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Attitudes Towards Vasectomy among Adult Men in Kapkatet Ward, Kericho County- Kenya.

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Key Words: Vasectomy, Attitudes, Adult men.

Abstract

Vasectomy is safe, cost-effective and permanent surgical method of male family planning yet it remains the most under-utilized in Africa and Kenya especially among men in rural communities. Socio-cultural barriers, negative attitudes, limited knowledge and among others contribute to low uptake of vasectomy especially among men in rural Kenya. In addition, men's perception of vasectomy is often distorted, inaccurate, mystical or sometimes characterized by myths and misconceptions. The aim of the current study was to assess attitudes towards vasectomy among adult men in Kapkatet Ward within Kericho County, Kenya. Kapkatet ward is a key catchment area for Kapkatet Hospital and this hospital is located within that ward. Ethicality was assured by obtaining permission from Medical Superintendent Kapkatet hospital and an informed consent from the respondents; anonymity and confidentiality was assured by using codes instead of names and prohibiting unauthorized access to data respectively. A cross-sectional study design was conducted on a systematically selected sample of 200 adult men who had at least two children. Data were collected using a pre-tested researcher administered questionnaire containing closed and open ended question items and analyzed using descriptive statistics. The respondent's socio-demographic characteristics were determined and their attitudes assessed using responses on readiness to use vasectomy, beliefs about associated health risks and side effects as well as beliefs associated with vasectomy as a family planning method for men. Majority (95%) of the respondents were Christians, 3% of the respondents subscribed to traditional African religions and the minority 2% were Muslims. Most (85%) respondents were married with at least 4-7children. A negligible number (2%) of respondents felt they were ready to undergo vasectomy while many respondents (98%) out rightly felt they were not ready to undergo vasectomy. Religious prohibitions and false beliefs about the health risks and side effects of vasectomy were some of the barriers to acceptance of vasectomy. A large number of respondents (95%) indicated their religion was against vasectomy and too few (5%) asserted that their religion was not against vasectomy. Study findings have shown that majority of respondents had negative attitudes towards vasectomy with very strong unfavorable religious and cultural beliefs, myths and misconceptions about vasectomy. Equally, a very strong negative feeling of readiness to undergo vasectomy was reported among very many respondents. Moreover, widespread misconceptions, myths and negative attitudes were dominant in most responses. To improve uptake of vasectomy, male specific counselling and education vis a vis culturally congruent messages are an imperative. Empowering adult men with acceptable and appropriate information will go a long way into cultivating joint family planning responsibilities among couples and thereby contribute towards national goals on contraceptive uptake among men to lower fertility rates in the country.

1. Introduction

Vasectomy is one of the most cost-effective permanent male contraceptive methods, and involves cutting and ligating the vas deference, the tubes that carry sperm from the testicles (Chan, C. J., & Goldstein, M. 2009; Ayele, et.al. 2019; Giles, A., et.al.2024). This prevents sperm from entering the semen and thereby permanently prevents pregnancy. It is cheap, easy and quick to perform. It is typically performed as a minor outpatient surgical procedure under local anesthesia and it takes approximately 15minutes. Vasectomy is intended to be a permanent form of contraception (Kols and Lande, 2008; Ayele,et.el.2019). According to the National Council for Population and Development (NCPD, 2004) the global uptake of vasectomy varies significantly by region and country. The prevalence of vasectomy in developed countries ranges from 8% to 22% compared to an average prevalence of below 1% in developing countries with the Sub-Saharan region recording a prevalence rate of less than 0.1%. Extremely low uptake of vasectomy in developing countries and Kenya specifically, is often due to misinformation, non-acceptance, negative attitudes, limited services and cultural barriers (Qureshi and Solomon, 1995; Perry, B. et.al. 2016).

In 2012, the Government of Kenya committed to design male friendly Family planning services, create demand and expand provision of vasectomy services in order to help Kenya progress towards its family Planning goals (Perry, B. et.al. 2016). According to the 2014 Kenya Demographic and Health Survey (KDHS, 2014) contraceptive use contributed to a decrease in fertility rates, from 4.6 to 3.9 children per woman. Although vasectomy as a male family planning method has a very high success rate in reducing fertility rates but family planning methods usually target women, the goal is often to reduce maternal and infant mortality rates (Perry, B. et.al. 2016), this has tended to relegate to the periphery men's health and male involvement in contraceptive use. Vasectomy is safe since it hardly has any side effects unlike the many severe side effects and complications associated with contraceptives in women (Kols and lande, 2008). Socio demographic factors and attitudes of men towards vasectomy are some of the major factors contributing to a low uptake of vasectomy as a permanent family planning method for men (Sharma, 2003; Linnet, 1993; Wilkinson et al, 1996). Men have fears about health risks and side effects, especially loss of sexuality as they often equate vasectomy with castration, men fear their children may die and they will be unable to have more (Wilkinson et al, 1996; Sharma, 2003). Most studies carried out in Kenya were done long time ago and majority are unpublished. Studies in Kenya found out that there was a good deal of misconceptions and myths about vasectomy. Men who participated in these studies hadnegative attitudes to vasectomy and they equated it with castration. They had fears about health risks and side effects of vasectomy particularly risk of prostate cancer, loss of masculine power and identity, loss of sexuality including inability to have more children or sexual drives and libido (Linnet, L. 1993; Qureshi et.al 1995; Perry et.al. 2016; Ikiugu, K.E; Abungu, 2025). Vasectomy is more accepted if the discussion is initiated by since the man is an effective decision-maker on fertility among couples' relationships(Vernon, 2007). Peer education and counselling can be an important instrument that appeals to men and bring on board.

The Results of the Study

The study findings consistently revealed negative perceptions towards vasectomy among adult men in Kapkatet ward of Kericho County, Kenya. The results suggested that the major contributory factors to negative attitudes towards vasectomy among study respondents were demographic characteristics such

as marital status, religious restrictions and false beliefs, myths and misconceptions especially concerning expected health outcomes and consequences of vasectomy procedure. The study findings were presented in form of tables and pie charts before being discussed.

Socio-demographic characteristics of Respondents

Table 3.1 .1: Religious affiliation

Religion	Frequency	Percentages
Christians	190	95%
Muslim	4	2%
African religions	6	3%
Total	200	100%

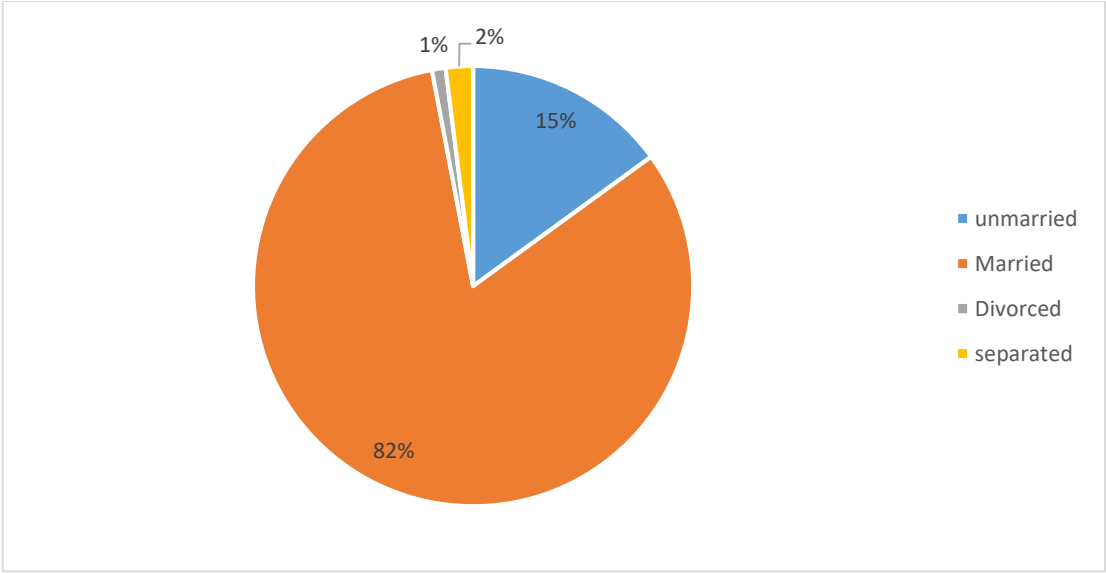
Majority of the respondents 95% were Christians, 3% of the respondents subscribed to African religions and the minority 2% were Muslims

Table 3.1.2: level of education

Education level	Frequency	Percentages
Primary level	10	5%
Secondary level	150	75%
Tertiary level	40	20%
Total	200	100%

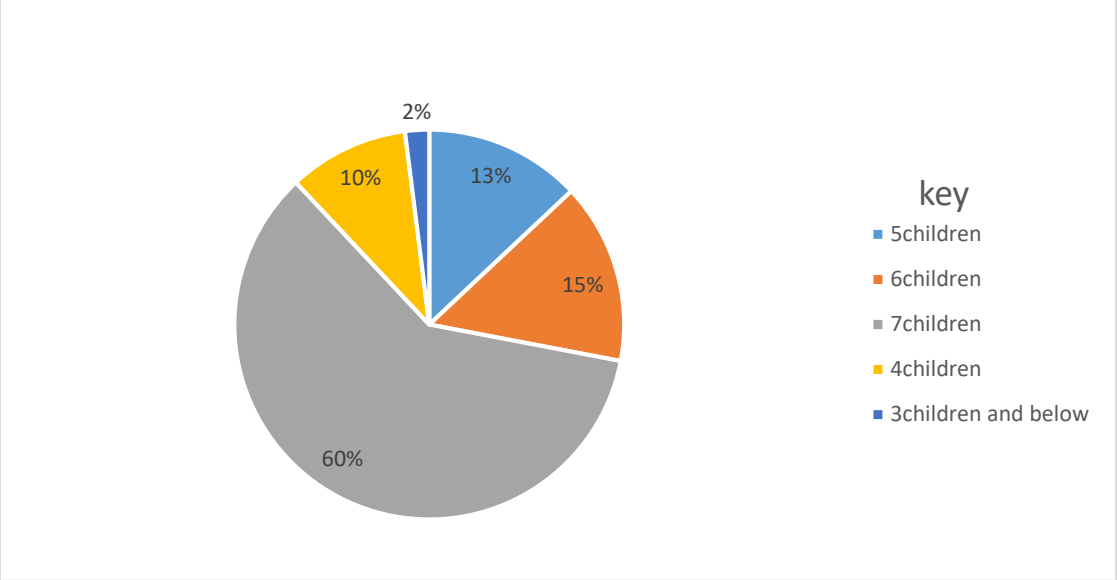
Majority (75%) of the respondents had secondary education, 20% of the respondent's had tertiary level of education and 5% had primary education.

Figure 3.1.3: Marital status



A large number (82%) of respondents were married, 15% of respondents were unmarried , the minority- 2% were separated while 1% were divorced.

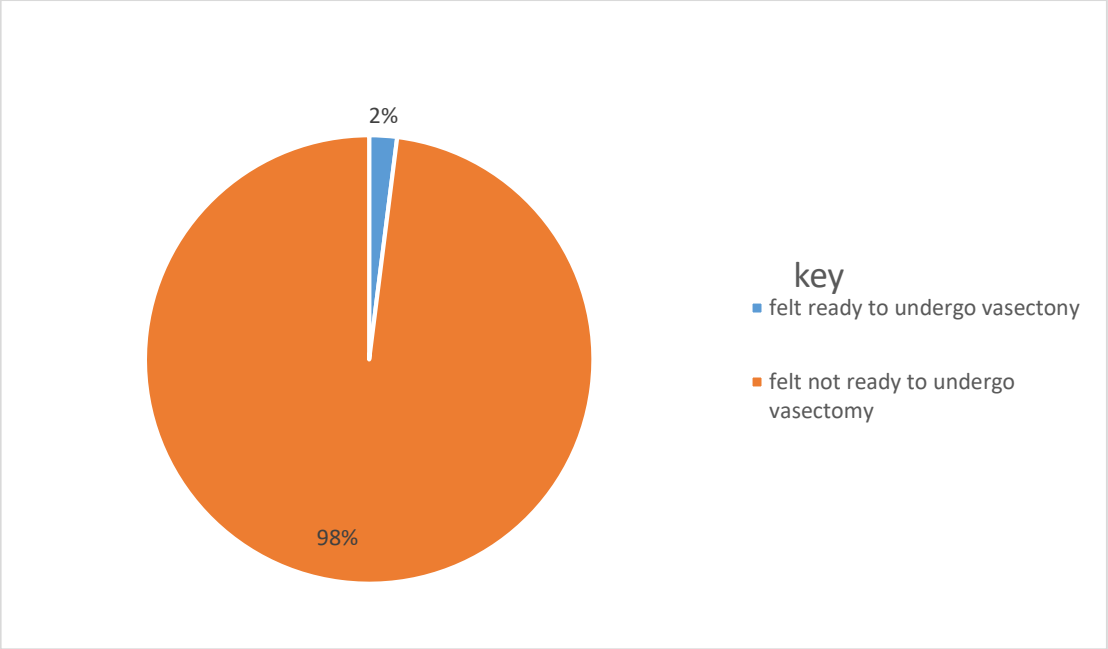
Figure 3.1.4: Number of children



Most of the respondents, 60% had 7 children, 15% of the respondents had 6 children, 13% of the respondents had 5 children, 10% of the respondents had 4children and 2% had 3children and below. Every respondent had at least one child regardless of their marital status.

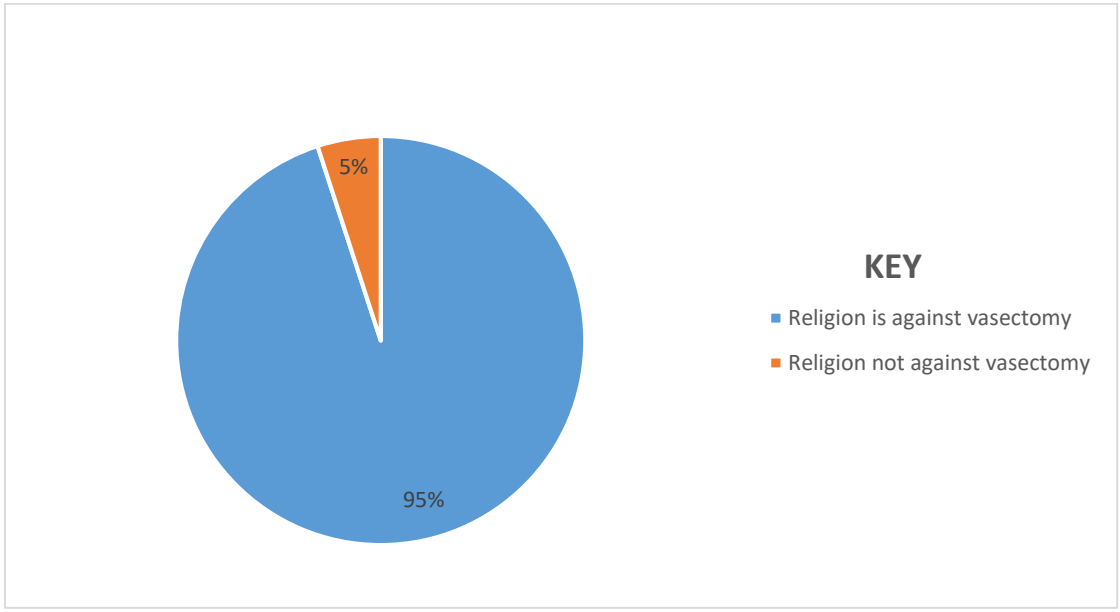
Attitudes of Respondents towards Vasectomy

Figure 3.2.1: Feelings of readiness to undergo vasectomy



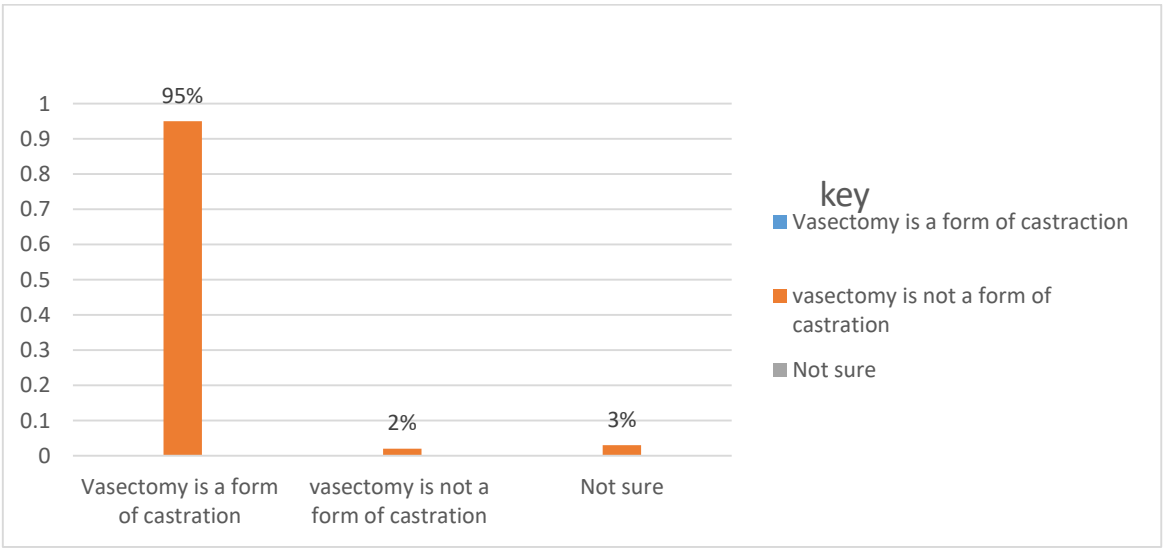
A significant number (98%) of respondents felt they were not ready to undergo vasectomy while a negligible number (2%) felt ready to undergo vasectomy.

Figure 3.2.2: Religious beliefs on vasectomy



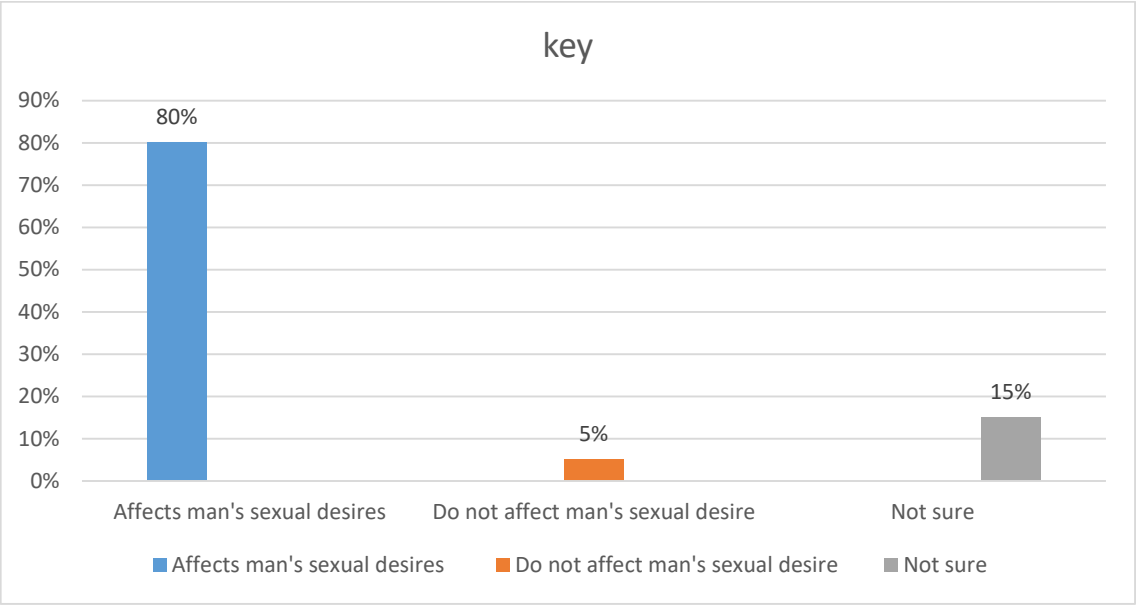
Majority of the respondents (95%) said their religion was against vasectomy while the minority 5% said that their religion was not against vasectomy

Figure 3.2.3: Vasectomy is a Form of Castration



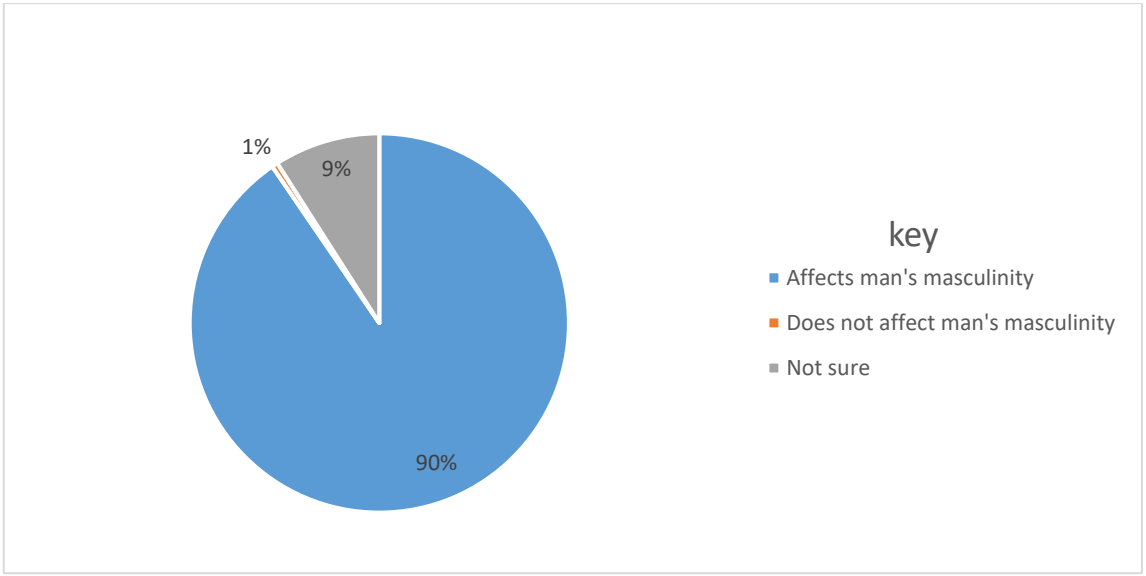
Majority of the respondents, 95%, believed that vasectomy is a form of castration, 3% of the respondents were not sure and the minority 2% of the respondents said that vasectomy was not a form of castration.

Figure 3.2.4: Vasectomy affects a Man's Sexual Desire



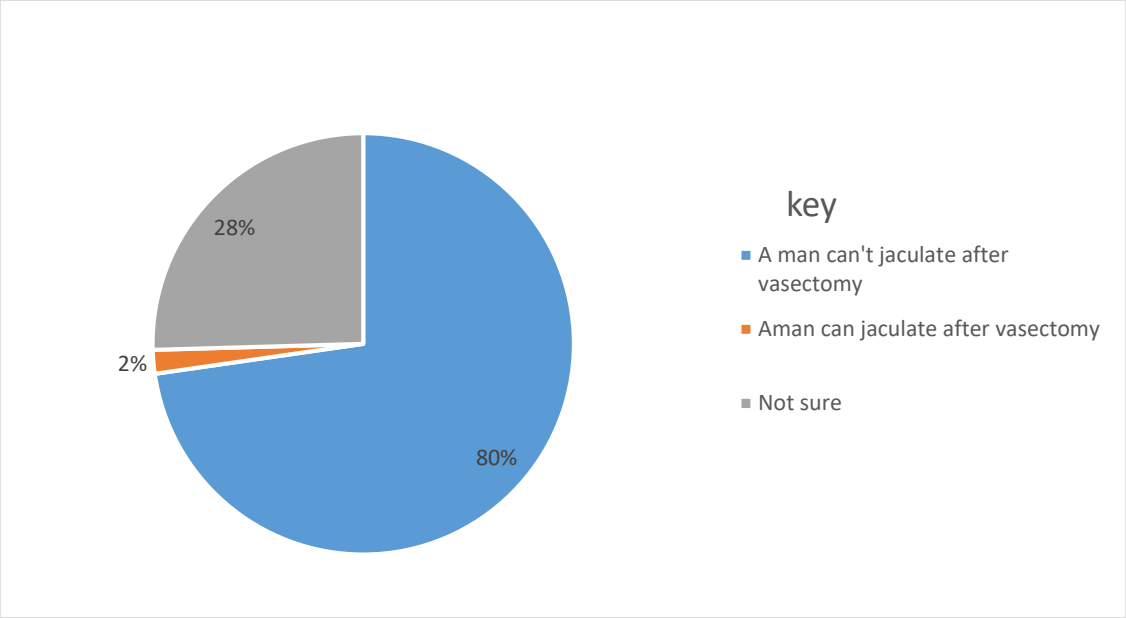
Most (80%) respondents believed that vasectomy affects a man's sexual desire, 15% of the respondents said that they were not sure and the minority 5% said that vasectomy does not affect a man's sexual desire.

Figure 3.2.5: Vasectomy affects a Man's Masculinity



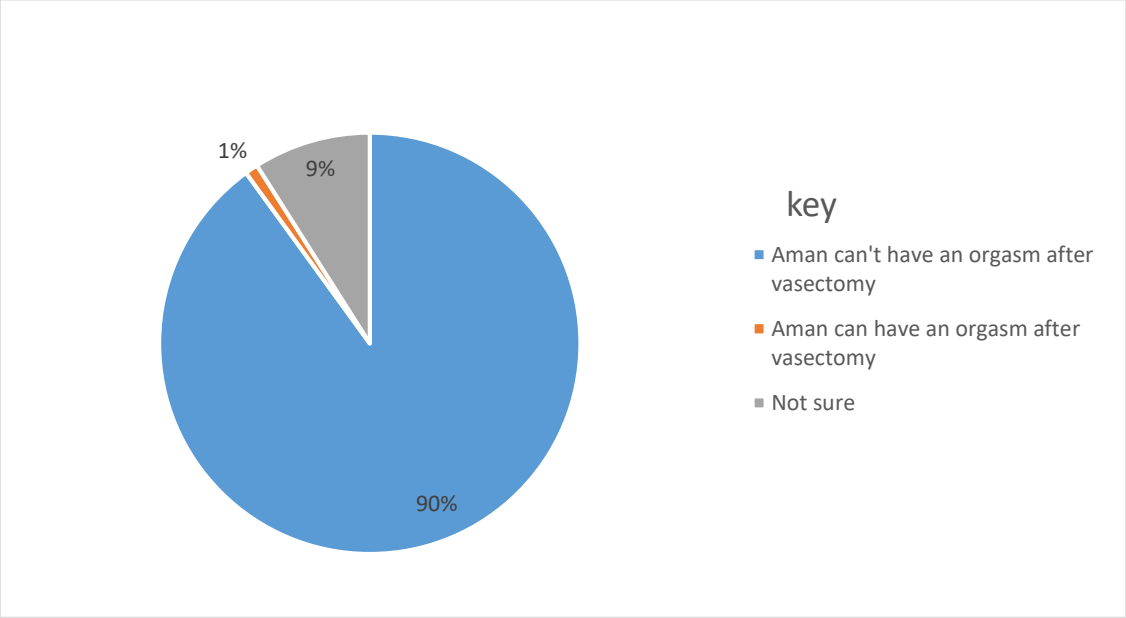
Majority of the respondents 90% believed that vasectomy affects man's masculinity, 9% of the respondents were not sure, and the minority 1% said that vasectomy never affects man's masculinity.

Figure 3.2.6: a Man cannot Ejaculate after Vasectomy Procedure



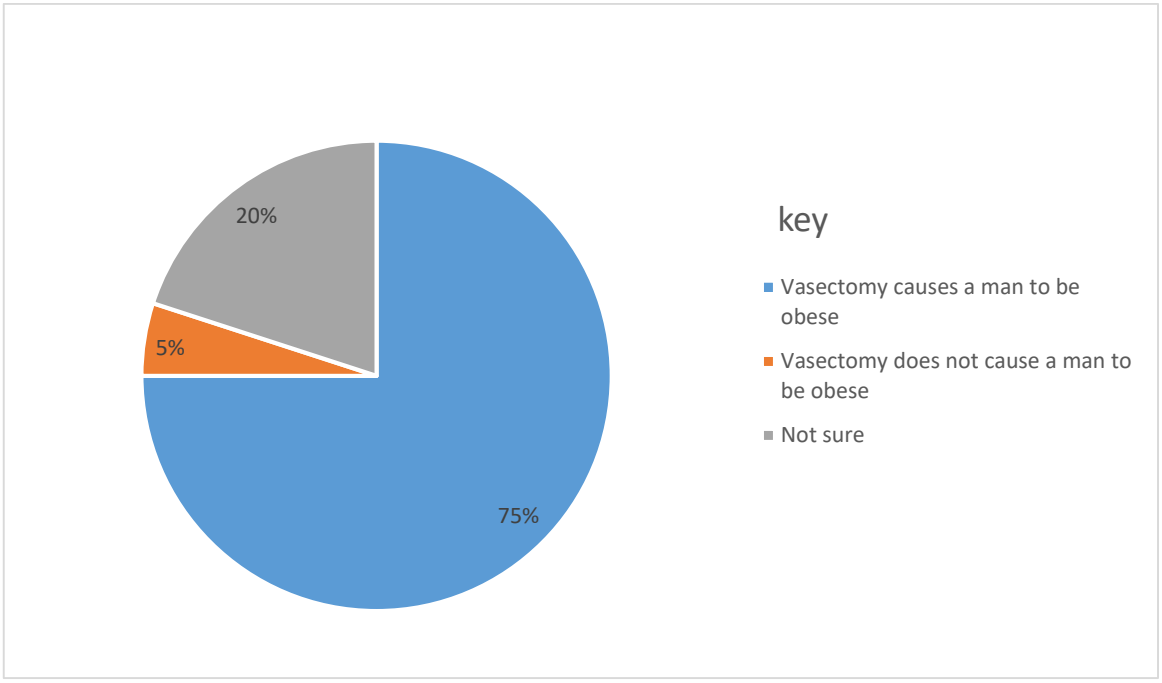
While 80% of respondents believed that a man cannot ejaculate after vasectomy procedure, the minority (2%) of the respondents had a contrary opinion and believed that a man can ejaculate after vasectomy procedure. Only 28% were not sure as to whether a man can ejaculate post vasectomy.

Figure 3.2.7: a Man cannot have an Orgasm after Vasectomy



Many respondents (90%) believed that a man cannot have orgasm after vasectomy procedure, 9% of the respondents were not sure and about 1% of the respondents believed a man can have an orgasm after vasectomy procedure.

Figure 3.2.7: Vasectomy causes Obesity



Most (75%) of the respondents feared and thought that vasectomy causes obesity in a man, 20% of the respondents said that they were not sure and a minority 5% said that vasectomy procedure does not cause obesit

Discussion of Study Findings

Results on the demographic characteristics of the study respondents indicate that the majority of respondents (85%) had secondary education followed by tertiary level (20%) and the minority of the respondents (5%) primary level of education. This literate clientele is potentially a fertile ground for sharing health messages about vasectomy as a method of family planning for adult men. Very many (95%) respondents were Christians, 3% of the respondents subscribed to African religions and the minority 2% were Muslims. Majority (82%) of the respondents were married and most (83%) of them had 4-7children. Every respondent had at least one child regardless of their marital status. A significant number (98%) of respondents felt they were not ready to undergo vasectomy while a negligible number (2%) expressed readiness to undergo vasectomy. Majority of the respondents had negative attitudes towards vasectomy as method of family planning for men. Religious beliefs were reported by majority (95%) of the respondents as being against vasectomy while the minority 5% said that their religion was not against vasectomy. False beliefs and fears about the health risks and side effects of vasectomy were expressed by many respondents. About 95% of the respondents believed vasectomy is a form of castration, 3% of the respondents were not sure and the minority 2% of the respondents said that vasectomy was not a form of castration. Many (80%) of these respondents believed that vasectomy affects a man's sexual desire and masculine power. In addition, most (80%) respondents believed and expressed fears that a man cannot ejaculate nor have an orgasm after vasectomy procedure. A sizable number (75%) of the respondents also feared and thought that vasectomy causes obesity in a man. This result concurs with the findings of Lynam et. al (1993) survey carried out in Nairobi and found out that there was a good deal of false beliefs, myths and misconceptions about vasectomy. While

vasectomy is a sterilization process, many men equated vasectomy with castration. It was noted that adult men in this study had a general fear about vasectomy and its associated health risks and purported side effects, especially loss of sexual drive, masculine identity and stigmatization by peers. Research evidence from other regions in Africa and Kenya have emphasized the importance of positive attitudes, educational and marital status as well as health education targeting men to improve vasectomy acceptance, attitudes and uptake. Key findings from Kenyan studies consistently show a high level of knowledge among men but persistent negative attitudes towards vasectomy, driven by myths linking it to loss of masculinity, religious objections, and misconceptions about its safety (Linnet, L. 1993; Qureshi et.al 1995; Perry et.al. 2016; Ikiugu, K.E; Abungu, 2025). Vasectomy is more accepted if the discussion is initiated by the man since he is an effective decision-maker on fertility in the family (Vernon, 2007). Despite strong interest in family planning, vasectomy uptake in Kenya remains negligible, with researchers recommending targeted public awareness campaigns, male-inclusive counseling, and engagement with cultural and religious leaders to overcome these barriers and promote its role as a family planning option for men especially in preventing pregnancy and lowering fertility rates.

Conclusion

The finds of this study corroborate research evidence from similar studies in Kenya and elsewhere in many African countries. Most adult men in the study were married with an average of 4 to 7 children and their religious believes were against vasectomy, and majority had very negative attitudes to vasectomy. These facets in turn, acted as barriers to readiness in undergoing vasectomy as a male family planning method. One of the central agendas of the Kenya government is to reduce fertility to reasonable levels through uptake of family methods by men and women. Unfortunately men's involvement in contraceptive use and Family planning health education campaigns has mostly been relegated to the periphery. Moreover, the Family Planning strategies have tended to tilt the government's fertility commitments and have focused on Women and Family Planning as a strategy for reducing maternal and Infant Mortality rates. This has been compounded by traditional conceptualization of women as reproducers therefore being responsible for contraceptive use and determining number of children to have. The findings of this study show that majority of respondents had negative attitudes towards vasectomy with very strong unfavorable religious and cultural beliefs, myths and misconceptions about vasectomy. Equally, very strong negative feelings on readiness to undergo vasectomy were reported among a huge number of respondents. Many respondents who had a negative attitude towards vasectomy perceived it to be a form of castration that deprives them of sexual drives, masculine power and identity. On another hand, religious affiliation, marital and educational status as well as desire for more children largely contributed to negative attitudes towards vasectomy among adult men in this study. Any improved uptake of vasectomy requires dissemination of culturally congruent male specific health education and counselling. It is important to encourage demand for vasectomy through supporting and engaging vasectomy advocates, religious and political leaders, and other stakeholders. It is imperative to involve men who already underwent vasectomy in counselling, packaging and disseminating messages on vasectomy to new clients. There is need to establish a pre-service internship program to increase supply of vasectomy services and create male friendly reproductive health services. Beginning early sensitization of young men on vasectomy as the most viable option for limiting future births is also beneficial. In addition, addressing gender-related norms and empower couples to consider vasectomy as a desirable way for ensuring a family's health and well-

being. Kenya government should expand the Family Planning voucher system nationwide to enable men to get highly subsidized vasectomy services These strategies can in turn be a leap towards changing attitudes and gaining acceptance of vasectomy, and empowering adult men to make informed decisions on vasectomy. This can go along way into fostering shared family planning responsibilities among couples and thereby contribute towards national goals of using contraceptives to lower fertility rates.

References

1. Abungu, D.O. (2025) Knowledge and Attitudes Towards Vasectomy Among Married Men and Women in Kampi Ya Moto , Kenya: A cross-sectional Study.East African Journal of Nursing. vol.3 (1).
2. Ayele.A.D. et.al. 2021. Intention to use vasectomy and its associated factors among married men in Debre Tabor Town, North West Ethiopia, 2019. Open Access Journal of Contraception. 2021 Feb.,12:27-34. https://pubmed.ncbi.nlm.nih.gov/32881873/
3. Chan, C. J., & Goldstein, M. (2009). Vasectomy and vasectomy reversal: An update. *Journal of Urology, 181(5).
4. Dejene Wolde et.al. (2023)Knowledge, Attitude and Associated Factors Towards Vasectomy Among Married Men in Arba Minch Town, Southern Ethiopia, 2021; A Cross-Sectional Study.Open access Journal of Contraception 2023 Jan.14:1-13.
5. Darroch, J. E. (2008). Male Fertility Control: Where Are The Men? Contraception. 2008 Oct; Vol. 78(4).
6. Giles, A., Prusinski, R., & Wallace, L. (2024). Maternal Newborn Nursing (Section 5-7: Sterilization). OpenStax. Houston, TX: Rice University
7. Ikiugu, K.E. Vasectomy Knowledge, Attitudes and Practices in Nairobi County, Kenya: An exploratory study. Marie Stoes International:Children by Choice not Chance.
8. Kenya National Bureau of Statistics, Ministry of Health (Kenya), National AIDS Control Council (Kenya), Kenya Medical Research Institute, National Council for Population and Development (Kenya), & ICF International. (2015).
9. Kenya Demographic and Health Survey 2014. Rockville, Maryland, USA: Kenya National Bureau of Statistics and ICF International , 2015.
10. Kols, A., & Lande, R. (2008). Vasectomy: Reaching out to new users. Population Reports, Series D: Male Sterilization, (D6), 1–23.
11. Linnet, L. (1993). Vasectomy and health revisited. International Journal of Andrology, 16(3), 169–173. https://doi.org/10.1111/j.1365-2605.1993.tb01174.x.
12. Musrizal YH. Vasectomy Intention among Married Males in Indonesia | Journal of Health Research. 29(3)
13. Nair GR, Wadke R, Relwani N, Mahadik V, Anjenaya S. Knowledge and attitude of married men towards vasectomy in an urban slum of Navi Mumbai. Int J Community Med Public Health. 2017;4(12)
14. National Council for Population and Development. (2004). Where are we now? Kenya's progress in implementing the International Conference on Population and Development Programme of Action, 1994–2004. Nairobi, Kenya: National Council for Population and Development, Ministry of Planning and National Development.

15. Nesro, J., Sendo, E.G., Yesuf, N.T. et al. Intention to use vasectomy and associated factors among married men in Addis Ababa, Ethiopia BMC Public Health 20, 1228 (2020).
16. Perry B, Packer C, Chin-Quee D, Zan T, and Shattuck D (2016). Promoting Vasectomy Services in Kenya. Durham, NC: FHI 360 and Washington, DC: The Population Council, the Evidence Project. 2016.
17. Sokal, D., Irsula, B., Hays, M., Chen-Mok, M., & Barone, M. A. (2004). Vasectomy by ligation and excision, with or without fascial interposition: a randomized controlled trial BMC Medicine, 2.
18. 18. Shongwe, Philile et al. “Assessing the Acceptability of Vasectomy as a Family Planning Option: A Qualitative Study with Men in the Kingdom of Eswatini.” International journal of environmental research and public health vol. 16.
19. Qureshi, Z.P. and Solomon, M.M (1995) A survey on the knowledge and attitudes of men in Machakos town towards vasectomy. East and Central Africa Journal of Obstetrics and Gynaecology. 1995;11(1):10-3