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SCORING MEN: VASECTOMIES AND THE TOTEMIC ILLUSION OF MALE SEXUALITY IN OAXACA

ABSTRACT. This paper discusses research on men's reproductive health and sexuality in Oaxaca, Mexico, and specifically why some men there choose to be sterilized. Men who opt for vasectomies do so after considering numerous cultural, historical, physiological, commercial, and other concerns. Men and women in Oaxaca negotiate certain cultural folk beliefs about supposed male sexual desires and practices before arriving at the decision to get the operation. Vasectomy as a method of birth control is chosen despite folk beliefs that take the form of a totemic illusion which treats male sexuality as naturalized, something fixed, and as entirely distinct from female sexuality. Among its many consequences, this totemic illusion serves to conceal inequalities in the sphere of reproductive health and sexuality in relation to contraception.

KEY WORDS: contraception, men, Mexico, sexuality, vasectomy

INTRODUCTION

This paper discusses why some men in Oaxaca, Mexico, get vasectomies. Through this research I explore broader issues relating to men's sexuality, including normative assumptions about men's "natural" sexual desires and practices. Clearly numerous issues influence and determine 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.[1]

Conventional wisdom among medical practitioners as well as the men who get vasectomies treats male sexuality as a totemic illusion, such that male sexuality becomes naturalized as both a fixed entity and as something entirely distinct from female sexuality. In a sense this totemic illusion presents a robust case of medicalization, as social beliefs and mores regarding male sexuality are transformed into a physiological truism. And in the case of vasectomies in Oaxaca, such a totemic illusion confers supposed "'instinctive' attitudes or beliefs" (Lévi-Strauss 1963: 2) that often result from speculation about men's sexuality.

What occurs locally in Oaxaca is, of course, also governed by global events. In the case of men choosing to get a vasectomy, this decision takes place at a time when highly effective forms of birth control for women have become widely available throughout the world, and in fact there has developed what Colombian anthropologist Mara Viveros Vigoya (2002: 328)—referring to modern forms of

Culture, Medicine and Psychiatry **29:** 79–101, 2005.

DOI: 10.1007/s11013-005-4624-7

birth control—calls a *cultura anticonceptiva femenina* (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 EngenderHealth 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. "*Tres es ya un ejército,*" (three is already an army) one doctor commented to me by way of explaining common contemporary attitudes toward the ideal number of children couples seek.

Second, there is also a culturalist explanation that attempts to explain what men in Oaxaca who are thinking about the operation must overcome. In fact, this cultural rationale is sometimes used to explain why there are lower numbers of men getting vasectomies in Mexico compared to men in certain other countries and to women in Mexico itself: supposedly there are differences between 'macho' and 'non-macho' cultures, as if those men who do get sterilized in Oaxaca might somehow 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 (see Gutmann 1996), such a line of reasoning skirts the larger context of

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 forms of artificial birth control designed for men. This circumstance is not unique to men in 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 hormones (see Oudshoorn 2003) as much as by specifically local gender identities and relations of inequality (e.g., 'machismo').

Among the truly salient local factors influencing decision-making about vasectomies in Oaxaca is a set of folk beliefs shared by health care specialists and the population at large concerning male sexual practices and urges, beliefs whose basis in fact extends no further than their wide acceptance in society. Among health care practitioners, for example, the main source of certain foundational beliefs about male sexuality in Oaxaca and Mexico continues to be prosaic sentiment represented as scientific knowledge that serves as the starting point in reproductive health care efforts.

Vasectomy is not inherently a good or bad form of contraception, reproductive health policy, or means to promote equality between men and women. Throughout the world vasectomy has been employed by certain individuals, institutions, and governments to encourage the expansion of sexual rights and obligations and by others to further eugenicist and neocolonialist goals. As important as it is to study men's reproductive health and sexuality in local historical context, scholarship in this area is, unfortunately, scarce. To date, many anthropological studies on reproduction have also focused on women (see Browner 2000; Ginsburg and Rapp 1995); the present study seeks to provide new information about the "missing" players in the reproductive process (see also Dudgeon and Inhorn 2003; Russell and Thompson 2000).

PERSONNEL AND PLACES IN THE OAXACA STUDY

This study of heterosexual couples was 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. Approximately half the population of the state, totaling over three 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 the state of 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 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.

I shared stories with the men as to pain I suffered after my own surgery, vaguely discussed mutual concerns regarding sexual performance post facto, and once was asked to photograph an operation. It was the doctors who initially asked me to take the photos. When I raised the idea timidly with the patient, a gas station attendant named Alberto, he smiled broadly, enthusiastically agreed to allow me to shoot pictures of his genitals in the procedure, and asked me to drop by copies at his PEMEX workplace on the north side of the city.

The challenge of distinguishing between what people say and what they might mean is important here. In recounting the comments of men and women who shared their views and experiences on vasectomy, some of the women I interviewed identified their husbands as the real decision-makers. Yet, like Rapp, who studied women's decision-making surrounding amniocentesis in New York City, I too "often wondered whether I was witnessing male dominance or female invocation of a classic manly privilege" (2000: 99–100). Of particular interest to me were interactions akin to what Rapp calls gender scripts that "revealed healthy doses of female manipulation." Decision-making about vasectomies in Oaxaca, as with amniocentesis in New York, indicates "a complex choreography of domination, manipulation, negotiation, and, sometimes, resistance in the gender tales women tell about their decisions." This tension between what people say for public consumption and hints at ulterior motives and hidden rationales necessarily undergirds much of the analysis to follow.

PRIMORDIAL URGES FOR MEN AND THE *OFERTA SISTEMÁTICA* FOR WOMEN

In the Ethnobotanical Garden of Oaxaca (where I sometimes worked as a laborer), other workers have nicknamed one young man Chaquetas (or sometimes Chaquete). *Chaquetear* in Mexico is slang for masturbation, and the point of the term, of course, is that the other men in the Garden use this nickname to tease Pablo, to use his formal name,[5] because he is still single and therefore assumed to masturbate a lot. Thus the term *chaquetas* is somewhat analogous to the North Americanism, *jack off*, or the Britishism, *wanker*, except that the Mexican version is heard a good deal more literally than those in the United States or Britain. It does not seem to matter that Pablo has a girlfriend, and that most of the other men assume that Pablo has sex with this girlfriend. As an adolescent male, the other men are certain he masturbates as often as he can. That's simply in the nature of being a young man. It may be worth noting that I have never heard casual comments about young women who masturbate. The fact that I have not reflects more than the fact that I am a man; it is also indicative of dichotomous conceptions of male and female sexuality (see Gutmann 2003).

Chaquetas-Pablo is a Chatino-speaker from the village of Santo Domingo Morelos Pochutla, on the Pacific Coast of Oaxaca. When he arrived in Oaxaca City in 1998 he spoke little Spanish, and coworkers still joke of the time they sent him to the tool shed for a *pala*—shovel—and he came back with a *barreta*—ice breaker. They also tease him because, they say, he drinks too much. Although teenage boys may drink, Pablo is considered a borderline alcoholic. Some drinking is normal, but his is too extreme and therefore has passed beyond the normal and natural. Not so of Pablo's alleged masturbatory habits: "he has milk stored up," another worker, Felipe, smirked as he told me of this obvious male conundrum. There's only one obvious recourse to resolve such a storage predicament.

These beliefs and claims about adolescent male penchants for sexual self-gratification—and clearly beliefs and claims are all that can be seriously researched on this topic—are widespread in Mexico. I found similar discussions in research on changing men and masculinities in Mexico City in the early- and mid-1990s, for example, when grandmothers talked about nephews who still yanked the goose's neck, and male friends related how they instructed their boys in the arts of onanism (see Gutmann 1996: 142–143). What I find remarkable is not that adolescent males in Oaxaca masturbate, but the casualness with which it is acknowledged, discussed, and joked about in a good-natured fashion. As Héctor Carrillo (2002: 171) writes in his new book on sexuality in Mexico in the time of AIDS, a study of Guadalajara in the 1990s, "In relation to adolescent masturbation, the main influence on peoples' opinions appeared to be the generalized perception that condoning this practice was a sign of modernity and an appropriate response to

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 *modern* 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 other physiological, borderline-instinctive interactions (see Amuchástegui 2001). However, in no grade schools are children taught about vasectomies. How much our naturalized and medicalized understanding of men's sexuality is based on or at least reinforced by biological schemata beginning in grade school is a question deserving attention. See also discussion of contraception and modernity in Russell and Thompson 2000.

Vasectomies in Oaxaca take place within a context of totemic male sexuality, so that certain phenomena associated with male sexuality become naturalized as symptomatic of what is allegedly unique about men in the first place. This is apparent in the medical (and medicalized) organization of reproductive health and sexuality as conceived in the Ministry of Health and other health agencies as well as in the general population. Sexuality is understood both popularly and in the medical community as a process of psychosocial compulsions and restrictions, in which ostensibly male sexual desires, needs, and satisfactions are given a naturalized and thoroughly gendered character. Further, as Parker et al. (2000: 3) have found more generally, although there was a "demedicalization of sexuality" in social science research through social constructivist approaches in the late 1970s and early 1980s, with the HIV/AIDS pandemic "a profound remedicalization of sexuality" has occurred. In Oaxaca this totemic illusion is evident in taken-for-granted beliefs equating male sexuality with uncontrollable urges. Viveros's (2002) female contraceptive culture flourishes in a context in which there is a medical endorsement of such perceptions regarding innate male sexuality.

The recent contraceptive program in Mexico called *Oferta Sistemática* also reveals how, based on the totemic illusion of male sexuality, state-mandated policies seek to increase the adoption and employment of birth control by women there. In addition, as Soledad González (1999) demonstrates, this program is not entirely

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 (*módulo de planificación*). 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 essential about the cultures of Latin America that prevents vasectomies being more widely utilized as a form of birth control. Instead, we must look elsewhere for explanations as to the low rates, and, in particular, to another kind of cultural factor: the female contraceptive culture that severely restricts the participation of men in family planning.

VASECTOMIES TO SHARE SUFFERING

Whether men who opt for vasectomies express demonstrably more egalitarian relationships with their wives, and whether they say they are prompted to make this decision by persuasive women is relevant to tracing patterns of decision-making

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 *la operación*, 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 *la operación*, 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 "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 fireman 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 *la cortadita* (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 fireman, 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 *la operación*.

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 about three days." Like other men, Miguel told me that neither he nor his wife liked condoms. And, like others, he gave two reasons: one, "*no se siente lo mismo*" (you don't feel the same), and two, "because of machismo." When I pressed Miguel to explain the connection between machismo and not liking condoms, like other men he was unable to further analyze his views. But he did insist that he wanted to "be different than most men," and that this was a key motivation behind his decision to get a vasectomy: "*Hay que ser comprensivo con las mujeres*" (You've got to be understanding with women), he counseled me. At this, Dra Serret, the female specialist in vasectomies at Clinic #1, commented, "¡*Qué bueno que ha decidido cooperar!*" (It's great you've decided to support your wife).

On Thursday, 4 April 2002, the IMSS (Mexican Institute for Social Security) sponsored a "vasectomy day" to help promote the procedure. Eleven men signed up for the operation, and seven showed up. One man, the 43-year-old father of three children and a driver on the bus line between Oaxaca and the Isthmus of Tehuantepec several hours to the south, was especially nervous about his vasectomy. But because "women suffer with I.U.D.s," he had decided to be a "real macho" and get sterilized. He talked of *machismo* as characteristic of men who just want to have more children, and real *machos* as those who care enough about their children that they limit themselves to just a few. The experiences and thinking that brought another man, Arturo, to the vasectomy table were distinct. Arturo was 32 years old. Two years prior to the operation his baby of three months died of hydrocephalus. Surgeons operated on the baby at six days. Then she spent

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 a fourth man getting a vasectomy that day. Marcelo, 29 years old and the father of three children, worked as a policeman on the outskirts of the city, near the famous archeological ruins of Monte Albán. He recounted to me that his wife was the one who prompted him to get sterilized, with the admonition, "*Te toca un poco sufrir*" (It's your turn to suffer a little).

Many men talked on Vasectomy Day and other occasions about their desire to suffer instead of their wives. Domiciano, a resident of the rural town of Cuilapan de Guerrero outside Oaxaca City, offered a rather more complex folk prognosis for women who receive tubal ligations by way of explaining why he chose instead to get a vasectomy.

"What happens is that . . . when . . . they say that when a woman gets the operation . . . what I have heard is that, you know, that the woman suffers, that her temperature rises, that she can suffer depression," Domiciano related.

"Where did you hear that? From women who've had the operation?" I inquired.

"Exactly. Well, not with men, but with my wife. Women who've had that experience, who've had a ligation, let's say. They're the ones who have commented to my wife that they suffer depression a lot. Deep depressions, or that their [blood] pressure goes up. That's why I made the decision . . . for them to do it to me," he concluded. There is no clinical evidence that women who are sterilized routinely suffer from depression and elevated blood pressure. Domiciano is nonetheless not alone in believing that this is what often transpires. Men like Domiciano may believe that saving women from such health problems is one rationale for getting a vasectomy that is beyond reproach and social opprobrium.

Talking with Esteban, yet another bus driver who had a vasectomy, and his wife one afternoon under an awning of their house near the Río Atoyac that runs through Oaxaca City, it was made clear to me that Andrea's medical condition had made sterilization a most pressing issue. "The doctor told me that it was strongly recommended I not get pregnant again," his wife said. Besides, Esteban added,

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. Andrés 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 him, "What do I need to bring or do for . . ." "No," he says, "all you have to do is think about it carefully until tomorrow, or the day after tomorrow. Or think about it as long as you want. Think about it and let me know on Tuesday." So I came home, talked to her [pointing to his wife]. We talked about our financial situation, how many days I would be laid up here, how many days I was going to be here.

Esteban's sister later praised his decision, "Well, I congratulate you, little brother, because you are rare among men." Friends of his were not as inspired by his vasectomy. When Esteban encountered another driver at the big Central market, he explained that he was not working because he had "a little surgery: they gave me a vasectomy." "Don't jerk me around!" his companion taunted him. "And now?" "Everything's fine," Esteban responded. But his friend seemed skeptical. "The hell you're really fine?" he quizzed Esteban. "Yeah, I went into the clinic walking and I left the clinic walking. It was no big deal. It's a slight cut [*una cortadita*], maybe half a centimeter. That's all they do. *No hay problema*."

One man, Jorge, told me of a deal he and his wife had before the birth of their third and last child. First, he said, with respect to contraception, "You don't always have to leave it to the woman." After his wife became pregnant the third time she told him that if the baby were a boy, then Jorge would have to get a vasectomy. Their first two children were girls, and Jorge badly wanted a boy, "so I can watch *futbol* with him later. Girls get up and leave after a few minutes of watching a game on TV." And, he said, he was tired of shopping for pink clothes all the time. "If number three had been a girl, would your wife really have had a ligation?" I asked. "Yes," he replied emphatically. I was not clear if the vasectomy was seen by either of them as a form of payment for services (male progeny) rendered, or simply considered by the couple a clever way to decide who would get sterilized.

Empathic responses to women's suffering and couvade-like compulsions to share spouses' pain are clearly motivations involved in some men's decision to get sterilized. At the same time, the influence and authority of friends who had already had the operation was often described by the men I interviewed in Oaxaca as the deciding factor for many men. They checked with their friends about pain, turnaround time until they could return to marital liaisons, and residual effects on their sexual desires and performance from the procedure. There were a few men who expressed complete lack of concern as to potential "side effects" from the surgery, like impotency or at least diminished sexual *apetito*, but they were in a distinct minority. Good information about vasectomies was rarely readily accessible, and several men explained that only because they had been so determined were they able to ultimately obtain correct information about vasectomies and secure an appointment for the surgery. All in all if there is one thing that characterizes most of the men I interviewed as to why they opted for vasectomies it would be their expression of 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. This point is also made clear in earlier studies, such as Castro Morales's (1998) sensitive examination of negotiations in couples regarding sterilizations Yet these were not the only reasons men chose to sterilize themselves.

AFFAIRS AND DOUBLE STERILIZATIONS

Despite such concerns on the part of most men I came to know through the vasectomy clinics in Oaxaca, and the real empathy and generosity demonstrated by men and women upon arriving at difficult decisions such as sterilization, the picture presented thus far is not complete. Indeed there is another set of reasons men offer for getting vasectomies that also reveals much about underlying patterns of gender relations and inequalities in a variety of ways.

Some men explained their decision with the colloquialism *cana al aire*, literally meaning "[sugar] cane in the air," figuratively meaning "an unusual gray hair pulled out and tossed into the air." *Cana al aire*, thus, refers to an affair, something at once out of the ordinary and ultimately no more than a trifle. Vasectomies, according to some men, facilitate such casual *aventuras* (affairs).

Like many other men interviewed about vasectomies, Juan Miguel also talked to me about the role his wife played in convincing him to get sterilized. Unlike most other men who opted for vasectomies, however, Juan Miguel's comments about his wife were far from flattering. In particular, he complained that his wife was careless about keeping track of her period and therefore that it was never possible to rely on methods of birth control like the pill and injections. Given the

additional fact that the family was poor, he felt he had to take matters into his own hands to insure there would be no more children born to the couple. His decision was unilateral.

Eliseo, 39 years old and the father of three children, related a different set of experiences that ultimately led him to get a vasectomy. His wife tried to take the pill and use an IUD, but neither method was effective with her. They tried a modified rhythm method, timing as best they could for sexual intercourse to occur five days before his wife started her period and five days following the end of her menses. Eliseo said this rhythm method caused more problems than it resolved. He said he went to see a psychologist who informed him that such infrequent sexual relations with his wife was causing in him a kind of "*histeria*." He informed the doctors and me during his surgery that "*disrítmia*" was the technical name for a situation in which one partner wants sexual relations far more than the other. Eliseo had tried daily masturbation, he also told us, but he found it far from adequate.

The cases of both Juan Miguel and Eliseo, then, touch on the central issue of men as "uncontrollable" and primordially driven to seek sex often and wherever possible. In his study of male sexuality in Chile, José Olavarría (2002) describes a court case in the northern part of that country in which a man was found guilty of rape and sentenced to castration. The reason for this punishment was intimately related to a similar notion about male sexuality as out of control, or as the judge in this case explained it, the rationale of the verdict was "to kill his male instinct," thus directly associating male sexual drive with something peculiar housed in men's testicles. In another case, this time closer to Oaxaca, Roberto Castro (2000: 344, 374) discusses how in Ocuituco, Mexico, "male desire is conceived in terms of natural forces," and points out that "the equation between masculine identity and sexual desire is uncontrollable."

It is in this context that an apparent anomaly emerging in the course of fieldwork can be explained. In fieldwork, I encountered cases of men who had received vasectomies, despite the fact that their wives had earlier had tubal ligations. Here I discuss the case of one such man.

I met Alejandro's wife and son outside the room where the vasectomies take place at the Centro de Salud #1 in downtown Oaxaca City. Alejandro was out pacing the sidewalk, while Mercedes and their child held Alejandro's place as second in line for the four vasectomies scheduled that morning. Alejandro entered the building just before 8:30 a.m., when he had been told to return. He was whisked quickly into the changing anteroom, then onto a padded table used for the operation. Assuming my by-now standard position up at the patient's head, Alejandro and I began talking as the doctors prepped him down below.

The nurse interrupted me by asking Alejandro to fill in a standard epidemiological survey:

"Age?" "40."

"Marital status? "Married."

"Children?" "Two."

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

"Previous birth control?" Alejandro paused, finally answering, "None."

A few days later I talked with Alejandro and his wife, Mercedes, in their living room. He was still a bit sore from the operation, but back at work and brushing off the after-effects of the procedure. I asked why he decided to get a vasectomy. Mercedes responded instead,

"We'd been talking about it for eight years. Ever since our son was born."

Alejandro said he had delayed so long mainly because he was worried about "mistreating" his body with the vasectomy. But, he insisted, when he finally determined he would go ahead with the procedure, "It was my idea. I decided to do it. I did it to satisfy her, not because I am going to '*dejar hijos regados*' (sprinkle children around). Because she's already had her tubes tied, so . . . well . . . "

"Oh, yeah?" I exclaimed in surprise when I realized that this meant that they both had been sterilized. "Then why . . . ?"

"To please me," Mercedes agreed with tenderness.

"Why was this important to you?" I pressed her.

"Better to avoid surprises" (*más vale prevenir sorpresas*).

"So I don't go around sprinkling children everywhere, that's what she says," Alejandro added somewhat defiantly.

"Mexican men are like that, just like that," Mercedes concluded, as if little else was necessary to explain the couple's double sterilization.

When I encountered her a couple of months later at Clinic #1, where she had come for a consultation of her own, Olivia again repeated the phrase "*más vale prevenir sorpresas*" (better to avoid surprises) though added that she did not think he was actually running around on her (*saliendo*) at the time.

In another case of a man getting a vasectomy despite the fact his wife already had a tubal ligation, he just shrugged when asked to explain the double-sterilization method of birth control. The female doctor operating on the man suggested it might just be a precaution, because there is always the risk of *fallas* (mistakes), even with drastic surgery like tubal ligation. The male doctor speculated aloud that it might be more related to the man's occupation as a bus driver, and nudged the man as he noted how many girlfriends of drivers are said to be found waiting at the end of many bus lines.

Even well-intentioned doctors and others who are in the forefront of promoting vasectomies as a simple, effective, and egalitarian form of birth control, and whose message is that vasectomies should become more common than tubal ligations, make reference to "culture" as what is holding people in Mexico back in general, including in promoting egalitarian forms of reproductive health. One doctor expressed dismay that Mexican women are simply more used to suffering

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 vasectomies are described by some health practitioners explicitly as a means by which to motivate men to get the operation. Despite the fact that many women and men refer to vasectomies as "*la operación*" (for men), I was frequently informed by medical personnel that some men must be reassured that a vasectomy is not really a surgical operation, which they believe must involve a scalpel and stitches.

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

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," the manual insists. Needless to say, comparable concerns about femininity being dependent on intact fallopian tubes do not appear in similar teaching guides for female sterilizations.

According to many of the men I met and interviewed in vasectomy clinics, lack of knowledge is definitely one reason more men do not seek vasectomies. Some men and women learn about vasectomies from public service announcements on television, the radio, or in newspapers. Some learn from brochures available at family planning clinics, others from nurses and doctors who work in these clinics. Word of mouth, especially from one man to another, is often the most convincing method of publicizing the procedure. In addition, throughout Mexico, on the outside walls of health clinics in many cities, it is common to see signs painted to advertise the availability of vasectomies inside, thus promoting male participation in permanent contraception.

Yet in most clinical situations in Oaxaca, and in state-run family planning promotion, vasectomy is presented as a matter of individual choice and not in a context of overall relations between men and women in which men rarely assume primary responsibility for contraception. Official brochures, for example, do not compare vasectomy with tubal ligation for women. The approach with vasectomy is that it is available should a man personally wish to avail himself.

Among those who report knowledge of vasectomy on epidemiological surveys, few men outside vasectomy clinics have a clue as to what is actually involved in the operation. Anthropologist friends have asked me what parts of the penis and/or testicles are cut in the procedure. (The answer is: none.) 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. Men who grew up in the countryside with varying degrees of assurance say they know what is involved: as with bulls, a string is tied around the bull's scrotum between the testicles and the penis. When the string is tightened, the vas deferens are effectively severed. Or as 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, 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 *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 might come out of it wanting to have sex with only men.

Men's sexualized relationship with women is often the thorniest to analyze. "Will it work" is 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 (*hombría*), and men's concerns about the outcome of the operation with respect to their subsequent sex lives, is described by some men as a consuming anxiety about being able to still satisfy a woman sexually in the future. For similar reasons, a man once commented that his favorite word was "*Así!*" (Like that!), because when a woman in the throes of passion said this simple word to him, he felt more like a man than at any other time.

The relationship between vasectomy and manliness is, thus, 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, then one may well ask, again, about male sexual predilections and urges. To return to an earlier point, the meanings and consequences of men being "sexually uncontrollable" will look a good deal different if they are understood as men who are "culturally uncontrolled" or as the housing for hormones out of control.

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 liaisons, the belief that men "can't help themselves" is pervasive in Oaxaca across class and ethnic lines. What constitutes natural and normal male sexuality in Oaxaca is informed by both international programs regarding family planning and local conventions and convictions that help shape the policies that doctors and other health workers consider appropriate for the region. The language of family planning manuals is replete with references to masculinity and male sexual drives.

SHARING RESPONSIBILITY FOR CONTRACEPTION

Throughout the world today, debates are unfolding in families and public institutions regarding men's shared responsibility for sexual behavior and improving women's and men's reproductive health. Since international conferences in the mid-1990s on gender and development in Cairo and Beijing, the official policy of government agencies and NGOs around the world has been to encourage men's involvement in birth control and safe sex as part of the effort to promote the right of women and men to regulate their fertility and to have sexual relations free from fear of unwanted pregnancy or disease. Yet little headway has been made in achieving real gender equity and men's participation in this realm (see Chant and Gutmann 2000). Until we better understand the actual sexual and reproductive lives of men and women, such projects will continue to flounder.

On the more intimate level of families and households, for example, we know too little about how women and men discuss, debate, and decide on sexual behavior and make reproductive decisions and how changing affective relations between men and women, in turn, alter cultural values concerning reproductive health and sexuality. In order to better understand decision-making processes in couples regarding birth control it is important to include men in studies of contraceptive aspects of reproductive health. There is a host of "outside" factors—from the media to the church to public health institutions and campaigns—that influence the wrangling within couples over such decisions. Determining the impact on men and women of cultural preconceptions in the medical community, for instance, with respect to male sexuality, is crucial to chart how people are pressured to adapt to one kind of sexual behavior or another.

The relationship between globalizing and localizing factors—sexual commodification, ethnic coding, and migratory circuits of information, disease, and novel practices—in governing negotiations over men's reproductive health and sexuality is only now emerging as a significant field of study (see Dudgeon and Inhorn 2003; Parker 1999), and with respect to vasectomy and male contraception is still largely terra incognita. Recent scholarship on gender in Mexico and Latin America has demonstrated the relationship of engendered power identities and inequalities to culture change (see, for example, Figueroa-Perea 1998; Higgins and Coen 2000; Lamas 1996; Lancaster 1992; and Núñez 1994, 2001). In line with these studies, what is most salient in the present investigation is an emphasis on viewing inequality as the *basis* of change. For example: the relationship that women have to men's sexuality and negotiations regarding birth control; how to understand men's role in reproduction and why they are only just beginning to be included in studies and public health efforts concerning reproductive health; and the realities of birth control: what role biology, culture, and politics have in determining which forms of birth control exist, are utilized, and are developed.

Regarding the matter of choice and whether health practitioners are practicing bad faith medicine, cultural assumptions about men's reproductive health and sexuality often unintentionally sway men against opting for vasectomies. Given that Mexico in the twenty-first century is completely dependent on the products of foreign pharmaceutical companies, virtually the only other options available to men who wish to play an active role in birth control are condoms, withdrawal, or the rhythm method. There are branches of these companies in Mexico, but usually these are simply the local sales force. Occasionally there is a clinical trial carried out in Mexico, yet then, too, the trials are for products already developed elsewhere.

Marcos the taxi driver asked rhetorically in one of our discussions, "Why aren't there methods for men? And, really, a lot of folks, me included, think that the pharmaceuticals and companies like Bayer or whatever, when they see that a product is doing well for them, well, why should they worry about anything else? They must say, 'Why should I worry about you [men] if it's going really well for me with the [contraceptives for] women?"'

There are few doctors in Oaxaca who know how to perform vasectomies. There is widespread ignorance as to what the procedure entails. In the absence of temporary forms of male contraceptives other than the condom, women will continue to take overwhelming responsibility for birth control. In the absence of widespread information including public campaigns regarding vasectomy, it is unlikely that the numbers will grow of men in Oaxaca who choose sterilization. How else may one open the debate on the relationship between vasectomy, procreation, and machismo?

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 Amuchástegui 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, 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, perhaps the only outstanding characteristic is that 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.

3. I conducted the bulk of this research in two clinics. One, the Centro de Salud Urbano #1, is operated by the Ministry of Health, which is supposed to provide health care services for the rural and urban poor in the Oaxaca City metropolitan area. The other clinic, the Unidad Médica Familiar #38, is part of the Mexican Institute for Social Security, which officially serves workers in the formal private sector of the economy.

4. The doctors who performed vasectomies in Centro #1 were both originally from Oaxaca and had received their medical training, including in this procedure, there. One of the doctors at the Unidad #38 was from Mexico City (where he went to medical school) and the other was from Oaxaca and was finishing her residency there. In Centro #1, one of the doctors was a man and the other a woman, and there was a female nurse generally present throughout the procedure. In Unidad #38 one of the doctors was a man, the other a woman, and nurses were rarely present.

5. As requested by the editors of this journal, pseudonyms have been used in all cases in this paper.

ACKNOWLEDGMENTS

My thanks to the men and women I came to know through the clinics and the Ethnobotanical Garden in Oaxaca, as well as more particularly to Alejandro de Avila,

Margarita Dalton, Gudrun Dohrmann, Michael Higgins, and Paola Sesia. Funding for this research has been provided by a National Endowment for the Humanities University Professors Fellowship, sabbatical leave from Brown University, and a small grant from the Population Studies and Training center at Brown. I am grateful for their detailed comments to three anonymous reviewers for the journal as well as to four Brown undergraduates who participated in a Group Research Project on Reproductive Health and Sexuality, Ariana Aguilar, Michael Chen-Illamos, Aracely Pérez, and Robin Tittle. During my fieldwork in Oaxaca, I have had the privilege to be a Visiting Professor at the Centro de Investigaciones y Estudios Superiores en Antropología Social–Istmo and the Instituto Nacional de Antropología e Historia–Oaxaca.

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