The Effects of Informal Communication on Vasectomy Practice in Rural Areas of Thailand

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ABSTRACT

This study aims at describing the male role in family planning responsibility, specifically, the adoption of vasectomy and in diffusing family planning issues through informal communication. The methodology utilized in the study consisted of a sample survey of 201 non-adopters and 53 adopoters living in Buriram Province. Findings from the study indicate that although knowledge about a vasectomy and the procedures of entails is fairly high, the majority of men have decided not to undergo a vasectomy. Due to this situation, a further analysis centering on the salient features of the non-adopters was conducted based on two categories, the prospective adopters and the non-adopters. Notedly, prospective adopters are in a younger age group as compared to the non-prospective adopters. The former stated "easy and safe" as their main reason for potentially undergoing a vasectomy while the reason "wives are unhealthy" was second in importance. Alternatively, non-prospective adopters felt that "side effects after the operation" was a major obstacle barring them considering a vasectomy as a means of controlling family size. Negative information about a vasectomy remains as a prominent obstacle to adoption especially among those who refuse to accept a vasectomy as a means of birth control.

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Background

This study aims at describing the male role in family planning responsibility, specifically, the adoption of vasectomy and in diffusing family planning issues through informal communication. Because of its simplicity, effectiveness and cheapness, vasectomy is a most attractive permanent method for those with completed family size. Vasectomy has been known as a means of birth control for many years, but the percentage of vasectomy adopters has been decreasing since 1978. Also, the ratio of female sterilization to vasectomy increased from 3:1 in 1978 to 4:1 in 1979, and to 5:1 in 1981.

Because of a continuous decrease in the number of vasectomy adopters, the determinants of the decrease should be taken into consideration. From the findings of a few studies in relation to the reasons for non-use, it was obvious that the non-users still thought that vasectomy and castration were the same (33% of the total non-vasectomized men, Muangman: 1974). Another reason for not undergoing vasectomy is the fear of being unable to do hard work after the operation. Among the husbands, 68% said that the wives should have the sterilization. They stated that the wives stayed at home most of the time and the husbands had to do hard work for the family. When the source of information was asked for, more than half of the total respondents learned about vasectomy from their friends(Muangman: 1974, Dusitsin, et al.:1981).

Based on these findings, this study will try to throw some light on the fact that informal communication should be more emphasised for significance.

Objectives

1. To investigate the impact of informal communication on the acceptability and practice of vasectomy among eligible men in different socio-economic backgrounds in rural areas of Thailand.

2. To determine the most important factors of informal communication which result in the avoidance of vasectomy.

3. To determine the role of rumour and its influence on the acceptability of vasectomy.

4. To determine the importance of information about vasectomy provided by vasectomized men.

5. To provide recommendations on how to improve the understanding about vasectomy among Thai rural men.

Applicability of study results

One aim of this study is to investigate and to attempt to improve an understanding amongst the eligible men in rural areas of Thailand in their attitudes and conception of vasectomy. The study will focus especially on the source of information about vasectomy which leads to decision-making among both vasectomized men and those who haven't undergone it yet. The results of the study, it is hoped, will contribute to the attempts to understand and to improve the irrational fears of vasectomy among Thai men.

Because most of the studies about vasectomy in Thailand were concentrated on the follow-up study among vasectomized men, the results of those studies merely reflected the medical and psychosocial effects after the operation. It is possible to claim that a further

study on acceptability of vasectomy which is - a study of informal communication influencing the intention and the motivation to practise vasectomy has not been done yet. . For this reason, this study will be treated as a pioneer study in order to find out the effects of informal communication on vasectomy practice.

If the results are as expected, the study will be used as a guideline for the policy-makers in both the short term and the long term development plans. The expected results are as follows:

1. Determining the primary source of informal communication would provide the important key for the policy-makers to improve the strategy for a vasectomy campaign.

2. The study will contribute to the better understanding between the providers and the users by showing the weak points retarding the achievement of a vasectomy campaign.

3. If findings show that information from informal communication plays an important role in the attitude and beliefs of the male, it would point out the extent and the part of the communication network wherein information dissemination policy should be improved

The findings will be useful to both the government and private organizations. For the government, the policy-makers or the family planning administrators should consider the importance of information dissemination in order to encourage the population to be familiar with the procedure, to have more faith in vasectomy. The private organizations will make use of the success later on and the mobile vasectomy teams which have already been launched in many provinces in Thailand will be able to recruit more acceptors.

LITERATURE REVIEW

Vasectomy has long been known as a method of birth control since the last three decades but, the method is more widely known than practised especially in rural areas. A national sample survey conducted in 1969 among currently married women aged 15-44, indicated that the proportion of women in both urban and rural areas who knew about tubal ligation and vasectomy was 46.8 percent and 52.1 percent respectively. In provincial urban areas the proportion increased to 64.8 percent for vasectomy and 84.8 percent for tubal ligation.

The corresponding percentages for practising vasectomy and tubal ligation are 2.0 and 3.1 in the rural areas; 2.7 and 14.4 in provincial urban areas and in Bangkok Metropolis 2.8 for vasectomy and 18.1 for female sterilization.

Recently, the Thai Government had recognized vasectomy as an effective and attractive method of contraception. Much more attention has been paid to it and in the Fourth National Development Plan (1977-1981), a target was set for 485,000 acceptors of sterilization for both male and female acceptors. This is due to the simpleness and cheapness of the procedure and it is quite suitable for those with completed family size.

There were several studies which have been done. Those studies concluded the follow-up study about the effects of the operation in terms of physical changes, psycho-social aspects after the operation. Few studies devoted to an investigation of the effects of person to person communication which leads to motivation and adoption. The first follow-up study conducted by the Institute for Population Social Research and Ramathibodi Hospital, Mahidol University in 1973 could be considered as the pilot study in Thailand. The findings showed that vasectomy caused little change in the lives of the Thai men who have undergone vasec-

tomy (Burnight, R.G., et al. : 1974). In two smaller studies, the Planned Parenthood Association of Thailand investigated knowledge, attitudes and practice of family planning among vasectomized men in Kalasin, Northeast of Thailand in 1975, and evaluated the opinion of 60 vasectomized men in Nongkai in the same region. In 1977, the Institute for Population and Social Research, Mahidol University has conducted a sample survey with 466 cases for the study. The aims of the study were to investigate general information with a sample large enough to allow generalization about various characteristics and specific attitudes of eligible couples in a country where vasectomy is beginning to become an important method of birth control. Findings borne from the study showed that the group of vasectomized men are fairly young and had rather short duration of marriage (mean age = 33.6, mean duration of marriage = 9.0). Forty-eight percent never practised any kind of contraceptive method. Some had been misled about vasectomy and had the operation without understanding the benefits of other methods. The psycho-social condition is found better before the operation. Some other influencing factors especially the economic situation should be taken into consideration before judging that vasectomy is the cause of this psycho-social change. It is apparent in this study that even after the operation, a large number of the men cannot distinguish between the meaning of vasectomy and castration. The misconception on vasectomy, not only revealed in this study but also in other studies, still plays an important role in Thai society. Thai men confuse it with castration and thought they might become impotent following surgery. Many believed that they might find themselves unable to do heavy work (Dusitsin, et al.:1981, Maungman, et al. : 1974).

All such beliefs evidently, were due to the fact that informal communication affected Thai men's beliefs in the trustworthiness of vasectomy. The informal communication defined as the communication by word of mouth which is the message transmitted by person to person and usually is converted into rumours and the person transmitting the rumours adds his personal in-

fluence to the credibility of the rumours (Bogue:1975).

Rumours about vasectomy are one of the important factors leading to an irrational fear among the Thai men. Maungman discussed this issue in his study that 76 percent of non-vasectomy adopters said that they had their friends and relatives who have vasectomies and 53 percent of them have not heard of bad side effects of the operation from those people. However, 42 percent stated that there are some bad side effects which occurred after the operation. Those effects are : being tired easily and unable to do hard work, getting nervous and jealous quite often, more quarelling and argument in the family and the wife committed adultery.

Due to various factors which might make men become reluctant to undergo vasectomy, a noticeable decrease in the number of vasectomy adopters since 1978 occurred, and the ratio of famale sterilization to vasectomy increased from 3:1 in 1978 to 4:1 in 1979, and to 5:1 in 1980.

Some would argue that the decrease in the number of adopters might be due to the availability and feasibility for vasectomy services. Some data on the provision will be shown as follows. Between 1977 to 1978, the number of sterilization service units within the Ministry of Public Health has increased from 290 units in 1976 to 389 and 430 units in 1977. Those units included the provincial hospitals and the district hospitals as well as the public health centers where the referral cases were performed by the medical personnel, the government has launched the paramedical training program to perform both male and female sterilization. This program is a result of the collaboration between the Ministry of Public Health and the government hospitals. The study and the evaluation of the program are now in progress.

The non-profit private organizations also play an important role to the vasectomy provision. One of these is the Community Based Voluntary Sterilization

Project provided in two stationary urban clinics. In 1980, a special campaign to supplement the government sterilization program, especially in the rural areas where services are needed most was launched. This program was called the Community-Based Voluntary Sterilization Project.

Hopefully, with all provided services to the community, vasectomy may become one of the popular methods of birth control among Thai men. Whenever they think that they have their ideal family size already, they may be willing to choose vasectomy as a means of birth control.

Design of the Study

A. Population under study.

To investigate the factors affecting the acceptability of vasectomy, the eligible population to be studied for this study were assigned from the rural population. Two groups of respondents were involved, the respondents who have undergone vasectomy during 1984, and those who have not undergone vasectomy.

B. Locale of the study.

Buriram Province, one of the poorest provinces in the Northeast Region was selected, and the locale of the study was Nangrong District of this province.

C. Sample and Sampling.

The sample for this study comprised 201 respondents for the non adopters and 53 respondents for the adopters. For those who are the adopters, the names and addresses have been taken from the out-patient records which are kept at the District Hospital. The 53 cases who have undergone vasectomy during January to July 1984 were from 5 sub-districts of Nang Rong District. Since the service has been changed from a mobile clinic to vasectomy campaign, the plan for recruiting the

samples was changed from that stated in the proposal in which the samples were to be selected at random from selected study sites where the mobile team had already been operating for three months before the study.

The vasectomy campaign has been carried out throughout 1984. The districts hospitals all over the country were responsible for recruiting the clients as well as arranging the appointment for those who wanted undergo vasectomy. The mobile teams, instead of going to the villages, they performed the services at the District Hall which is typically not far from the District Hospital. To avoid lots of change in collecting samples from the original plan, 5 sub-districts from 16 sub-districts of Buriram Province were selected and 53 vasectomy adopters were recruited.

By setting the number of vasectomy adopters and selecting 5 sub-districts to produce the samples, the next step of the sampling was to collect 200 cases for non-adopters. The criteria in selecting the non-adopters are; married males aged 25-49 and still lived with the wives, having at least 3 children; the wives did not undergo sterilization. Because the 53 adopters lived in several villages, the samples for non adopters should be recruited from all the villages where the adopters have been taken. Altogether 19 villages were covered in this study. One additional case was included for the total sample of non adopters by mistake. That made a total 254 cases for this study.

D. Research Instrument

A structured questionnaire was used in this study for data collection. The interviews were under-taken at the respondents 'residences by trained inter-viewers. The questions were both open-end and closed questions. The research team carried out data collec-tion between July and August 1984.

Chapter 2

Characteristics of the Population Under Study

Two groups of age distribution of the respondents are identified in this study. Those are under age of 35 and those 35 years of age and over. Of the 201 non-adopter rspondents, 57.2 percent are in the combined age group range 35 and over. While the adopter respondents are categorised in a younger age group (less than 35 years of age). Among the adopter respondents, 64.2 percent are under 35 years of age.

It would appear that the wives of the respondents are generally younger than their husbands. This can be discerned from the fact that whereas 57.3 percent of wives of the non-adopter respondents and 81.1 percent of wives of the adopter were found in the younger age group (less than 35 years of age).

Education has been found to be an important influencing factor in several studies relating to other aspect of population dynamics, for example, fertility and infant mortality levels.

It is interesting to note that the vast majoritty of non adopters 91% and, of the adopters 88.7% had four years of education, and that a similar proportion of their wives 88.1% for non adopters and 94.3% for the adopters had the same level of education. The greatest difference between husbands and wives education level come at both extreme. Firstly, more wives have no education than husbands, the total being 5.9% and 0.5% for the non adopters : 3.8% and 1.9% for the adopters respectively. The reverse is true of the opposite extreme where 4% of husbands and 1.5% of wives have more than 4 years of education while 1.9% for both wives and husbands among the adopters. Husbands and wives score evenly in the group with less 4 years of education. It should be noted that 4 years is the average length of education for the whole of Thailand

and for both sexes since it represents the level of compulsory education for quite a long period of time before six years of education was recently adopted.

The number of living children were observed. The data showed that among the vasectomy adopters, 34.0 percent had four children and it was the highest percentage of the total. The second highest proportion of the number of living children fall into the category 56 having less than 3 children. By looking at the percentage distribution of the lowest number of living children, it was shown that only 4.0 percent of the non-adopters have less than 3 children while the vasectomy adopters held much higher proportion of having less than 3 children (see table 2.1).

In terms of contraceptive practice characteristics, it was found that 27.9% of non vasectomy adopters were not currently practising any form of contraception. A further 8% reported their wives as being pregnant and therefore were also not using contraception. Of the remaining 64.1% who were using contraceptives, the pill was the prefered method with 24.4% users. This was followed by injection (20.9%) and IUD (16.4%). Condoms are not greatly favoured (2%) since they tend to be associated with prostitution. Only one respondent (0.5%) was using a traditional as opposed to modern method of contraception. (see table 2.2)

Reasons for not currently contracepting have been examined and there were 4 main reasons cited by the non-adopters. Those who cited pregnancy as a reason are not included in this section of the discussion. The most commonly stated reason for not contracepting was "fears (of side effects)". This reason was given for all parity levels except for those with 5 living children or more. The reason which could be seen to be associated with side effects, namely, "fears (of side effects)" produced the highest total across all the cited reasons similarly to the reason of "lactation". The reason "desire for more children" was the third most common reasons given. (see table 2.3)

Since the number of the non-adopters who are not currently practising any method of birth control was too small to be tabulated in greater detail, it is interesting to note that the reason regarding to lactation was given most often by those with 3 living children. Of those giving "no more children because of age" as their reason for not currently contracepting, it is not surprising that this should be given by the higher parity respondents with 5 living children or more.

Of those adopters, they also were asked about method of contraceptive used before the operation. It was found that 45.3 percent of total respondents were not using any method of contraceptives before having vasectomy. Out of these, 3 respondents stated that their wives were pregnant at that time. They have undergone a vasectomy before their last sibling born. By considering the most popular method used, the pill came first. While injection held second. Only one case stated that the wife used IUD before his vasectomy adoption. (see table 2.2)

The age when vasectomy adopted was also an interesting issue for the research purpose. It was found that most of the adopters in the age group range 30 to 34 favoured vasectomy much more than the others (see table 2.4). This might be due to the number of living children and they decided they reached their completed family size.

Table 2.1 General Characteristics of the Respondents

Characteristics	Adopters		Non-adopters	
	Number	Percent	Number	Percent
Husband's Age				
< 35	34	64.2	86	42.8
35 and over	19	35.8	115	57.2
Total	53	100.0	201	100.0
Wife's Ag				
< 35	43	81.1		57.3
35 and over	10	18.9		42.8
Total	53	100.0		100.0
Education of Husbands				
(No education)	1	0.5	4	1.9
< 4	2	4.5	15	7.6
4	48	91.0	178	88.6
> 4	2	4.0	4	1.9
Total	53	100.0	201	100.0
Education of wives				
(No-education)	3	5.9	8	3.8
< 4	2	4.5	-	-
4	46	88.1	189	94.3
> 4	2	1.5	4	1.9
Total	53	100.0	201	100.0
Number of living children				
< 3	16	30.2	8	4.0
3	15	28.3	83	41.5
4	18	34.0	45	22.5
5 and more	4	7.5	64	32.0
Total	53	100.0	200*	100.0

* 1 case failed to answer.

Table 2.2 Contraceptive practice by methods

Adopters (before a vasectomy adoption)

Method	Number	Percent
Pill	15	28.3
Inj	10	18.9
IUD	1	1.9
Pregnant	3	5.7
Not using any method	24	45.3
Total	53	100.0

Non-adopters

Methods used	Number	Percent
Pill	49	24.4
Injection	42	20.9
IUD	33	16.4
Condom	4	2.0
Traditional	1	0.5
Pregnant	-	8.0
Not currently used	33	27.9
Total	201	100.0

Table 2.3 Reasons for not currently using contraceptive methods of the non-adopters.

Reasons	Number	Percent
1) fears (of side effects)	16	28.6
2) desire for more children	10	17.9
3) lactation	16	28.6
4) no more children because of age	6	10.7
5) other*	5	8.9
6) no answer	3	5.3
Total	56	100.0

* others include ;

"no time to undergo a permanent method."
"difficulties in having children."

Table 2.4 Age when the vasectomy was adopted.

Age	Number	Percent
< 25	5	9.4
25 - 29	12	22.6
30 - 34	18	40.0
35 - 39	8	15.1
> 40	10	18.9
Total	53	100.0

Chapter 3

Knowledge and Attitude : The Explanatory Factors in Vasectomy Adoption.

Data on contraceptive knowledge has been collected in this study specifically in relation to male methods. One respondent failed to answer the relevant question and the result therefore relate to 200 cases. Of these 200 cases, 195 respondents mentioned vasectomy, 119 cases for condom and only 3 cases mentioned rhythm as a method known. However, in this part only sources of information relating to condom and vasectomy will be discussed.

Table 3.1 reveals that the most common sources of information on vasectomy and condoms were relatives/ friends and health officer or the district hospital. Also radio was one of the significant source of information on male methods. Of the remaining sources a headman and a voluntary health worker was mentioned. Wives and peers outside village were a weak source of knowledge, accounting for only 1 percent and 0.5 percent of sources mentioned between them. Of this group of sources, friend and relatives who had ever used vasectomy or condoms were the most important source.

It is also interesting to note that 5.5 percent of respondents claimed to have received their knowledge of vasectomy and condoms from the village headman and the voluntary village health worker. It is not known whether these headmen or voluntary village health worker. It is not known whether these headmen or voluntary village health workers were themselves vasectomized or merely passing on information in their capacity as community leader. Village headmen are generally highly respected members of the community and

as such play an important role as opinion leaders. Their effectiveness as a source of information contraception, particularly relating to vasectomy since most village leaders are male, is thus enthanced by their status.

Attitudes towards vasectomy can be discerned from the responses obtained from several questions. Table 3.2 is a straight forward categorization of attitude by age group, and shows that an overwhelming majority (87.6%) of the total agree with vasectomy practice. There is little difference in percentage terms between two age groups (Table 3.2).

Having established that most respondents agree in principle with the practice of vasectomy, it is of interest to examine how far their behaviour is likely to coincide with their attitudes. For this purpose Table 3.3 and Table 3.4 focus on the respondents intention to choose vasectomy as a method of contraception.

Table 3.3 looks at intention to choose in terms of the respondents perceptions of how popular vasectomy is as a contraceptive method among Thais. Of those who say they will choose vasectomy there is almost an equal division between those who perceive a low level of popularity for the method (40.0%), and those who claim many people accept vasectomy (50.0%). Ten percent of these respondents were not sure how popular vasectomy is.

The results for those who say they will not have a vasectomy are more interesting since the majority (60.2%) perceive a high level of popularity, while only 25.7 percent claim few people accept vasectomy. Those who were not sure about popularity came to only 4.4 percent but 9.7 percent of respondents gave no answer.

The next Table 3.4 and Table 3.5 take a closer look at respondents intentions by breaking down the responses in terms of reasons for intending or not intending to use vasectomy. Although, it was showed that 87.6 percent agreed with vasectomy, Table 3.4 and Table 3.5 revealed a considerable discrepancy between attitude towards and actual intention to use the method. Only 30.2 percent say they intend to use vasectomy. That's, out of 176 respondents who agreed with vasectomy practice, only 60 respondents intend to use it. It would be interesting in the future to find out how many of the 60 respondents do in fact carry out their intentions. It is fairly safe to assume that the 25 cases (12.4 percent) who disagreed with vasectomy do not intend to use it. Therefore, 114 of the 139 cases who say they will not use vasectomy actually agree with the method in principle but have decided, for a variety of reasons, that it is not a suitable method for themselves.

Taking a closer look at the reason given, those who intend to use vasectomy give two main reasons. Firstly, they say that vasectomy is an easy method and safe enough for the operation. They state that it won't take time for the operation and for recovery.

Reason on poor health of the wife was the second most common reason given for intending to practise vasectomy. They complained that their wives became weak by practising the method of birth control and they did not think that sterilization would be a suitable method of contraception for their wives. The two main reasons were comprised of 40.3 percent and 37.2 percent of the total respondents respectively.

Of the remaining reasons, 17.7 percent of the respondents would be vasectomized because of economic reason while 4.8 percent cited their wives disapproved female sterilization.

A wider variety of reasons were given by those not intending to use vasectomy. Of these, by the most common reason was fear of side-effects after the operation (56.1 percent).

The two other reasons produced relatively significant responses in terms of numbers of cases. Of the total number of those not intending to use vasectomy, 28 cases (20.0%) claimed that their wives prefer to use contraceptives and 26 cases (18.7%) denied a vasectomy because of reason "too unhealthy to undergo for the operation". It would be interesting to ascertain from these wives whether this was in fact the real reason for non adoption, or whether this was seen as a plausible excuse on the part of the husbands to justify their decision not to have a vasectomy.

The reversability of the method was mentioned for the reason not intending to have a vasectomy by only 2 respondents in the age group of 35-39.

Having dealt with intentions to use vasectomy, "the conditions as supposed" under which this method would be adopted by the non adopter respondents is examined by two age groups; under 35 years and 35 years and over. When the respondents were asked to identify the condition which they might consider vasectomy as their means of bith control, table 3.6 revealed that the most common condition was having completed desired family size, in this case 45.8 percent of all respondents would adopt vasectomy. Of these the highest frequency was found in the 30-34 age group.

There was concensus between the age groups in terms of priorities of conditions as supposed. The younger age group (<35 years of age) gave more weight to "if wives are unhealthy" as compared with the respondents in older age group. (Table 3.6)

The final table in this section of the report (Table 3.7) sets out to examine why respondents would

not choose vasectomy even if they had completed their desired family size. Ten reasons were given to which respondents either agreed, disagreed with or were

Of all the reasons given, the overwhelming majority agreed with the statement that after being vasectomized they would be unable to work hard (89.3%). This sentiment is supported by qualitative focus group studies carried out by the Institute and is a belief held by women as well as men. For example,

> "My wife (controls) because I don't want to do it, there is a lot of news which make men (not) want to get sterilized ... people say that he will not be able to do any work (and will) get weak". (Younger mens group, N.E. Thailand - from focus group transcripts, 1983 - unpublished quote)

> "Men do more work than women. If they get vasectomized they will not be able do heavy work". and "... they will not have much energy." (Two older women, Nakhon Sri Thammarat : Focus group transcripts 1983, unpublished quote).

Only two other reasons scored significantly high responses. Of these 74.1% of respondents argued that contraception is something that should be undertaken by their wives rather than themselves. An obvious target for future motivation compaigns will be to persuade the male population to adopt a more reasonably equitable attitude towards responsibility for family planning.

Although the question concerned the assumption that family size had been completed, 25% of respondents agreed with the reason that they would not get vasectomized because of a desire for additional children. There was also some concern with the opera-

tion not being reversible should more children be desired (31.3%). Some 33.0% of respondents claimed their wives would not allow them to have the operation. This may be related to the notion of an inability to work hard after the operation, as mentioned above, but further analysis would be required to establish this. The fact that they had experienced a long interval since the last birth was given as a reason for not needing to adopt vasectomy, and this reason was agreed to by 34.8% of respondents. Those experiencing such an interval probably assum that their wives (or themselves) have become assume infertile.

The remaining reasons achieved relatively low levels of agreement among respondents. The lowest of these concerned the nation that vasectomy would lead to adultery, to which only 10.7% of respondents agreed. It is not clear from the table, of course, whether they are claiming it would not tempt them to commit adultery or whether this is a belief relating to their wives fidelity. Slightly more (12.5%) agreed with statement that they would not adopt vasectomy because no one had recommended it to them; and only 18.8% made the same claim in respect of having no peers or relatives who have adopted the method.

From Table 3.7 it would seem that the influence of peers and relatives is fairly weak with regard to the decision not to accept vasectomy even if family size has been completed.

This chapter has taken a preliminary look at the knowledge and attitude aspects of vasectomy adoption. It would appear at first glance that although knowledge about vasectomy and the procedures involved is fairly high, and despite the fact that the majority of respondents agree with practice of vasectomy, when it comes to making statements about intention to choose this method, a variety of reasons are given to account for the majority who say they will not actually adopt a vasectomy.

Table 3.1 Male contraceptive methods known by source of information. (vasectomy + condoms)

Source	Number	Percent
Relatives/friends	92	46.0
Health officer/District hospital	64	32.0
Radio	25	12.5
VHW/Headmen	11	5.5
Mobile clenic	5	2.5
Wives	2	1.0
Peers outside village	1	0.5
Total	*200	100.0

* 1 failed to answer

Table 3.2 Attitude towards vasectomy practice among the non adopters by age

Age	Agree		Disagree	
	Number	Percent	Number	Percent
Total	176	87.6	25	12.4
< 35	77	89.5	9	10.5
35 and over	99	86.1	16	13.9

Table 3.3 Non adopters perceiving popularity of vasectomy by intention to choose a vasectomy.

Intention	Total		Perceiving popularity of vasectomy			
	Number	Percent	Few	Many	Not sure	N.A.
Will choose	60	30.2	40.0	50.0	10.0	0.0
Won't choose	139	69.8	25.7	60.2	4.4	9.7
Total*	199	100.0				

* 2 cases failed to answer

Table 3.4 Most important reason for intention to use permanent method

Reasons	Total number	Total %
1) easy and safe method	25	40.3
2) economic reason	11	17.7
3) wives are unhealthy	23	37.2
4) wives disapprove female sterilization	3	4.8
Total	62	100.0

Table 3.5 Most important reason for having no intention to use permanent method

Reasons	Total number	Total %
1. too unhealth to undergo the operation	26	18.7
2. fear of side effects after operation	78	56.1
3. wives prefer using contraceptive themselves	28	20.2
4) not reversible if desire more children	2	1.4
5) others	5	3.6
Total	139	100.0

Table 3.6 Conditions as supposed when vasectomy is acceptable by age.

Condition	Number	Percent	Age			
			<35		35 and over	
			Number	Percent	Number	Percent
1) Having completed family size	88	45.8	36	43.4	52	47.7
2) Economic reason	52	27.1	9	10.8	7	6.4
3) If wives are unhealthy	16	8.3	27	32.5	25	22.9
4) Safe method and easy for an operation	36	18.8	11	13.3	25	22.9
* Total	192	100.0	83	100.0	109	99.9

* 9 cases of no answer are excluded

Table 3.7 Reasons for not choosing vasectomy after completed family size

Reasons	Yes	No	Not sure	No answer
1. Can't work hard	89.3	8.9	0.9	0.9
2. No one recommends	12.5	86.6	0.0	0.9
3. Contraception is for wives	74.1	24.1	0.9	0.9
4. No peers/relatives adopted Vasectomy	18.8	79.5	0.9	0.9
5. Wives do not allow	33.0	64.3	1.8	0.9
6. Not reversible if desire more children	31.3	66.1	1.8	0.9
7. Adultery	10.7	88.4	-	0.9
8. Castration	64.3	33.0	1.8	0.9
9. Long birth interval	34.8	61.6	2.7	0.9
10. Desire more children	25.0	69.6	4.5	0.9

Chapter 4

Communication and Information : The Explanatory Factors in Vasectomy Adoption

This part of the report will be identifying the causative and associated factors in relation to the influence of communication and information as an explanatory factor in vasectomy adoption. Some of the hypothesized variables introduced in this study include those on frequency of exposure to interpersonal communication and interaction communication among homophilous groups ie; occupation, contraceptive practice, value toward vasectomy in terms of motivation and practice, and perceived attributes of vasectomy. The communication network includes both formal and informal links. The formal communication network which the respondents have more or less been involved with could be defined as the health personnel as well as information through the media. However, the rural population has had relatively little exposure to these channels. Communication with vasectomized men, peers or relatives, reflecting perceived attributes of vasectomy has been examined in this study by looking at the contents of information given about family planning and vasectomy. The comparison of degree of exposure to communicating agents and information given would be shown as the determinants of vasectomy adoption. The process of decision-making and factors affecting the value of vasectomy adopters in diffusing the idea of practising vasectomy would also be identified in this section.

One important remaining issue is whether the frequency of exposure to interpersonal communication (either formal or informal communication)is a genuine cause of vasectomy adoption. The data available for interpretation in this study relys on the fact that a person who intends to adopt vasectomy or who had undergone vasectomy must communicate that fact to his

spouse or at least to any other person with whom he is involved. The following variables were used to support this view concerning;

a) Selected events ever talked about with their spouses.

b) Reasons leading to vasectomy adoption.

c) The most influential person involved in leads to vasectomy adoption.

d) Factors affecting duration for decision-making.

Evidence from the study were described in the discussion.

Husband-Wife communication

Husband - wife communication is discussed in order to understand the relationship or the topics on family formation which the couples might have talked about. These topics will vary from couple to couple. It is important to find out the factors behind this phenomena since it would be a key to explaining why the couple did or did not talk about family affairs; what they talked to each other about instead; what topics they discuss and to explaining who made the decision and in what circumstances. Unfortunately, the current discussion will not go far in explaining the phenomenon of husband and wife communication. The interpretation and the figures for this report will show simply the distritution of related variables.

The respondents were asked to state their opinions toward the selected events about family planning that they might have experienced. Eight statements were used to measure the frequency of husband and wife conversations related to value and

attitudes toward contracepting and a vasectomy. From table 4.1, the statements of family planning give some indication of the degree to which there is communication on particular even though the statements mentioned in the table 4.1 might not represent a good measurement to explain the significance of husband and wife communication. Five statements refered specifically to permanent methods namely, "discussing permanent method", "wife prefers sterilization", "having informed wife about the intention to undergo vasectomy", "wife talks about vasectomy negatively" and lastly "wife talks about vasectomy positively". The purpose of including statements emphasising only vasectomy can be explained by the following reasons. Since vasectomy can be explained by the following reasons. Since vasectomy is a permanent method and also unpopular among the couples, the investigation of this aspect attempts to measure the degree to which it is talked about as compared with topics relating to contraception in general. It is quite noticeable that the statement on "discussing contraceptive choice" comprised a very high score compared to other statements. Some 92.0% of the total population have ever talked to their spouses about the choice of contraceptives, while 77.1% and 73.9% stated that they have ever talked about "planning their family size" and "wife prefers current method used". It appears that the husbands have made their own decision on the contraceptive choice. Among the statements which the respondents have discussed very little was "wife talks about vasectomy negatively. Only 25.4 percent said that they and their spouses seldom discussed vasectomy negatively, while 40.8% stated that they have ever talked about a vasectomy positively. This means that the couples in this study were not very interested in practising a permanent method by choosing a vasectomy.

In comparison with the adopters, the frequency of conversations among the couples were very high in almost all of the selected events, except 'wife prefers

sterilization' (Table 4.2). As many as 88.8% said they were discussing contraceptive choice and surprisingly 83.0% of the respondents claimed their wife suggested that they undergo vasectomy. This is correlated with those who stated that their wives prefered steriliza-tion (32.1%).

Reasons leading to vasectomy Adoption

When reasons for vasectomy adoption are raised, the argument can be interpreted in different ways. What kind of information can we know and ascertain about these reasons ? Would it be possible to claim that reasons stated by the respondents implied the acceptability of vasectomy ? Unfortunately, the available data can not be used for such an interpretation. In this study, open-ended questions were used when reasons for vasectomy adoption were sought from the adopers. There were four reasons mentioned in relation to this question. Surprisingly, the reason "Don't want to use any other method" was given although only a small fraction of the respondents made this claim (3.8 percent). The adoption rate among the adopters was high among those who identified "Don't want any more children" and "Economic reasons" as their motivation to undergo vasectomy (Table 4.3).

Table 4.4, sets out to discover the person who was most influential in promoting vasectomy adoption. The existing vasectomy adopters were expected to be an important source of information but only 1.9 percent of the respondents confirmed that the vasectomy adopter was the most influential person for a decision in favour of vasectomy. The highest proportion of the respondents claimed they decided themselves, while 15 persons (28.3 percent) stated that their wives encouraged them to undergo vasectomy. The health officer and medical personnel from the district hospital also played an important role in motivating the respondents to accept vasectomy. There were 6

persons (11.3) who stated that the health officer brought them to the decision to have a vasectomy.

Time taken for a decision-making process:

In the process of decision-making, the interpretation of factors affecting the time taken for making a decision can be made by acquiring many factors for the measurement. The difficulties confronting this study were to find the appropriate behavioural variables for measuring the effects of human decision making. The resolution of this problem was made by focusing on some of the selected events which the respondents might have experienced before the adoption. There were 10 categories of information given and the adopters were asked whether they have experinced those selected events. The respondents have been divided into 3 groups by duration of their decision making. The range started from less than one week to more than 7 month. As a whole, the majority of the respondents (31 cases) stated that they spent less than a week for their decision making, while only 2 respondents said they spent more than 3 years to decide to adopt vasectomy. If less than a week is taken as a cut-off point for the minimum time for the decision-making process, almost 54 percent (31 cases) had spent only a short period of time making their decision.

By looking at the association between the information given and the different range of time for decision making, the responents in Group A (less than a week) were found to have learned about vasectomy more positively. The information they had been given related to "no change for health", "free, easy and safe" and "no change for sexual ability". Of all respondents 94.3 percent and 90.6 percent respectively replied that they have heard that there was no effect on health, and that vasectomy is an easy and safe

method. Regardless to the duration for decision-making, all the respondents shared one thing in common. They have all learned that vasectomy results in "no change for health" and that it is "free, easy and safe method". These two factors comprised a very high proportion of respondents (Table 4.5).

Remarkably, those who spent a longer period of time making the decision have been affected by negative information much more than those who spent a shorter period of time deciding. This might not be statistically significant because they were composed of only a small fraction of all respondents. The following negative information mentioned quite often are

- can't work hard
- ineffective method
- pains
- castration
- adultery
- impotency

Would the vasectomy adopters be active motivators ?

One of the strategies to make vasectomy widely popular and practised is to establish credibility of the method among the eligible couples. The vasectomy campaign has had some success in increasing acceptability but we did not know who would be involved as the most effective motivators. The vasectomy adopters in this study reflect one category of persons involved in informal communication who were expected to be important agents for family planning communication. All 53 respondents were asked whether they have suggested the adoption of vasectomy to anyone. Of these, 24 respondents said they have not suggested it to anybody and reasons for not recommending anyone to adopt this method were encourged for explanation. The

reason which came first was "no one came for advice", and the second most important explanation was that they "don't think they will accept vasectomy". However, almost 54.7% of the adopter respondents acted as a good motivator by suggesting vasectomy to peers or relatives for consideration. Among those who were not involved in such motivation, when looking at the stated reasons carefully, this might be associated with the following factors. By nature, males rarely talked about family planning when compared with females. When the reasons of "no one came for advice" and "too personal to discuss" have been raised, it is quite plausible to claim that male involvement in family planning is quite low (Table 4.6).

Perceived attributes of a vasectomy cited as a constraint

Many studies have examined the side-effects after the operation, both physical and psychological, and found that there were some slightly changes in terms of these aspects. In particular, the patients often thought that they became weak and could not work hard. In this study the attempt to examine this possible constraint has not gone very far because only a few of the adopter respondents claimed that they were suffering at some levels from side-effects. Of 53 respondents, 18 said they had side-effects. The most popular complaint is "pains in scrotum", with "can't work hard" coming second. They complained that they could not work hard and continuously in the fields because they felt that they got pains in the abdomen and in the scrotum. Sometimes they became dizzy and suffered from shivering. These complaints could not be proved by the nature of this study and if these complaints were true, they might be associated with the result of having a vasectomy.

Most males perceived that they would become weak and could not work as hard as usual after the operation. They also believed that having a vasectomy would decrease their sexual ability. These perceived attributes have been raised again in this study in order to confirm or refuse what appears to be a common belief (Table 4.7).

Data from the adopter respondents have shown that before going for vasectomy, the most important matter males would consider was "health after operation" and "sexual ability". The figures in table 4.13 have identified that 52.8% of vasectomy adopters were concerned with health after the operation but may have been reminded of side-effects by this question, and only 5.7% thought about the reversibility of the method (Table 4.8).

Non adopters were asked to express their opinions toward having vasectomy as well as to express their intention to accept vasectomy if they have completed their family size. Of 201 persons, 60 cases expressed their intention to adopt vasectomy when their ideal family size has been reached. Those respondents were again asked to identify the most significant source of information required if they seek service. Four groups of the respondents were divided by the reasons they stated. The four reasons included, "easy and safe", "poor and want no more children", "wives are not in good health" and lastly "wives refused to undergo sterilization". The first reason comprised the biggest fraction of the total population and the third reason came second. By looking at the highest proportion of all the reasons stated by source of information required, the respondents would prefer obtaining the information from the district or provincial hospital 76.0% of those who stated" easy and safe", 72.7% of those who stated "poor and want no more children", 60.9% for "wives are not in good health" and 33.3% of those giving the reason "wives refuse to undergo sterilization". The health officers comprised

the nearest formal communication channel. These medical personnel were not as popular as a significant source of information among non-adopters as they were among those adopting vasectomy. This could imply that information from the district or provincial hospital weighed stronger among those who expressed their intention to adopt vasectomy (Table 4.9).

An attempt to measure another perceived attribute by asking non-adopters to identify the most significant source of information they would require in the event that they needed to have a vasectomy. The groups of respondents have been broken down into two categories, one for those who had no peers or relatives who have undergone vasectomy, and the other for those who did have some. For those who had peers or relatives practising vasectomy, "side effects" was the most significant information required, with information on "where the incision takes place" coming second; This was a similar response to that given by those who had no peers or relatives who chose vasectomy. However the information on "where the incision takes place" was higher than for the former group. These were the only two topics with a relatively high response given by these respondents. This finding might lead to an enhancement of the vasectomy campaign by emphasing more the knowledge about the operation process, ie. who performs the operation, how they do it, and the to be side-effects usually perceived. These sort of arguments need to be clear-cut effective. The question raised was who would be directly or indirectly concerned in providing the people with the right information in a comprehensible form ? What would come first, the formal or the informal channel ? Through what channels and at what time would communication be most appropriate ? This study, due to limitations the data could not fully answer these questions. However, data on "the most significant source of information required when you needed vasectomy" has plausibly provided a basic clue for understanding that people referred to the "formal channel" when they needed someone who could

convince them. Psychologically, patients need the doctors because they feel safer in their hands. In this study, the respondents preferred obtaining information from the district or provincial hospital in event that they choose vasectomy for contracepting. This evidence was not conclusive because there remains the question of whether the "institution" would represent the most effective communication channel regardless of the cost.

Information given and perceived attributes of vasectomy.

This section is trying to explain the relationship between motivational varibles resulting in contraceptive practice. Two main subjects have been drawn on for this measure; information given and perceived attributes of vasectomy. The adopter respondents were asked to weigh whether they have experienced or were oriented to some selected events before adoption. There were ten statements introduced to them and the respondents would state whether they have experienced such selected events. The following events were asked;

"Have you ever heard about the following matters before vasectomy adoption ?"

- can't work hard
- psychological side-effects
- ineffective method
- pains
- castration
- adultery
- no physical change
- free, safe and easy
- impotency
- no change for sexual ability

Most of the adopter respondents have learned about vasectomy in relation to ten selected events, but in differing degrees for each event. The factors they have learned most about vasectomy were regarding "no physical change" and "free, easy and safe". This might be due to the enhancement of the vasectomy campaign which was established at the begining of 1984. The event concerning "no change for sexual ability" also produced a high proportion of respondents. Among the negative events about vasectomy, "can't work hard" and "impotency" were mentioned, and this finding has also occurred in some other studies. Interestingly, the event on "ineffective method" also comprised a high percentage. This could probably be explained in terms of those respondents who have heard this news when talking to their peers living in the same village where, eventhough they had adopted vasectomy, the peers wives had become pregnant (Table 4.11).

Among the vasectomy adopters, they were asked to identify the source of information from which they first learned about vasectomy. Unexpectedly, 26 respondents (49.1 %) replied that they learned about vasectomy from the vasectomy adopters. While 5.7 % and 7.5 % from the total respondents referred to the health officer and medical personnel from district hospital as their source (Table 4.12). There was an association between source of information from which they first learned about vasectomy and the people they came to for advice before adoption. Table 4.13 shows the proportion of those vasectomy respondents who came for advice before the operation. Of these 63.6% (21 respondents) confirmed that they came to the vasectomy adopters before undergoing vasectomy. The peers and relatives were the second most popular group the vasectomy adopter referred to.

Table 4.1 Selected events which the non-adopters ever talked to their spouses

Selected events	yes	No	NA.
1. Plan for family size	77.1	22.4	0.5
2. Discussing contraceptive choice	92.0	18.0	0.0
3. Wife prefers current method used	73.9	23.2	2.9
4. Discussing permanent method	67.7	31.3	1.0
5. Wife prefers sterilization	30.3	69.7	0.0
6. Having informed wife about the intention to undergo vasectomy	26.2	72.6	0.5
7. Wife talks about vasectomy negatively	25.4	74.6	0.0
8. Wife talks about vasectomy positively	40.8	59.2	0.0

Table 4.2 Selected events which the adopters ever talked to their spouses

Selected events	Yes	No
1. Plan for number of desired children	69.8	30.2
2. Discussing on contraceptive choice	88.8	21.2
3. Wife suggests adopting vasectomy	83.0	17.0
4. Wife prefers sterilization	32.1	67.9
5. Having informed wife about an intention to adopt vasectomy	84.9	15.1
6. Wife has negative attitude toward vasectomy	20.8	79.2
7. Wife wants no more children	84.9	13.2
8. Discussing on a popularity of vasectomy	84.9	15.1

Table 4.3 Reasons leading to vasectomy adoption cited by the adopters.

Reason	Number	Percent
1. Don't want any more children	24	45.3
2. Wives are not in good health	3	5.7
3. Economic reasons	24	45.3
4. Don't want to use any other method	4	3.8
Total	53	100.0

Table 4.4 Person who is the most influential in leading to a decision in favour of a vasectomy

Person	Number	Percent
1. Self	18	34.0
2. Wife	15	28.0
3. Health personnel	9	16.9
4. Headman	8	15.1
5. Vasectomy adopter	1	1.9
6. Others	2	3.8
Total	53	100.0

Table 4.5 Duration of decion-making by information given.

Information given	<1 week				<one month				>one month			
	Yes		No		Yes		No		Yes		No	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
1. Can't work hard after an operation	22	71.0	9	29.0	6	75.0	2	25.0	9	64.3	5	35.7
2. Psychological change	8	25.8	23	74.2	3	37.5	5	62.5	3	21.4	11	78.6
3. Ineffective method	18	58.1	13	41.9	5	62.5	3	37.5	11	78.6	3	21.4
4. Pains	9	29.0	22	71.0	3	37.5	5	62.5	6	42.9	8	57.1
5. Castration	12	38.7	19	61.3	4	50.0	4	50.0	11	78.6	3	21.4
6. Adultery	17	54.8	13	45.2	4	50.0	4	50.0	7	50.0	7	50.0
7. No change for health	30	96.8	1	3.2	8	100.0	-		12	85.7	2	14.3
8. Free, easy and safe method	26	83.9	5	16.1	8	100.0	-		14	100.0	-	
9. Impotency	17	54.8	14	45.2	4	50.0	4		11	78.6	3	21.4
10. No change for sexual ability	24	77.4	7	22.6	8	100.0	-		10	71.4	4	28.6

Notes

Group A = less than a week (31 cases)
Group B = less than a month (8 cases)
Group C = more than a month (14 cases)

Table 4.6 Reason cited by the adopters for not to recommend anyone to undergo a vasectomy

Reason	Number	Percent
1. No one came for advice	6	25.0
2. Don't think they will accept	5	20.8
3. Too personal to discuss	4	16.6
4. No time	3	12.5
5. Feel uncertain about results if recommend it to peers	3	12.5
* Others	3	12.6
Total	24	100.0

*
- afraid of being accused of being castrated (1 case)
- recently vasectomised and uncertain about the result (1 case)
- no answer (1 case)

Table 4.7 Perceived side-effects after a vasectomy was adopted

Side-effects	Number	Percent
1. pains in scrotum	8	44.4
2. weakness	3	16.7
3. can't work hard	5	27.8
4. impotency	2	11.1
Total	18	100.0

Note :

Of 33.9% had side-effects after the vasectomy adoption.

Table 4.8 The most important subject the vasectomy adopters wanted to know before adoption

Subject	Number	Percent
1. Health after operation	28	52.8
2. Sexual ability	8	15.1
3. Process of operation	7	13.2
4. Reversibility	3	5.7
5. No answer	7	13.2
Total	53	100.0

Table 4.9 Most significant source of information required by reasons for intention to adopt vasectomy.

Source of information required	Reason* A	B	C	D
1. District/provincial hospital	76.0	72.7	60.9	33.3
2. Vasectomy adopters	20.0	9.1	26.1	33.3
3. Health officer	4.0	9.1	8.7	0.0
4. VHWs	0.0	0.0	0.0	0.0
5. Headman	0.0	0.0	0.0	33.3
	(25)	(11)	(23)	(3)

*
A. easy and safe method
B. poor and want more children
C. wives are not in good health
D. wives refute to undergo sterilization

Table 4.10 Most important information required by having or not having peers or relatives who have undergone a vasectomy.

Most important information required	Having No.	Having %	Not having No.	Not having %
1. Where the incision takes place	41	22.5	9	47.4
2. time-used for operation/ pains	24	13.2	3	15.8
3. side-effects	105	57.7	5	26.3
4. place to go for service	3	1.6	0	0.0
5. no answer	9	4.9	2	10.5
Total	182	100.0	19	100.0

Table 4.11 Information given about a vasectomy before adoption

Information given	Yes	No
1. can't work hard	69.8	30.2
2. psychological side-effects	26.4	73.6
3. ineffective method	64.2	35.8
4. pains	34.0	66.0
5. castration	50.9	49.1
6. adultery	52.8	45.3
7. no physically change	94.3	5.7
8. free, safe and easy method	90.6	9.4
9. impotency	60.4	39.6
10. no change in sexual ability	79.2	20.8

Table 4.12 Source of information when first known about a vasectomy before adoption

Source	Number	Percent
1. Peers / Relatives	8	15.1
2. Vasectomy adopter	26	49.1
3. Health officer	3	5.7
4. Personnel from district/provincial hospital	4	7.5
5. Headman	5	9.4
6. Radio	5	9.4
7. Can't remember	2	3.8
Total	53	100.0

Table 4.13 Having consulted with people about the most important issue before adoption.

Person consulted with	Number	*Percent
1. Wife	2	6.1
2. Peers/Relatives	5	15.2
3. Vasectomy adopters	21	63.6
4. Health officer	4	12.2
5. Headman	1	3.0
Total	33	100.0

* The percentage represents only the respondents who have consulted with someone before adoption. Of 62.3 % consulted someone before having a vasectomy.

Chapter 5

A Prospective Characteristic Analysis of the Non-Adopters.

Out of the 201 non-adopters examined in this study, only 60 respondents (29.6%) stated that they will undergo a vasectomy in order to control their family size. In examining the determinants of this situation, this chapter focuses on elucidating significant characteristics which affect, either favorably or adversely a man's decision to undergo a vasectomy. These characteristics center on demographic factors and perceived (psychological) attributes associated with male sterilization with a goal of creating a better understanding of male involvement in the family planning responsibility.

To begin such an analysis, respondents are divided into three categories, namely actual adopters, prospective adopters and lastly, non-prospective adopters. In this study, "prospective adopters" is defined as those men who expressed an intention to undergo a vasectomy when they reached their completed family size. "Non-prospective adopters" refers to those men who vehemently refused a vasectomy upon reaching their completed family size. As stated earlier, the number of respondents stating that they would undergo a vasectomy (prospective category) is a small percentage when compared to the non-prospective category. To better conceptualize and understand the disparity which exists between these groups, variables common to all, but in particular the prospective and non-prospective categories, were analyzed.

For the purpose of making a comparison between the actual adopters and the prospective adopters those characteristics related to age, number of living children, age when the vasectomy was adopted and contraceptive practice become important. Since the level of education and occupation are the same, the

interpretations of those two factors won't be concerned. Notedly, among the actual adopters and the prospective, men under 35 years of age are willing to accept a permanent method as a means of regulating their family size. Unlike the non-prospective adopters, more than 50% of them are in the age range of 35 to over 45. This might be due to their already having produced a desired number of living children. The older non-prospective adopters however, might be thinking that they will have a shorter time to have more children, although by this time they have already produced many children. In this situation, to practise a permanent method of contraception is something far from their desire or expectation.

Results concerning age range also played an important role in identifying which group is most likely to agree with the idea of contracepting and thus yeilding information on aspects of motivation. Among the actual adopters, age at vasectomy adoption supports that whenever men are thinking about limiting their family size, younger age groups are more likely to undergo vasectomies than those men who are in older age groups. Data from this study reveals that men in their early thirties expressed a desire to undergo a vasectomy when they reached their completed family size. Of those prospective adopters, 68.3% agreed to contraception by citing vasectomy as their preferred method of birth control. A vasectomy thus is more acceptable among those who are under 35 years of age than those over 35. However, this conclusive interpretation has been made under a small scale of the actual data.

The number of living children is also one factor affecting male decision-making. Data shown in table 5.1 indicated that those men with more than 5 living children are among the non-prospective adopters; 20.7 % is comprised of this category as compared to the prospective adopters. Only 8.3 % the prospective adopters have more than 5 children and they are considering

to forego a vasectomy. In the group of the prospective adopters, those who have 3 children comprise majority group with the highest prevalence of vasectomy when compared with the non-prospective adopters with the same number of children. It thus seems that having 3 children is an appropriate number among those who are likely to accept vasectomy. Only a slight difference in terms of the number of living children between the actual adopters and the prospective adopters (4 children for the actual adopters and 3 children for the prospective adopters) was found among the population under study.

To understand why men have different levels of involvement in family planning, an analysis of the characteristic differentials was derived from a question asking about knowledge related to vasectomies as well as their perceived attributes of vasectomies.

A comparison of the interpretations on knowledge about vasectomies between the prospective adopters and the non-propective adopters was attempted. Respondents were asked to identify their general knowledge concerning some important attributes associated with vasectomies which men should more or less know or have ever heard about through their peers, relatives or from the health personnel. It is hypothesised that the prospective adopters or in other words "the active seekers" should obtain more information and knowledge about vasectomies than the "passive seekers" or the non-prospective adopters. Data from table 5.2 reveals how these two groups of respondents ranked their knowledge in different levels.Among the non-adopters, they did not ascertain the process of an operation; 38.3 % and 39.7 % of total non-prospective respondents stated they were lacking in knowledge about "time-used for the operation" and "use of anaesthetic". This reflects to an extent the perception and impression that undergoing a vasectomy is like having an operation and they therefore related it with some kind of surgery. This misleading impression is quite common among both the prospective adopters and the non-prospective

adopters. The perception concerning "place of incision" is also one important issue the respondents cited. The active seekers have slightly higher level of knowledge about it (81.7 %) compared with the non-prospective adopters (76.6 %).

The highest level of knowledge concerning "person who performs the operation" was equally stated by those two groups of respondents. This might be due to information already passed on to them when a health officer visited them during a vasectomy campaign.

In approaching the decision making point, the respondents were encouraged to state the most important information required before vasectomy adoption. An open-ended question was employed. Of the actual adopters and non-adopters, they cited at lest two similar sorts of required information; "where the incision takes place" and "side-effects after the operation". It is interesting that information on "side-effects after the operation" was not the most popular factor among the non-adopters. The actual adopters also mentioned "reversibility" as the required information for them before undergoing a vasectomy. The information on "place of incision" also played an important role not only for the adopters but also for the prospective adopters. There is not so much of a difference among the respondents in term of required information if vasectomy is acceptable among the prospective adopters, except in the need for "most trustworthy place to go for service". The prospective adopters expressed their need for this purpose more frequently than the non-prospective adopters. It is quite common because vasectomy is as the preferable method prospective adopters are likely to choose.

Another comparative interpretation used to determine a factor which led men to choose a vasectomy was attempted by examining the resons for practising this permanent method of birth control when a man desired no more children. Two groups of respondents fall into this analysis ; the actual adopters and the

prospective adopters.* Again, an open-ended question was employed in order to allow the respondents to express their ideas freely. Six reasons existed as shown in table 5.4. The respondents shared two common reasons in favour of a vasectomy. Those two shared reasons are "economic reason" and "wives are not in good health". However, these two reasons are not the most popular among the two groups of respondents. The actual adopters claimed that they underwent a vasectomy because of "economic reasons" much more than prospective adopers (only 17.7 % of the prospective adopters expressed this reason). The most popular reason among the prospective adopters was "easy and safe". This reason was expressed unreluctantly during the interviews. The respondents then gave additional explanations for this reason for clarification purposes. They felt that female sterilization is more complicated and more dangerous. After the operation their wife might need more days to recover due to the nature of the operation. Alternatively, a vasectomy can be done at any time and "the cut" is very small and tolerable. They also stated that the pain caused by the incision is much less than the pain caused by "ant bites". It might be too quick to conclude that men have a good impression towards a vasectomy. However, this is a positive sign that vasectomies may become more popular among the rural population.

However, no attempt was made in showing some different characteristics among the actual adopters and the prospective respondents ie, age, number of living children and other circumstances at the time of adoption. This was due to the small samples (53 for actual adopters and 60 for prospective respondents). Another point to be emphasised here on the respect of a comparison the differences in the popularity of various reasons for adoption was a feeling of "as remembered" for the actual adopters and "as supposed" for the prospective respondents. The expressions stated by

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* See definition on page 55.

both of those two groups of respondents might be argueable. Nevertheless, their feedback resulted from the interviews would not be harmful to justify any conclusions.

The last part of this chapter centers on the influences of information and sources of information on vasectomy practice. A comparative interpretation was made by asking the respondents to recall whatever they had ever heard about a vasectomy. Both positive and negative attributes were read to them and the respondents remarked whether they had ever experienced those attributes. On the average, the respondents had heard positvie aspects about vasectomies more offen (see table 5.5).

The information on "free and safe" ; "incentives", and "easy and safe" were frequently mentioned by the respondents. This might be due to the widespread network developed during the vasectomy campaign which was inaugurated since the begining of the year. However, negative information was also mentioned eventhough they were not as highly remarked by the respondents. Of the negative information, non-prospective adopters recalled that they had heard that a vasectomy is not an effective method. They stated that their peer's wives living in the same village had become pregnant eventhough the men had undergone vasectomies. The information on "bad effect on health" was more significant among non-prospective adopters; 70.2 % of the non-prospective adopters recalled their experience on this event while 58.3 % of the prospective adopters did so.

Sinced the purpose of this study is to examine the effects of informal communication* on vasectomy practice, a question concerning "most important

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* The informal communication defines as all interpersonal communication except communication via health personels and media.

source** of information required" was asked. Of the 53 actual adopters, 33 cases have consulted with someone before the adoption. Of these 63.6 % stated that they have consulted with previous vasectomy adopters before reaching their final decision. With the same question, only 20.0 % of the prospective adopters referred to the vasectomy adopters as their most important source of information they would require, and 70.0 % preferred having a consultation with the health personnel at the district hospital. The different findings obtained here might be due to the fact that the actual adopers would need strong recommendations from prior vasectomy adopters before they definitely decided to undergo a vasectomy.

The neighbors and relatives had no effect at all among the prospective adoters. This implies that they do not need any concensus or confirmation from them. Health officers played moderately important roles among the actual adopters eventhough they were ranked third among the most important sources of information required when a vasectomy is acceptable.

** Source of information includes information from both formal and informal communication.

Table 5.1 Characteristic differentials by vasectomy acceptability status.

	Actual adopters		Non Adopters			
			Pro spective		Non Prospective	
	Number	Percent	Number	Percent	Number	Percent
Age						
Under 35	35	66.0	41	68.3	58	41.1
35 and over	18	34.0	19	31.7	83	58.9
Total	53	100.0	60	100.0	141	100.0
Number of living children						
Less than 3	16	30.2	5	8.3	4	2.1
3	15	28.3	35	58.4	48	34.3
4	18	34.0	11	18.3	34	24.3
5	2	3.8	4	6.7	26	18.6
5+	2	3.8	5	8.3	29	20.7
Total	53	100.0	60	100.0	141	100.0
Contraceptive practice						
Pill	15	30.0	8	15.7	41	30.6
Inj.	11	20.0	10	19.6	32	23.9
IUD	2	2.0	8	15.7	25	18.7
Condom	-	-	2	3.9	2	1.5
Traditional	-	-	-	-	1	0.7
*Not using any method	25	48.0	23	45.1	33	24.6
Total	53	100.0	60	100.0	134**	100.0

* Included those who were pregnant.

** 7 cases failed to answer.

Table 5.2 Knowledge about a vasectomy by vasectomy acceptability status

Knowledge	Prospective Adopters				Non-Prospective Adbopters			
	Know		Don't know		Know		Don't know	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
1. Person who performs the operation	55	91.7	5	8.3	116	82.3	25	17.7
2. Time used for the operation	36	60.0	24	40.0	87	61.7	53	38.3
3. Place of incision	49	81.7	11	18.3	108	76.6	33	23.4
4. Use of anaesthetic	39	65.0	21	35.0	85	60.3	56	39.7
5. Time used for recovery	51	85.0	9	15.0	108	76.6	32	23.4

Table 5.3 Required information about a vasectomy by vasectomy acceptability status.

Required Information	Prospective Adopters		Non Prospective Adopters	
	Number	Percent	Number	Percent
Non Adopters				
1. Where the incision takes place	15	25.0	35	24.8
2. Pains/Person who performs an operation	8	13.4	19	13.5
3. Side-effects after an operation	33	55.0	77	54.6
4. Most trustworthy place to go for service	2	3.3	1	0.7
5. No answer	2	3.3	9	6.4
Total	60	100.0	141	100.0
Adopters				
1. Where the incision takes place	7	13.2		
2. Health after an operation	28	52.8		
3. Side-effects on sexual ability	8	15.1		
4. Reversibility	3	5.7		
5. No answer	7	13.2		
Total	53	100.0		

Table 5.4 Comparison of reasons leading to vasectomy adoption by adopters and non adopters

Reasons	Vasectomy Acceptability Status			
	Actual Adopters		Prospective Adopters	
	Number	Percent	Number	Percent
1. Economic reason	24	45.3	10	17.7
2. Wives are not in good health	3	5.7	22	37.1
3. Don't want any more children	24	45.3	-	-
4. Don't want to use any other method	4	3.8	-	-
5. Easy and safe	-	-	25	40.3
6. Wives disagree to have a sterilization	-	-	3	4.8
Total	53	100.0	60	100.0

Table 5.5 Information ever heard about a vasectomy by vasectomy acceptability status.

Information	Prospective Adopters		Non-Prospective Adopters	
	* Number	Percent	** Number	Percent
1. Free and safe	59	98.3	133	94.3
2. Incentives	56	93.3	117	83.0
3. Easy and safe	54	90.0	118	83.7
4. Population method	43	71.7	92	65.2
5. Easily recovered	39	65.0	104	73.6
6. Bad effect on health	35	58.3	99	70.2
7. Ineffective method	30	50.0	62	44.0
8. Adultery	25	41.7	70	49.6
9. Pains	14	23.3	40	28.4

---

* Total number (60 cases)

** Total number (141 cases)

Table 5.6 Most important source of information required by vasectomy acceptability status.

Source	Non Adopters			
	Prospective		*Non Prospective	
	Number	Percent	Number	Percent
1. Neighbors/Relatives	-	-	3	2.1
2. Vasectomy adopters	12	20.0	28	19.9
3. Health officers	4	6.7	15	10.6
4. District hospital	42	70.0	88	62.4
c5. Others	2	3.3	-	-
	60	100.0		100.0

* 7 cases failed to answer

	Adopters	
	Number	Percent
1. Wife	2	6.1
2. Neighbors/Reatives	5	15.2
3. Vasectomy adopters	21	63.6
4. Health officer	4	12.1
5. Headman	1	3.0
** Total	33	100.0

** 20 cases did not consult with anyone before having a vasectomy.

SUMMARY

This study describes the influence of informal communication on vasectomy practice. The investigation emphasized behavioural variables associated with the level of vasectomy practice. These behavioural variables have covered question on knowledge concerning a vasectomy and the latter's perceived attributes such as effectiveness, legitimacy and benefits among both adopters of the vasectomy practice and non-adopters. The methodology utilized in the study consisted of a sample survey of 201 non-adopters and 53 adopters. In the case of adopters, this number covers those men living in the selected area who underwent a vasectomy only within a year of the survey.

Findings from the study indicate that although knowledge about a vasectomy and the procedures of entails is fairly high, the majority of men have decided not to undergo a vasectomy; only 29.6 percent of the non-adopters expressed a desire to practise this permanent method when they have reached their completed family size. Due to this situation, a further analysis centering on the salient features of the non-adopters was conducted based on two categories the prospective adopters and the non-adopters.

Notedly, prospective adopters are in a younger age group (under 35) as compared to the non-prospective adopters. The former stated "easy and safe" as their main reason for potentially undergoing a vasectomy while the reason "wives are unhealthy" was second in importance. These two reasons support the hypothesis that men consider a vasectomy as the most convenient method of contraception. Alternatively, non-prospective adopters felt that "side effects after the operation" was a major obstacle barring them considering a vasectomy as a means of controlling family size.

Interpretations on the degree of exposure to agents of communication and information concerning vasectomies were attempted in this study of identifying the effects of vasectomy practice among the rural population. Informal agents center on husband and wife communication as well as communication between previous vasectomy adopters and the respondents composing this study. Formal agents however, include communication between respondents and health personnel at both the subdistrict and district levels. The latter also included exposure to different forms of media such as radio, mobile clinic, leaflets and posters.

After looking closely at the influence of spousal communication on contraceptive practice, the findings indicate differing aspects among the respondents. According to survey results, the statement pertaining to discussing contraceptive choice appeared as a very high score (percentage) when compared to other statements. Out of 92 percent of the non-adopters, who have ever discussed with their spouses (wives) about the choice of contraceptives, 77.1 percent and 73.9 percent stated ever having talked about "planning their family size" and "wife prefers current method use." Among statement which non-adopters have discussed very little was "wife talks about a vasectomy negatively." Incomparison with the adopters, the frequency of conversations among the couples was very high in almost all of the selected events. Surprisingly, 83.0 % claimed that their wives suggested they undergo a vasectomy.

The perceived attributes of a vasectomy also reflected a desire to accept this permanent method of birth control. Data from the adopters indicated that before going for a vasectomy, two important matters which came to their minds were "health after the operation" and "sexual ability". Those perceived attributes are related to previous information they had been told. Men perceived that having a vasectomy would affect their physical being by changing either sexual functioning or health.

Recommendations :

1. Vasectomy adopters are suitable for involvement due to motivational purposes. This suggestion can be supported from the findings on the source of information the adopters required when they definitely decided to undergo a vasectomy.

2. Health officers should inform eligible couples more on the procedures of the operation as well as self-treatment after the operation. This will aid in avoiding complaints about pains and some uneasy feelings after the operation. These "Symptoms" may leave an unpleasant impression of the method which may be transmitted to later potential prospective adopters.

3. Negative information about a vasectomy remains as a prominent obstacle to adoption especially among those who refuse to accept a vasectomy as a means of birth control. The foreseen resolution of such problems is difficult to determine without further research on a broader scope. However, increased consultations between health officials or the district hospital and the population (who have either undergone a vasectomy or not) will partially aid in fulfilling this goal.

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The Effects of Informal Communication on Vasectomy Practice in Rural Areas of Thailand

Form A

(For Vasectomy Respondents)

Case Number_____

Name of Respondent _____
Date of Interview _____
Time of Interview: Start_____ End _____
Interviewed by _____

Conducted by

Institute for Population and Social Research

Mahidol University

1984

1. How old are you ? _____ years old.

2. How old is your wife ? _____ years old.

3. How long have you been married to your wife ?

   _____ years

4. What is your education ?

   _____

5. What is your wife's education ?

   _____

6. What is your occupation ?

   _____

7. What is your wife's occupation ?

   _____

8. How many living children do you have ?

   _____

9. Of how many living children died ?

   _____

10. How many children do you want to have ?

    _____

11. How old were you when you had your vasectomy ?

    _____ years old.

12. Where did you go for your vasectomy ?

_____

13. How old was your youngest child when you had your vasectomy ?

_____ years old.

14. Did your wife practise any method of birth control before you had your vasectomy ?

If yes, please specify

_____

15. Did you intend to have your last child ?

_____ 1. Yes. _____ 2. No.

16. Please indicate your contraceptive practice.

Birth order	Method	Duration	Place	Recommended by
before having 1st child				
1				
2				
3				
4				
5				
6				
7				

17. Was your wife ever suffered from these following experiences ?

	Yes	No
17.1 side-effects	_____	_____
17.2 contraceptive failure	_____	_____
17.3 wife no longer wants to use any method of birth control	_____	_____

18. How did you learn about vasectomy ?

19. What did you think about vasectomy when you first heard about it ? (Tick every response stated by the respondents)

_____ 1. It is the most effective method for birth control.

_____ 2. It meant castration.

_____ 3. The procedure is simple and easy.

_____ 4. The operation is dreadful.

_____ 5. Pains after the operation.

_____ 6. Other, specify _____

20. Did you talk about vasectomy to anyone before the operation.

_____ 1. Yes. _____ 2. No.(proceed to Q.23)

Who ?

_____

21. If you talked to your wife, what did you talk about ?

_____

_____

22. If you talked to the vasectomized men, what did you talk about ?

---

23. How often did you talk about your intention before having your operation done ?

_____ 1. very often

_____ 2. few

_____ 3. very few

_____ 4. never

24. What opinion did you form about vasectomy after what you were told ?

---

25. Did you tell your wife before having the operation ?

_____ 1. Yes.

Why ?

_____ 2. No.

Why ?

---

26. How did she react to you after consultation ?

_____

_____

27. Who do you think had the greatest influence on your decision to have a vasectomy ?

_____ 1. medical personnel

_____ 2. friends

_____ 3. wife

_____ 4. relatives

_____ 5. vasectomized men

_____ 6. parents

_____ 7. self

_____ 8. Others, specify _____

28. Why did you choose vasectomy as a means of birth control ? (Tick every mentioned response.)

_____ 1. Don't want any more children.

_____ 2. Health of the wife

_____ 3. For a better education for children.

_____ 4. Economic hardship.

_____ 5. Worry about non-permanent methods.

_____ 6. Others, specify _____

29. Have you ever told anyone about your vasectomy ?

_____ 1. Yes.

Why ?

_____

_____

_____ 2. No.

Why ?

_____

_____

30. Since the operation, have you noticed if there has been any change in your life ?

_____

_____

31. Have you ever recommended vasectomy as a birth planning method to anyone ?

_____ 1. Yes.

Who ?

_____

_____ 2. No.

Who ?

_____

32. Have you ever talked to your wife about these following matters ?

	Yes	No
1. Planning about the number of children	_____	_____
2. Discuss the method of birth control before practising	_____	_____
3. Wife prefers using current method of birth control	_____	_____
4. Discussing permanent method of birth control	_____	_____
5. Wife prefers having sterilization	_____	_____
6. You will choose vasectomy as a means of birth planning	_____	_____
7. Wife discusses about the defects of having vasectomy	_____	_____
8. Wife agrees with you that vasectomy is safe and simple	_____	_____

33. Have you ever heard or been told about vasectomy by these following matters ?

	Yes.	No.
1. Bad for health	_____	_____
2. Not perfectly effective	_____	_____
3. The operation is dreadful	_____	_____
4. Adultery	_____	_____
5. It is a populare method and safe	_____	_____
6. Quickly recovered	_____	_____

34. Please rank these following statements which you think it affects your decision on vasectomy practice.

	* 1	2	3	4
- Don't want any more children				
- Rumors about vasectomy				
- Having talked with the vasectomy adopters				
- Having consulted with the medical personnal				
- Bad for health after an operation				
- Friends and neighbours living in the same village have already had a vasectomy				
- Agreement from wife				

* Key to variables

1. very
2. moderate
3. very few
4. not at all

35. How long did it take you to the final decision ?

---

36. How many times did you change your mind even you did choose a vasectomy as a means of birth planning ? Why?

37. Please identify your motivation for choosing a vasectomy to limit your family size.

End of interview

The Effects of Informal Communication on Vasectomy Practice in Rural Areas of Thailand

Form B

(For Vasectomy Respondents)

Case Number _____

Name of Respondent _____
Date of Interview _____
Time of Interview: Start _____ End _____
Interviewed by _____

Conducted by

Institute for Population and Social Research

Mahidol University

1984

1. How old are you ? _____ years old.

2. How old is your wife ? _____ years old.

3. How long have you been married to your wife ?

_____ years old.

4. What is your education ?

_____

5. What is your wife is education ?

_____

6. What is your occupation ?

_____

7. What is your wife's occupation ?

_____

8. How many living children do you have ?

_____

9. Of how many living children died ?

_____

10. How many children do you want to have ?

_____

11. What method of birth control are you or your wife practising at present ?

_____ Pill

_____ IUD

_____ Injectables

_____ Condom

_____ Rhythm

_____ Withdrawal

_____ Others, specify _____

_____ Do not use any method.

12. Have you ever had a baby which you didn't plan to have ?

____ 1. Yes. ____ 2. No. (Proceed to Q. 13)

12.a If so, have you ever thought about using a method which will stop your wife having a baby ?

___ 1. Yes. ___ 2. No.(Proceed to Q.12.c)

12.b What method would you choose ?

_____

12.c Why ?

___ 1. don't know the method.

___ 2. don't know the place.

___ 3. fears.

___ 4. don't want to use or be bothered with a contra-ceptive method for males.

___ 5. Others, specify _____

13. Have you had as many children as you want ?

____ 1. Yes. ____ 2. No.

13.a When you think you don't want any more children, which method of birth control would you or your wife choose ?

_____

14. Vasectomy is one of the permanent methods of birth control, what have you heard about it ?

_____

_____

15. How did you learn about it ?

_____ 1. health center

_____ 2. district hospital

_____ 3. private clenic/drugstore

_____ 4. radio/newspaper/magazine

_____ 5. mobile unit

_____ 6. vasectomized men

_____ 7. friends/relatives

_____ 8. school teachers

_____ 9. others,specify _____

16. What did they tell you about it ?

_____

_____

17. How did you feel about what you were told ?

_____

_____

18. Do you have any friends or relatives who have undergone vasectomy ?

____ 1. Yes. ____ 2. No.

18.a Did they tell you about their vasectomies ?

____ 1. Yes. ____ 2. No.

18.b What did they tell you about

18.c How did you feel about what you were told ?

---

19. Do you think you would like to have a vasectomy when you don't want no more children ?

_____ 1. Yes. _____ 2. No. _____ 3. Not sure

Why ? Why ? Why ?

---

20. You said you have an intention to undergo vasectomy in the future, with whom would you prefer to talk about vasectomy most ?

_____ 1. Wife

_____ 2. Friends

_____ 3. Relatives

_____ 4. Vasectomized men

_____ 5. Medical personnel

_____ 6. Others, specify

20.a Why so ?

---

21. Would you ever talk about it with your wife ?

_____ 1. Yes. _____ 2. No.(Proceed to Q.22)

21.a How do you think would your wife react to it ?

---

22. Where would you prefer to have your vasectomy operation ?

_____ 1. health center

_____ 2. district hospital

_____ 3. private clinic

_____ 4. local practitioner

_____ 5. Others, specify _____

23. Why do you prefer to have the vasectomy operation in the _____ ?

(name the place given)

Reasons _____

_____

24. Please state which following reasons that led you not to accept a vasectomy as a means of birth planning ?

Reasons	Yes	No	Not sure
1. can't work hard			
2. don't know the place to go to for an operation			
3. none of friends and relatives who have undergone a vasectomy			
4. wife disagrees			
5. irreversible method			
6. adultery			
7. castration			

25. Do you have any knowledge about a vasectomy ?

	Yes.	No.
1. persons who perform an operation	_____	_____
2. time-used for an operation	_____	_____
3. place of incision	_____	_____
4. use of anaesthesea	_____	_____
5. time for recovery	_____	_____

26. If you intend to choose a vasectomy to stop having children, you think what would you like to know about it most. _____

Why ? _____

27. Have you ever talked to your wife about these following matters ?

	Yes.	No.
1. Planning about the number of children.	_____	_____
2. Discuss the method of birth control before practising	_____	_____
3. Wife prefers using current method	_____	_____
4. Discuss the permonent method of birth control	_____	_____
5. Wife prefers having sterilization	_____	_____
6. You will choose vasectomy as a means of birth planning	_____	_____
7. Wife discusses about the defects of having vasectomy	_____	_____
8. Wife agrees with you that vasectomy is safe and simple.	_____	_____

End of Interview.

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