



MARIE STOPES
INTERNATIONAL

Views on vasectomy: the male perspective

OCTOBER 2003

interview

The results of an independent survey of men in Great Britain carried out by Ipsos UK on behalf of Marie Stopes International, and of a Marie Stopes International client survey



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abstract

“There was absolutely no pain, it was not embarrassing and it (the vasectomy) literally took minutes.”

Introduction

Since 1976, Marie Stopes International has carried out over 100,000 vasectomies, making the organisation the most experienced private provider in this field. In 2002, Marie Stopes International performed just under 5,000 vasectomy procedures in the UK.

Worldwide an estimated 43 million couples rely on vasectomy (*Engender Health*. 2001).

Despite being a safe, simple and effective family planning method for men who want a permanent solution to their contraceptive needs, some myths and misconceptions still surround vasectomy, deterring men from considering the procedure.

Promoting and educating men about the basic facts and benefits of vasectomy will result in higher use of the method and break down the common myths about the procedure. Vasectomy needs to be publicised to correct misconceptions, and to portray the type of man who chooses vasectomy in a positive way (*Population reports*. March 1992).

Today, there is an increasing emphasis on the participation of men in family planning, a promising step forward for addressing sexual and reproductive health issues. Marie Stopes International commissioned both an independent (Great Britain (GB) wide) survey and conducted an internal client survey to assess current perceptions towards vasectomy, and to understand to what extent common myths surrounding the procedure are still held today.

Objectives

The research objectives included the following:

- to assess current views and perceptions of men in GB towards vasectomy; including knowledge and expectations of the procedure
- to understand the level of knowledge men have about common myths surrounding vasectomy
- to explore awareness, knowledge and understanding across different groups or types of men: demographically, geographically, and according to their own self classification
- to compare and contrast the views of men who have not undergone vasectomy, with the experiences of those who have.

Methodology

The independent GB survey used the following methodology:

- fieldwork was conducted using Ipsos UK's face to face omnibus survey 'Capibus'. Weekly, Capibus surveys a nationally representative sample of 2000 adults aged 15+, in GB
- interviews were conducted in-home by Ipsos interviewers using CAPI (computer assisted personal interviewing). Any questions that could be regarded as being of a sensitive subject matter were self-completed by the respondent, with the computer being turned away from the interviewer
- fieldwork was conducted between 11th–31st July 2003
- information was gathered on a representative sample of 1,050 men aged 18–54 years.

The internal survey amongst vasectomy clients used the following methodology:

- questionnaires were voluntarily completed at seven Marie Stopes International vasectomy centres in England
- self-completion questionnaire, pre and post procedure
- fieldwork was conducted between the 16th July–29th August 2003
- information was gathered on 70 vasectomy clients.

Executive summary

In the GB survey, five percent of men aged 18–54 say that they have had a vasectomy. Those who have undergone the procedure tend to be married or widowed/divorced/separated, aged 35+, and in the family (children in the household) and post-family (40+, no children in the household) lifestages.

Other findings were:

- overall, men are not likely to consider having a vasectomy in the future, and just under two out of every five males would not consider a vasectomy under any circumstances
- men in Northern England show the least resistance to vasectomy. They are significantly more likely than all men to take the attitude 'I am very open to the idea of vasectomy'
- expectations of both the level of embarrassment and level of pain and discomfort experienced when undergoing a vasectomy are rated higher amongst those who have not had a vasectomy than the actual experiences of those who have had the procedure
- just over a quarter (26%) of men aged 18–54 correctly identify the right description of a modern vasectomy procedure
- generally there is a considerable lack of understanding about the consequences and benefits of vasectomy, for example, a quarter of all men aged 18–54 wrongly believe that vasectomies are really painful and cause bad swelling
- lack of knowledge and understanding contributes to a negative view about vasectomy. In contrast with the attitudes of those who have not undergone the procedure, those who have view it as a positive experience.

results

Profiling men

The table below presents a typical profile of men aged 18–54, living in GB.

Table 1: Profiling men	
	Great Britain wide
ALL	100%
Age:	
18–24	17%
25–34	31%
35–44	29%
45–54	24%
Marital status:	
Single	36%
Married/Living as married	56%
Widowed/Divorced/Separated	6%
Working status:	
Full time	77%
Part time	4%
Not working	19%
Lifestage:	
Single (Up to 39 years, not married, no children in household)	28%
Pre-family (Up to 39 years, married, no children in household)	12%
Family (Children in the household)	35%
Post-family (40+ years, no children in the household)	24%

How men categorise themselves

Men were asked to choose from a list of broad male character types, to investigate how men’s views align with how they perceive their character. The percentage responses given to the question ‘Which of the following do you most identify with?’ are listed in Table 2.

The most identified with male character type is the ‘Hunter/Gatherer’ male, with married men (38%), those working full time (30%), and those living in larger households (34% of those with 3+ household members) most likely to put themselves in this category. Over half of the clients that Marie Stopes International (56%) surveyed at the time of their vasectomy describe themselves as a ‘Hunter/Gatherer’, suggesting a link between identification with this character type and the likelihood of considering the procedure.

‘New Men’ tend to be in the more affluent social grades, with 61% of ‘New Men’ classified as ABC1s and 39% as C2DEs. ‘New Men’ are most likely to reside in the Midlands, with 28% of those in this region placing themselves in this category. Across GB, a slightly higher proportion of ‘New Men’ (8%) and ‘Hunter/Gatherers’ (7%) report having undergone a vasectomy than the overall sample (5%).

‘New Lads’ are most likely to be aged 18–24 (32%) and single (22%), whilst ‘Kiddults’ are also more likely to be in the younger age groups: 12% of those aged 18–24 and 11% of those aged 25–34 see themselves as a ‘Kiddult’. True to type, ‘Kiddults’ are significantly more likely to own items of technology such as DVDs and digital cameras.

‘Confirmed Bachelors’ fit their type as they tend not to be married, have no children, and be in either the single or post family lifestage (40+, no children in the household). ‘Confirmed Bachelors’ are significantly more likely to live in the Greater London area, with 12% of Londoners identifying with the ‘Confirmed Bachelor’ male.

It is likely that the group who categorise themselves as a ‘Confirmed Bachelor’ include men who would normally identify themselves as ‘homosexual’, and the high proportion in Greater London would be accounted for by the fact that London attracts more homosexuals from other parts of the country as they seek the lifestyle opportunities available to them in the area:

For this group of men there is likely to be no demand for vasectomy services.

“London in particular seemed to have a disproportionately high number of homosexual men compared with the rest of Britain. The researchers concluded that this might be because it is more tolerant and has many gay venues compared with the rest of Britain.”

Forrest, Biddle & Clift. 1997.

Table 2: Male character types (Base=all men aged 18–54, 1,050)

Type	Description	% Identifying with
HUNTER/GATHERER	Works to support his family; aims to provide	26%
NEW MAN	Compassionate and nurturing; has both male and female friends	21%
NEW LAD	Sociable; spends his money on going out; likes a laugh	14%
KIDDULT	Likes to spend money on toys, gadgets and new technology; always wants the ‘latest gear’	7%
CONFIRMED BACHELOR	Lives on his own or with male friends; values his freedom	6%
DON’T KNOW/NONE		26%

General views

a. Attitudes and opinions towards vasectomy

In the GB survey, five percent of males aged 18–54 years say that they have had a vasectomy. Married, widowed/divorced/separated males, men aged 35+, and those in the family (with children in the household) or post-family lifestages, were more likely to have undergone the procedure. According to the *World contraceptive use survey* (United Nations Population Division, 2001) 18% of men in the UK are reported to have undergone the procedure, making the UK the joint world leader along with New Zealand.

Those who had not had a vasectomy were asked to rate their likelihood of considering the procedure in the future, using a scale of one to 10. A rating of one was 'not at all likely' and a rating of 10 was 'very likely'. The average rating given overall was 2.4, and 52% gave a rating of one ('not at all likely'), suggesting that men give little consideration to the procedure, and expect not to undergo vasectomy in the future.

There were some interesting differences amongst socio-demographic groups for the question of likelihood to consider the procedure, shown in the Table 3 below:

Table 3: Using a scale of one to 10, where one is 'not at all likely' and 10 is 'very likely', how likely are you to consider a vasectomy in the future? (Base = all males 18–54 who have not had a vasectomy, 997).	
	Mean score: likelihood to consider*
ALL	2.4
Age:	
18–24 years	2.5
25–34 years	2.8
35–44 years	2.3
45–54 years	1.9
Marital status:	
Married/Living as married	2.6
Single	2.0
Widowed/Divorced/Separated	2.5
Age of children in the household:	
0–5 years	2.9
6–9 years	3.3
10–14 years	2.5
No children <15 years	2.2
Lifestage:	
Single	2.3
Pre-family	2.7
Family	2.7
Post-family	1.9

* Statistically significant differences are shown in bold.

“My wife has been on the Birth Control Pill since we met, [18 years ago] with only one or two breaks in between. As it’s easier for a man to have a vasectomy than for a woman to be sterilised I thought it was down to me to do it. Also, we have two children and plan no more.”

Marie Stopes International vasectomy client – 35–44 years; married; family lifestage; Hunter/Gatherer type

“I knew I didn’t want any further children and having discussed this with my partner knew that she did not want a family so she was happy for me to proceed. Many of my friends and colleagues had had a vasectomy and it seemed to be the safest form of contraception available so I went ahead. It also means that for the future I don’t have to be concerned about contraception issues or problems with my partner.”

Marie Stopes International vasectomy client – 35–44 years; married; post-family lifestage

From the results, it can be seen that marriage is, therefore, a key indicator of likelihood to consider the procedure, with those who are married, and those approaching or already within the family lifestage showing greater likelihood of undergoing a vasectomy. Those in households with children of younger ages, and those aged 25–34 years, are also more likely to consider the procedure.

Regionally, Londoners are significantly more likely to think about having a vasectomy in the future, with a mean score of 2.6, compared with 2.4 of all men aged 18–54.

b. Resistance towards and acceptance of vasectomy

Men tend to choose vasectomy as a permanent method of family planning when they come to the decision that they no longer want children, and the knowledge that vasectomy is a simpler procedure than female sterilisation provides additional impetus to have the procedure. Men who undergo vasectomy actively want to take responsibility for contraception.

Whilst likelihood of considering a vasectomy procedure gave some indication of attitudes towards vasectomy generally, another way to understand men’s perceptions of the procedure involved the presentation of three attitudinal statements (please see Table 4 below), from which men were asked to select which best applied to them.

Just under a third of men ‘would consider vasectomy’/‘would be very open to the idea of vasectomy’. However, just under two out of five men ‘would not undergo vasectomy under any circumstances’. These results suggest there is a core group of men showing a strong resistance to vasectomy, and reducing this resistance requires a serious change in attitude towards vasectomy.

Yet, who are the men who will not undergo the procedure, and who are those who show the most resistance to it? Understanding this will enable communications to be better targeted to ensure vasectomy is understood by more men.

Some regions are significantly more likely to express resistance to vasectomy, with 63% of those in Wales, 51% of those in the Midlands, 44% of those in Scotland and 40% of Southern men saying they ‘would not undergo vasectomy under any circumstances’. ‘Confirmed Bachelors’ (57%), widowed/divorced/separated men (56%) those in the post-family lifestage (47%), and men from lower social grades (44%), are also significantly more likely to take this stance, compared to 39% of all men.

The more affluent social grades (27%), full time workers (22%) and those on higher incomes (32% of those earning £25,000+) appear significantly more likely to agree with the attitudinal statement ‘I would consider vasectomy’. Men living in the South display a diverse range of opinions on vasectomy, as despite being likely to show resistance to vasectomy, they are also significantly more likely to express agreement with the statement ‘I would consider vasectomy’. Just under a third (28%) of men in the South of England choose this statement as best matching their attitude, compared with 20% of the overall sample.

There is just one sub group of men who are significantly more likely to say that their views are best described by the most liberal statement ‘I am very open to the idea of vasectomy’, and that is those living in the North of England (20%, twice the level of agreement across the whole sample). This group also had a slightly higher mean score than all men for likelihood to consider

Table 4: Which of the following statements best describes your attitude towards vasectomy? (Base = all men 18–54 who have not had a vasectomy, 997)	
I would not undergo vasectomy under any circumstances	39%
I would consider vasectomy	20%
I am very open to the idea of vasectomy	10%
Don’t know	6%
Refused	25%

“I went on the web to look for information and came across the site really quickly. It was clear and professional, answered all my questions and so I booked on line... everything went well, no delays, good clear information on the day and no problems with the procedure.”

Marie Stopes International vasectomy client – 35–44 years; married; post-family lifestage

“My ideal situation would be a walk-in clinic... as these don’t exist, Marie Stopes International is the next best thing.”

Marie Stopes International vasectomy client – 35–44 years; married; family lifestage; Hunter/Gatherer type

“After the procedure I wondered why I had taken so long to do it?”

Marie Stopes International vasectomy client – 35–44 years; married; family lifestage; Hunter/Gatherer type

vasectomy in the future, suggesting that Northern men are generally quite accepting of vasectomy.

c. Why choose Marie Stopes International?

Clients choose Marie Stopes International for their vasectomy procedure because of:

- the organisation’s reputation
- the professional approach
- the ease of booking an appointment
- the provision of information on vasectomy.

d. Expectations surrounding vasectomy

Inevitably, men’s expectations about the vasectomy procedure will be closely linked to their likelihood of undergoing vasectomy. Marie Stopes International explored men’s expectations, and by relating these to actual experiences of vasectomy, conclusions can be drawn about how expectations influence likelihood to undergo the procedure.

Expectations about the procedure were measured with the question ‘Using a scale of one to 10, where one is ‘not at all embarrassed’ and 10 is ‘very embarrassed’, please indicate the level of personal embarrassment you might expect to experience in having a medical examination for vasectomy, and undergoing a vasectomy procedure?’. The average rating was 3.7, suggesting that men hold the view that there will be some embarrassment involved. However, this is not expected to be too high. Men in the Midlands give the highest average rating for the level of embarrassment they expect to experience; 4.1 compared with 3.7 overall.

The small proportion of men who reported having a vasectomy in the GB survey rate the embarrassment they actually experienced lower than those who have not undergone vasectomy. Those who have undergone the procedure give an average embarrassment rating of 2.3, suggesting that in reality there is a very low level of awkwardness experienced in submitting for the medical examination and the subsequent vasectomy.

The anxieties and expectations of men with regards to vasectomy can be reduced by promoting the actual experiences of those who have undergone the procedure. As seen with the GB survey, the Marie Stopes International internal survey showed that clients who have undergone the procedure rate the embarrassment experienced a great deal lower than the expectations of those who have not undergone the procedure. Their average score using the same 10 point scale was 1.8.

A similar question about the expectation of the level of pain one might face during a vasectomy revealed that men do expect to experience some discomfort during the procedure. When asked ‘using a scale of one to 10, where one is ‘no discomfort’ and 10 is ‘a great deal of discomfort’, how would you rate vasectomy in terms of the level of discomfort you would expect to experience?’, the average rating was 6.3. Men from Wales gave a significantly higher mean score (7.2), along with men from Midlands (6.8) and those from the North (6.6).

As was found with expectations of embarrassment versus personal experience, men in the GB survey who have had a vasectomy rate the actual discomfort during vasectomy almost one point score lower (an average of 5.4) than the expectations of discomfort of those who have not undergone the procedure. In support of this, clients of Marie Stopes International undergoing vasectomy expect an average level of 5.3 for discomfort during the procedure, yet following their vasectomy they rate the actual discomfort at 4.0. This reinforces the fact that procedural discomfort is lower than prior expectations.

It may be key to the promotion of vasectomy and reduction of resistance to vasectomy that expectations and fears surrounding vasectomy are brought into line with actual experiences, so expectations towards pain, discomfort and embarrassment can be more realistic.

e. The reality of the procedure

Faced with three descriptions of a modern vasectomy procedure, men were asked to choose which description was the most accurate.

Twenty six percent correctly identify the right description that vasectomy takes a few

minutes and is usually performed under local anaesthetic. Altogether 27% incorrectly identify the modern vasectomy procedure and just under one in five men do not know which the most accurate description is, suggesting that there is a lack of knowledge about what the procedure actually involves.

Table 5: Which of the three descriptions most clearly describes what you think a modern vasectomy procedure is like? (Base = all males aged 18–54, 1,050)	
Description:	%
A – A vasectomy takes between half an hour and an hour, and is usually performed under a general anaesthetic under operating theatre conditions. Patients require several stitches and can expect mild to considerable discomfort, bruising and swelling for several days. Patients should not have sex for at least one week after the procedure, and should then use another form of contraception until they receive the ‘all clear’.	20%
B – A vasectomy takes a few minutes, and is usually performed under a local anaesthetic. Patients usually require no stitches and generally only experience mild discomfort, with occasional swelling. Patients can recommence having sex as soon as they feel comfortable, but should use another form of contraception until they receive the ‘all clear’.	26%
C – A vasectomy takes over an hour to perform under general anaesthetic, in operating theatre conditions. Patients can expect a hospital stay of one or two days, and will experience considerable discomfort, swelling and bruising for approximately one week. Patients should not recommence having sex for at least one month, by which time they will be clear to have sex without using another form of contraception.	7%
Don't know	18%
Refused	28%

Myths and truths about vasectomy

“I think any responsible adult should take on board their share of the responsibility, unwanted pregnancy is unfair on mother, father and most importantly the child.”

Marie Stopes International vasectomy client – 35–44 years; married; family lifestage

Table 6: Attitudes towards contraception					
	Agree	Neither	Disagree	Don't know	NA/ Refused
Contraception should be the woman's responsibility	5%	10%	52%	4%	29%
It's important for the man to take responsibility for contraception within a relationship	41%	17%	11%	4%	28%

Using a scale, respondents were asked to rate their level of agreement with statements about vasectomy. This section of the report looks at the proportions that agree and disagree, and those who are not sure what view to take, on a number of different issues.

a. Attitudes towards contraception

Sexist attitudes about contraception may underlie and contribute to lack of interest and resistance towards vasectomy.

Encouragingly for Marie Stopes International, just over a half of those surveyed disagree that women should take responsibility for contraception, and over two in five agree that men should take responsibility for contraception within a relationship. Generally the view is that responsibility should be shared by both men and women.

“At first I did think that it may reduce my sex drive, however I have not found this to be true.”

Marie Stopes International vasectomy client – 25–34 years; married; family lifestage; Hunter/Gatherer type

“Many couples find greater sexual freedom once the risk of unwanted pregnancy has been removed. Orgasm and ejaculation are not affected. Sperm continues to be produced by the testicles but its passage to the penis is blocked, and it is reabsorbed by the body. Vasectomy has no effect on the production of male hormones.”

Marie Stopes International. 2000.

“Being completely honest I think there will be no change to my sex life as it was very active prior to the vasectomy.”

Marie Stopes International vasectomy client – 35–44 years; married; family lifestage

“I have an active sex life with my partner and expect this will remain the same.”

Marie Stopes International vasectomy client – 35–44 years; married; post-family lifestage

b. Post vasectomy sex

Table 7: Post vasectomy sex					
	Agree	Neither	Disagree	Don't know	NA/Refused
Vasectomy improves sexual performance	4%	22%	25%	19%	29%
Vasectomies may put men off sex	9%	13%	36%	13%	28%
After a vasectomy, you can no longer ejaculate	5%	11%	36%	17%	31%

There is no evidence to suggest that vasectomy will put a man off sex, and 36% disagree that vasectomies may put a man

off. Just over one third are correct to disagree that you can no longer ejaculate following a vasectomy.

c. Being a man

Table 8: Being a man					
	Agree	Neither	Disagree	Don't know	NA/Refused
Vasectomies make you less of a man	7%	8%	48%	10%	28%
Vasectomy can result in giving you a higher tone of voice	3%	9%	43%	17%	28%
Vasectomies reduce your testosterone levels and may lead to impotence	7%	15%	28%	22%	28%
Having a vasectomy is like being castrated	12%	8%	41%	11%	29%

Worryingly, just over one in five men do not know whether vasectomy reduces testosterone levels or leads to impotence. As the testes still produce testosterone, there will be no reduction in masculinity, and there is no link between vasectomy and impotence. The male body continues to produce the same male hormones as before the procedure; therefore there will be no change in voice, or any other male characteristic.

Vasectomy is not castration (removal of the testicles). The fact that a small proportion of men agree with the statement ‘having a vasectomy is like being castrated’ suggests that there is a group of men who associate vasectomy with the removal of a part of their manhood. This misconception, an association with castration, needs to be addressed in the promotion of vasectomy services.

“Vasectomy is as safe in the long term as it is in the short term. An impressive record of epidemiologic research – over 15 major studies involving thousands of men – shows that men with vasectomies are not at greater risk of any chronic illness than men who have not undergone the procedure.”

Population reports. March 1992.

“There is no evidence linking vasectomy and cancer of the prostate or testicles.”

Marie Stopes International. 2000.

“Most men experience no more than minor bruising and pain after the procedure. Complications requiring medical attention, such as infection or bleeding, occur in less than 3% of procedures.”

Population reports. March 1992.

d. The easy reversal myth

Table 9: The easy reversal myth					
	Agree	Neither	Disagree	Don't know	NA/ Refused
Vasectomy can be reversed if the couple want to have children in the future	30%	11%	17%	14%	27%

Just under a third of men agree with this statement, which is true. However, the reversal is not easy, has a low rate of success, and will not always lead to

pregnancy. Vasectomy should always be considered a permanent and irreversible method of family planning, and clients should always be counselled on this basis.

e. The health myths

Table 10: Health myth 1					
	Agree	Neither	Disagree	Don't know	NA/ Refused
Vasectomy causes testicular cancer	3%	14%	33%	23%	28%

Although there is no evidence to suggest a causal relationship between having a vasectomy and developing testicular cancer, just under two in five males aged 18–54 do not know whether to agree or disagree with

this statement, or neither agree nor disagree. This is further evidence that the promotion of vasectomy services needs to clarify some of the misconceptions surrounding the procedure.

Table 11: Health myth 2					
	Agree	Neither	Disagree	Don't know	NA/ Refused
Vasectomies offer protection from sexually transmitted infections and HIV/AIDS	4%	8%	48%	11%	28%

Encouragingly, just under a half of men disagree that vasectomy offers protection from sexually transmitted infections (STIs). However, just under one in five men neither agree nor disagree or do not know if they agree or disagree with the statement. This

suggests that further education aimed at dispelling common myths surrounding vasectomy and STIs is essential. This statement is false, as to protect against STIs such as HIV/AIDS, the couple would be required to use a condom.

Table 12: Health myth 3					
	Agree	Neither	Disagree	Don't know	NA/ Refused
Vasectomies are really painful and cause bad swelling	25%	14%	17%	18%	28%

Earlier in this report men who had not undergone vasectomy were seen to have a higher expectation of pain and discomfort than men who had undergone the procedure. Here, a quarter of all men aged 18–54 associate vasectomy with pain and bad

swelling, and just under one in five do not know whether this statement is true or not. Self-reports from men who have undergone the procedure do not support this belief, and show that the level of comfort experienced after the procedure tends to be low.

“By the second day I was feeling fine and went for a family walk of three miles in the evening. By the third day I was itching to get back out cycling so took a steady 15 miles ride around the lanes.”

Marie Stopes International vasectomy client – 35–44 years; married; family lifestage; Hunter/Gatherer type

“There was a slight bit of bruising. I had absolutely no pain afterwards, discomfort yes, but not what I would call pain...I was surprised how little it affected me...I sat there waiting for the pain, swelling and bruising to start and it didn’t. Fantastic!”

Marie Stopes International vasectomy client – 35–44 years; married; family lifestage

“Both of us feel that we will be able to enjoy sex more than before as we will not have the worry of pregnancies etc.”

Marie Stopes International vasectomy client – 25–34 years; married; family lifestage; Hunter/Gatherer type

f. The sex myths

Table 13: The sex myths					
	Agree	Neither	Disagree	Don't know	NA/Refused
Vasectomies lead to anxiety free sex because they remove fear of your partner becoming pregnant	33%	15%	14%	10%	28%
Vasectomies mean never having to use condoms	19%	8%	37%	8%	28%

Vasectomy is an effective male sterilisation procedure and whilst protecting against pregnancy, just under two out of five men

aged 18–54 realise the necessity of further protection such as condoms in order to protect against STIs.

g. Vasectomy and religion

Table 14: Vasectomy and religion					
	Agree	Neither	Disagree	Don't know	NA/Refused
Vasectomy is against my religious and/or moral beliefs	7%	14%	44%	7%	29%

Just under one in ten men hold a moral or religious viewpoint from which they oppose the procedure.

* Figures have been weighted to represent all men aged 18–54. Due to rounding, percentages may be up to one or two percent out. This applies to all of the tables.

conclusion

Overall, there is a fairly negative view of vasectomy amongst men aged 18–54 in Great Britain.

These negative views are not based on accurate perceptions of vasectomy however, as the research shows there is a great deal of uncertainty of the reality of the procedure. Expectations of discomfort, pain and embarrassment are all considered to be greater than actual measures given by those who have experienced vasectomy.

Men appear unaware of the consequences of vasectomy, and the benefits of it. There are still men who believe the common 'myths' surrounding vasectomy, such as the false perception that it is really painful and causes bad swelling.

Those who have undergone the procedure view the experience in a positive way, feeling able to enjoy sex more now they no longer have the worry of unwanted pregnancies. They also recognise a vasectomy as 'quick and easy...really very straightforward' and 'a simple and relatively painless procedure'.

The challenge facing Marie Stopes International and the sexual and reproductive health sector in general is how to promote vasectomy in a more positive and realistic image, in order to reduce misconceptions about vasectomy and raise awareness of the procedure as a safe, simple, and effective method of family planning.

Marie Stopes International

The Marie Stopes International Partnership provides sexual and reproductive health services and information to 3.6 million people in 35 countries, upholding their right to choose the timing, spacing and size of their families; and to remain healthy. The organisation's global network of i8services are sustainable, culturally appropriate and of the highest quality.

More than 90,000 couples have taken advantage of the freedom offered by a Marie Stopes International vasectomy, a package that includes same day counselling and procedure, follow up semen checks, and a rapid results service.

About Ipsos UK and Capibus

Ipsos UK have always been seen as pioneers in market research, from the creation of socio-economic groups to the first CAPI fieldwork team.

Capibus, part of Ipsos UK, has been the market leader for omnibus research ever since its launch in 1992. At that time it was the first omnibus in the World to use CAPI (Computer Assisted Personal Interviewing) – since then they have furthered their reputation for innovation through the launch of multi-media interviewing and Internet reporting.

The Capibus service is available each week in Great Britain, France, Germany, Italy, and Spain, interviewing a nationally representative sample of the adult population in each country. The full weekly sample of 7,000 adults across these five core European markets represents 86% of the EU population.

Each week in Great Britain, Capibus contacts a sample of c.2000 adults aged 15+. The sample is designed to be nationally representative in terms of age, sex, social grade and working status. Capibus has experience working with a variety of clients in the media, consumer goods and healthcare markets, and has conducted a wide range of projects with clients in the charity sector (recently working for Breast Cancer Care, Womankind Worldwide, the RSPB and the National Trust).

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