

## Productive Age Couple's and Society's Perception on Vasectomy in Mojokerto Regency of East Java Province

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### ABSTRACT

**Background:** Indonesia is the state with the fourth densest population and growth rate of 1.49 percent per year. A large number of people with poor knowledge and inadequate skill become a challenge in issues related to national development. Generally, the result of Family Planning Program among Indonesian women has been successful, in which about 60 percents of participants were women. Fear and anxiety is the main reason of why men have varying perceptions on vasectomy. There is also a false perception sometimes making husband hesitant and decide not to undertake vasectomy. It is because of inadequate general information and knowledge on vasectomy and its side effect on the men's physical, psychological and social aspects. The objective of research was to explore the productive age couple having undertaken vasectomy and community's perception on vasectomy in Mojokerto Regency of East Java Province. **Subjects and Method:** The research method employed was qualitative one with ground theory approach. The sample was taken using theoretical sampling technique. The instruments of collecting data used were field report, audio recording, video recording, and field note. The data was analyzed using Colaizzi method. **Results:** The result of research was obtained from 10 informants participating in this research. The participants' reasons of deciding to undertake vasectomy are their social responsibility, feeling of pity to their wife, and caring about their children's welfare in the future. Generally, there is no change seen on the participants' physique. Sexual ability after vasectomy operation showed no change. Social perception on vasectomy is varying. Most people believe that having child is important and that family wellbeing is important as well. **Conclusion:** The participants felt no significant physical change having undertaken vasectomy. They decided to undertake vasectomy to show their love to their wife, responsibility for family wellbeing and children in the future. Therefore, undertaking vasectomy could improve the quality of marriage relationship.

**Keywords:** vasectomy, perception, productive age couple, society

## **BACKGROUND**

Indonesia is the state with the fourth densest population, with population growth rate of 1.49 percent per year [1]. The significant increase of population In Indonesia has a larger implication to long term development. Many of large populations have low-quality skill, constituting another important burden to the state development. Indonesia deal with the following problems: high growth rate, high birth rate, inadequate knowledge and low awareness of productive age, low awareness of reproductive right, young marriage age, less participation of men in Family Planning Program, less maximum access and low-quality service of Family Planning Program and low participation of local institutions in implementing Family Planning Program [2].

Indonesia is one of state pioneering international conference about Population and Development in 1994 in Kairo. It is in line with new paradigm of Family Planning program, from fertility controlling program through reproductive health approach focusing more on reproductive right, women empowerment, and gender equality. It means that in implementing Family Planning and reproductive health program, many attempts have been taken by government to take the women's and men's right into account equally. Somehow, government has not achieved the intended objective yet in relation to fertility problem. Meanwhile, women participation has increased significantly, from 59 to 60.3 percents of total participants; men participation is sufficiently low. Men participation is only 1.3 percents, consisting of condom user (0.9 percents) and vasectomy users (0.4 percents) [3].

There are many factors contributing to the men's low participation in family planning program. Many key factors get less attention in family program planning given to men, and fewer contraceptives method can be chosen by men. In addition, there are some other factors like inadequate knowledge, negative attitude and practice, client need, environment factor, social and cultural norms, religion, family/partner, limited information and access to men's contraceptive and fewer type of men contraceptives. [3]

Generally, productive age couples believe that family planning initiative is a misleading conception and the women's affairs. In addition, men are often affected by their fear and worry about the side effect of vasectomy surgery method. Thus, they undertake vasectomy hesitantly. It is perhaps because they have less understandable data or information about the effect of vasectomy on their physical, psychological, and social life. Limited information about vasectomy effect is due to the inadequate research conducted to identify the effect of vasectomy, particularly on physical, psychological and social condition of men. From the phenomena above, this qualitative research aimed to explore the productive age couple having undertaken vasectomy and the society's perception on vasectomy in Mojokerto Regency of East Java Province. This research employed grounded theory approach, as it is appropriate to explore the social process occurring in human interaction. [4] Grounded theory provides participatory observation and explores a large amount of data to understand what actually occurs in the participants. This data collection approach use helps the author reduce the participants' misunderstanding on information [5].

## **OBJECTIVE**

The objective of research was to develop better perspective on vasectomy in productive age couples and society.

## **METHOD**

This research employed a qualitative method with grounded theory. The sample was taken using theoretical sampling technique consisting of productive age participants in which men

aged 35-40 years undertake vasectomy and non-menopause women in Mojokerto of East Java Province. The sample was selected using theoretical sampling technique. The instrument of collecting data used included field report, audio recording, video recording, and field note. Data was analyzed using Colaizzi [4].

## RESULT

The result of research was obtained from 10 informants participating in this research. Out of 5 productive age couples in this research, five persons have Senior High School education, three have college, and two have elementary school education. Two couples come from high class, two from middle, and one from low social-economic status. One participant has undertaken vasectomy in less than year, one in two year, and the other three more than five year. Two participants are village apparatuses: *pak polo desa* (the head of village), one participant affiliated with farmer group, one sub-district employee, and one doctor (physician) (the former chairperson of Puskesmas Jetis of Mojokerto Regency). Three participants live in rural area and two participants live in suburban area.

### The reason of undertaking vasectomy

There are three reasons suggested by the participants of why they undertake vasectomy: their social responsibility, their feeling of pity to their wife, and their care about their children's welfare in the future. It means that participation in vasectomy is motivated by their social role in society; as society leader, they have an obligation of being the role model, peer group supporting the work offering information, social security and inclusion [6]. The second reason is their feeling of pity to their wife condition because their wife feels uncomfortable using a variety of contraceptives and fails in contraceptive program. Fifty percent of vasectomy client states that they feel dissatisfied with previous birth controlling method, particularly due to the side effect their wife experiences [7]. The last reason is their worry about their children's welfare in the future, because they have insufficient income. Therefore, vasectomy becomes an appropriate choice to have no more children.

In the past, East Java people believed that the more the children, the more is the income they get. Therefore, they generally had many children and large family structure. The present society has begun to change this belief because of the transition to global economy and marketplace. They realize that when a family has many children, parents have more responsibilities for their children. Another belief is that whether or not they can eat, the more important thing is that they come together in a place. It indicates the importance of togetherness in family and society. The men undertaking vasectomy believe that having many children is a good thing and welfare should be the main objective. However, having many children perhaps will generate economic difficulty. Therefore, some people perceive that it is better to limit the number of children. Because it is impossible for their wife to use contraceptives, husband can use vasectomy. It represents that the choice of undertaking vasectomy is one manifestation of husband's affection. In family, the relation is depicted as soul mate, meaning that living is for husband and wife. Therefore, they should deal with all consequence of their mutual responsibility [8].

### Men's Sexual Satisfaction

The men's sexual satisfaction after vasectomy also varies. Some of them feel satisfied, some other dissatisfied. The participants feeling the same usually consider that sexual intercourse between husband and wife is the compensation of their obligation. They do not pay attention to their changing sexual satisfaction, as it is unimportant. In Javanese community, it will be embarrassing to speak of sex. The satisfied participants become more intimate, passionate, and feel closer. One participant feels dissatisfied due to his lowered sexual function. In Javanese

people's perspective, sex is taboo. It is inappropriate to explain it clearly. The participants have different experience with the change of sperm characteristics. A participant states that he feels the same and there is no change. Most participants claim that their semen is reduced and thinner. A literature review shows that there is no certain consensus about frequency of post-vasectomy semen analysis. All ejaculations contain potentially fertile sperm soon after vasectomy, moving quickly within few days and usually three weeks after the procedure [16]. Two participants claim that they did not pay attention to it. The more important thing to them is to receive surgery. So, whatever change likely occurring is not too important.

## **The psychological change in Men after Vasectomy Surgery**

### ***Comfort in Sex***

All participants make sexual intercourse comfortably post-vasectomy. They feel relaxed, safe, enjoy, freer and more composed. They feel free and safe because of no pregnancy risk. It gives them comfort to enjoy more sex intercourse without any risk. What all participants know is that there will be no more pregnancy post-vasectomy. Eternat De Knijff suggested that nonmotile sperm is found in 33% of patients 12 week after vasectomy, with the mean azoospermia period of 6.36 months [11]. Azoospermia is needed for sterility. The men with a small number of nonmotile sperm ( $<1 \times 10^6$ ) have a very low risk of causing pregnancy post-vasectomy [17]. Jamiesson et al., recommends to avoid sexual intercourse or to use temporary contraceptives three months post-vasectomy or after 20 ejaculations until azoospermia is documented [11]. The couple should be given counseling to inform them that they are not sterile as soon as the procedure is completed and until the sperm is documented in microscopic semen examination.

### **Trust in Sexual Intercourse**

Most participants trust in their sexual potency. One participant doubts his sexual potency as it lowers.

### **Self-Perspective**

Most participants do not change in their own perspective. They believe that nothing changes inside themselves post-vasectomy. One participant feels some change due to his sexual potency different from that before. The complaint reported by the participants is actually not a complication of vasectomy. Such the complaint derives from depression feeling or self change like the feeling of impotency. It confirms Nigam et al.'s study finding that psychosomatic disorder, depression, and impotency feeling may occur in those developing complication [19].

### **Is vasectomy an appropriate decision?**

Most participants claim that vasectomy is the appropriate decision for them as they encounter no big problem post-vasectomy. The men tend to choose vasectomy as a permanent planning family when they decide on having no more children. They know that vasectomy is the simpler procedure than women sterilization. The participants explain that in their opinion the surgery for women sterilization is more complicated and can result in more unpleasant side effect than vasectomy [13]. Generally, the men undertaking vasectomy want to take responsibility because it is impossible for their wife to use contraceptives or their wife fails in using other contraceptives. They believe in vasectomy as the expression of their love to their wife and family.

This result confirms Jutner Cristensen & Maples's study finding that the patients who have undertaken vasectomy for a year feel less complaint [20]. Most studies related to vasectomy consequence for psychosocial welfare report that the users' satisfaction level is very high for the men undertaking vasectomy and their partner (e.g., from 90% to 100%). They love they

decision to undertake vasectomy [21]. Some other participants regret because their sexual potency is lowered post-vasectomy and they are sick easily in common definition. In-depth interview with these couples find that the decision of undertaking vasectomy is because they should do it. Post-operation, there are many complaints making them regretful. The regret among husbands is only assessed through women's report about whether or not their husbands have ever asked the doctor for reverse [22].

### ***Feeling to Wife***

There are two feelings suggested by the participants to their wife. Some of them feel passionate with their wife. Some others feel confused with their feeling. Most participants feel loving more, more intimate, and having better quality of relation.

### ***Social Response***

Social response to the men undertaking vasectomy also varies. An individual believes that child can make his life more comfortable. Therefore, child plays an important role in building heart composure. An individual is also proud of having many children because they are expected to be their future life guarantee. An individual's life expectancy includes harmony, life comfort, and peaceful commonality with everyone [8].

## **CONCLUSION**

Post-vasectomy, husbands in Javanese family feel no change in physical condition harmful to their health. Most participants also state their wish to have vasectomy to show off their affection (love) to their wife. Some others state that the decision is made on behalf of their children and family's welfare in the future. They also believe that generally their vasectomy helps improve their quality of marriage relation. The society's response to vasectomy is varying. Generally, society considers that having children is important, but family welfare is also very important.

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## **References**

- Indonesia Country Profile. International Planned Parenthood Federation 2003.
- BKKBN. Peningkatan partisipasi pria dalam keluarga berencana dan kesehatan reproduksi di Indonesia, Cukilan Data Program Keluarga Berencana Nasional, Nomor : 252 - Tahun XXX - 2008.
- Indonesia Demographic and Health Survey, (1987, 1991, 1994, 1997/8, 2002/3). National Family Planning Coordinating Board, Ministry of Health, Jakarta, Indonesia, and ORC Macro, Calverton, Maryland USA.
- H. J. S. Speziale, & D. R. Carpenter, *Qualitative research in nursing, advancing the humanistic imperative*, 3th ed, Lippincot William & Wilkins. 2003.
- D. F. Polit, C. T. Beck & B. P. Hungler, *Essentials of nursing research methods, appraisal, & utilization & utilization*. (5thED). Philadelphia: lippincot. 2006.
- C. Amor, K. E. Rogstad, C. Tindall, K. T. H. Moore, D. Giles, P. Harvey, Men's experiences of vasectomy: a grounded theory study, *Sexual and Relationship Therapy*, Vol. 23, No. 3, August 2008, 235-245
- A. Bunce, G. Guest, H. Searing, V. Frajzyngier, P. Riwa, J. Kanama, I. Ahwal, Factors Affecting Vasectomy Acceptability in Tanzania, *International Family Planning Perspectives*; Mar 2007; 33, 1; ProQuest pg. 13
- E. Purwadi, Niken. 2010. *Upacara Pengantin Jawa*, Panji Pustaka, Yogyakarta.
- T. Kerridge, J. Porksen, S. Robotham, 2003. Views on vasectomy : the male perspective. *Marie Stopes International*

- S. Tandon, E. Sabanegh Jr, 2008. Chronic pain after vasectomy: a diagnostic and treatment dilemma, *B J U I N T E R N A T I O N A L* | 10 2 , 1 6 6 – 1 6 9 | doi:10.1111/j.1464-410X.2008.07602.x
- A. J. McMahon, J. Buckley, A. Taylor, S. N. Lloyd, R. F. Deane, D. Kirk, Chronic testicular pain following vasectomy. *Br J Urol* 1992; 69: 188-91
- J. M. Choe, A. K. Kirkemo, Questionnairebased outcomes study of nononcological post-vasectomy complications. *J Urol* 1996; 155: 1284- 6
- I. Ahmed, S. Rasheed, C. White, N. A. Shaikh, The incidence of postvasectomy chronic testicular pain and the role of nerve stripping (denervation) of the spermatic cord in its management, *British Journal of Urology*, 79, 269-270.1997.
- R. Manikandan, S. J. Srirangam, E. Perason, G. N. Collins, Early and late morbidity after vasectomy : a comparison of chronic scrotal pain at 1 and 10 yers, *B J U I N T E R N A T I O N A L*, 93, 571-574. 2003.
- B. Dilbaz, A. P. Cil, I. B. Gultekin, E. Caliskan, Z. Kahyaoglu, S. Dilbaz, Outcome of vasectomies performed at a Turkish metropolitan maternity hospital, *The European Journal of Contraception and Reproductive Health Care* March 2007;12(1):19-23.
- I. S. Edwards, Earlier testing after vasectomy, based on the absence of motile sperm. *Fertil Steril* 1993;59:431- 6.
- D. W. W. De Knijff, H. J. E. J. Vrijhof, J. Arends, R. A. Janknegt, Persistence or reappearance of nonmotile sperm after vasectomy : does it have clinical consequences?, *Fertile Steril*, 1997; 67:332-5.
- D. J. Jamieson, C. Costello, J. Tussell, S. D. Hillis, P. A. Marchbanks, H. B. Peterson, The Risk of pregnancy after vasectomy, *The American College of Obstetrians and Gynecologists*.Vol.103, No.5, Part 1 May 2004
- P. Nigam, B. M. Goyal, R. Kumar, R. P. Sri Vasta, Post vasectomy sex-disorder, *The Medicine and Surgery* (1997) : 6, 10.
- R. E. Christensen, D. C. Maples Jr, Postvasectomy Semen Analysis: Are Men Following Up?: Evidence-Based Clinical Practice, *J Am Board Fam Pract* 2005;18:44 -7.
- W. M. Wiest, L. D. Janke, Review artikle : A Methodological Critique of Research on Psychological Effects of Vasectomy, *Psychosomatic Medicine* Vol. 36, No. 5 , September-October 1974
- D. J. Jamieson, C. Costello, J. Tussell, S. D. Hillis, P. A. Marchbanks, H. B. Peterson, A comparison of women's regret after vasectomy versus tubal sterilization, *The American College of Obstetrians and Gynecologists*.Vol.99, No.6, June 2002