Emerald Studies in Reproduction, Culture and Society

(In)Fertile Male Bodies

Masculinities and Lifestyle Management in Neoliberal Times

Esmée Sinéad Hanna and Brendan Gough

(IN)FERTILE MALE BODIES

EMERALD STUDIES IN REPRODUCTION, CULTURE AND SOCIETY

Series Editors: Petra Nordqvist, Manchester University, UK and Nicky Hudson, De Montfort University, UK

This book series brings together scholars from across the social sciences and humanities who are working in the broad field of human reproduction. Reproduction is a growing field of interest in the United Kingdom and internationally, and this series publishes work from across the lifecycle of reproduction addressing issues such as conception, contraception, abortion, pregnancy, birth, infertility, pre- and postnatal care, prenatal screen and testing, IVF, prenatal genetic diagnosis, mitochondrial donation, surrogacy, adoption, reproductive donation, family-making and more. Books in this series will focus on the social, cultural, material, legal, historical and political aspects of human reproduction, encouraging work from early career researchers as well as established scholars. The series includes monographs, edited collections and shortform books (between 20 and 50,000 words). Contributors use the latest conceptual, methodological and theoretical developments to enhance and develop current thinking about human reproduction and its significance for understanding wider social practices and processes.

Published Titles in This Series

Egg Freezing, Fertility and Reproductive Choice
Authored by *Kylie Baldwin*

The Cryopolitics of Reproduction on Ice: A New Scandinavian Ice Age
Authored by *Charlotte Kroløkke, Thomas Søbirk Petersen, JanneRothmar Herrmann, Anna Sofie Bach, Stine Willum Adrian, Rune Klingenberg and Michael Nebeling Petersen*

Voluntary and Involuntary Childlessness
Edited by *Natalie Sappleton*

When Reproduction Meets Ageing: The Science and Medicine of the Fertility Decline
Authored by *Nolwenn Bühler*

Lived Realities of Solo Motherhood, Donor Conception and Medically Assisted Reproduction
Authored by *Tine Ravn*

Surrogacy in Russia: An Ethnography of Reproductive Labour, Stratification and Migration
Authored by *Christina Weis*

Reproductive Governance and Bodily Materiality: Flesh, Technologies, and Knowledge
Edited by *Corinna Sabrina Guerzoni and Claudia Mattalucci*

Anti-Abortion Activism in the UK: Ultra-Sacrificial Motherhood, Religion and Reproductive Rights in the Public Sphere
Authored by *Pam Lowe*

Technologies of Reproduction Across the Lifecourse: Expanding Reproductive Studies
Edited by *Katharine Dow and Victoria Boydell*

Forthcoming

Donors: Curious Connections in Donor Conception
Authored by *Petra Nordqvist and Leah Gilman*

Contingencies, Complexities and Normativities in Uterus Transplantation: A Gift for Life?
Authored by *Lisa Guntram*

This page intentionally left blank

(IN)FERTILE MALE BODIES

Masculinities and Lifestyle Management in Neoliberal Times

BY

ESMÉE SINÉAD HANNA
De Montfort University, UK

And

BRENDAN GOUGH
Leeds Beckett University, UK

United Kingdom – North America – Japan – India
Malaysia – China

Emerald Publishing Limited
Howard House, Wagon Lane, Bingley BD16 1WA, UK

First edition 2022

British Library Cataloguing in Publication Data
A catalogue record for this book is available from the British Library

ISBN: 978-1-80071-610-0 (Print)
ISBN: 978-1-80071-609-4 (Online)
ISBN: 978-1-80071-611-7 (Epub)

ISOQAR certified Management System, awarded to Emerald for adherence to Environmental standard ISO 14001:2004.

Certificate Number 1985
ISO 14001

INVESTOR IN PEOPLE

This book is dedicated to all those who have participated in our research on male infertility over the last six years.
We are truly grateful to you for sharing your personal experiences for the benefit of research.

This page intentionally left blank

CONTENTS

This page intentionally left blank

AUTHOR BIOGRAPHIES

Dr Esmée Hanna is a Reader in Health and Wellbeing in Society, and member of the Centre for Reproduction Research at De Montfort University. With a background in sociology, Esmée's research interests are around qualitative explorations of gender, health and the body, with a particular focus on topics which are stigmatised or groups who are marginalised. Her recent work has explored men's experiences in the reproductive realm, including the experience and impact of male infertility as well as the experiences of young men who are fathers. She has published in a wide range of journals, including *Qualitative Research*, *Sociology of Health and Illness* and *Journal of Health Psychology* and has previously published two sole-authored monographs.

Prof Brendan Gough is a Critical Social Psychologist in the Leeds School of Social Sciences at Leeds Beckett University. His work focuses on qualitative understandings of men and masculinities. He has published 100+ papers on gender identities and relations, mostly in the context of health, lifestyles and well-being, as well as eight books with colleagues. Professor Gough is co-founder and co-editor of the journal *Qualitative Research in Psychology*; he is Editor-in-Chief of the journal *Social & Personality Psychology Compass*, and was associate editor for the journal *Psychology of Men and Masculinity* until 2021. He was awarded a fellowship of the Academy of Social Sciences in 2016.

This page intentionally left blank

PREFACE

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

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

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

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

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

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

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

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

This page intentionally left blank

ACKNOWLEDGEMENTS

EH: I would like to thank all those who have made this endeavour possible through the support they have provided. A debt of gratitude must first go to all those who participated in the studies that comprise the data for this book. That people give up their time and share their personal experiences for research is a constant source of amazement to me, and one which I never take for granted. I would like to thank my co-author Brendan, who I am proud to call a friend as well as a colleague. Brendan's support of my career has been a shining example of how to cheerlead others. Thanks also to my colleagues at The Centre for Reproduction Research at De Montfort, Leicester. The centre members are a compassionate and caring group of academics, and I am proud to work among them. Particular thanks to Prof. Nicky Hudson for her enduring support of my work as well as her extraordinary kindness and compassion to me. Also, special thanks go to centre member, Navi Kaur, who kindly helped with a number of tasks that enabled the completion of this book. Special thanks also to Dr Louise Dunford for all her support and Teams chats; they have been a lifeline, especially during the COVID-19 pandemic. To Prof. Graham Martin and Prof. Glenn Robert for their sharp thinking and even sharper wit, I am grateful to you both. A big thanks to my family for always supporting me, I am grateful to you all for all you have done and continue to do for me. Final thanks go to S. No words on a page will ever be sufficient to express what your support means, but I am certain I'd rather walk it with you than walk it alone.

BG: Thanks to Esmée for being so nice to work with, we make a great team! And to Majella, Fionn and Darcy, for being so supportive over the years; and to Leo, the new puppy, for making working from home all the more fun.

This page intentionally left blank

1

INTRODUCTION: (IN) FERTILE BODIES

The question of gender is significant for understanding experiences of infertility. Infertility, defined as the inability to achieve conception after a period of unprotected sexual intercourse, affects approximately one in six heterosexual couples (Brugo-Olmedo, Chillik, & Kopelman, 2001). It is significant not least because women have historically been the main focus of service provision and research attention, while men have frequently been marginalised or overlooked (e.g. Aspilcueta-Gho, 2013; Barnes, 2014; Culley, Hudson, & Lohan, 2013; Thompson, 2005). The focus of reproduction research on women offers at best a partial perspective (Almeling & Waggoner, 2013) whilst sometimes further reinforcing norms which define reproduction as feminised. This is not to say that research into male infertility is not evident – aspects of men's treatment experiences, psychological adaptions and emotional and support needs have all been explored, as well as the experiences of men from different cultural backgrounds and sexual orientations (see Carmeli & Birenbaum-Carmeli, 1994; Dolan, Lomas, Ghobara, & Jartshorne, 2017; Greil, 1997; Greil, Slauson-Blevins, & McQuillan, 2010; Hanna & Gough, 2016; Hudson & Culley, 2013; Inhorn, 2013; Inhorn, Mosegaard, Tjørnhøj-Thomsen & Goldberg, 2009; Throsby & Gill, 2004; Marsiglio, Lohan, & Culley, 2013; Malik & Coulson, 2008; Meerabeau, 1991; Smietana, 2017; Weis & Norton, 2021). There has undoubtedly been a growth of such research over the past three decades, generating insights and giving a greater voice to men's lived experiences (Hanna & Gough, 2015). However, women are still normatively viewed as 'agents of change' in relation to reproduction (Jamieson, Milburn, Simpson, & Wasoff, 2010, p. 465), and fertility 'patients' are still largely assumed to be women (Thompson, 2005). In the United Kingdom, many (if not all) clinics hold patient files in the name of the female partner (in heterosexual relationships) – even when the fertility issue

is a male factor one, effectively erasing men's patient status. Whilst there is a certain logic in that 'men don't have children, women do' (Mohr & Almeling, 2020, p. 2), it does provide a broader insight into the gendered assumptions and practices at play within the context of [in]fertility. Men are then often allotted minor roles, 'the provider of seed', and largely written out of reproductive narratives, with the burden for conception and any associated lifestyle change falling predominantly to women (See Lowe, Lee, & Yardley, 2010; Wigginton & Lee, 2013; Lee, Bristow, Faircloth, & Macvarish, 2014).

Existing research, such as work by Becker (2000), Barnes (2014), Thompson (2005) and Inhorn et al. (2009), have usefully highlighted the gendered contexts, ideals and performances at play in fertility treatment. Others have also carefully argued for the importance of exploring the intersection of men, masculinities and reproduction as a valuable means for understanding more about contemporary reproduction but also gendered dynamics (Mohr & Almeling, 2020). Yet, research outside of clinical settings detail a range of self-reported difficulties that men experience, including a sense of emasculation (Hanna & Gough, 2016, p. 17), and that there is still much we do not know. The relative neglect of men within reproduction discourses (Culley, Hudson, & Lohan, 2013; Daniels, 2006; Inhorn et al., 2009; Jamieson et al., 2010; Lohan, 2015) ultimately positions men as 'silent partners' (Edwards, 1994) or the 'second sex' (Inhorn et al., 2009). Moreover, we know little about how men are positioned within dominant discourses of 'lifestylisation' (Lucivero & Prainsack, 2015), i.e. how they are addressed as self-monitoring subjects responsible for changing their eating, drinking and physical activity habits. Given increasing focus and agendas around 'healthism' (Crawford, 1980) and the individualisation of public health agendas, critical consideration of lifestyle in relation to fertility is both timely and necessary, including how men consider and execute lifestyle changes in the context of fertility difficulties (Hanna, Gough, & Hudson, 2018).

The responsibility placed on individual social actors for the management and modification of lifestyle factors has become increasingly prevalent within contemporary discourses around health. The growing prevalence of 'healthism' (Crawford, 1980), which positions social actors as responsible for individual acts or omissions that *may* relate to their health status (Greenhalgh & Wessely, 2004), has elevated lifestyle as a primary focus in many healthcare agendas. Such approaches are underpinned by growing neo-liberalism within healthcare, but also increasing moralism about health and well-being. Neo-liberalism refers to the normalisation and naturalisation of the market for organising social life, and concurrently for the state to ensure the efficient

functioning of said market (Schrecker, 2016). Since the 1980s, Neo-liberalism has gained traction as a key organising principle of late capitalist societies, reshaping citizenship to promote individual responsibility, individual choice and self-determination (Garwood, 2016). Given the often overuse of the concept as a 'catch all' within contemporary society, using the idea of 'neo-liberalisation' may be more conceptually helpful (Bell & Green, 2016). In this way, we can therefore speak of the neoliberalisation of health, and specifically the management of 'risk' of ill-health or disease increasingly regarded as an imperative for the individual social actor, divorcing the wider society from the responsibility to ensure good health for the many. Williams and Fullagar (2019) neatly encapsulate this issue when they note:

> *. . .within advanced liberal governance the new public health agenda has lost sight of the need to build bridges to healthier lives and instead promotes individual responsibility for swimming competency.*
>
> *(Williams & Fullagar, 2019, p. 21)*

The ability to keep your own health 'afloat' is therefore now seen as a personal responsibility, even in the context of medical issues where evidence about the connections between lifestyle features and particular conditions are scant or uncertain – such as in the case of infertility. This responsibility can be viewed as a form of *Biopower*, in which the *healthy* citizen is promoted as the normalised ideal against who monitors and manages 'personal' choices and practices (Toner, 2018). The choices made by individual social actors are foregrounded in relation to outcomes, regardless of wider environmental, political or social contexts.

Within reproductive health we see neoliberalism operates in part through the increasing marketisation of treatment options care, including untested remedies, known as Add-on's, as well as the ongoing commodification of gametes (Resnik, 1998). 'Reproductive assets' (Daniels, 2006) are increasingly commodified through the rise of assisted reproductive technologies, which allow for the division of these 'assets' from the originator, e.g. through donation. While the 'gifting' ideal still largely drives the donation of gametes in Western 'markets', these gametes are still 'sold' at high prices to recipients through private fertility treatments within commercial clinic settings; altruism may obscure but does not mask commercial imperatives. As Daniels (2006) notes:

> *The language of donation itself obscures the profits of the industry, as well as the wages earned by sperm workers. . .In reality, sperm is*

> *not a gift. Women buy it with their credit cards with as little obligation to its marker as the Gucci bag they buy at Bloomingdales. Sperm can be bought on the open market, ordered and shipped on the Internet with as much contact with its producer as the authors of the books one buys on Amazon.com. As long as this industry profits from the donations of men, it will continue the belittlement of men. (p. 105)*

The relative ease of acquiring 'donated' sperm also contributes to the additional pressure on men to seek to 'improve' their own sperm in the face of reduced fertility, or face the difficult emotional and often social choice of reproduction involving unrelated biological surrogates.

Infertility may be due to genetic factors, mechanical or anatomical issues, environmental exposures or concurrent diseases or illnesses (Hanna & Gough, 2020c), all factors beyond individual control. Nonetheless, individual accountability continues to be reinforced:

> *. . .within the field of infertility, the relevance of personal behaviour or lifestyle-related factors which may adversely affect fertility and reproductive outcome is increasingly discussed.*
>
> *(European Society of Human Reproduction and Embryology (ESHRE), 2010, p. 578)*

The ongoing debates about whether infertility is indeed a disease or chronic illness (Becker & Nachtigall, 1992; Stevenson & McEleney, 2017) may also contribute to this keenness to individualise the problem, with a focus on specific personal 'choices' (at the expense of looking at wider environmental factors) becoming more heightened. Whilst some lifestyle factors have been linked to conception outcomes, specifically in relation to obesity, smoking and alcohol consumption (National Institute for Health and Care Excellence (NICE), 2013), wider evidence about lifestyle modification or factors, including exercise, diet, supplementation and alternative therapies, is much less well established (Hanna, Gough, & Hudson, 2018). As others note, despite the growing focus on lifestyle factors in relation to infertility, little is actually known about the health habits of those undergoing treatment for infertility, with correlations between lifestyle features and fertility often drawn from retrospective research on patient populations (Domar et al., 2011). Such research therefore overlooks the experiences, pressures, choices and changes that people make in relation to their attempts to conceive and, specifically, how these fit with wider norms around healthism and gendered performances of the body and health within contemporary society.

Despite the tentative nature of research around lifestyle and fertility (Sharma, Biedenharn, Fedor, & Agarwal, 2013), the possible risks for fertility as a result of so called 'lifestyle choices' have become seemingly solidified among some quarters, with calls for greater education of young people about such 'risks' (see Bunting & Boivin, 2008) and suggestions of refusal of treatment based on negative lifestyle factors is increasingly being promoted, including within the NHS:

> *Doctors cannot be expected to police their patients. But they can make it clear that if they are not convinced that a serious try was made, they reserve the right to refuse the wanted treatment.*
>
> *(ESHRE, 2010, p. 583)*

Despite the claims that patients should not be 'policed' by doctors, increasingly lifestyle and health behaviours are being controlled through the pervasiveness of narratives around healthism and the importance of individuals taking 'responsibility' for their own health experiences. This mirrors other work on reproduction within neoliberalism, such as the pressures women may feel to freeze their eggs in order to seek biological parenthood in the future (Baldwin, 2018) so that they do not feel they have not 'taken control' of their own lives and plans. Within neo-liberalism 'Consumers are encouraged to view the neoliberal climate (one which places competition at the heart of human relations) as presenting the opportunity for growth and self-development… we possess more efficient selves that are just waiting to be "discovered"' (Toner, 2018, p. 76). A better 'more fertile' future is therefore dangled as a possibility through these narratives, which, in appearing to prioritise lifestyle factors as a pathway to fertility, creates the illusion of personal control over family outcomes.

Concurrent with narratives around healthism, a growing body of work around 'good parenting' has emerged. Work from scholars in 'parenting culture studies' (*c.f.* Lee, Bristow, Faircloth, & Macvarish, 2014) has highlighted how parenting has been 'extended backwards' (see Lee, Macvarish, & Bristow, 2010) in the conceptualisation of the 'risks' that may befall the unborn child through the choices prospective parents make. Whilst pregnancy has been scrutinised in relation to the health choices women make (Lupton, 2012), we now see a growing shift towards scrutiny of the 'pre-conception body', particularly in relation to women (see Hanna, Gough, & Hudson, 2018). 'Reproductive asceticism' (Ettore, 2002) could then be seen to take on a new dimension within this landscape, particular for those who are unable to achieve reproduction; the 'infertility asceticism' then potentially provides a further

layer of 'punishment' for those already enduring a difficult, emotional and physically challenging infertility experience.

Whilst women's bodies have historically been the dominant site of scrutiny in relation to healthism and parenting, men's bodies have become part of the broader socio-medical gaze in relation to body ideals (Rysst, 2010) and 'fitness' to father (Hanna, Gough, & Hudson, 2018). Despite the growth of male body projects (Gill, Henwood, & McLean, 2005), we still know relatively little about intersections with the experience of infertility and discourses of healthism and 'reproductive asceticism' for men who are managing infertility. The relative neglect of men from such enquiry further cements the centrality of women's bodies as responsible for reproduction, burdening women but also distancing men from [pre]conception decisions and subsequent relations with their offspring (Daniels, 2006). A focus on men also enables examination of how narratives of healthism may intersect with wider discourses of contemporary masculinities and the framing of neoliberalisation in capitalist society. In this climate, we develop a concept of 'liquid masculinity', drawing on Bauman's work on liquidity (Bauman, 2000), to examine how men move between and through different forms of masculinity in relation to their infertility.

MATERIAL AND METHODS

This book draws on a variety of sources, bringing together for the first time a diverse body of literature and data to explore the experiences of men in relation to lifestyle factors and infertility. The data sources we draw on here include:

- An umbrella review of the literature relating to lifestyle factors and male infertility
- A discourse analysis of web sources which offer information and advice to men about lifestyle and fertility
- Survey responses [$n = 41$] from the first national Qualitative Questionnaire study of men's experiences of infertility
- Qualitative in-depth interviews [$n = 8$] with men who have lived experience of infertility about their views and experiences of lifestyle factors, including modifications they have made to their lifestyle during attempts to conceive.

Hence, we draw on a range of empirical evidence on this topic – important given the relative novelty of the topic and the lack of concerted research evidence about men, fertility and lifestyle. These original data offer a range of insights which we then discuss in relation to pertinent theoretical contributions within the latter part of the book. Our existing work on men and fertility has sought to prioritise the often-hidden voices of men themselves (see Hanna & Gough, 2016, 2017, 2018, 2020) and has utilised internet-mediated research approaches in light of the importance of online communities for providing information and support for health-related issues, including infertility (Hanna & Gough, 2018, 2017; Hanna, Gough, & Hudson, 2018). The data we present here allow us to prioritise rich personal testimony from men with lived experience of fertility issues as well as to interrogate the type of lifestyle advice advertised to men online. Our advocacy and championing of men's own voices means we adopt 'thick description' (Geertz, 1973 cited in Ponterotto, 2006) in many of our chapters, promoting participant voices and associated emotional and psychological dimensions, which we take forward for greater theoretical analysis within Chapters 6 and 7. Whilst adopting a psycho-social approach, we also seek to engage with more clinically focused and medical literature to examine the lay and public narratives around the role of lifestyle for men experiencing fertility issues.

A range of approaches is used to analyse the data, including discourse analysis following the approach of Potter and Wetherell (1987) and reflexive thematic analysis utilising the method of Braun and Clarke (2006). The specific details of the means used to generate the data, including key search teams and sources for literature and web materials, as well as and the sample of the qualitative interview and survey data, will be presented within each of the relevant chapters to further contextualise the evidence and sources utilised. Together, these sources allow us to present the first comprehensive look at men, masculinities and lifestyle factors in the context of infertility.

STRUCTURE OF THE BOOK

The book provides five substantive chapters, with four attending to a specific dataset, before we bring together our findings to theorise the experiences of men, infertility and lifestyle in the era of neo-liberalism and in relation to contemporary understandings of masculinities.

In Chapter 2, we explore literature and clinical guidelines relating to lifestyle and infertility. Whilst social science research often makes recourse to the

problems of clinical and biomedical literature, it less commonly uses this field as 'data' in an explicit sense. Based on an umbrella review (a review of systematic reviews) of the key contemporary literature, this chapter will examine what we know from clinical science around lifestyle factors and infertility, as well as how lifestyle advice is presented in medical guidelines, specifically the NICE guidance. This literature will be contextualised in relation to the growth of health, lifestylisation and body projects as key features of contemporary societal, gender and health agendas. The increasing interpellation of lifestyle and fertility within reproductive medicine, more broadly, will also be examined, including the tensions and complexities we see within the 'evidence' presented. This chapter will identify the discourses that men may encounter within biomedical sources and clinical encounters, and provide a foundation of the key themes and concepts for the book as a whole.

Within Chapter 3, we will present a discourse analysis of key websites offering lifestyle advice to men about 'combating' infertility. The internet is a routine source of information for those experiencing health issues, including infertility, and thus understanding what is 'sold' to men in these settings offers important insights into lifestyle practices, infertility 'solutions' and desired masculine identities. Four key discourses are identified, all of which promote lifestyle as crucial for improving fertility success and for demonstrating positive behaviours in preparation for fatherhood. Whilst the discourses identified largely define reproductive masculinity in 'progressive' terms, some legacy of more traditional understandings of men's reproductive [un]involvement is also noted. The chapter details how reproductive body projects, through the modification of lifestyle factors, are constructed as highly desirable, if not essential, for men who are actively trying to become fathers.

The fourth chapter of the book draws on findings from the first national qualitative questionnaire study of men's experiences of infertility. The survey was designed to explore how infertility impacts on different dimensions of men's lives, and draws on responses from 41 men, including 21 men with a diagnosis of male factor fertility issues. Here, we focus on responses to the key survey question- *To what extent have you changed your lifestyle during the course of trying to get pregnant?* This chapter details the changes that men report in relation to trying to conceive, highlighting the routine nature of lifestyle modification as well as the wide repertoire of practice entailed, encompassing factors such as standard of living, finance and spontaneity – thereby positioning health in a more holistic way than is perhaps defined by the clinical literature (Chapter 2) and the types of lifestyle discourses that are promoted to men online (Chapter 3). We note that the majority of men