

# How cultural and structural context influence ED drug use and research in Mexico

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# What are the local consequences of the global medicalization of sexuality?



# Mexican Context

- Longstanding debates about masculinity
- *Machismo* – stereotype that men patriarchal, sex obsessed, emotionally closed
  - Rooted in colonialism
- Recent shift from separate spheres to companionate ideal
  - Continued but changing emphasis on virility

# Long history of male potency treatments selling ideal masculinity



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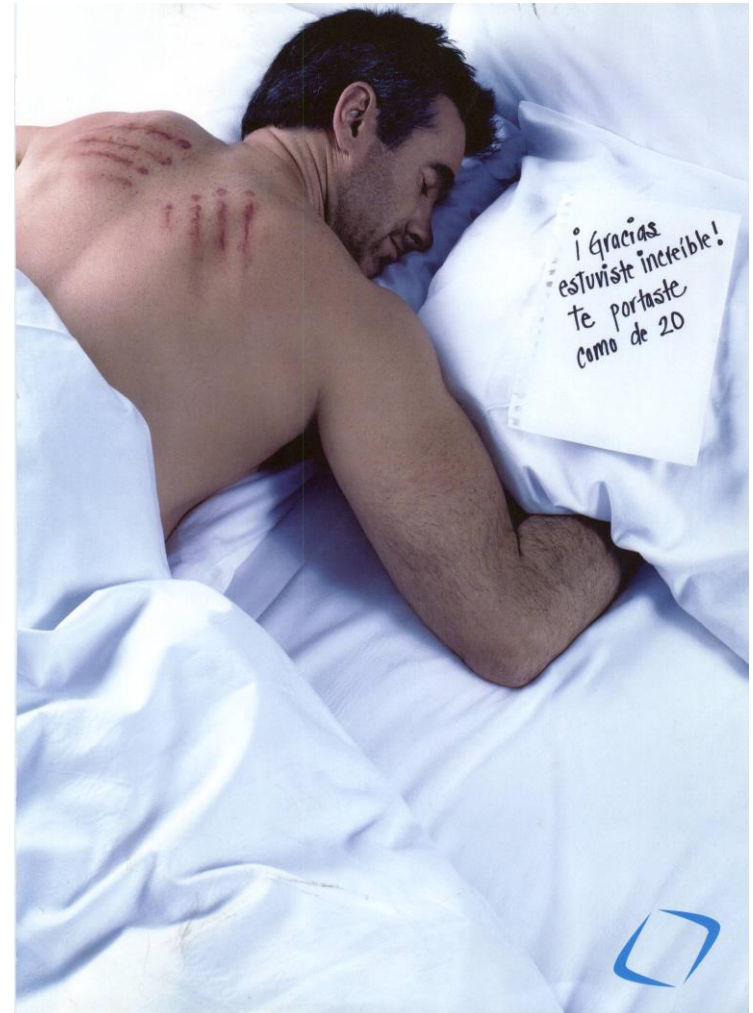
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# ED treatments big local sellers





Including barely modified ED drug marketing



Yet, my research shows that many  
men/couples reject this  
medicalization

# The Study

-2007-8 Research at the Cuernavaca IMSS urology Department

-254 interviews

- Male IMSS urology patients:
  - Older
  - Working class
  - Sometimes with wives

-Being an American woman facilitated research





# Most rejected ED drugs

- Non-medical understanding of erectile change
- 70% of participants reported decreased erectile function
  - 11% sought medical ED treatment
  - Few used it regularly

# Many Saw Change as Normal Aging

- Equated frequent sex with youth
- “It’s not like before”
- It’s “part of being retired. I can’t work anymore!”

## Shift from *macho* to mature

- Erection change a bodily reprieve from macho urges
- Focus on home rather than sex appropriate for respectable older man

# Examples

- “I will dedicate myself to my wife, the house, gardening, caring for the grandchildren – the Mexican classic.”



# Examples

- “I was a womanizer. [EW: Are you still?] The truth is, now I don’t have the same capacity. I’m 55, I know what I am. I don’t want problems with my wife. Like I deserve respect from her, she deserves it from me as well.”

# Wives actively supported this shift

- Many wives seeking decreased sex, increased emotional connection
- Wanted womanizing to end

# By naturalizing decreased function

- Man thought his wife “doesn’t like” decreased sex...
- She corrected him: “It wasn’t the same, but it’s not serious, it happens with age and health problems.”

## By saying “no more!”

- Husband sad that “the machinery of erection has broken down...”
- Wife interjected, “Now we don’t want any more!”



# ED drugs viewed as dangerous

- Because so socially inappropriate
- Fears that they inappropriately “accelerate” older bodies

# Example

- ED drugs, “accelerate you, to your death. Many friends have told me, they will accelerate you a lot, then you’ll collapse, that stuff will kill you.”

# This view supported by public health system

- Doctors share cultural idea that decreasing erections can be positive
- But \$ influences whether they define change as ED
  - DO prescribe ED drugs in private practice
- IMSS resource lack discourages ED diagnosis
  - No free ED drugs
  - Rushed appointments
    - Little time or trust for discussing sexual health

# Overall, ED marketing not selling what study participants want

- Older, working class Mexicans wanted something different than ads selling
  - Facilitated by decreasing function, not drugs
- This likely to change with younger generation



# What does this mean for anti-medicalization activism?

- De-naturalizes acceptance of sexuopharmaceuticals
- Challenges argument that more drug access = improved well-being
- Undermines claim that “men have drug, so women need one too”
- Shows how local cultural & structural diversity matters for sexual ideology and drug use