia and HIV, and their masculinity constructions about testing. We also explored how they talked about their potential resistance towards testing and their pretest emotions.

Method

Twenty pregnant women's partners were offered *Chlamydia trachomatis* (CT) and HIV testing at the beginning of the pregnancy. Those who agreed to be tested were interviewed in-depth about their experiences, and those who declined testing were also interviewed. In Sweden, antenatal care is free of charge for pregnant women and the midwives at the maternity clinics welcome and involve the expectant father as a partner or parent, but he is not involved in the care as a patient [17]. STI testing for expectant fathers is therefore not a standard offer, and was only offered through this study. STI testing and treatment are cost-free for everyone in the society governed by the Law of Communicable Diseases Act in Sweden [19]. The aim of the law is to prevent, detect, monitor and decrease infection rates in the population.

Data selected for analysis in this article represent a proportion of previously unpublished interview texts. One article about men and STI testing has been published [17]. In this paper, the analysis was inspired by discourse analysis (DA) on masculinity [8]. DA focuses on what people say, and how they construct their reality [20], and has its roots in philosophy, sociology and literary theory [20], and cover all forms of spoken interaction, to gain an understanding of social life and social interaction [21]. In line with Winter Jorgensen and Phillips [22], both language and 'subject' are to be understood, and was an appropriate approach to catch how the men in our study talked about testing men. The approach is suitable in healthcare sciences to elicit how discourses are linked with knowledge and power [23]. For example, DA research investigates and analyses power relations in specific domains such as medicine that create and recreate power relations, to formulate normative perspectives from which a critique of such relations can be made. From our point of view, work on masculinity, STI testing and fatherhood are dimensions which are often neglected by public health research.

Here we have used transcripts from interviews with men to develop broad discursive themes from conversations with men about STIs, pregnancy and testing.

Setting and participants

The data collection started in August 2009 and ended in April 2010. The inclusion criteria were that the informants should speak Swedish or English and have an ongoing pregnancy of the partner. The setting was a university town with approximately 115,000 inhabitants in the northern part of Sweden. During the pregnant couples' first visit to the antenatal clinic, two midwives recruited