Awareness and Attitude of Women Towards their Spouse's use of Vasectomy as a Fertility Control Method in Jos, North-Central Nigeria

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Abstract
***Background**: Vasectomy, though a safe, simple outpatient surgical procedure for male sterilization, it is the least used in developing countries of the world. This study was set to determine the awareness and attitude of women towards their spouse's use of vasectomy for fertility control.*
***Method**: This was a cross-sectional study involving 400 women who attended antenatal clinic at the Jos University Teaching Hospital (JUTH), Jos, Nigeria from September 2007 to march 2008.*
***Results**: Among the 400 respondents only 98(24.5%) were aware of vasectomy. The commonest source of information was from health workers in the hospital (47.96%).Most of the women 359(89.75%) approved of male contraception with only 41(10.25%) disapproving .However, 81.25% disapproved with the use of vasectomy by their spouses. Most of those who disapproved of vasectomy gave their reasons as fear of sexual dysfunction (43.10%), religious prohibition (24.62%), cultural prohibition (19.05%), future regrets (9.85%) and fear of marital infidelity by their spouse (3.38%).More Christians (80.74%) approved for spouse to use vasectomy than Muslims (17.30%).The educated women (82.96%) were more willing to allow their spouse use vasectomy than the uneducated (33.33%).*
***Conclusion**: The awareness of vasectomy was low. Although most women approved of male contraception for fertility control, they would not allow their spouse to use vasectomy. More targeted efforts by promoting women education, economic empowerment, family planning enlightenment programmes as well as the involvement of traditional and religious leaders should be made to improve awareness and acceptability of vasectomy by both men and women in developing countries.*
***Key Words**: Awareness, Attitude, Male contraception, Vasectomy, Fertility control.*

Introduction

Despite currently available contraceptives, the world population exceeds 6.5billion and is increasing by 75million yearly[1].Overpopulation continues to be a significant contributor to environmental degradation and human suffering worldwide[1].Much of our current global population growth is unintended. It is estimated that half of all conceptions are unplanned and half of the resulting pregnancies are undesired[1,2].

Research and family planning organizations have traditionally focused upon female methods of contraception because women bear a disproportionate portion of the health and economic consequences of child bearing and rearing[3].However the appeal of a male contraceptive to both men and women is a welcome development. In surveys spanning four continents, a majority of men indicated a willingness to use a male contraceptive if one were available[3-5].

There are few available options for male contraceptive methods. This includes; hormonal based contraceptives, withdrawal, condoms and vasectomy. The last two been the most commonly practiced methods. Despite few available options, male methods account for approximately 14% of contraception worldwide, with prevalence significantly higher in the developed world where male directed methods account for more than 30% of contraception[3].

Vasectomy is a safe, simple outpatient surgical procedure done under local anesthesia for male sterilization. In this procedure, the ductus deference is severed and the ends ligated through a small scrotal incision [7,8]. Approximately 500,000

vasectomies are performed yearly in the united states[6], where approximately 10% of couples using contraception rely on this method. Worldwide, over 40million men have undergone the procedure accounting for 5% of active contraception[7].Failure rate is less than 1% with a low incidence of complications [6].

Vasectomy is least used in developing countries of the world. In northern Nigeria, it is considered to be a neglected method of permanent contraception[8].An earlier study carried out in Jos showed an acceptability rate of the method to be 0.28% [8]. Some health care providers are prejudiced against vasectomy because of lingering misconceptions about the effect of the method on health and sexual function and hence underestimate the demand of males for vasectomy[8]. In a nation-wide survey in Nigeria, more than two-fifths(43%) of respondents expressed the opinion that decisions on the use of family planning methods be jointly taken by couples[9].It is based on this background information that this study was set to determine the awareness and attitude of women towards their spouse's use of vasectomy as a method of fertility control.

Subjects and Methods

This was a cross sectional study involving 400 antenatal clinic attendees at the Jos University Teaching Hospital. The hospital is a 500 bed tertiary health center in north-central Nigeria and serves as a referral center for private, cottage, general and specialist hospitals in this region of the country. Data collection was through a structured pre-tested interviewer administered questionnaire. Women who attended the clinic between September 2007 to march 2008 and consented to be part of the study were recruited. Information obtained included: age, occupation, educational status, ethnicity, religion, parity, awareness and attitude towards male sterilization (vasectomy).The data was analyzed using EPI info version 3.2.2.The data was presented in a tabular format and compared using simple percentages. Chi Square was used as test of statistics with P value of less than 0.05 considered statistically significant.

Results

Four hundred respondents were interviewed out of which 37.5% were aged between 25-29 years. One percent were 19 years or less while 0.8% were 40 years and above. Forty two (10.5%) of the women did not have any formal education. Sixteen percent had primary, 34.75% had secondary and 38.75% had tertiary level of education. Twenty-seven point eight percent were housewives. Majority (74%) of respondents were Christians while 26% were Muslims. The beroms constituted 20.5%, Hausa 15.7%, Ibos12.7% among the diverse ethnic groups studied (Table I). Most of the respondents (61.5%) had 1-2 living children. Only 5% had 4 or more living children (Table II). Eighty nine point seven five percent of the respondents accepted that men should use contraceptive methods (Figure 1). However, only twenty four point five percent were aware of vasectomy and the commonest source of information was from health workers in the hospital (47.96%) Table III. As high as 81.25% disapproved with the use of vasectomy by spouse for fertility control (Figure 2). Among those who refused for spouse to use vasectomy gave reasons of; fear of sexual dysfunction 43.10%, religious prohibition 24.62%, cultural prohibition19.05% and fear of marital infidelity 3.38%(TableIV). There was a statistically significant relationship ($p < 0.05$) between religion, educational status and the approval for the use of vasectomy. More Christians (80.74%) approved of the use of vasectomy than Muslims (17.30%).The educated women (82.96%) were more willing to allow their spouses use vasectomy than the uneducated (33.33%) (Table V).

Discussion

Several studies have demonstrated that male contraceptive is becoming appealing to both males and females. In this study, 89.75% of women approved for spouse to use contraceptive. This is similar to a study done in the United States of America (USA) where 98% of women in stable relationship were willing to rely on their male partners to use male contraceptive [6].This high level of acceptability of male contraceptives may be due to the fact that most women in this study had at least primary level of education (89.50%).It has been shown that the educated women are more likely to accept family planning method.

Although majority of the women approved of the use of male contraceptive by their spouses, their attitude towards vasectomy was however different. Eighty one point twenty five percent of the respondent disapproved with the use of vasectomy by their spouses. This finding could portend a major setback to the use of vasectomy by men for fertility control since majority of women had opined that family planning decision should be jointly taken by couples and not one partner[10].

Although vasectomy is an acceptable technique of sterilization in affluent societies cultural barriers exist in most parts of Africa. Other factors that have been noted to influence the use of male contraceptive methods generally are namely economy, religion and relationship status of the partners etc. In this study, religion was noted to negatively affect the approval of vasectomy by the women. This is similar to findings of a study done in Sokoto, northern Nigeria where it was observed that the use of family planning methods for birth/population control was traditionally considered strictly unislamic and therefore culturally unacceptable [12,13].

Reasons given by respondents for their disapproval with the use of vasectomy by their spouses included sexual dysfunction, religious prohibition, cultural prohibition, future regrets and fears that their spouses would become promiscuous. Several studies done in Europe and UK did not demonstrate significantly that vasectomy was harmful to the health of men. In a review of 357 vasectomies for male sterilization; it was found out that the clients were psychosexually satisfied with the procedure and would recommend it to friends. The fear of prostate cancer following vasectomy has not also been convincingly demostrated[13-16].

The findings in this study suggest that the blame for the low acceptability of vasectomy in developing nations may not lie squarely with the men. The attitude of women towards the use of vasectomy by their spouses is equally not encouraging. The strategy for improving this trend should involve more targeted efforts by promoting women education, economic empowerment, information dissemination and enlightenment campaigns by family planning experts. Involvement of religious leaders and traditional rulers in the exercise is also crucial to improving awareness and acceptability of vasectomy in developing countries of the world.

TABLE I: Socio-demographic Characteristics of Respondents (n = 400)

Characteristic	(n=400)	(%)
Age in years		
□19	4	1.0
20-24	87	21.7
25-29	150	37.5
30-34	117	29.2
35-39	39	9.80
40-44	3	0.80
Educational Level		
None	42	0.75
Primary	64	8.00
Secondary	139	36.50
Tertiary	155	54.75
Occupation		
Business	109	27.30
Housewife	111	27.80
Student	68	17.00
Farming	52	13.00
Teaching	45	11.20
Civil servant	15	3.70
Religion		
Christians	296	74.00
Muslims	104	26.00
Ethnic group		
Berom	82	20.50
Hausa	63	15.70
Igbo	51	12.70
Yoruba	21	5.30
Jarawa	20	5.00
Mwaghavul	35	8.80
Others	128	32.00

TABLE II: Distribution of living children among the women

Living Children	N=400	%
None	83	20.75
1-2	246	61.50
3-4	51	12.75
More than 4	20	5.00

TABLE III: Awareness and source of awareness of vasectomy by the women

Awareness	N=400	%
Yes	98	24.5
No	302	75.5
Source of Awareness	**N=98**	**%**
Hospital	47	47.96
Mass media	32	32.65
Friends	15	15.31
Others	4	4.08

TABLE IV: Reasons for women's disapproval for spouse to use vasectomy

Reasons	N=325	%
Fear of sexual dysfunction	140	43.10
Religious prohibition	80	24.62
Cultural prohibition	62	19.05
Future regrets	32	9.85
Fear of marital infidelity	11	3.38

TABLE V: Approval for vasectomy by religion and educational status

Socio-demographic characteristics	Approval for vasectomy Yes	No	Total	P Value
RELIGION:				
Christians 296(100%)	239(80.74%)	57(19.26%)		$X^2$134.49 P<0.05
Muslims 104(100%)	18(17.3%)	86(82.7%)		$X^2$53.38 P<0.05
EDUCATIONAL STATUS:				
No formal education 42(100%)	14(33.3%)	28(66.7%)		
Educated 358(100%)	297(82.96%)	61(17.04%)		

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