

Acceptability of Vasectomy in Jos, Northern Nigeria

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Abstract

Objective: The paper reports on the ten cases of vasectomy performed in our institution over a sixteen year period.

Design: It is a retrospective study of clients' case-notes from January 1985 to December 2000.

Setting: Jos University Teaching Hospital, Plateau State, Nigeria.

Results: During the 16 year period, a total of ten males volunteered to have vasectomy performed on them in contrast to 3585 females who had surgical contraception via minilaparotomy during the same period, giving an incidence of 0.28%. Their age range was 41-62 years, range of children per family of 3-14, with 3-11 children alive at the time of the procedure. They were in stable marriages and chose vasectomy because they had completed their family sizes. Complications attributed to the procedure were minor and resolved with treatment.

Conclusion: Vasectomy even though safe, simple and effective is not readily acceptable as a method of fertility control in our institution and this part of Nigeria.

Key words: vasectomy, contraception, Jos, safe, effective.

Introduction

Four methods of contraception are currently available for men, namely the condom, periodic abstinence, withdrawal and vasectomy. Except for vasectomy which is permanent, the other methods are at least several hundreds of years old in concept and use[1]. Vasectomy appears to be the least used especially in this part of the world. In Northern Nigeria, it can best be referred to as a neglected method of permanent contraception. Some health care providers are prejudiced against vasectomy because of lingering misconceptions about the method's effects on health and sexual function and hence underestimate the demand of males for vasectomy[2].

Vasectomy is one of the simplest, safest and most effective methods of contraception. It interrupts sperm transport through the lumen of the vas deferens following its ligation. While it is simple to perform, vasectomy as a surgical procedure is functionally permanent.

Men have up till now voiced out limitations in their choices of methods of contraception that are reliable, effective and irreversible[3].

Over the past decades, more financial and human resources allocated for research on contraception have been largely devoted to research on new contraceptive methods for women. Only a fraction of these resources are devoted to research on male contraception. Women therefore, have more contraceptive options with the methods usually more attractive than are currently available to men. Research has shown that if men are to take a greater responsibility for family planning, they must be offered the means with which to regulate their fertility in a safe, effective, reversible/irreversible and acceptable way[3]. To the best of our knowledge, there

has been no previous published report on Vasectomy in this part of Nigeria. This study therefore, documents cases of Vasectomy in Jos University Teaching Hospital, Jos, Northern Nigeria.

Methodology

This is a retrospective study of men who had vasectomy in Jos University Teaching Hospital, Jos, Nigeria, between January 1985 and December 2000. The case records of all men who had vasectomy during the period were retrieved and analyzed for relevant information. The register for all cases of voluntary surgical contraception was also retrieved and analyzed for the total number of women who had tubal ligation during the same period.

Results

A total of three thousand, six hundred and eighty five (3685) sterilizations were performed. Three thousand, six hundred and seventy five (99.7%) were female sterilizations while only 10(0.3%) were vasectomies. All the vasectomies were performed under local anaesthesia, using 5 -10mls of plain 1% lignocaine. Six (60%) of them were Christians while 4 (40%) were Moslems. No form of contraception had been used by 50% of the clients, while 20% of them had used the condom. Semen analyses performed 40 days after the surgery in all the patients showed that there were no spermatozoa in the semen. Minimal complications were reported, with one client each having scrotal

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haematoma and sepsis which were successfully treated. Table 1 shows the socio-economic characteristics of the clients that had vasectomy performed. Sixty percent of

Table I: Socio-economic characteristics of vasectomy clients

PARAMETERS		
	Clients (N=10)	Percentage
1. Educational Status		
Non-literate	2	20.0
Adult Education	3	30.0
Primary	2	20.0
Secondary	0	0.0
Post Secondary	3	30.0
2. Occupation of client		
Butcher	1	10.0
Teacher	1	10.0
Pastor/Reverend	1	10.0
Mason	1	10.0
Farmer	2	20.0
Trader	2	20.0
Medical doctor	2	20.0
3. Number of wives of client		
1	6	60.0
2	1	10.0
3	2	20.0
4	1	10.0
4. Number of living children at the time of vasectomy		
1 - 2	0	0.0
3 - 4	2	20.0
5 - 6	3	30.0
7 - 8	1	10.0
9 - 10	1	10.0
11 - 12	2	20.0
13 - 14	1	10.0

Them were in monogamous marital relationships, 20% were medical practitioners and 80% of them had had some form of formal education. About 80% of them had more than 5 children that were alive at the time of the procedure.

Discussion

Vasectomy, a permanent method of male contraception has a very low acceptance in Jos. The male and female

contraception, temporary and permanent, have been advocated extensively through the radio, television, and at the antenatal and post natal clinics as methods of birth control, or where the desired family size has been completed.

Over a period of sixteen years, only 10 vasectomies were performed compared with 3675 female sterilizations. The number of vasectomies has remained very low for the period of review. It could be regarded as a neglected method of permanent contraception. The low incidence of vasectomy has been blamed on male attitudes as men have been seen to be more interested in proving their virility rather than taking up the responsibility of family planning. Men are afraid that vasectomy will hurt their sex lives. They treasure their fertility

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