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(IN)FERTILE MALE BODIES

Masculinities and Lifestyle
Management in Neoliberal Times

BY

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INVESTOR IN PEOPLE

*This book is dedicated to all those who have participated in our research on
male infertility over the last six years.*

*We are truly grateful to you for sharing your personal experiences for the
benefit of research.*

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PREFACE

In 2018, the then UK Secretary of State for Health, Matt Hancock, gave a speech to the International Association of National Public Health Institutes in which he said:

I want to see people taking greater personal responsibility for managing their own health. For looking after themselves better, so staying active and stopping smoking... Because focusing on the responsibilities of patients shouldn't be about penalising people but about helping people to make better choices. How do we do that? How can we empower people to take more care of their own health? By giving people the knowledge, skills and confidence to take responsibility for their own health (<https://www.gov.uk/government/speeches/prevention-is-better-than-cure-matt-hancocks-speech-to-ianphi>).

This speech, in which preventing ill health was clearly framed as an issue of choice and responsibility, neatly summarises the focus of discourses of health and well-being in recent years. Whilst debates around ‘responsibility’ and choice in relation to obesity reduction and prevention of lifestyle-related illness have been well rehearsed, there has been less attention to behaviour change in the context of [in]fertility. Infertility has been a preoccupation for medicine and society since the beginning of humanity itself (Morice et al., 1995); indeed, it is suggested that in Arab history, body composition was already being correlated to infertility during 800–900AD. For example, Morice et al. (1995) note that ‘For Rhazes obesity was one of the causes of infertility’ (p. 501). Attributing responsibility and personal choice for disease outcomes may not be new, but its dominance in discourses around health and well-being has certainly become much more pronounced within neo-liberal societies, and it is this twin context of growing ‘responsibilisation’ for health and neo-liberalism which sets the scene for this book.

Whilst early Egyptian myths alluded to male infertility, much of history, as well as medicine, portrayed the female as the major site for scrutiny and study in relation to fertility (Morice et al., 1995). The study of men and

masculinities, including issues around men's health and well-being, is a vibrant area of scholarship, and since the 1980s there has been an explosion in research exploring the pluralities of masculinities within particular domains of contemporary life (Reeser, 2020). More recent academic focus, including our own work since 2014, has seriously engaged with the experience of men in terms of reproductive health, including around infertility. Whilst scholarship has grown, social stigma and silence around men's experiences of infertility have endured. With the notable exception of a handful of committed patient advocates with lived experience of infertility, what it means to be a man experiencing infertility often remains clouded in secrecy, and for some, shame. Yet, we know that infertility may affect as many as 1 in 6 couples, and since 1991 the Human Fertilisation and Embryology Authority (HFEA) estimate there has been some 1.3 million cycles of IVF treatment within the United Kingdom (<https://www.hfea.gov.uk/about-us/publications/research-and-data/fertility-treatment-2019-trends-and-figures/#mainpoints>). As the HFEA (2019) note:

Every single one of these cycles represents a huge emotional, and for many financial, investment for those involved. Every birth represents a life that may not have been possible without treatment.

The (in)fertility experience is therefore one in which hopes and expectations for an imagined life with biologically related offspring are constrained and filtered through a myriad of emotions, and it is something for which patients often pay a very high price, both financially and in terms of their own well-being. The experience is also shaped, both positively and negatively, by prevailing gendered ideals for those involved. For men, the expectation that masculinity includes being both virile and fertile, can produce a heavy burden, while the counter norm positioning men as less invested in parenthood than women may afford some protection in the social sphere. The situation for men is compounded by enduring media reports concerning a so-called global of a 'crisis' in male fertility (De Jonge & Barratt, 2019). Undoubtedly, contemporary society affords lifestyles and practices that were unimaginable even 70 years ago, but the haste to correlate infertility with personal responsibility often serves to overlook the wider structural factors that shape and constrain the lifestyles that people adopt. Neo-liberal discourses are one such macro features that have changed the way in which we understand and consume marketised 'solutions' to health-related problems. Both lifestyle and infertility are examples of increasingly commodified features of life, aspects which once may not have been constituted in terms of either profit or moral choices.

As Walker and Roberts (2018) note, masculinity has been ‘subtly reconfigured’ in response to neo-liberalism, and it is to such reconfigurations, in the context of infertility, we will turn to in this book, examining how we might consider masculinity differently as a result of wider ‘unfixing’ within contemporary societies. To do so, we explore how lifestyle factors and male fertility are connected and correlated, in scientific and clinical literature as well as online sources, discussing what this tells us about contemporary gendered reproductive body projects. We also include the testimony of men themselves, both through qualitative questionnaire data as well as interviews, to examine how the experience of lifestyle and infertility is lived by different men. The book therefore brings together many pertinent questions about masculinity, fertility and responsibility for health, whilst simultaneously illuminating the underlying pervasive nature of neo-liberalism on aspects previously unfettered by commercial imperatives.

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