The Conception of Responsibility

Experiences of and Reflections on Male Contraceptive Responsibility in Sweden
Abstract

This essay examines male contraceptive responsibility in theory and practice, within the framework of experiences of existing contraceptives, as well as views on new contraceptives for men that are being researched.

In today’s Sweden, contraception is largely a female area. However, with progress on the area of research into new hormonal male contraceptives, we might be headed towards a different reality. In hope of gaining a fuller understanding of contraceptive experiences, this paper aims to contribute to the understudied area of men and reproduction, and add understanding of how men would approach a new contraceptive.

The empirical material consists of in-depth interviews with five male Medicine students and Intern Physicians living in Sweden – some of the people who are going to influence other’s contraceptive realities in their professional practice. The essay explores the social contexts in which these men’s personal contraceptive experiences and thoughts around responsibility are created.

The results show that women use contraceptive methods to a greater extent than men do. However, it is thought among the students and Physicians that contraceptive responsibility should be equal between the genders, and the approach to using a new male contraceptive is positive.

Female contraceptive use is understood by the informants as a “burden”, the sharing of which is posed as the main reason to use new male contraceptives. New male contraceptives are hence found to be understood as a female right, rather than a male right.

The essay shows that perceptions of responsibilities for contraception are rooted in cultural discourses, such as the assumption that women are more concerned to avoid pregnancy, and that it is difficult to develop contraceptives for men. Therefore, new male contraceptives might extend the possibilities for men to be involved in contraception – but our gendered ideas of, for example risk, might not change just because new contraceptives become available.

Key words: contraception, male medical students, male Intern Physicians, male contraceptives, reproduction, responsibility, gender
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1.0 Introduction

1.1 Background

Reproduction is a central topic to much anthropological research, especially in connection to kinship studies. The anthropological interest in kinship (Stone 2006:1) might explain why the wish not to conceive is considerably less studied within the discipline than procreation is. In regard to reproduction, it is mainly women’s experiences that have been focused in cultural research (Inhorn 2009:3ff). Thus, men and contraceptive use is a doubly understudied field.

Contraception has, since the development of the contraceptive pill, largely been a female responsibility in the Western World (Viveros Vigoya 2002, in Gutmann 2009), and the only contraceptive methods for men that are guaranteed to be reversible are condoms and withdrawal. However, other types of contraceptives for male use have been researched for decades and the concept of “the Male Pill” was coined already in the 1970’s by the media (Oudshoorn 2003:7). This year, a major international study was launched by The Karolinska Institute concerning a new hormonal contraceptive gel and implant for male use (Extance 2016; Göthlin 2017).

Imagining that we are heading towards a reality where men have more options to be involved in contraception, raise questions such as what their views are on using new contraceptives, and in what ways these new contraceptive methods might reconfigure our ideas of contraceptive responsibility.

1.2 Aim

Within the framework of personal experiences of existing contraceptive methods and approaches to new hormonal contraceptives for men, I examine conceptions of gendered contraceptive responsibility among male, heterosexually active Medicine students and Intern Physicians, 20-27 years of age, living in Uppsala and Stockholm. How do they navigate the area of contraceptive responsibility personally, and how do they think about it more generally?
1.3 Previous Research

Previous anthropological literature on men and contraceptive use is limited, as mentioned above. Studies have largely focused on why men choose to get sterilized (Gutmann 2009), the ways in which spouses influence each other’s reproductive goals (Ezeh 1993; Bankole 1995) and the media coverage of the development of new contraceptives for men (Oaks 2009).

Men’s reproductive experiences at large is an understudied area. However, the literature on the subject is increasing, and one example is the anthology *Reconceiving the Second Sex: Men, Masculinity, and Reproduction* (Inhorn et al 2009), from which some of the main theories elaborated in this essay are drawn.

In a Scandinavian context, the anthology *Reproduksjon, kjønn og likestilling i dagens Norge* (Malin Noem Ravn et al 2016), consists of Norwegian anthropological articles that explore topics such as gendered reproductive responsibility.

Research within other disciplines on the meaning of new male contraceptives in a social context, include gender theorist Nelly Oudshoorn’s (2003) *The Male Pill: A Biography of a Technology in the Making* and sociologist Jack O. Balswick’s (1972) article “Attitudes of Lower Class Males toward Taking a Male Birth Control Pill”.

1.4 Key Concepts

In the terms “contraception” and “contraceptive methods”, I include the commonly known measures people take to avoid pregnancy in contemporary Sweden (excluding abstinence). These include medical contraceptives – hormonal and non-hormonal and barrier methods (i.e. condoms, femidoms and diaphragms) and withdrawal. Fertility awareness/natural family planning, the rhythm method (including the use of apps on mobile devices) and emergency contraceptives are also included in the definition, for example when defining the terminology with my informants, but these methods are not elaborated in this paper. Some contraceptives protect against sexually transmitted infections, but it is mainly the avoidance of pregnancy that is focussed on in this essay.

I will refer to new, hormonal male contraceptives as NMC. NMC include different types of contraceptives that are designed for male bodied persons’ use, currently being researched or that have been researched in the past, but that are not yet available to buy. There is ongoing research into non-hormonal options as well (Radio New Zealand 2018), but the reason I focus mainly on synthetic hormonal options is to demarcate the subject of new male contraceptive
methods. It makes for a reasonable comparison with the existing reality of female contraceptives, since the vast majority of these are synthetic hormonal.

When I refer to men and women I assume the categories to mean male bodied and female bodied persons. There are a multitude of gender identities that the scope of this essay will, unfortunately, not allow me to address.

I will often be referring to “partner”, meaning a presumed fertile female bodied person that one of my informants has had sexual intercourse with.

1.5 Theoretical Framework

In his article “The Missing Gamete? Ten Common Mistakes or Lies about Men’s Sexual Destiny”, Matthew C. Gutmann (2009:23) calls the subject of male heterosexuality “overdetermined and understudied”. He claims that the simplified notions of what men are like as sexual beings, obscure our understanding of men’s actual feelings around their sexual destinies (ibid. 2009:22;28). Gutmann discusses, among other things, the dichotomy of “traditional” and “modern” men; simplified identities often constructed in the discourses around men and reproductive responsibility (ibid.:37). These terms are useful in understanding my informants’ accounts of how male contraceptive responsibility is perceived in society today. Also, Gutmann stresses the fact that actors on all levels in society influence our views on male sexuality and reproduction. These claims provide means of explaining the interplay between medical and societal discourses, and my informants’ understanding of NMC’s (ibid. 2009:31ff).

Similarly, Laury Oaks (2009:153) discusses different “types” of men that are being created in the discourses on NMC’s in her essay “Manhood and Meaning in the Marketing of the ‘Male Pill’”. She shows how the intended marketing of new male contraceptives differs between countries in accordance with assumptions of local culture. In a Northern context, the ideal that men and women should share in reproductive responsibilities, would shape the idea of the male contraceptive user. It is also always a man in a steady relationship that is being addressed, she points out. I noticed these underlying values in my empirical material and I discuss why my informants might have certain motivations to use new male contraceptive rather than others. Oaks (2009:154) also addresses the question of whether new contraceptives for men might change our perceptions of contraceptive responsibility, a question that will be discussed in the finishing part of this paper.
In her 1991 article “The Egg and the Sperm”, anthropologist Emily Martin examines the language used by biological scientists when describing conception. Throughout the texts she has studied, the female reproductive system is described as non-productive, even wasteful, while the male reproductive system is considered productive (Martin 1991:487ff). Since productivity is desired (in capitalist societies), women’s reproductive systems are ultimately seen as worth less than men’s. Also, sperm is described as active, aggressive and personified with an agency of its own, while the egg is portrayed as a passive receiver, being courted or attacked by the sperms (ibid.:489ff). This mirrors Western societies’ views on the male and female roles in romance, suggests Martin. By describing conception in these terms, scientists – perhaps unconsciously – enhance gender roles and make them appear inevitable (ibid.:500). Martin’s observations help explain the gendered discourses around female and male contraceptives that some of my informants noted. Creating an NMC is perceived as complicated, also by the researchers, since sperm production is large and the tolerance for side effects low.

Behaviours around and views on contraceptive and reproductive responsibility among my informants were shaped by the notion that an unwanted pregnancy is a more serious matter for the woman than for the man who impregnated her. Anthropologist Marilyn Strathern’s (1991) article “What is a parent?” helps highlight how these perceptions come to be. Strathern (1991:254ff) argues that the mother is recognized as mother, while the father is constructed in contemporary Euro-American society – tendencies to be observed in Sweden as well. Since the woman carries children and gives birth, she is directly recognized as a mother. The knowledge of fatherhood is, instead, created when it is declared which man is the father. The father’s position is thereby modelled on that of the mother, since it is through the acknowledgement of his having had a sexual relation with the mother that he is known to be the father of the child. The mother’s relationship with the child is a prerequisite for this. In this way, motherhood is viewed as natural, while fatherhood is viewed as a social relationship. Strathern (1991:262ff) underscores that these models of motherhood and fatherhood are culturally constructed by pointing to differences in the views of kinship (origin, bloodlines) among some West African peoples.

Culture analysis is an analytical method based on the assumption that everything we do is learnt in a social process, and acted on in a social context (Ehn and Löfgren 2012:8). This is the starting point of much anthropological writing and will permeate my analytical perspective throughout.
1.6 Method

I have performed in-depth interviews with five male bodied persons between 20-27 years of age, who are sexually active with women in ways that might result in pregnancy if a contraceptive method is not used. At the time of the interviews, all of the informants are either studying Medicine, or have graduated and are currently working as Intern Physicians. Four of my informants reside in Uppsala, one in Stockholm.

The reason I only have male informants is that, as I have touched on earlier, men’s experiences around reproduction has not been subject of as much study as women’s. Regarding contraception specifically, since most of the ones available are for female use, men’s experiences of their own and/or their female partners’ contraceptive use have been understudied. Being able to complement my study with the views of cis women as well as people who identify as transgendered, gender fluid and intersex would have been very interesting, but because of my limited time, I chose to only interview male bodied persons who identify as men.

A prerequisite for someone to be relevant for my study, was that they had to be heterosexually active. I aimed to interview both single men and men in relationships, in favour of a broader perspective. One of my informants was single, the rest in relationships.

Talking about contraceptives that are not yet available (NMC’s) poses a challenge when working within Anthropology – a discipline concerned with lived experiences. I assumed that men who have some medical expertise might have more thorough knowledge from their education about contraceptives, including ones that are not yet on the market.

In this essay, I do not claim to represent the views of men in general, but of a few men of a particular demographic. I might not have received the same answers had I talked to other medical students, students of other subjects at less prestigious schools (three of my informants studied at a University hospital) or men who were not studying at all, for example. The knowledge of and views on contraception among my informants might not be representative of other professions.

The number of interviews and the geographic demarcation were decided by the timeframe of writing this paper. The limited timeframe is also why I chose to connect with my informants through common acquaintances, rather than in a more indirect way. I asked people I know to contact acquaintances of theirs, who fit my criteria and might be willing to participate.
The method of in-depth interview allowed me to gain a fuller understanding of my informants’ experiences, as well as their reflections on these experiences. The interviews were made separately and all but one, that was performed over telephone and was 20 minutes long, were made in person and lasted between 45 and 75 minutes. The interviews were semi-structured, meaning that I had prepared questions in writing, but still allowed the conversation to flow naturally. I began by addressing contraception at a more general level, continuing to personal experiences and thoughts around NMC’s. I would start with questions that addressed practical experiences and follow with ones about the feelings and thoughts surrounding these experiences.

With the consent of my informants, the interviews were recorded on my mobile phone to later be transcribed. The recording was helpful in allowing me to consult the interview audio at later times, which is especially valuable when working within a limited timeframe (Pink and Morgan 2013:355ff). Three interviews took place in meeting rooms at Uppsala University, for reasons of it being a neutral space without distractions, beneficial for talking about subjects of a personal nature, as well as having ideal conditions for recording. One was performed at a cafe at the convenience of my informant.

Post interviewing, the interviews were transcribed in their entirety. Consequently, central themes were identified by coding expressions and concepts that were recurring or seemed particularly important. Coding meant marking words and passages of text before arranging them under different themes.

The interviews were performed in Swedish, but the quotes in this essay have been translated to English, in order to make the text more accessible.

Studying topics such as contraceptive use poses the natural problem of it being a private sphere (Gutmann 2009:36). In conversation, informants’ memories are reconstructed, and certain things might be excluded because of their intimate nature (Fägerborg 2011:94). My position as an interviewer plays its part, too – the facts of my being a female student of Anthropology, studying this topic, for example – might create certain ideas with my informants of what my own stances are. Gathering empirical material first hand is an interactive process and the results must be understood in accordance with these facts.
1.7 Ethics

The American Anthropological Association’s “Principles of Professional Responsibility” (2012) present ethical guidelines for anthropologists. To assure that I have fulfilled the recommendations of obtaining informed consent and being transparent in regards to what my project is about, I and each interviewee signed a consent form before commencing the interview. The form specified the aim of the interview and area of my study, the details of how my paper will be accessible, the right to anonymity and that participation may be withdrawn. The names of the informants are all pseudonyms – I have chosen to call them Markus, Ivan, Joonas, John and Viktor.

Due to the fact that I have chosen to demarcate my study by only interviewing men, while contraceptive methods are normally controlled by women, I will at times present male views on female experiences. Men defining female experiences – instead of women defining their own experiences – has historically been and is still today a problematic phenomenon globally, as addressed by feminists. However, this essay focusses on male experiences foremost, and treating the topic of avoiding pregnancy, it is unavoidable that these sometimes include women. Therefore, I stress that I do not claim to speak for women in general, but to present some men’s reflections on experiences they have shared with their female partners. I would also like to point out that there was a noticeable concern among all informants not to compromise previous or current sexual partners’ privacy, and that they consistently seemed to value what to say and in what manner.

2.0 Ideas and Practices of Responsibility

At the time of the interviews, Joonas, 23, and John 20, are both studying Medicine in Uppsala. John grew up in a small town in west Sweden and Joonas moved to Sweden from Finland a few years ago to study. John is single while Joonas has been in a relationship for six months. Ivan and Markus, both 26 years old, work as Intern Physicians. So does Viktor, 27, who also holds a tutoring position. Markus and Viktor both live in Uppsala, but Markus commutes to work in a smaller town. Ivan is the only one of the informants who does not live in Uppsala, but in Stockholm, where he also works since he graduated almost one and a half years ago. All three of them are in relationships, since between two to four years.
I was interested to find out how John, Viktor, Joonas, Ivan and Markus navigated the area of contraception together with their sexual partners. All acknowledged that there are few contraceptive methods that men are in control of – how did they approach this reality? In what ways were they involved when their partner was the contraceptive user? And based on personal experiences, what were some of their thoughts around contraceptive responsibility?

For all but Joonas, it was most common that the contraceptive being used was a female controlled one, usually a synthetic hormonal one. Sometimes there were other reasons than contraception for using these, such as treating skin problems. It is not necessarily obvious who is the user of a contraceptive method, if it is used for the benefit of two people (compare Inhorn and Dudgeon 2009:111ff). In the conversations, however, the contraceptive user was understood as the one whose body was most directly affected by the contraceptive, or in whom the possibility of conception was temporarily stopped.

In Joonas’ experience, condoms were the most commonly used method. The method had been used by the other informants as well, sometimes in relationships. Most commonly, though, condoms were used if one had casual sexual partners when single, or in the early stages of dating – the added protection against sexually transmitted infections (STI’s) being a factor as well. In these situations, the female partner might already use a contraceptive and hence, multiple methods could be in use at the same time. Condoms were also described as a method used during times when a girlfriend was transitioning from one contraceptive to another (usually because of side effects).

Withdrawal was another male-controlled method that was mentioned, but not claimed to be used by anyone. However, Viktor talked about withdrawal as being a risky method, and it is possible that it was not considered by him and the others to be reliable enough to mention, even if it would have been used.

John noted, about his contraceptive behaviour in general, that it had always been implied in sexual encounters that neither party wanted a pregnancy to result. He said that he “made sure” a contraceptive method was being used, even when he himself was not the one in charge of it. He added: “I have tried to only have sex with people who I could… maybe not imagine having children with, but something along that line” – calculating in a way for the risk of contraceptive failure.

Markus had an interest in the subject of contraceptives and had been engaged in an organisation that promotes sexual health, through which he also met his current girlfriend. He was following the updates on the Swedish study, mentioned in the introduction, that was supposed to be performed the same year, of a contraceptive gel and implant for male use. He
had regularly searched online for progress in the research, as well as looked for options to participate in the study, which he would be keen to do if it seemed suitable to him and his girlfriend. Markus said:

“I find it very exciting with medical development in general and that I can get to be a part of that development. And I do think it is a big question of justice, both in a relationship now and in general […] women carry such a big part of the burden of side effects, and remembering to take their pills, and so on.”

While waiting for more to happen on the area of research on NMC’s, Markus and his girlfriend had decided to split the cost of her IUD. They had agreed that “even if there is just one of us who can actually take it, we can at least split it economically”.

Viktor, too, proposed that there could be an economical way to even out the gendered difference in contraceptive engagement that he noticed:

“The one who suffer negative consequences of it shouldn’t pay a bigger portion of the cost. Having to experience lots of hormonal side effects and paying money for both to get the protection… Then it makes more sense that the partner pays for it.”

In reality, however, for everyone but Markus, it had been the rule that the girlfriend paid for the for contraceptives that she used, and Viktor, Joonas, Ivan and John were not sure how much their partners’ contraceptives cost. They said that condoms were often handed out for free at different kind of events, or was bought by both men and women, both keeping them at their house.

When asked about when the topic of contraceptives arose with a new partner, the informants answered that it usually came up the first time they were having sex with someone new. However, the concern about a contraceptive being used at all was not necessarily the same in all states of mind. Perhaps not surprisingly, the influence of alcohol could lead to less responsibility. Viktor acknowledged that there had been times in the past where “intoxicated circumstances could lead to a looser approach”, and that, if the woman he was with did not propose to use condoms, he supposed she was using some other contraceptive. He also had friends who approach it this way. “I can reflect on the role of men there, that you disclaim responsibility”, he said.

When in a relationship, though, Viktor and the others talked with their partners about contraception continuously. After the initial decision of what method to use (in the cases she
was not already using one), the topic could occur if the girlfriend was experiencing side effects and was considering changing methods. The informants’ roles as medical students and professionals surfaced here – for example, they could help answering whether an experienced side effect was likely to do with the contraceptive used.

“The decision hasn’t been mutual, but the discussion has been”, John said on the topic of deciding what contraceptive to use with a steady partner, which was mirrored in the other interviews as well. Apart from the times when their female partner brought up the subject, the men expressed hesitation to interfere too much in her contraceptive use, routine and experience. This was in part due to the integrity of the partner, who was the one using the contraceptive.

The informants recognized contraception to be largely a female area in general. The cultural tendency of connecting women to childcare (meaning in extent also family planning), as well as power structures disfavouring women to men were mentioned as supposed reasons for this. Note the valuing of positions here – using a contraceptive was considered an inconvenience because of the routine, relatively common side effects and other health risks involved. The positive aspect of being in control of one’s fertility was not as prominent.

Mara Viveros Vigoya (referred in Gutmann 2009:31) calls it “the female contraceptive culture”, the fact that women are more responsible for preventing pregnancy globally than men. This seemed mirrored in the interviews, but there were also claims that contradicted it: again, condoms were often used in sex outside of relationships, and sometimes also in relationships. In fact, condoms had been the professed contraceptive in sex education in high school according to John, Markus and Joonas (Joonas grew up in Finland, broadening the scope of this observation). The added protection against STI’s that condoms offer is a reason to promote them to teenagers, but this nonetheless suggests a socialisation of men into contraceptive use.

Informants thought that contraceptive responsibility should be equal between the genders – that it is up to both the man and the woman involved that there is no unwanted pregnancy. They had different ways of being involved when their steady partner was the contraceptive user: having ongoing conversations about different contraceptive methods, giving advice with the added help of their medical knowledge and more rarely: splitting costs or researching new options for men.

Nonetheless, women were thought to be more invested in contraception, for reasons that will be elaborated on in the following chapter.
3.0 Calculating Risk and Responsibility

3.1 The Corporeal Factor

The corporeality of pregnancy in women was a recurring theme in the interviews: the informants expressed the assumption that women are more concerned to use contraception, since they are the ones who might become pregnant if they do not. In this chapter, I analyse what this perception means with the help of Strathern’s theories of parenthood and argue that this notion might be less obvious than it seems.

“Maybe it is generally harder for men to feel responsibility for a pregnancy, even though they make up half of it, since you don’t get hormonal changes in your body when your partner becomes pregnant – at least not in the same way. I think there is a strong biological explanation to why a woman can feel more responsible during a pregnancy than a man. […] I don’t think the noticeable inequality is purely a social construction. Then one can of course compensate for [the inequality] socially, change behaviours. Maybe all the way to both feeling equally responsible [in preventing unwanted pregnancy], but maybe we will just get so far.”

Viktor believed there to be an inherent asymmetry tied to the fact that women get pregnant and men do not – that perhaps, men are not capable of feeling as responsible for contraception as women. He was separating biological and social factors that influence reproductive and contraceptive responsibility.

Physical realities must be taken into regard when trying to understand cultural phenomena – not least when the subject as here is very much tied to the lived, bodily experience. However, what I from an anthropological perspective search to understand, is how even our perception of nature is culturally constructed to a degree.

Before introducing Strathern’s (1991) theories to elaborate on this, I would like to note that a pregnancy does not necessarily equate a child, something that John stressed as well. Nonetheless, Strathern’s discussion of the creation of parenthood might assist our understanding of gendered interest in avoiding unwanted pregnancy.

Talking about gendered reproductive responsibility, Viktor, as well as several of the others, stressed that the man and the woman each contribute their half to conception on a biological level – the child originates in both. The acknowledgement of the biological child’s origin in a person, its parent, lies at the base of our understanding of parenthood. The social
acknowledgement of these origins happens in different ways for men and women (fathers and mothers) in late 20th century Euro-American society, Strathern argues (1991:255ff). This is very much valid for Sweden today, as well. Regarding the woman, Strathern explains that there is no doubt during pregnancy and birth who is the mother. There is a physical continuity: sexual act, pregnancy, birth. For the man, there is not the same physical continuity. For him to, in society’s eyes, become the father, it must be declared that he is the father.

Strathern (1991:254ff) explains this difference of the (cultural) nature of motherhood and fatherhood in terms of recognition and construction. The woman, visibly being pregnant and giving birth, is recognized by society as the mother of the child. Her motherhood is perceived as natural. The man is, instead, socially constructed as the father of the child by the acknowledgement of his having had sexual intercourse with the mother of the child. His fatherhood is perceived as cultural. Strathern argues, along these lines, that in Euro-American society, the acknowledgement of the mother is always socially prior to the acknowledgement of the father (ibid.). This acknowledgement can be made implicit through the social convention of marriage; to use an example, in Sweden, if a married woman has a child, her husband becomes the legal father of the child by default.

The point Strathern (1991:256) is making, is that these perceptions are tied to our kinship systems. The Euro-American and Swedish way of modelling the idea of the father on that of the mother, is a result of how we view origins. This poses a question large enough for another paper and I will not elaborate on it here. But one example of how ideas of motherhood and fatherhood can differ between cultures, is whether a child is considered to belong to its mother’s or its father’s bloodline, or to both (ibid.:262ff). Also, in certain kinship system, the transfer of the father’s lineage is of particular importance (compare Inhorn and Dudgeon 2009:111), more so than in Swedish society. Had this been of greater importance in Swedish society at large, the perception of “the father” and “the mother” might have looked quite different.

A recurring theme in my conversations with the medical students and physicians, was that women are tied to the pregnancy in another way than men, and hence might be more likely to make sure an unwanted pregnancy does not happen. The man can choose not to acknowledge himself as the father, not construct himself socially as a father – he might not even feel

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1 Although, notably, there are increasing exceptions to this recognition of who is the mother. In the cases of surrogacy and donation of eggs, the genetical mother is not the same as the carrying mother, as Strathern (1991:270ff) stresses. We might add adoption and several other phenomena as well.
responsibility as a father to return to Viktor’s note on hormonal changes. This makes an example of how motherhood is recognized, while fatherhood is constructed.

The assumption that unwanted, or unplanned, pregnancy, is a greater concern for women, is shown in Viktor’s claim that he (and also his friends, from what they told him) had sometimes assumed that a female sexual partner was using contraceptives if the subject of condoms did not arise, since it was always implied that no one wanted a child for the time being. This means that the men assumed unwanted pregnancy to be a more serious matter for women – that she would not have sex that could risk it.

The perception of risk is always created in a certain cultural context. The fact that the bodily changes of a pregnancy happen in the female body, does not by default equate she is less likely to have risky sex than a man. In Swedish society today, it is ultimately up to the pregnant woman whether to follow through with or terminate the pregnancy – generally, at least. There is also access to legal and safe abortion in the country. In that way, the consequences of an unwanted pregnancy might be considered at least as large for the man who made her pregnant, since he will not necessarily have a say in what happens next.

In the case of the woman keeping the child and the man not wanting to become a father, he might disclaim fatherhood – since as mentioned, it must be declared to be acknowledged by others. But if his fatherhood is declared by anyone else and believed to be true, it will be accompanied by social sanctions in contemporary Swedish society, as I elaborate on in the section below (3.2).

An addition: the perception of women being more inclined to use contraception is likely not a male perception specifically. John said that female friends of his had claimed they would "never trust a man" who was not their steady partner to use an NMC if it became available, suggesting that they would want to be in control themselves, or be able to see a contraceptive being used.

3.2 The Modern Man

If unprotected sex\(^2\) is seen as riskier for men than women, we might turn to the question of what my informants thought were the expectations of men at large in regard to contraception – and also unwanted pregnancy, since that is what contraception should prevent.

\(^2\) From the perspective of risking an unwanted pregnancy, not STI’s.
Markus said that it is easier for a man to run away from the responsibility of an unwanted pregnancy, but added that “at least it has been” – implying that this behaviour was more accepted in the past than it is today. John said:

“Historically, child rearing has always been the woman’s role, and because of that it’s always been about her, that she should also control [contraception]. Men have been working and have been viewed as the ones who impregnate but don’t take care of the child. Then, [contraception is] not their responsibility to take. I suspect that it is that way. [my italics]”

John also expressed that because of “a kind of oppression that still lives on, [the responsibility for preventing a pregnancy] lands with the woman”. He regarded the gendered aspects of reproductive responsibility to be unfair and considered them outdated, but acknowledged that they still existed to a degree.

John’s and Markus’ views might be understood by looking at Gutmann’s (2009:37ff) discussion of a dichotomy that sometimes surfaces in the discourses of men and reproduction, including the context of preventing reproduction: “the traditional man” on the one hand, and “the modern man” on the other. The traditional man is conservative, wants many children and does not care about such things as child rearing, while the modern man is aware of his partner’s needs and makes sure to prevent a pregnancy when one is not desired. This evolutionary stereotyping is not meant as an analytical tool to understand men’s sexual lives and destinies (ibid.) – but nonetheless, recognizing the implicit presence of this model of thought can assist in understanding John’s and Markus’ views on contraceptive responsibility.

John and Markus meant that it had been possible for men to not take responsibility if a pregnancy occurred, to run away. Since biology does not change over time in the same way that cultural ideas do, referring to “what it used to be like” implies that there is a cultural aspect to feeling responsible for contraception, in addition to the physical factors of pregnancy discussed under the previous subheading. Markus and John suggested implicitly that today, there is a stigma connected to fleeing an unwanted pregnancy in Swedish society, but that some men still do. We can explain this in terms of the “modern man” being the ideal – someone who acknowledges his responsibility in contraception and unwanted pregnancy.

John said that “it is time that men do their part” in contraception as well as women – just as on the topic of escaping unwanted fatherhood, the issue of contraceptive use had a timeline implied. “Why can’t they just release [an NMC] that I can use?”, he added, positioning himself within these modern values. The reason to discuss the idea of the modern man is that
it suggests that contraceptive behaviour can be connected to identity. While a “traditional” man is old fashioned and has not kept up with the times (such as the ideal of gender equality), the “modern” one has realised his part in contraception.

The next chapter examines further the informants approaches to using an NMC.

4.0 Male and Female Contraceptives

4.1 Using a New Contraceptive for Men

Viktor, Ivan, John, Joonas and Markus all learned in Medical School that new forms of contraceptives for male use were being researched, as well as something about the technology behind these contraceptives. All of them could imagine using an NMC, on the condition that it be safe, reliable, convenient and low in side effects. A few main motivations to use NMC’s were recurring, and this chapter explores the social contexts in which the two main motivations are created. The reason my informants gave to use an NMC was, firstly, the issue of equality and justice; both on an individual level by sharing the “burden” of contraceptive use with a female partner, and on a structural level to encourage equal responsibility for contraception between the genders. Secondly, having more methods of being in control of one’s own reproduction was also a motivation. The interest in and excitement about medical development at large, along with the possibility to be part of this, posed a third reason to use a future NMC – likely in connection to my informants’ choice of profession.

Oaks (2009:153) theories can assist understanding of the main motivation: sharing in contraceptive use. She has discussed the concept of “new” men – not to be confused with Gutmann’s (2009:37ff) contrasting of “modern” and “traditional”. What Oaks does (basing her discussion on Oudshoorn 2003), is accounting for the different narratives that were created around new contraceptives for men, when WHO in the late 1980’s helped fund the research. Depending on what part of the world a future male contraceptive were to be marketed in, different “types” of men were imagined as users. In the Global South, contraceptives were to be marketed as a way for the man who was the head of his family to take responsibility in limiting family size. In the Northern countries, using a contraceptive as a man would instead contribute in identifying oneself as a “New Man”, who shares with his
partner the burden of family planning, and the strain on the body that a using a contraceptive can constitute.

Note that again, it is identities that are being constructed. Starting in feminist discourses that are influential in many Northern countries – especially Sweden, I would argue – sharing would be a central concept in the creation of the male contraceptive customer. By feminist discourses, I mean implicit and explicit notions that men and women should have equal rights and opportunities, based in the acknowledgement that women are or have been structurally underprivileged compared to men. I do not mean that everyone would agree on this, but that it is an underlying value system, shaping for example laws.

Equality by “sharing the burden” of contraceptive use with female partners, was a recurring reason to use NMC’s amongst the men I talked to. Family planning being considered a burden has to do with culture – as made clear in the example of the WHO’s different perception of men from different countries. “If [an NMC] comes, it is my responsibility to use it to even out the gender norms a little bit”, said John. Even when mentioning another other motivation, being sure he did not make anyone pregnant, he stressed that the equality factor weighed heaviest. Ivan explained his views in these terms: “[i]f there would be an equal contraceptive that a man can use, I think it is as big a responsibility for men”. Perhaps, the established discourses of gender equality as a goal, and the understanding of contraceptive use as an inconvenience, explain why the control aspect did not pose as big an incentive to use NMC’s, as the justice aspect did.

Oaks (2009:154) points out that the discourses around NMC’s (internationally) frame the user as someone in a trusting relationship, and all of my own studies on the medical discourses around the research support that. Oaks suggests that perhaps that is why the posing of NMC’s as a male right to control of one’s own reproduction, is not a bigger focus in the promotion of NMC’s. This might be more of a factor if NMC’s were understood as something to be used outside of trusting relationships.

On the same theme, Gutmann (2009:29) asks: “Who among men is demanding birth control for men?” He claims that most of the organisations promoting the rights of “men as men” are working with gay rights. And the ones that are not, are still not demanding their right to new forms of male contraceptives or promoting the wider use of existing ones.

I assume that these ways of speaking (and not speaking) of NMC’s, influence my informant’s views. I note again that Markus did actively look into participating in the development of new male contraceptives, and that he also stressed the control aspect. However, the informants did not in general frame NMC’s as a male right to nearly the same
degree as it they framed them as a female right. The development of female contraceptives is known to be rooted in the feminist struggle for sexual independence, and the ability to choose when or if to have children. There has not been, and is still not today, the same framing of men’s use of contraceptives in terms of “rights”, to return to Gutmann. Because of its acknowledgement that male rights have had precedence over female rights throughout history, “male rights” as a positive concept is relatively foreign to the gender equality discourses prominent in Sweden. Thereby, my informants might be less inclined to reason in accordance with “male right to contraception”, than with the female right to be relieved of some of the burden of birth control. However, there is obviously more to it than this, and individual ideas and feelings play their part as well.

It is important to keep in mind that my informants are well-educated. Studies have shown that educated middle- (and upper-)class men are more likely than other groups of men to have a positive approach to using new male contraceptives (Laird 1994:466). In addition, my informants study or work in Medicine and might be more likely than other groups to be in favour of using an NMC – there was, as mentioned, a general interest among them to partake in the medical development that might not be as strong with other groups of people.

The understanding of contraceptive use as an inconvenience and the discourses of gender equality permeating Swedish society, likely played their part in making the justice aspect important to my informants. To move back even further an analytical step – in what contexts are these understandings and discourses created?

4.2 Gendered Discourses on Contraceptives

This subsection focusses a gendered difference in discourses around contraceptives for women and men. Firstly, the understanding of contraceptive use as an inconvenience is discussed, since this is something I have shown to underly much of my informants’ reasoning. Secondly, what understandings did my informants have of the creation of NMC’s, and where do these ideas originate? Finally, would more options for men mean that reproductive responsibilities become shared to a larger extent?

Side effects was a recurring theme in the conversations, as a problematic aspect of contraceptive use, both in regards to NMC’s and existing female contraceptives. Several of my informants mentioned female partners’ experiences of side effects, in a manner that implied there to be a wider discussion in Swedish society about this.
Although negative side effects are considered as problematic for anyone who experiences them, John found that in some medical discourses around side effects from contraceptives, there was a gendered difference:

“I just find it so silly what the arguments were to not start selling male contraceptives – weight gain and a tendency to anxiety – which concerns all women […]. There are practically no contraceptives without side effects and suddenly, when it concerns men, it becomes problematic.”

Researchers of NMC’s also acknowledge that fewer side effects are accepted in the contraceptives being developed for men today, than the ones that were developed for women in the 1960’s (Vetandets värld 2011 12:00-12.13). This can be attributed to facts such as: the demand and benefit being greater for women at the time, than the risks associated with birth control; the political potential of contraceptives, since they played an important part in female sexual liberation in the Western world; and that the legislative framework around new medications is stricter today (ibid.). In addition to this, since a pregnancy does not affect the male body directly, a measure to avoid it might not be considered to have personal, bodily reason for men. Like Viktor – who, in the capacity of Physician, would know about these definitions – noted: in a medical sense, the social benefits of a medication are secondary to the individual benefit of the user and thereby safety and side effects are calculated against direct physical gain for the user.

Assuming with John, Viktor and NMC researchers that there is a difference in the tolerance of side effects from contraceptives in men and women respectively, there are a few reasons that might be added. To return to the assumption that the avoidance of unwanted pregnancies is more crucial to women than men, it is reasonable to assume that the perception of need still today outweighs the perception of risk in contraceptives for women. Hence, more side effects are tolerated for women.

Martin’s (1991:486ff) discussion of gendered descriptions of biology, might also provide understanding of these medical discourses. She describes how, in medical papers on conception, the maturation of eggs is described as a passive and wasteful act, where women are born with all the eggs they will ever produce, and that most of them die during her lifetime. The male reproductive system is described as extremely productive, creating sperm in large numbers at a fast rate. Martin points out that the process could just as well be described in more equal terminology, since for example the ripening of an egg each month might be considered productive and the large amount of sperm that die during a man’s
lifetime might be considered wasteful. Her conclusion is that the male reproductive system is viewed as more valuable than the female one, productivity being privileged in capitalist societies. If we assume, with Martin, that the female reproductive system is of less worth than the male one in Western societies, it is likely that we would tolerate more side effects in women than in men.

Martin’s (1991) claim that the male reproductive system is perceived as extremely productive, is also mirrored in the medical discourses around the development of NMC’s. Researchers describe how it is harder to make sure that there are not enough sperm in a man’s seminal fluid to impregnate a woman, than to stop ovulation that happens around once every month (Manzoor 2017). Ivan and Markus also said they had understood it this way, that the female system is easier to control. “I think that men have a disadvantage there, that our hormonal axis is straighter and there are fewer points of attack there to limit reproduction. Not impossible in any way, but harder to be sure it works”, said Markus.

The perception that male reproduction is more difficult to control must be understood in context: as a result of the lower tolerance of side effects, there is a smaller window in which a male contraceptive can be developed – the window being understood as the place where desired contraceptive effect and acceptable levels of side effects meet. It would be harder to develop a method that gets rid of all or most of the sperm in a stricter framework, since milder substances or smaller procedures are prerequisites of lower side effects.

John had a sceptical approach to the claims of the researchers: “They say it’s easier to change the hormones in the female body than male one, but it doesn’t seem like it should be that difficult, thinking of all the research that has been made on the male body”. The reason he gave for this was the bigger interests at play: “[medical] innovation is driven by capitalism, which says that there’s no point because no one will use [an NMC]”.

John’s views reflect what Gutmann (2009:31f) notes in his discussion of the multiple actors in society that influence the development of new contraceptives for men. Definitions by medical companies of what is doable, in regards to both human biology and the market, shape our understanding of medical development, as well as our perceptions of our own physical being (ibid.). To summarize: the demarcation of what can be done lies to a large extent with different actors that all have their own values and vested interests. The same applies to institutions, such as municipalities who subsidise certain types of contraceptives, nationally funded research institutes’ choice of focus and the interests of global organisations working for reproductive health and population control.
So – if NMC’s would become widely available – would views on contraceptive responsibility change? Viktor saw the possibility of contraceptive responsibility changing would an NMC become available, but did not believe it would be enough to revolutionise our thinking. Oaks (2009:154) addresses this question and reaches similar conclusions. While new male contraceptives would supply us with more options to share contraceptive responsibility, larger issues must be addressed simultaneously for attitudes to really change, Oaks argue. She also suggests that the release of a new male contraceptive might give us reasons to scrutinize cultural stereotypes around gender.

NMC’s could have the possibility to open new arenas in which to explore our perceptions of gender – possibly even uncover some assumptions we have not yet had reason to reflect on thoroughly. It would doubtlessly be very interesting to do a similar project to the one I have done here in a future context where NMC’s might be widely available.

Then, of course, there is the question of what women who have sex with men would think about a sexual partner using an NMC – would they want to let go of the control of using contraceptives themselves? How established would the use of NMC’s have to become for us to trust their function? In the concluding section, I elaborate on what questions could be addressed in future projects.

5.0 Conclusions and Further Questions

In this essay, I have examined experiences of contraceptive use and views on contraceptive responsibility among Swedish male Medicine students and Intern Physicians.

I found that each of my informants had their own way of approaching contraception, ranging from how one selects sexual partners to looking into new contraceptives for men. Some patterns of contraceptive behaviour were, however, apparent: condoms were commonly used in initial stages of dating or in casual sexual encounters, and female contraceptive methods were common in steady relationships. In the future, the question of why it tends to become more of a female responsibility in trusting relationships, might be addressed.

Contraceptive responsibility was largely experienced as a female area by my informants, even though they thought responsibility should be shared. They believed this to be because of the fact there are more and safer contraceptives available for women; that women are expected by society to be responsible for children and hence also family planning; that
unequal gender power relations place the strain of contraceptive use on women and that women are more likely to be worried about an unwanted pregnancy, since she would experience the direct, physical consequences of one.

I argued that the notion of women being more concerned to avoid pregnancy is a cultural construct, despite being framed in terms of physical nature. Strathern’s (1991) claim that cultural ideas of origin and lineage decide how parenthood is understood highlighted this. I suggested that men might have reason to be equally concerned about this in contemporary Swedish society, where women as a rule are the ones who make the final decision of whether to follow through with a pregnancy or not. Examining what different men think about this, could be elaborated further in a future project.

The informants acknowledged that men have traditionally had to take less reproductive responsibility, but that in Sweden today, caring about contraception as well as the consequences of an unplanned pregnancy is expected of a man – if not always the reality. Gutmann’s (2009:37ff) theories of a commonly perceived dichotomy between “modern” and “traditional” men were drawn upon when I suggested that male contraceptive behaviour can be closely tied to identity – taking responsibility means being perceived as modern and conscious in contemporary Swedish society.

My informants’ views on using NMC’s were discussed. I identified three main motivations that my informants would have to use an NMC: changing the fact that contraceptive use to a disproportionate extent lands with women; having more and better male controlled options; and an interest in being part of the medical development. I examined the societal values that might explain why “sharing the burden” posed the greatest reason to use NMC’s, and addressed the issue of rights – contraceptives for men seem to be understood as more of a female right than a male right. Oaks’ (2009) discussion of how NMC’s would be marketed to Northern men, as well as Gutmann’s (2009) claims that the professing of “male rights” is lacking, assisted in understanding the perceptions of my informants.

John had observed a gendered difference in discourses around male and female contraceptives. With empirical support from claims of NMC researchers, I identified a dilemma that arises around the development of NMC’s. While the male reproductive system is seen as very productive and difficult to control, there is a very low tolerance of side effects from NMC’s, according to researchers. Martin’s (1991:487ff) theories were drawn upon to explain how our understandings of our reproductive systems are culturally influenced: if we believe the female reproductive system to be less productive than the male one, it is less valued, and perhaps the society will tolerate more side effects from contraceptives in women
than men. I also argued that in a context where women are thought to be more concerned to avoid pregnancy than men, the benefit might be viewed to outweigh side effects for women.

A new male contraceptive becoming a reality soon – perhaps even the one tested by The Karolinska Institute in 2018 (Göthlin 2017) – is likely not enough for us to reconfigure our perceptions on gendered contraceptive responsibility. This is since, as I have shown in this essay, there are a multitude of underlying cultural understandings that influence our views on contraceptive responsibility. However, an NMC would provide us with more practical possibilities to share contraceptive responsibility between the genders, and maybe also pose a basis on which to examine things we take for granted. Is it because contraceptives for men are posed as a female right to be relieved of burden, that the development of NMC’s is so slow – if the technology is not mainly seen to serve the user itself? Would NMC’s replace female contraceptive use to an extent, or complement it? Would they replace condoms to any degree, and if so, in what ways would STI prevention have to be re-evaluated?

I have talked to young, heterosexually active male medical students and professionals for this paper, meaning that I have not addressed several other groups of people and their potential views on contraception and responsibility. For future studies, it would be of great interest to discover how men of other ages, backgrounds and occupations might approach these subjects. And not least – how women or people of other gender identities regard their contraceptive realities, as well as how they would feel about a partner using an NMC in the future.

It is my hope that this essay has inspired some new questions within the understudied field of men and contraception and provided some insight into men’s approaches to NMC’s. Ideally, we will in the future have a reality where men have more methods to be involved in contraception. Foremost, I believe this to be a question of equality – for men to have the right to be in control of their reproduction, and for women to have more options to share contraceptive responsibility.
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Oral Sources

Interviews (all names are pseudonyms)


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