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A Note on Sexual Behaviour After Vasectomy

DOES vasectomy lead to changes in sexual behaviour i.e., sexual desire, coital frequency etc. ? In any case, there exists a fear complex in large sections of the rural community in India that vasectomy has adverse impact on sexual behaviour. This acts as a barrier to the acceptance of vasectomy. Since vasectomies constitute a sizeable proportion of sterilizations in India, it is worth investigating into the sexual behaviour after vasectomy. There were attempts in this direction in the past [Saha and Sen Gupta (1965), Rathore (1970), Kakar (1970), Apte and Gandhi (1969), Vig and Singh (1972) etc.]. These studies were mostly of limited sized samples. The follow-up study of the popular mass vasectomy camp in Ernakulam in July 1971 provided an opportunity to inquire into this topic on a fairly large sample. This note pertains to the findings of the present study in comparison with the findings of some of the available previous studies.

Sample Design

A total of 62,913 men were vasectomised at the Ernakulam camp during July 1971. An evaluation study on the acceptors of this camp was conducted by the Gandhigram Institute (Nair, 1974). A sample of 4,228 acceptors were interviewed at the camp site through systematic sampling procedure. A sub-sample (25%) of those acceptors were reinterviewed at their homes in the follow-up study six to ten months after the operation. Along with several other variables,

data on sexual desire and coital frequency were collected through in-depth interviews by Graduate interviewers (non-medical).

Findings

Population Characteristics

An average acceptor was 39.6 years of age, his wife 33.2 years and had 3.9 living children. Two third of the acceptors were Hindus, 27.7% Christians and 5.6% Muslims. About 80% of the acceptors were literates; but only 2% studied up to matriculation or beyond. Seventy five per cent of the acceptors belonged to the working class with very low standard of living.

On Sexual Desire

TABLE 1—PERCENT DISTRIBUTION OF VASECTOMISED MEN ACCORDING TO CHANGE IN SEXUAL DESIRE

<i>Sexual Desire</i>	<i>Ernakulam</i> (1972) N=1026	<i>Indonesia</i> (1976) N=434	<i>Jaipur</i> (1970) N=90	<i>Greater Bombay</i> (1969) N=168	<i>Indore city</i> (1968) N=108	<i>Singur</i> (1965) N=360	<i>All</i> N=2186
Increased	4.1	10.0	18.9	11.4	12.0	11.1	7.9
Decreased	12.5	10.0	4.4	6.6	2.8	17.5	11.5
No change	83.4	80.0	72.5	82.0	85.2	71.4	80.6

In the Ernakulam study, one in every eight acceptors (12.5%) complained of decrease in sexual desire. Comparative results from other two studies in Singur and Indonesia which have larger samples correspond to this. 71-85% of acceptors did not experience any change in the sexual desire. Among those who reported of change, more people tend to report of 'decrease' in sexual desire in studies with larger samples. The pooled estimates show that 11.5% of acceptors felt a decrease and for 8% an increase in sexual desire. (These figures cannot be claimed realistic as the survey reference periods vary.)

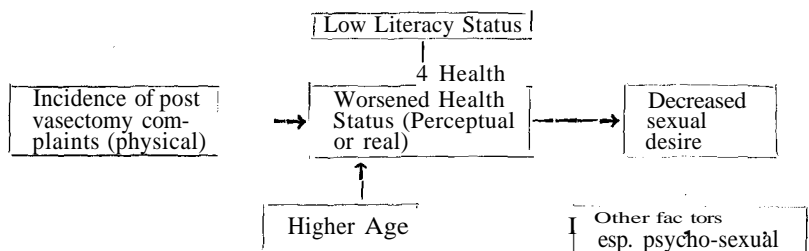
As the age advances proportion of acceptors reporting of decreased sexual desire increases significantly ($P < .01$). Also, an increase in sexual desire is reported more often by younger men. Similarly, proportion of less educated

TABLE 2—ACCEPTORS ACCORDING TO CHANGE IN SEXUAL DESIRE BY CERTAIN ACCEPTORS CHARACTERISTICS (ERNAKULAM SURVEY)

Characteristic	N	Change in Sexual desire			Total
		Increased	Decreased	No change	
Age (in years)					
Up to 34	271	4.0	8.5	87.5	100.0
35-44	465	4.9	13.8	81.3	100.0
45+	289	2.4	14.2	83.4	100.0
Education					
Illiterate and Primary	734	3.8	14.9	81.3	100.0
Middle	220	4.5	6.8	88.7	100.0
Secondary +	70	4.3	4.3	91.4	100.0
Health Status					
Increased	11	18.2	9.1	72.7	100.0
Decreased	241	1.7	28.6	69.7	100.0
No change	769	4.4	7.3	88.3	100.0
Don't know	5	20.0	40.0	40.0	100.0

or illiterate persons complaining of decrease is higher ($P < .01$). The negative relationship of sexual desire with age and literacy status has been reported earlier also [Dandekar (1967), Bhardwaj and Virmani (1970), Kakar (1970)]. Perceived health status after vasectomy also seems to play a decisive role. About 29% of the acceptors who felt that their health status had worsened after operation have complained of 'decrease' in sexual desire.

On further analysis of the data in the follow up study (Nair, 1974), it is seen that among those who reported of 'decreased' sexual desire, incidence of post vasectomy physical complaints was higher. Forty-eight per cent of this group reported of some complaints (in comparison with 21% among the total acceptors). Twentyeight per cent had only minor complaints and 7% had somewhat severe ones requiring hospitalisation. However, 13 per cent of them reported of complaints which do not appear to be attributable to vasectomy *per-se* they are in all probability psychological in nature. Further, it is interesting to note that all those who reported complaints perceived that their health status has worsened after vasectomy. From these findings we may draw the following relationships.



This calls for efforts in reducing the post-vasectomy complaints through organised follow-up care with a view to minimising changes in sexual behaviour.

Change in Coital Frequency

In order to corroborate the findings on changes in sexual desire, data on Coital frequency after vasectomy are analysed.

TABLE 3—PERCENT DISTRIBUTION OF VASECTOMISED MEN ACCORDING TO CHANGE IN COITAL FREQUENCY

<i>Coital Frequency</i>	<i>Ernakulam (1972) N=1026</i>	<i>Jaipur city (1970) N=90</i>	<i>Greater Bombay (1969) N=168</i>	<i>Indore city (1968) N=108</i>	<i>All N=1392</i>
Increased	3.4	4.4	14.4	9.3	5.2
Decreased	14.9	20.0	16.7	0.9	14.4
No change	62.8	75.6	68.9	89.8	66.4
No coitus	18.9	—	—	—	14.0

In the Ernakulam study, 15% of the acceptors reported of decrease and 3% increase in it. 19% of the acceptors could not assess the change, for, they were abstaining from coitus at the time of interview because of wife's advanced pregnancy, ill health etc. However, 63% of the acceptors have not reported of any change in coital frequency.

As one would expect, age of the vasectomised men and number of living children show a negative relation to the coital frequency ($P < .01$). Health status, education and incidence of complaints show the same type of relationship as observed in the case of sexual desire. These findings confirm the reported changes in the pattern of sexual desire.

TABLE 4-ACCEPTORS ACCORDING TO CHANGE IN COITAL FREQUENCY
BY CERTAIN ACCEPTOR CHARACTERISTICS (ERNAKULAM SURVEY)

<i>Characteristic</i>	<i>N</i>	<i>Increased</i>	<i>Decreased</i>	<i>No change</i>	<i>No coitus</i>	<i>Total</i>
Age (in years)						
Upto 34	271	3.7	9.2	74.9	12.2	100.0
35-44	465	4.1	14.6	65.2	16.1	100.0
45+	289	2.1	20.8	47.4	29.8	100.1
Education						
Illiterate and Primary	734	3.1	18.3	55.9	22.7	100.0
Middle	220	4.5	7.7	78.3	9.5	100.0
Secondary	70	2.9	2.9	84.3	10.0	100.1
Living Children						
1	57	—	7.0	75.4	17.6	100.0
2-4	607	3.6	13.5	65.9	17.0	100.0
5-7	307	3.6	17.9	56.4	22.1	100.0
8+	43	4.7	20.9	53.5	20.9	100.0
Health Status						
Increased	11	9.1	18.2	36.4	36.4	100.1
Decreased	241	1.7	30.3	46.9	21.2	100.1
No change	769	3.9	9.9	68.7	17.6	100.1
Don't know	5	—	20.0	—	80.0	100.1
Duration of Marriage (years)						
<5	87	3.5	11.5	72.4	12.6	100.0
5-9	232	4.7	12.1	70.7	12.5	100.0
10-19	406	3.0	8.1	69.5	19.5	100.1
20+	289	1.7	10.4	63.3	24.6	100.0

Though majority of acceptors did not experience any change either in sexual desire or coital frequency after vasectomy, in the short run, 12-15% of the acceptors reported of 'decrease' in sexual desire which is confirmed by decreased coital frequency. The fact that this tendency has been reported more by aged, less educated persons who also have reported of some physical complaints after vasectomy and of worsening health casts doubt whether the reported 'decrease' in sexual desire is attributable to vasectomy. It is argued that the change in sexual aspects may be due to factors like ageing, lack of knowledge, changed

health status, psychological factors etc. However, organised follow-up care which will reduce the incidence of post operative physical complaints, will go a long way in maintaining the sexual health also. Some recent clinical studies on the vasectomised men also hold the view that vasectomy *per se* need not lead to weakened sexual desire (Gupta *et al.*, 1975).

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