

birth control, calls a (a female contraceptive culture). Nowhere on earth do men participate in contraception in larger numbers than women; in most locations the percentage of men using male forms of birth control is a tiny fraction of women employing other methods.

Indeed, one striking feature of decision-making about birth control in Oaxaca is the fact that the number of vasectomies performed there has never been large. Through 2000, according to official statistics, 3,105 men had undergone a vasectomy in Oaxaca (INEGI 2000: 265), out of a population in the state of over three million men and women. The procedure itself is unknown to most people in the region, and irrelevant to all but a few who express familiarity with the term. Figures on male sterilization in Mexico overall hover slightly above 1 percent of the adult male population; by way of contrast, figures for China and the United States, for example, are 10 and 14 percent, respectively. The rate of female sterilization in Mexico is around 28 percent. (Country figures on sterilization are from Engender-Health 2002.) Thus the number of men who participate in birth control by getting sterilized is relatively low in Mexico, including Oaxaca, both in comparison with other countries and with women in this area.

Understanding why some men in Oaxaca do opt for this form of birth control is not dependent upon the numbers or percentages of those involved. At the outset it is nonetheless worth mentioning two possible factors influencing men's decisions about sterilization that ultimately were less in evidence than originally anticipated. First, because the vast majority of people in Mexico are Catholic, it could be argued that men who choose to get a vasectomy must deliberately reject Church doctrine forbidding the use of artificial contraception and sterilization of any kind. Yet not only do the vast majority of women in heterosexual relationships in Mexico use some kind of birth control, in 1970, the fertility rate in Mexico was 6.5, whereas in 2002 it was 2.8, but, tellingly, the issue of Catholic strictures in this realm rarely arose in the course of dozens of interviews with men and women from this admittedly self-selected group. , inthosee miwt82171 co

decision-making about birth control in Oaxaca. Building on Viveros's notion of a female contraceptive culture, it is of great significance that there are few modern

I observed 22 vasectomies in three different clinics and I interviewed dozens of other men and women in clinic corridors. Interestingly, both ethnographic fieldwork with dozens of men and archival research on files for hundreds of other men in this project show that men who decide to get vasectomies are not clearly distinguished by any particular demographic features related to age, income, education, or being of particular ethnic groups.² I also watched three tubal ligations to witness what I had been told was a dramatically more serious surgery. As performed in Oaxaca's public clinics, there can be no doubt about this.

My opening line at the outset of a vasectomy, as I stood near the man's head, introduced myself, and described the purpose of my presence in the procedure and asked permission to attend the operation was, Well, they did this to me six years ago. Of course, I wasn't paying much attention to the details of the operation at that time. Before long, owing primarily to the lack of surgical nurses in one clinic (Centro Urbano #38) and to the somewhat taciturn nature of the doctors operating in another (Clínica #1), I was integrated into the procedure in various ways.³ Primarily I was used by the doctors as an emotional anesthesiologist to soothe the men's nerves.⁴ Other times I was asked to hold upside down a bottle of the liquid anesthetic lidocaine in order for a doctor to extract more into a needle and thus further numb the man's scrotum.

outdated moral traditions. In a similar vein, Jennifer Hirsch (2003) talks of , a competent, modern masculinity among Mexicans in Jalisco and Atlanta, just as Thomas Laqueur (2003) makes clear the historical relationship in Europe between modernity and masturbation.

Modernity requires that we look at life in new ways, yet how new are these ways if they are still grounded in longstanding notions of male sexuality that is naturally out of control and must therefore be civilized by society and women (see Lamas 1996; Lancaster 1992)? The implication is that adolescent masturbation by males is a scientifically, medically, and biologically safe and sane opening toward their adult sexuality, part of the virile process of adapting oneself to the sexual world of real men. How these medicalized concepts of male sexuality are applied to men in older age groups was a focus of my fieldwork in the two vasectomy clinics in Oaxaca City. A particularly interesting feature of modernity in relation to sexuality concerns sex education. In educational programs in Mexico sexuality is commonly taught as a matter of neuronal, hormonal, and

new, as birth control has been promoted in Mexico in similar ways for decades. As Thompson (2000) shows, with the *oferta sistemática*, every time a woman of child-bearing age comes into contact for any reason with a doctor, a nurse, or other health care worker, whether in a clinic or in her home, she is offered contraception. (All forms of birth control are free in public health centers in Mexico.) It is significant that men are not part of the *oferta sistemática*, unless they happen to accompany their spouses, which means that men are not asked about what form of birth control they might employ. In this way the female contraceptive culture is reinforced institutionally, so that women are systematically confronted by health personnel about birth control in ways that few men experience.

In an effort to examine negotiations between women and men regarding contraception, what Carole Browner (2000) terms the *conjugal dynamic*, in 2001, I also interviewed women in Clinic #1 at the family planning clinic (). I sat with one woman who told me her husband had just returned, for good, from the United States and the two had decided they needed reliable contraception. They might still have more children, so they were looking for temporary methods. She was in the clinic to get an intrauterine device (I.U.D.) inserted. I asked her, I am sure you aren't looking for your husband to get a vasectomy, because that is a permanent form of birth control, but have you thought about other methods for men instead of getting an I.U.D. put in? The woman looked at me as if I were confused or maybe a little feeble-minded. Like what? she gently inquired.

I, of course, had little to say by way of response. Because other than condoms, and discounting withdrawal and rhythm as reliable forms of long-term temporary contraception for most men and women, there is no other method widely available on the market, in Oaxaca or any other part of the world. There are, in fact, few birth control options for men. Thus to attribute low participation rates by men in contraception to local cultural factors seems at best naïve when internationally there is a dearth of research, much less marketing, of birth control based on male physiology such as hormonal contraception and temporary plugs for the *vas deferens*. There is nothing

among men with respect to reproductive health and sexuality. Indeed, in several case histories we find what can be termed an initiating-catalytic role of women in these couples and a group of men who are willing to attend to the desires and demands of women; in other words, men who hardly fit the model of emblematic patriarch (see Gutmann 1997). It is not uncommon for women themselves to make the appointments for their husbands to get _____, as many refer to it.

At the same time, although the decision has most direct bearing on the reproductive and sexual relationship between men and women, many men also recount that it was another man or group of men who convinced them to seek the operation. Many men told me about their discussions with male friends, coworkers, and relatives as to what would happen during and following the procedure. And interviewing men during _____, I occasionally mentioned that I had checked with my brother-in-law beforehand to relieve my own concerns.

Marcos was a man whom I interviewed during his vasectomy and later in his home. After driving a taxi for 13 years in his native Mexico City, Marcos had recently followed his wife and moved in with her family in Oaxaca. He had also spent a year in Las Vegas trying to recoup finances after an extended illness of his father. When asked about the decision-making process prior to his vasectomy, after returning from Nevada, Marcos related:

Right, more than anything, it wasn't a discussion, it was . . . in our case when she and I talked about it, she told me, 'What do you think about it if I get the operation?' So I told her, 'Well, whatever you want, babe, but I can get an operation, too.' And she says, 'You would do it?' I say, 'Yeah, yeah, I would do it, because, yeah, you've already suffered in one way or another with the kids, in childbirth, so there's nothing wrong with them operating on me.'

When I asked Marcos if he considered himself in any sense unusual or unique in comparison to other men who relied entirely on their wives to take care of themselves in terms of contraception, and why other men might be like this, Marcos replied, 'It's the ideas we Mexicans have. We have ideas that are a bit macho. And if I say 'we have' it's because sometimes I have these ideas, too. We don't appreciate that women really suffer in childbirth with our children. And all that idiosyncrasy about, 'Mothers are self-sacrificing women.'

Juan used a specific term when describing the negotiations preceding his vasectomy: his intention was to try to help my wife a little in family planning. She had always reacted poorly to pills and injections. As to why more men did not follow his example, Juan also, like others, thought there might be something peculiar to Mexican men: 'Here in Mexico I think that because of the . . . ummm . . . how to put it . . . the machismo, men think that having a vasectomy will put an end to everything and that you won't have . . . relations any more. Well, what do I know?' He offered a pragmatic explanation as well: as soon as his wife learned

about vasectomies she was done with trying the other methods. The next man in line for the operation nodded in agreement. That is what had happened to him, too.

Rogelio is a 29-year-old man with two children. After using an IUD for six years, Rogelio told me, his wife was delighted about his decision to get a vasectomy. And, he emphasized, it had been his decision alone to get (the little cut). Her enthusiasm was an important factor in his decision. Just think what it's like to have kids! When I asked Rogelio what would happen if he and his wife some day decided they wanted another child, his answer was simple, We'll adopt. But even more decisive it seemed was the role of his best friend, also a man, who told him, Get with it! Rogelio estimated that 10-12 men at work had had vasectomies in the year or two since a health care promoter named Orvil from the state-run AIDS clinic, COESIDA, gave the men a talk on safe sex practices. Men who have had vasectomies and others who are receptive to the possibility of getting sterilized are utilized by health promoters like Orvil to induce more men to get .

Miguel is 32 years old and went to school through eighth grade and has two children. At the time of our talk, he made plywood in a local factory. When I asked whether he and his wife had used condoms he told me, For (decision to get a vasectomy);

a month in the hospital. Then she came home for two months to die. Arturo and his wife, a Zapotec-speaking woman from Tehuantepec, now had another baby who was one year old. Terrified they might some day experience another child's death, they decided to be satisfied with one and because his wife had already suffered and because sterilization is easier for the man Arturo got a vasectomy.

From a different Zapotec region of Oaxaca, Nacho and his wife live in a small town in the mountain Sierra zone. Nacho's rationale for getting sterilized on Vasectomy Day was twofold: a tubal ligation for his wife would be more complicated than a vasectomy for him, and he was a teacher and did not have to return to work for another week this was during Easter week and, therefore, it was more convenient for him than for his wife. Suffering was also on the mind of

they already had three children. They thought seriously about Andrea getting her tubes tied, Esteban recounted:

It's just that she was really bad off then. I said, I'm going to have to take care of you, I am going to have to be waiting on you if they tie your tubes. They're going to operate on you, they're going to cut you. It would be better not, I told her, it would be better if they did it to me.

I then asked Esteban why he had said this.

Because I didn't want her to go through with it. I, well, the truth is that I love her a lot, no? So I don't want her to suffer. So I say to her, So you don't have to be . . . Because [male sterilization] is simpler, more than anything, and then the time you need to recuperate is less. First I talked with the social worker and I said to her, What do I need to do it? She told me to talk with Dr. Andres Ruiz Vargas, Talk to him and he will treat you. , Okay, I say, good. So I go and talk with him and he asked me if I had thought about it carefully. , Yes, I say, I'm ready. , Good, he says,, so look, all that's going to happen is this, this, and this. I say to

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Empathic responses to women's suffering and couvade-like compulsions to share spouses' pain are clearly motivations involved in some men's decision to

additional fact that the family was poor, he felt he had to take matters into his own

, Marital status?, Married.

, Children? , Two.

, Reason for having a vasectomy? , I don't want any more children.

, Previous birth control? Alejandro paused, nally answering, , None.

physically, and Mexican men are afraid of, mutilating themselves and therefore do not want doctors to, cut a thing on their bodies.

And not surprisingly, perhaps, even men who describe the decision-making process prior to their sterilizations as equitable and aimed at sharing contraceptive burdens acknowledge with a wink the sexual urges that supposedly come preloaded in male bodies. Marcos, the taxi driver from Mexico City who had recently relocated to Oaxaca, insisted that he and his wife talked, and as long as his wife satisfied him sexually, there was no need for him to seek (male) release elsewhere: In a relationship, when one person leaves home 'well fed,' there's no point in looking for food anywhere else. No, I've got food at home. Why should I go looking for more?

NO-SCALPEL VASECTOMIES AND OTHER HALF-TRUTHS

In Mexico since the mid-1990s the, no-scalpel method of vasectomy has been central to efforts to promote male sterilization. Introduced first in China in the 1970s, the no-scalpel procedure replaced the scalpel with a scissors-like instrument. Instead of cutting the skin with a scalpel, it is in effect torn by the scissors, whereupon a special clamp is inserted in the hole to pull out the vas deferens. When scalpels were used in the past stitches were required; now a small bandage is placed over the hole at the end of the procedure.

Medical practitioners insist that the no-scalpel vasectomy represents the difference between few men and no men entering their programs. As Mexican anthropologist Sergio Navarrete notes (personal communication), this may stem from a basic symbolic distinction that men make, so that the more metaphorically feminine scissors, more delicate than scalpels, some say, used in no-scalpel vasectomies threaten men less than the hypermasculine surgical knife. No-scalpel

Nor do the manuals used by the health services in Oaxaca to instruct personnel in tubal ligation procedures talk about whether women will experience sexual pleasure after their sterilization operation. In the 1998 IMSS manual on vasectomies, however, personnel are instructed to reassure men that, The vasectomy will not take away his ability to enjoy or his sexual potency. In response to the anticipated question, Is a man less a man when he has a vasectomy? practitioners are advised to answer: **NO**. The man continues to be the same man as before; his sexual activity and his relation with his partner do not change (IMSS 1998: 27-28). No doubt responding in good measure to genuine concerns on the part of men, these passages nevertheless reveal how concerned medical personnel are to speak to these common concerns, in the process reinforcing the fears of many men. Vasectomies . . . have nothing to do with sexual desire or masculinity,

rock) and the vas are smashed with a hammer. Or, alternatively, a friend from the Ethnobotanical Garden informed me, you can twist the testicles of a goat and then smash them with a rock. You should definitely not cut off the testicles of sheep and goats, he believed, because these particular animals infect easily. Pigs, on the other hand, can be castrated without running the same risk of infection.

It is a wonder more men do not jump at the chance for a vasectomy!

Knowledge of how farm animals are sterilized, of course, does not necessarily imply an inability to distinguish other methods of sterilization short of castration and the like. Some men I interviewed simply used the term vasectomy as a generic catch-all for any form of sterilization. Widespread beliefs regarding the methods and consequences of sterilization on other male animals nonetheless have an unsettling impact on many men with whom I discussed vasectomies in Oaxaca. Although castration and cutting the penis in some way are the dominant images men who have heard of vasectomy share, other misconceptions are frequently raised. Among these is the impression that castrated dogs no longer bark and that they gain weight. (Neither is correct.)

The main fear men express about vasectomy is that they will never again have sexual relations with a woman. This dread is twofold: many men are concerned that they will be physically unable to sexually perform after the vasectomy. As Enrique put it, I think that more than anything it scares you, no? To think that . . . to think that afterwards it's not going to work. Some men also worry that they will not to have sexual relations with women again. During numerous vasectomies the half-joking banter revolved to a related sexual anxiety, i.e., worry

It might be argued that medicalized notions of male sexuality reverse the old feminist anthropology paradigm, so that, now, men and their sexualities are far closer to nature than women and theirs. This naturalization of male sexuality occurs not only popularly but also among health practitioners; when common-sense notions and approaches to men's sexuality gain the imprimatur of scientific explanation, rationale, and rationalization as delivered by duly licensed health personnel, they become medicalized. From popular sayings and attitudes toward adolescent male masturbation to resignation to (and encouragement of) men's extramarital sex, the medicalization of male sexuality has become a dominant force in contemporary American culture.

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Even if small in scale, several campaigns in Oaxaca have been aimed at simply involving men in the sphere of reproduction, and have sought results primarily in the form of participation of one kind or another in family planning programs. Yet these approaches have repeatedly failed in any but short-term bursts because they have not even attempted to resolve underlying causes of male reticence to use birth control. General inequalities, including in the sphere of reproductive health and sexuality, have remained concealed, and therefore unchallenged.

The totemization of male sexuality, from male adolescent masturbation to men's extramarital affairs to male participation in contraception, has similarly been a taken-for-granted attribute of the species. It is nonetheless too easy and ultimately unproductive to relegate sex to the biomedical sciences alone (see Amuchastegui 2001; Parker et al. 2000). Because there are today in Oaxaca no widely available forms of male contraception based on manipulating male hormones, we might casually assume that no method can be found because of factors inherent in some special culture of men there, which, in turn, is believed grounded in male physiology. We could casually assume this. But if we did we would be missing the larger picture.

NOTES

1. The protocol for this research was first reviewed and approved by the Institutional Review Board at Brown University on March 21, 2000.
2. I interviewed dozens of men before, after, and during their vasectomies. Initial contact took place in clinics. With several men I followed up with visits to their homes,

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