

UCSF

UC San Francisco Previously Published Works

Title

Gender, masculinity and migration: Mexican men and reproductive health in the Californian context

Permalink

<https://escholarship.org/uc/item/72p5x6mb>

Journal

Culture Health & Sexuality, 16(8)

ISSN

1369-1058

Authors

Maternowska, M Catherine
Withers, Mellissa
Brindis, Claire

Publication Date

2014-09-14

DOI

10.1080/13691058.2014.920529

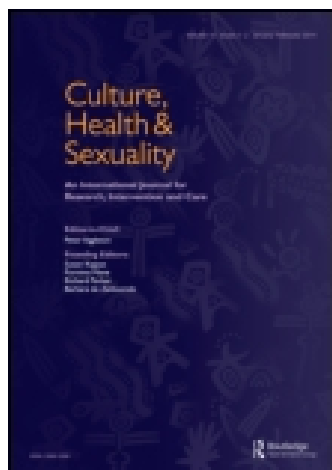
Peer reviewed

This article was downloaded by: [University of California, San Francisco]

On: 17 September 2014, At: 14:48

Publisher: Routledge

Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



Culture, Health & Sexuality: An International Journal for Research, Intervention and Care

Publication details, including instructions for authors and subscription information:

<http://www.tandfonline.com/loi/tchs20>

Gender, masculinity and migration: Mexican men and reproductive health in the Californian context

M. Catherine Maternowska^a, Mellissa Withers^b & Claire Brindis^a

^a Department of Obstetrics, Gynecology & Reproductive Sciences, Bixby Center for Global Reproductive Health, University of California, San Francisco, USA

^b Institute for Global Health, University of Southern California, Los Angeles, USA

Published online: 18 Jun 2014.

To cite this article: M. Catherine Maternowska, Mellissa Withers & Claire Brindis (2014) Gender, masculinity and migration: Mexican men and reproductive health in the Californian context, *Culture, Health & Sexuality: An International Journal for Research, Intervention and Care*, 16:8, 989-1002, DOI: [10.1080/13691058.2014.920529](https://doi.org/10.1080/13691058.2014.920529)

To link to this article: <http://dx.doi.org/10.1080/13691058.2014.920529>

PLEASE SCROLL DOWN FOR ARTICLE

Taylor & Francis makes every effort to ensure the accuracy of all the information (the "Content") contained in the publications on our platform. However, Taylor & Francis, our agents, and our licensors make no representations or warranties whatsoever as to the accuracy, completeness, or suitability for any purpose of the Content. Any opinions and views expressed in this publication are the opinions and views of the authors, and are not the views of or endorsed by Taylor & Francis. The accuracy of the Content should not be relied upon and should be independently verified with primary sources of information. Taylor and Francis shall not be liable for any losses, actions, claims, proceedings, demands, costs, expenses, damages, and other liabilities whatsoever or howsoever caused arising directly or indirectly in connection with, in relation to or arising out of the use of the Content.

This article may be used for research, teaching, and private study purposes. Any substantial or systematic reproduction, redistribution, reselling, loan, sub-licensing, systematic supply, or distribution in any form to anyone is expressly forbidden. Terms &

Conditions of access and use can be found at <http://www.tandfonline.com/page/terms-and-conditions>

Gender, masculinity and migration: Mexican men and reproductive health in the Californian context

M. Catherine Maternowska^a, Mellissa Withers^{b*} and Claire Brindis^a

^a*Department of Obstetrics, Gynecology & Reproductive Sciences, Bixby Center for Global Reproductive Health, University of California, San Francisco, USA;* ^b*Institute for Global Health, University of Southern California, Los Angeles, USA*

(Received 10 December 2013; accepted 29 April 2014)

An appreciation of the social, cultural and economic dimensions of gender and sexuality is important in increasing reproductive health service utilisation. This analysis of recent Mexican male immigrants in Southern California focuses on changing views of gender roles, masculinity and relationship dynamics in the context of migration in order to explain low levels of reproductive healthcare utilisation. Semi-structured, in-depth interviews were conducted with 23 men who had migrated from Mexico. Some men saw their migratory experience as empowering, both individually and within the couple context. Migration reinforced positive male qualities, such as being a good provider. However, for others, the levelling of economic power between immigrant couples challenged traditional male gender roles and threatened men's identities. Maintaining control and decision-making power, especially in reproduction, remained tenacious, especially among older men. In response to immigration, however, men's views of ideal family size and contraceptive method preferences had evolved. The migration process caused some divisions in family networks and aspirations of fatherhood as an expression of masculinity contributed to varying levels of contraceptive use. Recommendations are made on factors that may empower male clients more actively to seek reproductive healthcare in the context of more equitable couple decision-making.

Keywords: California; Mexican men; migrants; reproductive health; healthcare utilisation

Introduction

Over two decades ago, the Program of Action of the International Conference on Population and Development in Cairo set a new agenda that addressed men's responsibilities and participation in reproductive health. Since then, a growing number of researchers have critically examined the conceptualisation of power and its relationship to reproductive health, gender and sexuality. While women remain at the centre of most reproductive health agendas, the role of men and the ways in which the meaning of masculinity intersects with reproductive health decision-making, and healthcare provision, access and utilisation remains pressing in the post-Cairo era.

A greater appreciation of the social, cultural and economic dimensions of gender and sexuality can help us to better understand the barriers that contribute to low reproductive healthcare service utilisation among immigrant men. In this paper, we analyse changing views of masculinity and reproduction among 23 recent Mexican men immigrants living in Southern California. Understanding the complicated and dynamic interactions between

*Corresponding author. Email: mellwit@yahoo.com

gender, migration and culture can provide insight not only on what factors shape reproductive decision-making, but how these factors can be appropriated to lead to more culturally sensitive and more effective community-based programmes.

Our focus here is specifically on non-traditional barriers to reproductive healthcare access, such as gender roles and concepts of masculinity, rather than traditional barriers such as access, cost and availability of bi-lingual services. The goal of the present study was to understand how reproductive healthcare services might be improved to meet the changing needs of this population, and to identify strategies to ultimately improve reproductive health outcomes for Latino immigrant men and women.

Background

The study population: Latinos in California

According to the 2010 US census, people of Mexican descent represent about 28% of California's population. About forty percent of the immigrant population in California comes from Mexico (United States Census Bureau 2011). Mexican immigrants have higher estimated rates of poverty (34%) and have a greater likelihood of lacking insurance (46%) than most other immigrant groups (Córdova-Villalobos, Fernández-Varela, and Castañeda 2008; Pew Hispanic Center 2011) and the situation among undocumented Mexican immigrants is even worse (Córdova-Villalobos, Fernández-Varela, and Castañeda 2008). Latino Immigrants are more likely than native-born to be in their prime childbearing years, between the ages of 25 and 44 (44% compared to 29%) and have birth rates two times higher than native-born (28 births per thousand compared to 13 births per thousand [Tienda and Mitchell 2006; Pew Hispanic Center 2011]).

Mexican immigrants often perceive a more permissive or liberated sexual culture in the USA as compared to Mexico (Organista, Carrillo, and Ayala 2004; Parrado, Flippen, and McQuiston 2004; Sanchez et al. 2004; O'Brien, Hunt, and Hart 2005). Studies have found that they are more likely to engage in risk-related sexual practices in the USA, such as a higher number of partners, sex with sex workers and increased substance abuse (Organista et al. 1997; Viadro and Earp 2000; Magis-Rodriguez et al. 2004; O'Brien, Hunt, and Hart 2005; Brammeier et al. 2008). Migration has been found to be a risk factor for HIV and other sexually-transmitted infections (STIs) in several studies among Mexican immigrants (Magis-Rodriguez et al. 2004; Organista, Carrillo, and Ayala 2004; Erlich, Organista, and Oman 2007; Rhodes et al. 2008). Latinos in the USA are disproportionately affected by sexually transmitted infections and STI rates continue to rise among this population (Center for Disease Control 2007). For example, in 2013 Latinos accounted for about 32.2% of the HIV/AIDS cases in the state (California Office of AIDS 2013). In addition, syphilis and chlamydia rates have been reported to be 2.2 and 3 times higher, respectively, among Latinos than among whites in 2007 (Center for Disease Control 2007).

The family PACT programme

In 1997, the State of California introduced the innovative Family Planning, Access, Care and Treatment (PACT) programme, which provides family planning and reproductive healthcare services to underserved and low-income (<200% of the US federal poverty line) women and men. The programme provides an array of free services to men including: physical examinations; condoms, lubricants, and spermicides; vasectomy; screening, diagnosis and treatment of STIs, including laboratory tests and medication; HIV screening; education and counseling; and limited fertility evaluation services. Among

male Family PACT clients, 63% are provided with condoms; 74% are tested for one or more STIs and 61% are tested for HIV (Family Pact 2009). Most male clients receive education and counseling, with topics ranging from the male's role in family planning and STI prevention to partner relationships and communication.

Mexican men's use of services in the USA has traditionally been very low (Wallace and Gutierrez 2004; Zúñiga et al. 2006). While 67% of all clients who use California's Family PACT programme are Latino (primarily from Mexican origin), only 13% of these clients are men (Family Pact 2009). Many of the traditional structural obstacles to healthcare access have been eliminated through high-quality, no-cost, bi-lingual services offered in locations where Latino men live and work, and there is no citizenship documentation requirement. However, with over 2000 private and public providers throughout the State designed to meet the needs of male clients, it appears that other barriers remain, inhibiting far greater access and utilisation by male clients.

Gender, masculinity and immigration

In public health and demography, gender and related notions of sexuality have often been framed in terms of biomedical discourse (Dixon-Mueller 1993). While contemporary feminist reflections have contributed to rethinking the concepts of gender and power as they relate to demography (Petchesky 2000), reproduction (Ginsburg and Rapp 1995) and sexuality (Parker, Barbosa, and Aggleton 2000), few scholars have addressed the way these concepts are actually interpreted for application in the field of sexual and reproductive health – notably family planning. In the last decade, efforts to measure power and gender are beginning to take hold (Pulerwitz, Gortmaker, and DeJong 2000; Blanc 2001), but these measures tend to be static and often removed from larger social, economic and cultural structural forces that determine behaviour.

Literature on gender and power in reproductive health has largely focused on women (Blanc 2001; Gonzalez-Lopez 2004). Comparatively far less research has been conducted on how male identities, sexuality and gender roles relate to reproductive health decision-making and healthcare utilisation (Dixon-Mueller 1993; Courtenay 2000; Gutmann 2002; Gutmann 2003; Gonzalez-Lopez 2004; O'Brien, Hunt, and Hart 2005). However, gender has been determined to have an important influence on health-related behaviour and differences in men's health-seeking behaviour have been explained as resulting from gender roles and/or socio-cultural expectations (Courtenay 2000; Rhodes et al. 2008; Grzywacz et al. 2009; Hirsch et al. 2009). For example, while women are often viewed as caretakers of their families, men are conditioned to be independent, physically and emotionally strong compared to women, and generally unconcerned about health, reducing their likelihood of accessing health services (Dixon-Mueller 1993; Courtenay 2000; Galanti 2003; Noone and Stephens 2008; Rhodes et al. 2008).

Immigrant men must uniquely cope with conflicting cultural and social norms, and previously held norms and expectations regarding gender and masculinity may be challenged in their new environment (Rhodes et al. 2008). Hirsch et al. (2002), focusing primarily on women and their families who move between the USA and Mexico, reframes gender and sexuality as part of people's larger struggles to adjust to changing social and economic contexts between two countries and, often, two different worlds. Among disenfranchised male Mexican immigrants in California, gender and its constitution of identities are mediated through social institutions, cultural forces and the larger political economy. Notions of gender and sexuality are challenged by the migration experience as individuals, families and communities adjust and readjust to the complexities of a life

divided between two nations (Hirsch et al. 2002; Grzywacz et al. 2009). As Organista, Carrillo and Ayala (2004, S232) pointed out, ‘... we know little about how their [migrants] sexual ideologies are transformed by the migratory experience and how they adapt to contrasting set of norms and values about sexuality and sexual interaction.’

Data and methods

The data used in this analysis come from a larger Gender, Power and Culture Study in California that employed both quantitative ($n = 611$) and qualitative ($n = 50$) research methodologies. The data presented in this paper focus on Southern California-based Mexican men ($n = 23$). Specifically, we analyse the ways in which changing gender roles, particularly in the rapidly changing context of migration, influence couple’s reproductive decision-making, especially relating to family planning.

The sample of 23 men used in this analysis was recruited in two counties (Riverside and San Diego) in Southern California, representing both rural and urban settings. Men were eligible if they were aged 18 to 39 years, born in Mexico, had spent at least two months in the USA in the past year, but had not been here for more than five years, were at risk of causing pregnancy, and reported having sex with a member of the opposite sex in the past year. In addition, participants were eligible as ‘clients’ if they had ever used Family PACT services; they were eligible as ‘non-clients’ if they had never used Family PACT services, despite meeting the programme’s income and health insurance requirements. Participants in the larger study were randomly recruited for participation in this qualitative portion. Two trained Mexican male interviewers collected the qualitative data. Data collection for each participant lasted approximately four hours and interviews were completed usually during one visit – often in the fields or homes of men. Interviewers used a semi-structured questionnaire, with an emphasis on the recent migration experience. Issues covering gender and power in relationships and in family and work settings were discussed, including participants’ understandings and perceptions of their legal, political and social standing.

Extensive field notes and summary fieldwork reports were also analysed using principles of grounded theory (Strauss and Corbin 1994). The data were transcribed, translated to English, entered into NUDIST software and coded by two social science researchers from the University of California, San Francisco, and a Mexican research assistant. Using grounded theory, the team developed a coding frame of 22 broad descriptive categories, which were further refined into codes. An open coding process was employed during the initial phase of coding, commonly used in qualitative research (Strauss and Corbin 1994; Lofland and Lofland 1995). Each coder coded at least two documents with another coder and differences were discussed until consensus was reached on how to apply the codes. At least two members of the research team read the transcripts and field notes and developed primary broad thematic categories. Final coding schemes were confirmed by members of the research team through a continuous and simultaneous process of coding and analysis.

We looked for emerging themes around the migration experience, comparing before and after migration experiences. Text coded as ‘sexual relationships’, ‘sexual negotiation and decision making’, ‘machismo and masculinity’, ‘family planning and ‘condoms’ was analyzed for this paper. Written, informed consent was obtained from all participants. Participants received a \$40 gift card for their participation in the study. Human subjects approval for the study was granted by University of California, San Francisco Human Subjects Committee and with full approval for participation with the health clinics and the Planned Parenthood Association of Riverside, California. Here

we present narratives from the interviews to illustrate the major themes that emerged. Pseudonyms were used in this paper.

Findings

Socio-demographic and reproductive characteristics

The demographic characteristics of the sample are shown in Table 1. The 23 men included in this analysis all lived in southern California, were undocumented and had migrated from 10 different Mexican states and the Federal District of Mexico City. The age range was 19 to 37 years (mean of 27 years). All of the men reported Spanish as their primary language and only three of the respondents spoke some English. Over half had a primary school education, while about 40% had some high school education and one had training beyond high school. In all, 12 men were married, 6 were living with steady girlfriends and 5 were single. Marriage did not necessarily indicate a form of stability, nor monogamy; one man had left his wife and children in Mexico, but remained married. Some unmarried men had families in two places, and many men spoke openly of sexual relationships outside of their marriage. A total of 6 men had no children, about 11 had one-to-two children and 5 had three or more children (data was missing for 1 man).

Regardless of their educational background, Mexico's poor economy was the primary factor which drove the men to immigrate to California, sometimes compounded by family conflicts in Mexico. Job status varied, though all mentioned that they were in jobs that required little or no education. The majority worked in agricultural fields or in construction, which at the time was booming. The next most common job was working as a day-labourer, either doing janitorial work or moving freight, one was a taxi driver, one worked in a meat processing plant, one did office work and two were unemployed. Among the employed, all felt that they were making good money and many regularly sent remittances back to Mexico to support families left behind.

Shifting gender roles negotiation and the role of women

Shifting gender roles was a major theme and men's changing views on their own roles, particularly these roles in relation to women, figured prominently in the discourse.

Table 1. Sample characteristics.

Characteristic	Total (%) (n = 23)
Age: mean (range)	27 (19–37)
Education	
Primary school	13 (57)
Some or completed high school	9 (39)
Beyond high school	1 (4)
Relationship status	
Married	12 (52)
Living with partner	6 (26)
Single	5 (22)
Number of children*	
None	6 (26)
1–2	11 (49)
3 or more	5 (22)

Notes: *One participant had missing data.

A community leader from Escondido summed up the extent to which gender and power dynamics change in the migration context:

When men come over first, they use their knowledge of the USA to keep women down. As a result, they have lots of power over their partners and they make sure they stay uninformed and in the home. They need to keep those women down because as soon as women make gains, the men, they don't like it.

Some participants indicated that they came from very traditional backgrounds in Mexico and subscribed to a strict division of labour concerning men's and women's roles and responsibilities within the household. The changes that these men saw in women in the USA were not only different and unappealing, but deeply threatening. One participant commented that, once in the USA, women 'get claws', a reflection of changing opportunities. Jesus, an interviewer who spent hundreds of hours interviewing men during the course of this study, reflected in his notes:

I thought our culture was 100% macho and I can see that it's not that way, that after people have been living here [in California] for some time, they change because they find out how many rights a woman has, just like a man.

Ernesto, a 30 year-old field hand from Riverside County, saw this changing context of men's power as threatening:

Here we're in a country where the woman is the boss, where women are given more preference. It [is] different because there [in Mexico] women don't work. She has to be home and everything; her husband has to return home and when he returns, his dinner is ready and everything. The husband doesn't know about dishes, clothes, he doesn't know about any of that.

Changes in men's sense of masculinity were not uniform for all respondents. The changes were triggered by different factors and events and participants were affected to varying degrees. For Ricardo, a field hand originally from San Martin Peras, Mexico, his perception of manhood occurred early in the migration process. With less than a high school education and lack of work opportunities, he had entered the USA by the desert by foot with his wife. Echoing several other men's sentiments, his description of the event moved between traditional renditions of women as weak and dependent to a newly-found respect for his wife:

We were traveling for three nights and four days. I didn't think she was capable of walking so far because there are women who can't put up with anything and so then I thought that she wouldn't be able to handle it. She put up with a lot. She hardly even got tired. I did get very tired. The truth is she can handle walking a lot. I was tired and she helped me. When I would get tired, she would hold my hand, sleep would overcome me and she would wake me up. She did help me a lot because I couldn't handle it. If she hadn't been there I don't know what would have happened on the road. My wife was the one who helped me get this far.

Some men saw their migratory experience as an empowering point of change, both individually and within the marital relationship context. Juan, a construction worker, described his transformation of his former abusive behaviours into new values, including strength, protectiveness and a decidedly new sense of control. These were all values closely identified with masculine identity in Mexico, but for Juan, the migration experience reinforced these male qualities, thereby reinforcing his sense of being a 'good' male figure within his family:

In Mexico I drank until I was falling down, but not now. Now I think when I get to a store that I shouldn't waste money on alcohol because I should do other things with that money and if I have a beer, it's usually during a holiday. Over there I also used drugs, marijuana and when I got here I told myself that I had come over here to ruin myself or to straighten up. So then, it

was like being here, I changed. What has changed me more than anything is that I have two younger brothers and they see me, I'm like the example they never had from my father.

With these changes, many respondents also noted that in the USA, partners often shared the responsibility for parenting, housework and, importantly, finances. Out of economic necessity, many Mexican women worked, at times, alongside their husbands in the fields and men often worked in areas more traditionally assigned to women, such as housekeeping. Women's participation in the formal economy represented a significant shift for many couples. While the renegotiation of gender roles under these circumstances was difficult for some men, many others reported increased respect of their wives as equal partners. Jose Luis, who was 30 years old, discussed this change positively:

You can really see the difference between being here [in California] and being there [in Mexico]. The foundation of everything is that everyone can do something or be someone here, whether you're a man or a woman. Over there, a lot of women don't work after they get married. Over there, women depend a lot on men. But they don't here. Here, both of them work and so, there are more opportunities to do things.

Overall, the men who had partners realised the need to assume more responsibility for traditionally female-centred household activities. This change in gender roles, layered over men's efforts to be 'providers' was not always an easy transformation. Most men no longer viewed women as submissive and powerless. For some, these changes were threatening to their male identities within the family and society. Others seemed to accept and even appreciate these differences. For example, Gonzalo, a 35-year-old field worker, framed changes in his life in terms of a new respect for women:

You have to respect them [women] more because now they have almost the same rights as a man and the same opportunities to get ahead and to succeed, and women are supported more here. That has changed. Before, everything revolved around the man, and the woman stayed at home, [and] was submissive, waiting for her husband to get home from work. But not now.

Fertility and family planning

While men appeared to be increasingly egalitarian in many aspects of their new lives in California, traditional values of masculinity still clearly prevailed within the homes. The loss of men's control over key household issues was a significant assault on men's sense of being the head of the family. Many participants still held on to views that men should have complete control over their wives and all reproductive decisions. For example, several older men in this study commented, often with disdain, that Mexican women in California have the right to call '911' if abused or even feeling threatened, placing formerly male-centred power into an entirely different realm of negotiation and control.

Our data demonstrated that changes occurring in terms of roles and duties in the economic and household spheres, in some ways influenced men's opinions on contraceptive use. Of the 23 men in this study, 22 approved of family planning in general and 17 claimed to support their partner's contraceptive use. In fact, the only two men reported not practicing some form of contraception had pregnant partners at the time of the interview. When asked whose opinion carried more weight when deciding to use birth control, only four men reported that their opinions carried more weight than their partners'. In addition, 61% of men indicated that they had reached a mutual decision to use birth control, as opposed to 22% of men and 17% of women being the sole decision-maker. However, contradictions on the subject of control emerged in the discussions. Many of the older men felt that family planning was a woman's domain that didn't concern them. However, men's control over their own bodies, as well as the reproductive decisions for

both themselves and their female partners appeared to be significant. Jorge, a day labourer, expressed that men's ideas about masculinity prohibits them from fully engaging in a discourse of real equality, which extended to accessing the clinic and contraceptive use:

Men are macho more than anything. I think that 70 to 80% of Mexican men are very macho. They don't want contraceptives [and] they don't want to go to the clinic. They don't even want to go get a package of tortillas at the store, because their pants will fall off. For men that's very critical.

The word 'macho' was used repeatedly when discussing sexuality and reproduction. Machismo, for Jorge and many in his cohort, was embedded in very traditional ideas about men's masculinity:

They are macho because they think that it's times in the past, that a woman should have a lot of children. If they have three girls and not one boy [they] want to have the boy. They will have five, six, seven girls and they'll keep going until they have a baby boy. For me that's machismo.

Fatherhood, masculinity and immigration

Men's physical sense of control, especially in the bedroom, resonated throughout the interviews, linking masculine identity with sexual performance and childbearing. While almost half of the men interviewed reported the use of condoms when they last had sex, condom use with their wives and regular partners was far less common. Men who attended the Family PACT clinics reported they were generally either accompanying a partner to her appointment or were there for a treatment of an STI for themselves to 'clean up' before they returned to their wives in Mexico. Furthermore, many men expressed reluctance to use condoms because they were generally negatively associated with potentially interfering with men's virility and sexual performance.

Overall, condom use appeared to be associated with different levels of commitment in their relationships. Most men expressed varying degrees of latitude about condoms, distinguishing use depending on the type of sexual encounter: paid sex, sex with casual partners or girlfriends, or sex with spouses. Many men had attended 'sex camps', where services are provided at shifting venues (to avoid raids) and on certain days of the week, for example, after church on Sunday mornings. The men would pay for sex with female sex workers in strictly controlled time slots (measured with an egg timer: 15 minutes for \$20.) Because of the association of condoms with multi-partner or paid sex, condom use was generally reserved for casual sex, but even so, they were not used consistently.

While condom use in casual sex was common, the use of any form of contraception in marriage was a different issue. Overall, family planning was perceived to be unnecessary in more committed relationships, especially if the family size was small. This was related to several factors, in part because many, especially those with small families, had pronatalist tendencies and, in part, because it was generally believed that condom use was not appropriate or necessary with their wives. For nearly all of the men interviewed, the use of any contraception did not occur until after the birth of at least one child. The predominant pattern was courtship when both partners were young, early marriage and the birth of a child soon afterward. Several of the men had experienced one or more unplanned pregnancies. Lack of foresight predominated in these early relationships, with men saying things such as, 'we never thought about the consequences' and 'we just thought about having sexual relations and everything, and whatever happens, happens.'

Confirming this, the data showed that younger, single men used contraception less than married men and generally seemed less concerned about potential pregnancies.

The support provided by the family structure – and the traditional role of the woman – was fundamental to many men's daily survival (food preparation, ironing, security etc.). However, men's roles were seen as less traditional and patriarchal, often changing quickly in relation to the influence of their new environment. The cultural imperative and personal desire to become a father may have influenced non-use of contraception in the men's early relationships. Having children was the ultimate expression of masculinity. These beliefs were not unique to younger men; fatherhood was a goal that every man in this study aspired to. Several men talked about how the migration process inevitably caused some divisions in family networks and the construction of a new family in California was not uncommon. Both initial and repeated aspirations for fatherhood as an expression of masculinity may have contributed to differing fertility intentions and varying levels of contraceptive use among this population.

Discussion

Our study had several important findings. Rapidly changing gender roles, which were moving in a decidedly more gender equitable direction, affected participants in different ways. Given the small sample size and the fact that men in this study were at different points along the reproductive continuum, it was not surprising that we found varying opinions about how gender influenced men's lives and what masculinity meant. While men's perceptions of women as partners may have changed with migration, these changes varied depending on men's ages, their sexual partners and their perceptions of equality in the sexual and reproductive realms of their lives. While the younger participants in our study saw these shared responsibilities with wives as positive opportunities contributing to the reconstruction of men's gender roles overall, others felt deeply challenged by these changes. It was clear that some men struggled with the new concepts of gender equity, especially around issues of reproductive choice. While younger men appeared more open to negotiate reproductive choice within their relationships, older men were generally less flexible and desired to maintain traditional gender roles. For example, older men repeatedly called family planning a women's 'obligation' that did not concern them. For many, reproduction was seen as one of the last frontiers where men can actually claim control, free of the social, economic and political issues constantly played out in the public domain.

Our analysis demonstrated that reproduction was a contested domain for this group of men, which was not surprising given all the other changes that they faced in California. The higher cost of living in California meant that, in most cases, both men and women had to work. As women gained more economic independence, increased household equality resulted, which confirms other studies of migration, both in Mexico and the USA (Hirsch et al. 2002; Gonzalez-Lopez 2004; Grzywacz et al. 2009). In Mexico, gender-roles were delineated: men's roles centred around providing for their families by earning income and women's roles focused on bearing children and taking care of the family and the home. As found by Grzywacz et al. (2009), this gendered division of labour imposed specific responsibilities and privileges on the individual. Men were entitled respect and obedience from their partner and children for supporting the family and women were entitled financial support by staying home and taking care of the family. The realignment of power within the household, as expressed by men, was perhaps not such a gendered harmonised response, but rather an economic necessity. Men recognised that the high cost of life in the USA required women to work outside of the home. But, the blurred lines between gender roles also created a lot of tension and resentment in men. The sense of eroding male power

could lead to profound challenges around male identity and control. Similar changes in Mexico may also be taking place as more women enter the workforce and delay marriage and childbearing, increasing women's power within that country as well. It is likely that such societal transformations may lead to more gender equitable attitudes among men over time, and our findings suggest that younger men's attitudes are being shaped by such changes.

It is important to appreciate men's fears and how migration threatens their identities in order to design creative programmes that can promote the positive role that men can play in their families and communities. Providing opportunities or forums for men to discuss their gender-related fears may be helpful. Gender-sensitive programmes should highlight the positive aspects of definitions of masculinity, such as being good providers, and focus on how men and women can support each other and their families, which may also lead to more gender equitable attitudes among men.

While coping strategies varied among the men in our study, having a support network of family and friends appeared key to survival in California. While we were unable to ascertain if drinking, a common past-time among all the men in this study, was linked to an increase in casual sexual partners – the link between drinking and enhanced high-risk behaviours has been noted in other studies of male migrants in the USA (Organista, Carrillo, and Ayala 2004; Sanchez et al. 2004; Solorio, Currier, and Cunningham 2004; Sanchez et al. 2008). This behaviour places both themselves and their sexual partners at risk, not only for pregnancy, but also for STIs. A large proportion of men who attended the Family PACT clinics generally were seeking treatment of an STI before returning home to their families left behind in Mexico. This has important implications for their wives or partners in California and Mexico, who, because of traditional feminine roles in Mexico, and the associated low degree of power, may have limited ability to negotiate sexual practices with their partners, such as condom use, or to discuss men's previous sexual histories while in the USA (Magis-Rodriguez et al. 2004). Numerous other studies have confirmed that female partners of Mexican men who travel to the USA may be unknowingly at high risk for STIs, including HIV/AIDS (Hirsch et al. 2002; Brammeier et al. 2008; Caballero-Hoyos et al. 2008). As our study showed, even though Mexican immigrant women in California are making strides towards equality in the household, from the male participant's perspectives, it remains unclear how much power female partners actually have in the realm of reproduction. Finding appropriate ways to reach out to men, while encouraging improved negotiation with their female partners, may be key to interrupting and decreasing cross-border epidemics of STIs.

Confirming other studies, we found that condom use in this study was not popular, and high rates of STIs among Latino men in California indicate that condom use in this population is likely low (Organista et al. 1997; Sanchez et al. 2004; Solorio, Currier, and Cunningham 2004; Maternowska et al. 2009). An unintended pregnancy was not always viewed negatively, especially for single men. The variation and differentiation of condom use with different groups of women – sex workers versus others (including casual or actual partners) – has important implications in the field of reproductive health, contributing to our understanding of the complexity, and often contradictory nature, of men's ideas around reproduction and contraception. The urgent need for reproductive health education through increased outreach is clear in order to promote regular and sustained condom use.

Adjusting family planning messages and promotion along the life continuum to align with men's reproductive goals is also critical. A key component of men's involvement programmes has been to encourage men to support women in their reproductive health needs and decisions. Men and women's needs should not be dealt with in isolation, since

reproductive decision-making should be a joint affair. However, forcing this concept on mature Mexican men who hold on to more traditional values would likely have far less 'traction', be highly inappropriate within the cultural context, and might further discourage men from using family planning. Our data show that promoting gender equity in reproductive health in this population would be most effective among younger Mexican men who appear to be more open to equitable partnerships than older men. Strategies for more mature men should be kept simple: promoting family planning as an easy and responsible way to protect the health of all partners.

Openly acknowledging that Mexican men are sexually active with multiple partners may appeal to their male identities as sexually virile and could promote the need to screen and treat STIs. Educating men about Emergency Contraception as a way to protect themselves, their families and their partners against unintended pregnancy could also be useful and could provide an opportunity to discuss the prevention of unplanned pregnancies altogether through more consistent family planning use. Providing services outside of the traditional clinic sites, such as the workplace, would likely appeal both to men as well as their employers, who want to keep their workforce healthy. One of the clinics we worked with had a mobile clinic for men on scheduled days of the month – in the fields – where men were working and no women were present. These clinics were particularly popular. Due to low utilisation of clinics, channeling information, education and communication campaigns through the workplace, especially for recent Mexican immigrants, may be an effective way to reach this population.

Limitations

Although interviewers spent time with potential respondents to gain their trust and participation, some immigrants were too afraid of the legal authorities to participate. Male respondents may be a somewhat biased or non-representative sample, including men who are at greater comfort with their ability to discuss their lives and sexual relationships and who could, in turn, tend towards a more egalitarian view of gender and power relations. Another limitation of this study is that there is no way to corroborate whether what the participants said about gender roles reflected their actual behaviour. In addition, homosexual behaviour among this population has been well-documented but was outside of the scope of this study. Finally, sensitive topics are subject to biases such as social desirability bias, and this may have influenced the responses.

Conclusion

This paper has focused on the complex interface of masculine identity and reproduction as experienced by recent Mexican male immigrants to California. The promotion of behavioural change with regard to reproductive health, especially the adoption of family planning, too often fails to take into account deeply embedded community norms and constraints that influence behaviour. Understanding and addressing men's sexual and reproductive motivations within the fluid and bi-national context is important, if not vital, to the health of Mexicans living in both the Northern and Southern hemispheres. The process of migration and the levelling of economic power between couples can challenge traditional Mexican male roles. Since men's sexual choices and behaviours affect their (and their partners') reproductive health, reproductive health services should reflect the complexity of men's changing gender identities and community norms. This analysis suggests how reproductive healthcare services might be improved to better meet the

changing needs of this immigrant population. To accomplish this, programmes need to incorporate locally-generated concerns and meanings into both their clinic settings and outreach efforts. The need to properly orient and train staff and service providers to understand the dynamic, changing nature of Mexican immigrant men's lives in California is a vital ingredient of any successful programme.

Funding

This research was supported by a Family Planning Research Grant from the Office of Population Research of the US Department of Health and Human Services.

References

- Blanc, A. K. 2001. "The Effect of Power in Sexual Relationships on Sexual and Reproductive Health: An Examination of the Evidence." *Studies in Family Planning* 32 (3): 189–213.
- Brammeier, M., J. M. Chow, M. C. Samuel, K. C. Organista, J. Miller, and G. Bolan. 2008. "Sexually Transmitted Diseases and Risk Behaviors among California Farmworkers: Results from a Population-based Survey." *The Journal of Rural Health* 24 (3): 279–284.
- Caballero-Hoyos, R., T. Torres-Lopez, A. Pienda-Lucatero, C. Navarro-Nunez, R. Fosados, and T. W. Valente. 2008. "Between Tradition and Change: Condom Use with Primary Sexual Partners among Mexican Migrants." *AIDS & Behavior* 12 (4): 561–569.
- California Office of AIDS. 2013. "HIV/AIDS Surveillance in California: 2013." Accessed. http://www.cdph.ca.gov/programs/aids/Documents/Dec_2013_Semi_Annual%20Report.pdf
- Center for Disease Control 2007. "STD Surveillance: Special Focus Profiles: STDs in Racial and Ethnic Minorities." Accessed. <http://www.cdc.gov/std/stats07/minorities.htm>
- Courtenay, W. H. 2000. "Constructions of Masculinity and Their Influence on Men's Well-being: A Theory of Gender and Health." *Social Science and Medicine* 50 (10): 1385–1401.
- Córdova-Villalobos, J. A., F. V. Fernández-Varela, and X. Castañeda. 2008. "Migration and Health: Latinos in the United States." Accessed. http://hia.berkeley.edu/documents/conapo_rpt.pdf
- Dixon-Mueller, R. 1993. "The Sexuality Connection in Reproductive Health." *Studies in Family Planning* 24 (5): 269–282.
- Ehrlich, S. F., K. C. Organista, and D. Oman. 2007. "Migrant Latino Day Laborers and Intentions to Test for HIV." *AIDS & Behavior* 11 (5): 743–752.
- Family Pact. 2009. "Family Pact Program Report 2008–2009." Accessed. http://www.familypact.org/Files/Provider/Research%20Reports/FamPACT_AnnualReport_FY0809_2010-0901.pdf
- Galanti, G. A. 2003. "The Hispanic Family and Male-female Relationships: An Overview." *Journal of Transcultural Nursing* 14 (3): 180–185.
- Ginsburg, F. D., and R. Rapp, eds. 1995. *Conceiving the New World Order: The Global Politics of Reproduction*. Berkeley, CA: University of California Press.
- Gonzalez-Lopez, G. 2004. "Fathering Latina Sexualities: Mexican Men and the Virginité of Their Daughters." *Journal of Marriage and Family* 66 (5): 1118–1130.
- Grzywacz, J. G., P. Rao, A. Gentry, A. Marin, and T. A. Arcury. 2009. "Acculturation and Conflict in Mexican Immigrants' Intimate Partnerships: The Role of Women's Labor Force Participation." *Violence Against Women* 15 (10): 1194–1212.
- Gutmann, M. C. 2002. *The Meanings of Macho: Being a Man in Mexico City*. San Francisco: University of California Press.
- Gutmann, M. C., ed. 2003. *Changing Men and Masculinities in Latin America*. Durham, NC: Duke University Press.
- Hirsch, J. S., J. Higgins, M. E. Bentley, and C. A. Nathanson. 2002. "The Social Constructions of Sexuality: Marital Infidelity and Sexually Transmitted Disease–HIV Risk in a Mexican Migrant Community." *American Journal of Public Health* 92 (8): 1227–1237.
- Hirsch, J. S., M. Munoz-Laboy, C. M. Nyhus, K. M. Yount, and J. A. Bauermeister. 2009. "They 'Miss More than Anything Their Normal Life Back Home': Masculinity and Extramarital Sex among Mexican Migrants in Atlanta." *Perspectives on Sexual and Reproductive Health* 41 (1): 23–32.
- Lofland, J., and J. H. Lofland. 1995. *Analyzing Social Settings: A Guide to Qualitative Observation and Analysis*. Detroit, MI: Wadsworth.

- Magis-Rodriguez, C., C. Gayet, M. Negrani, R. Levya, E. Bravo-Garcia, P. Uribe, and M. Bronfman. 2004. "Migration and AIDS in Mexico." *JAIDS Journal of Acquired Immune Deficiency Syndromes* 37 (4): S215–S226.
- Maternowska, C., F. Estrada, L. Campero, C. Herrera, C. D. Brindis, and M. M. Vostrejs. 2009. "Gender, Culture and Reproductive Decision-Making among Recent Mexican Immigrants in California." *Culture, Health & Sexuality* 4 (1): 1–15.
- Noone, J. H., and C. Stephens. 2008. "Men, Masculine Identities, and Health Care Utilisation." *Sociology of Health and Illness* 30 (5): 711–725.
- O'Brien, R., K. Hunt, and G. Hart. 2005. "'It's Caveman Stuff, But that is to a Certain Extent How Guys Still Operate': Men's Accounts of Masculinity and Help Seeking." *Social Science & Medicine* 61 (3): 503–516.
- Organista, K. C., P. Balls Organista, J. E. García de Alba, M. A. Castillo Morán, and L. E. Ureta Carrillo. 1997. "Survey of Condom-related Beliefs, Behaviors, and Perceived Social Norms in Mexican Migrant Laborers." *Journal of Community Health* 22 (3): 185–198.
- Organista, K. C., H. Carrillo, and G. Ayala. 2004. "HIV Prevention with Mexican Migrants." *JAIDS Journal of Acquired Immune Deficiency Syndromes* 37 (4): S227–S239.
- Parker, R., R. Barbosa, and P. Aggleton. 2000. *Framing the Sexual Subject - Studies in Gender, Sexuality and Power*. San Francisco: University of California Press.
- Parrado, E. A., C. A. Flippen, and C. McQuiston. 2004. "Use of Commercial Sex Workers among Hispanic Migrants in North Carolina: Implications for the Spread of HIV." *Perspectives on Sexual Reproductive Health* 36 (4): 150–156.
- Petchesky, R. 2000. "Sexual Rights: Inventing a Concept, Mapping an International Practice." In *Framing the Sexual Subject: The Politics of Gender, Sexuality and Power*, edited by R. Parker, R. M. Barbosa, and P. Aggleton, 81–103. Berkeley: University of California Press.
- Pew Hispanic Center. 2011. "Demographic Profile of Hispanics in California: 2011." Accessed. <http://www.pewhispanic.org/states/?stateid=ca>
- Pulerwitz, L., S. L. Gortmaker, and W. DeJong. 2000. "Measuring Sexual Relationship Power in HIV/STD Research." *Sex Roles* 42 (7/8): 637–660.
- Rhodes, S. D., K. C. Hergenrather, C. Zameta, K. Lindstrom, and J. Montano. 2008. "Characteristics of Immigrant Latino Men Who Utilize Formal Healthcare Services: Baseline Findings from the HoMBReS Study." *Journal of the National Medical Association* 100 (10): 1177–1185.
- Sanchez, M., M. T. Hernandez, A. Vera, C. Magis-Rodriguez, J. D. Ruiz, M. V. Drake, and G. F. Lemp. 2008. "The Effect of Migration on HIV High-risk Behaviors among Mexican Migrants." Abstract: International AIDS Conference: Mexico City. Accessed. <http://www.aids2008.org/Pag/Abstracts.aspx?SID=282&AID=15433>
- Sanchez, M. A., G. F. Lemp, C. Magis-Rodriguez, E. Bravo-García, S. Carter, and J. D. Ruiz. 2004. "The Epidemiology of HIV among Mexican Migrants and Recent Immigrants in California and Mexico." *JAIDS Journal of Acquired Immune Deficiency Syndromes* 37 (Suppl 4): S204–S214.
- Solorio, M. R., J. Currier, and W. Cunningham. 2004. "HIV Health Care Services for Mexican Migrants." *JAIDS Journal of Acquired Immune Deficiency Syndromes* 37 (4): S240–S251.
- Strauss, A., and J. Corbin. 1994. "Grounded Theory Methodology." In *Handbook of Qualitative Research*, edited by N. K. Denzin and Y. S. Lincoln, 273–285. Thousand Oaks, CA: Sage.
- Tienda, M., and F. Mitchell. 2006. "Multiple Origins, Uncertain Destinies: Hispanics and the American Future." Committee on Transforming Our Common Destiny: Hispanics in the United States, National Research Council. Accessed. http://books.nap.edu/openbook.php?record_id=11314&page=17#
- United States Census Bureau. 2011. "The Hispanic Population: Census 2010 Brief." Accessed. <http://www.census.gov/prod/cen2010/briefs/c2010br-04.pdf>
- Viadro, C. I., and J. L. Earp. 2000. "The Sexual Behavior of Married Mexican Immigrant Men in North Carolina." *Social Science & Medicine* 50 (5): 723–735.
- Wallace, S. P., and V. F. Gutierrez. 2004. "Mexican Immigrants Lack Health Services in the U.S." UCLA Center for Health Policy Research. Accessed. http://www.healthpolicy.ucla.edu/pubs/files/Health_Policy.pdf
- Zúñiga, E., X. Castañeda, A. Averbach, and S. P. Wallace. 2006. "Mexican and Central American Immigrants in the United States: Health Care Access." UCLA Center for Health Policy Research. <http://www.healthpolicy.ucla.edu/pubs/Publication.aspx?pubID=196>

Résumé

Face à l'utilisation croissante des services de santé reproductive, il est important d'apprécier les dimensions sociales, culturelles et économiques du genre et de la sexualité. Menée en Californie du Sud, cette analyse qui ciblait des immigrants de sexe masculin originaires du Mexique s'est focalisée sur les opinions changeantes concernant les rôles de genre, la masculinité et la dynamique des relations dans le contexte de la migration, afin d'expliquer les faibles taux de recours aux soins de santé reproductive. Des entretiens en profondeur et semi-structurés ont été conduits avec 23 hommes qui avaient migré depuis le Mexique. Certains de ces hommes considéraient que leur expérience migratoire les avait rendus plus autonomes, aussi bien au plan individuel que dans leur vie de couple. La migration était perçue par eux comme un facteur de renforcement des qualités positives de l'homme, telle celle du bon soutien de famille. Cependant pour d'autres, le nivellement du pouvoir économique entre les partenaires des couples d'immigrés, remettait en question les rôles de genre traditionnels des hommes et menaçait les identités des hommes. Conserver le contrôle et le pouvoir de décision, en particulier dans le domaine de la reproduction, représentait un objectif tenace, surtout parmi les hommes les plus âgés. Cependant, le statut d'immigré des participants avait fait évoluer leurs points de vue sur la taille idéale de la famille et leurs préférences en matière de méthodes contraceptives. Le processus de migration provoquait des divisions dans les réseaux familiaux, et les aspirations à la paternité en tant qu'expression de la masculinité avaient un impact sur la variabilité des taux d'usage des méthodes contraceptives. Nous émettons des recommandations quant aux moyens d'autonomiser les utilisateurs des programmes masculins, afin qu'ils cherchent de manière plus active des soins de santé reproductive dans le cadre d'une prise de décision plus équitable au sein du couple.

Resumen

Para aumentar el uso de los servicios orientados a la salud reproductiva, resulta importante fomentar una mayor valoración de las dimensiones sociales, culturales y económicas del enfoque de género y de la sexualidad. El presente estudio sobre hombres que recientemente migraron al sur de California se centra en las opiniones cambiantes que se suscitan en torno a los roles de género, a la masculinidad y a las dinámicas que se establecen en las relaciones a nivel de la pareja en un contexto de migración, con el fin de ofrecer una explicación sobre las bajas tasas de uso de los servicios de salud reproductiva. Con este objetivo, se aplicaron entrevistas semiestructuradas a profundidad a veintitrés hombres que migraron desde México. Algunos de ellos señalaron que a partir de su experiencia migratoria se habían empoderado, tanto a nivel individual como a nivel de la pareja. La migración permitió la reafirmación de las cualidades masculinas positivas, como la de ser un buen sostén de la familia. Sin embargo, la nivelación del poder económico ocurrida a nivel de la pareja a partir de la migración, ha representado para ciertos hombres una amenaza a su identidad. Algunos de ellos, especialmente los mayores, siguen ejerciendo poder y un tenaz control en lo que respecta a la toma de decisiones, particularmente en lo que tiene que ver con asuntos de reproducción. No obstante, se constató que, como resultado de la experiencia migratoria, los hombres habían modificado sus opiniones en relación al tamaño ideal de la familia y a sus preferencias respecto al uso de anticonceptivos. El proceso migratorio provocó algunas divisiones a nivel de las redes familiares. Además, las aspiraciones de ser padre de familia como una expresión de la masculinidad representaron un factor que incidió en los distintos grados de uso de los anticonceptivos. Las autoras plantean ciertas recomendaciones respecto a los factores que pueden impulsar a los hombres migrantes a solicitar más activamente la atención en salud reproductiva en un contexto en que la toma de decisiones está distribuida en la pareja de manera más equitativa.