

I Assumed the Responsibility of Contraception from My Wife: A Vasectomy Acceptors Experience

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Abstract

The phenomenon of the vasectomy contraception usage is such a complex experience. Each of community has its own uniqueness of cultures that forms men's perspectives in selecting and using vasectomy contraception. This study aims at exploring the men's experiences in using vasectomy contraception. Nine research participants participated in semi-structured interview for approximately 60 minutes. Triangulation sources were the acceptors' wives and Keluarga Berencana (Family Planning) assistants. The finding of the study was transcribed and analysed through Colaizzi (1978) with Opencode software version 4.03. This study obtained three main themes including: vasectomy motivation; changes experienced after vasectomy as well as eases and challenges of vasectomy technology. This study found that vasectomy brings confidence for the acceptors, generates physical and psychological balance of acceptor pairs and it also presents positive construction in society. Vasectomy acceptors feel confident in relation to the positive image of a man as the family leader and become the example of it in society. Generally, vasectomy is a choice that satisfies pairs in which physical and psychological complaint is in absence.

Keywords: Experience, Man, Vasectomy, Contraception



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INTRODUCTION

Vasectomy method is considered the most effective method in controlling birth with low amount of side effects (World Health Organization, 2016). A study done by Engl et al (2017) about the effects of vasectomy towards sexual function reported that there is no significant change in terms of sexual satisfaction felt before and after vasectomy. Vasectomy does not bother sexual function, yet as a matter of the fact the majority of men understand that opposite. A vasectomy does not adversely affect the sexual pleasure experienced by couples. Indeed, it has been observed that sterilized men report an increase in sexual satisfaction, and women's sexual satisfaction levels remain unchanged following their partner's vasectomy. The studies reported that the main reason of men decide against the use of vasectomy contraception is because the assumptions which say that vasectomy is similar to emasculation, that vasectomy causes the loss of virility and authority in family still exist (Hoga et al., 2014). In addition, a study in Iran showed that men got worried about the result and complication that might happen after implementing vasectomy (Hosseini & Abdi, 2012). The difficulty faced by men is to decide whether to use contraception or not. Those difficulties can be coming from social and cultural construction about masculinity and their respect toward norms of gender excepting for them

from reproduction health issues (Hosseini & Abdi, 2012). The majority of society assumes that Keluarga Berencana (Family Planning) is women's business so that they do not need to get involved. Such thing becomes one of factors of social and culture that influences low participation of men in Family Planning program in Indonesia (Muhatiah, 2012). Phenomenon related to the selection and the usage of vasectomy contraception method is a complex experience. This study explored the men's experiences in using vasectomy contraception method in Bantul Regency in order to study their perceptions, experiences, action and implementation in social and culture. The information of this study is hopefully beneficial and can be used by health service providers in doing interpersonal interaction and therapeutic communication, particularly toward the candidates of vasectomy acceptors.

RESEARCH METHODS

We conducted the approach to the men's group of Family Planning assistants as the key informants. The information about the candidates of participants was obtained from key informants, PLKB assistants or the chief of PLKB assistants and the chief of men's group of KB. The researcher looked for the information about the candidates of participants through PLKB assistants and the chief of men's group of KB. After gathering all information, we arranged the framework candidates of participants in order to be able to reach maximal variation. Participants that were willing to be contributed in this study then were interviewed for approximately 60 minutes and were recorded. The interview was conducted for two up to three meetings for each participant. The result of the interview was then transcribed and analysed into the form of thematic through Opencode software version 4.03. The increase of credibility result was carried out through triangulation source with the wives and KB assistants, and member checking was done afterwards. We carried out data analysis independently by using the method of Colaizzi 1978 and Holloway & Wheeler (2010). The result of interview was transcribed verbatim by the researcher that was completed with the field notes. The transcript was then organized into files and became the database of the research finding (Cresswell, 2013). The process of organizing it was done through Opencode software version 4.03. Research database was read and interpreted several times to identify the words or phrases that are related to the phenomena. We, then, formulated the meaning or interpreted it from each significant statement and code them, decided the correct category or subtheme/theme, group and design the themes that have closed meaning, provided the data in descriptive narration of the phenomenon. At last, the researcher did the validity of interview toward the participants. The data that have been validated were combined into the descriptive analysis afterwards.

RESEARCH RESULTS AND DISCUSSION

Research Result

We recruited nine acceptors as main participants, seven wives of acceptors, and two KB assistants as the supporting participants. The age of the participants is 37-75 years old. The length of vasectomy usage is about 4-39 years. Two participants got married twice. Each participant has various number of children which are about 1-4 children. All participants are Muslim, Javanese, and enrolled in men's KB group that spread over areas in Bantul Regency. We identified three themes based on the study data, as follows: 1) motivation of choosing vasectomy, 2) changes felt after using it, and 3) eases and challenges of vasectomy technology.

Motivation of choosing vasectomy

Participants selected vasectomy due to various reasons. Prior to selecting vasectomy, both acceptors and pairs got uncomfortable with woman's contraception and condom. Instead of the wives, husbands choose to have contraception since they are worried of contraception's

side effects towards their wives' health. For this reason, men take over their wife's role in using contraception. "If a woman uses KB, as I explained before, there will be a lot of risks, she will suffer, really. A woman becomes unhealthy because once she has kids, then she uses KB, her body gains weight. In fact, some says that she might suffer from heart diseases. According to Javanese, 'rebyek', meaning that it costs expensive and it has loads of risks. Meanwhile, if a man uses KB, then it will be simple (P4)." Participants considered that vasectomy brings many advantages as well as support and agreement from a wife before deciding to use it. Besides, the participants also wanted to become the example of vasectomy acceptor in society. "Our motivation is also to be the example that people can look up to as well as we want to be a pioneer, so that others can participate (P5)."

Changes after vasectomy

Participants revealed that after implementing vasectomy, there are several changes occur. Such changes including sexuality change, physical change, and comfort change toward partners, psychological response of acceptor that failed vasectomy and self-actualization in promoting vasectomy. The participants feel that the sexual desires increase as well as the concern of being pregnant when doing intercourse loses. The participants also reported that ejaculation experience is different than before. On the other hand, the other participants argued that there was dissatisfaction when ejaculation where the sperm does not flow. "Sexual desire increases. For instance, before using vasectomy, we might do intercourse twice in a week. However, after using intercourse, we can do it more than three times in a week (P9)." Another change that experienced physically is the weight gain and the absence of health complaint. The participant's wife prefers her husband after using vasectomy and his second wife also does not demand to recanalization. Physical response felt by participants who failed in using vasectomy, as follows: participants feel that there is moral burden faced by them since people believe that pregnancy happens because of cheat. Participants also involve in promoting vasectomy in society and get confidence in such experience. "One of changes experienced by me was that, I could not and was not brave enough to socialize MOP, yet after doing it, I started to socialize it to others (P1)."

Ease and challenges of vasectomy technology

Participants tend to reveal that vasectomy procedure is a simple surgery, easy, and time-saving. Participants also take such a short of time to get recovered. Participants understand that vasectomy is a method of contraception which effective and has small percentage of failure. Consequently, participants tend to decline the sperm test. "No, I am sure I am secure. I do not do analysis sperm check" (P6)

Discussion

A study (Amor et al., 2008) explained that vasectomy assists a man becomes more confident in his masculinity. The perception of masculinity is diverse in each culture. However, a study regarding masculinity conducted by Amor et al., (2008) showed that the basic characteristic of a man in entire culture is his sacrifice for others' good. Masculinity is expressed as in acceptors has responsibility to do contraception in order to take over the burden of a wife (Msoka et al., 2019). Vasectomy is understood as an action of responsibility sharing (Hatesh et al., 2021), as the form of a husband's support towards his wife and a father's responsibility in a family (Pomales, 2013) This study was done by (Terry & Braun, 2011) about men before and after vasectomy. It also showed that there is an increase of masculine action after using vasectomy. Men also expressed their pride in fulfilling a role as a male. In this study, the sense of pride emerged because a husband has set his wife free from the contraception complaint. Another study regarding vasectomy acceptors' experience was carried out by Shih et al

(2013) who found that a man uses vasectomy to take care of his family and share contraception responsibility with his partner. Another factor that encourages a man to use vasectomy is that “the tendency to be complimented by other people” (Pomales, 2013). In social context, acceptors in this study stated that he selected to use vasectomy since he wants to be the example of vasectomy acceptors in society. Such willingness does not only appear because of participant’s background, but also because there is an opportunity for every acceptor to play a role in promoting vasectomy run by government. Vasectomy acceptors become something that is expected by family and society (White et al., 2020).

Participants in this study reported that there is no significant change of physic after using vasectomy. This finding is also supported by the previous study done by Ambarwati (2017) who reported that vasectomy acceptors gain more stamina, better health condition, and strong. The surgery procedure also does not cause physical change in reproduction organ. After vasectomy, change that occurs is only on genital proximal tract of vasectomy area. the balance between sperm production and its storage or elimination becomes consistent. This is possibly a consequence of reduced sperm creation due to either the natural aging process or the development of fibrosis in the testicular tissue caused by the vasectomy (Xiang et al., 2013). Vasectomy does not influence the function of reproduction organ. Semen production remains working and acceptors can still ejaculate, yet the ejaculation is without spermatozoa cells (Ricci, 2016). The experiences of acceptors’ ejaculation are various, such as the feeling that does not change during ejaculation, feeling more satisfied in enjoying slower ejaculation than before, small amount of semen, more dilute, and feeling dissatisfied since the sperm does not flow when ejaculating.

The absence of physical and sexual complaint makes acceptors and partners satisfied with their choice of vasectomy. Women enjoy intercourse more after sterilization since she does not worry about pregnancy anymore. The loss of concern makes partner express social emotions freely. Vasectomy does not affect the decrease of sexual frequency (Guo et al., 2015). The comfort of intercourse with partner is also experienced by acceptors who married twice. Acceptors never consider to do recanalization since a second wife does not demand to do that. There are only 1% of vasectomy acceptors who regret his decision and consider doing recanalization (Hosseini & Abdi, 2012). Generally, participants feel the sexual atmosphere is more delightful after vasectomy. Acceptors have willingness to be the example of vasectomy acceptors in society and get involved in promoting vasectomy that is done by the government. This indicates that social milieu has potential in forming positive construction of vasectomy in society. Positive construction of vasectomy can be formed through several promotion strategies such as mass media of community-based communication, consulting group or vasectomy promotion through work environment (Perry & Packer, 2016). Engender Health Project (U.S. Agency for International Development) once did a study about vasectomy promotion through media with a strategy called “Get a Permanent Smile”. This promotion is done through media which is completed with testimonial feature about acceptors’ satisfaction as well as consultation done via phone. Such promotion was proven to increase vasectomy acceptors up to 350% in prior years. In Indonesia, particularly in D.I Yogyakarta Province, vasectomy contraception method is not popular yet in society. Nevertheless, Bantul Regency successfully reached 7,73% of men participation level in 2015. Such amount is the highest achievement if it is compared to the achievement of D.I Yogyakarta Province (5%) and Nation (2%). The improvement of men’s participation in doing KB is done through several efforts, as follows: 1) Proposing advocacy to regional leaders, public figures, and religious figures, 2) promoting and KIE through electronic, printed, and mass media, 3) constructing partnership networking, 4) forming men’s group of KB and 5) forming vasectomy motivators. One attractive thing of the

promotion done in Bantul is promotion with “gethok tular” communication. It is the communication strategy of Javanese that is done in order to tell events through people to people. This method is effective when the doer is the one who experiences the event. “gethok tular” communication doer is a vasectomy acceptor. This doer will be offered to be a vasectomy motivator and invite his colleagues to participate in “gethok tular” communication.

CONCLUSION

Men feel confident after using vasectomy in which it relates to the positive image of a man as a family leader who is responsible and becomes the example of vasectomy acceptor in society. Generally, vasectomy generates physical and psychological balance that increases satisfaction in doing intercourse. Vasectomy acceptors and partners feel very satisfied in choosing contraception as well as supporting vasectomy promotion in society by becoming men’s KB motivator. Promotion program that has been run through various experiences with vasectomy acceptors and “gethok tular” socialization has positive potential to be developed. Educational strategy and consultation can be done through personal approach along with recommendation or testimonial of vasectomy acceptors.

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