

“Condoms Break. Birth Control Fails.” Heroes in the Procreative Realm and Jessica Scott’s “Anything for You”

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Abstract: This paper considers the role heroes play in the procreative realm, which has long been studied in terms of women’s roles. Drawing on recent work on infertile heroes, this paper considers the hero who seeks his own infertility. In Jessica Scott’s short story, “Anything for You” (2013), readers are (re)introduced to Sergeant First Class Shane Garrison, who has been recovering from injuries, and Jen, a breast cancer survivor. The two do not need to fall in love in the story because this has already happened in the novel, *Because of You* (2018 [2011])—the first novel in the Coming Home series—and so it focuses on a particular facet of their relationship, namely, Shane’s fear that Jen’s breast cancer will come back. As the description of the book reads, “as their loves grows, so does the risk of Jen’s life. And Shane must make the toughest decision any man can make to save the woman he loves.” The “toughest decision” that Shane must make is about their future together as a couple, and more particularly, vasectomy as a safeguard to protecting her. He fears that if she becomes pregnant, she will once more endure cancer. In this essay, I consider how masculinity and vasectomy intersect in the construction of heroic masculinity in the popular romance novel. Finally, I provide brief observations about popular romance novels in the post-Dobbs Era, recalling that Justice Thomas specifically set his sight on *Griswold v. Connecticut*, which afforded married couples the right to contraceptives, a case that informed the expansion of access to them. The goal of this paper is to think carefully and critically about the roles men, and more particularly heroes, play in the procreative realm.

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Contraceptives and safer sex practices in popular romance fiction have been a hot topic with a variety of authors, commentators, and scholars commenting on their role (Quilliam 2011; Diekman, McDonald and Gardner 2000; Iqbal 2014; Rader, Hovick and Bigsby 2021; Lim, Hellard and Horyniak 2018). Questions that arise about condoms and other safer sex practices might include: Do the sex scenes in romance novels include contraceptives? Do the characters discuss contraceptive methods before having sex? Are condoms sexy enough to be in a romance novel? How does one narrate safe sex? These kinds of questions are not unique to popular romance novels, for instance, similar questions have been asked of a variety of media involving sexuality (Collins et al. 2003; Farrar 2006; Gavin 2001; Vitellone 2002; Zegers and Zegers 2018). Of course, contraceptives in romance can involve more than just the condom; what, for instance, is the role of vasectomies? This article is focused on Jessica Scott's "Anything for You" and its treatment of sex and birth control. To do this, I begin by considering safer sex practices, contraceptives, and popular romance, and then move to the discussion of "Anything for You."

While questions about condoms and safer sex practices broadly understood are often debated and discussed amongst romance readers online, every once in a while a scandal arises, such as the case of Susan Quilliam who warned her readers about the lack of condoms in popular romance in 2011. Her article was discussed widely and she later reflected on being surprised by how widespread and virulent the reaction was:

The most stressful piece I have written? Undoubtedly the 2011 coverage of romantic fiction that brewed up a worldwide storm because I dared to suggest that such novels might influence readers' attitudes to intimate relationships. Despite the fact that I identified myself as one such reader, I actually received death threats. (2016, 72)

Truth be told, her article was disseminated widely, from newspapers and magazines to blogs and online communities. Quilliam's article appeared in the pages of *Journal of Family Planning and Reproductive Health Care*, and the author warned the medical profession of a perceived lack of condoms in popular romance novels. Quilliam writes:

There's a final, worrying difference between sexual health professionals and the producers of romantic fiction. To be blunt, we like condoms – for protection and for contraception – and they don't. In one recent survey, only 11.5% of romantic novels studied mentioned condom use, and within these scenarios the heroine typically rejected the idea because she wanted "no barrier" between her and the hero. Even more worryingly, while the romance readers interviewed said that they knew that such episodes were fiction, and that spontaneous sexual encounters are never risk-free, nevertheless there was a clear correlation between the frequency of romance reading and the level of negative attitude towards condoms and the intention to use them in the future. (180)

Her "recent survey" was published in 2000. The "recent survey" in question drew on 78 novels which "represented the work of 46 authors and 21 publishers. Publication years

ranged from 1981 to 1996, with 54 (69.2%) of the novels published after 1990, when awareness of HIV and other STDs among heterosexuals was relatively high” (Diekman, McDonald and Gardner 181). The authors found in their sample of 78 novels that 9 “portrayed condom use” (181). At the time, this was a novel study that sought to consider the impact of romance novels on safe sex practices. One of the challenges with Quilliam’s assertion, then, is that the data she is relying upon is old data. So, in 2000, when it was published, there may have been a surprising lack of condoms in popular romance novels. Had the data considered the use of condoms between, say, 2000 and 2010, the results, I suspect, would undoubtedly show an unsurprising uptick in the use of condoms. But Quilliam’s larger point was that “a huge number of issues that we see in our clinics and therapy rooms are influenced by romance fiction” (181). She imagines a hypothetical reader of romance (as I am sure many have when writing about popular romance) and the consequences of reading these books:

If a woman learns from her 100 novels a year that romantic feeling is the most important thing, then what follows from that might be to suspend her rationality in favour of romanticism. And that might well mean not using protection with a new man because she wants to be swept up by the moment as a heroine would. It might also mean allowing that same man, a few months down the line, to persuade her to give up contraception because “we love each other”. It might mean terminating a pregnancy (or continuing with one) against all her moral codes because that same man asks her to. It might mean panicking totally if sexual desire takes a nose dive after pregnancy or because of strain – after all, such failure never happens to a heroine. It might mean – in the wake of such panic – judging that if romance has died then so has love, and that rather than working at her relationship she should be hitching her star to a new romance. (181)

It is important that we note from the outset that Quilliam’s reader is not real, but is a fiction used in the service of an argument about the harms of popular romance novels. The reader may feel pressured to abandon the condom in favor of, in Tim Dean’s evocative phrase, “unlimited intimacy” (2009), or as a kind of proof of love, trust, and intimacy, in the case of the partner declaring “we love each other” (Quilliam 181). It is entirely possible that a particular reader may be so influenced by the romance novel that they abandon condoms, but that is not based in empirical evidence in this example. Quilliam’s worry is that a reader of romance may give up on condoms because condoms are not present in romance novels (or rather, are only present in 11.5% of them, at least those published between 1981 and 1996).

This article, unsurprisingly, quickly went viral as Quilliam notes (2016, 72) and the rejections of its premises were just as quick with authors, readers, and scholars pointing out that the claims about condom use may have been true in the sample, but much has changed since then. To be certain, people also commented on the imagined reader who had to be protected from the harmful popular romance novel. Imagined readers, it must be admitted, are a kind of spectre that haunts criticism of popular romance. Many scholars of popular romance, for instance, might be “protective” of their readers, recognizing as Jayne Ann Krentz does, how much courage it takes to read a romance novel on a plane or train (1),

especially in light of the phenomenon of “cotentus mundi” of which Pamela Regis speaks (2011), wherein, the critic sees nothing of value in the popular romance novel and it becomes an easy target to deploy theoretical mastery. Indeed, oftentimes, readers, like the texts being studied, become problems for critics and scholars to resolve. However, this discourse is not unique to popular romance, similar discourses exist around video games or pornography, wherein the user becomes “addicted.” In each of these then, there is a desire to “treat” or “cure” problematic consumers, consumers that are imagined to be problems because they consume “too much,” and then, one assumes, these affect their actions, choices, and daily life.

Despite negative feedback on the article, Quilliam also had supporters. Kundan Iqbal in *Journal of Family Planning and Reproductive Health Care* highlighted, once more, a “major concern” with the popular romance novel, which is “the still largely absent depiction of contraception in fictional romantic plots” (301). To those familiar with popular romance, it was unsurprising that indeed romance novelists had attended to and were attending to and are continuing to attend to the matter of safer sex practices in a variety of ways (and one suspects that Pre-exposure Prophylaxis [PrEP] will undoubtedly affect how safer sex practices are represented in the genre). For example, a 2011 study found that, “some form of contraception, usually male condoms, was used in 34.8% of all sex scenes overall” and that “when condoms were used, they were usually provided by the male protagonist (80% of instances)” (Ménard and Cabrera 249). Indeed, this study divides the results into two decades, in the case of 1989-1999, contraceptives were used 18.5% in sex scenes and between 2000-2009, 57.9% of the scenes (251). Admittedly, one might still prefer to see *more* condom usage, the fact remains that condom usage had significantly increased.[1] Quite simply, the romance novel is always responding to the cultural framework in which it exists, and thus, as popular discussion of contraceptives took hold, so too did those discussions in popular romance (for example, in existing studies, condom usage increases in the first decade of the new millennium when compared to the decade prior, and condoms begin appearing with increasing frequency during the HIV/AIDS crisis).

Contraceptive use is a part of the popular romance novel and it undoubtedly challenges, particularly in those early days, the generic norms—how does one make a condom sexy or romantic? In Elda Minger’s *Untamed Heart* (1983), an early example of safe sex, we read:

Ryan kissed her again, then turned away for just an instant. She heard the drawer in the bedside table open, then shut. She kept her hand on Ryan’s shoulder as he sat turned away from her, but it was only for an instant. Then he was back against her, pushing her into the mattress with his hot, insistent body. (200)

Readers know what is in the bedside table, but the word condom itself does not appear. Not only that, but he also exhibits his mastery of the condom: it only took an instant. The hero does not fumble with the packaging, nor does he face trouble applying the condom. This example from Minger’s novel, which appeared in 1983, before the rise of the HIV/AIDS crisis, is a fascinating one because the author is tangling with the expectations of the genre. How does one make a condom sexy? And does the condom risk any claims to masculinity for the hero? For instance, would a hero with an STI still be sexy, still be desirable? Does the condom risk his claims to “purity,” recalling Radway’s evocative phrase “the purity of his maleness”

(128), where we might read “purity” as hygienic. Authors had to find ways to engage with the discourse while still holding true to the expectations of the genre.

Today, in popular romance novels, the condom is matter of fact. In *Like Lovers Do* by Tracey Livesay (2020), we read: “She looked up to find him standing over her, his hands at his sides, a condom packet clenched in his fist” (233) and the scene continues, “he slid the condom on his engorged length” (234). In *Because of You* by Jessica Scott (2013): “she rolled a condom down his thick length” (263). Similarly in *Devil in a Dark Blue Suit* by Robyn Grady (2009), “‘The condom,’ she explained, her fingertips trailing his shin, ‘I’ll slip it on.’” (Loc. 860) In *Tikka Chance on Me* (2018), “together, they managed to unroll the condom over his dick” (Snyder loc. 401). The condom is named, made visible, and its placement is done by the hero, the heroine, or the couple. In A.R. Barley’s gay male romance novel *On Duty* (2017), condoms are normalized in conversation (though not in the context of gay sex) when an uncle tells his niece, “You want the love, you gotta wear the glove” (Barley loc 466). In *Beach Balls* (2017), even though the character notes that “everybody’s clean” because they all undergo routine medical checks, the other character explains, “I still like condoms if we’re going to fuck” (Lain, loc 191). The condom has become a part of the sex act. It is not hidden behind euphemism and the sexual orientation of lovers does not matter. Indeed, in *The Last Guy She Should Call* by Joss Wood (2014), the hero explains, “I never got to buy those condoms, so you’re safe from me...tonight” (loc. 1723), thus excluding the possibility of sex because there is a lack of condoms. In the popular romance novel, particularly those in contemporary settings, the condom is everywhere. The condom is a part of not only the sex act, but is a part of the relationship and the novel.

In the above examples, the condom does not threaten claims to the hero’s “spectacular masculinity” (Radway 128). The hero never fumbles with the condom, but the condom also testifies to the size of his penis: “his engorged length” or his “thick length,” and even towards a struggle of managing to get the “condom over his dick.” It has been well-documented that the “penis stands in and up for the man” (Potts 85) and this is certainly the case here—the condom confirms his spectacular masculinity because it affirms the significance of his penis.

However, what other modes of male contraception might we find in the popular romance novel? Vasectomies in popular romance fiction are not common, and certainly not as common as they are in “real life,” recalling that “in North America, it has been estimated that a third of males eventually get a vasectomy” (Taylor 215). Vasectomies have become common enough, that Paul Turek, a urologist, speaks of them as being the “new condom,” especially as they are “less invasive” and because “new microsurgery techniques have made reversal more successful” (Marshall 2017).

When we do encounter a hero who has had a vasectomy, it is often in the space of a “surprise baby” narrative (Dryden 2018). In the world of romance, vasectomies seemingly fail at a surprising rate whereas in the real world, “the early failure rate of vasectomy (presence of motile sperm in the ejaculate at 3-6 months post-vasectomy) is in the range of 0.3-9%, and the late failure rate is in the range of 0.04-0.08%” (Zini, Grantmyre and Chan E274). To provide a few examples of this failed vasectomy narrative, in *Misconception* by Christy Hayes (2012), the description reads, “when suburban Atlanta stay-at-home mom, Pace Kelly, finds out she’s pregnant three years after her husband’s vasectomy, her once happy marriage is pushed to the breaking point.” The summary for *Are You My Daddy?* by Bobby Hutchison (2012) reads, in part, “Doctor Conrad Banfield, head of the psychiatric unit

at St. Joe's, knows absolutely that he can't have fathered a child, because he had a vasectomy. But nurse Abby Martin knows positively that her three-week-old son, Robert, is the result of a passionate one night stand she had with Conrad." While there is undoubtedly an exceedingly rare possibility of a vasectomy failing, readers can find a number of novels that consider it and explore those ramifications. In these novels, it becomes a test of love and trust, trust not only in the vasectomy, but also in the lovers. Unlike the happily ever after of the romance novel, science and medicine fail.

In this article, I analyse Jessica Scott's short story, "Anything for You" (2013). Readers are (re)introduced to Sergeant First Class Shane Garrison, who has been recovering from injuries, and Jen St. James, a breast cancer survivor. The two do not need to fall in love in the story because this has already happened in the novel, *Because of You* (2018 [2011]) and so it focuses on a particular facet of their relationship, namely, Shane's fear that Jen's breast cancer will come back. As the description of the book reads, "as their loves grows, so does the risk of Jen's life. And Shane must make the toughest decision any man can make to save the woman he loves." The "toughest decision" that Shane must make is about their future together as a couple, and more particularly, vasectomy as a safeguard to protecting her (this also runs counter to the simplicity of the procedure, the ways in which it is marketed as being a "new condom," or even the increasing success of its reversability). He fears that if she becomes pregnant, she will once more endure cancer, and thus, he must consider a vasectomy, which becomes a "tough" decision to make.

The short story begins at Fort Hood in late 2008, and the reader seemingly enters into an already-on-the-go conversation: "Jen is going to kill you. You know that, right?" Vic Carponti took a long pull off his ever-present Dr Pepper. 'I think she has first dibs on your balls. You don't have exclusive use over them any more" (5).[2] While readers do not yet know that this is a story about vasectomy, they do know, that there is something happening here with his "balls" (testicles) and a relationship. This matter will be clarified quickly enough: "Shane was already having a hard enough time trying to find the nerve to talk to his fiancée about his desire for a vasectomy" (5). Why would Shane desire a vasectomy before he is even married? Readers likely will want to know why he has this desire for a vasectomy, especially given how reluctant many men are when it comes to a vasectomy, and Carponti does the work of asking: "Why are you so adamant about this?" (5) and Shane explains:

"She had breast cancer. A really aggressive version. If she gets pregnant and the cancer comes back, the choice comes down to her life or the baby's life... and I don't want to have to make that choice. Granted, it might all be fine. She might never get sick again, or the hormones from the pregnancy might not do anything to her. ... I can't risk it. No matter how much I might want a kid with her, I'm not going to risk her life for some selfish need to feel my baby growing inside of her." (6)

Reading this, I would suspect (without wanting to repeat the spectre of the reader), some readers can empathize with Shane's predicament, especially readers of the series in which this short story is found. They have watched Shane and Jen reach their happily ever after, and this short story is a kind of epilogue or sequel to the novel, which is not uncommon within the genre (see Goris 2013, Lee 2018). Romance novels overwhelmingly and almost by definition portray positive outcomes for the characters in the space of the Happily Ever

After. Shane and Jen's relationship is threatened because she has been sick once before and he does not want the romance to end. Shane is hoping to protect not only the relationship, but also Jen.

His reaction is noble and fits the model of a caring masculinity that is often part of the romance novel (Elliott 2016). In critical studies in men and masculinities, caring masculinity is a theoretical model that "proposes that men are able to adopt what is viewed as traditionally feminine characteristics (i.e. emotional expression, sensitivity, domestication, interdependence, etc.) without departing from or rejecting masculinity" (Hunter, Riggs and Augoustinos 3). This is the kind of masculinity on display here—this is a way of doing gender. The hero cares for and loves the heroine. He shifts his perspective to accommodate, seemingly, her needs. But the problem here is, as Carponti asks, "But why on earth are you looking at this without talking to her first" (6). Jen has not been part of the discussion; he is making the decision without her and for her. His desire to protect her is stronger than his desire to communicate the decision with her. For Carponti, this is a decision that needs to be discussed and made by the couple. Shane responds, "I'm going to talk to her. ... I just haven't yet" and the narrative explains, "He didn't want to admit he was afraid" (6). Shane has had more discussions about this vasectomy with Carponti than he has with Jen. Shane does the work of trying to talk with him about the procedure, reminding him, "You just said there's no rule that if a woman gets pregnant, she's going to die" and Shane responds:

"Yeah, well, I've also talked to the brigade surgeon. There's a higher risk of the cancer coming back for younger women like Jen who had aggressive cancers. There's a higher risk that if she does get pregnant and the cancer comes back, it could come back more aggressive. ... I want kids with her. I just don't want to kill her." (6)

If Jen were to become pregnant, Shane would feel responsible if something happened to her because of the pregnancy. For Shane, then, his actions are about care and become part of a discourse of caring masculinity which "recast traditional masculine values like protection and providing into relational, independent, and care-oriented ones" (Elliott 253). His actions are not about himself alone, but about his relationship with Jen. The hero is *masculine* and *caring*.

While somewhat beyond the scope of this article, I do think it is necessary to pause here and to reflect on the rise of "caring masculinity" in the critical study of men and masculinities, and perhaps its usefulness in the critical study of popular romance. In many ways, this theoretical framework might seem like a good model to make sense of the ways in which the hero can and often does care for his lover. But not only is he caring, his care is progressive and reflective of an inclusive politics. However, I would argue that "caring masculinity" is not and should not be read as *de facto* good. That is, there are certainly ways in which "caring masculinity" can become yet another manifestation of patriarchy, by way of paternalism. While "caring masculinity" may look good, having many of the hallmarks of progress, there are nefarious ways in which it could potentially be weaponized or could become toxic or could deny agency to women. That is, caring masculinity could recenter men, once more endowing them with a power of "knowing better." Much work remains to be done on not just the performance, but also the politics and ethics of caring masculinity.

The discussion continues between the characters and Carponti reminds Shane that “There’s other ways of preventing pregnancy, you know” and Shane responds, “We’ve talked about all of those. She had a bad reaction to an IUD. Anything hormone-based is out. And condoms scare the shit out of me” (7). Readers learn that condoms are frightening because, “When I was seventeen, I had a condom break on me. The girl and I spent the rest of the month terrified she was pregnant” (7). Carponti asks, “Why is vasectomy the only option for you not to get her pregnant?” and Shane responds, “Because it’s the smart thing to do. Condoms break. Birth control fails. ... This is the only one-hundred-percent option,” which elicits a witty retort, “You could always be in a celibate marriage with her” (8).

This scene ends with Carponti grinning, “Are you going gift wrap your nuts and put a little bow on them and say, ‘Here baby, for Valentine’s Day, I’ve sacrificed my manhood?’” (9). As humorous as this moment may well be and there certainly has been some homosocial ribaldry, there is a great deal of truth to what is happening here. Firstly, it is as if only “potent sperm” will do for a “real man.” That is, one loses a claim to manliness if one is “shooting blanks.” Moreover, vasectomies are framed as a kind of bravery or a sacrifice that he undergoes for the benefit of the couple (Armor et al. 2008; Terry and Braun 2011) and when men speak about vasectomies with one another, they often make use of humor (Amor et al. 2008; Rauscher and Durham 2015). This idea of sacrifice recalls the idea of Shane’s “toughest decision.” Despite the relative simplicity of a vasectomy, a fifteen-minute appointment in the doctor’s office, the vasectomy is imagined as akin to a major procedure. In their work, Terry and Braun speak of the vasectomy as an “act of minor heroism” (485) and what they mean by this is “the importance placed upon the vasectomy and the impact upon the man having it done” and how the language used “could *almost* be described as ‘heroic’” (485). It is all the more important in the romance novel in which the hero is by definition heroic and so his act of “minor heroism” further bolsters his claims to “spectacular masculinity” (Radway 128).

Shane’s claims to the status of hero are doubly important, for he is also endowed with heroic status by virtue of his status within the military. Shane is already a hero, a hero of war. He has already sacrificed and will now seemingly sacrifice a part of himself again. Indeed, a parallel, perhaps, is being created within the novel about the trauma of the war and the trauma of cancer—both are battlefields. To seemingly prevent enhanced risk, Shane is willing to “sacrifice” himself once more, this time, by way of a vasectomy.[3] Veronica Kitchen in her study of military masculinities in popular romance novels notes that “returned soldiers face contradictions between society’s narratives of their heroism and their own internal narratives of PTSD or other challenges they encounter as they return home” (43). While a vasectomy is not PTSD to be sure, it is framed as a battle. He must be courageous enough to tell his partner about his desire for a vasectomy, he must undergo the vasectomy, and so on.

His vasectomy, however, does further work in the service of this military masculinity for it speaks to a protective desire. In their qualitative study of New Zealand men, vasectomies, and contraceptive economies, Terry and Braun note that “many of the men spoke about the dangers of the contraceptive pill and the risks they hoped to protect their partners from” when asked to explain why they had chosen a vasectomy (485). This is precisely what happens in “Anything for You”—Shane imagines that his seeking a vasectomy will protect Jen while also being a responsible thing to do. Just as he fought to protect people abroad, he will fight to protect those closest to him. For Shane, then, the vasectomy is a gesture of love, a way of proving his ability to care for and love Jen.

But Shane also realizes that sex is better without condoms: “Last week, Jen had slipped her body over his, her slick heat caressing his bare erection, and Shane had almost died from the pleasure of skin on skin. No barriers” (10). Shane “almost died” (echoing the idea of *petit mort*), but what is striking is he has been in combat, and, of course, even in the context of their relationship, Shane is worried because Jen “almost died” once before. But, as the narrative continues, “no matter how much he was tempted to make love to her without a goddamned condom, he would not risk her life for a few moments of pleasure” (10). This moment in the text, while brief, does do important work, for it reveals the truth about condoms. Though they may break, condoms are also an impediment to genuine intimacy, perhaps, in the words of Tim Dean “whether gay or straight, who wouldn’t admit to preferring intimacy free from the muted sensations and interruptions of rubber or latex?” (1). Condoms get in the way of love and what Dean calls “unlimited intimacy” (2009). Shane desires sex without fear, sex without risks. Shane will, however, have to convince Jen that this is the only remaining option.

In a loving and tender scene, the action is once again interrupted: “He brought her to the brink of pleasure. He stopped, to pause and roll a condom in place before he slid home, deep. She frowned, realizing he’d distracted her from her goal of going down on him” (18). The condom interrupts the scene and prevents an action. The condom gets in the way of the freedom of sex for the sake of sex without fear, without worry. The next morning, Jen discovers “the paperwork Shane wasn’t ready to talk about yet” and those papers are, of course, his papers for a vasectomy (19). She is upset by this, “tears shining in her eyes” (20) and she asks, “So, were you just going to let me show up from work one night and see you sitting on the couch with a bag of peas?” and he responds, “Can we just talk about this?” (20). She angrily says, “What are we going to talk about? About the fact that you don’t want to have children? Or is it about my cancer, Shane? Is that what this is about?” and he responds: “Of course this is about your cancer. ... I don’t lay awake at night worrying about your scars or the fact that you were sick. I worry that you might get sick again” (20).

The barrier leads to the point of ritual death, which is itself a meditation on death—a fear of death—his fear that Jen will die and he will be alone: “I can’t control if you get sick again. But I can control if we get pregnant and that makes you sick again. I’m not willing to risk that just so we can have a kid” (20) and Jen whispers, “You should probably go” (20). In essence, then, the point of ritual death has been brought to its climax. The relationship seems impossible—it seems as if this happily ever after must come to an end.

Following this scene, Jen reaches out to her friend Laura who reminds her that “Honey, you had cancer. He’s probably still wrapping his mind around everything that entails. Your life isn’t something he’s going to risk on a whim” (22). For Laura, then, Shane’s actions are reasonable because he is trying to protect what they have. Laura explains, “You know, now that I think about it, this whole vasectomy thing is kind of romantic” (22) and she explains, “The man loves you enough to let his balls be sliced open. How do you not see the romance in this?” (22). It is important to note here that it is not the “balls” that are sliced open at all, but rather a small incision, measuring about a centimeter or two is made on each side of the scrotum, the vas deferens is pulled out and cut. At no point are the balls “sliced.” Indeed, even the idea of “slicing” seems excessive in an age of “no scalpel, no needle” vasectomies, which have become increasingly common. These procedures involve a single puncture through which the vas deferens are accessed. Over this discussion, readers find the

breaking down of the barrier, Laura encourages Jen to speak with him and find out what is happening.

While Jen was meeting with Laura, Shane has been isolated, running to try and come to terms with what has happened. This section of the story then is introspective for Shane. His anxiety and fear are repeated: "He'd thought about it every time he rolled on a condom before he loved her. It was no sacrifice to wear a condom, but he worried every time. What if it broke? What if something went wrong? He couldn't face the prospect of life without her" (26). His fear is genuine—he is afraid that something will happen if she should become pregnant, that fear is not the fear of a baby, but the fear of her dying. He explains to Jen, once they are reunited, "That's a different kind of fear. It's not what I feel when I think about losing you ... I don't think about you as a cancer patient, but I do think about it coming back. I worry. ... And there's nothing I can do. I feel useless" (30). He explains that "maybe it's selfish of me, but I... I can't live with the risk of getting you pregnant. I couldn't live with myself if something happened to you because of me" (31). Her disappointment softens. We learn she was disappointed because he hadn't talked to her beforehand, she asks, "Why make the appointment without talking to me?" (31). She is confused by his fears, "You know, for a big tough infantryman, you're afraid of the strangest thing. Tubes in your penis. Cancer" (31). He apologizes for being an asshole and he asks that she tell him that his desire for a vasectomy is "okay" (32). She says, "Yes, Shane, you can get neutered" (32). His vasectomy is then scheduled for Valentine's Day and we are presented with a brief discussion of their post-vasectomy time together, and both reaffirm their love for one another. This declaration of love is essential, and acts as proof that "the novel's barrier has been surmounted" (Regis, 2011, 34).

In "Anything for You," readers are presented with a compelling narrative about vasectomy, which in many ways challenges the norms of the genre. Shane becomes an example that can be studied precisely because of the way the vasectomy works to rewrite and bolden his claims to masculinity. It has been well documented that "men often regard their contraceptive labor as heroic and expect 'credit'" (Fefferman and Upadhyay 375). In "Anything for You," the vasectomy is imagined certainly in terms of heroism, but as I have shown, it is also deeply involved in discussions about caring masculinities, which are, we might suggest, essential to how the hero of romance is crafted and represented. Even if the hero is an alpha male, he is still a caring man who cares for his partner and her well-being. Even with all the humor that can be found throughout the story, there is never any notion that he will be less of a man. Instead, his masculinity is affirmed, and he becomes an example of caring masculinities in the popular romance.

And I want to note here, again, that "caring masculinity" is not always and certainly not essentially positive, that is, it can be used and exploited by men. The question that remains for "caring masculinity" is if it is genuinely changing the structures of masculinity, and more so, patriarchy, or if it is "merely performative" (Allan 174). To be certain, I am not arguing that "caring masculinity" be abandoned; however, I do think that this theoretical model needs to be treated "carefully." Indeed, one could read Shane as being somewhat duplicitous, that is, he cares about the potential dangers of pregnancy for Jen, but he does so by way of self-aggrandizement toward his own phallic power. Quite simply, he imagines that he is always already virile, always already potent. He believes that his penis and his sperm are incredibly powerful. Thus, while he "cares" for her, he does so by an over-evaluation of his own masculinity. It is striking, for this reader at least, that there are so many discussions,

as well, that do not seem to have happened in the name of “caring,” for instance, what other possibilities for the family are imagined between the couple? Instead, it seems as if he has created a narrative for the couple, once more, in the name of caring.

Post-Script and Future Directions for the Genre

Romance novels respond to the cultures in which they are written, they are actively participating in and commenting upon that culture. As I was working on this article, the Supreme Court of the United States of America ruled on *Dobbs v. Jackson Women’s Health Organization*, and in essence, severely restricted access to reproductive health care for women. Just as quickly, it seems, men started to “lean in,” as it were, and started seeking out not only information on vasectomy, but access to it. Vasectomy has seen significant uptake since the decisions in *Dobbs* (Bole 2023), and so, a question that arises is if the romance novel will follow suit. My guess is that it will, as the romance novel has seemingly always been responding to what’s happening around it. Heroes, I suspect, will with increasing frequency seek out a vasectomy or will have already undergone a vasectomy, and surprise babies will not be the central part of a vasectomy narrative.

[1] It is worth noting that in 2020, the CDC reported that “prevalence of any condom use at last sexual intercourse was 54.3%,” which would be less than the condom usage in the popular romance novel. Admittedly, this is a bit of a false comparison, but condom usage in popular romance is similar to those statistics reported by the CDC.

[2] *Because of You*—and the series to which it belongs—is part of the subgenre of military romance novels, wherein one or more of the characters is currently in the military or a veteran. Scholars have begun to show an interest in these novels, see Kamblé 2014, Kitchen 2018.

[3] I want to be careful here because I think this language of sacrifice can potentially do a disservice, as well. Lucy Nicholas and colleagues have rightly pointed out how this language of sacrifice can be problematic, and ultimately, self-serving, as though the man deserves recognition, a prize, and so on for being willing to sacrifice. Nicholas and colleagues explain: “While seemingly located in a genuine egalitarianism, this potential is undermined by evidence that the same men framed their sacrifice as deserving of extra praise, similar to the ‘economy of gratitude’ described by Hochschild (2003) of the expectation that men will be recognised for their contribution to domestic work in opposite-sex partnered households (Terry & Braun, 2011)” (135).

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