

# Letters to the Editor

## A survey of the reasons for vasectomy refusal in couples who have chosen tubectomy as their contraceptive method

Sir,

The imbalance between the rate of increase in population and the rate of improvement in facilities brings various problems for programming, growth and development of countries. In spite of some cultural and religious beliefs, all countries have reached the conclusion that programming development depends upon the control of population. Although most of the people are aware of the benefits of having less children, today we are faced with the problem of over population. One important reason of over population is couples' lack of knowledge regarding contraceptive methods and consequently the occurrence of unwanted pregnancies. Contraceptive methods in men are limited, but the role of these methods in the control of the population increase is very important. Vasectomy (ligation of vasa deferentia) is one of these methods. Although the official permission for doing vasectomy has been given to all Iranian health centres since August 1989, Iranian men have not accepted this due to cultural factors and some misconceptions regarding it.<sup>1</sup> Some misconceptions such as the possibility of sexual disability after vasectomy has had a negative effect on the acceptance of this method among men. Since accurate and regular programming has an important role in the appropriate designing of vasectomy program, those who are in charge of this plan should have an accurate knowledge of the acceptance of and tendency for doing vasectomy among population. Misconceptions in relation to vasectomy should be recognised in order to provide appropriate training enterprises. The aim of this study has been to investigate the reasons of refusal to do vasectomy in our society.

In this cross-sectional study carried out in 1999, the reasons of 270 women who had undergone voluntary tubectomy and those of their partners in relation to not choosing vasectomy were studied. The total number was 540 people. In order to provide the reasons of vasectomy refusal, questions were classified into 4 groups as follows: 1. Fear of complications including fear of sexual disability after vasectomy, the irreversibility of fertility and psychological complications. 2. Negative attitudes to vasectomy including the belief that contraception is a woman's duty not a man's, in acceptance of vasectomy in our culture, being blamed by others and considering vasectomy as a method which brings a

great weakness in man and changes him to a passive person. 3. Lack of knowledge including lack of sufficient information regarding this method, considering it as an unreliable method or being costly and some religious impediments. 4. Logical reasons including the occurrence of pregnancy after some cases of vasectomy, agreement between couples in this regard, the probability of man's next marriage and his regret for having a vasectomy in the future and man's refusal (for women). Positive responses scored one and negative ones scored zero. Given responses in each group were considered on a scale of zero to 100 and in order to apply tests the conditions of parametric tests were considered. (Table 1) From the data collected fear of complication has the highest score (54.32) and lack of knowledge has the lowest one (42.44). These differences are statistically significant ( $F=24.24$ ,  $P<0.0001$ ). There is a meaningful difference between the 2 groups in all 4 groups of reasons. Women gained higher scores for logical reasons while men gained higher scores for the other 3 groups of reasons. (Table 2) Results show that there is a meaningful relation to the men's age and their negative attitude to vasectomy, so that the older the man the greater the negative attitude to vasectomy was. In Iran due to some religious and cultural beliefs vasectomy is socially blamed and ridiculed. Even in some cases the people who have undergone vasectomy do not reveal it to their family or to the society, as they are always worried with regards to being evaluated and blamed by others. The results also show that in women there is a meaningful reversed relation between the level of education and the negative attitude to vasectomy. So that the average grade of negative attitude in illiterate women or in the women with primary education was the highest. The most important reason of this difference between these people and those with higher education in relation to negative attitude is lack of enough or at least necessary instruction with regards

Table 1 - Shows the average and the standard deviation for each group of reasons that caused vasectomy refusal.

Criteria/Causes	Average	Standard deviation
Lack of knowledge	42.44	23.4
Negative attitude	53.59	28.22
Fear of complication	54.32	33.7
Logical reasons	47.03	18.96
F - 24.24, P<0.0001		

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**Table 2** - Shows the difference between womens' and mens' responses. As it is shown there is a meaningful difference between 2 groups in all 4 groups of reasons. Women gained higher scores for logical reasons while men gained higher scores for the other 3 groups.

Criteria	Men		Women		P
	Average	Standard deviation	Average	Standard deviation	
Lack of knowledge	47.15	22.22	41.7	24.48	0.000
Negative attitude	55.29	29.33	50.07	26.36	0.000
Fear of complications	56.48	31.08	52.71	34.56	0.002
Logical reasons	44.81	20.35	50.72	20.3	0.000
F - 9.98, F - 14.39, P<0.0001					

to family planning in this group. This group even do not use mass media such as newspapers, magazines or pamphlets. Of course, lack of necessary instructions affect other factors as well. In a widespread activity performed between 1988 to 1989 in Zimbabwe, Africa in order to increase the use of contraceptive methods by men it was known that the instruction has an important affect on the men's knowledge, attitude and consequently their behaviour in this regard.<sup>2</sup> Regarding lack of knowledge the results show that there were meaningful relations between the women's lack of knowledge, their educational level and age. In men there were meaningful relations between lack of knowledge and their level of education and job. The average age of women in this study was 36 years old 39.6% had no high school diploma. In women the highest average was for the lack of knowledge in the illiterate women or those with only primary education, and the lowest one was for women with University education. Lack of knowledge was the most important factor in women who were 20 years - 29 years old. Among men, those who had free jobs gained the highest score for lack of knowledge and those who were in medical related jobs gained the lowest score. This fact shows the affect of job conditions in relation to providing a chance for instruction regarding this method. Regarding the assumed relation between lack of knowledge and the level of education, there is an inevitable reality that one of the causes for negative attitude to vasectomy is lack of knowledge<sup>3</sup> and this in turn is due to either not using mass media or lack of enough instructional programmes by them. One of the most important reasons of the subjects refusal to vasectomy in this study was that they did not know vasectomy is cheaper than tubectomy. In the same case in a study which was carried out in Texas, United States of America with regards to the reasons for selecting either vasectomy or tubectomy it was shown that they had chosen vasectomy due to

it being cheaper and easier than tubectomy.<sup>4</sup> Regarding fear of complications, results show that in men there is a meaningful relation between fear of complications and educational level where as in women there is a meaningful relation between fear of complications and age. In relation to these results our suggestion is that in men higher education is associated with more but incomplete and unscientific information with regards to vasectomy and its complications, so that it causes a negative attitude in them. Those with lower levels of education being completely unaware of this method and its complications have, less fear. It is also known in this study that those with medical related jobs have the highest score in the field or fear of complications. This point again supports the negative affects of having incomplete information in comparison to complete lack of information. One of the reasons for refusal to vasectomy is fear of the irreversibility of fertility.<sup>1</sup> This study showed that people are afraid of not only pain, complications and damage to near by organs but also of complete infertility. This fact decreases the tendency for vasectomy.<sup>5</sup> As it was mentioned in women fear of complications is more in younger groups and this is mostly related to sexual complications such as decreasing considering vasectomy as a method of castration has negative affects on its acceptability amongst people.<sup>1</sup> Therefore, the application use of this study is to direct all training enterprises with regards to vasectomy. Increasing public information and knowledge should be carried out in a widespread manner and in each classes of society it should be carried out on the level of understanding of that special class. Considering all affecting factors on the degree of tendency to vasectomy such as fear of the operation itself, its probable complications, sexual disabilities, its irreversibility and also the affects of others experiences of performing this method can be very helpful for those who are involved in the

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programming and performing of family planning services in the society. Considering the mentioned factors enables them to increase public's tendency and co-operation in this regard by establishing more effective training programs.

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#### Erratum

In manuscript "Kukuchi-Fujimito disease" Saudi Medical Journal 2002; Vol. 23 (4) 405-408, the spelling of this disease throughout the article should have appeared as follows: Kukuchi-Fujimito disease.

#### Erratum

In manuscript "Proinflammatory cytokines in open versus laparoscopic cholecystectomy" Saudi Medical Journal 2002; Vol. 23 (4) 436-440, the authors names should have appeared as follows: Abdalla A. Al-Rofaidi and Ahmed S. Al-Faki.

#### Erratum

In manuscript "Cochlear implants in deaf children" Saudi Medical Journal 2002; Vol. 23 (4) 441-444, the author's name should have appeared as follows: Afaf A. Metwalli.

#### Erratum

In manuscript "A profile of childhood neuropathies at a University Hospital in Oman" Saudi Medical Journal 2002; Vol. 23 (4) 450-456, the spelling of this syndrome should have appeared as follows: Guillain Barré syndrome.