

# Perceptions and Experiences Regarding Vasectomy Among Vasectomized Men at Larterbiokorshie.

**Awube Menlah**

Valley View University

**Evans Appiah Appiah Osei** (✉ [oseiappiahevans@gmail.com](mailto:oseiappiahevans@gmail.com))

Valley View University <https://orcid.org/0000-0002-6730-4725>

**Isabella Garti**

Valley View University

**Stella Appiah**

Valley View University

**Dorothy Baffour Awuah**

Valley View University

**Sharon Baaba Menyah**

Valley View University

---

## Research

**Keywords:** Perception, experiences, vasectomy, vasectomized, men

**DOI:** <https://doi.org/10.21203/rs.3.rs-149145/v1>

**License:**  This work is licensed under a Creative Commons Attribution 4.0 International License.

[Read Full License](#)

---

# Abstract

## Background

Vasectomy is an effective contraceptive method that has been approved worldwide and proven to be an effective method of contraception among males in the perspective of controlling a population. Although safer, simpler, less expensive and equally as effective as female sterilization, throughout the world, it is one of the least used and least known methods of contraception. It is perceived to be a form of castration, which can make men weak and incapable, thereby unable to satisfy their wives sexually, leading to marital conflicts. The study aimed at determining perceptions and experiences regarding vasectomy among vasectomized men at Larterbiokorshie.

## Methods

This study adopted a qualitative method utilizing Phenomenological research design. The sample consisted of 18 vasectomized men selected through purposive sampling method. Face-face interviews were conducted with participants using a semi-structured interview guide.

## Results

The study discovered that the vasectomized men have a positive perception about vasectomy in terms of promoting couples sexual Health. Nevertheless, public perception regarding vasectomy was found to be poor. Socio-cultural and religious factors were also found to influence vasectomy uptake. In addition, several reasons were cited for motivating men regarding their decision on vasectomy and finally, participants shared their experiences following their vasectomy.

## Conclusion

Conclusively, despite all the misconceptions and concerns raised about vasectomy, the study revealed a positive perception among the vasectomized men. The study recommends that the government should formulate policies which will improve the utilization of vasectomy through ongoing monitoring and evaluation of services.

## Introduction

The patronization of contraceptives has increased in many parts of the world with the intension of controlling the population growth rate. (World Health Organization, 2015). Worldwide, great effort has been made towards reducing the fertility rate through family planning. Family planning plays a significant role in the reduction of infant, child, maternal mortality and morbidity (Onasoga, Edoni&Ekanem, 2013). Contraception or family planning comes with different types of methods ranging from short term, long term, permanent and emergency methods (WHO, 2016).

Brittain, Williams, Zapata, Pazol, Romero and Weik, (2015) opined that family planning methods have numerous positive effects than negative when used properly. According to the researchers, family planning methods are more inclined towards women than men. Out of the various contraceptives, condom and vasectomy are the only available methods for men who would want to patronize family planning (Adongo et al, 2015). However, some perceptions or misconceptions regarding family planning have massively affected the choice of vasectomy negatively (Appiah, Agyen, Garti & Menlah, 2018).

Vasectomy is an effective contraceptive method that has been approved worldwide and proven to be an effective method of contraception in the perspective of controlling a population (WHO, 2015, Appiah et al., 2018). Although safer, simpler, less expensive and equally as effective as female sterilization, throughout the world, it is one of the least used and least known methods of contraception (Shih, Turok, & Parker, 2011). The reasons for the low patronage could be due to the belief that it is associated with alterations in facial hair, muscle tone, body strength, sexual drive, erections or climaxes, as it does not affect the production of male hormones. Nevertheless, unlike the numerous side effects of female contraceptives, only a few side effects for males have been found such as short-term blood clotting or infection (Howe, 2006).

Vasectomy or male sterilization is a method of contraceptive that involves occlusion or excision of a portion of the vas deferens (Sharlip et al, 2012). Globally, tubal ligation accounts for more than five times as many procedures as vasectomy (Akpamu, Nwoke, Osifo, Igbinovia, & Adisa, 2010). In the developed countries, female sterilization is twice as common as vasectomy, for example in Asia, it is eight times more common and in Latin America and the Caribbean, it is fifteen times more common (Ochieng, 2011). Nevertheless, the rates of vasectomy in Sub-Saharan Africa are too low for an accurate comparison (Ochieng, 2011). Among married men, few are willing to accept vasectomy as a contraceptive method as compared to married females regarding tubal ligation acceptance (Anderson, Jamieson, Warner, Kissin, Nangia, & Macaluso, 2012).

In Kenya, only a few men have undergone vasectomy as a family planning method (Ochieng, 2011). Among those few men, their reasons for undergoing vasectomy vary. Many couples stated that economic reasons and concern for their women's health as a motivating factor not wanting children anymore. Yet, a study revealed that vasectomy was perceived as an act against God, which was punishable either by death or answerable on the judgment day (Pallangyo, Msoka, Brownie, & Holroyd, 2020). Vasectomy was also perceived to be a form of castration, which can make men weak and incapable, thereby unable to satisfy their wives sexually, leading to marital conflicts (Adongo, Tapsoba, Phillips, Tabong, Stone, Kuffour & Akweongo 2014).

In the Ghanaian society, men hold the ultimate power in decision making at the family level. Many husbands tend to determine whether the cessation of childbearing will occur or not in as much as women would like to cease (Owusu-Asubonteng, 2012). Moreover, it was found out that some men do not allow their spouses to engage in either of the family planning methods neither were they willing to partake in the usage of the male methods (Afari, 2015). This situation was found out to be another cause of

maternal and infant mortality since mothers tend to abort due to the unintended pregnancies. Again, in many Ghanaian societies, men negatively equate vasectomy to castration with negative effects such as sexual weakness and impotence (Appiah et al., 2018)

In Ghana, vasectomy has been a relatively 'invisible' method and not surprisingly, the prevalence of vasectomy is less than 0.1%, and vasectomy has been more difficult to obtain in Ghana than other family planning methods (Amankwah, 2015). However, Owusu-Asubonteng (2012) found that there is less information available about vasectomy, compared to women's methods. This may explain why men might be reluctant to use vasectomy as a family planning method in this country. Other reasons for non-patronization of Vasectomy is the inability of health workers to make information available, attractive and accessible to the public (Afari, 2015).

## Methodology

### Research Design

A qualitative method was employed for this study utilizing Phenomenological research design. Qualitative research design is used to examine subjective human experience by using non-statistical methods of analysis (Borbasi & Jackson 2012). Phenomenological research is a qualitative research, requiring the researcher to collect verbal or written protocols describing an experience (McLeod, 2014). This design was appropriate because it allowed participants who have undergone the procedure share their lived experiences in order to understand and identify the perceptions and experiences regarding vasectomy as well as the factors that influenced the use of male sterilization.

The study population consisted of men who have experienced a vasectomy and were in their reproductive ages thus between 15-45 years at the Planned Parenthood Association of Ghana Founders' Centre at Laterbiokorshie. Included in this study were men who fall within this age group, married and were willing to share their experiences regarding the vasectomy. The study utilized purposive sampling techniques to sample 18 participants who have undergone vasectomy within their reproductive age at the Planned Parenthood Association of Ghana Founders' Centre at Laterbiokorshie based on data saturation.

A semi-structured interview guide with open-ended questions based on the study objectives and literature was used by the researchers in collecting data for this study. This tool was very useful because it aided in obtaining detailed information about the personal feelings and perceptions of the participants. With the use of interview as a qualitative method of collecting the data, it provided a deeper understanding of what the respondents were saying. All interviews were tape-recorded within a period of 45-60 minutes. The data collection began after ethical clearance was obtained lasting for two months.

A consent form was given to each of the participants before the interview began, they were made aware that it was not compulsory to partake in the interview and that participation should be done willingly. Participants' interviews were done on different days at places or sites they chose by themselves to ensure privacy. They were asked not to mention their names during the interviews. Introductory letters from VVU

School of Nursing and Midwifery, as well as IRB from the Dodowa Health Research Center Institutional Research Board (DHRCIRB/66/04/19), were sought before collecting data. Ethical principles guiding research works were employed in the study. Consent of respondents was sought prior to participation in the study. Respondents were assured of a high level of confidence about the information they provide. Respondents were given the privilege to decide whether to participate in the study or not. The research also was able to seek to respect the privacy, anonymity and confidentiality of all those who undergo the process to be studied

Data collected was checked for completeness and it was analyzed using content analysis. The contents of the analysis were identified by grouping the various themes of this study and attaching to them the findings. During the process of this study, words, and phrases that were captured in the participants' understanding of the topic were noted. Codes with similar meanings were put together under themes. The researchers grouped the codes into themes and subthemes.

Trustworthiness was established in this study by ensuring that the credibility, confirmability, transferability and dependability. This was ensured by following the research objectives, using appropriate design and sampling technique and transcribing the recorded data verbatim without the researchers' ideas influencing the results.

## **Results**

### **Background Characteristics of Participants**

A total of eighteen (18) participants were involved in the study. The participants were between the ages of thirty-seven (37) and forty-five (45) years with the majority of the participants (14) within the range of 40 and above. All the participants were males. Again, all the participants involved were Christians. Majority of the participants numbering six (12) were married while six (6) participants were divorced. Fourteen (14) participants were from the Akan tribe while four (4) participants were from the Ga-Adangbe tribe. All the participants were educated to some level ranging from a JHS graduate to a Master's degree holder. All the participants were having children numbering between three (3) and six (6). In terms of occupation, six (6) of the participants were entrepreneurs or having their own businesses whilst the others were public servant workers. Participants were given pseudonyms Maxi with a number attached such as Maxi 1, Maxi 2, Maxi 3 etc.

Three main themes and eight sub-themes were developed from the analysis of the data. The three main themes are: Perception about male sterilization, Motivation for choosing vasectomy and personal experiences following vasectomy. The eight subthemes were: promotion of couple sexual life, public opinions about vasectomy, socio-cultural and religious believes about vasectomy, financial burden reduction, motivation by peers, spousal motivation, sexual performance and challenges following vasectomy.

### **Perceptions about male sterilization (Vasectomy)**

Participants who took part in this study agreed that vasectomy is a good family planning method that should be encouraged among males. The perceptions of the participants were categorized into Promotion of couple sexual life, Public opinions about Vasectomy, and Socio-cultural and Religious believes about vasectomy

### **Promotion of couple sexual life**

The men in this study were in support of vasectomy on the basis that it allows the men to have sexual intercourse without the fear of impregnating a woman. The following explanations were given by participants regarding why vasectomy is a good birth control method as follows:

*"I think it a good thing since it still allows you to have sex with your partner without getting her pregnant serving as a birth control method." (45 years, Maxi 17)*

*"You know... I heard the other types like condom it can remove or tear but with this you are not afraid, you can have sex as many times as you want and it makes marriage enjoyable"(42 years, Maxi, 18).*

*"Before I did it, sometimes after sex when I am not expecting a baby I become afraid. Sometimes I have to remove my manhood during sex to prevent the sperms from getting to my wife because I am afraid she will get pregnant and even the children we have it is difficult taking care of them, so I think this is the best (40 years, Maxi 1).*

Some participants believe vasectomy help them to decide on the exact number of children to have

*"Vasectomy is good because it helps the men to also decide on the family size they want, so that when they get the number they want say, 2 males and 2 females, they will go to the hospital to this procedure to prevent further birth." (45 years, Maxi, 2)*

### **Public opinions on vasectomy**

On the other side, the opinions that others have about vasectomy from the responses of the participants indicate that most people or society are against the use of vasectomy as a birth control method because they believe it is unsafe, dangerous and not the best form of birth control. This gives a wider picture of the knowledge or educational levels or maturity level of the society taking into consideration the subject under discussion. The society also believes that vasectomy makes you less of a man. Some of their responses are as follow

*People think that what makes you a man is your ability to give birth plenty, that's why people don't value those who are unable to give birth in our culture, so they think that if you do it and you are not able to give birth again, you are no longer a man"(39 years, Maxi, 3)*

*"People think it is not a safe method because they may want to give birth again when their wife dies or they marry another." (40 years, Maxi, 6)*

*"People think it is unnecessary to get involved in vasectomy while you can still use other alternatives in controlling the family size." (37 years, Maxi, 4)*

Other participants were of the notion that it affects a man's ability to have erections

*"Most people think it is like being castrated and you will be a man no more when you get a vasectomy, because they think you can't get erections anymore to satisfy your wife, but it is not true because I am able to have sex with my partner all the time" (44 years, Maxi, 5)*

### **Socio-cultural and Religious believes about vasectomy**

Several cultural views and religious believes are held by people which influence their perceptions regarding vasectomy. Regarding the cultural believes, participants in this study shared that as you gain respect based on the number of children you give and hence it is not acceptable culturally to engage in vasectomy.

*"Some people have this opinion that a man gains respect per the number of children he has. Some people believe that the gods give children and when you give birth to more children you are blessed by the Gods and hence Vasectomy should not be encouraged since it means you are rejecting the gifts of the Gods." (45 years, Maxi 10)*

*'Some people believed that engaging in vasectomy makes you a sinner and it might be punishable by their deities' (39 years, Maxi, 8).*

Some of the men who have not undergone vasectomy shared some religious perceptions or reasons that prevent others from patronizing male sterilization.

*"Most people especially, Christians believe that the Bible admonishes us to procreate, so being able to do so means that you are blessed by God. So they people are against it since according to them it is against their believes"(38 years, Maxi, 9)*

### **Motivation for choosing vasectomy**

Participants in this present study revealed several factors that motivated their choice of vasectomy. The factors include reduction of financial burden, peers motivation, spousal motivation.

#### **Financial burden reduction**

Majority of the males who have undergone vasectomy shared that undergoing vasectomy have helped save them of some unnecessary expenses that they would have made. According to the responses of most of the participants, vasectomy affects the family positively in terms of the reduction of poverty issues which was one of the motivations for them to go in for vasectomy due to some difficulties associated with taking care of large family size. Some of their responses are as follows:

*"The four children were enough and the eldest is in the university so in order to cut down cost and provide for the family, I went in for vasectomy so there will be no more kids and we will be able to live on our limited resources." (45 years, Maxi, 17)*

*"I was motivated by the fact that I wanted to save enough money for my family and I didn't want my sexual desires to get in the way." (39 years, Maxi, 14)*

*"I already having five children with poor birth spacing, And I don't have enough to take care of all of them so I decided to go in for vasectomy so that I can concentrate on taking care of them well." (45 years, Maxi, 16)*

### **Motivations from friends**

According to some of the men, they were personally motivated by some friends who have undergone vasectomy without any difficulties. The statements below portray how some of the participants were positively influenced by their colleagues who have undergone vasectomy towards making a choice:

*"Before then I wanted to do it but I was afraid of having erectile dysfunction, but a friend of mine who has patronized vasectomy and is still having sexual intercourse normally encouraged me to go for it" (37 years, Maxi 15)*

*"When I was contemplating about going for a vasectomy, I informed a friend who is in the university, who told me that vasectomy has nothing to do with male erections so I went in for it" (41 years, Maxi, 12)*

### **Spousal motivation**

Some participants whose wives experienced side effects of some female contraceptives indicated that that was the reason for their motivation in patronizing vasectomy. Two participants provided intriguing responses to the above:

*"My wife had so many complications upon taking the female contraceptives, we tried different options and it got worse so I decided to get a vasectomy done and at least be responsible: which was after my last kids, the last set of twins." (44 years, Maxi, 11)*

*My wife used to take some female contraceptives and started gaining weight and I do not like a heavyweight. Since I have 3 children now and I am ok with it. I asked my wife to stop and then went in for a vasectomy (42 years, Maxi 18)*

Some men with vasectomy expressed having a feeling of regret for allowing their wives to use female contraceptives due to the side effects that resulted

*"If I knew these complications will occur, I would have never allowed her to go for those female contraceptive because the side effects are really a lot and its a bother to my wife and myself"(40 years, Maxi 6)*

*"It is because of its complication: bleeding and irregular monthly flow, I made my wife stop because it wasn't helping." (41 years, Maxi 7)*

## **Personal experiences following Vasectomy**

Participants in this study shared their experiences after the vasectomy. The experiences were shared regarding their sexual performance after the vasectomy and challenges following vasectomy.

### **Sexual performance**

Participants described their sexual performance following the vasectomy. Majority of the participants reported that their sexual performance has remained unchanged following the vasectomy as follows;

*"Some people say you can't have sex after vasectomy and it will affect your sex drive as well as erection, but to be frank with you I can perform as before, my wife can even attest to this. I am still a man."(40 years, Maxi 1)*

*"The Health workers told me before the surgery that I should not worry because I would be able to have sex with my wife after the surgery, This is true because after some months following the surgery, about 8 months, I have been having sex with my wife without any issues"(39 years, Maxi 14)*

*"When I was going for the operation I was very much afraid I cannot have sex again and you know women if you do not perform your marital duties they will not respect you again, but after the surgery, I still get erections and have sex normally(40 years, Maxi, 6).*

### **Challenges following Vasectomy**

Some participants listed a few challenges they had following the vasectomy including pains, delayed healing of the wound and maltreatment from significant others. People who had complications reported the following statement;

*"Hmmm I did not know surgery was painful like that, during the surgery I did not feel much pain but when I was recovering the pain was so unbearable and sometimes when you complain, the nurses will get angry. But thank God it is all over now"(45 years, Maxi 10)*

*"I do not know what happened but my wound became infected, it was not healing early was so painful so I was readmitted. The Doctor told me that it is because I had diabetes but they took good care of it and it later healed"(3years Maxi 8)*

Few participants indicated that their friends and family members disregarded them after the procedure due to the misconceptions they have about the vasectomy

*"Some of my friends even up to date tease me that I am not a man anymore and I that I have sold my rights of being a man, but I am not bothered because it benefits me."(38 years, Maxi 9)*

*"Sometimes my family members will be gossiping about me and me I do not take nonsense so sometimes I have conflicts with them."(44years, Maxi 5)*

Other participants shared experiences of friends they know who have had marital issues following the surgery.

*"Some have had regrets because their partners have divorced them after vasectomy because of these misconceptions of which they prefer to re-marry but it was too late."(45 years, Maxi 16)*

## **Discussion Of Findings**

This study was meant to examine the society's perception about vasectomy, how their experience with it aids in influencing their decision to apply it or recommend for someone else in Larerbiokorshie, Accra.

### **Perception about male sterilization (vasectomy)**

Results from this study indicated that the majority of the men in this study had positive perceptions about vasectomy. The participants perceived vasectomy as necessary with their sexuality. Regarding the perceptions, the present study revealed the perception that it helps remove the fear of getting pregnant after sex and also help men to decide on the exact number of children to have. In contrast to the positive perceptions that the participants of the present study had, it was revealed in a study that vasectomy was also perceived to be a form of castration, which can make men weak and incapable, thereby unable to satisfy their wives sexually, leading to marital conflicts (Adongo, Tapsoba, Phillips, Tabong, Stone, Kuffour&Akweongo 2014). Due to the positive perception unveiled among the participants of the present study, it was expected that many men in the country will patronize it since it was revealed that perceptions regarding family planning have a massive effect on the choice of vasectomy (Appiah, Agyen, Garti&Menlah, 2018). Nevertheless, this was not the case in many parts of the world (Jacobstein& John, 2007) and Ghana which was found to be less than 0.1% patronization (Boateng, 2009).

Despite the positive perceptions revealed in this study, participants reported that the public has some contrasting and misconception issues in relation to vasectomy. The misconceptions include ceasing to be a man after vasectomy, impotence, altered erections etc. In contrast, a study identified that persons who have undergone the procedure will still have the ability to enjoy sex and also carry out normal manly function (Packer &Quee, 2016) nevertheless they recommended it for men who have had all their children they ever want to have. Negative public perceptions about vasectomy were found to negatively influence the uptake of vasectomy by men leading to the use of other alternatives such as the use of herbal products like cafalgin and panacin (Adongo et. al, 2014). Moreover, Packer and Quee, (2016) concluded that the fear of sexual weakness made women take a strong position against vasectomy

Moreover, it was unravelled in the present study that undergoing vasectomy means rejecting the gift of birth from God or the gods, losing respect, ceasing to be a man and making one a sinner. Consistent to the current study, is a study which revealed that undergoing vasectomy is against cultural norms and

considered as being foolish since the society views children as a sign of wealth (Withers, Dworkin, Onono, Oyier, Cohen, Bukusi&Newmann, 2015) and also agrees with the finding of Amankwah (2015) which revealed that religion has a major influence on vasectomy as a choice. Some cultural and religious beliefs were ascertained to affect vasectomy acceptance among men (Ochieng, 2014). Nevertheless, the researchers established that decisions on the number of children in the family is still very much the father's decision.

### **Motivation for choosing vasectomy**

The responses from the participants in this present study revealed some factors that influenced participants decision to patronize vasectomy

With regards to the motivating factors influenced participants vasectomy choice, the main motivating factor identified was the reduction of the families financial burden. Participants explained that undergoing vasectomy helped them to plan on smaller family size to help reduce the cost of raising a family and better take care of their family. The finding of this study supports Ortiz-ospina and Roser, (2017) study which found a high rate of population growth globally contributing to economic effects such as poverty and hence suggested the need to control the rate at which the population is growing through family planning. Moreover, economic reasons were cited as a motivating factor not wanting children anymore by men (Ochieng, 2011). Nevertheless, it was unravelled that men who maintain a smaller family size by going for male sterilization are regarded rather as a being a poor family provider and not able to function sexually (Ochieng, 2014).

Moreover, influences from friends and spousal motivation were found to positively influence vasectomy choice. Responses of participants in this study revealed that friends who have undergone vasectomy are able to encourage their peers to patronize vasectomy. Also, some men may finalize their decision to patronize vasectomy due to the complications following the use of female contraceptives by their partners. The influence of wives on their husband's vasectomy choice led to the inclusion of questions related to communication between partners about family planning in national contraceptive prevalence surveys for many developing countries (Miller, Shain, & Pasta, 1991). With regards to the spousal influence, even though Withers, (2015) established a significant relationship between vasectomy and their partner's influence, the reason was that some of the men in their study felt that being sterilized would put them at risk of being abandoned by their wives for another man and hence discouraged them from undergoing vasectomy.

### **Personal experiences following Vasectomy**

Participants in this study narrated their experiences following the vasectomy procedure. The experiences centred around their sexual performances and challenges resulting from the vasectomy.

Concerning their sexual performances, participants acknowledged that their sexual performances have not being affected in any way after the vasectomy. The findings discovered that participants are able to

maintain erections and satisfy their wives sexually. Nevertheless, findings of a study in Pakistan by Yang, Dong, Zhang, Li, Tan, Li, and Yu, (2020) ascertained that their participants had the perception that male sterilization usage could cause impotence in males which resulted to low vasectomy practices among the participants. Furthermore, the finding of the present study contrasted Shattuck and Quee, (2016) which discovered that vasectomy was perceived as castration, which can make men weak and incapable, thereby unable to satisfy their wives sexually. Hence, Appiah et al., (2018) opined that there is a great need to improve the knowledge on vasectomy among men because of the widespread misconceptions that male sterilization could cause impotence.

Nevertheless, the present study identified few challenges that resulted from the vasectomy including pains, delayed wound healing, being mocked by friends and other significant others and divorce. In relation to the pains, Amankwah, (2014) reported that men who undergo vasectomy may have occasional mild aching in their testicles during sexual arousal for a few months after the surgery. Regarding the divorce as one of the challenges men who undergo vasectomy faced as exposed by the study results, it support findings of Adongo, Tapsoba, Phillips, Tabong, Stone, Kuffour and Akweongo (2014) which revealed that undergoing vasectomy could lead to marital conflicts among couples which could result to divorce.

## **Conclusion**

Conclusively, male sterilization is still perceived to be similar to castration which is a negative perception. Certain factors were identified as contributing towards the negative stands, such as knowledge inadequacy, fear of the unknown in the future, and misconceptions. Despite all these concerns raised, there were men who had undergone vasectomy and believes other men will undertake the procedure if it is properly explained to them. Though the use of vasectomy is not as high as other methods whose information are clear and well understood, there is the hope of its acceptance, as men who have undergone the practice could be used as, health educators to share their experiences, to express positive views about the safety and the benefits of vasectomy.

## **Declarations**

### **Ethical Approval**

Ethical clearance was sought from the IRB from the Dodowa Health Research Center Institutional Research Board (DHRCIRB/66/04/19)

### **Consent to Participate**

Participants consent were sought after the purpose of the study was explained to them before engaging them in the study

### **Consent to Publish**

Consent were ask from participants to published the data but without any identifying data. Participants were allowed to sign a written consent form to that effect.

## Authors Contributions

A.M: Conception of idea, Data collection and analysis, drafting of manuscript and final approval of the version to be submitted.

EOA: Conception of idea, Data collection, drafting of manuscript and final approval of the version to be submitted, corresponding author

I.G: Conception of idea, Data collection, drafting of manuscript and final approval of the version to be submitted.

S.A: Materials and methods, data analysis, drafting of manuscript and final approval of the version to be submitted.

D.B.A: Materials and methods, data analysis, drafting of manuscript and final approval of the version to be submitted.

B.S.M: Conception of idea, Data collection, drafting of manuscript and final approval of the version to be submitted

## Funding

No funding was received for this study

## Competing Interests

None

## Availability of data and materials

The data materials are in custody of the researchers and will be provided upon request

## References

1. Adongo, P. B., Tapsoba, P., Phillips, J. F., Tabong, P. T.N., Stone, A., Kuffour, E., Akweongo, P. (2014). "If you do vasectomy and come back here weak, I will divorce you": A qualitative study of community perception about vasectomy in Southern Ghana. *BMC International Health and Human Rights*, 14(1). 14-16. <https://doi.org/10.1186/1472-698X-14-16>.
2. Afari, E. (2015). *Community Perceptions of Male Sterilization as a Birth Control Method in the La Dadekotopon Municipality, Accra*. Retrieved from <http://197.255.68.203/handle/123456789/8025>

3. Akpamu, U., Nwoke, E. O., Osifo, U. C., Igbinovia, E. N. S., & Adisa, A. W. (2010). Knowledge and acceptance of 'vasectomy as a method of contraception' amongst literate married men in Ekpoma, Nigeria. *African Journal of Biomedical Research*, 13(2), 153-156.
4. Amankwah, G. (2015). *Perceived acceptance of vasectomy among married men in the Offinso Municipality* (Doctoral dissertation).
5. Anderson, J. E., Jamieson, D. J., Warner, L., Kissin, D. M., Nangia, A. K., & Macaluso, M. (2012). Contraceptive sterilization among married adults: national data on who chooses vasectomy and tubal sterilization. *Contraception*, 85(6), 552-557.
6. Appiah, S., Agyen, J., Garti, I., & Menlah, A. (2018). Married Men and Vasectomy: A Focused Group Study in an Urban Community in Ghana. *Sage Open Nursing*, (4),
7. <https://doi.org/10.1177/2377960818790380>
8. Borbasi, S., & Jackson, D. (2012). *Qualitative research: the whole picture*. Elsevier.
9. Brittain, A. W., Williams, J. R., Zapata, L. B., Pazol, K., Romero, L. M., & Weik, T. S. (2015). Youth-friendly family planning services for young people: a systematic review. *American journal of preventive medicine*, 49(2), S73-S84
10. Chin-Quee D., S., Janowitz B., Otterness C. Counseling tools alone do not improve method continuation: further evidence from the decisionmaking tool for family planning clients and providers in Nicaragua. *Contraception* 2007; 76:377–82.
11. Chin-Quee D., Packer C., Perry B. & Shattuck D. (2016). A Review of 10 Years of Vasectomy Programming and Research in Low- Resource Settings. *Glob Health Sci Pract.* 4(4), 647-660. <https://doi.org/10.9745/GHSP-D-16-00235>.
12. Ebeigbe, P., Eigbefoh, J., Igberase, G. (2011). Vasectomy: survey of attitudes, counseling patterns and acceptance among Nigerian resident gynecologists. *Ghana Med J*, 45(3), 101-104 Retrieved from <http://ncbi.nlm.nih.gov/pmc/articles/PMC3266141/>
13. Howe, L. M. (2006). Surgical methods of contraception and sterilization. *Theriogenology*, 66(3), 500-509.
14. Jacobstein, R., & Pile, J. M. (2007). Vasectomy: the unfinished agenda. In *ACQUIRE Project Working Paper. Engender Health. USAID*.
15. Miller, W. B., Shain, R. N., & Pasta, D. J. (1991). Tubal sterilization or vasectomy: how do married couples make the choice?. *Fertility and Sterility*, 56(2), 278-284.
16. McLeod S. (2014). Sampling methods. Retrieved March 12, 2019 from <https://www.simplypsychology.org>
17. Ochieng, C. (2011). Study Tour of the Rwandan Vasectomy Program. *report submitted to Ramon Suarez, president, Non-Scalpel Vasectomy International (NSVI), Kisumu, Kenya*
18. Onasoga, O. A., Edoni, E., & Ekanem, J. (2013). Knowledge and attitude of men towards vasectomy as a family planning method in Edo State, Nigeria. *J Res Nurs Midwifery*, 2(1), 13-21.
19. Ortiz-Ospina M. & Roser E. (2017): World Population Growth. Retrieved

20. from <https://ourworldindata.org/world-population-growth>
21. Owusu-Asubonteng, G., Dassah, E. T., Odoi, A. T., Frimpong, P., & Ankobea, F. K. (2012). Trend, client profile and surgical features of vasectomy in Ghana. *The European Journal of Contraception & Reproductive Health Care*, 17(3), 229-236.
22. Pallangyo, E. S., Msoka, A. C., Brownie, S., & Holroyd, E. (2020). Religious beliefs, social pressure, and stigma: Rural women's perceptions and beliefs about vasectomy in Pwani, Tanzania. *Plos one*, 15(3), e0230045.
23. Perry, B., Packer, C., Chin Quee, D., Zan, T., Dulli, L., & Shattuck, D. (2016). Recent experience and lessons learned in vasectomy programming in low-resource settings: a document review. *Durham, NC: FHI*, 360.
24. Roncari, D., & Jou M., Y. (2011). Female and Male Sterilization. In RA Hatcher, *Contraceptive Technology*, 20<sup>th</sup> ed., pp.435-482. New York: Ardent Media.
25. Sharlip, I. D., Belker, A. M., Honig, S., Labrecque, M., Marmar, J. L., Ross, L. S., ... & Sokal, D. C. (2012). Vasectomy: AUA guideline. *The Journal of urology*, 188(6), 2482-2491
26. Shih, G., Turok, D. K., & Parker, W. J. (2011). Vasectomy: the other (better) form of sterilization. *Contraception*, 83(4), 310-315.
27. Willard, C. J. (2010) Family planning: the essential link to achieving all eight Millennium Development Goals. Family Health International, Durham NC 27713, USA
28. Withers, M., Dworkin, S. L., Onono, M., Oyier, B., Cohen, C. R., Bukusi, E. A., & Newmann, S. J. (2015). Men's perspectives on their role in family planning in Nyanza Province, Kenya. *Studies in family planning*, 46(2), 201-215.
29. World Health Organization. (2016). Family planning/contraception factsheet. Retrieved
30. from <https://www.who.int/reproductivehealth/topics/familyplanning/en/>.
31. Yang, F., Dong, L., Zhang, X., Li, J., Tan, K., Li, Y., & Yu, X. (2020). Vasectomy and male sexual dysfunction risk: A systematic review and meta-analysis. *Medicine*, 99(37).