

Cultural Bias and ‘No-Scalpel Vasectomies’: Lessons Learned by a Brown Anthropologist in Mexico

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“Well, you know, they did it to me a few years ago...” That is how I began my interviews with men who wanted vasectomies in Oaxaca, Mexico, at the beginning of each operation. It broke the ice and got the men talking. They told me why they decided to get sterilized, about discussions they had with their wives before the procedure, and, invariably, about anxieties as to their post-operative sexual desire and performance. Sometimes a man would get jumpy and I would excuse myself. The last thing he needed was to be interviewed, I assumed. But the doctors and the men themselves would insist, “No, stick around!” I became the anthropologist-as-emotional-anesthesiologist.

Vasectomies were not common in the mountain provincial capital of Oaxaca in southern Mexico, where I conducted ethnographic fieldwork from 2001-2002. But I was not looking for common men—whatever that term might mean. I was eager to understand the motivations of a small subset of men in Oaxaca who had been sterilized, why they decided to do so, and what lessons could be drawn for the population with regard to reproductive health and sexuality. The answer turned out to be deceptively straight-forward. For many if not all the men I spoke with throughout my year in Oaxaca, the most common explanation was that their wives had already suffered enough—taking birth control for years, getting pregnant, giving birth. Now it was their turn. When I asked these same men why they had long relied on their wives to use contraceptives in the past, and why they had not used a male form of birth control, the men responded with a simple incredulous question? “Like what? The condom?”

In Oaxaca as elsewhere in the world, most artificial, modern forms of contraception—and all the most reliable ones—are for women. The men asked me if I thought they had much of a choice about what form of birth control to use. I responded honestly that the choices avail-

able to the men of Oaxaca were part of a larger picture that involved, among others, the international pharmaceutical industry that develops and manufactures birth control devices and medications. Unless these companies make and market a modern contraceptive, it will not be available in Oaxaca or anywhere else.

This article discusses why some men in Oaxaca, Mexico, get vasectomies. Through this research I explore broader issues relating to men’s sexuality, including common assumptions about men’s “natural” sexual desires and practices. Numerous issues influence a man’s decision to get this permanent form of contraception, including cultural, historical, physiological, commercial and individual factors. A key issue that emerged in the course of a larger study on men’s reproductive health and sexuality in Oaxaca is how cultural folk beliefs about supposed male sex drives influence men’s decisions about birth control. Indeed, I have spent the better part of my professional career as an anthropologist of Mexico trying to untangle common-place stereotypes about what men—and Mexican men, working class Mexican men, Latino men, and so on—do and don’t do or think.^{1,2}

This research is a small piece of a larger study of heterosexual couples that I conducted in Oaxaca de Juárez, a metropolitan area of around 500,000 people located in a mountain region 300 miles south of the Mexican capital.² Approximately half the population of the state, totaling over 3 million people, self-identifies as belonging to one or another indigenous group (the largest being Zapotec and Mixtec). According to nearly all indices, living standards in Oaxaca are among the lowest in Mexico, especially in the countryside. My ethnographic fieldwork in Oaxaca City in 2001-2002 was carried out in two vasectomy clinics, the state-run AIDS clinic, and in the Ethnobotanical Garden of Oaxaca, where I worked as a laborer clipping cactus and digging ditches for planting and irrigation. I interviewed dozens of Oaxacans from all walks of life,

focusing on men who were considering vasectomies, as well as their wives and girlfriends. Most of our conversations took place in clinics and the homes of these men and women.

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 get vasectomies are not clearly distinguished by any particular demographic features related to age, income, education, or being of particular ethnic groups. 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, where I would talk with both the man and his wife for several hours. With some men contact continued after the two interviews; with most, this was it. Demographically, men who sought sterilization reported already having as many children as they wanted. While they had income and education levels slightly higher than the state average, far more impressive was the range of these levels. 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.

When talking with medical personnel in Oaxaca I was often offered a culturalist explanation to explain what men in Oaxaca who were thinking about the operation had to overcome. In fact, this cultural rationale was sometimes used to explain why fewer men opted for sterilization in Mexico compared to men in certain other countries and to women in Mexico itself: supposedly there were differences between “macho” and “non-macho” cultures, as if those men who do get sterilized in Oaxaca might be acting in a manner unrepresentative of their macho culture. In addition to the fact that “macho” means different things to men and women of different ages,¹ such

a line of reasoning skirts the larger context of decision-making about birth control in Oaxaca. Building on the notion of a female contraceptive culture, it is of great significance that there were few modern forms of artificial birth control designed for men. This circumstance is not unique to Oaxaca. Therefore, the problem of how to understand men's participation in birth control, such as by choosing to get a vasectomy in Oaxaca, is governed by the cultures of global pharmaceutical companies and basic research on male hormones³ as much as by specifically local gender identities and relations of inequality (e.g., "machismo").

Factors influencing the vasectomy decision.

Despite their best intentions, and to their great chagrin, contrary to what they might like to have others believe, doctors in Oaxaca (as in Rhode Island) are greatly influenced by folk beliefs about male sexual practices and urges. As often as not, these beliefs are based in "what everyone knows" far more than scientific knowledge.

The most common series of events leading to a vasectomy in Oaxaca involved women receiving counseling about contraception at a clinic either from a nurse or a doctor, who raised the idea of vasectomy. Often women were shown a board depicting birth control pills, I.U.D.s, condoms, and drawings of hypodermic needles and male and female sterilization. If women liked the idea of their husbands getting sterilized, they could tell them about the operation. If the man was amenable, he and his wife returned for a visit with a doctor who specialized in the procedure.

Most of the men I interviewed as to why they opted for vasectomies expressed sympathy for women's suffering in the past and their desire to have the women avoid such suffering in the future, either through another unwanted and potentially harmful pregnancy or through a tubal ligation. "You've already suffered in one way or another with the kids, in childbirth, so there's nothing wrong with them operating on me," Marcos, a taxi driver originally from Mexico City told me, adding, "We don't appreciate that women really suffer in childbirth with our children." Another man, also in his mid-forties and a bus driver, said suc-

cinctly, "women suffer with I.U.D.s," Marcelo, 29 years old, the father of three children, and a policeman on the outskirts of the city, confessed that his wife had instructed him, "*Te toca un poco sufrir*" (It's your turn to suffer a little). Esteban, in his late 20s, also reflected the critical role that negotiations with his wife had played in leading to his decision to get sterilized: "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?'"

Virtually all men I talked to about their desire for sterilization cited their relations with their wives and other women, a significant factor when considering health care education and promotion.

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. (A scissors-like instrument tears rather than cuts the skin.) Medical practitioners in Oaxaca insisted to me that the no-scalpel vasectomy represented the difference between few patients and no patients. The development of this procedure had more to do with seeking ways to attract more men to the operation by removing the dread of the incision than it did with technical advantages. This may stem from a basic symbolic distinction that men make, so that the more metaphorically feminine scissors—more delicate than scalpels, some say—threaten men less than the hypermasculine surgical knife. That is, the reasons men today accept vasectomies more readily may have more to do with symbolism than the technical aspects of the procedure that now tears rather than cuts a tiny hole in their scrotum.

Misunderstandings about vasectomies: Animal models.

Another example of seemingly innocuous symbolic interventions on the part of health personnel was evident when a particular doctor began many vasectomies by asking the patient in a joshing tone, "Have you talked to your wife about

this?" When the man responded that he had, the doctor followed up: "And have you talked to your girlfriend, too?" I never heard a woman getting a tubal ligation asked a corresponding question about her husband and boyfriend.

Among those who reported knowledge of vasectomy on epidemiological surveys, few men outside vasectomy clinics had a clue what the operation entails. Anthropologist friends in both Mexico and the United States asked me what parts of the penis and/or testicles were cut in the procedure. Men commonly told me that before their vasectomies they thought the procedure was "like with animals," that it involved castration and/or cutting off part of the penis. Some men who grew up in the countryside said they knew what was involved.

With bulls, two men wrap a rope around the girth, then pull on it hard to knock the air out, forcing him to fall and temporarily debilitating him. They tie the ends of the rope to two trees and begin to massage the area, approximately 10 centimeters, between the body and the testicles of the bull. This will make the scrotum relax. Then they tie a string around the bull's scrotum. When the string is tightened, the vas deferens are effectively severed.

With pigs and goats, the testicles are laid on a hard surface (like a rock) and the vas are smashed with a hammer. Or, alternatively, as a friend from the Ethnobotanical Garden advised, you can twist the testicles of a goat and smash them with a rock. You should definitely not cut off the testicles of sheep and goats, he believed, because these animals infect easily. Pigs, on the other hand, could be castrated without running the risk of infection, though this involved cutting through three layers of skin in order to extract the *bolitas*.

It may be understandable that few men consider sterilization.

Fears about sexual relations.

The main fear men expressed about vasectomy was that they would never again have sexual relations with a woman. Their apprehension was twofold: many men feared that they would 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 worried that they would not *want* to have sexual relations with women again. During numerous vasectomies the half-joking banter revolved to a related sexual anxiety, i.e., worry that they might "be turned" as a result of the procedure. That is, that they would want to have sex with only men.

Men's sexualized relationship with women in Oaxaca was often the thorniest to analyze. "Will it work" was not for most men simply a question of "Will I still be able to have an erection and ejaculate?" The relationship of vasectomy to manhood and manliness (*hombria*), and men's concerns about the outcome of the operation with respect to their subsequent sex lives, was described by some men as a consuming anxiety about being able to still satisfy a woman sexually. The relationship between vasectomy and manliness is intimately connected to that between vasectomy and sexual pleasure. And to the extent that men's sexual pleasure is associated with women's sexual desires and fulfillment, one may well ask, again, about male sexual predilections and urges.

When commonsense 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. The belief that men "can't help themselves" (such as, regarding adolescent masturbation and extramarital affairs) was pervasive in Oaxaca across class and ethnic lines and reflected in popular sayings and attitudes. What constituted natural and normal male sexuality in Oaxaca was informed by both international family planning programs and local conventions and convictions that helped shape the policies that doctors and other health workers considered appropriate for the region. The language of family planning manuals was replete with references to masculinity and male sexual drives.

Among health care specialists and the population at large in Oaxaca several beliefs concerning male sexual practices and urges that have little basis in biologically established fact are enshrined as scientific truth. In this process of medicalization, men's sexualities are made to seem inherently problematic, and many medical practitioners assume that men's sexualities are more or less similar, that men are "controlled" by their sexualities, and that their sexualities are innately problematic.⁴ Further, in considering health problems associated with male sexualities like impotence and infertility, a medicalized model considers as secondary the broader social and political relationships—for example, between women and men and between men themselves. Instead, such a model accentuates individual bodily malfunctions and abnormalities, for example, a lack of sexual desire on the part of men. The broader study on which this article is based considers in more depth the ways such ethnomedical beliefs about male sexualities among biomedical personnel are grounded in folk wisdom yet presented as scientific truth, and the relationship of medicalized thinking about male sexualities to broader questions of sexual reproduction and women's sexuality.

Why men choose vasectomies in Oaxaca, Mexico, may appear of no more than esoteric interest to medical personnel in Rhode Island. However, this case study illustrates how cultural bias interferes with medical practice. Few doctors are eager to acknowledge cultural bias in their treatment of patients, yet such recognition is important if health care is to be understood as more than biomedical processes. Although this example is specific to one region in Mexico, it may provide an approach to understanding men's reluctance regarding vasectomies anywhere, and it illustrates how cultural beliefs are critical factors in the acceptance of certain medical procedures.

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