

## **“Put it in your shoe it will make you limp”**

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### **“Put it in your shoe it will make you limp”, British men’s online responses to a male pill**

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#### *Abstract*

*This paper analyzed online interactions between British men and other online readers’ comments in response to two news articles focused on a male contraceptive pill. The aim of the study was to explore how British men’s online accounts construct a male pill as a potential contraceptive option for family planning. The two online articles reported the scientific innovations, as well as the production and marketing, of a non-hormonal, plant-based pill for men. Discourse analysis was used to analyze the online comments, from which two discourses emerged: 1) ‘Men as responsible health consumers’; and 2) ‘“Killing sperm” and other side effects on semen’. When provided with the opportunity to take future responsibility for family planning, male readers were found to be unlikely to use a contraceptive pill. The men expressed the need for new options of contraception, but overall felt a male pill was not the solution.*

#### *Keywords:*

*England; Internet; Reproduction; Men’s Studies, Social Research*

#### Introduction

During the 1980s, newspaper headlines began publicizing a new possibility of male contraception by asking 'what about a male pill?' (Oudshoorn, 2003), following the findings of Qian and Wang (1984) in their Gossypol prospects report. These headlines emerged at a time when reports on the risks and side effects related to the female pill

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were published. For instance, estrogenic levels in the female pill were found to increase the likelihood of vascular diseases (e.g., venous thrombosis, stroke) (Vessey, 1980) and depression (Seaman, 1980). To alleviate the risks faced by some women who take the pill, newspapers suggested researching new technologies that would enable men to take more contraceptive responsibility (Belkien, Schürmeyer, Hano, Gunnarsson & Nieschlag, 1985). During the 1990s, British newspaper headlines shifted to the reality of a male pill reaching the contraceptive market, referring to the ‘race for a male pill’, with a promise that the male pill was close to being available (Jourdan, 1997; Lawson, 1997).

In general, little is known about British heterosexual men’s current contraceptive practices, despite the introduction of the Wellman Clinics and Andropause Clinics in London (Banks, 2001; Carruthers, Cathcart, & Feneley, 2015). Research on condoms disproportionately focuses on British men who are considered ‘high risk’ (e.g., men who have sex with men) and young British men (Thomas, Shiels, & Gabbay, 2014). Studies refer to condoms in a sexual health capacity, as opposed to family planning<sup>1</sup> (see Bailey et al., 2015; Sheeran, Abraham, & Taylor, 1999; Sheeran & Taylor, 1999). Overall, there is a gap in social research with regards to understanding British men and vasectomies, withdrawal, abstinence, and non-vaginal sex. Research exploring a male pill in the British context is limited, and most studies take a quantitative approach. Brooks (1998) surveyed 115 British men who attended a fitness center and concluded that men in established relationships were more likely to use a male pill if there were little to no side effects. In a British questionnaire of 220 males and females concerned with the attitudes toward a male pill, Eberhardt, van Wersch and Meikle (2009) found women to be more likely than

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<sup>1</sup> Family planning for the purpose of this paper is understood to be the ability to time pregnancy by using contraception and treating infertility (World Health Organization, 2017).

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men to view a male pill with a positive attitude, with attitudes varying based on the trust perceived within the relationship. Another British survey by Walker (2011) of 134 women and 54 men reported that under half of the respondents would use a male pill; 42% of respondents believed men would be incapable of using a pill.

Less qualitative inquiries have been conducted into whether British men would use a male contraceptive pill. Ringheim (1996) analyzed focus group transcripts from couples that participated in a clinical trial of a hormonal male pill in England. While the sample lacks representation, male partners reported a sense of shared responsibility, tolerable side effects, increased libido due to increased partner receptiveness, and increased self-control of pregnancy. Participants also reported disappointment when the trial ended, as the method would no longer be an option for them. In a review of the existing literature, van Wersch, Eberhardt and Stringer (2012) suggested five predominant psychosocial and cultural themes in need of further exploration before a male pill could be successfully marketed: acceptance, trust, side effects, perceptions of responsibility, and the impact on masculine identity. Dismore, van Wersch, and Swainston (2016), in a study interviewing 22 men, explored social constructions related to hormonal male pills, concluding that gender ideology needs to change for a male pill to be more appealing to men; whether this is the same for non-hormonal male pills, like the one featured in this paper, requires further research. The non-hormonal focus of a male pill has occurred since the 1970s and is a more favored approach in the East. For instance, Gossypol, as discovered in China, is manufactured from cotton plants and continues to reach popularity: it has been additionally researched in 17 other countries (Wen, 1980). Another example of a male pill is Gandarusa (developed from plants in

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Indonesia), which is also considered both natural and herbal. This pill is closer to the stages of production and distribution than any other male pill worldwide. (Tulsiani, 2016).

Globally, dialogue concerned with new technological advancements of a male pill has created a larger debate, moving the focus of men’s engagement in family planning from the scientific community to the spotlight of the media. Media influences have challenged the scientific community to address whether the advancements of a male pill have truly been successful, specifically when challenging men’s cultural acceptance of such a tool (Oudshoorn, 1999). The media’s representations of a male pill show acceptance as a societal concept and have facilitated a larger cultural awareness of the male reproductive body. (Oudshoorn, 2003). In a study analyzing mock media advertisements of male contraception pills, Oaks (2009) explored how advertisers could play an important part in encouraging men to prevent pregnancy, thus releasing women from the burden of risk and responsibility accepted by previous generations. Oaks suggested that there are potential consequences of the representations, recommending that these outcomes can be addressed by framing the male pill as a controlling factor that frees men from unwanted pregnancies, as well as the financial obligations of unwanted children, by targeting men in trusting relationships. As gender roles are challenged, there are continued changes to gendered stereotypes. There is now a challenge to the typical linear transition from dating, to marriage and then to childbirth, which prescribes a masculine identity outside the traditional norm. (Arrowsmith, 2016). In a content analysis of 121 news articles on the male pill, Campo-Engelstein, Kaufman, and Parker (2017)

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acknowledge that news articles are supportive, but that as a society further cultural change is needed for men to accept a pill.

Today, almost 30 years since making headlines, a male pill is yet to reach the contraceptive market; the typical timeframe of a drug debuting in a newspaper before being released is 12-15 years. In England, newspaper article headlines continue to promise the possibility of a male pill in the ‘near’ future, but still it never arrives to provide men the promised opportunity to choose from a more diverse option of male contraceptive methods. According to Oudshoorn (2003), the notion of a male pill has become a confusing cultural symbol, which is presented in newspapers as a promising technology that is struggling to reach the market. Therefore, this paper explores men’s online responses to two newspaper articles on a non-hormonal male contraceptive pill, focusing on the talk used by men when discussing the possibility of taking contraceptive responsibility. The research question asks: *how do British men’s online accounts construct a male pill as a potential contraceptive option for family planning?* To answer this research question, a discursive analysis was conducted. While British men’s responses suggest a desire for future methods of contraception, a male pill was viewed as dissatisfactory. The results provide further implications for understanding British men’s reproductive control and their reproductive knowledge, which are elaborated upon in the discussion.

### Methodology

The readership of online news has been diversified from a small portion of people making comments to a larger readership (Jaspal, Nerlich, & Koteyko, 2012; Richardson & Stanyer, 2011). Researchers increasingly use online spaces to investigate how men’s

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discursive resources and practices construct meaning, thus providing insight into men’s engagement with important issues such as masculinity and embodiment (Hall & Gough, 2011; Hall, Gough, & Seymour- Smith, 2013). Therefore, online spaces can act as an appropriate resource that provides insight into men’s future family planning practices. Since a male pill is yet to be released on the contraceptive market, naturally occurring online interactive posts regarding a male pill were analyzed.

### *Inclusion Criteria and Selection*

An online search was completed using Nexus Database. Controlling for British newspapers, 38 results were found when using the search term ‘male pill’, with 33 out of 38 search results originating from newspapers (e.g., *Mail Online*: six; *The Observer*: four etc.). To narrow the focus to England, only newspaper articles that identified as British sources were used. (The *Mail Online* requires readers to identify where they reside in their post; *The Observer* requires readers to sign up to the service to publish posts). The newspapers also had to be free to access, which ensured diverse experiences for analysis. While a small number of women commented on these articles, the inclusion criteria narrowed the focus to only male-written posts, with a view to understanding men’s representations. Posts by females were included only if removing said post would have been impossible when including quotes in the results section. To ensure the participants were British men, quotes were used that inferred this criterion and posts were only analyzed if they used a pseudonym that identified as male. It is possible, however, that some respondents could have been women using a male pseudonym and that they inaccurately reported their residence or resided outside of England. After applying the above inclusion criteria, five articles remained out of the original 38. The two articles

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ultimately analyzed also met a further criterion: both were published in well-established British media sources. These articles were featured in one of the nine major British news websites (Thurman, 2008) and both attracted over 600 interactive posts (around 300 per article) to provide a rich data set.

The two selected articles were: “Who wants a male pill?” in *The Observer* (*The Guardian*) (Lewis, 2014), and “Now the chemical snip! Male pill works like a vasectomy - but will girls trust men to take it?” in the *Mail Online* (*Daily Mail*) (Spencer, 2013). As part of *The Guardian*, *The Observer* (Sunday’s *Guardian*) is considered a broadsheet news publication, aimed at the educated and professional middle classes (Thompson, 2013). The *Mail Online* is a faction of *Daily Mail*: considered as between a broadsheet and tabloid (i.e., ‘middle-brow’) with a working or lower-middle class readership (Day, Gough, & McFadden, 2004). Broadsheets often provide responses that focus on national concerns, health policy, and societal improvements, while tabloids provide responses regarding emotional ramifications such as clinical complications and ‘bonk’ journalism (Bell & Seale, 2011), meaning sensationalism.

### Description of News Articles

Both news articles discussed a discovery by Monash University, Melbourne, in which researchers successfully blocked the proteins that controlled sperm motility in mice. This was a finding that could be utilized to create a male non-hormonal contraceptive pill for trial in humans. The new discovery would inhibit the release of sperm, as with a vasectomy but without the surgery. The articles claimed there were little to no side effects when removing the proteins (e.g. no impact on libido, masculinity, or sexual behavior) and that the resulting infertility would be temporary. The articles

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explained that sperm retained in the male mouse’s body upon removing the proteins were viable if retrieved through IVF practices and produced healthy pups (baby mice). Both *The Observer* and *Mail Online* articles cited the lead researcher as credible, and discussed contraception as shifting toward being a ‘shared’ responsibility. It is worth noting that the principal researcher perpetuated an essentialist view of sperm production, stating that it is harder to stop 1,000 sperm from being produced per second than it is to stop one egg. However, this view favors the male reproductive body, despite little scientific evidence to support that it is harder to inhibit sperm production; it is perceived as fact based in nature, rather than a social and cultural production of gender (Oudshoorn, 2004). Essentialist biology promotes gendered stereotypes, associating gender and biology as natural, such as the egg being ‘passive’ and the sperm being ‘active’, diminishing the active role of the egg in fusing with the sperm to form the zygote (Nelson, 2017). Regardless, the selected articles took the angle of a non-hormonal male pill providing men with more options to share contraceptive responsibility.

Differences between the articles were due to operational factors: the *Mail Online* piece was 666 words and *The Observer* was 3,316 words. In *The Observer*, the researchers’ credibility was further emphasized: they had been working on developing a male pill for over 24 years. *The Observer* also included a lengthy history of the contraceptive’s development, including a discussion of an attempt to get a male pill to the market called the ‘clean sheets’ pill, which was unsuccessful because of its effect of dry ejaculation (not an issue with the pill reported in the news articles). *The Observer* placed blame for the absence of a male pill on funding bodies, claiming it is impossible to secure grants for male pill experiments due to the availability of reliable female contraceptives.

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The original journal article, by Oliver, Poullos, Ventura, and Haynes (2013) on which both online news articles were based, was also reviewed. Oliver et al. found that dihydrotestosterone (DHT) - not testosterone - was possibly involved in signaling pathways for prostate contractility, as well as the growth/secretion of sperm in mice. By inhibiting DHT, the result was temporary infertility. While Oliver et al. explained that the new developments in male pills were due to a better understanding of the role of DHT, the newspaper articles failed to address that there is truly little understanding, both scientifically and publicly, of DHT versus testosterone and its impact on male fertility.

### *Method of Analysis and Ethics*

The responses to both articles were the primary focus of the analysis (not the articles themselves) to understand men’s constructs, rather than the articles’ authors’ representations. Male readers’ responses were similar, despite the two articles being written independently and published in different newspapers. The responses used for analysis were posts by males: both in response to the article (individual positions) and in discussions between men and other responders (joint positioning). Fundamentally, the study involved an analysis of pre-existing text in the public domain, and the appropriate ethical approval was received. The ethical guidelines adhered to were those of the British Psychological Society (BPS) for Internet Mediated Research (2013). To protect the autonomy and confidentiality of the online respondents, numerical values were assigned to each respondent (i.e., Male Reader 1, Male Reader 2). Respondents were free to remove comments to the news article at any time, acting similarly to a participant’s right to withdraw information. In addition, both newspapers encouraged respondents to create

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their own username pseudonym to be presented alongside their post, adding another level of anonymity to their comments.

The analysis conducted used a psychological method of discursive analysis, as seen in Willott and Griffin (1997; see article for a visual representation of the approach to analysis), and Gough (1998). Comments to both articles were read on multiple occasions to gain familiarity with the text. The responses were then divided into two sections: the first section composed of *The Observer* comments, and the second section the *Mail Online* comments. Starting with section one, themes were generated by going line by line through each post, with the revisions of these themes occurring after all comments in section one were analyzed. Several themes were generated (e.g., biological determinism), before being revised and renamed based on commonalities in the discursive resources (e.g., responsibility) and discursive practices (e.g., sperm production). Once the themes were collapsed they were analyzed to identify any reoccurring discourse(s). The same process was repeated for section two (*Mail Online* article), with a focus on identifying the previous themes and discourses acknowledged in section one and revising for any new themes or discourses that emerged. Two dominant discourses emerged from both articles: Men as responsible health consumers, and ‘Killing sperm’ and other side effects on semen. Reflexivity, in the form of memos, was used to account for researcher bias and to deconstruct how the researcher was located both within the research context and within the subjectivity of the research (Finlay & Gough, 2008). The resulting data was triangulated using multiple researchers to ensure the themes and discourses were present in the quotes. The use of multiple researchers for addressing bias is an accepted practice amongst qualitative researchers in psychology (Madill & Gough, 2008).

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### Results

#### *Discourse 1- Men as responsible health consumers*

Unwanted pregnancy was a concern for male readers, with women positioned by men as currently monopolizing fertility control. The readers expressed a reliance on women with regards to family planning due to the current methods of contraception available:

Post by *Male Reader 1, Nottingham, United Kingdom*:

“Nobody even slightly concerned that an article about a male pill to help and protect men and give them similar freedom to women, the top 3 comments are actually about how it effects women? A lot of women simply DO NOT want men to have this option. Which is a complete disgrace. But utterly predictable.”

[Article: ‘Now the Chemical Snip’]

Post by *Male Reader 2, Taunton, United Kingdom*

“Because unlike men, women do have other options other than the pill...coil, cap, femidom etc etc plus the female pill has been around for years and we know the varied side effects because there are so many types to adapt to our bodies and choose to take it or not. Men have only 2 options at present or a 3rd which is no sex whatever! Of course they're going to worry about the risks because without a man can't have a baby so need to know its safe!”

*Response Male Reader 3, Leicester, United Kingdom*

“Women already take the pill (and will continue to do so) making the pharma companies big money, they don't need to spend more money making a better one because it won't increase profits. But the male pill is a new market and men aren't gullible enough to just take a pill and hope there are no long term side effects.”

[Article: ‘Now the Chemical Snip!’]

According to Male Reader 1, a male pill would “protect” men by providing them the control and “freedom” women have; he viewed women as placing concern over their own bodies first as “predictable” or expected by women who are policing men’s reproductive bodies - a point emphasized with capitals (“DO NOT”). Male Reader 2 shares Reader 1’s

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concerns: women “unlike men” currently have control and can “choose” to take a pill.

Both Readers 3 and 4 present as knowledgeable consumers, identifying that there will be “risks” if taking a male pill due to the uncertainty of long-term side effects; they iterate that men should raise concern over this. Reader 3 positioned men as concerned because they are less “gullible” than women and cannot be fooled into taking a pill. These positions are andro-centric and prioritize the male body.

Male readers took a consumer’s standpoint, placing men as responsible and informed consumers. The responders used statistical information as a discursive resource to demonstrate their knowledge:

Post by *Male Reader 4, 01 February 2014*

“With perfect use, the failure rate of condoms is 2%, and that figure rises to 18% for couples who rely on them exclusively. So you're saying that condoms are 98% effective, but only if combined with other contraception? In that case they're not 98% effective”

Response by *Female Reader 1, 01 February 2014*

“I thought the way that was described was odd. Most contraceptives are evaluated for perfect use and typical use, which includes user error. So that might be what was meant. But condoms are also tested alone or with use of something like spermicide as well, so they might have meant that. The usual info from health agencies I have heard are that condoms are really only considered really reliable if used with a secondary type of birth control like spermicide or diaphragm.”

Response by *Male Reader 5, 01 February 2014*

“I think you're right - I've seen "non-perfect use" annual condom failure rates quoted as 15-16% which isn't too far off the 18% given. Strange way to express it though. In the longer term even 98% is not too reassuring: a 98% annual effectiveness translates to about 82% over ten years. Combining with another method is clearly the way to go.”

[Article: ‘Who Wants a Male Pill?']

The effectiveness percentage discussed with regards to typical condom usage is too low for readers to rely solely on condoms as a primary form of contraception (82% effective).

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Male Reader 4 uses statistics to show that couples cannot “exclusively” rely on male contraceptives if they are not “98% effective”. The readers above discussed that there is a difference between the ideal and typical use of contraception, suggesting that men can be just as knowledgeable; this is also indicated by Reader 5, who states that combined methods are “clearly the way to go”, using “clearly” to imply this is obvious.

Sharing contraceptive knowledge with other men also occurred when male readers deemed the original response as misinformed. This view was largely reinforced through talk of the financial consequences of unwanted pregnancy:

Post by *Male Reader 6, Reading, United Kingdom:*

“I'd never take such a pill. I like my sperm swimming freely”

Response by *Male Reader 7, London, United Kingdom:*

“You realise [Male Reader 5] that if you get a woman pregnant she can have the baby totally against your will? And that you will then be required by the CSA [Child Support Authority] to pay 15% of your income until the child is at least 18. A high price to pay for your sperm to swim freely.”

[Article: ‘Now the Chemical Snip!’]

Male Reader 6 uses humor – “I like my sperm swimming freely” - to explain that he would not take a male pill as it may restrict his sexual performance. Reader 7 responds to Reader 6, by stating the financial risk and drawing once again on mathematics. Not protecting oneself as a man comes at a significant price: “15% of [...] income” for child support over 18 years. Male Reader 7 constructs children as financial burdens - “a high price to pay”. In general, there was little mention of the joy that can result from having an unwanted child.

*Discourse 2-* “Killing sperm” and other side effects on semen

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Due to the perceived physical side effects, taking a male pill was positioned as being suitable only for a small percentage of men. Male readers agreed that there was a general concern over how a male pill could affect sperm:

Post by *Male Reader 8, 01 February 2014*

“A male contraceptive pill is a drug. Female contraceptive pills are natural hormones. We've had 'the pill' for about 50 years, and, as far as I'm aware, there are no long-term adverse health effects. Don't think it would be the same with a novel drug.”<sup>2</sup>

[Article: ‘Who Wants a Male Pill?']

Post by *Male Reader 9, 01 February 2014:*

“ ‘a streak of old-school chauvinism means it has never quite arrived’ Bollocks.”

Response by *Male Reader 10, 01 February 2014:*

“Indeed, as I read the article, most of the problems with the various drugs touted by the media involve the fact that the media report on them 10-15 years too early... The general drug dropoff rate can be up to 80% after various side effects, changing composition for human trials, humans being more complicated than mice, etc... Not to mention the not quite killing off all the sperm aspect being harder to make than the preventing a single egg aspect. Blaming chauvenistic attitudes may have been a reason 30 years ago, but if that was the reason today then why the massive finding gap between breast and prostate cancer?”

[Article: ‘Who Wants a Male Pill?']

The use of the word “drug” in the extract of Reader 8 constructs the male pill as unnatural, while the female pill is construed as different because it had, in his opinion, “natural hormones”. A female pill is still popular after “50 years”, so the responder believes it holds no consequences on long-term health. A male pill was perceived as “novel” – i.e., unnecessary. Male Reader 10 makes the point that without research, the long-term side effects on humans can only be predicted, not conclusive. Here, “chauvinism” is perceived by male readers as not to be the reason for a male pill being

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<sup>2</sup> Not all posts referred to the female pill as safe; constructing a female pill as safe was a contrasting interpretive repertoire. There are long-term adverse health effects to a female pill (see Dragoman, 2014; Littlejohn, 2012; 2013; Skovlund et al., 2016).

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slow to reach the market. Comments, such as “humans being more complicated than mice”, and “killing” sperm are strong statements that imply men have more biologically complex reproductive processes than women. The word “kill” is a violent reference to describe the ramifications on men’s virility; it emphasizes resistance to the method. Without fertility control male readers suggest the “finding gap” between genders would be distinct, implying that men would become marginalized.

Male readers noted that a male pill’s function would interfere with their ejaculation, thus the pill was constructed as emasculating. A male pill then becomes problematic, as it is perceived to inhibit the volume of ejaculation:

Post by *Male Reader 11, 01 February 2014*:

“...How about because the idea it seems completely unnatural and the sensation of ejaculation is part and parcel of the male orgasm experience? (at least in healthy men). There's a lot of reasons why men would be wary of that which have nothing to do with wanting to be a porn star! You're talking about taking away not just conception but a key part of the sexual experience.”

Response by *Male Reader 12, 04 February 2014*:

’There is speculation over whether this is tied to the increased popularity of internet porn or with ejaculation being inextricably linked to a man's sense of masculinity’  
[Reader’s response to quote] What planet do you live on, have you met men? Perhaps, just maybe, men enjoy equaculating,..dun dun dun!”

Response by *Male Reader 13, 01 February 2014*:

“I'm really put off by the subtitle going on about chauvenism as a reason for no male pill. it's called clickbait. The guardian specialises in it.”

Response by *Male Reader 14, 02 February 2014*:

“you right, I think a lot of women would struggle a little with dry ejaculations. There's more research because the little invaders grow inside of us and maybe because you could actually the drug and it worked. The male pill would be an addition to protection but until the data is out showing the massive decline in pregnancies then I am still convinced that it's only a small, very weird group of women who go around having babies with guys in order to trap them for money or whatever.”

[Article: ‘Who Wants a Male Pill?]

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Male Reader 11’s post commences by stating ejaculation is an important. i.e., “key”, part of the male “sexual experience”. Men are often concerned with the volume of their ejaculate and the responding posts provide evidence of this concern. Reader 12 uses humor: “what planet do you live on, have you met men?” and “men enjoy ejaculating...dun dun dun!”. Reader 14 also expresses concern about the male pill by suggesting that women would struggle to understand a “dry ejaculation” as an element of sexual intercourse. Sperm are referred to as “invaders” which cannot naturally be stopped; this talk speaks to the perceived virility of sperm and suggests that men’s biological ability to produce sperm cannot be controlled by science – or by anyone.

With ejaculation viewed as part of a healthy, normal reproductive process, inhibiting ejaculating was presumed to be unhealthy and harmful to men. In general, a male pill was viewed as emasculating:

Post by *Male Reader 15, England*:

“Feel like it would damage you in the long run, I'd rather pull out, just saying.”

[Article: ‘Now the Chemical Snip!’]

Post by *Male Reader 16, 01 February 2014*:

“Been around for years.....Small round and very hard. Stick in one shoe, directly under the heel and it makes you limp.”

[Article: ‘Who Wants a Male Pill?’]

The response by Male Reader 15 identifies that men could be “damaged” biologically if taking the pill; he is willing to use a less successful form of contraception – withdrawal - to prevent any risk to his body. Reader 16 makes a direct reference to impotency: if a male pill is placed in a man’s shoe he will walk with a “limp”, i.e., be flaccid.

Associating the pill with this imagery invokes a humorous response, but also associates the male pill as being both dysfunctional and feminine. Male readers could state that it

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would “make you limp” to continue exempting men from taking any future contraceptive responsibility. The “make you limp” statement occurred over a dozen times in both news articles (as well as in other rejected articles), suggesting that it is a running joke amongst men.

### Discussion

Building throughout the results is an initial interest in a male pill, as well as an underlying dissatisfaction with women currently taking contraceptive responsibility. A male pill has a complex group of potential users. Male readers emphasized that they are attracted to the notion of their own ‘protection’ and were looking out for all men at risk from women’s control of pregnancy. Furthermore men were found to be informed, they sought to act as knowledgeable consumers, suggesting that it is a small portion of men who will adopt a traditional “unhealthy” masculine position (Sloan, Gough, & Conner, 2010). The male readers studied here also suggest other components influenced their construction of a male pill, beyond men and women having access to equal methods, particularly men’s biology and perceived trust within their relationships. The emasculation of a male pill was also indicated through the use of humor, which was another discursive resource commonly used by male readers throughout the posts as a device to express both their overall dissatisfaction with a male pill and to educate other men on preventing pregnancy. The use of humor is consistent with sensitive topics and is often displayed by men who adhere to a traditional masculine identity (Conway & Dube, 2002). Williams (2009) acknowledges humor as an important element of British male relationships, allowing men to feel socially connected with other men in regards to health - particularly in ethnic minority communities. Seeing an online space in which men

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connected to educate others in a peer-to-peer anonymous setting should be considered as a potential tool for future interventions. The results have further implications for men’s reproductive control and knowledge. Suggestions for applying the findings to improve men’s engagement in family planning are discussed below, as are the limitations of this study.

### *Men’s Reproductive Control*

According to the responses made by male readers in this study, men perceive themselves as having little contraceptive control. Readers felt they were unprotected from a negative outcome (e.g., unwanted pregnancies) and constructed contraception to be women-centric. While male readers highlighted that they cannot trust women with contraception, few discussed using condoms to protect themselves. In a study that analyzed UK news (Martin, McDaid, & Hilton, 2014), a double standard was found within the media, placing responsibility for negotiating safer sex onto women, with only one of 85 newspapers discussing the man’s responsibility. Research on the constructions of trust within heterosexual relationships suggests condom use is incompatible with long-term, established relationships (Willig, 1997). According to Loyd and Waterfield (2017), British men in established relationships would be the target users of a male pill due to the lack of protection against sexually transmitted infections (STIs). There is a notion of condoms being used by men for sexual health, but there is little association made between condom use and pregnancy prevention (Smith, Fenwick, Skinner, Merriman, & Hallett, 2011). Men consider condoms to be an obstruction to pleasure, intimacy, and safety, choosing only to use condoms with risky partners (Braun, 2013). Campo-Engelstein, Kaufman, and Parker (2017) suggest this cultural narrative is changing to

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support what they label the “reproductive man”: someone that feels responsible to control their reproductive body. The desire to take fertility control was present in the male readers’ responses, with little thought of men as ‘partners’ nor the repercussions a male pill could have on female partners. Further research should be conducted to expand the understanding of a male pill and the role of trust within sexual relationships.

In general, male readers’ responses shared the view that men were blamed unfairly by women for not taking responsibility of their reproductive bodies. The Application of Molecular Pharmacology of Post-Testicular Activity Network (AMPPA)<sup>3</sup> suggests men have received little benefit from the contraceptive revolution, resulting in a gap between the demand for contraceptive technology and knowledge about the male reproductive system. Data from a global AMPPA survey highlights concerns by men for STIs and reports barriers accessing services, due to varying cultural beliefs amongst men. For men to share contraceptive responsibility for family planning, the AMPPA suggested they would benefit from broader contraceptive choices (Diczfalusy, Fathalla, Habenicht, & Stock, 2004). Male responses expressed a frustration due to limited reproductive control, blaming pharmaceuticals companies for their inability to provide additional contraceptive choices. Pharmaceutical companies - often referred to as ‘Big Pharma’ - play an integral role in moving research forward and funding new male contraceptives. Currently, however, there is little funding for new male contraceptive choices by Big Pharma, with research being funded through a coalition of government, academia, and

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<sup>3</sup> The AMPPA was a network created in 1997 between both the public and private research sectors to best identify potential mechanisms for new male contraceptives. The network met every six months to discuss progress collaboratively and led to the formation of the AMPPA-II from 2003-2007. The network dissolved in 2007 after reaching their goal of identifying tangible mechanisms to inhibit male fertility, which has been used to inform new male methods of contraception. (Colvard, Habenicht and Harper, 2008).

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non-profits, such as the International Consortium of Male Contraception (ICMC). Established in 2013, the ICMC aims to increase the role of stakeholders (e.g., Big Pharma) to deliver new male contraceptives, address any unmet needs for male contraceptives, and to increase equality amongst men and women when taking family planning responsibilities (see *The Paris Manifesto*, 2016 for further information) (Wang, Sitruk-Ware, & Serfaty, 2016). Furthermore, with fewer options for contraception, the posts analyzed for this study show an increase in gender inequality, with male responders fearing the possibility of coercion by their female partners. Research suggests it is possible that reproductive coercion of women can occur by men (Miller, Decker, McCauley, Tancredi, Levenson, Waldman, Schoenwald & Silverman, 2010), however, there is a lack of research to support men’s experiences of reproductive coercion. Based on the extracts there is some concern from men that coercion occurs due to lack of contraceptive choices.<sup>4</sup> Concern over coercing either partners’ contraceptive use could be addressed by research into men’s perceptions of current contraceptive practices, as well as what men feel a women’s practices would be if men were to take a pill.

### *Men’s Reproductive Knowledge*

While the readers under study here positioned themselves as knowledgeable consumers, they were unwilling to accept an expert or newspaper’s opinion on the male reproductive body (e.g., this male pill would not inhibit or cause dry ejaculations). By reinforcing essentialist biology, readers constructed the male pill to be damaging sperm and not suitable for humans. As mentioned, this notion of the male reproductive system being harder to inhibit is contested: some biologists suggest that the female reproductive

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<sup>4</sup>While there is a lack of research around men’s experience of reproductive coercion, media reports include stories about women ‘stealing’ sperm (see Jones, 2011).

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process is harder to intervene with than the male reproductive system (Oudshoorn, 2003). The theory of essentialist sperm production has been criticized as outdated by certain biologists. Technological advancements, such as the electron microscope, have provided new insights into the scientific observation of conception. The egg, under observation, is viewed as an active, energetic entity that grasps sperm and directs it toward the cell's nucleus, thus promoting a cooperative process between both the active sperm and active egg. As a process of coproduction, it can be argued that it is difficult to separate the sperm or egg, as easier to target at the point of preventing conception. (Nelson, 2017; Schatten & Schatten, 1983). This essentialist view of sperm production as a discursive resource justifies men's current absence in family planning, despite there being scientific evidence to refute this claim. It further supports findings by Gough (2006) that men are given health message that state they are both incapable of change and passive victims swayed by forces beyond their control. Providing unification within the scientific community regarding the promotion of biological information on sperm production (e.g., both sperm and egg are equally difficult to inhibit) could further encourage men to take primary contraceptive responsibility.

The men in the study were concerned about the influence of a pill on their volume of ejaculate but have no notion of what a normal volume of ejaculate is. Male online readers discussed sperm production and ejaculation in a way that suggests sperm production should not - and cannot - be emasculated by science (e.g., “mice not men”, sperm spoken of as “invaders” that cannot be controlled), or by anyone else for that matter - including women. This discursive resource around semen shows concern from men regarding their reproductive health. In an analysis of sperm representations, Moore

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(2003) suggests that the social constructions of sperm commence in childhood. In an analysis of children’s books, Moore suggests a sperm hierarchy, with preferences placed on sperm that is competitive, powerful, and produced by men with traditional masculine identities (e.g., physical strength); an argument is made that biological virility is related to social identity from an early age. Moore (2007) believes semen acts as a social representation of anxiety due to Western cultural constructs of masculinity being associated with control. In the cultural analysis Moore states sperm anxiety is also shaped by the scientific theory of human sperm competition. The theory proposes there is a risk of competing sperm during reproduction, ejaculation then becomes necessary and sperm are required to be the most powerful for the individual to succeed. Interviews with men, conducted by Khan et al. (2006), found that men perceive semen to be a source of physical, sexual, and masculine strength. Kampf (2013) found a similar discourse concerning sperm in which male bodies were perceived as vulnerable in the 20<sup>th</sup> century, resulting in mistrust of a contraceptive pill for men. Impact on semen and ejaculation should be considered as a priority for future clinical trials, and new forms of male contraception should be considered from the perspective of consequences on sperm and ejaculation. The findings also suggest there is a feminization of the male contraceptive pill. Readers’ disapproval could be due to what researchers describe as a distrust of the feminine, which is deeply embedded in the science from which the medicine is based upon (Wainer & Wainer, 2012). Distrust of the feminine may explain the commonality of distrust in male readers’ responses, despite the documented differences in both articles’ readership. Regardless, men’s disengagement is defended: readers express that they

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would like responsibility for contraception, but never taking the opportunity when it arises.

### Conclusion

British men’s online responses to a male pill can be summarized as having little significance for most men commenting on the selected articles. Readers had objections to current male contraception methods and were unlikely to take future responsibility for family planning when presented with the option of using a male pill. The reluctance of British men to use a male pill is a finding that differs from men in other Western countries; for example, men from Edinburgh have reported a preference for the use of a male pill (Martin et al., 2000). Difference in findings could be the result of several factors. Research undertaken on a male pill has disproportionately targeted married men, with older married men more likely to view contraception as a shared decision. More equalitarian attitudes by men also increases the likelihood of sharing contraceptive responsibility. (Grady et al., 1996). In addition, Internet Mediated Research on sensitive topics may allow for a more inclusive disclosure on behalf of participants due to the level of anonymity (Graffigna, 2015), which allows online responders to feel more comfortable with sharing why they are reluctant to use a male pill.

Limitations to the study include whether men’s online responses are reflective of actual family planning practices. Another limitation is that a male contraceptive pill is still undergoing clinical trials and is unavailable on the contraceptive market, thus making any practices hypothetical. Also, due to the method of study, participants self-reported their locations in England; there is no guarantee that they truly resided within England or were even British men. This research was qualitative and exploratory, which

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also limits the results’ generalizability. To overcome these limitations, a quantitative survey using a larger sample than in previous studies would allow for generalization, and qualitative interviews should be conducted that focus on a range of ages and ethnicities. Both these suggested methods could provide a way to identify whether the men who participated were indeed British.

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