



NORMA

International Journal for Masculinity Studies

ISSN: (Print) (Online) Journal homepage: <https://www.tandfonline.com/loi/rnor20>

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Marcia C. Inhorn

To cite this article: Marcia C. Inhorn (2020): Reproducing men in the twenty-first century: emergent masculinities, subjectivities, biosocialities, and technologies, NORMA

To link to this article: <https://doi.org/10.1080/18902138.2020.1831157>



Published online: 12 Oct 2020.



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COMMENTARY



Reproducing men in the twenty-first century: emergent masculinities, subjectivities, biosocialities, and technologies

Marcia C. Inhorn

Department of Anthropology, Yale University, New Haven, CT, USA

Introduction

This special issue of *NORMA: International Journal for Masculinity Studies* is, indeed, *special*. Amidst a vast and wide-ranging interdisciplinary literature on gender and women's reproductive health, scholarship devoted to men, masculinity, and reproduction remains sparse and inchoate. Only since the new millennium has scholarship devoted to masculinity and reproduction been produced. Beginning with two early volumes on male contraception (Ali, 2002; Oudshoorn, 2003), approximately a dozen books have followed on topics including men's experiences of childbirth (Reed, 2005); male reproductive health and the environment (Daniels, 2006); male birth control in the era of HIV/AIDS (Gutmann, 2007); male infertility (Barnes, 2014) and the use of intracytoplasmic sperm injection (ICSI) to overcome it (Inhorn, 2012); men's work as sperm donors (Almeling, 2011; Mohr, 2018; Wahlberg, 2018); men's experiences of reproduction and fatherhood in the global North and South (Inhorn, Tjørnhøj-Thomsen, Goldberg, & Mosegaard, 2009; Inhorn, Chavkin, & Navarro, 2014); and the newest book, *GUYnecology*, by special issue co-editor Rene Almeling (2020), which focuses on the reproductive sciences and men's reproductive health in America.

Although these dozen seminal volumes on men's reproduction are important, they represent a mere fraction of the copious scholarship on women's reproduction around the globe (see Inhorn, 2006, 2020 for reviews of this extensive literature). To use French feminist Simone de Beauvoir's iconic trope, men are clearly the 'second sex' in reproduction – an argument that my Danish colleagues and I have made in an edited volume by that title (Inhorn et al., 2009). This erasure of men in our reproductive scholarship stands in sharp contrast to the growing literature on men's health in the era of HIV/AIDS. Numerous ethnographies – most of them poignant and gripping – emphasize the ways in which HIV constrains and endangers men's lives, as well as the lives of their wives and children (Padilla, 2007; Uretsky, 2016; Wyrod, 2016). Indeed, men's negative contribution to women's reproductive health and well-being is a constant theme and controlling image in the public health and medical literature (Dudgeon & Inhorn, 2003, 2004; Wentzell & Inhorn, 2014).

But is this always so? In a scholarly world where men are cast as either dangerous or irrelevant to reproduction, this special issue attempts to bring men back into focus in a twenty-first-century world where both masculinity and reproduction are changing. In

this regard, this collection is important on many levels, including by foregrounding new empirical research from an emerging group of scholars; theorizing masculinity in relation to men's reproductive lives; covering a range of nations and time periods; offering a male life course perspective from pre-conception to fatherhood; and emphasizing affect, or the emotional impact of reproduction for men and masculinity.

Perhaps most important, this special issue highlights much that is new and transformative in men's reproductive lives around the globe. The overarching theme of this special issue might best be described as *masculine reproductive emergence*. 'Emergence,' according to Marxist scholar Raymond Williams (1978, p. 123), involves 'new meanings and values, new practices, new relationships and kinds of relationship that are continually being created.' In this special issue, four types of masculine reproductive emergence are noteworthy. I will describe each in turn, pointing to the most relevant examples from this fine set of essays.

Emergent masculinities

Many of the men described in this special issue manifest 'emergent masculinities' – a term I introduced nearly a decade ago to characterize the lives of Middle Eastern men (Inhorn, 2012; Inhorn & Wentzell, 2011). In my book *The New Arab Man: Emergent Masculinities, Technologies, and Islam in the Middle East*, I argued that contemporary men in the Middle East are engaged in a self-conscious effort to reevaluate and unseat patriarchal masculine ideals, thereby instantiating new forms of masculine practice. For most of my interlocutors – who were infertile men, or married to infertile women – this meant acknowledging their own male infertility problems, challenging the victim-blaming of childless wives, reframing male infertility from a manhood to a medical condition, turning to IVF and ICSI to overcome their infertility, and nurturing companionate marriages characterized by love, commitment, and fortitude in the face of reproductive adversity. I offered the term *emergent masculinities* to capture these ongoing, relational, and embodied processes of masculine transformation in the Middle East. I argued that men's *practice* of masculinity must account for the *emergence* of change, physically and socially, over time.

In most of the articles in this special issue, we see new social practices characteristic of emergent masculinities. For example, in both Germany and Turkey, reproductive-age men are boldly claiming their infertile identities and forming new activist coalitions. In the socially conservative US South, we find men performing supportive masculinities by accompanying their partners to abortion clinics. In Israel, gay men are rewriting both homonormative and heteronormative scripts by becoming 'two-father families' through surrogacy. And in Chile, men of all social backgrounds are reassessing what it means to 'be a man' by 'being there' during childbirth.

The Chilean example is particularly telling, because it foregrounds the ways in which local hegemonic ideals are being reshaped in favor of new forms of reproductive masculinity. As sociologist Florencia Herrera describes it, Chilean fathers-to-be from all walks of life are increasingly entering labor and delivery suites to support their female partners. In these spaces, men are expected to be the 'protectors' of women, performing masculinity that is 'heroic, brave, stoic, self-sufficient, controlled and strong.' However, as Herrera also discovers, Chilean men often emphasize more 'feminine' attributes,

including being worried for their partners and themselves (especially their own fear of blood or fainting at the sight of it); their desires to be caring, respectful, and solicitous of their laboring partners; and of being deeply emotionally affected by their children's births, sometimes weeping with joy and often relishing the initial moments of attachment and paternal bonding with the baby. Although Herrera does not identify these new masculine attributes as emergent masculinities, she does emphasize that ideals of 'hegemonic masculinity in childbirth' are undergoing observable transformation, particularly the forging of a 'deep early bond with the newborn child [that] becomes "the manly thing to do."'"

Emergent subjectivities

As part of these masculine transformations, men are also experiencing new subjectivities, or the ways in which personal lives and experiences of agency and selfhood are being 'undone and remade' (Biehl, Good, & Kleinman, 2007). These emergent subjectivities are often accompanied by new manifestations of affect, or the open display of visible emotion. When Chilean fathers weep with joy over the birth of their newborn infants, their hegemonic ideals of stoicism and emotional control are being remade – cast aside for new forms of emotional openness and expression.

Emergent subjectivities can also be found in the three articles in this special issue focusing on male infertility. In her historical analysis, Camille Bajeux finds twentieth-century French physicians to be concerned about harming the 'male pride' of infertile men; thus, they collude with men's wives to hide male infertility diagnoses from their patients. Furthermore, artificial insemination (AI) – a technique whereby sperm are removed from the male body, usually through masturbation, and then injected into the uterus of a woman – was first introduced in France and French-speaking Switzerland as early as the 1880s to 'treat' male infertility by inseminating infertile men's wives with fertile men's sperm. Artificial insemination remained a 'controversial technique' in *fin de siècle* Europe, with numerous ethical 'treaties' and handbooks written on this new and contentious procedure. Over time, however, as full medical disclosure became the twentieth-century norm, infertile Frenchmen came to 'accept' their diagnosis, demonstrating how infertile subjectivities shifted over time.

Shifting subjectivities are also clear in contemporary examples of male infertility in Germany and Turkey. Meghana Joshi's ethnographic account focuses on the ways in which infertile German men work to improve their 'reproductive visibility,' thereby gaining recognition as men striving to become fathers. This process is not always easy. In Joshi's study in Berlin IVF clinics, infertile men bear their souls to the female anthropologist, describing their 'shock' at learning of their azoospermia diagnoses (i.e. total absence of sperm in the ejaculate), which one man describes as 'being hit with a club' and losing 'all meaning in life.' Another man reveals his feelings of almost unbearable 'physical pain' when he learns about the birth of an acquaintance's baby. Furthermore, infertile men's hurt feelings are more pronounced because of the enactment of new 'father-friendly,' pronatalist policies in Germany. In such a setting, infertile men are assumed to be childless by choice, and thus deemed 'selfish' individuals who do not want the responsibility of fatherhood. To combat such labeling, infertile German men are increasingly joining therapeutic support groups, and turning to donor sperm to realize their fatherhood dreams.

In Turkey, on the other hand, all forms of third-party reproductive assistance are legally disallowed in this Sunni Muslim dominant society. Yet, as we learn from Nurhak Polat's ethnographic study, some men secretly take this route, thereby overcoming their social labeling as 'half-men' or reproductive 'failures.' In general, Turkish men are making male infertility more visible and 'speakable,' in part by creating new online platforms where they can discuss their infertility problems quite openly. As one of Polat's infertile male interlocutors explains, 'new' Turkish men 'don't keep the intimate matters in silence.'

Emergent biosocialities

As shown in these examples from Germany and Turkey, new forms of biosociality are also emerging around the globe, as men engage with others who share their reproductive problems and interests. Emergent biosocialities reflect men's collective mobilization to help one another, and to gain new forms of social and biopolitical recognition (Mohr, 2018; Rabinow, 1996; Rose & Novas, 2005).

One of the most interesting examples comes from North Carolina, a state in the socially conservative US South. There, anthropologist Whitney Arey observes the interactions of men who congregate outside of abortion clinics, some of them accompanying women as protective companions, while others are outspoken anti-abortion protestors. As shown in Arey's ethnography, these male protestors are an activist block, comprised of both Black and White men, who are often religiously committed Christians. Arey describes the 'patriarchal masculine' norms deployed by these men, who attempt to convince women's male companions that 'real men love babies,' and that they should 'rescue' their unborn children before abortions take place. Organized anti-abortion male protestors reflect an emergent biosocial collectivity in a society deeply conflicted about abortion. But they also represent a classic example of 'protest masculinity' (Connell, 2005), in which men who cannot easily achieve hegemonic masculine ideals rally in other ways, often using religion as a mobilizing force (Connell & Messerschmidt, 2005).

A very different kind of protest masculinity can be seen in sociologist Jaime García-Iglesias' fascinating account of 'bugchasing,' a gay subculture in which men use online platforms 'to find others, fantasize and arrange for offline sex with the intent of contracting HIV.' Bugchasers do not intend to become fathers of real children. Rather, their 'breeding' is of 'poz babies,' in which acquired HIV infection becomes a 'gay man's child.' Through his analysis of an online bugchasing community, García-Iglesias demonstrates the emergent biosociality of 'horizontal kinship,' in which brotherhood through HIV positivity 'confronts traditional stereotypes of people living with HIV as socially isolated outcasts.' In other words, bugchasers demonstrate an emergent protest masculinity through openly defying hegemonic public health norms regarding the importance of safe sex to prevent HIV transmission.

Gay men's emergent biosocialities also emerge in Efrat Knoll's and Adi Moreno's article on the 'triumph of surrogacy' in Israel. Knoll and Moreno combine their separate sociological studies to trace the history of a 'two-fathers' surrogacy parenthood model,' which has now gained traction as the normative social script for gay men. Surrogacy arrangements for gay male couples are still illegal within Israel. However, over the past decade, an Israeli 'Gayby Boom' has been made possible through activist movements to support transnational (cross-border) commercial gestational surrogacy. Bolstered by a

‘discursive boom’ in the Israeli media, which glorifies gay Jewish men ‘having babies,’ gay male parenthood in Israel has quickly solidified into ‘one hegemonic script,’ in which surrogacy has displaced other forms of gay family formation. As Knoll and Moreno remind us, however, gay male family formation always comes at a cost – not only to men’s wallets, but to the surrogate women, often in the global South, whose bodies are ‘used’ to make a child.

Emergent technologies

Surrogacy requires a complex ‘ontological choreography’ (Thompson, 2005), in which (a) sperm and oocytes (eggs) are extracted from male and female bodies, respectively, (b) to create fertilized embryos, (c) which are then ‘transferred’ into the body of another woman, (d) who gestates and births the child, (e) relinquishing it to the ones who will become its parents. Such surrogacy-based reproduction has been made possible by emergent technologies in a perpetually changing landscape of assisted reproduction.

In her book, *Biological Relatives: IVF, Stem Cells, and the Future of Kinship*, Sarah Franklin (2013) has examined IVF as a ‘platform’ for surrogacy and a multitude of other technological interventions. Technologies especially relevant to men include: (1) ICSI, designed specifically to overcome male infertility; (2) sperm donation to overcome intractable azoospermia; (3) gestational surrogacy to help gay men become fathers; and (4) cryopreservation (freezing) and storage of unused sperm to preserve fertility for men, especially those facing sterilizing cancer treatments. Furthermore, the future of assisted reproduction for men may include in vitro gametogenesis (IVG), in which sperm may be generated from human stem cells (Bourne, Douglas, & Savelescu, 2012), thereby opening up possibilities for men who face absolute sterility through non-obstructive azoospermia.

In addition, as we see in Charlotte Kroløkke’s fascinating paper, emergent reproductive technologies are currently being developed to focus on *pre-conception* male fertility and health. Kroløkke examines three such technologies, one a ‘take-home’ sperm test and reproductive lifestyle app developed by a Danish company called ExSeed Health, and two ‘cooling technologies’ (for men’s scrotums) to improve their fertility and testosterone levels. The American version is called Snowballs Underwear, while a Polish company markets its product as CoolMen. These ‘proactive’ and ‘prevention-conscious’ male reproductive technologies assume that ‘new’ men in the world today should care about their fertility and its optimization. These male fertility technologies are part of a growing ‘Big Sperm’ industry (i.e. the male equivalent of the ‘Femtech’ industry). However, as Kroløkke cautions, the marketing strategies developed by these firms seem to reaffirm a ‘White, Western biomedical mandate to reproduce.’ Such marketing strategies belie the recent calls in Euro-America to resist racial injustice. Black and Brown men’s reproductive lives must matter, too, something the Big Sperm industry has yet to realize.

Conclusion

In an increasingly insecure new decade – marred by the global COVID-19 pandemic, accompanying states of economic collapse, climate-change-related natural disasters, ongoing wars and refugee crises, and a Black Lives Matter movement to protest police brutality and racial injustice – men’s lives in many parts of the world seem increasingly

precarious. How masculinity and reproduction will be affected by these multiple deleterious forces remains to be seen. Indeed, younger generation men on the cusp of their reproductive lives may decide to retreat from reproduction altogether, either through a loss of hope or as a move to save the planet.

Having said that, this special issue points in a decidedly more positive direction. As shown in these eight articles, masculine reproductive emergence is taking place, mostly for the better. In multiple societies around the globe, men are opening new channels of reproductive communication, adopting new forms of reproductive companionship, helping each other through multiple forms of reproductive adversity, trying new reproductive technologies, claiming new forms of reproductive identity, mobilizing emergent forms of reproductive activism, supporting their female partners in labor and beyond, and expressing to their babies through tears of joy how much it means to become a father.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Notes on contributor

Marcia C. Inhorn, PhD, MPH, is the William K. Lanman Jr. Professor of Anthropology and International Affairs in the Department of Anthropology and MacMillan Center for International and Area Studies at Yale University, where she is Chair of the Council on Middle East Studies. A medical anthropologist specializing in gender, religion, and reproductive health, Inhorn has conducted research on the impact of infertility and assisted reproductive technologies in Egypt, Lebanon, the Arab Gulf, and Arab America over the past thirty years. She is the author of six books on the subject, including *The New Arab Man: Emergent Masculinities, Technologies, and Islam in the Middle East* (Princeton University Press, 2012).

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