Understanding male involvement in vasectomy (case study scenario in Madang Province, PNG)

Waka Tosa

Abstract

Many PNG women and health agencies see lack of male involvement and support for family planning and vasectomy services as placing the burden of contraception on women. Vasectomy is a family planning method used by males as a contraceptive option to control birth and reduce unwanted pregnancies. This study was undertaken in Itutang community along Lower Ramu River in Middle Ramu District, Madang Province. Data was collected using a mixed method study approach. Qualitative data was collected through unstructured interviews and observation with post-vasectomy males, family planning providers and males in the community. Quantitative data was collected from the questionnaire administered by the researcher. The researcher completed 12 interviews (in-depth and focus groups) and 47 surveys were collated for this study. The aim of using both qualitative and quantitative methods in data collection was to understand males' involvement in vasectomy and investigate factors that motivated males to accept vasectomy and other family planning services. The study found that males show a great interest in vasectomy services. This was largely due to the influences exerted by spouses of the males who received vasectomy procedure. Post-vasectomy males and a white missionary couple of New Tribes Mission Church were advocates of vasectomy and family planning in the community. The missionary couple from United State pioneered the family planning program in the church to reach out to families and married couples to consider options of birth control and spacing of children. Geographical conditions and remoteness of the rural communities were perceived challenges for health service providers to extend family planning services to the communities. Burdens of family chores and unavailability of female contraceptive options prompted males to accept vasectomy as a permanent contraception choice.

Key words: Male vasectomy, family planning, contraceptive supplementary, tubal ligation, safe motherhood, population growth control, PNG National Department of Health

Introduction

The lack of involvement by men in family planning is a policy challenge for health agencies. Governmental and non- governmental agencies and international health organizations have recognized the need to include males in the reproductive health programs so that men and women participate alike. One way to foster male involvement in family planning is to give couples more

contraceptive choices through the promotion of male-oriented methods such as vasectomy (Bunce, Guest, Searing, Frajzyngier, Riwa, Kanama, & Achwal, 2007).

Vasectomy is a method used in family planning by males to control births and to reduce unwanted pregnancies. The method is regarded as unpopular and underutilized by males yet, it is considered a good supplement for tubal ligation. Tubal ligation is a contraceptive or sterilization procedure widely utilized by women to control birth and reduce unwanted pregnancies. Tubal ligation involves making an incision in the fallopian tubes by tying and blocking the egg from reaching the sperm of men (https://www.vasectomy.org.au/faqs/vasectomy-vs-tubal-ligation/).Vasectomy and tubal ligation offer permanent relief to child bearing and unplanned pregnancies and allow couples to remain infertile for long periods. Vasectomy is a simple surgical procedure that takes less than 20 minutes to complete by a trained health professional while tubal ligation involves going under general anesthetic and several scalpel incisions and is a more complex procedure. (https://www.vasectomy.org.au/faqs/vasectomy-vs-tubal-ligation/).

Vasectomy program in PNG

The vasectomy program was started in Papua New Guinea in 1997, with an aim to provide an important component of the National Department of Health (NDoH) family planning program for safe motherhood, as well as strategy to address population growth in PNG (Tynan, Vallely, Kelly, Law, Millan, Siba, & Hill, 2012). The method has been highlighted within numerous PNG policy documents including, the National Health Plan (2011-2020); Reproductive Health Policy (2007); and National Population Policy (2000-2010). The overarching goal is to assist in minimizing the burden of maternal health and child morbidity in PNG. Vasectomy was part of the Millennium Development Goal to improve maternal health (Tynan et al., 2012).

Recently, health intervention programs comprising of sexual and reproductive health with family planning have recorded a rise of male participation in family planning and vasectomy. Marie Stopes PNG, in its clinical reports have indicated growing statistics in men taking the vasectomy procedure (Kols & Lande, 2008). In 2009, there were 17 recorded procedures by Marie Stopes, which increased to over 1000 in 2013 (Kols & Lande, 2008). In the 2014, annual report by Marie Stopes recorded over 1,366 vasectomy procedures undertaken in five clinics of Marie Stopes in PNG (Kols & Lande, 2008).

The recent popularity of vasectomy means that it is now a viable alternative to tubal ligation. The aim of this study is to investigate how this has come about.
The study attempted to answer the overarching question: What are some of the factors motivating males to accept vasectomy?

Three supporting questions were:

- **What are males' general perception and knowledge about family planning?**
- **Where do males access family planning and vasectomy services?**
- **What are some of the factors/barriers preventing men from taking up vasectomy?**

Methodology

The study employed mixed method approaches to explore the research questions. By using mixed methods, it enables the study to be scoped from different perspectives and to gain a deeper understanding of the particular phenomena. Giannakaki (2005) stated that combining quantitative and qualitative methods in a single study could help clarify various aspects of the phenomenon during investigation, providing a more holistic understanding.

I conducted six face-to-face interviews with men who had undergone the procedure, six focus group discussions, and was able to collect anonymous, self-completed questionnaires from 47 other men attending the clinic conducted by Marie Stops PNG. The participants who took part in the study were there at the clinic site to access family planning information and the vasectomy procedure.

Qualitative data was collected through in-depth interviews with post-vasectomy users as key informants of the study; family planning and vasectomy service providers; and community perceptions from leaders and church representatives in the community. Focus group discussions were undertaken with participants to gauge and understand consolidated views and opinions of the participants about the acceptance of vasectomy as a contraceptive option for males.

Table 1: *Indicated summary of interviews conducted with different participants in the study*

Data collection tool	**Participants characteristics**	**Interview participants**
In-depth interviews (IDI)	Post- vasectomy users (married males)	4
Focus group Discussions (FGDs)	Key informants- vasectomy users, church and community representatives	3
In-depth interviews (IDIs) with key informants	Key informants- community leaders (chief and ward councillor)	3
In-depth interviews with key informants	Service providers- Outreach coordinators of Marie Stopes PNG and vasectomy trainers from Goroka	3

In the qualitative data analysis, the researcher used thematic analysis to draw themes from the dataset. Thematic analysis according to Salana (2009) refers to

an outcome of coding, categorization and analytic reflecting of forming themes. The researcher used valid analysis as a guidance to systemically arrange the answers to research questions. Valid analysis refers to data displays that are focused enough to permit viewing of a full data set in one location to answer the research question (Huberman & Miles, 1994). The researcher followed step-by-step guide to analyzing data.

Quantitative data was analyzed using 'Statistical Package for the Social Sciences' (SPSS) computer program. Frequency tables, cross tabulation and graphs were done using the SPSS in order to present the data as findings to compare participants' knowledge and understanding about family planning and vasectomy method. More than three variables were analyzed using the Excel software program and presented as mean rating from lowest to the highest or the opposite. The researcher analyzed data from the three supporting research questions and the overarching or big question.

Results/Discussions

The results I present in this paper were part of this work on understanding males' involvement on vasectomy. The results were discussed according to the emerging themes in the study.

Factors that motivated males to uptake vasectomy

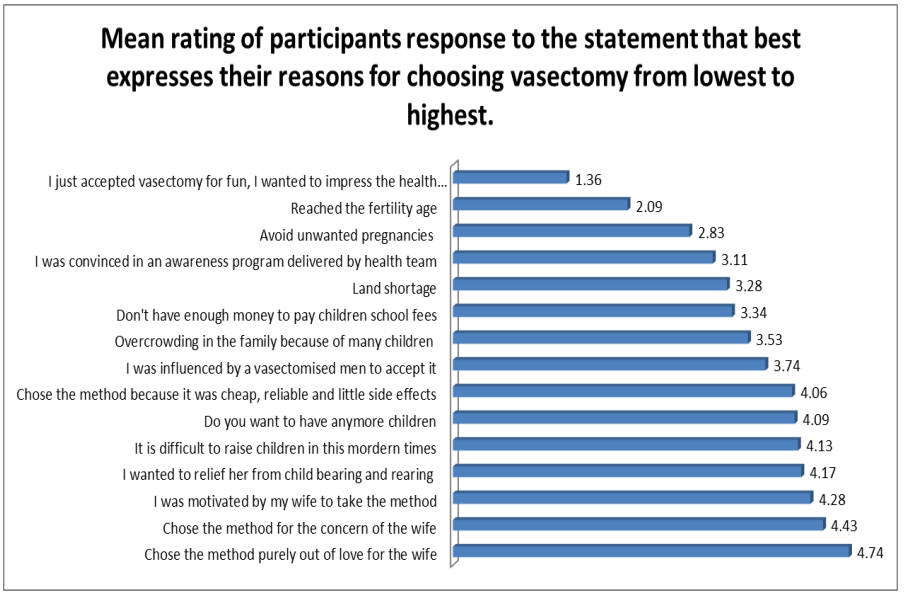

Figure 1.1 Shows mean rating of participants' responses to the statement that best states their reasons for choosing vasectomy from lowest to highest (N=47)

The highest mean rating of participants' responses to express reasons for choosing vasectomy was out of love for the wife, concern for the wife and

motivated by wife. The participants expressed that their wives had the greater influence on their decision making process to accept vasectomy.
The second highest mean rating expressed by the participants was to relieve the mother from child bearing and rearing; it is difficult to raise children in the modern times; do not want to have any more children; and chose the method because it was cheap, reliable and had few side effects. The reasons expressed by the participants shows that their reasons for choosing vasectomy were based on economic reasons. They wanted to have family that is manageable, healthy and within their economic means. The lowest mean rating expressed as the reasons for choosing vasectomy: they wanted to impress the health person, had reached the fertility age, to avoid unwanted pregnancies and participant was convinced in an awareness program delivered by the health team.

Concern for health of the wife

Spousal influence is considered an important factor in shaping the decisions of males to accept vasectomy. This factor was revealed in the study concerning males' involvement in family planning and use of the vasectomy method. The findings also suggest that spouses of the post- vasectomy males have played an important role in influencing decisions of their husbands to accept vasectomy. This finding is supported by a study done in Tanzania to increase inclusion of men in matters of reproductive health so that both men and women benefit from the contraceptive options alike. The call was made to address the inequality in contraceptive uptake, giving men equal choice to participate in family planning (Bunce, et al., 2007). Both studies suggest that both men and women indicated that wives play an important role in vasectomy decisions of their husbands.

Male accessibility of vasectomy services

Accessing family planning and vasectomy services was an important area this study investigated. Family planning services and vasectomy methods were considered unpopular and underutilized by males due to unavailability of contraceptive options and lack of knowledge to embrace the importance of birth control and child spacing.

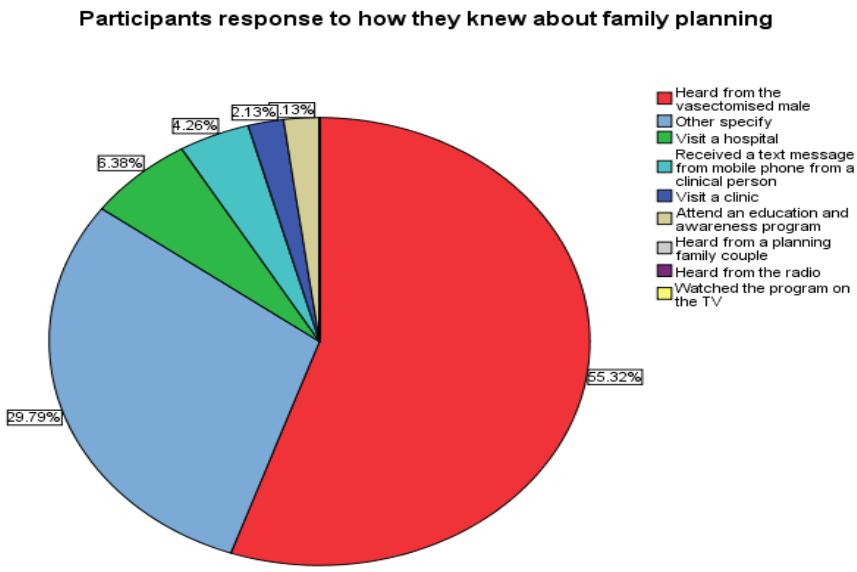

Figure 1.2 indicates participants' responses to how they knew about family planning (N=47)

Half (N=24) of the total male participants (N=47) surveyed responded that they knew about family planning from a vasectomized male. Respondents who indicated as "other specify" referred to an American missionary couple from New Tribes Mission Church who lived there with the community during their pastoral work. The missionary couple as part of the church program held family planning sessions with the married couples to educate them about the contraceptive options and the need to control birth and space children. Participants' responses to how they knew about family planning was through their prior contact with the missionary couple. The lowest response was (N=2) from the participants who visited the clinic to know family planning methods.

Post-vasectomy males provided vasectomy information

Some men who have had vasectomies act as community advocates for the procedure. The initiative by post-vasectomy men proved to be the single most important source of information accessed by the male participants on family planning and vasectomy. Peer influence or interaction was a significant disseminating tool used by the post-vasectomy male advocates to communicate information to the males. One of the post-vasectomy males shared his experiences.

> *I have no idea about vasectomy until I met our community advocator. He shared his experiences about vasectomy and how he coped with the challenges that goes with it. So later, I have decided to take vasectomy after consulting my wife* (post-vasectomy male, 34, Itutang)

The work of the post- vasectomy males in the community have attracted health clinics from the town to use them as reference points to gain access to the rural communities. The community advocacy work about family planning and vasectomy was already instituted by the experienced post–vasectomy clients before the arrival of the clinic's outreach team to the communities. The health clinics then utilized the services of the advocators to advance their programs in the communities. The utilization of the advocators in the community also helped clinic outreach teams to run successful vasectomy procedures with males.

Missionary couple shared family planning information

Everything about family planning and vasectomy acceptance by males have initially begun with the missionary couples. Male respondents from the study have suggested that they first received information about family planning and vasectomy from the missionary couples during the church and private gatherings. Figure 1.2 also supports that missionary couples were the second important source where first vasectomy males have received the information about family planning. The finding reveals that vasectomy males had no contact with any of the clinical health outreach programs prior to the influence of the missionaries. This also reflects the isolation of the community and absence of the government's vital infrastructure that supports the programs as such from the health sector to reach rural communities.

It can also be accepted that the missionary's literacy programs, run in the communities as a church program, had drawn many couples to be close with the church. Literate males in the community have greatly involved themselves in the program as assistants to the missionary couple. Later the program was replicated to other communities along the Guam River as a church program. The literacy program helped many couples to read and write in Tok Pisin and translate to local vernacular. The purpose of the program was to evaluate the illiteracy level of the community to understand, read the bible and partake in the church activities.

Figure 1.3 indicates that; having less knowledge about vasectomy and other family planning method was the most important factor preventing males to access vasectomy, with the highest mean ranking of (5.13). The second important preventive factor indicated to be; men delay the procedure to have more children with mean ranking of (4.94). Then follows by 3.85, 3.19, 2.74 and 1.09 as the lowest mean ranking.

Factors/barriers preventing men from taking up vasectomy

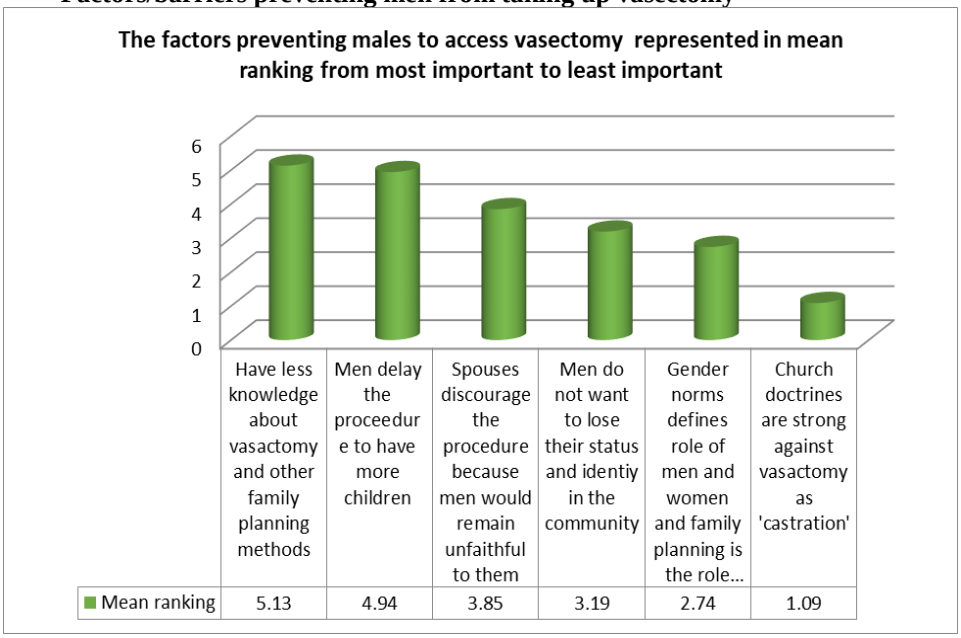

Figure 1.3 presents the factors preventing males from accessing vasectomy represented in mean ranking from most important to least important

Limited knowledge about vasectomy

Understanding the concepts of family planning and vasectomy was a challenge for many participants. It was evident during the study that many of the male participants came without having prior knowledge about family planning and vasectomy. The only source of information available to most of the participants was from the vasectomized males, who then became great advocators for family planning and the vasectomy method. It was revealed in the study that vasectomized males only shared their vasectomy experiences with their peers and not with an advanced knowledge about family planning methods. This implies a transfer of insufficient information on vasectomy to the males by the vasectomized males.

Studies in Africa and other parts of the world have shown men to be interested in family planning in general (Landry & Ward, 1997) and not in vasectomy specifically (Atkins & Jezowski, 1983). As shown in this study, a good number of men are aware of family planning and male contraceptive methods but unable to access the information freely because of misconception and the language barrier. While Caldwell and Caldwell (2002) reported vasectomy to be unacceptable to most African men and probably will long remain so, there is evidence that the low use of vasectomy is because of the failure of information and services available and accessible (Bunce, et al., 2007). For this study, it is

evidenced that low use of vasectomy was the result of limited knowledge and low literacy level, although males demonstrated great interest in vasectomy.

Difficulties in accessing family planning services

Absence of vital government services in the rural communities is a great concern for the people because of limited opportunity, spurred by poor road conditions over difficult terrains and mountains. Such is the case for communities who undertook the vasectomy study. The Marie Stopes clinic outreach team was there to conduct the vasectomy procedure at the invitation of the males. The vasectomy method was only possible for other males to access because they have been influenced by the post- vasectomy males prior to their acceptance. This was made possible for the clinical outreach programs to achieve the participation of a greater number of males, undergoing vasectomy procedure at this given locality. However, at the outset, family planning methods became a great challenge for families to access in the rural settings and such is true for communities along Guam River.

For the health sector, service delivery becomes a great challenge to deliver programs in rural communities that lack basic government services. According to World Health Organization's (WHO) health framework, service delivery is a component in the six building blocks to promote and strengthen health services (Tynan, et al., 2012). The WHO emphasized strongly six building blocks as vital segments for effective service delivery. This program could only be achieved in settings where government infrastructural services are present and working better for the people to access services outside of the communities. Much of the success in health programs would therefore come about in settings where people are connected to the outside through infrastructural convenience.

Conclusion

The study aimed to explore the factors that have increased motivation in males to access family planning and the vasectomy method. The focus was on males' understanding of vasectomy in Madang Province. From the findings of the study, it is concluded that males took great interest in vasectomy and family planning in general. It was the vasectomy males who demonstrated love and compassion for their wives to accept the vasectomy procedure. The acceptance of the surgical procedure by men relieved the women from many contraception burdens and delivery complications undergone by women.

Missionaries in New Tribes Mission pioneered the family planning program for men and women in the community as part of the church program. Post-vasectomy men utilized peer influence as a form of advocacy or a disseminating tool to reach out to the men for family planning counselling and the vasectomy procedure. The opportunities in involving more men to participate in education, counselling and clinical programs were challenged by knowledge limitation of family planning and vasectomy services, inadequate exposure to contraceptive choices and further dampened by poor road accessibility and remoteness of the communities to access the services outside.

References

Adongo, P. B., Tapsoba, P., Phillips, J. F., Tabong, P. T., Stone, A., Kuffour, E., & Akweongo, P. (2014). "If you do vasectomy and come back here weak, I will divorce you": A qualitative study of community perceptions about vasectomy in Southern Ghana. *BMC international health and human rights 14*(1). 1-8.

Atkin,s B., & Jezowski, T. (1983). Report on the first international conference on vasectomy, *Studies in Family Planning 14*(3), 89–95.

Beitmayer, B. J., Ayres, L. & Knafi, K. A. (1993). Triangulation in qualitative research: Evaluation of completeness and confirmation purposes. *Image, 25*. 237-243.

Berger, P., & Luckmann, T. (1991). *The social construction of reality*. London: Penguin Books.

Bunce, A., Guest, G., Searing, H., Frajzyngier, V., Riwa, P., Kanama, J., & Achwal, I. (2007). Factors affecting vasectomy acceptability in Tanzania. *International family planning perspectives 33*(1). 13-21.

Burnard, P., & Morrison, P. (1994). *Nursing research in action; Developing basic skills* (2nd ed.). London: Macmillan.

Burns, N., & Grove, S. K. (2001). *The practice of nursing research: Conduct, critique and utilization* (4th ed.). Philadelphia: WB Saunders.

Butler, J. (1990). *Gender trouble: Feminism and the subversion of identity*, London: Routledge.

Caldwell J., & Caldwell, P. (2002). Africa: The new family planning frontier. *Studies in Family Planning 33*(1). 76–86.

Carrigan, T., Connell, R., & Lee, J. (1985). Towards a new sociology of masculinity. *Theory and Society 14*(5).

Cohen, L., & Manion, L. (1997). *Research in education* (4th ed.). New York: Routledge.

Connell, R. (2005). *Masculinities* (2nd ed.). Crows Nest: Allen and Unwin.

Cornwall, A., & Lindisfarne, N. (1994). 'Dislocating masculinity: Gender, power and anthropology'. In A. Cornwall & N. Lindisfarne (Eds) *Dislocating Masculinities: Comparative Ethnographies* (2nd ed.). London: Routledge.

Denzin, N. K., & Lincoln, Y. S. (2008). *The landscape of qualitative research* (3rd ed.). Thousand Oaks, CA: Sage Publications.

Duffy, M. E. (1993). *Methodological triangulation in practical research: Planning and design* (5th ed.). New York: MacMillan.

Giannakaki, M. K. (2005). Using mixed-methods to examine teachers' attitude to educational change: The case of the skills for life strategy for improving adult literacy and numeracy skills in England. *Educational Research and Evaluation, 11*. 323-348.

Gilmore, D. D. (1990). *Manhood in the making: Cultural concepts of masculinity*. Yale, CT: Yale University Press.

Giroux, H. (1988). *Schooling and the struggle for public life: Critical pedagogy in the modern age*. Minneapolis: University of Minnesota Press.

Government of Papua New Guinea (2012). *National Health Plan 2011-2020.* Port Moresby: National Department of Health.

Gutmann, M. (2007). *Fixing men: Sex, birth control and AIDS in Mexico*. Berkeley: University of California.

Inhorn, M., Tjørnhøj-Thomsen, T., Goldberg, H. & la Cour Mosegaard, M. (2009). Reconceiving the second sex: Men, masculinity and reproduction. *Journal of Family Planning and Reproductive Health Care 34(*4.

Jamieson, D. J., & Hollander, J. (2002). A comparison of women's regret after vasectomy versus tubal sterilization, *Obstetrics & Gynecology, 99*(6).1073-1079.

Kessler, S. J., & McKenna, W. (1978). *Gender: An Ethnomethodological Approach*. New York: Wiley

Kincaid, D. L., Merritt, A. P., Nickerson, L., De Catro. Buffington, M. P., De Casreo, P. P., & De Castro, B. M. (1996). Impact of a mass media vasectomy promotion campaign in Brazil. *International Family Planning Perspectives 22*(4). 169-174.

Kols, A., & Lande, R. (2008). *Vasectomy: Reaching out to new users: Population reports D6 (June)*. Retrieved from Marie Stopes link http://www.k4health.org/sites/default/files/vasectomyreaching%20out%20to%20new%20usersd6.pdf

Kura, S., Vince, J., & Crouch-Chivers, P. (2013). Male involvement in sexual and reproductive health in the Mendi district, Southern Highlands Province of Papua New Guinea: A descriptive study. *Reproductive health, 10*(1). 10-46.

Landry, E., & Ward, V. (1997). Perspectives from couples on the vasectomy decision: A six country study. In WHO (Ed.) Beyond acceptability: Users' perspectives on contraception. *Reproductive Health Matters*, 58–67.

Liskin, L., Benoit, E., & Blackburn, R. (1992). *Vasectomy: New Opportunities*. Population Reports, Series D, No. 5, Population Information Program. Baltimore: John Hopkins University.

Miles, B., & Huberman, M. (1994*). Qualitative data analysis*. Thousand Oaks, CA: Sage Publications.

Mumford, S. D. (1983). The vasectomy decision-making process. *Studies in Family Planning, 14*(3), 83–88.

Mundigo, A. (2000). Re-conceptualizing the role of men in the post-Cairo era. *Culture, Health & Sexuality* 2(3). 323–337.

Oakley, A. (1972). *Sex, Gender and Society*. London: Temple Smith.

Olawepo, R. A., & Okedare E. A. (2006). Men's Attitudes towards family planning in a traditional urban centre: An example from Ilorin, Nigeria. *Journal of Social. Science 13*(2). 83-90.

Polit, D. F., & Hungler, B. P. (1995). *Nursing research: Principles and methods* (3rd ed.). Philadelphia: JB Lippincott.

Qureshi Z., & Solomon M. (1995): KAP of men in Machakos town toward vasectomy. *Journal of O & G of Eastern and Central Africa 11*(1). 10–13.

Robson, C. (2002). *Real world research* (2nd ed.), 2nd edn. Oxford: Blackwell.

Ruminjo, J. (1999): Barriers to vasectomy use in Kenya, *East African Medical Journal 76*(3). 121–123

Salana, J. (2009). *The quantitative manual for quantitative researchers*. Los Angeles: Sage Publications

Sale, J. E. M., Lohfeld, L. H., & Brazil, K. (2002). Revisiting the quantitative-qualitative debate: Implications for mixed methods research. *Quality & Quantity 6*, 43-53.

Saukko, P. (2003). *Doing research in cultural studies: An introduction to classical and new methodology approaches*. London: Sage.

Schwandt, T. A. (2003). Three epistemological stances for qualitative inquiry: Interpretativism, hermeneutics and social constructionism. In Denzin, N. and Lincoln, Y. (Eds.), *The landscape of qualitative research: Theories and issues*. pp. 292-331. Thousand Oaks, CA: Sage.

Thomson, M. (2008). *Endowed: Regulating the male sexed body*. New York: Routledge

Touré, L. (1996). *Male involvement in family planning: A review of the literature and selected program initiatives in Africa.* Washington DC: Academy for Education Development

Tynan, A., Vallely, A., Kelly, A., Law, G., Millan, J., Siba, P., & Hill, P. S. (2012). Vasectomy as a proxy: Extrapolating health system lessons to male circumcision as an HIV prevention strategy in Papua New Guinea. *BMC Health Services Research, 12*(1), 1-12.

Vernon, R. (1996). Operations research on promoting vasectomy in three Latin American countries. *International family planning perspectives*, 26-31.

Whitehead, A. (1979). 'Some preliminary notes on the subordination of women'. *Institute of Development Studies Bulletin,* 10(3).

Wilkinson, D., Wagner, M.N., Mwangi, W. N., & Lyman, P. (1996). Improving Vasectomy Services in Kenya: Lessons from a Mystery Client Survey, *Reproductive Health Matters 7.*

Yin, R. K. (2009). *Case study research: Design and methods* (4th ed.). Thousand Oaks, CA: Sage Publications.

Author

Waka Tosa comes from Western Highlands in Papua New Guinea. He is a lecturer in the Department of PNG Studies and International Relations at Divine Word University. He holds a Bachelor of Arts Degree in PNG Studies and has recently (2016) completed a Master in Research Methodology program. Prior to joining Divine Word University in 2017, he was with Nancy Sullivan and Associates as a Social Research Director and freelance consultant. He also worked with Trans Niugini Tours as an operations and lodge manager. His research interests lie in politics, community development, project management, ethnographic research and anthropology for development.
E-mail: wtosa@dwu.ac.pg