

HEALTH

Dear Media: Men Aren't Going To Take The Pill, Because It Would Effectively Castrate Them

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When news broke last week about a seemingly successful test of a new birth control possibility for men, there was no shortage of interest. What was in short supply, however, was the application of basic reason, understanding, and a sense of social realism not just about sex differences but also about the human person—male and female.

I gave coverage of this topic more than a week to own up to the utter lack of realistic chance of this particular type of male birth control pill ever being widely circulated. I even tried out the idea on my largely liberal undergraduate sociology class. Nobody thought it was realistic. Nobody, that is, except mainstream media and science news outlets.

I seldom write about pharmacological, or even physiological, processes concerning sex and sexuality. It's the sociological side of that domain that interests me. But this story has gone so far off the rails that I'm jumping in.

How the Male Birth Control Pill Works

First, the details. The pill's key ingredient is a chemical compound called dimethandrolone undecanoate, or DMAU, which rapidly, and apparently reversibly, suppresses testicular testosterone production, as discerned in a study of 83 men randomly assigned to either a control group or given 100, 200, or 400 mg of DMAU per day for 28 days.

This is not entirely new news. DMAU has been **in development under the auspices** of the National Institutes for Child Health and Human Development for several years. But a **recent conference** featured a first look at the results of the study. Subsequent follow-ups

will include a three-month clinical trial to assess sperm counts and a proposed test of its use by couples as contraception.

Why is this contraceptive particularly suspect? After all, they all have their hazards. This one, however, reduces testosterone (or T) to levels typically noted only in prepubescent boys and girls. That is, the pill works by chemically castrating men.

But testosterone isn't only about stimulating sperm production. It's also about sex drive. And bone density. And muscle mass. And resisting weight gain and symptoms of depression. There is a reason pubescent boys begin to look, sound, and act more like the young men they are becoming. That reason is a surge in producing testosterone.

My incredulity about this study and the media's reporting on it isn't about the science. DMAU works—that is clear. I see nothing about this pill that won't work as advertised. Rather, I am flabbergasted with the utter one-sidedness with which both scientists and media figures discussed the consequences—for sex, health, and general masculinity—of promoting voluntary castration of men as a means of reducing risk of pregnancy in women, combined with silence about the low odds that men would (be trusted to) take the pill consistently.

Most Men Don't Want These Side Effects

Live Science, a source of news about scientific developments, reported that after 28 days' use, the male pill “seemed to be safe.” Bone density and muscle mass, of course, are not apt to diminish much in one month. Sex drive, which witnessed a statistically significant drop among participants, did not altogether collapse, because sex drive is not just a function of testosterone. There is, as I described in “*Cheap Sex*,” far more to sexual stimulation than just a person's hormonal fluctuations.

Elizabeth Keifer, *writing in the Washington Post*, avoids discussing the mechanism, never mentioning testosterone. An *NBC News* report similarly avoided reference to testosterone, noting only the unfortunate side effect of weight gain—three to nine pounds, considered “a small amount of weight” by *Science News*.

To their credit, *CNN's report on the pill uses the term “castrate.”* Sanjay Gupta barely masks his skepticism about the pill's likely low uptake when he asserts that “we're closer than we have been before.” But mask it he does, while hinting—by what he does not say—that this may not be the product men (or women) are looking for.

I agree. The CNN segment also interviewed a urologist who predicted a significant surge in lower libido among men. *Cosmopolitan* jumped on this lament, noting how the same side effect often occurs in the far more popular pill for women. Concern for equality among the sexes reigned.

What no one seems to have asked themselves is whether men would voluntarily (chemically) castrate themselves enough to create ample demand for such a pill. I cannot imagine it. And what kind of woman would appreciate a castrated sex partner whose interest in initiating sex—something men do more than women—has waned? (Never mind the addition of unattractive weight.) Be careful what you wish for.

But perhaps more is at work here. Is this pill getting a pass on sensible media scrutiny because the timing is right? After all, pediatricians are now green-lighted to prevent puberty in boys who wish to transition to girls, or to supplement testosterone to girls in the opposite scenario.

More urgently, is low testosterone a good way to address concern about traditional masculinity and *testosterone's correlation with aggression*? Is it the answer to the #MeToo problem? I doubt it.

Why? Because our fundamental problem isn't physiological, it's social. The answer is not more laws and an ad campaign aimed at voluntary castration. No: it is the time for men to exhibit—and women to reinforce—norms of interaction that respect women's dignity, bodily integrity, and security, while preserving the capacity to express (when appropriate) romantic interest and handle rejection.

Men Will Care Less About Perfect Use

As if low anticipated demand wasn't enough to damn this pill's prospects, there is also the critical distinction between what is known as "*perfect*" use and "*normal*" *contraceptive use*. Perfect usage is sticking strictly to recommended regimens. Normal use is how the average person uses contraception, accounting for forgetfulness, mistiming, and even occasional deliberate disuse. In the study at issue here, 17 percent of those who enrolled didn't even finish the short, 28-day course (for reasons left undiscussed).

The differences between perfect and normal use can be stark, of course. Perfect use of the hormonal contraceptive for women (that is, the pill) is far more effective than is

normal use, the latter of which is thought to lead 9 percent of sexually active women to become pregnant within a year's time. Double that for the condom. Indeed, women whose partner practices the withdrawal or "coitus interruptus" method perfectly—which is difficult to do with consistency—sport far lower pregnancy rates than normal pill and condom use.

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What's my point? The human factor—forgetfulness—in daily pill-taking for men is going to be notably higher than among women, because the latter have a good deal more at stake in pregnancy than men do. Will women trust men's answer to the question, "Have you taken your pill every day, consistently and on time?" I have my doubts.

I realize this is speculative, and that it stereotypes men. But if you care more about social reality than idealism, you're apt to agree with me. Or at least you should, because—given enough time—I find that realism consistently trumps idealism in the domain of sexual behavior.

Would that this were true in journalism. In an era marked by concern about fake news, our mainstream media and science news reporting owe the public more than a one-sided discussion of chemical castration as contraception.

Correction: The initial version of this article stated DMAU cuts sperm production, but that is the focus of a pending follow-up study. This study established that DMAU cuts testosterone.

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