

# Experiences of Vasectomy: A Phenomenological Study

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## Abstract

**Background:** Irregular growth of population is considered as a serious threat to the international community. It is a major obstacle for socioeconomic development. One of the methods to control the population is by providing effective methods of contraception. Vasectomy, as a simple and effective contraceptive method, has been approved by the World Health Organization (WHO). It is very important to involve men in the control of population and the promotion of reproductive health. **Aims:** This study was conducted with the aim of describing the experiences of the men who underwent vasectomy. **Materials and Methods:** This qualitative study was performed by using a phenomenological research design. The sample consisted of 14 vasectomized men selected through purposive sampling method. In-depth and open interviews with participants were conducted to collect the data. **Results:** The results were transcribed and recorded in comprehensive field notes. Colaizzi's method was used to analyze the data. Four themes emerged from the obtained results of the present study, which described the structure of the experiences of men as follows: Opinions about vasectomy, own perceptions about vasectomy, experiences with the procedure, and recommendation of vasectomy to others. **Conclusion:** Vasectomy can influence achievement of family planning goals and participation of men in this regard. The results of this study can help the planners and health-care providers for appropriate interventions, and training and counseling programmers to increase the acceptability and uptake of vasectomy in the society.

**Keywords:** Experience, Qualitative study, Vasectomy

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## Introduction

Irregular growth of population is one of the important issues affecting all aspects of human life.<sup>[1]</sup> Based on the estimation of the United Nations (UN), Iran is the 18<sup>th</sup> most populous nation in the world. Therefore, one of the methods of population control is providing safe and effective contraceptive methods.<sup>[2]</sup> Greater involvement of men in family planning programs is a key to reproductive health.<sup>[3]</sup> Vasectomy is one of the effective methods of contraception<sup>[4]</sup> with a history of a century when it used to be legally administrated in health-care centers in Iran.<sup>[5]</sup> The prevalence rate of vasectomy is 2.7%; so, 30,000 men per year undergo vasectomy in Iran.<sup>[6]</sup> Despite convenience and the low risk associated

with the procedure, permanent infertility is not easily accepted even by those couples who do not want to have children.<sup>[7]</sup> On the other hand, although vasectomy does not usually interfere with sexual function, sometimes men have misconceptions that vasectomy affects their sexual function. As the physical and mental makeup of individuals varies from culture to culture, further research on vasectomy and its effects on the psychosocial condition of individuals in this regard is essential.<sup>[8]</sup> Hofmeyr and colleagues, in their investigation on the effect of vasectomy on sexual functioning reported no significant change in sexual satisfaction and sexual relationships before and after vasectomy.<sup>[9]</sup> Researchers in another study showed that wrong beliefs and fear of complications in vasectomy, as well as inadequate information of clients are among the major reasons for the reluctance men feel about vasectomy. Therefore, in most of the cases, collecting complete information allayed the concern of the individuals.<sup>[5]</sup> Based on these findings, it is clear that satisfaction of individuals is one of the goals of every health-care organization.<sup>[10]</sup> The decision to use a contraceptive method is influenced by numerous factors such as experience, knowledge, information, requirements, expectations, lifestyle, age, religion,

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understanding of the individuals and of others, anxiety, and concerns.<sup>[11]</sup> One of the other important factors in the selection of a contraceptive method is personal experience and concept of the individuals.<sup>[12]</sup> With regard to all the above-mentioned facts, an investigation of these experiences can make a framework through which needs, feelings, and experiences of contraceptive methods of the users can be assessed.<sup>[13]</sup> With regard to fear of infertility in men, consideration of their thoughts and experiences with vasectomy is crucial. Recognition of these experiences as well as conditions and concerns of individuals is of great value to approach this problem precisely and holistically to reveal what men actually know about vasectomy. Various studies have reported wrong beliefs and concerns about vasectomy;<sup>[5]</sup> poor information about its advantages also acts as one of the main obstacles to the acceptance of vasectomy by men.<sup>[14]</sup> Therefore, the present study was conducted to describe and reflect on the experiences of men for appropriate interventions and to design educational and counseling programs to enable the strategy makers to change the attitudes of men and enhance their participation in vasectomy.

The main question in this qualitative phenomenological research was "What is the experience of men with regard to vasectomy?" Other questions were as follows: "What are the positive and negative viewpoints about vasectomy?", "What are the understanding and ideas of men about vasectomy?" and "What do the men feel about themselves before, during, and after the vasectomy?"

## Materials and Methods

This was a qualitative study based on a phenomenological approach to the experiences of men with regard to vasectomy. As quantitative studies do not have enough flexibility and depth to discover real-life experiences, qualitative designs are the most appropriate way to provide extended insight and deeper comprehension of these experiences and meaning of this phenomenon.<sup>[15]</sup> The ethical committee of the Isfahan University of Medical Sciences approved this study. The study population comprised men, one week to ten years after a vasectomy, having a record or a profile in health-care centers. Inclusion criteria were that the men should have undergone vasectomy (one week to ten years before the selection), be interested in participating in the study, and be able to provide the required data. After getting necessary permissions, a purposive sampling method was applied to select the participants. The data were collected through in-depth interviews in which main research questions were asked. The data saturation occurred with 14 participants. The in-depth interviews were conducted with open questions for an average interval of 40 minutes in a peaceful and quiet place (based on the preference of

the participants, either in a health-care center or at their work place to let them present their real-life experience and collect their subjective data). All of the interviews were recorded and transcribed. An attempt was made to record the experiences of the participants during the interviews through appropriate interaction and efficient communication skills. The data were analyzed by the seven-step Colaizzi's method, which yielded 118 codes. In the next stage, after frequent revision of the obtained codes, the formulated concepts were categorized in clusters of themes and groups, and the key themes were captured. Finally, all the elicited ideas were combined in a comprehensive and complete form from all the related phenomena. The obtained themes were sorted into four general and basic concepts. The rigor of research and validity of the acquired findings were confirmed by referring to the participants again, by giving them comprehensive descriptions, and making necessary changes. In addition, in the present study, the maximum possible variation with regard to the time intervals selected after the vasectomy was used to increase transferability of the data to other situations or groups. Ethical considerations of the present research included obtaining the informed consent of the participants to participate in the study, recording their interviews anonymously, respecting confidentiality of their transcriptions, personal secrets, and other related information. The participants were assured that they could leave the research at any stage.

## Results

The participants were 14 vasectomized men aged 39-54 years. With regard to the date of vasectomy, two participants had been vasectomized one year before the study, three participants one to three years before, five participants four to seven years before, and four participants eight to 10 years before the study. The data were analyzed by Colaizzi's method. A total of 118 concept codes were acquired from the findings of the research, which were categorized into four basic themes of 'opinions about vasectomy', 'own perceptions about vasectomy', 'experiences with the procedure', and 'recommendation of vasectomy to others'. Some of the narrations and remarks of the participants are presented in the following text:

### Opinions about vasectomy

One of the thematic concepts inferred from vasectomized men was their opinion about vasectomy. The findings showed that the participants had various points of view in relation to vasectomy, which yielded subthemes of the motive for selection of the method, process of selection, and the role of the spouse in selection and knowledge of reversibility of the procedure.

Motive for selecting the method was a subtheme obtained from the interviews in the present study. The participants had experienced personal and socioeconomic factors as the main motive for selecting the method:

Participant 1: "As I had several children and no clear future, I selected this method."

Participant 14: "After investigating about contraceptive methods, trying a couple of them, and experiencing their lack of 100% success, I decided on vasectomy just after my wife's second pregnancy."

Participant 7: "First, I did not even think of this method due to its irreversibility, but after my third child was born and my wife could not have pills (contraceptives) due to obesity, I accepted it (vasectomy), based on the recommendation of the personnel in the clinic."

Subtheme of 'the process of selection' was elicited from the interviews. Personal investigations, research, consultations, and recommendations of others were among the various dimensions experienced by the participants:

Participant 2: "My wife and I both selected this method."

Participant 4: "We selected this method based on the recommendations of some of our friends as well as consultation with a urologist."

During their interviews, most of the vasectomized men mentioned that the decision about infertility had been mutually made by the participation of their spouses. Their spouses had most of their information from the health-care system as well as their relatives:

Participant 8: "As my wife was scared of tubectomy, she recommended vasectomy to me."

Participant 12: "My wife was very worried about the operation but relieved after investigation and attendance of family planning counseling sessions."

Another extracted subtheme was reversal of the procedure. Few participants believed in reversal of their fertility and most of them had undergone the procedure despite being aware of the low chance of reversal:

Participant 3: "I knew the chances were low, but I thought three children were enough in the present social conditions."

Participant 6: "before surgery, I know about low chance of success of future fertility."

### Own perceptions about vasectomy

One of the obtained themes from the participants' narrations was their own perceptions about vasectomy. The findings of this category were in two subcategories of positive and negative concepts. The findings showed that most of the perceptions were rooted in the feelings and opinions of the individuals as well as their own evaluation of the opinions they had heard, and ultimately, their attitude to infertility.

Participant 5: "I have a wonderful opinion about that. It is like when you have your tooth pulled out; first you are in pain but later, you are relieved."

Participant 4: "If we knew more about this method, we could cope with it better. Whenever I think about my infertility, I think of other alternatives such as adopting an orphan and...."

Participant 9: "I have heard about early aging from those who have undergone vasectomy, but I do not know how much of it is true."

Participant 1: "I have read that those who have undergone vasectomies suffer from depression and mental disorders, but as yet, I have not felt anything special after the surgery. Although I feel depressed at times, I do not know whether it is because of the surgery or not."

### Experiences with the procedure

This theme emerged from two subthemes of experiences before, during, and after the vasectomy. Fear of the postsurgery complications was among the most indicated experiences. Most of the men mentioned their postsurgery concerns about complications and their feelings of postsurgery satisfaction. Other experiences were mostly about hospitalization, feeling shy about an accompanying person in the hospital, condition of sexual desire, limitations in doing heavy activities after discharge from the hospital, long waiting time for the sterilization to begin taking effect, and concerns about unwanted pregnancies.

Participant 13: "I was worried about postsurgery pain and suffering, but I was satisfied after the surgery and ... it was an outpatient and simple operation, although it worried me in the beginning."

Participant 8: "I felt very shy at the time of preparation for the operation in front of the persons accompanying me and those around me and ..... I was scared a little at the time of signing the operation consent form."

Participant 12: "I faced some problems in walking for a few days after the surgery and also, I was afraid of engaging in heavy physical activity and...."



Participant 5: "I think one of the problems for those undergoing this surgery is the long waiting time for the contraceptive to start its effect after the surgery, which imposes the stress of an unwanted pregnancy."

Participant 2: "For the first few days after the surgery, I doubted my sexual ability due to edema at the incision site and the discomfort in my testicles; I felt regret for what I had done, but gradually this feeling melted away."

Participant 6: "I had no negative experience and I considered it as an ordinary surgery like hernia even before the operation."

Participant 10: "For a while, I doubted my sexual ability. I was sometimes low and it would affect my marital relationship negatively."

Participant 11: "Thank God, I had no special problems and found it a pleasant experience."

### Recommendation of vasectomy to others

The other theme was recommending the vasectomy procedure to others. It included two aspects, recommendations and warnings about the procedure. Some of the remarks of the participants about this theme are as follows:

Participant 3: "It is a good method; I recommend it to all, as we had no more problems of unwanted pregnancies."

Participant 4: "It is a low-risk method; it increases the sexual desire and has no complications."

The researcher believes that the most significant experience of the men in the present study was their recommending vasectomy to others, which can enhance the participation of men in the health care of women and make vasectomy a routine procedure in the society.

## Discussion

The questionnaire presented in the present study included 4 themes and 10 subthemes in relation with the investigation of experiences about vasectomy. The obtained findings showed that most of the participants were satisfied with vasectomy and expressed their positive experiences. Lack of negative side effects, especially on sexual ability seemed to be the main reason for this issue. Manhoso argued that all of the sterilized men were satisfied with vasectomy and their positive experiences were the result of being able to maintain efficient sexual functioning.<sup>[16]</sup> This finding was consistent with that of Najafi and Hamidzadeh in reporting the satisfaction of men with the procedure.<sup>[5,14]</sup>

In addition, the present study revealed that most of individuals recommended this method to the others due to its low risk and reliability, which resulted in the increasing participation of men in the health care of women. Generally, long-term complications after vasectomy were actually rare except for the feeling of regret.<sup>[17]</sup> Dunmoye in his study on 308 vasectomized men in developing countries showed that only 1% of the subjects felt regret for their decision after the vasectomy.<sup>[18]</sup> As shown in the present study, one of the contributing factors in the selection of the procedure was the role of the spouse. In fact, the women who had attended counseling sessions and obtained related information played a more efficient role. This finding was consistent with that of Hosseini, which showed an increase in participation of men in vasectomy after the group education of their spouses.<sup>[19]</sup> Counseling plays a crucial role in family planning. It is also essential to direct the program toward promotion of knowledge of the couple and modification of their attitudes.<sup>[20]</sup> The participants believed that the motives and reasons to select vasectomy were reliability of the method, having enough or too many children, opposition to other methods by spouses, and concern for the future of one's children. In this regard, Najafi reported that 44% of the men mentioned having sufficient number of children as the main reason for sterilization.<sup>[14]</sup>

Eshraghi concluded that 85.9 and 1.5% of the subjects mentioned that having sufficient number of children and complications of other contraceptive methods were their motive for vasectomy, respectively.<sup>[6]</sup> In the present study, the main concern of the men for vasectomy were as follows: Impact on sex life or sexual performance, the stress of infertility, wrong ideas about depression and early aging after the vasectomy, and the fear of surgery. These were consistent with the findings of Hamidzadeh.<sup>[5]</sup> Khorami *et al.* reported that the major prohibiting factors for vasectomy were its poor reversibility, permanent infertility, criticism of relatives, and regarding vasectomy as taboo in the Iranian culture.<sup>[21]</sup>

Overall, with respect to the free and informed choice of vasectomy, holding related counseling sessions in health-care centers in addition to highlighting the advantages of vasectomy and educating the public against prevailing wrong beliefs about it in the society are essential. As social beliefs and opinions are formed by the experiences of individuals, their sociocultural consequences should be emphasized in relation to vasectomy. Feelings and the needs of the vasectomized clients should be understood to encourage uptake of vasectomy in the society through appropriate programs and interventions such as holding educational classes and group sessions for vasectomy candidates and their spouses. In conclusion, considering the opinions and experiences of those who have undergone vasectomy as

one of the safest methods of contraception can influence achievement of the goals of family planning and the participation of men in this regard.

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