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“Bang one day you’re married...” Men, vasectomy and the lifecourse

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Abstract

Research that investigates and theorises the male reproductive life course is extremely limited, and often reduced to examining problems, such as infertility. As a consequence, what we know about men’s reproductive decision making is often extrapolated from theorisation of the female reproductive life course, or simplistic assumptions about masculine identity. This article analyses interview data from 34 men talking about their vasectomy decision making processes in order to provide a lens through which to understand men making sense of their reproductive life course. Men who had children spoke of their vasectomy as resolving the normative life course, men who did not want children spoke of resisting the normative life course, and men who had experienced or considered relationship dissolution spoke of resetting the life course.

Keywords: Men, reproductive life course, vasectomy, decision making, transition

Including men within the “reproductive imaginary” (Inhorn, Tjørnhøj-Thomsen, Goldberg, & la Cour Mosegaard, 2009, p. 3) is a task still in its infancy. There continues to be a dearth of empirical research that addresses men *as men* being engaged as reproductive actors. As a consequence, theorising of men’s thoughts, emotions and motivations regarding reproduction often seems to be built upon supposition, stereotyping, and according to Gutmann (2007), superstition, which often oversimplify the relationship between masculinity and reproductive decisions. This article seeks to help address this deficiency, by attending to the ways men constructed their vasectomy decision making in relation to their understandings of the ‘normative’ life course.

Far too typical of the broad domain of men’s health, the little existing research on men’s reproductive health within the social sciences tends to focus upon problems or difficulties rather than the ‘normative’ or everyday features of men ‘in health’ (Terry & Braun, 2013). This has resulted in a limited focus on infertility (e.g., Gannon, Glover, & Abel, 2004; Hadley & Hanley, 2011) and prostate health (e.g., Kelly, 2009; Mróz, Oliffe, & Davison, 2013). Research, particularly clinical research, in the area of reproductive management – such as through the development of a male pill - is woefully inadequate (Oaks, 2009). Although research on fatherhood is a much more developed and nuanced literature than that of men’s reproductive health, it has been defined by contemporary changes to men’s levels of involvement in parenting (Henwood & Procter, 2003; Ranson, 2001), and less theorised in terms of its relation to the reproductive life course (see Shirani & Henwood, 2011a; Shirani & Henwood, 2011b; Thompson & Lee, 2011 for recent exceptions).

The reproductive life course and reproductive health more generally are also marked as feminine (Earle & Letherby, 2007; Inhorn et al., 2009). Thus men’s involvement in reproduction is often carefully delineated, and in many aspects of the research agenda, men can find themselves ‘excluded,’ or have their reproductive decisions extrapolated from research on women. This does not suggest men have been treated unfairly in this regard. On the contrary, the privileges afforded by hegemonic masculinity have meant male bodies have not been subjected to anywhere the same

degree of medicalisation as women's, and this is most starkly apparent in the reproductive arena, which continues to be marked as feminine (Oudshoorn, 2003; Rosenfield & Faircloth, 2006; Terry & Braun, 2011b).

Theorising of the male life course is more often oriented toward the workplace and men's careers than their reproductive bodies (Feldman, Peterson, & Radermacher, 2013). Despite this, investment in being a father is still considered an important role for most men (Thompson & Lee, 2011), and negative impacts on fertility are often constructed as having a detrimental effect on a man's masculine identity. One area that provides a promising avenue into more fully making sense of men's reproductive lives is that of male sterilisation, or vasectomy, as the operation provides, for many men, the first time they have engaged with their bodies as reproductive (see Terry & Braun, 2011b). Men's (particularly white, middle class men's) bodies have historically been generalised as the default of the healthy body – the 'normal' body, and have therefore often been almost invisible to the medical gaze (Rosenfield & Faircloth, 2006). In practice, this means that for many men, what Watson (2000) has termed *pragmatic embodiment* (see also, Robertson, 2007; Robertson & Monaghan, 2012) is the most likely way they will experience their bodies. Watson suggests most masculine identities do not ordinarily encourage reflection upon the body unless there is a problem fulfilling a particular social role (worker, father etc.), and so health decisions and practices are often limited to these concerns. Vasectomy may thus create a special awareness of the reproductive body that had not been 'necessary' up to this point, unless struggles with infertility had made it salient.

Vasectomy, while not a new operation, is one that is being taken up by men in greater numbers worldwide, particularly in countries such as Aotearoa/New Zealand, Canada, the UK and the Netherlands (Pile & Barone, 2009). One older, comprehensive study has identified Aotearoa/New Zealand's overall rates over vasectomy at 18% of all men, and 25% of married men, and that for men in the 40-49 age bracket, the rates are as high as 57% (Sneyd, Cox, Paul, & Skegg, 2001). Often constructed as simply a form of long term contraception, the decision to have a vasectomy is also

one of only a few recognisable 'crisis points' for men in their reproductive decision making. In contrast to much of the work on men and reproduction, vasectomy assumes reproductive success, or at least, potential for it, and therefore reproductive health. The decision to curtail fertility thus offers a useful lens through which to examine the social features of men's reproductive life course.

Method

This paper analyses qualitative data from single one-to-one interviews with men who had had a vasectomy, and is part of a larger study on men accounting for their vasectomies in the Aotearoa/New Zealand context (Terry & Braun, 2011a, 2011b, 2012; Terry & Braun, 2013). Sixteen participants had undergone a 'typical' vasectomy (i.e., were partnered and had children), twelve participants had undergone a 'pre-emptive' vasectomy (i.e., identifying as childfree and wishing to make this permanent) and six participants were in the process of deciding whether to have a vasectomy. The participants ranged in age from 35 to 64 (mean age 46), with virtually no age difference between the 'typical' and 'pre-emptive' groups. As might be expected, men in the decision making group, were much younger than the other two groups, with a mean age of 37. Almost exclusively all men across all three groups were in 'professional' forms of employment. All of the men identified as heterosexual (except one who had recently entered his first same sex relationship), and all but one identified themselves as Pākehā or of other European ethnicity (the exception identifying as of mixed Māori /NZ European descent). Within the typical group, the mean time between the birth of the men's last child and their vasectomy was 3.3 years.

Data were collected through semi-structured interviews, which lasted between forty five minutes and an hour and a half, with approximately half of these done face to face and the rest by phone. The interviews consisted of a range of topics, from reasons for having a vasectomy to descriptions of experiences of sex and relationships before and after the operation. Interviews also focused on specific, detailed descriptions about the experiences of having had a vasectomy, including the participant's motivations for choosing this option, difficulties they may have experienced and

benefits they felt they may have gained. Reasons for stopping having children (or not to have them at all) and the construction of the 'complete family' were also discussed.

Data were analysed using insights from poststructuralist discourse analysis, which treats discourse as collective "organised systems of statements that provide socially understood ways, or rules almost, for talking about something and acting in relationship to it" (Gavey, 2005, p. 84). Extracts chosen are representative of the data corpus, and act as exemplars of themes developed through an initial thematic analysis, following Braun and Clarke's (2012) multi-phase approach. All names have been placed with pseudonyms. Ethics approval was obtained through the University ethics committee of the author. This paper will describe the ways the men interviewed framed their vasectomies in relation to a readily drawn upon notion of a normative, even standardized life course.

Life course and vasectomy – Resolving, resisting, re-routing

All of the men spoke of their vasectomies as occurring in a time of transition. The vasectomy thus acted as a milestone that marked the stage of life they wanted to progress to or remain in. For men in 'typical' circumstances this was almost always portrayed as *resolving* the normative life course, for men who did not want children, their vasectomy was constructed as *resisting* it, and for men whose marriages or unions had dissolved through death or break-up, or could imagine the possibility of these occurring, the option to have a vasectomy reversal was described as essential to *re-routing* the life course, moving onto an entirely new route, that follows its own independent version of the normative lifecourse.

Resolving

The dominant idea generated by men in 'typical' circumstances was that vasectomy was inevitable (see also, Amor et al., 2008; Sandlow, Westefeld, Maples, & Scheel, 2001). This bears some difference from earlier, often US based work (e.g., Miller, Shain, & Pasta, 1991a; Mumford, 1983), which tended to emphasise the struggles, difficulties and potential for regret among vasectomised men (see Terry & Braun, 2011a for more discussion on the 'negative tone' of earlier research on vasectomy). It may be that the contemporary cultural conditions of possibility support the

inevitability of the vasectomy for New Zealand men in the age group interviewed for this study, and this seems to be borne up by the statistics of high uptake from Sneyd et al.'s (2001) research.

Although there was frequently some degree of lag between the decision to be sterilised and the operation itself, this was generally portrayed as *delaying* rather than halting the process.

Consequently, a particularly linear, normalising approach to the life course was described by the men, who then positioned themselves in relation to it. The 'normative life course' seemed to act as a discursive resource that men might draw upon to make sense of their reproductive choices. For instance:

Michael: You get to a point, you know, make a commitment with a woman and then suddenly bang one day there's commitment with a woman and then suddenly bang there's children and there's bang there's a vasectomy and it's bang you're getting old and it's bang you're retired and it's just another one of those steps in life that you need to take to go through it.

In Michael's account, there was something quite passive about his status in relation to the life course – it happened to him, he was carried along by it, noting only the points of transition as he progressed through them. The vasectomy was therefore constructed as *evidence* of a milestone fulfilment, the end of child bearing, as much as it was a contraceptive choice. This sense of being carried along by the lifecourse does not mean the vasectomy was not significant for the men, they more often than not constructed it as a 'big deal,' and Michael himself referred to it in terms of being a "sacrifice" (see Terry & Braun, 2011a). Although the operation itself was often referred to in terminology similar to Chad's ("it's just such a pathetic little operation"), its significance to their partners and to themselves was inflected with meaning.

This sense of progression to vasectomy was commonly intertwined with a rhetoric of responsibility in the men's accounts (see also, Terry & Braun, 2011b). The neoliberal subject of contemporary times is often defined as a social actor that takes responsibility for their choices, with a strong moral component attached to these (Greco & Stenner. 2009). The use of a standardized version of the life

course model seemed to provide these men with a valuable resource to understand what this 'responsibility' might look like.

Many of the men spoke about vasectomy as a decision that occurred in relation to other men (see also, Terry & Braun, 2013), and that this provided a useful indicator of where they were supposed to be in their own life course. Within this framing, reproductive decision making becomes defined by the cohort one identifies with, emphasising the relational nature of reproductive choices. For instance, one man noted:

Chad: it was just something that was, it was becoming, I mean I would say ninety five percent of a fairly close bunch of friends of ours, all the males have had vasectomies, u:um, you know, it was just becoming something that was talked about, and it's about time, and you know, got the kids, sort of (in breath) birthing part of it out of the way and, you know, it's time to get it done, and, yeah, so it was kind of like, yeah, maybe it's just time to get on with it

Chad's account, reflective of many men's across the data set, has a sense of urgency about it. Time was treated as an imperative, shaped by the choices of other couples in a given cohort, although with much less urgency than similarly relational constructions of the 'biological clock' (see Earle & Letherby, 2007). It seemed that Chad, was among the last in his group to have a vasectomy and was risking missing the appropriate window, and as a consequence might be positioned as irresponsible.

Resisting

The men who had decided to have a pre-emptive vasectomy also drew on linear framing of the life course. However, in contrast to the men with children, men that identified as childfree constructed themselves as resisting the inevitability of child bearing. Where vasectomy *allowed* for change to occur in the lives of the typical group, for the men in the pre-emptive group, changing from their existing point in the life course was described as something they wanted to avoid:

Andrew: You see your friends and they get baby brain and it's not it's not a deliberate thing on their part [Int: yeah] it's just that their life their focus [changes [...]] you'll see the competitiveness in some of the ways you can see children bringing out the best in people and in some ways

it just brings out so::o much the worst [...] it comes more around to impinging on personal time, personal space

For Andrew, and the other men who had pre-emptive vasectomies, having children equated with “putting your life on hold.” Shirani and Henwood (2011a) have noted that many of the men in their study looked forward to a period of redundancy from child rearing, as children ‘disrupted’ many of the freedoms they had enjoyed prior to their children’s arrivals. Within the pre-emptive group in the current study, these freedoms (such as “personal time, personal space”) were considered of greater worth than any of the benefits of having children in the first place. In Andrew’s case, although he allowed for *some* possibility of positive change, the overall transition was constructed as overwhelmingly negative, something to be avoided. Men in the pre-emptive group almost always positioned themselves in opposition to their contemporaries who had children, rather than being drawn along by their cohort. For these men, the ‘normative life course’ was viewed as a problem, a path that they wished to avoid, and that only a vasectomy could alleviate. Not suffering from “baby brain” or focusing their energies and finances on children meant they could explore the freedoms most men and their partners had to wait for. However, the decision to have a vasectomy still exists within a transitional or liminal space (Stenner & Moreno, 2013), loaded with affective potential, as these men give permanence to their decision.

Re-routing?

Although most men interviewed seemed to have resolved the question of the vasectomy as inevitable, many of them admitted to having thought about future relationships, and the implications of vasectomy for this. This happened amongst all three groups, although it was much less likely to occur among the pre-emptive group, as these men had taken a largely individualised approach to their lack of interest in having children (see also, Terry & Braun, 2012). Perhaps the most fully realised articulations regarding the ‘risks’ of vasectomy came (unsurprisingly) from among those still deciding whether to have one:

Int: Apart from not having another child is there anything out there that, you know, you're thinking about that would prevent you from having a vasectomy at some stage?

Simon: (..) Um, not consciously, but if you ask me that question (.) I can think of a couple of reasons, but they wouldn't, they wouldn't really plague on my mind. Um, say for example, if I – if I, me and my wife did eventually break-up and I wanted to have a child with another person, then (.) um, that would be a reason.

These sorts of explanations implicitly framed relationship break ups as a disruption to an idealised version of the normative trajectory, where a single, monogamous relationship defines the lifecourse of an individual. Entering into a new relationship might be compared with taking an entirely new route on a motorway network, where one leaves the old route entirely to begin on the new route. Rather than viewing any existing children as having fulfilled their personal life course, many men's accounts framed new relationships as needing new biological offspring to 'authenticate' them. This sort of explanation was often used by men to explain delays in their vasectomy decision making, and is often portrayed as the reasoning behind 'sterilisation regret' in other studies on vasectomy (e.g., Miller, Shain, & Pasta, 1991b). Although only two men from the project had been through the expense and difficulty of a reversal, both articulated similar justifications. Both were so concerned about their vasectomies reducing chances of future relationships that they had them reversed not long after their initial relationship failed – in fact the decision to have a vasovasostomy was made more quickly than the initial vasectomy. John described his reasons in the following way:

John: To me, I made that commitment, and part of that commitment is you get married and ultimately, you know, children come up on the screen and I just didn't want that to be an issue, so I wanted to know beforehand what the situation was, I, um, if it could be reversed fine, if it couldn't be reversed, fine, and I could go in there totally understanding that I've tried it

This account bears striking similarity to Michael's in that it appears to be drawing directly from a recognisable and standardised portrayal of the life course. The picture is not one of finding an

alternative expression of the life course after relational breakdown that blends both past and present lives, but instead seeks to begin anew. The vasectomy of the previous 'route' might complicate new relationships, or even preclude some relationship options, which the two men in this study found extremely problematic. Marital or union dissolution is a turbulent and transitional period in a person's life and viewing the normative life course as an independent, linear trajectory within each new relationship may be a valuable way to navigate through these times. The concerns about "children coming up on the screen" is perhaps made more salient when noting that men often marry women younger than themselves, and this is even more likely the case in remarriage (Drefahl, 2010). With divorce rates increasing, much more work is needed to explore this particular transitional space in men's reproductive lives.

Conclusions

This article has provided some evidence of men thinking about their lives in reproductive terms, focusing on men's constructions of their vasectomy decision making processes. The decision to have children, often treated as normative, unquestioned and subject to certain time constraints (Billari et al., 2011; Earle & Letherby, 2007), appears to share much in common with the decision to finish child bearing, or not to begin it at all. Despite this, within the contemporary West, these milestones are often defined by the notion of 'choice' and responsibility for these choices (Shirani & Henwood, 2011b; Terry & Braun, 2012). Greco and Stenner (2008) have argued that changes from historical social structures to hyper-individualised ones within the West have loaded affective weight and moral consequences upon individuals for their decision making.

This is problematic if we consider the limited place of men's bodies within contemporary contraceptive economies (Terry & Braun, 2011b), where there are virtually no male controlled options beyond condoms and vasectomy. This means in deciding to have a vasectomy, men are not only entering a transitional state within their relationship and family (in relation to the end of child bearing), but also in the experience of their embodied, reproductive selves (having it controlled - potentially for the first time). The framework of an appropriate or normative life course provided the

men in this study with a valuable resource for them to make sense of their lives, their choices and the implications of these, making the transitory periods in their reproductive life course much more navigable.

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