Vasectomy: An underused contraceptive technique

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ABSTRACT

Despite access to an array of different contraceptive measures, overpopulation persists in being a major public health concern. Vasectomy is a safe, simple, cost-effective outpatient technique for male sterilization performed under local anesthesia. Irrespective of the multiple benefits associated with vasectomy, acceptance rates among clients have been extremely poor in different settings. To counter this lack, the following have been advocated by program managers: 1) the implementation of multiple measures, such as using mass media to undo the myths and misconceptions associated with vasectomy; 2) the active involvement of men in decision-making pertaining to matters of reproductive health and family planning; 3) the engagement of both spouses in assisting the couple to take an informed decision; 4) the provision of manpower with adequate training regarding procedure and men's reproductive health needs; 5) the involvement of different stakeholders; and 6) the integration of all reproductive health and family planning services under one roof. To conclude, vasectomy is the most dependable and cost-effective approach of contraception for couples who have completed their family.

Key words: Vasectomy, contraception, men, permanent sterilization

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Despite the cafeteria approach offered for choosing different contraceptive measures, overpopulation continues to contribute significantly to environmental degradation and human suffering worldwide. As per recent estimates of the World Health Organization, the global crude birthrate for the year 2010 was 23.7 births per 1,000 people; the highest rates were observed in the regions of Africa (38.3 births per 1,000 people) and the eastern Mediterranean (28.5 births per 1,000 people) [1]. One study has revealed that nearly 50% of all conceptions are unintended, and an equal percentage of the resultant pregnancies are unwanted [2]. In developing nations and low-resource settings, access to contraceptives is further limited due to cultural barriers and economic constraints. Studies have identified that more than 20% of pregnancies resulting from the dearth of contraceptives are terminated via fetal abortion [3,4]. There is thus a great need for better access and education regarding existing contraceptives options.

In a survey performed in nine countries spanning four continents and involving more than 9,000 males aged 18 to 50 years, the majority of respondents expressed a willingness to adopt contraceptive methods should they be available [5,6]. Another survey conducted among women attending family planning clinics in Scotland, China, and South Africa has revealed that 98% of women would be inclined to rely on their male partners to adopt male contraception [7]. Vasectomy is the first surgical method of male contraception and the only widely available and effective method of family planning for men. Vasectomy possesses a few substantial advantages that are not offered by any other birth control method. It is a safe, simple, cost-effective outpatient technique for male sterilization performed under local anesthesia. It is an extremely effective method that does not require continuous motivation, as well as has a minimum recovery time, a failure rate of less than 1%, and a comparably low incidence of complications [8]. The Pearl Index for this method is 0.15 (perfect use = 0.1), making it the most effective method of contraception available [8].

Irrespective of the multiple benefits associated with vasectomy, acceptance rates among clients have been extremely poor in different settings [9, 10]. Multiple sociodemographic and health care delivery-associated factors have been attributed to the poor acceptance rate of vasectomy among the general population, including lack of awareness [10]; ignorance among men [11]; fear of possible loss of children due to death or divorce [10]; adoption of other contraceptive measure by spouse [12]; myths and misconceptions related to vasectomy; fear of irreversibility, pain, and/or inability to indulge in future sexual intercourse; risk of postoperative complications, loss of efficiency at work, and/or its perceived synonymy with castration [11,13]; poor educational and socioeconomic status [11,12,14]; psychological constraints and religious hurdles [11]; variable acceptance rates among gynecologists [11]; physicians' perception that male patients will never adopt the surgical procedure [11]; spousal influence [15]; and accessibility and availability of trained doctors [9,16].

To augment the uptake of vasectomy by male patients, implementing the following measures should be advocated by both program managers and policymakers: organizing mass media campaigns involving doctors, local leaders, and satisfied clients to counter the myths and misconceptions associated with vasectomy [13]; addressing the psychosocial concerns and barriers patients face [13]; ensuring men's active involvement in decision-making regarding matters of reproductive health and family planning; pre- and postoperative counseling the husband and wife together to assist their an informed decision-making [15]; providing staff with adequate training about the vasectomy procedure and men's reproductive health needs [16]; adopting no-scalpel vasectomy procedures and other modern techniques at all healthcare institutes [2]; decentralizing services to trained private practitioners and doctors from nongovernmental organizations [8]; involving different stakeholders and international health organizations [8]; providing monetary incentives; integrating all reproductive health and family planning services under one roof [11]; fostering community outreach and mobilization activities to maximize the reach of services [15]; and clients' maintaining compliance with postoperative surgical instructions [16].

Altogether, vasectomy is the most dependable and cost-effective approach to contraception for couples who have completed their family. Ensuring sustained political commitment, community participation, and the active involvement of all stakeholders can significantly improve the future uptake of vasectomy among men.

Conflicts of interest

The author declares no conflict of interest.

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