



## Males' perception and motivation for Vasectomy

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### Abstract

**Background:** The population of Pakistan has increased from 34.0 million in 1951 to 220 million in 2020 making it the 6<sup>th</sup> most populous country. Vasectomy is the least accepted contraceptive method in Pakistan. The objective of the study was to explore the perception and motivation of males towards vasectomy.

**Methods:** This qualitative study with phenomenology design was conducted at the Family Planning Center of JPMC, Karachi. The ultimate sample size was five. Males of age > 30 years, having at least one alive child were included. Informed consent was taken. Open-ended questions regarding concepts of family planning (vasectomy) religious and its social implications were asked. The interviews were transcribed and double-checked. Coding of the data was done and themes and subthemes were generated.

**Results:** The age ranged from 32 to 45 years. Only one participant was a graduate. The participants were well motivated for vasectomy having a clear concept of its impact on family life and quality of the sexual relationship. With an idea of two children (a boy and a girl); they were of the view that more children will compromise their capability of giving children a better life. They believed vasectomy is forbidden in religion, yet they opt for it keeping the comfort of children upfront. They believed that male vasectomy is a better option than female tubal ligation.

**Conclusions:** Vasectomy was regarded as a benign procedure and well accepted by the study participants. They were clear about its impact on life.

**Keywords:** Males, Perception, Motivation, Vasectomy, Family planning

### Introduction

Comparing to female contraceptive methods, the vasectomy is the most reliable (success rate of 99.85%), permanent, and one of the few male contraceptives (1,2). It is less invasive and carries lower risks than female sterilization (3). In light of International Conference on Population and Development (ICPD) paradigm shift and FP-2020 measures the constructive role of males is now evolving from mere female encouragement to be more

supportive partners of women's reproductive health by sharing the 'contraceptive burden' of family planning ~ adopting vasectomy (4-6). However; the vasectomy in Pakistan is accepted very little (7,8). With population >220 million in 2020; >2% growth rate, Pakistan ranks 6<sup>th</sup> most populous country (9). By 2050 it will become the 4<sup>th</sup> largest nation with population >300 million (10-12). More than 95% of the Pakistani population is Muslim and practice Islam as

religion. In Islam, the family is considered the basic unit of society, (13) simultaneously; the well-being of the family is also stressed upon- “Islam promotes to have kids with safe health” (14-16). In Pakistan- decision making especially regarding family planning is still the behest of men at large (17,18). It would be of interest in this background to explore their perspective while having decided to go for vasectomy and its implications. Keeping this situation in front, the current study was conducted with the aim of exploring their perceptions and motivation.

### Methodology

This qualitative exploratory study was conducted in 2017 using a phenomenological approach- a data collection method which, by taking account of the perception and explanations of the individual, facilitates understanding the ways that a social world of “lived experience” involves in their natural setting. This knowledge will be useful in motivating other potential clients. For this purpose, we selected the motivated clients who were on the vasectomy operation list at Family Planning Center, Jinnah Postgraduate Medical Center (JPMC).

The sample size was set to be a maximum of 10 but on getting saturation of themes after four participants an additional participant was included to verify saturation and add more depth to the description and it was well within usual and acceptable phenomenological sample sizes. The sampling technique was purposive sampling. Clients of 30-60 years of age having at least one alive child were included. Clients for a vasectomy for other than contraceptive reason and age limit outliers were excluded. Ethical approval for the study was given by the Ethical Review Committee of the NICH/ JPMC. Approval for data collection was taken from the In-charge, Family Planning Center, JPMC Karachi while informed written consent was sought from participants. Privacy during the interview was ensured. All data were kept confidential. The anonymity of participant was also maintained by assigning codes to each participant.

A self-developed questionnaire was designed through an extensive literature review along with an interview guide in simple English language and translated to Urdu language. The questionnaire was pilot tested before the actual study. An in-depth interview technique was used with probing when necessary. In order to draw out more complete ideas from the

participants, they were given the freedom to express additional views. IDI was taken from each participant by the Principal Investigator (PI) and co-investigator in 20-30 minutes duration. IDIs were audiotape recorded, with the permission of the interviewees. The transcribed interviews (transcriptions) were subsequently analyzed using thematic analysis. This study was conducted in Urdu and the results were translated into English.

### Results

Starting with the demographics of the study participants the actual findings extracted from line-by-line coding of transcribed interviews are presented as themes and subthemes supported with quotes.

#### Demographic Data

The mean age of the study participants was 39.6 years (Range 32-45). One participant was a graduate, another was intermediate, and the third was matriculate, the other two were primary pass. All the 05 participants were married for 8 to 24 years. The mean parity was 5.4 children. (Table: 1)

Table

Table 1. Number of children of each Participant and gender

Participant No.	No. of children	Gender	
		Male	Female
1.	9	7	2
2.	3	2	1
3.	4	3	1
4.	4	2	2
5.	9	7	2

#### Themes:

##### Theme 1: Vasectomy as a Procedure

This emergent theme *Vasectomy as a Procedure* defines what participants believed about vasectomy prior to surgery.

Accordingly; they knew that vasectomy is a method of permanent contraception for men in which two vessels of the male organ are ligated, cut, or disconnected, which results in no further births to the couple. They thought it as a minor surgery having fewer complications than Tubal ligation and spares the wife from the side effects of temporary methods.

One participant shared his knowledge as;

“Vessels are sewed, then we cannot have ..... more children in future”. (Code # 1)

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Other said; *"One vessel of male's organ is cut.... or disconnect.... sperms cannot travel... through this procedure. No more babies born".* (Code # 3)

While two participants believed;

*"Female permanent procedure of family planning has more side effects. In this ... takes only one to two hours.... while female needs weeks for recovery".* (Code # 1 and 5)

### Theme 2: Purpose of Vasectomy

The respondents were highly motivated to the *purpose of vasectomy*. Most of them believed having their family completed and need no more children. The decision will favor to better nurture their children. Participant said;

*"The main purpose is ... I do not need further children. Children that I have, are sufficient."* (Code # 2 and 5)

Other stated;

*"Purpose is that, the children that are...to provide good education to them. We were 8 to 9 brothers and sisters. Like us they should not be deprived. They become educated, so in future, it will be in our benefit".* (Code # 1)

### Theme 3: Possible effects of vasectomy

Most of the participants believed that vasectomy has no effect on sexuality. All things remain as usual. It just blocks the sperms and does not affect the spousal relationship. Also, their spouses during the discussion were satisfied. They stated as;

*"This vasectomy does not affect on sexual power because... thing does not affect on it.... it will remain as it is.* (Code # 1)

One participant was in doubt and stated there may be any effect on sexuality and one may not do sex as it was before vasectomy.

*"It may be possible to affect. As men perform before surgery... he might not after it."*

Regarding family life they expressed their spouse reaction as;

*"I talk to her initially before coming here. The doctor said without the spouse permission we will not perform a vasectomy. She came with me ... has no objection."* (Code # 5)

They were optimistic regarding post-vasectomy married life. They said;

*"First thing is that it will never happen. In case if we separate by any means. I will not have any problems. Children are with me. It is not a big deal."* (Code # 3)

Four participants shared that vasectomy has not any negative effect on a person's social life. They said

*"I think that on social life, no effect. We can meet & discuss... tell others & people should get benefit from it."* (Code # 3)

While one participant was suspicious and thought that people may abandon. He expressed his views as; *"May we be affected negatively if disclosed. People might say that you have not done right."* (Code # 5)

### Theme 4: Religious Perspectives

The emergent theme *religious perspectives* define that how do participants perceive vasectomy through religious context. Some of the participants believed that in certain conditions there is no restriction in the religion for a vasectomy. Religion guides us for the betterment of children, proper nurture, good education, and equal rights. So, in this way there it doesn't restrict. They said;

*"No restriction, I think it is a treatment. If one takes some type of medicine gets well; then he can have a vasectomy also to prevent pregnancies. So; no restrictions."* (Code # 4)

*"According to religion, which we heard from Religious Scholars, they don't approve it. While, in our view, if we have many children and we cannot fulfill their needs, proper education... then it is also wrong. Children have rights.... in religion and it is said for their rights. In this way, it is adaptable"* (Code # 1)

But others believed that with reference to Islamic teaching family planning or vasectomy is an inappropriate to act and forbidden (*Haram*). We do it for our own benefits. Otherwise, the creation of every living thing is in the hands of Allah. They expressed their views as;

*"God has given children to the parents by their fate... it should not be stopped by any means. We... see our own benefit .... But, in religion it haram."* (Code # 5)

### Theme 5: Concept of complete family and gender preference:

A complete family was said when one having two children- at least one child of each gender. Some, however; did not bother gender.

*"Two children are better for complete family.... the family should have a boy and a girl. My income is low so I can take care of two children properly."* (Code # 2)

One participant stated that;

*"In my view, complete family is that family.... have both male and female babies [having boys and girls is complete family]."*(Code # 3)

**Theme 6: Sources of knowledge regarding vasectomy**

The emergent theme *sources of knowledge regarding vasectomy* define that from which sources participants got information about vasectomy. Responses comprised of 3 sources *family member and relative, friend or colleague, and family planning personnel*.

One of the participants stated;

*"There is a relative... had vasectomy. I did not ask him then, later someone else told me about his operation. Then I asked him in detail."* (Code # 1)

Another participant explained;

*"My wife told me... the doctor advised her that a permanent method of contraception is also performed on males.... It has fewer complications than the female method. She told me.... for operation. We visited the family planning center for further information.... I agreed to a vasectomy."* (Code # 2)

Participants got knowledge about vasectomy from friends, colleagues, or from family planning personnel. (Code # 5 & # 3)

**Theme 7: Used any other contraceptives**

Prior use of *contraceptives also enabled participants to opt for the vasectomy*. Four out of five participants used both female and male temporary contraceptives; while one said that *"I and my wife both have never used before any other method, and never felt its need"* (Code # 2).

Dissatisfaction from other methods was a reason for choosing vasectomy.

*"I have used condoms, but it is not good. There is no pleasure in condoms, neither to man nor to the woman. I was not satisfied"* (Code # 4).

*"Used condom... sometimes also used the withdrawal method but not satisfied."* (Code # 4)

Side effects of temporary contraceptives used by females were also a deriving force for making decision of vasectomy.

They said; *"My wife used three months injections ... then copper T.... both methods made my wife in trouble."* (Code # 1)

**Discussion**

Vasectomy- also called a better parallel method to female sterilization- is more efficacious, cost-effective, and has less complications (19) but underutilized through-out the world. The prevalence of vasectomy is around 2% worldwide (12,19). The current study was performed to explore the perceptions, motivation, and understandings of males who underwent a vasectomy. The study found interesting results within specific cultural, religious, and economic settings of Pakistan.

Participants were well aware of the procedure, its efficacy, benefits, and safety from side effects.

The adoption of vasectomy is mostly based/rationalized on clients' having knowledge and understanding. The participants had sufficient information about vasectomy shared by relatives/friends or family planning service providers. Vasectomized males motivate others by sharing their sterilization experiences (13). A previous study conducted in Karachi found a deficiency of knowledge about the vasectomy among male youth (20). The interesting thing was that whatever was known by that study participants were shared by friends, relatives, and associates who never underwent a vasectomy.

An Indian study revealed that knowledge of vasectomy in males was insufficient such that 27% were totally blank on it (21). In another study, the majority (~90%) of male staff of Novena University Ogume Delta State Nigeria, had knowledge of vasectomy, thus shows huge differences of knowledge between populations. Knowledge about vasectomy is the strongest single factor influencing its acceptance (P value=0.013) which highlights the importance of health education programs (22). There is a great opportunity of acceptance to vasectomy which requires increasing knowledge of masses of males (23). All participants in the current study were well aware of minimal invasiveness and freeness from the side effects of the procedure. It was also worth noting that they were clear at the purpose of vasectomy. Further, they realized and were motivated for the burden-sharing by choosing the vasectomy as it would spare their wives from health issues. They also thought that amid growing inflation and expanding population; Pakistani males should think about it and if his family is complete, they should opt vasectomy. This seems to be a positive trend in males of Pakistan; which can bring new horizons to the family planning program in Pakistan. Previously; researches have noted that males have been resisting family planning adoption (15). Same results were found by Hubert, et al., in Latino males in the USA (24).

Vasectomy was chosen for well-being of family (21,22). They thought that fostering family and nurturing children in a better way is only possible with family planning. Similar results were found in Bangladesh that males' family size desires appear to be relatively small for fostering family well (22). While, an Indian study showed that, most of the study

participants reported the preferred family to consist of two children (generally one son and one daughter), usually cohabiting with the extended family (23). A European study also had resembling results (24). Current study participants thought that they have completed the family therefore; they opted vasectomy. However; the definition of a completed family was different among them. Some thought two while others said having four children makes a family complete. Simultaneously; bipolarity of gender- having male and female both with male child preference (having at least one boy in family) is extant in most males which highlights the peculiar eastern culture imprint on Pakistani males.

Participants in this study were also clear on any possible effects of vasectomy. Most of them except one- were sure that there will be no negative effect on their sex life as vasectomy doesn't affect sex drive because it doesn't affect the production of the male hormone testosterone. Hofymaer DG, et al., found no significant difference between before and after measurements of sexual satisfaction, marital satisfaction, communication, and frequency of sexual intercourse (26). Previously; the studies suggested that the prime myth amongst participants was that vasectomy causes impotence in males and is intended for prisoners only (25).

A yet important perspective from African studies reveals that women oppose their husbands' sterilization due to fear of their promiscuousness while mirror image to that- men fear their women to be involved with other males. Urban Ghanaian Women disapproved of the vasectomy being able to lead their males to promiscuity which may even cause the women contracting sexually transmitted infections including HIV/AIDS (26). This factor was not found in the current or any of the previous studies conducted in Pakistan.

In the current study, spousal consent/ permission was already taken. Spousal discussion is of utmost importance for a vasectomy decision. National and international research studies, (8,17) proved that spousal communication has a positive effect on contraceptive use and decision making for a vasectomy (27). In this study, one respondent said his wife was ready for TL had I not opted for a vasectomy. Given a spouse's potential role in the decision-making process, motivational efforts should be directed toward women. A media campaign might convey the notion of a "satisfied spouse," who no longer has to be

concerned about problematic childbirths, is sexually satisfied, and has a family that is financially secure and well provided for. But that all will need to get through a strict cultural and religious mindset.

Some studies also found that even doctors despite having good knowledge of vasectomy- very scantily agreed to suggest their clients a vasectomy instead of a TL (5% versus 90%) (28). This situation may also prevail in Pakistan thus indicating a dire need of developing and executing training programs targeted at all levels of care providers to motivate them to motivate their clients (29).

The study participants were also optimistic about social life and thought it will not be affected and they can meet and motivate/ encourage others for vasectomy too. However social stigma was found in one participant who did not want to reveal his operation to friends or society & feared making fun of him. Similar results were found in a study in Southern Ghana (17) where the majority of participants view that vasectomy is highly stigmatized in the community so men who have undergone the procedure keep it in secret.

Religions do play a major role in contraceptive's uptake decision. In this study, it was not found prohibiting vasectomy. Most of the participants said that the *fatwas* (religious advice from their clergy) favor to provide family (including children and wife) a happy, healthy, and prosperous life. They thought in the current era, it is only possible when one is having a limited family size. So, accordingly, religion allows them for family planning. Only one male who opt vasectomy for the well-being of children yet, he was of the thought that religion prohibits (*Haram*) contraceptive methods.

Earlier studies (17,29) revealed that some religious sects do not approve the use of artificial contraceptives and members stand the risk of being excommunicated- if caught using artificial contraceptives. The results of the current study, however; were positive and point out a change in attitudes of the general population towards family planning in Pakistan.

Knowledge is increasing, attitudes and behaviors are changing which ultimately affect the understanding and motivation. Myths and barriers on the part of clients- especially, males are being vanished through increasing knowledge and development of the strong will. This trend is leading to a very right direction. Religious leaders must be brought into action.

Mobilization programs arranged for them should be extensive and up to mark.

### Limitation of the study

The participants who were enrolled in the current study were all of one religion therefore; the results cannot be extrapolated to other religions and their followers. This study was conducted in a single setting of the province of Sindh and being exploratory and qualitative therefore; results should be inferred carefully.

### Conclusion

The socio-demographic significance of men and their role in the acceptance of contraceptive practices have long been ignored. However; the paradigm is shifting rapidly. Now; the males of Pakistan accept vasectomy while realizing and sharing their responsibility towards their family and its well-being. They are well motivated for accepting vasectomy. Seminars, training, mass media and panel discussions can be used to involve religious leaders in the main social stream for disseminating the knowledge and achieving the cause.

### References

1. Trussell J. Contraceptive failure in the United States. *Contraception*. 2011 May;83(5):397-404.
2. Government of Pakistan. Family Planning 2020 Commitment [Internet]. [cited 2019 Jan 06]; Available from: <http://www.familyplanning2020.org/pakistan>
3. Sonfield A, Tapales A, Jones RK, Finer LB. Impact of the federal contraceptive coverage guarantee on out-of-pocket payments for contraceptives: 2014 update. *Contraception*. 2015 Jan;91(1):44-8.
4. Tsai T. Vasectomy an option for African men in family planning [Internet]. 2012 [cited 2019 Jan 12]. Available from: [www.prb.org/art](http://www.prb.org/art).
5. Terry G, Braun V. 'I'm committed to her and the family' positive accounts of vasectomy among New Zealand men. *J Reprod Infant Psychol*. 2011;29(3):276-91.
6. Dudgeon M, Inhorn M. Gender, masculinity and reproduction: anthropological perspectives. *Int J Men's Health*. 2003;2(2):31-56.
7. Anwar S, Shahzad M. Vasectomy in Pakistan: Changing culture of sharing responsibility towards better family health. *J Nursing Health Sci*. 2014;3(6):70-6.
8. Varshini. Vasectomy- Sterilization Technique for Men [Internet]. [cited 2017 Jan 06]. Available from: <http://www.vasectomy.com/index.htm> Accessed 12 January 2019
9. FP2020: A research roadmap. 2013 The Population Council, Inc. New York [Internet]. [cited 2019 Sept 21]; Available from: [https://www.popcouncil.org/uploads/pdfs/2013RH\\_FP2020RRPolicyBrief.pdf](https://www.popcouncil.org/uploads/pdfs/2013RH_FP2020RRPolicyBrief.pdf)
10. Vemer H. Family planning methods; Summary of contraceptive options [Internet]. The Global Library of Women's Medicine. [cited 2019 Jan 12]. Available from: [https://www.glowm.com/pdf/Family\\_Planning.pdf](https://www.glowm.com/pdf/Family_Planning.pdf)
11. Pomales TO. Men's Narratives of Vasectomy. *Med Anthro Quart*. 2013;27:23-42.
12. Khan GA. Population stabilization: The case for Pakistan. Ministry of Population Welfare Islamabad Pakistan report 2010 [Internet]. [cited 2019 Sept 21]. Available from: [www.populationcommunication.com/madiaz/Pakistan\\_report.pdf](http://www.populationcommunication.com/madiaz/Pakistan_report.pdf)
13. Khawar TK. Family planning and Islam. *National Research Dev Foundation*. 2003;1-27.
14. Fahimi RF. Islam and family planning. *Pop Ref Bureau*. 2004;1-8.
15. Nasir AJ, Tahir HM, Ghazali AS. Contraceptive perceptions among Arab and Non-Arab Muslim males. *Electron J App Stat Anal*. 2012;5:1-7.
16. Peng B, Wang PY, Shang Y, Guo Y, Yang WZ. Effect of vasectomy via inguinal canal on spermatogenesis in rabbits. *Asian J Androl*. 2008;10:486-93.
17. Adongo PB, Tapsoba P, Phillip JF, Tabong PT, Stone A, Kuffour E, et al. "If you do vasectomy and come back here weak, I will divorce you: A qualitative study of community perception about vasectomy in southern Ghana. *BMC Int Health Human Rights*. 2014;14:16.
18. Shih G, Turok DK, Parker WJ. Vasectomy: the other (better) form of sterilization. *Contraception*. 2011 Apr;83(4):310-5.
19. Shattuck D, Perry B, Packer D, Quee DC. A review of 10 years of vasectomy: programming and research in low-resource settings. *Glob Health Sci Pract*. 2016 Dec 23;4(4):647-60.
20. Nishtar NA, Sami N, Faruqi A, Khowaja S, Ul-Hasnain F. Myths and fallacies about male contraceptive methods: a qualitative study amongst married youth in slums of Karachi, Pakistan. *Glob J Health Sci*. 2012 Dec 4;5(2):84-93.
21. Tijani KH, Ojewola RW, Yahya GL, Oluwole AA, Odusanya B. Attitudes and acceptance of Nigerians towards vasectomy: a comparison of married men and women in Lagos. *East Afr Med. J* 2013 Mar;90(3):89-94.
22. Okandjeji Barry, Ogheneniorue R A. Knowledge and perception of vasectomy among male staffs of Novena University Ogume Delta State Nigeria. *IOSR J Nursing Health Sci*. Jan-Feb 2018;7(1)71-6.
23. Hubert C, White K, Hopkins K, Grossman D, Potter JE. Perceived interest in vasectomy among latina women and their partners in a community

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- with limited access to female sterilization. *J Health Care Poor Underserv.* 2016;27(2):762-77.
24. Litzinger S, Gordon KC. Exploring relationships among communication, sexual satisfaction, and marital satisfaction. *J Sex Marital Ther.* 2005 Oct-Dec; 31(5):409-24.
  25. Hofmeyr DG, Greeff AP. The influence of a vasectomy on the marital relationship and sexual satisfaction of the married man. *J Sex Marital Ther.* 2002 Jul-Sep;28(4):339-51.
  26. Asare O, Otupiri E, Apenkwa J, Odotei-Adjei R. Perspectives of urban Ghanaian women on vasectomy. *Reprod Health.* 2017 Feb 8;14(1):21.
  27. Mahapatra S, Narula C, Kalita TJ, Thakur CP, Mehra R. Assessment of knowledge and perception regarding male sterilization (Non-Scalpel Vasectomy) among community health workers in Jharkhand, India. *Ind J Comm Health.* 2014;26(4):428-33.
  28. Ebeigbe PN, Igberase GO, Eigbefoh J. Vasectomy: a survey of attitudes, counseling patterns and acceptance among Nigerian resident gynaecologists *Ghana Med J.* 2011 Sep;45(3):101-4.
  29. Anwar S, Shahzad M. Vasectomy in Pakistan: Changing culture of sharing responsibility towards better family health. *J Nursing Health Sci.* 2014;3(6):70-6.