

Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.

**“IT TAKES TWO TO TANGO”: SEXUAL HEALTH
RESPONSIBILITIES OF KIWI HETEROSEXUAL
MALES**

**A thesis presented in partial fulfilment of the
requirements for the degree of**

MASTER OF SCIENCE

In

**PSYCHOLOGY
(WITH ENDORSEMENT IN HEALTH PSYCHOLOGY)**

at Massey University, Albany, New Zealand.

GISELE HENDERSON

2018

ABSTRACT

Within an increasingly promiscuous society, utilisation of sexual health devices is extremely important yet some individuals choose to forego preventative and protective measures resulting in pregnancy or potentially fatal sexually transmitted diseases (STDs) such as Human Papillomavirus (HPV).

Globally, male HPV vaccination uptake rates were lower than that of females causing us to query why that is, what factors contribute to this and whose responsibility it is to care for sexual health.

This research aimed to provide insight on the male perspective about sexual health device use to comprehend how safe sexual health decisions are negotiated.

Five men underwent individual interviews and a focus group. Data was recorded, transcribed and a thematic analysis conducted.

Five main themes were identified as influential factors in decisions regarding sexual health device use: Gender-role expectations and societal influences, provisional and modal educational issues, absence of efficient advertising, marketing and awareness tactics, appeal, ease of use and access to devices and justifications for where responsibilities lie.

By normalising discussions regarding sexuality, social change can be generated by promoting safe sexual health. Factors influencing decision making processes, including gender-roles and external pressures, need renegotiation to include acceptance of safe sexual behaviours. Higher quality and quantity of education provision is required in a public realm to promote awareness of STDs, their consequences and prevention/protection measures available. Sexual health protective tools and services need to be easily accessible, appealing and convenient before individuals will actively prioritise sexual health.

The main themes identified in this study emphasise and redirect attention toward improvements required within future sexual health programme implementation to improve health outcomes. The themes established identify influential factors that require change in order to remove current barriers to care and to promote healthy sexual behaviours in place of risky ones.

ACKNOWLEDGEMENTS

I would personally like to acknowledge all the support, encouragement, advice and academic guidance I have received over the last few years. Each and every person involved along the way has hugely influenced my success in completing this thesis.

Firstly my family: Trish, Kyle and Bryce. It has been a long winded rollercoaster of a journey. Thank you for always being there through all the ups and downs, for pushing me to do better and emotionally pulling me up when needed. I am so grateful for all the support you have provided me with in getting to where I am today. I know this has not always been easy especially during exams. Mum – you have been a godsend! You have helped me so much over the years and without you I don't know how I would have got through it all!

My dearest fiancée Andrew. You may have been tough on me at times but thank you for not allowing me to give up when I was ready to give in, and not allowing me to doubt myself. You motivated me when I had nothing left to give. Thank you for bearing with me through late nights of study and being my rock throughout this process.

I would also like to express my gratitude towards my Supervisor **Professor Kerry Chamberlain.** Without your guidance I would have been lost. Thank you for the hours you set aside to put me in the right direction and the on-going email chains. More importantly, thank you for unknowingly pushing me to strive for more and reassuring me when I felt I lacked ability.

TABLE OF CONTENTS

Title Page	i
Abstract	ii
Preface and/or acknowledgements	iii
Table of contents	iv
List of illustrations, tables, etc.	v
Introduction/Overview	1
Gender	6
Masculinities	10
Sexual Health	16
Responsibilities	19
Discourses of Gender and Sexuality	21
Method	29
Research Design	29
Recruitment	30
Participants	31
Procedure	34
Ethics	41
Analysis	43
Findings	49
Effect of Gender-Role Expectations and Societal Influences	50
Provisional and Modal Educational Issues	66
Absence of Efficient Advertising, Marketing and Awareness Tactics	72
Appeal, Ease of Use and Access to Sexual Health Devices	79
Responsibility, and where it lies	84
Conclusion	100
Limitations	103
Future Implications	105
References	108
Appendices	113
Appendix A - Recruitment Advertisement	113
Appendix B - Information Sheet	114
Appendix C - Individual Interview Consent Form	115
Appendix D - Individual Interview Schedule - Questions	116
Appendix E - Focus Group Consent and Confidentiality Form	117
Appendix F - Focus Group Discussion Schedule – Questions	118
Appendix G - Thematic Analysis Categories and Coding Table	121

LIST OF TABLES

Table	Page
Figure 1 – Thematic Analysis Categories and Coding Table	119