

Obstacles to Vasectomy

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This is a compilation of reasons why some men in some societies are reluctant to undergo vasectomy. Obstacles vary from one society to another and among subgroups within the same society. Ideal solutions are not always practical. For example, in developing nations, there may simply not be adequate funds or manpower to implement educational or family values programs.

<u>Obstacle to Vasectomy</u>	<u>Ideal Solution</u>	<u>When Ideal Solution is Not Available or Not Acceptable</u>
Fear of pain	Volunteer facilitators to educate men that it did not hurt for them (education).	1. Incentives for facilitators. 2. Incentives for patients.
Fear of loss of sexual function	Volunteer facilitators to educate men that vasectomy did not interfere with sexual response (education).	1. Incentives for facilitators. 2. Incentives for patients.
Fear of skeletal muscle weakness (loss of essential energy or chi)	Volunteer facilitators to educate men that vasectomy did not make them weaker (education).	1. Incentives for facilitators. 2. Incentives for patients.
Fear of other health problems (cancer, heart disease, etc.)	Volunteer facilitators to educate men that there is no evidence of side effects (education).	1. Incentives for facilitators. 2. Incentives for patients.
Perception that many children is manly even if no support is provided	Social Education	Cash Incentives
Lack of responsibility for children	1. Social pressure to support children 2. Government pressure to support children, assuming that employment is high.	Cash Incentives
Religious prohibition of effective contraceptives and claim by clergy that birth control leads to abortion and euthanasia.	Government promotion of or rewards for family planning.	Cash Incentives
Objections that alteration of a natural system is against the will of one's god or gods.	Position by clergy that alteration of the balance of nature by human overpopulation is also against divine will.	Cash Incentives
Perception that sex is all that one can do or the most important thing that one can do	Classical education / job training	Cash Incentives
Perception of a man that if he loses his present partner, he will want someone with no children because he does not want to raise another man's children. A woman with no children will want children so he must retain his fertility.	1. Make reversals available locally. 2. Government pressure on men to support their biological children (assuming that employment is high).	
Feeling of women that procreation is all they can do, so they desire fertile males.	Government programs to promote opportunities for women.	Cash Incentives
Inability to afford vasectomy	Make vasectomy available at no charge.	
Feeling that one would not be attractive to women (loss of alpha-male status)	Change to social values that lend more respect to nurturing children than to siring children.	
Need to work every day and inability to afford transportation to vasectomy site.	Cover transportation and lost wages	Additional cash incentives
Procrastination	Cash incentives	Cash incentives
Fear of women that men with vasectomies will be unfaithful, so they circulate rumors of impotence after vasectomy	Reinforcement of "family values" including fidelity.	Cash incentives
Perception of vasectomy as castration	Education	
Perceptions a. by African Americans, and b. by Africans that providers of European descent have racial ulterior motives.	Enhanced public relations. Eliminate discrimination.	
Feeling of racial minorities that group size expansion will erase minority status, enlarge their voting block, and reduce future discrimination.	Eliminate discrimination.	
Perception that missionaries from developed countries are practicing skills or testing new technologies in third world countries	Reassurance through enhanced public relations.	
Cost of reversal	Local availability of mini-incision office-based vasovasostomy at reasonable cost. Free reversals for vasectomy men whose children have all perished.	
Non-availability of reversal surgeons	1. Free reversals by <u>visiting</u> surgeons for vasectomy men whose children have all perished. 2. Training of <u>local</u> vasectomists to perform reversals once the local vasectomy population is great enough to provide a pool of reversal candidates.	