



FOCUS ON RESEARCH

MEN, MASCULINITIES, DEPRIVATION AND SEXUAL HEALTH: A QUALITATIVE STUDY

Researchers

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Aim

- To explore how prevailing constructions of masculinity in the most socio-economically deprived areas of Scotland are related to sexual health attitudes and behaviours in adult heterosexual men;
- To explore whether/how these are related to adverse sexual, physical or mental health outcomes for men, their sexual contacts and partners, and other women, and;
- To use the findings to inform the development of interventions to improve sexual health outcomes for those in areas of high deprivation.

Project Outline/Methodology

Men and women aged 18-40 years, residing in the most deprived areas of Glasgow, Edinburgh, Dundee, Highlands were recruited to 18 focus groups and 35 individual, semi-structured interviews (total 116 participants: 68 men, 48 women). Images of men, women, scenarios of sexual consent and domestic abuse facilitated discussion on broad sexual health and wellbeing topics. We sought to understand influences on masculinities and gender practice formation, including the role of place, and explored responses to 'sexual health' questions cognisant of the ways in which sexual encounters are social practices which are shaped by and construct gender.

Key Results

We collected rich and complex personal experiences, views and beliefs. Men's and women's gender practice was rooted in contexts which were often suffused with violence, and habituation to economic and social disadvantage pervaded most accounts. Disconcertingly, an undertone of resentment towards women imbued much of the men's data. Men often claimed to be wholeheartedly in agreement about women's rights to be treated equally; however, this conflicted with persistent negative notions of traditional gender roles, supporting paternalism. Whilst most women supported notions of gender equality, many also reflected on their own

experiences of domestic abuse and negotiating gender norms to express the challenges for women. A key finding is that understandings of sexual health remains largely restricted to pregnancy and sexually transmitted infections, although women were more likely to talk about coercion and control as being associated with sexual health. A striking finding was the many uncertainties and confusion regarding sexual consent. Few men were able to define a 'line' between a woman being 'just drunk' and 'too drunk' to consent to sex. For many, a lack of explicit *non-consent* was taken as a form of *consent*. The blaming of women for incidents of sexual violence was widespread (although more so by men). Many men said they would respond differently if they imagined a woman in a vulnerable situation to be their sister, girlfriend or another female relative ('relational proximity'), compared to a woman unknown to them.

Conclusions

A masculinities framework and recognition of broader social determinants on sexual health and wellbeing will be vital components of future interventions.

What does this study add to the field?

This is the first UK study to explore the intersectionality of masculinities, deprivation and sexual health among adult heterosexual men and women. It has identified the depths of the challenges to make a difference in these communities, and challenges to notions that individual-level interventions alone will solve these issues.

Implications for Practice or Policy

It is vital to enable men and women to better understand each other, and communicate; there remains a clear need to emphasise holistic sexual health; and, alcohol has a fundamental role in sexual consent, changing the 'rules of the game'.

Where to next?

Further research across socio-economic groups, to explore the pervasiveness of these attitudes, understandings and behaviours.

Further details from:

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