

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>
Fear of pain	Former acceptor volunteers to educate men that it did not hurt for them (education).
Fear of loss of sexual function	Former acceptor volunteers to educate men that vasectomy did not interfere with sexual response (education).
Fear of skeletal muscle weakness (loss of essential energy or chi)	Former acceptor volunteers to educate men that vasectomy did not make them weaker (education).
Fear of other health problems (cancer, heart disease, etc.)	Volunteer facilitators to educate men that there is no evidence of side effects (education).
Perception that many children is manly even if no support is provided	Social Education
Lack of responsibility for children	<ol style="list-style-type: none"> 1. Social pressure to support children 2. Government pressure to support children, assuming that employment is high.
Religious prohibition of effective contraceptives and claim by clergy that birth control leads to abortion and euthanasia.	Government promotion of studies showing that effective family planning actually REDUCES self- or illegal-abortion rates.
Objections that alteration of a natural system is against the will of one's god or gods.	Promotion of the philosophy that alteration of the balance of nature by human overpopulation is also against divine will.
Perception that sex is all that one can do or the most important thing that one can do	Classical education / job training
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.	<ol style="list-style-type: none"> 1. Make low-cost 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.
Inability of potential acceptors to afford vasectomy.	Make vasectomy available at no charge.
Inability of potential acceptors to take time off from work for 2 days (day of vasectomy and next day to rest), especially men who need every day's wages to feed the family.	Compensation of acceptors for lost wages.
Inability of former acceptor volunteers to take time off from work to counsel and encourage potential acceptors, especially would-be volunteers who need every day's wages to feed the family.	Compensation of volunteer facilitators for lost wages.
Inability of potential acceptors to afford transportation to and from the vasectomy site.	Compensation of acceptors for transportation costs.
Inability of former acceptor volunteers to afford transportation to and from the vasectomy site.	Compensation of volunteer facilitators for transportation costs.
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.
Procrastination	Group clinics or missions that make vasectomy trendy and fun.
Fear of women that men with vasectomies will be unfaithful, so they circulate rumors of impotence after vasectomy	Reinforcement of "family values" including fidelity.
Perception of vasectomy as castration	Education
Perceptions <ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 1. Free reversals by <u>visiting</u> surgeons for vasectomy acceptors 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.