Heterosexual Gender Relations and Masculinity in Fathers Who Smoke

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Abstract: The purpose of this research was to explore the role of masculinity and heterosexual gender relations in new and expectant fathers' explanations of their continued smoking. We conducted a secondary analysis of in-depth interviews with 20 fathers. Two themes were identified: (1) reconciling with partners to maintain a smoke-free family home; and (2) smoking to self-regulate emotions and maintain relationships. Fathers' decisions to smoke and changes in smoking behavior were shaped by ideals of masculinity and by partner relationships and family and social contexts, including division of domestic duties and childcare. Recognizing the influence of both masculinity and gender relations could provide new directions for supporting men's smoking cessation efforts during early parenthood. © 2014 The Authors. *Research in Nursing & Health* Published by Wiley Periodicals, Inc.

Fathers' smoking has adverse health consequences not only for their own health but also for the health of their families (US Department of Health & Human Services, 2014). Secondhand tobacco smoke from fathers, regardless of mothers' smoking status, is associated with increased risk for the fetus, infants, and young children, including low birth weight, risk of sudden infant death syndrome, and various respiratory illnesses including asthma (Blackburn et al., 2005). In addition, fathers' smoking can negatively influence their partners' attempts to reduce or quit smoking during and after pregnancy (Bottorff, Kalaw, et al., 2006; Bottorff, Oliffe, Kalaw, Carey, & Mroz, 2006).

Despite negative consequences of smoking, many new fathers continue to smoke during and after their partners' pregnancies (Bottorff, Oliffe, et al., 2010). Of 286 UK-based fathers who smoked, fewer than 20% had tried to quit and only 4% had successfully quit. For the majority of men, not smoking inside the home was more achievable than quitting; 60% of the expectant fathers were successful in modifying their smoking behavior in this way (Blackburn et al., 2005). In contrast to expectant fathers during pregnancy, women have demonstrated higher rates of smoking cessation than at any other time in their lives (Graham & Der, 1999; Kerr, Capaldi, Owen, Wiesner, & Pears, 2011; Wakefield, Reid, Roberts, Mullins, & Gillies, 1998). Few

smoking cessation interventions have been developed specifically for men or fathers (Okoli, Torchalla, Oliffe, & Bottorff, 2011), and expectant fathers often regard media messages and cessation initiatives as ineffectual (Bottorff, Oliffe, et al., 2010; Johnson, Oliffe, Kelly, Bottorff, & LeBeau, 2009).

Although understanding of men's smoking behaviors in the context of masculine ideals and fatherhood is increasing, there is a gap in current knowledge on how heterosexual gender relations interact with these other contextual influences. In early parenthood, men may be more receptive to smoking cessation influences, especially from their partners (Steinberg, Kruckman, & Steinberg, 2000). In the current study, we examined the connection between masculinity and heterosexual gender relations among fathers who chose to smoke during early parenthood.

Masculinity and Smoking in the Context of Fatherhood

Although fathers have become more involved in childcare during the last several decades, many fathers continue to identify as primary breadwinners or providers, a role aligned to longstanding traditional masculine ideals (Greaves, Kelly,

Oliffe, Ponic, & Bottorff, 2010). Dominant cultural ideals of masculinity (characteristics appropriate to a man) include self-reliance, independence, and physical prowess (Connell, 2005). For many men, the societal demands of being involved as a parent pose a direct challenge to masculine ideals (Greaves et al., 2010; Williams, 2009). Fathers may continue to smoke to offset the tensions of these competing societal demands, enact their gender identity by displaying strength and emotional control, or manage feelings of vulnerability (Williams, 2007). Their decision to continue smoking during pregnancy and fatherhood, however, may provoke tensions in their spousal relationships (Greaves et al., 2010). Therefore, some fathers physically separate their smoking from their children and child-care activities by smoking outside the home or by concealing their smoking (Oliffe, Bottorff, Johnson, Kelly, & LeBeau, 2010).

Fatherhood can also be a positive transformative experience for many men, altering their risk behavior (Kerr et al., 2011). In a longitudinal study, Kerr et al. (2011) showed that crime trajectories (e.g., number of arrests) as well as tobacco and alcohol use among young, at-risk men markedly decreased once they became fathers. These findings support Connell's (2005) contention that masculinity is continuously and contextually constructed within and across men's lives. Early fatherhood is one such context.

Heterosexual Gender Relations and Fathers' Smoking

Relationships between men and women and the contexts of those relationships strongly influence men's health outcomes (Bottorff, Oliffe, Robinson, & Carey, 2011; Schofield, Connell, Walker, Wood, & Butland, 2000). For example, compared to single or widowed men, married men live longer, engage in more healthful behaviors, and report healthier physical and mental well-being (Strebel et al., 2006). In terms of smoking, men are more likely to quit if their partners are non-smokers and more likely than women to reduce their tobacco use with increased spousal support (Manchón Walsh et al., 2007; Westmaas, Wild, & Ferrence, 2002). These patterns have been attributed to women's enactment of feminine ideals such as caregiving and nurturing (Bottorff, Kelly, et al., 2010), which in turn benefits the health of the men in their lives.

When fathers fully share child-care responsibilities with their spouses, both parents become involved in maintaining a smoke-free home. Fathers have adjusted their smoking behaviors accordingly (Bottorff, Kelly, et al., 2010), challenging traditional ideologies of masculinity. Yet, how heterosexual gender relations relate to masculinity in the context of smoking in early fatherhood remains poorly understood. The purpose of this study, therefore, was to explore the connections between masculinity and heterosexual gender relations among new and expectant fathers who chose to continue to smoke.

Methods

This qualitative study was a secondary analysis of interview data from a larger multi-phased program of research in western Canada called Families Controlling and Eliminating Tobacco (FACET). This research program explored the social context of smoking behaviors in pregnancy and the postpartum period through a gender lens, in order to inform interventions to strengthen support for smoking cessation (Bottorff, Kelly, et al., 2010). Permission to conduct the secondary analysis was granted by the University of British Columbia research ethics board.

Participants

In the parent study, 29 men who had continued to smoke during their partners' pregnancies were recruited from postpartum units of a large hospital by research assistants. Eligibility for the initial study required having smoked prior to or during the partner's pregnancy, living in the same household as the partner, and being over 18 years of age. Of the 29 initial participants, 20 (69%) participated in follow-up interviews, in which interactions with partners were explored. All the men were residing with their partners and children at the time of the interviews.

The average age of these participants was 33 years and ranged from 22 to 41 years. Half the participants were of European descent, and the other half were either of Asian or Middle Eastern descent. Household income was spread evenly from less than $20,000 to over $100,000 a year, with an average income between $40,000 and $60,000.

The men had smoked on average for 15 years. The number of cigarettes the men smoked per day varied widely, ranging from one cigarette to more than a pack a day (Table 1). Four of the 20 fathers quit smoking following the birth of their infants. Their partners had varying experiences with smoking: 14 women were non-smokers, 3 quit smoking during pregnancy and stayed quit, 2 reduced smoking during pregnancy but increased their smoking after pregnancy, and 1 reduced from a full pack to half a pack a day during pregnancy and maintained that level after pregnancy.

Data Collection

Each father consented to participate in two semi-structured, face-to-face interviews conducted by a trained male researcher. The interviews took place in the men's homes or at a place they chose, such as a local coffee shop. The interviews each were approximately 1 hour in duration and were conducted between 12 and 24 months following the birth of the child. The current analysis used data from both interviews of 19 fathers and from both interviews of one couple interviewed together.

Table 1.   Characteristics of Participants (*N*=20)

Characteristic	*n*
Highest level of education	
Unreported/unknown	1
Some high school	1
High school complete	4
Postsecondary-diploma/certificate	2
Postsecondary-some university	4
Postsecondary-university degree	7
Graduate degree	1
Marital status	
Married	14
Common-law/live-in partner	6
Ethnicity	
Euro Canadian	10
Asian Canadian	6
Muslim/Middle Eastern Canadian	4
Occupation	
Unemployed/on disability	1
Construction/laborer/trades	8
IT/admin/marketing/human resources	6
Courier/driver	1
Service sector	3
Student	1
Annual household income	
Unreported/unknown	1
≤ $20,000	3
$20,000–$40,000	4
$40,000–$60,000	5
$60,000–$80,000	3
$80,000–$100,000	1
>$100,000	3
Cigarette consumption	
Quit smoking	4
1–2 cigarettes a day	2
3–4 cigarettes a day	3
5–7 cigarettes a day	1
8–12 cigarettes a day	4
A pack a day	1
Over a pack a day	2
Years smoked	
8–11	6
12–15	7
16–20	3
>20	4

The interview questions included changes in the men's smoking behaviors before, during, and after pregnancy; how the father negotiated smoking at home with his partner; and what strategies, if any, the partner had used to help the father to reduce or quit. The interviews were digitally recorded, transcribed verbatim, and transcripts checked for accuracy. Each father received $20 cash or a $30 gift certificate from the merchant of their choice as an honorarium for their participation in each interview.

Data Analysis

The research team employed constant comparative analytic methods, originally developed by Glaser and Strauss (1967), to identify the patterns of masculine ideals and heterosexual gender relations that related to the men's smoking behaviors. The analysis began by identifying all interview data in which the men made reference to their female partners when discussing their own smoking. These data were coded by the first author using the qualitative analysis software program NVIVO[TM]. The coded data from each participant were examined and compared with the data from all the other participants to develop categories of meanings that captured expressions of masculinity and heterosexual gender relations. The research team from the primary study reviewed the coded data in detail, and consensus was achieved through discussion regarding the meanings before developing categories of meanings and then grouping categories into overarching themes.

Seven descriptive categories were developed, including smoking places, managing moods and emotions, fathering, routine habit, cleaning rituals, harm/benefit rationalization, and relationship tension. Two broad themes were inductively derived to reflect all seven categories. To reach consensus about the two themes, the research team compared independently derived interpretations. Data analysis continued until informational redundancy was reached. Members worked together at each phase of analysis to distill the findings.

Results

The fathers' smoking and attempts to quit permeated their spousal relationships and responsibilities, including domestic duties and childcare. In reconciling with partners to maintain a smoke-free family home, and in smoking to self-regulate emotions and maintain relationships, the interaction of fathers' masculinity with heterosexual gender relations were demonstrated.

Reconciling With Partners to Maintain a Smoke-Free Family Home

Implicitly and explicitly, most fathers reported reconciling with their partners to maintain a smoke-free home. In order to be responsible fathers and spousal partners, they accepted that their smoking routines needed to change. One approach to changing their routines was to smoke outside. Although a few fathers attested that it was ultimately their own decision to smoke outside, the narratives of the others demonstrated how to varying degrees the decision-making process also included the involvement of their partner. For example, Ben[1] explained:

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[1]To protect confidentiality, all of the participants have been assigned pseudonyms.

I think I'd still do the same [smoking outside] even if there wasn't [a baby]… My wife doesn't really like to be in a smoky room either so I don't think the baby affects it at all. [Researcher: Okay. Again, sort of looking at how you negotiate that, like you're outside, has that negotiation changed at all?] I don't, I wouldn't call it negotiation. I think it's just a given, it's just logical, right, you know. I don't think we had to discuss "I'm going to smoke on the balcony." I mean it's pretty given that I didn't want to smoke inside anyway right? So we were in agreement, there was really no negotiation to have.

In this example, the father suggested he had consensus with his partner about not smoking in the house, and that his partner's dislike of being in a smoky room influenced him to smoke outside on the balcony. His narrative worked to imply there was no conflict with his partner caused by his smoking behavior and that by smoking outside on the balcony he was a considerate and responsible husband.

While some fathers stated that maintaining a smoke-free home was a continuation of previous arrangements, other fathers, like Bill, reported that smoking outside "comes with the territory" of fatherhood. Bill and his partner, who were interviewed together, explained:

Partner: Well, going outside is a rule now that the baby was born… That's really the only rule about [smoking].
Bill: Yeah, pretty much, pretty much just, just the one rule like I, I have been pretty good with it even before like I'm not, I wouldn't just kind of like have a puff on a smoke and then blow it at people's faces or anything, that's definitely a rule then, because I know how mad some people can get if you blow smoke in their direction.

The majority of fathers described altering their routines to achieve a smoke-free family home. For example, Alan talked about a post-smoke cleansing ritual he had initiated following his partner's pregnancy:

Mouthwash…yeah, that's what I do if I'm at home or somewhere else, every time I have, mostly at home actually, because you hold her [baby] so close and you're so close to her that if she gets that scent of smoke, if you're just coming from outside I think she'd be affected by it. So, you know, wash my hands, use mouthwash, brush my teeth, so it's just the whole routine there.

Some fathers detailed how they changed their clothes, took additional showers, and hyperventilated to expel residual smoke in their lungs. These cleansing and other related behaviors within the domestic sphere were linked to the health of the child and were a response to the domestic jurisdiction of their partners. Mike explained:

I definitely don't smoke around her [partner] and if I see her coming out or whatever, I'll just put it [cigarette] out. I just don't like her to see me smoking-it's one thing that she knows that I smoke-I think that it's another thing that she sees me smoking…it's a matter of respect for her.

In this regard, the men not only invested in their cleanliness, but also in efforts not to be seen by their partners as contaminating the domestic sphere because of their smoking.

For a few fathers, the routines of parenting altered their smoking. For example, Carl suggested that being at home and involved in childcare had reduced his smoking from a pack a day to only three to four cigarettes a day. He commented:

If I was staying home all day I smoke like three to four cigarettes, that's it, morning, lunch, sometimes coffee break, that's because I've got something to do. Like I take care of the baby. It is very busy.

At the same time, within the domestic sphere, gendered divisions of labor supported men's smoking behaviors. Fathers had outside duties, such as taking out the garbage, mowing the lawn, cleaning the gutters, and walking the dog, which provided them with opportunities to smoke outside the house, as illustrated by Will:

I mean I go outside. I'll toss the ball for fifteen minutes, twenty minutes. There's a great park just down the way and, yeah, I go and hang out with them [dogs], and have a smoke. This is usually after dinner…and they [dogs] love it and I like it too and, um, I've got my rain pants and I usually come home muddy and with my soccer cleats on…and it's usually a good time that I run out and have one [cigarette].

By smoking outside, men fulfilled their duty to protect their children from the harmful effects of second-hand smoke, while doing their part in completing household chores (e.g., taking care of the family pet). Going outside the home provided fathers with an unregulated environment that afforded them autonomy to smoke but also preserved a smoke-free environment inside the home.

In conceding that their smoking could no longer be an individual, autonomous decision, the participants were adopting a protector ideal of masculinity. This shift in masculine identity was influenced by relationships with partners and family. These concessions did not prompt resolutions to stop smoking but instead prompted innovative strategies for minimizing their infants' and partners' exposure to secondhand smoke. In implementing these strategies, fathers drew on an array of masculine ideals, such as protector and risk-taker, which influenced their reduction efforts while also enabling their continued smoking.

Smoking to Self-Regulate Emotions and Thereby Maintain Relationships

Fathers constructed smoking as an aid to self-regulate their emotional reactions to the pressures of work and fathering responsibilities and maintain interpersonal relationships. They viewed smoking as beneficial to their work and family life, as Luke explained:

> My biggest problem with quitting smoking is that I get very, very grumpy, very moody… My wife will tell you, I snap on people and that's not my usual persona. I'm usually pretty laid back and relaxed but as soon as I start losing the nicotine in my system I get very, very grumpy and irritable and I don't like to be around people.

By positioning quitting smoking as an impracticable alternative because of the consequences of nicotine withdrawal, men were able to reframe smoking as essential to their emotional stability and the maintenance of harmony in their relationships. Like Luke, many participants asserted that smoking improved their ability to be good partners and fathers because it ensured that they were amenable and agreeable. Smoking was rationalized as an unfortunate but responsible choice considerate of their partner's and child's well-being.

Although participants did not talk about harming their partners or children due to nicotine withdrawal, a few fathers implicitly suggested this possibility in justifying their continued smoking. Charles, who had smoked more than a pack a day for 15 years, constructed his continued smoking as an important stress management strategy:

> Its importance [smoking]? That I don't blow up on society and that I end up not wanting to hurt somebody. Like I say like I've very low tolerance for stupidity and ignorance… even if it's blind ignorance… I try very hard to make sure that I don't [blow up]. But when people do it to me I just get right fed up… Just stupid things set me off… I have a

smoke and I'm through it. Right now it's more of a stress leverage for me… I have that cigarette and I count to ten.

Some fathers also suggested that their partners recognized the potential for aggressive outbursts and encouraged them to smoke, to prevent violent behavior and dissonance in the household. Charles went on to explain how his partner recommended smoking as a strategy to help him regulate his emotional reactivity:

> I want to kill her [dog] when I find my garbage across my house because she's gotten no reason to do it, her dish is always full… And then [wife] kicks me out here and makes me go have a cigarette because I just, I want to get rid of the dog. There's been times where she's had to literally stop me from phoning somebody to come and pick up the dog, come and get this mutt out of my house. So…while she cleans up the mess… I just ignore the dog for like half a day.

In this example, the feminine ideal of caring for men's health (e.g., by encouraging less smoking or smoking cessation) was overruled in favor of another ideal, to preserve harmony in the household. Fathers' smoking could disrupt conciliatory heterosexual gender relations if unregulated but could sustain relationship balance when used to treat fathers' emotional instability.

Many men's smoking behaviors were dependent on the smoking status of their partners. For example, for some, the women's potential for relapse or continued smoking was an important consideration. Greg, who had recently quit smoking, explained what he would do if his partner started to smoke again:

> I told her if she starts smoking I'll smoke, it's not worth it for her, so don't even bother… I just kind of threaten her with it… But you know what, I don't, I don't want to smell it either now. It does revolt me, that smell, so I don't want her to come home stinking like an ashtray. It's kind of rude… I know it's pretty selfish of me to keep smoking while she was pregnant but, you know, what do you do [laughter]. When you're not that addicted it's, its, uh, it's easier to quit. But when you're smoking a pack a day it's a pretty big adjustment just to, to drop it.

A subtext of tension and potential conflict related to smoking was evident in this relationship. Greg asserted a masculine ideal of dominance over his partner in order to sustain their smoking cessation. He also downplayed his

partner's success at quitting. He believed she was "not that addicted" and therefore it was easier for her to quit, and that his quitting had demanded greater effort and hardship. Perhaps he was saving face, having smoked during his partner's pregnancy, or perhaps he felt vulnerable or was preparing a rationale for his own future relapse. In either case, his narrative exemplified a masculine stance of entitlement and power.

Several other fathers also labeled their partners as "social smokers," suggesting that their partners' addiction to cigarettes was less powerful than their own. This judgment added another layer of complexity in the role of gender relations in fathers' decisions about smoking behavior. Perceptions that one's partner was less addicted provided men with grounds for relapse or continued smoking.

Men who continued to smoke revised their smoking patterns and developed new rationalizations for continuing to smoke. Both were efforts to preserve masculinity amid the norms and values of contemporary fatherhood, which demanded that they preserve the partner relationship, protect children from the effects of second-hand smoke, and take on more involved, active fathering roles than those of previous generations.

Discussion

Fathers' explanations of continued smoking, defying the logic of smoking cessation in the context of parenting, can be better understood as reflecting the often-conflicting contexts of masculine ideals and contemporary fatherhood. These findings depict complex behavioral processes that reproduce and shift gendered identities and support heterosexual gender relations as an important influence on the smoking behaviors of new fathers (Bottorff, Oliffe, et al., 2010).

To fulfill the role of the contemporary involved father and to prevent disapproval of their female partners, participants tried to separate their smoking behaviors from family life in order to maintain a smoke-free home. Our findings were consistent with those of Blackburn et al. (2005) who reported that the majority of fathers actively attempted not to smoke in the homes where their infants resided, and that non-smoking female partners were more likely to demand a smoke-free home than were smoking female partners. Although in Canada and the US smoking cessation is generally viewed as an ideal norm for parenting, the fathers' willingness to smoke outside to keep homes smoke-free can be viewed favorably as an important contribution to reducing children's and female partners' exposure to secondhand smoke.

The fathers' willingness to maintain a smoke-free home to protect their family from secondhand smoke also might be understood as a gendered social discourse on tobacco. Bottorff, Kalaw, et al. (2006) argued that the dominant social discourse regarding pregnant women's obligations to the fetus resulted in stigmatization and monitoring of pregnant smokers and compelled women to quit smoking during pregnancy. In the current findings, a related discourse compelled fathers to smoke outdoors to ensure the maintenance of a smoke-free home. Perhaps fathers described the decision to smoke outdoors as problem-free because they retained both their masculine identities and status as good parents by purposefully deciding to smoke outdoors. The stigma associated with smoking as a father, however, may in time outweigh the influence of masculine ideals. Others have observed that fathers who smoked experienced pressure to counter social scrutiny and to rationalize the health risks of their continued smoking (Greaves et al., 2010).

In the current era, fatherhood is recognized as holding many unexpected challenges (Draper, 2003). Not only are men expected to be more involved with domestic responsibilities than in generations past, they must also provide more direct child care and equally share parenting responsibilities (Bottorff, Oliffe, et al., 2006). Fathers have been found to wax and wane with regard to fathering responsibilities during their partners' pregnancies (Draper, 2003). Participants in this study rationalized their continued smoking by defaulting to dominant masculine ideals about the pressures of fatherhood and claiming difficulty maintaining emotional stability. As reported by Bottorff, Oliffe, et al. (2006), fathers justified their smoking both as essential for preventing negative behaviors associated with nicotine withdrawal and as a means to better fulfill their fathering responsibilities. Our findings add to these by demonstrating that in some contexts men's partners may encourage smoking if there is potential for aggressive behaviors or dissonance in the household.

While men reported that their nicotine withdrawal threatened the harmony in work and family relationships, none reported that female partners suggested nicotine replacement therapy (NRT) to address withdrawal symptoms. This may be simply an omission on the part of the participants, but it may further exemplify how interactions based on masculine and feminine role ideals can interlock to sustain men's smoking. In terms of gender ideology, use of NRT might be perceived by male smokers as feminine, weak, or a sign of lack of self-control and willpower (White, Oliffe, & Bottorff, 2013). As such, the men may have chosen smoking as a more masculine response to suppress their emotional and "feminine" symptoms, and the partners may have interacted, either directly or indirectly, to sustain men's smoking.

Men's smoking behaviors were variously influenced by their female partners' smoking patterns. Most of the men did not follow their partners' example and completely quit smoking; instead, they downplayed their partners' quitting as easier than their own would be. Bottorff, Oliffe, et al. (2010) argued that in heterosexual relationships, women may defend the father's smoking as a reward for being a good provider while also working to regulate the

pattern of men's smoking due to health concerns. Although the fathers in the present study were not directly asserting this point of view, the findings support this interpretation. This highlights the importance of tobacco interventions that take into account couple dynamics (e.g., how smoking is affected by men's and women's interactions with each other and the circumstances in which they interact) in addition to stresses related to financial and domestic responsibilities.

A range of social determinants such as gender, ethnicity, and socio-economic status may have influenced men's smoking patterns and their efforts to modify their smoking (Flandorfer, Wegner, & Buber, 2010; Myers, 2009). Previous research suggests that fathering roles may be perceived differently depending on ethnicity. For example, Salway, Chowbey, and Clarke (2009) found great diversity in how men performed their fathering roles depending on ethnicity, and these role performance differences could influence their smoking behaviors. Nevertheless, our findings suggest that heterosexual gender relations can either help to reduce or to maintain smoking behaviors of new fathers across ethnicities.

There are several limitations to consider in the present study. Because there was no attempt to ensure a representative sample, not all fathers' experiences are represented here (e.g., men who do not make any efforts to change their smoking practices). The study setting might also have influenced some of the men's defensive stances related to their smoking, as western Canada is known for its strong smoke-free culture and tobacco regulations in public places (Haines-Saah, Oliffe, White, & Bottorff, 2013). However, the findings provide important new insights into fathers' smoking that if confirmed can provide a foundation for developing interventions.

Implications for Practice

In future research, how parents interact, both implicitly and explicitly, to influence each other's smoking behaviors can be examined and the findings used in designing and implementing gender-sensitive smoking cessation programs. In the meantime, some fathers' difficulty dealing with nicotine withdrawal symptoms and controlling aggression and anger suggests that health professionals might frame recommendations for NRT and other smoking cessation aids in terms of masculinity. For example, NRT could be promoted in ways that emphasize positive masculine attributes, such as a choice signifying strength, rationality, emotional self-regulation, and as strategy to participate more fully in fathering and child care. Education regarding the range of NRT options, including nasal spray, inhaler, and lozenges, as well as counseling, may strengthen men's smoking reduction and cessation efforts. Likewise, offering education to women about a range of NRT options may lead them to influence their partners.

Gender-specific health promotion strategies to motivate and engage fathers in reducing and stopping smoking should not only appeal to transitions in masculinity associated with fatherhood but also take into account men's conformity to gender roles and the influence of heterosexual gender relations. For example, as men negotiate new responsibilities associated with fatherhood, providing them with independent choices among alternatives for reducing and stopping smoking that enable them to display strength may support them to construct and maintain masculine roles and ideals (Oliffe, Bottorff, & Sarbit, 2012). In addition, providing specific information about partner influences may enhance men's understanding of relationship dynamics and their own responses.

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