



www.sciencedirect.com
www.rbmonline.com



SYMPOSIUM: MEN, FERTILITY AND ASSISTED REPRODUCTIVE TECHNOLOGIES REVIEW

Where are all the men? The marginalization of men in social scientific research on infertility


Lorraine Culley ^{a,*}, Nicky Hudson ^a, Maria Lohan ^b

^a De Montfort University, Leicester, UK; ^b Queen's University, Belfast, UK

* Corresponding author. E-mail addresses: lac@dmu.ac.uk (L Culley), NHudson@dmu.ac.uk (N Hudson), m.lohan@qub.ac.uk (M Lohan).



Lorraine Culley is Professor of Social Science and Health and Associate Director of the Mary Seacole Research Centre at De Montfort University, where she also heads the Reproduction Research Group. She has lead several major projects exploring social aspects of reproductive technologies in the UK, including studies of access to infertility services, social aspects of gamete donation, cross-border reproductive care and endometriosis. She also has extensive research experience and publications in the field of ethnic diversity and health care. Books include *Marginalized Reproduction: Ethnicity, Infertility and Assisted Reproductive Technologies* (2009) (with Hudson and van Rooij) and *Ethnicity and Healthcare Practice* (2009) (with Dyson).

Abstract There is a wealth of research exploring the psychological consequences of infertility and assisted reproduction technology, a substantial body of sociological and anthropological work on 'reproductive disruptions' of many kinds and a small but growing literature on patient perspectives of the quality of care in assisted reproduction. In all these fields, research studies are far more likely to be focused on the understandings and experiences of women than those of men. This paper discusses reasons for the relative exclusion of men in what has been called the 'psycho-social' literature on infertility, comments on research on men from psychological and social perspectives and recent work on the quality of patient care, and makes suggestions for a reframing of the research agenda on men and assisted reproduction. Further research is needed in all areas, including: perceptions of infertility and infertility treatment seeking; experiences of treatment; information and support needs; decisions to end treatment; fatherhood post assisted conception; and the motivation and experiences of sperm donors and men who seek fatherhood through surrogacy or co-parenting. This paper argues for multimethod, interdisciplinary research that includes broader populations of men which can contribute to improved clinical practice and support for users of assisted reproduction treatment. 

© 2013, Reproductive Healthcare Ltd. Published by Elsevier Ltd. All rights reserved.

KEYWORDS: assisted reproduction technology, infertility, interdisciplinary, masculinity, men, psycho-social

Introduction

There has been a wealth of research exploring the psychological consequences of infertility and assisted reproduction technology, a substantial body of sociological and anthropological work on 'reproductive disruptions' of many kinds and a small but growing literature on patient perspectives of the

quality of care in assisted reproduction. In all these fields, research studies are far more likely to be focused on the understandings and experiences of women than those of men. This paper builds upon a recent overview of the literature on the psychological and social aspects of infertility in men (Fisher and Hammarberg, 2012) by highlighting the particular need for a greater breadth in social science research

on gender and infertility. This paper discusses reasons for the relative exclusion of men in what has been called the 'psycho-social' literature on in/fertility, comments on research from psychological and social perspectives and recent work on the quality of patient care, and then makes suggestions for reframing the research agenda on men and infertility. It argues for research which goes beyond a somewhat pathologizing focus on measuring gender differences in stress, anxiety and depression amongst women and men in relation to infertility and suggests a need to explore: broader and deeper understandings of how men as well as women experience and live with infertility over both the short- and long-term; how men experience fertility care and how they appraise the care they receive from clinicians; and how men subsequently experience fatherhood through fertility treatments, again over the long term. The paper discusses some of the methodological limitations of current studies in both psychological and social research and argues for stronger interdisciplinary research which incorporates the experiences of men from a broader range of populations. Such an approach would help to develop an improved understanding of ethnic, social class, sexuality and life-course factors that affect men's experiences of infertility/fertility and would also enhance an understanding of how cultural contexts shape both women and men's notions of infertility and their responses to the challenges that infertility and its treatment present.

The 'second sex' in reproduction: Why so few?

Women's reproductive lives have been extensively explored by social science research in the last 25 years. However, whether heterosexual or homosexual, married or unmarried, fertile or infertile, men are the 'second sex' in reproduction research. As *Inhorn (2012)* have forcefully argued, the marginalization of men is an oversight of considerable proportions. Not only is relatively little known about men's reproductive concerns, reproductive decision making and reproductive experiences, there is also little understanding of how men contribute to women's reproductive decisions and their reproductive health (*Dudgeon and Inhorn, 2004*). Infertility is widely conceptualized, like reproduction more generally, as a woman's problem. Yet, the biological reality, of course, is that in a substantial proportion of couples, male problems are the sole or contributing factor to infertility (*National Collaborating Centre for Women's and Children's Health, 2012; Skakkebaek et al., 1994*). Even in the absence of a male factor, men in couples with fertility problems are keen to conceive as childbearing is also part of their normative expectations (*Marsiglio et al., 2013*).

One of the main reasons for this lack of understanding infertility in men's lives is the cultural importance of reproduction in women's lives. Reproduction is still centred on women and put on the agenda as if it were central to all women's lives. These normative assumptions about the significance of childbearing for women and the corresponding tendency for reproduction, contraception and childbirth to be inextricably linked with femininity can lead to the burden of responsibility in relation to reproduction being placed largely upon women. In addition, these assumptions marginalize men in terms of both rights and responsibilities

in planning and preparing for parenthood and for rearing children (*Annandale and Clark, 1996; Bordo, 2004; Delphy and Leonard, 1992; Lorber, 1994; Sabo and Gordon, 1995*).

A further reason for the lack of research into men and infertility has been the biological and clinical focus on women's bodies in relation to both the diagnosis and treatment of infertility in both reproductive science and clinical practice (*Clarke, 1998; Laborie, 2000; Meerabeau, 1991*). The fact that, whatever the diagnosis, current clinical practice of assisted reproduction largely works on the female body to improve the woman's chance of becoming pregnant and sustaining a pregnancy has also guided social scientists to read this as a woman's medical story to tell. Similarly in clinical practice, while the couple may be present in the clinical encounter, the primary clinical relationship is developed with the woman and the clinical file is usually her clinical file. Women's bodies are the focus of most medical interventions and this serves to further re-enforce the exclusion of men's perspectives and the perception of men's contribution as performing 'traditional' masculine roles of the 'emotional rock' for women and the 'rational veto' on treatment decisions (*Throsby and Gill, 2004*). In a clinical context in which assisted reproduction is primarily seen to be operationalized on women's bodies, men's needs and concerns may be effectively silenced. An alternative discourse to men acting in a 'supportive' role may be difficult for men to articulate. As will be discussed further, this relative marginalization of men is decreasing as men's bodies are increasingly brought into the clinical sphere through treatments such as intracytoplasmic sperm injection, and the historical secrecy surrounding issues such as sperm donation and donor insemination are decreasing.

Finally, there is the issue of the logistical and methodological challenges of including men in infertility research. Since reproduction is centred on women, it may be more difficult to engage male non-treatment seekers in research exploring desire for children, childbearing intentions and understandings of infertility (although clearly some are successful in this, see for example *Daniluk, 2001; Daniluk and Koert, 2012; Roberts et al., 2011*). In the clinic, because of the focus of treatment on women's bodies, men are less often available for convenience samples and may not respond as readily as women to requests to participate in fertility research. It is often assumed (but seldom actually established) that men's non-response relates to the 'sensitivity' of male infertility, although there is little evidence that participation relates specifically to diagnosis (*Lloyd, 1996*). Alternatively, it could be that men are more inclined to resist the (questionable) depiction of the infertile as vulnerable 'patients', 'suffering' from emotional distress (*Sandelowski and de Lacey, 2002*) or the intrusive and potentially iatrogenic effects of psycho-social research (*van Balen, 2002*).

However, despite these challenges, there are signs of change in the gender bias in research on reproduction more generally. In particular, many societies are experiencing a cultural transformation of fatherhood towards the contemporary ideal of the engaged, nurturing father. There is an expectation that men will be involved in preparing for childbirth and in equal co-parenting, and social science research has shed light on this changing role (for example, *Barclay and Lupton, 1999; Dermott, 2008; Featherstone, 2009; Henwood and Procter, 2003; Hobson, 2002; La Rossa, 1997;*

Download English Version:

<https://daneshyari.com/en/article/3970564>

Download Persian Version:

<https://daneshyari.com/article/3970564>

[Daneshyari.com](https://daneshyari.com)