

Male and Societal Responses to Vasectomy in Java, Indonesia

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Abstract- Background: Indonesia is the fourth most populous nation, with a growth rate of 1.49 percent per year. Such a great number of people with lack of sufficient knowledge and skills are a challenge when it comes to issues related to national development. Generally, the result of the Family Planning Program (FPP) to Indonesian women has met much success, where approximately 60 percent of all participants are women. Fear and anxiety rank as major reasons why men remain somewhat hesitant to participate in the surgical method of vasectomy. There are also misled perceptions that sometimes cause husbands to hesitate and decided not to have a vasectomy. This often occurs because of the lack of general information and knowledge about a vasectomy and all of its effects to their long-term physical and psychological and social side effects of Javanese men.

Research Objective: To explore Javanese men's response after undergoing a vasectomy as well as society's perspectives about the procedures.

Research Method: This is a qualitative research study applying a grounded theory approach. The sample was selected using a theoretical sampling technique. The data collection instruments used include field reports, audio recordings, video recordings, and field notes. The data was analyzed using Colaizzi's method.

Research Results: Seven individuals participated in this study. The reasons participants decided to have a vasectomy were due to their social responsibility, feeling pity for their wife, and concern for the welfare of their children in the future. There was no general changes noticed in the physical nature of participants. Sexual ability after the vasectomy surgery showed no changes. Social views toward the vasectomy surgical varied. Most within Javanese society believe that having children is important, and that the welfare of the family is also important.

Conclusion: Participants felt no significant physical changes after the vasectomy was completed. They decide to have a vasectomy to show their affection towards their wife, the responsibility towards the family and children welfare in the future. Therefore, undergoing a vasectomy in Java, Indonesia can improve the quality of the marital relationship.

Keywords – *vasectomy; Javanese; physical effects; psychological effects; male perspectives*

A. BACKGROUND

Indonesia is the fourth most populous country, the population growth rate is 1.49 percent per year.[1] The significant population rise in Indonesia has long-term greater development implications. Many within the large population have low-quality skills, which is another significant burden to the country's development. Indonesia deals with the following problems issues: high-growth rate, high-birth rate, lack of knowledge and low awareness of fertility ages, low awareness of reproduction rights, young first marriage age, less participation of men in the Family Planning Program (FPP), lack of maximum access and FPP quality service, and less participation of local institutions in carrying out FPP.[2]

Indonesia is one of the countries to ratify the International Conference on Population and Development (ICPD) in 1994 in Cairo. It was in line with a new paradigm of FPP program, from fertility control program to health reproduction approach which has more focus on reproduction rights, women's empowerment, and gender equality. It means that in carrying out the FPP and health reproduction much effort has been made by the government to consider women's and men's rights equally. The government, however, has not achieved its desired goals in relation to fertility issues. While women's participation has made significant gains, ranging from 59 to 60.3 percent of the total participants; men's participation is quite low. Men's participation is only 1.3 percent, comprising condom users (0.9 percent) and vasectomy users (0.4 percent).[3]

There are many factors contributing to low men's participation in FPP. Some of the main factors are less attention of FPP program given to men, and fewer FPP methods for men to choose from. Besides, there are also some other factors, such as a general lack of knowledge, negative attitudes and practices, clients' needs, environment factors, societal norms and culture, religion, family/spouse, limited information about and access to male contraception, and fewer types of male contraception.[3]

Generally, the residents in Java Indonesia particularly the husbands, consider FPP a female matter. The result of survey The husbands still cannot accept FPP concept well because of less evidences FPP affect men's health and vitality. This is strengthened with the influence from society

that generally believes family planning initiatives is a misled conception. Besides, men are also often influenced by the fear and anxiety of the side effects of the surgical method of vasectomy; so that they hesitate to undergo a vasectomy. This is probably because they have less comprehensible data or information about the effects of a vasectomy to their physical, psychological, and social life. Lack of information about the effect of vasectomy is also due to the lack of research studies done to identify the vasectomy effects, particularly to men's physical, psychological, and social conditions.

From these phenomena, this qualitative study aims at exploring physical, psychological, and social responses of Javanese males to vasectomy. The study uses a grounded theory approach, because it is appropriate to explore the social process occurring human interaction.[4] Grounded theory provides a means of participant observation and explores a great number of data to comprehend what actually happens to participants. The use of this data collection approach helped the researcher to reduce misunderstanding the participants' information.[5]

B. RESEARCH OBJECTIVE

The research objective of this study was to develop a better conceptual understanding from a physical, psychological, and social perspective from men who undergo a vasectomy.

C. RESEARCH METHOD

Design: This research uses qualitative method applying a grounded theory approach. The sample was selected using a theoretical sampling technique by choosing the suitable male participant age 35-50 who undergo vasectomy. Ethical consideration used to reduce unprecedented risks or effects on the research are respect for persons by respected the dignity of all research participant, *Beneficence* researchers must articulate specific ways, *Justice* the researchers must share to research participant in the benefits of the knowledge gained. The data was analyzed using Colaizzi's method.[4]

D. RESEARCH RESULT

There were seven male participants of this research study. Five of them were only elementary school educated, and the other two were senior high school educated. Two participants were from the middle class and the other five were from low socioeconomic status families. Two participants had had the vasectomy for less than a year, one person for two years and the other four for more than five years. Four participants were former heads of the neighborhood and the other three were laymen. Six participants lived in rural area and one participant lived in a suburb area.

Reasons of vasectomy

There are three reasons participants expressed for having a vasectomy: their social responsibility, feeling pity to their wife, and concern for the future welfare of their children. It means that the participation in vasectomy is motivated by their social role in the society where, as public figures, they have an obligation to become a role model, a supportive peer group at work offering information, reassurance and social inclusion.[6] The second reason was the pity feeling towards the wife's condition because the wife felt uncomfortable using various methods of contraception and the wife failed in the contraception program. Fifty percent of vasectomy clients stated that they were dissatisfied with a former method of birth control, primarily because of the side effects experienced by their wives.[7] The last reason why the men took the contraception was their anxiety about the welfare of the children in the future, because they had insufficient earnings. Therefore, vasectomy became an appropriate option to have no more child.

In the past, Javanese society believed that the more children they had, the more earning they would get. Therefore, the Javanese family generally had many children and a big family structure. The modern Javanese society has started to change this belief because of the transition to a more global and market economy. They realize that when a family has many children, the parents have more responsibility for their children.

Another old Javanese belief is that whether or not they had food to eat, it was always good to stay together. This shows the importance of togetherness in Javanese families and society. The husbands of the modern Javanese society who have a vasectomy believe that having many children is a good thing but the gathering and the welfare should be the main goal. However, having many children may make it difficult to gain economic success. Therefore, it is viewed by some as better to limit the number of children. Because it is impossible for the wives to have such a contraception, the husbands prefer to undergo a vasectomy. This implies that the choice to undergo a vasectomy is one manifestation of husbands' affection. In Javanese family, the relation was described as soulmate, which means that life is for both the husband and the wife. Therefore, they should face all the consequences of their responsibility together.[8]

Physical Change

Men who have a vasectomy usually undergo two kinds of physical changes. The general physical change after the vasectomy includes the increased body stamina, better health, and less feeling weary. The testis still produces testosterone so that there will be no reduction in masculinity. Besides, vasectomy has nothing to do with impotence. The male body continues to produce the same male hormones as

before; therefore there will be no change in voice or any other male characteristics.[9]

Meanwhile, there is generally no external change of the characteristics of the reproduction organs after the surgery. This result does not support the pathophysiology of post-operation vasectomy. After vasectomy, changes occur in all areas of the genital tracts which are proximal to the vasectomy site. Adverse testicular histology after vasectomy has been reported in most animal species studied. Pathological histological findings also include degeneration of spermatids, thickened basement membranes and increased phagocytosis by Sertoli cells.[10] Quantitative morphometric analysis of testicular histology in men after vasectomy showed dilatation of the seminiferous tubules, interstitial fibrosis.[10] McMahon *et al.* reported chronic testicular pain in 33% of men who had vasectomy, which was troublesome in 15% and caused 5% to seek medical attention.[11] Choe and Kirkemo identified chronic scrotal pain in 18.7% of patients after vasectomy, which adversely affected the quality of life in 2.2%. [12]

All the respondents in this study did not say that they paid any special attention on the physical change particularly on their reproduction organ. This is probably because the majority of the respondents forgot that or they felt uncomfortable to talk about their private things. When Javanese people feel painful, they do not immediately seek treatment. They keep silent of their pain. Even when the body feels weak, they will not take it seriously. They think that they only need some rest.[8]

One participant complained of a backache, stomachache, fatigue, and discomfort of the body and reproduction organ until four months after his surgery.

One common problem after-vasectomy is chronic testicular pain, which has been defined as intermittent or constant, unilateral or bilateral testicular pain for a period of ≥ 3 months.[13] Chronic testicular or scrotal pain is recognized as a complication of vasectomy but the exact incidence remains unknown.[14] Pain or discomfort troublesome sequel enough to make the patient seek further treatment and to regret vasectomy. These findings have an important implication: perhaps all patients should be warned of this complication.[11]

Men's Sexual Ability

Men's sexual ability after the surgery varies. Some participants feel no change, some others feel an increase, and some others feel a decrease. Post-operatively, sexual desire, and performance were unchanged in some.[15] Participants declaring that there is no change usually do not pay attention on the change. This is also because their wives did not complain and believed that the sexual problem should not be discussed. More importantly, they believe that doing sex as a husband and wife is an obligation.. Spouse in

Javanese culture cannot be too open pertaining their sexual satisfaction. They also rarely talk about sex between them. Doing sex in Javanese culture is to compensate an obligation of a spouse, even when the wife does not want to do so. Even, women do not always take care of their sexual need. There is no evidence to suggest that vasectomy will put a man off sex, 36% disagree that vasectomies may put a man off sex.[12]

Some participants feel better sexual ability. They can have sex longer and more often than before the surgery. Increased sexual ability is actually affected by fine general health as well.

Some other participants feel that their sexual ability decreases until four months after the surgery. These participants choose vasectomy because they have to, due to their low social-economy condition. They are worried of their children's living cost, they do not have a permanent job and thus they take vasectomy because their wives do not feel comfortable with female contraception.

Sexual Satisfaction of Men

Men's sexual satisfaction following vasectomy also varies. Some feel satisfied, some others feel dissatisfied. Participants who feel the same usually consider sex between husband and wife as a compensation of their obligation. They do not pay attention on the change of their sexual satisfaction because it is not important. In Javanese society, it would be embarrassing to talk about sex. Participants who feel satisfied become more intimate, more passionate, and feel closer. One participant who feel dissatisfied because his sexual ability is decreasing. In the view of the Javanese society, sex is a taboo. It is inappropriate when clearly explained.

Changes of Sperm Characteristics

The participants have different experience of the changes of the spermatid characteristics. One participant states that he feels the same and there is no change. Most of participants, however, claim that their have less cement and the cement is thinner.

A review of the literature suggests that there is no definite agreement regarding the timing or the frequency of post-vasectomy cement analysis. All ejaculates contain potentially fertile spermatozoa immediately after vasectomy, which becomes rapidly immobile within a few days, and usually by three weeks following the procedure.[16]

Two participants claim that they do not pay attention. What is more important for them is to accept the surgery. So whatever changes may come, they are not really significant.

Men's Psychological Change Following Vasectomy Operation

Comfort in Sex

All participants feel more comfortable in doing sex following vasectomy operation. They feel zestful, relaxed, safer, pleasant, more freedom, and more calm. They feel free and safe because there is no pregnancy risk. This gives them comfort to enjoy more sex without any risk. What all participants know is that after vasectomy there will be no more pregnancy. According to De Knijff's et.al. nonmotile sperm was found in 33% of the patients 12 weeks after vasectomy, with the mean time to azoospermia of 6.36 months.[11] Azoospermia is required for sterility. Men with small amounts ($<1 \times 10^6$) of nonmotile sperm after vasectomy have a very low risk of causing pregnancies.[17] Jamiesson et.al. recommend three months after vasectomy or after 20 ejaculations and to avoid intercourse or use temporary contraception until azoospermia is documented.[11] Couples should be counseled that they are not sterile immediately after the procedure and until the absence of sperm is documented on microscopic examination of semen.[17]

Belief in Sexual Intercourse

Most participants felt confident about their sexual ability. One participant expressed doubt because his sexual ability is decreasing.

Self-Perspective

Most participants experienced no change in their own point of view. They are sure that there is no change in themselves after vasectomy. One participant felt a change, because his sexual ability was different from what it used to be. Complaints reported by the participants are actually not a complication from vasectomy. Such complaints derive from a feeling of depression or self-change like the impotent feeling. This supports Nigam's et al. findings that psychosomatic disorders, depression, impotent feeling can come to people suffering from complication.[19]

Is Vasectomy the Right Decision?

Most participants claim that vasectomy is the right decision for them because there were no major issues that they experienced following their vasectomy. Men tend to choose vasectomy as a permanent method of family planning when they decide to have no more children. They know that vasectomy is a simpler procedure than female sterilisation. Participants explain that their understanding of surgery for female sterilization is that it is more complicated and may lead to more unpleasant side-effects than vasectomy.[13] In general, men who have vasectomy want to take the responsibility because it is impossible for their wife to use any contraceptive method or the wives fail in using other contraceptive methods. They believe a vasectomy as an expression of love to their wife and family.

This result supports Cristensen's & Maples' Jr. that patients who have undergone vasectomy for one year feel less complain.[20] Most studies concerned with the consequences of vasectomy for psychosocial well-being report very high levels of user satisfaction for both the vasectomized man and his spouse (e.g., from 90% to 100%). They are pleased with their decisions to have a vasectomy.[21]

Some other participants regret after doing vasectomy because their sexual ability decreases and they get sick more easily in general sense. An in-depth interview this couple finds that the decision to do vasectomy was because they had to. After the surgery, there are many complains that make them regret. Regret among the husbands is only assessed through the women's reports of whether their husbands ever requested a reversal from a physician. Conflict between a woman and her husband is a significant risk factor for regret and reversal.[22]

Feelings towards Wife

There were two kinds of feelings participants expressed that they had towards their wives. Some felt more passionate to their wife. Some others felt confused of their feelings. Most participants, however, felt more love, more intimate, and a better and improved quality of their relationship.

Social Response

The social response toward the men who have a vasectomy also varies. Javanese people believe that children can make their life more comfortable. Therefore, children have an important role in constructing the peace of the heart. Javanese people are also very proud to have many children because children are expected to be the guarantee for their future life. The life expectation of the Javanese people includes harmony, comfort of life, and peaceful togetherness with all people.[8]

E. CONCLUSION SUGGESTION

After the vasectomy, husbands in Javanese family do not feel the changes in their physical condition which harm the health.

Most participants also expressed a desire to have a vasectomy to show affection toward their wife. Others expressed that the decision was made on behalf of the future welfare of their children and their families. They also believed that, generally, their vasectomy helped improve the quality of their marital relationship.

The response of the society towards vasectomy varied in general. The society views that having children is important, but the welfare of the family is also viewed as very important.

ACKLEDGEMENT

I would like to thank the Rector of University Muhammadiyah of Surakarta Indonesia and the President of the Association of Indonesian Nurse Education Center (AINEC) for their funding support of this research study.

REFERENCES

- [1] Indonesia Country Profile. International Planned Parenthood Federation 2003.
- [2] BKKBN. Peningkatan partisipasi pria dalam keluarga berencana da kesehatan reproduksi di Indonesia, *Cukilan Data Program Keluarga Berencana Nasional*, Nomor : 252 - Tahun XXX – 2008.
- [3] 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.
- [4] H. J. S. Speziale, & D. R. Carpenter, *Qualitative research in nursing, advancing the humanistic imperative*, 3th ed, Lippincot William & Wilkins. 2003.
- [5] D. F. Polit, C. T. Beck & B. P. Hungler, .Essentials of nursing research methods, appraisal, & utilization& utilization. (5thED). Philadelphia: lippincot. 2006.
- [6] 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
- [7] 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
- [8] E. Purwadi, Niken. 2010. *Upacara Pengantin Jawa*, Panji Pustaka, Yogyakarta.
- [9] T. Kerridge, J. Porksen, S. Robotham, 2003. *Views on vasectomy : the male perspective*. Marie Stopes International
- [10] 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
- [11] 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
- [12] J. M. Choe, A. K. Kirkemo, Questionnairebased outcomes study of nononcological post-vasectomy complications. *J Urol* 1996; 155: 1284–6
- [13] I. Ahmed, S. Rasheed, C. White, N. A. Shaikh, The incidence of post-vasectomy 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.
- [14] 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.
- [15] 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.
- [16] I. S. Edwards, Earlier testing after vasectomy, based on the absence of motile sperm. *Fertil Steril* 1993;59:431–6.
- [17] 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.
- [18] 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
- [19] P. Nigam, B. M. Goyal, R. Kumar, R. P. Sri Vasta, Post vasectomy sex-disorder, *The Medicine and Surgery* (1997) : 6, 10.
- [20] 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.
- [21] W. M. Wiest, L. D. Janke, Review artikel : A Methodological Critique of Research on Psychological Effects of Vasectomy, *Psychosomatic Medicine* Vol. 36, No. 5 , September-October 1974
- [22] 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.

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