SOCIOLOGY OF HEALTH & ILLNESS

Sociology of Health & Illness Vol. 42 No. 7 2020 ISSN 0141-9889, pp. 1611–1625
doi: 10.1111/1467-9566.13148

Is it an issue before it's a problem? Investigating men's talk about fertility

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Abstract While fatherhood and male involvement in family life have been the focus of much research during the past few decades, we know less about men's involvement in the stage that precedes fatherhood and reproductive decision-making, their awareness of and sense of responsibility for reproductive health and fertility. This article draws attention to how men talk about fertility and reproductive intentions, focusing on how their perceptions and knowledge of fertility and procreation are structured around social norms and expectations. The study was based on interviews with 25 men in reproductive age with no prior history of infertility, including men with as well as without children and men of different sexual orientations and gender diversity. Our findings indicate a tension between, on the one hand, a general tendency among the men to take their fertility for granted and neither think nor talk about it, and, on the other hand, a latent concern about possible infertility which seemed to be activated in the interview situation. These findings raise questions of how conversations about fertility might impact men's thinking about their own fertility that call for further exploration and that are of significance in considerations of how to promote fertility awareness and reproductive health.

Keywords: fertility, men, reproductive decision-making

Introduction

Fatherhood and male involvement in family life have been given considerable attention during the past few decades, in research as well as popular culture and policymaking (Podnieks 2016). Hence, we know that contemporary masculinity ideals increasingly emphasise 'involved fatherhood' and how this modern fatherhood is performed (Forsberg 2007, Johansson and Klinth 2008, Keizer 2015, Lengersdorf *et al*. 2016, Machin 2015, Plantin 2007). Meanwhile, we know less about men's involvement in the stage that precedes fatherhood and reproductive decision-making, their awareness of and sense of responsibility for reproductive health and fertility (including being aware of how one's health can affect the health of the foetus). In the following, we aim to contribute to rectifying this lack of knowledge and to draw attention to how men talk about fertility and reproductive intentions. By focusing on average men, and not infertile men, we wanted to learn more about how men's perceptions and knowledge of procreation are structured around social norms and expectations. Our interest here is thus on

perceptions and ideas surrounding fertility, including preconceptions of what possible infertility might be like, rather than actual experiences of infertility. While men's experience of infertility has been given increasing attention in recent research (Bell 2015, Dolan *et al*. 2017, Hanna and Gough 2017, Hanna *et al*. 2018, Throsby and Gill 2004, Tjørnhøj-Thomsen 2009, Webb and Daniluk 1999), men's thoughts about their own fertility is relatively seldom in focus.

Infertility is estimated to affect 9 per cent of all heterosexual couples globally (Boivin *et al*. 2007). In 20–30 per cent of these cases, infertility is caused by a male factor and in another 30 per cent of the cases by a combination of male and female factors (Esteves *et al*. 2012). Even though there is a male factor involved in half of all infertility cases, it is mostly women who have to carry the social burden of infertility (Barnes 2014, Inhorn and Patrizio 2015). This partly has to do with dominant notions in the Western cultural and intellectual tradition of female and male bodies in relation to norms of femininity and masculinity, according to which the male body should represent strength and health (Whitehead 2002), whereas conceptions of the female body are formed by ideas of weakness, lack and incompleteness (Lloyd 1993). There is a strong association in Western culture and society between male fertility, potency and masculinity (Barnes 2014, Throsby and Gill 2004) and even though sociocultural and scientific images of sperm have changed over time, sperm is still often pictured as tenacious, strong and supreme (Moore 2009). However, as knowledge about sperm has improved and reproductive technology has advanced, the expectations on what is seen as proper masculinity in this respect have also changed to some extent according to Lisa Jean Moore. Men who were previously classified as infertile can today become biogenetic parents through advanced reproductive treatment, which according to Moore (2009) suggests that the perception of infertility as a threat to masculinity in some ways has lessened.

While women are commonly blamed or held responsible in cases of infertility and foetal harm, men's involvement in the success or failure of conception and pregnancy is often ignored (Campo-Engelstein 2014, Daniels 2006). Cynthia Daniels discusses this in terms of 'the paradoxes of male privilege' (2006: 6). Daniels argues that the disproportionate burden on women also has a price for men since the system of underlying norms of gender and sexuality and assumptions of reproductive difference uphold the illusion of the invulnerable male body, neglecting for instance 'ailments like male infertility' and 'hazards of work and war to the male reproductive system' (2006: 6). This paradox can also be reflected in the lack of preventive reproductive health care, also known as preconception care, for men (O'Brien *et al*. 2018, Shawe *et al*. 2015) and men's low awareness of fertility-related issues (Daumler *et al*. 2016, Pedro *et al*. 2018). Men often demonstrate lower fertility awareness than women and are more prone to overestimate likelihoods of conceiving, both spontaneously and with IVF (Almeida-Santos *et al*. 2017, Bunting *et al*. 2013, Daniluk and Koert 2012, 2015, Ekelin *et al*. 2012, Lampic *et al*. 2006, Peterson *et al*. 2012).

Nevertheless, most men (asked) intend to become parents someday (Almeida-Santos *et al*. 2017, Ekelin *et al*. 2012, Eriksson *et al*. 2013, Heywood *et al*. 2016, Lampic *et al*. 2006). They usually want children to be a part of the future and to pass on their genes and values, and they commonly view family building as a sign of maturation (Bergnéhr 2008, Eriksson *et al*. 2013, Henwood *et al*. 2011). Before entering parenthood many men (and women) feel a need to fulfil some prerequisites: finding the right partner, having financial security and housing, and being in the appropriate age (according to local cultural ideals). This structure of when to do certain things in life has been conceptualised by feminist scholars in terms of normative life manuals ruled by heteronormativity and middle-class ideals about respectability and normality (Ahmed 2006, Ambjörnsson and Jönsson 2010, Halberstam 2005). To live a comprehensible life, one needs to do things in a particular order and at certain points in time. To become 'out of line', i.e. to deviate from the path, willingly or unwillingly, implies that

one might become disoriented in time and space. It also means that one will be regarded as immature, since there is a common belief that following a certain line is what leads to gradual maturation (Halberstam 2005). The idea of normative life manuals is informative for framing and discussing how men talk or do not talk about fertility and how their ideas about procreation are formed in relation to social and cultural norms and expectations of gender and how to live one's life as a man.

Material and methods

The study is based on interviews with 25 men in Sweden, aged 23–49 years. We aimed at interviewing men who are around the most common age to have a first child (the current mean age of first-time fathers in Sweden is 31.6 years). We were interested in knowing more about how men in this age group reasoned about their fertility as we assumed them to be more or less affected by societal norms and expectations around starting a family. The inclusion criteria for participating in the study were (i) to self-identify as a man, (ii) to be able to speak Swedish, and (iii) to be around 20–35 years of age. The age criterion was flexible and no man was excluded from participating because of his age. One man who participated in a focus group was 49 years old but had recently become a father, and was therefore considered eligible. It was stated in the study information that it did not matter whether or not the participants wanted to have, or already had, children. In the final sample, seven participants were fathers, one was co-parenting, 15 wanted to become parents in the future and two were unsure about their procreative intentions.

Data were collected between May and December 2016. Participants were strategically recruited through three methods (Wibeck 2010): through contact persons in the first author's social networks (referrals), by approaching persons (intercepts) and by advertising at an Internet forum for LGBTQ persons (open solicitation). Through the advertisement and study information protocol, participants were informed that they were going to be interviewed about their thoughts around fertility and family planning. The aim was to attain diversity with regard to sociodemographic background and sexuality, and interviews were therefore conducted in various parts of the country, in urban, semi-urban and rural locations. Two participants were university students, one participant was taking a year off from studies and work, and the other 22 were employed in different sectors (agriculture, multimedia, culture, construction work, health care, social work and economy).

Focus group interviews (FGI) were conducted to attain a rich collection of opinions, while individual interviews were used to go more in-depth on certain topics or phenomena that the interviewer found especially interesting. Eight men were interviewed individually and the other 17 in groups of friends/colleagues (networks) with 3–6 men per group. We chose to have network groups in an attempt to resemble regular conversations, where participants would feel safe and could imagine what kind of response they would get from their friends/colleagues. A benefit of using network groups is that the participants can deepen each other's perspectives since they share experiences (Halkier 2010). According to Wissö and Plantin (2015), men in Sweden find friends and colleagues to be important sources of emotional support with whom they can share their thoughts around topics such as parenthood, something which also seemed to be confirmed in our study.

Two of the FGI's took place in homes in the evening, and two, at work places (one after work, and one during an extended lunch break). The FGI's lasted between 60 and 80 minutes. Individual interviews took place at a location chosen by the participant. Most men preferred

coming to the university, though one interview took place in a library, and two, in the home of the participant. The individual interviews lasted between 50 and 80 minutes.

All the interviews were conducted by the first author, who has a background in midwifery and public health. This evidently had an impact on the interview situation, in so far as the interviewer was regarded as an expert in the field. Although the interviewer began the interviews by assuring that there were no right or wrong answers, the participants occasionally asked for facts or sought the interviewer's confirmation of their statements.

During group interviews with more than three participants, an observer was present to take notes and make observations. We used a semi-structured interview guide, which started off with questions about family and parenthood ideals and moved into questions about fertility. The interview guide was developed with inspiration from the questions designed by William Marsiglio (2003) to promote life story narratives. All interviews were recorded with permission from participants, transcribed verbatim and de-identified.

Data were analysed with interpretative thematic analysis (Braun and Clarke 2006), which involves moving between the entire dataset, the codes and the produced analysis, constantly taking notes and writing down ideas as part of the process of analysis. After having read the interviews several times, the first author extrapolated passages that concerned the aim of the study to become the dataset. These passages were then condensed to shorter meaning units and coded, and then thereafter sorted into four themes: 'Taking fertility for granted', 'The unspoken fertility', 'Imagining infertility', and 'The fertility awareness'. The analytical process was rigorous and the findings were repeatedly discussed between us to validate the themes, as well as to reflect upon our positions and how previous experiences and background could have affected the interviewees and the interpretation of data.

The study was reviewed and approved by a regional ethical board [details to be given after review]. Participation was completely voluntary and the participants could leave the study at any time without giving a reason. All participants gave informed consent to participate. The recording and transcripts were kept in a safe place and could only be accessed by the first author.

Findings

In the interviews we found something of a tension between, on the one hand, a general tendency among the men to neither think nor talk about their own fertility, which was rather something they took for granted and did not see any reason to think about or thematise until it became a problem, and, on the other hand, a latent concern about possible infertility among several of the men, which seemed to be activated during the interviews. The focus of the study was on fertility, not *in*fertility, but as the following sections will show these two words are firmly intertwined, in the same way as health and illness.

By thematising questions of fertility, the interview situation offered a space for reflection on a topic the men did not normally reflect upon. Several men explicitly said they believed they should know facts about fertility and expressed a sense of distress or surprise that they, even upon reflection, did not. The interview situation might be said to have served as something of an eye-opener to many of the men, exposing them to a certain vulnerability of their own body.

Taking fertility for granted

Although most of the men we interviewed were sure about wanting children, few of them were conscious of their fertility status or had given their fertility much thought, if any. Some shrugged at first and said *'If it's not working then I'm born that way'* or *'It's all or nothing'*,

which meant that there was no use thinking about it since fertility status was assumed to be predestined and unchangeable. Fertility is, as previous research has shown, something many men take for granted (Eriksson *et al*. 2013, Webb and Daniluk 1999), and this became evident also in our study. As Åke (32, married to a woman, one child) said *'[. . .] you have the perception that you can have children, you really do, to one hundred percent. You think that as a guy you can always have children, you have that way of thinking about yourself'*. By saying *'as a guy'*, Åke also implies that the situation might be different for women. This notion of gender difference refigured on several occasions in the interviews, for example when Ulrich (29, co-habiting with girlfriend, no children) said *'I also thought it's not so fragile for men, that it's worse for women, there's so much that needs to go right there and a lot that could go wrong'*. The assumption that fertility problems lie with the woman is a common finding in research on infertility (cf. Throsby and Gill 2004, Webb and Daniluk 1999). Throsby and Gill (2004) argue that this assumption is encouraged by the great extent to which women and their bodies are in focus of assisted reproductive treatment (even when it is the man who is infertile), and by the traditional notion of the female body as fragile and unpredictable as opposed to the strong and virile male body (see also Sloan *et al*. 2010). Ulrich's comment that 'there's so much that needs to go right there and a lot that could go wrong' supposedly also refers to the whole pregnancy period and not only to the ability to conceive. There seemed to be a lack of awareness that the health of the man (semen quality) can affect the health of the foetus and, for example, be the cause of a miscarriage. Rene Almeling and Miranda R. Waggoner argue that men often get credit for establishing a pregnancy, but are seldom ascribed much responsibility for the health of the foetus (2013). Whether either the contributor of egg or sperm should get credit for successful conception is dubious to say the least and the question of what form of responsibility should be assigned (and to whom) for the health of a foetus is multifaceted and difficult. However, it may well be argued that since men and women contribute with an equal share of genetic material to the foetus which can affect its health during and after pregnancy, the common decoupling of men from pregnancy after successful conception and the placing of responsibility for the health of the foetus solely on the pregnant woman can have some serious implications not only for the health of the foetus or for the different levels of involvement of the contributing parties, but also for views on and social and political practices around women's, and men's for that matter, autonomy and right to their own bodies (Field 1989, Sandstad 2008).

The general assumption among the men in the study was thus that either you are fertile or you are not, and time would tell. 'It is not a problem until it is a problem' was a common point expressed. Thoughts around fertility would only arise if a problem occurred, and the informants felt comfortable knowing that they would get medical assistance to solve the problem if needed:

Henrik: It is something you actually do not need to think about, because if you need to know something there are places where you can-

Jacob: If the question comes up you can always turn to someone [professional].

Henrik: And that's a social security really, that we live in this country, and that it works.

This un-worrying attitude, expressed by Henrik and Jacob, can be the result of infertility perhaps becoming less threatening in line with the advancements and increased use of medical technologies. Henrik and Jacob's statements highlight a view of Sweden as a welfare state where reproductive technology is perceived as accessible and reliable, and a common next step forward in case of infertility. Currently, in Sweden, heterosexual couples, lesbian couples and single fertile women have right to assisted reproduction on equal terms within the public healthcare system. As William Marsiglio, Maria Lohan and Lorraine Culley (2013) point out,

differential awareness about and access to reproductive technology can affect men's procreative consciousness and identity construction. However, in spite of an expressed certainty that medical assistance would be available and provide a solution to possible infertility, when going through the whole dataset, there seemed to be little specific knowledge among the heterosexual men of what more precisely such medical assistance would involve. For example, one man knew a friend who had had fertility problems but he had not dared to ask him about any details.

Two men diverged from the others by mentioning tests for sperm quality and that they were positive towards using this technology as a preventive measure. To Isak (32, co-habiting with boyfriend, no children) it was evident that he would have a sperm check-up before starting a surrogacy process to be sure that the long and costly process would have the best chance to succeed. To him, it became a question of investment not only of time but also of money. The other man, who was part of a focus group, seemed to position himself as active and aware, and a contrast to the other men's more laissez-faire approach (Dolan *et al*. 2017, Hanna *et al*. 2018). What distinguished these two men from the others was an overall high level of fertility awareness, which could be traced back to a general high health awareness and familiarity with the health system, including sexual and reproductive health care. These men had become acquainted with care through, for example, university education, regularly attending preventive dental care and by accompanying a partner to contraceptive counselling and abortion care. The other men in the study were less familiar with the healthcare system and had low awareness of where to turn in case of fertility problems.

Additional reasons were given by the informants as to why fertility was not on their minds. Christian (28, co-habiting with girlfriend, no children) was in his first serious relationship and argued that fertility thoughts do not appear until you have experience from being in a long-term relationship. This belief follows the heteronormative life line: first you find the right partner, and then you make family plans. For those living already 'out of line' by not following the heteronormative script or life line (Ahmed 2006, Halberstam 2005), the reasons for not thinking about fertility could be quite different. For example, Daniel, who had trans experience, had not thought about fertility since he did not wish to become a biogenetic parent, and Erik (28, co-habiting with boyfriend, no children) said there were 'too many other things to be concerned about' when trying to build a family as a gay couple. He had spent a lot of time lately going to seminars about surrogacy and discussing with his partner how they would proceed in their family planning, hence taking procreative responsibility but for things unrelated to his own body. The engagement of gay and transmen might in some respects be comparable to women's active role in cross-border reproduction. In their study, Hudson and Culley (2013) found that the women were the ones planning, doing research and being knowledgeable of procedures, while their male partners mainly were 'going along with it' and taking on a passive role.

Family planning was also argued to be much more complicated for LGBT persons since there were never any, as they expressed, 'Oops!'-pregnancies (i.e. unplanned/easily conceived). These comments from LGBT persons also contributed to fortifying the assumption that cis-men's fertility is flawless, reconstructing the cis-man as the norm of the male subject and other bodies as diverging from this norm.

The unspoken fertility

Since fertility was not much thought of, it was not much spoken of either. Several men questioned why they should talk about fertility if it did not present itself to be a problem, which implies that they were not used to problematising their reproductive health in the same manner as women usually are. There were strong beliefs among the men we interviewed that women

probably talk a lot more about fertility than men do. Tine Tjørnhøj-Thomsen has previously argued that rather than being an incapability of men to express feelings this gender difference in communication styles is due to the fact that men have not developed the same tradition as women to talk about such things (2009). In our study, the men talked about it as a question of (un)interest. Robert said *'Yeah we've talked about [having] children but you never go in-depth. It's not like when Sweden plays an international match in football and you talk about that for 3 hours'*, meaning that it is more interesting to talk about football than reproduction. Talking about fertility was non-normative to many men and more often seen as something weird:

> **Magnus:** Ehm well we have never really talked about kids either [. . .] so why should we then talk about fertility? I can't even imagine me and [another friend outside the group] talking about that, and we have discussed many weird things! (30, co-habiting with girlfriend, no children).

Also Hanna and Gough (2018) came across the phrase 'weird' in their study of men seeking online support for infertility. In their case, men who were active online were surprised that not more men sought support from others in the same situation but concluded from this that they – as the ones being open about their problems – were probably 'the weird ones'.

In our study, some participants argued that men did not talk about fertility since they did not feel the same pressure from the 'biological clock' that women did. This argument revealed some consciousness around fertility, but with focus on the female body. Others had a more social constructionist viewpoint and suggested that the gender difference was a remnant of traditional gender structures where women had greater responsibility for reproduction and children, and men were responsible for 'other things' (i.e. production). Axel (28, co-habiting with girlfriend, father since 4 months) said:

> 'I don't think we guys get so much [information], I think that if you had interviewed girls they would have said thousands of things, because they are so aware because that's how the society is structured when it comes to these things [. . .] they have it with them all the way'

Axel here refers to how women and men become socialised into directing consciousness towards different areas of life, through, for example sexual education and reproductive health care. But there were also men who suggested that fertility was a sensitive matter and that it would be really tough to talk about it in case of problems. According to Kathleen Slauson-Blevis and Katherine M. Johnson (2016), it is often argued that men are reluctant to discuss certain reproductive issues, especially infertility, since this might pose a threat to masculinity. Axel and Christian instead related sensitivity to age and maturity, and felt that the willingness to talk about these things has changed in the last years, especially after Axel had a baby:

> **Axel:** I don't think it's sensitive, not in my circle of friends anyway. I mean, if I were to sit down and say "Now, you lads, we're gonna talk about [having] kids tonight" I believe that people would [approve] . . . or if you [Christian] called me and said "hey, can't you come over and talk a bit about kids?", because you were curious, it wouldn't be weird.
>
> **Christian:** No but it's just that you don't think it's a current topic, or what should I say . . . We talk about what we find interesting at the moment and what is your interest at the moment changes all the time [. . .] Because I mean, we have talked about kids quite a lot now, compared to last year [laughs] At that time we would never have mentioned it.

This conversation reflects the importance of the normative life line: to have children at the same time as peers and how taking steps forward leads to gradual maturation. It is because one of the men in the circle of friends has got a child that they can start to talk to each other about family plans. However, even as they talk with each other about how it would be to have children, they still do not talk with their friends about their *fertility*, which shows that fertility issues are not part of the, nowadays acceptable, family planning chit chat.

The way that men talked, or did *not* talk, about their body functions reproduced the ideal of the man as silent but at the same time well functioning. Several metaphors and paraphrases were used instead of explicitly naming body fluids, body parts or possible infertility. Being infertile was expressed as having 'no colour in the ink', 'lack of ammunition' or 'shooting blanks'. Such mechanical metaphors appear in several studies on men and infertility (e.g. Dolan *et al*. 2017, Hanna and Gough 2018), and have been discussed as being rooted in the cultural belief of a stereotypical masculinity that represents strength, virility, potency and power (Barnes 2014). Barnes argues that although gender ideals change over time and space, the link between masculinity, virility and potency seems to be present in all cultures and through all times. This link is not easily broken with the development of new medical technologies holding out the promise of solving all possible fertility problems, and even though the availability of reproductive technologies might, as suggested above, contribute to lessening perceptions of infertility as a threat to masculinity, such perceptions nevertheless still prevail. Possibly to avoid the threat to masculinity that infertility still represents, fertility was often discussed in a light-hearted, joking way. Christian, for example, speculated that he would probably hesitate to talk about infertility with friends until he was sure about the situation, and then bring it up by joking a bit instead of spelling it out directly. According to Moore (2009), jokes as well as silence are used as a manner to avoid emasculation.

Imagining infertility

While the men in our interviews, with few exceptions, neither thought nor talked about fertility and furthermore expressed no need to do so until it presented itself as a problem, they also gave expression to something of a latent fear of possible infertility and not being able to procreate once it was time to build a family. None of the participants had experienced infertility but they imagined that infertility would create feelings of surprise, embarrassment or depression, which is consistent with the emotions expressed by infertile men in the studies by Webb and Daniluk (1999), Tjørnhøj-Thomsen (2009) and Dolan *et al*. (2017). Infertility was also expected to cause concern in the sense that it might be a deal breaker for the relationship if a female partner desired children more than anything else. Sebastian (36, married to a woman, 1 child) speculated that '*if I was the one who could not have children, I would feel guilty in the relationship. If there were two who wanted to have children and it failed because of me [. . .] I would feel very guilty, even though you can't help it, for being the weak link*'. The guilt could be interpreted as emerging from a failure to live up to expectations of what it means to be a real man, i.e. someone who is strong and able to produce viable sperm and an offspring (Tjørnhøj-Thomsen 2009, Webb and Daniluk 1999). It should be said, however, that being able to produce an offspring is equally important in understandings and expectations of what it means to be a real woman and thus also in experiences of being a woman (Barnes 2014).

The guilt could also be related to a failure of living up to the gender equal, nuclear family ideal, where both partners contribute with an equal share to the happy family. The use of the word 'link' also relates to the importance of having biogenetic children to secure the family line and be a bridge over generations. Tjørnhøj-Thomsen has discussed how a biological

contribution to the conception of a child is an essential part of 'the story of becoming', and how the genetic contribution is seen as a prerequisite for child–parent bonding (2009: 244).

Bob (30, single, no children) believed that he would probably question himself if he turned out to be infertile, and wondered *'Why should I not be able to have children if everyone else can?'*. How he would handle the situation would however depend on how his partner would react; if she did not care much it would be easier for him to accept the situation. Men who were in relationships with men had a more pragmatic view on infertility, as they thought *'If I can't, he can'* and did not worry much about which one of them in the couple that would be the biogenetic father as long as one of them was. One participant also talked about making a 'cocktail' of his and his partners sperm so that fate would decide which of them would be biogenetic father. Hence, to have fertility problems as a gay man might not have the same social implications as for a straight man. With or without fertility problems, most gay couples have to use reproductive technology to become parents, and if they have only one child it is self-evident to their surroundings that just one of them will be the biogenetic father.

The fertility awareness

Concerns about fertility were present to a few of the men in the study but for most such concerns were rather latent. Their fertility awareness was raised by different triggers, such as having been hit in the groin, the occurrence of a friend getting testicular cancer or intimidating headlines in the tabloid press about adverse lifestyle and infertility. Some heterosexual cis-men related their concern to the fact that they had been careless with contraceptive use, on several occasions, without any pregnancy occurring. To others, consciousness was raised just by the sight of one's semen or scrotum:

Ulrich: And then it's those tabloid-headlines, as you brought up, that you might not believe in it, or that you have read a headline that "Don't wear you cell phone in your pocket" [. . .] I sit with a hot laptop on my lap and I think "Oh right", and put it back on the table. Not that I have any facts [supporting that it's bad for my fertility] but . . .

Thomas: Do you know what I think it is about? Heat. Isn't it? That it gets too hot. The scrotum is there for a reason.

Ulrich: Yes.

Thomas: It is used as a cold pack. I think that's where it comes from.

Sebastian: I have actually thought a bit about it when you put it that way. Every time I've been in the sauna I've thought "this can't be good," I mean, given the construction [of the scrotum]. I've been thinking about my fertility unconsciously, I've thought "this can't be good because it might make it difficult to have children." I've thought about it a bit like that.

This quote concerns, among other things, the insecurity around what truly affects male fertility. As Oscar (28, co-habiting with girlfriend, no children) said, *'I've been thinking a lot about it [infertility] but I haven't thought about the causes'*. Several suggestions of negative factors came up during the interviews (e.g. smoking, alcohol, stress, sexually transmitted infections, age, radiation, chemicals), but few men were really certain about the factors and some suggested that the tabloid messages might be false. This resembles the findings from Karin Hammarberg *et al*., where most participants expressed general awareness about factors that

could influence fertility, but 'little understanding of the nature or extent of their effect' (2016: 3). A few men said that they would live as healthily as possible when they and their partner would try to become pregnant, but since they believed that adverse lifestyle habits only affected fertility temporarily, there would be no use in changing habits prior to their attempts to have a child. Others did not believe that anything could be done on an individual level. This scepticism towards lifestyle adjustments was also noticed by Throsby and Gill (2004), who described that men were scornful about low-tech approaches (read: lifestyle adjustments) but showed great confidence in reproductive technology, which Throsby and Gill argue is related to the stereotype association between technology and masculinity.

A different dimension to fertility awareness was introduced when one man said that he would like to change his lifestyle to lose weight, but not in order to improve sperm quality. Instead, he wanted to lose weight to become more attractive in the eyes of women, and in that way increase his chances to reproduce. This statement exemplifies how the gender order influences which types of bodies are deemed desirable (Dudgeon and Inhorn 2009), and the increasing attention to men's physical appearance. According to Claire Sloan, Brendan Gough and Mark Conner (2010), there has been a shift in patterns of masculinity that makes it more acceptable for men today to engage in health practices for aesthetic reasons. In that sense, increased attention to physical appearance can have an unintended/unexpected effect on men's reproductive health.

Having been involved in a pregnancy was perceived as a proof of fertility and prevented worry of infertility. No man was worried about secondary infertility (the inability to have another child after previously having had a child), which we interpret as related to the belief of fertility as 'all or nothing' and that there is no 'degree' of fertility or change over time. A pregnancy scare (believing that one's partner might be undesirably pregnant) could raise awareness (temporarily), but it could not confirm fertility since the pregnancy never occurred and the scare therefore lacked the same reassuring effect as a true pregnancy.

Struggling with the 'biological clock' in relation to infertility was, as previously described, perceived as a female issue. One father explained that his wife's age was the only thing they had been concerned about when planning pregnancy, and another father confirmed that he and his wife had postponed parenthood as long as possible given his wife's age. Patrick (37, cohabiting with girlfriend, no children) suggested that the lack of biological stress is a reason as to why men in general do not reflect upon their fertility: *'It can surely be that we don't think about it as much because we know that we have some more time'*. Hence, in our study, concerns about the women's 'biological clock' did not seem to heighten men's own fertility awareness. There was in general low awareness that age can have a degenerative effect on sperm, a finding also found by Hammarberg *et al*. (2016). What concerned the men was rather to keep their current lifestyle as long as possible, to have time to do what they want before committing to parenthood (Henwood *et al*. 2011).

One interesting aspect worth some further thought is that for most of the men we interviewed, the interview situation as such seemed to trigger reflection on fertility and many expressed that they had never really thought about this topic before. While they had received information, prior to entering into the interview, that the study was about how men thought about fertility, it became clear throughout the interviews that this was a new topic for many of the men in the sense that perhaps no amount of prior information would have prepared them for their reflections in the interviews. When realising, during the interview, how little they knew about male fertility, one man said that he was frightened by his ignorance and another that 'it feels that one should be more aware about something that is so fundamental'. Axel said 'I should know about this', referencing that he had recently become a father. There is an interesting paradox in these statements since there seems to be an expectation of men to be well

informed in general and about fathering, but apparently not about their reproductive bodies. Furthermore, even though pregnancies might raise some aspects of procreative consciousness and responsibility, they do not necessarily increase knowledge about fertility. If a pregnancy is conceived spontaneously and within a reasonable time, there are probably few incitements for men to become more aware about fertility matters. Especially when health care and health information continue to focus only on women's bodies.

Conclusions

As seen from the findings of our study, thoughts and discussions around fertility can feel distant to men who are not in the midst of procreating, even though they are 'in the appropriate age' to have children. In one way, their accounts solidify the image of the male body as silent, whole and complete (Whitehead 2002). However, we also recognised a latent consciousness and concern about infertility among several men, which seemed to be triggered and activated during the interviews.

Gender and sexuality were crucial to men's reasoning about family planning. For example, the importance of timing became less prominent to those who did not follow the straight line in other aspects of their lives (Ahmed 2006). Having children at the same time as friends was not even mentioned by gay or transmen. Furthermore, the fertility awareness of gay and transmen was almost exclusively related to an innate desire to have children (Murphy 2013) and, understandably, not to a pregnancy scare or an unplanned pregnancy which some heterosexual men had experienced. Dean A. Murphy however discusses that this desire is not only innate but also socially formed, referring to how many gay men at first accept the idea that they will never have children but that the desire emerges when they learn about other LGBT persons becoming parents. The nuclear family norm was apparent in their accounts, but, as in the study by von Doussa *et al*. (2015), the gay and transmen in our study tended to move and negotiate between traditional and more radical ideals of reproduction and parenthood (e.g. the different ways of becoming a parent), unlike the heterosexual cis-men who were very traditional in their views of family.

On a semiotic level, what was less apparent in our material than in previous studies on men and fertility was an outspoken connection between masculinity and virility, made by the informants themselves. No man in our study explicitly said that infertility would affect his manhood, which has been described in the studies from Canada, the UK, Ireland and Australia. This could possibly be explained by none of the men actually having experienced infertility or fertility treatment, but it is also likely that the setting and limited sample were of importance. Most of the men seemed to identify with the cultural group that hold gender equality, involved fatherhood and shared parenting as ideals, and to explicitly talk about masculinity and manhood within this cultural group would probably be regarded as inappropriate, macho and outdated. Masculinity was manifested in other ways, such as by taking fertility for granted, contrasting men's interests and capabilities against women's, and by distancing oneself from the body through certain language use or by keeping silent. While the sample of our study includes men with as well as without children and men of different sexual orientations and gender diversity, the setting and size of the study present limitations and it would be worthwhile to expand the sample and do further studies on the themes that surfaced in the interviews.

Even though the men discussed fertility during the interviews without ever having had fertility problems, their beliefs about how they would react if they turned out to be infertile are well matched with the sentiments of infertile men in other studies (Dolan *et al*. 2017, Hinton and Miller 2013, Webb and Daniluk 1999), which shows that procreation was an important

part of life and of being a (hu)man. There were strong wishes to pass something on to the future and be a link between generations (cf. Halberstam 2005), but also to attain the unique, superior and long-lasting love that supposedly only a child can give you.

In everyday life, on the other hand, men did not talk to other men about fertility, regardless of whether they had concerns or not. This no-talk has previously been found in studies dealing with infertile men. Webb and Daniluk suggest that 'men do indeed experience pain related to their infertility but feel they have few acceptable outlets for the expression of their distress' (1999: 22). Also, in the study by Hinton and Miller (2013), infertile men expressed that there was no one to talk to about such things and men worried about telling their friends about their situation. In their recent study, Hanna *et al* (2018) found that Internet forums are spaces where men actively engage in their fertility health, and where ideas around reproductive masculinity may be shifting. However, in our study, which focused on fertility awareness rather than infertility experiences, most men believed that they would be able to talk with their friends about fertility *if they wanted*. They were sure that their friends would listen, although maybe not with great interest. The frequent argument was hence that the topic did not feel current. They had no interest in talking about fertility with friends. In conclusion, fertility still appear as a women's issue – at least to most men who have not (yet) encountered fertility problems – even though matters that follow conception and childbirth are talked about as a joint project for parents, regardless of sexual orientation.

As a final remark, we believe that the triggering of a latent consciousness and concern about infertility that we found to take place in the interview situation is interesting and would be valuable to explore further. It is significant in considerations of how to promote fertility awareness and reproductive health and raises questions of how conversations about fertility might impact men's thinking about their own fertility and their role in procreation, and whether this is entirely beneficial or introduces unwelcome elements of stress and fixation on something that may or may not present itself as a future problem. Our study opens for questions of whether or not it is an advantage to be more aware of one's reproductive health status and the impact this may have on foetal health. Would it be beneficial if everyone, regardless of gender, had a higher level of awareness of their own fertility and actively engaged in maintaining good reproductive health, or does the focus on *individual* responsibility for fertility and foetal health in fact risk decreasing peoples' individual freedom of choice in so far as this focus is governed by certain (normative) premises regarding procreation, family building and kinship? We encourage health policymakers to seriously consider these questions when planning strategies and educational incentives for reproductive health promotion. The latent concern about infertility that some of the men in our study expressed indicates an area that needs to be addressed in healthcare policy and practice. However, rather than promoting specific interventions at the expense of others, policymakers would do well to contribute to implementation of guidelines and educational practices that are not limited by normalised ideals of individual responsibility and successful family building.

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Acknowledgements

We thank all participating men who shared their stories, and the anonymous reviewers for constructive comments.

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