

Vasectomy: Views of Latinos and White Men

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Vasectomy has gained wide acceptance as a safe, effective, and efficient method of birth control. Knowledge regarding the satisfaction of patients who have undergone the procedure has been well documented. In contrast, there is little data examining the attitude of men in general to the procedure or attempting to interpret these attitudes in a cultural context. Moreover, there appears to be widespread belief by providers that acceptance of the operation is poor among ethnic minorities such as Latinos and blacks.

A questionnaire was distributed to 50 white and 50 Latino men at a large county hospital to determine ethnic differences in attitudes toward vasectomy. Only 54 percent of the Latino respondents stated they knew what a vasectomy was compared with 96 percent of the white respondents. Among respondents who knew what a vasectomy was, 50 percent of Latinos and 61 percent of whites stated they would not consider vasectomy in the event that they did not want more children. There was little support for the hypothesis that machismo played an important part in the negative responses by the Latino men or that fears of impotence played a role in the attitudes of both groups. This study suggests that a stronger emphasis on education regarding this procedure should be directed to the Latino male population.

It is well documented that from a medical standpoint vasectomy is a safe, effective, and efficient procedure and that it is gaining international acceptance among those desiring permanent birth control.¹⁻³ In the United States, however, there is increasing evidence that vasectomy is far less common among the Latino and black populations than their proportion in the population would predict.

For example, a survey done in Los Angeles among Mexican Americans showed that 65 percent of respondents were opposed to the operation.⁴ Similarly, Tauber⁵ reported that in over 5,000 vasectomies performed, only 1.7 percent involved black men, although they constituted 25 percent of the practice population.

The macho mystique has been offered as an explanation for this occurrence.^{3,4} It has been said that one characteristic of machismo, the need to be demonstrative about

masculinity by sexual prowess, is frequently expressed by producing more children, both legitimate and illegitimate. It is assumed that there are related barriers, such as fear of decline in sexual satisfaction, among those who hold negative views toward vasectomy. It is unclear to what extent the belief that Latino men are reluctant to consider a vasectomy influences the approach of providers when a couple presents for sterilization counseling.

Although there have been several studies addressing the reasons for choosing vasectomy,⁶⁻⁸ there is little information about ethnic differences in US populations among those not currently contemplating the procedure. The present study was designed to document ethnic or cultural differences in attitudes toward vasectomy among lower economic class white and Latino men not considering vasectomy at the time.

METHODS

A four-page questionnaire was distributed to white and Latino men in the waiting room of the San Francisco General Hospital outpatient department in a consecutive

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TABLE 1. DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

	White	Latino
Mean age (years)	34.6	35.0
Mean income range	\$10-15,000	\$10-15,000
Mean education	Some college	Some college
Percent married	22	66
Percent US born	94	16
Percent Roman Catholic	49	63

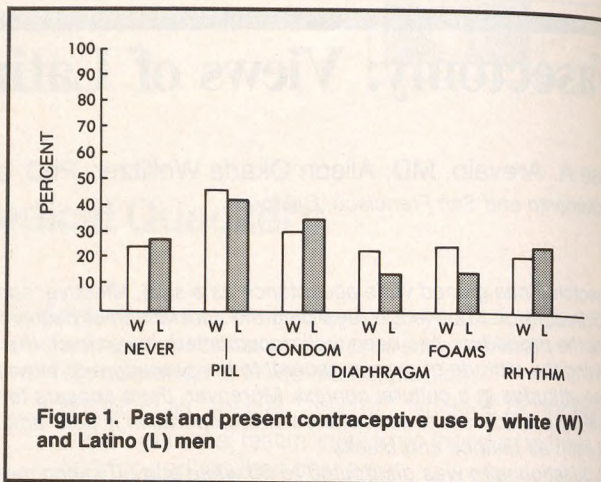
manner until 50 usable questionnaires were collected from each ethnic group. The waiting room is used primarily by the hospital pharmacy and the medical subspecialty clinics. In approaching potential subjects, research assistants emphasized that completion of the questionnaire was voluntary and that responses would be completely anonymous. Respondents were restricted to men aged 20 to 60 years; those indicating a gay lifestyle were eliminated from the study.

The questionnaire requested information on current and past contraceptive practices and demographic data. Respondents were asked, "Do you know what a vasectomy is?" Vasectomy was then defined as "surgeries to make males sterile," and all respondents were asked, "Assuming you didn't want any more children, would you consider having a vasectomy?" followed by a list of potential answers designed to assess their reasons for their response. The respondents were also allowed to add their own responses if they wished. There were separate lists of potential answers for those who answered affirmatively or negatively. Those who answered "not sure" were asked to complete both sections of potential answers. Both a Spanish and English version of the questionnaire was available.

RESULTS

Approximately 40 men (27 whites, 13 Latinos) refused to answer the questionnaire, and 14 turned in unusable questionnaires (1 white said he was gay; 6 Latinos and 3 whites turned in incomplete questionnaires, 2 Latinos were ineligible because of age, and 2 were of ambiguous ethnicity). Combining refusals with incomplete questionnaires, which was a form of refusal, the response rate was 63 percent for whites and 72 percent for Latinos.

Respondents in the two groups were strikingly similar in age, income, and education (Table 1). The groups differed in country of birth, with 94 percent of the whites and only 16 percent of the Latinos born in the United States. The majority of the Latino foreign-born were from El Salvador, Nicaragua, Mexico, and Puerto Rico; mean



length of stay in the United States was over seven years. More Latinos than whites were married (22 percent white and 66 percent Latino), and more were Roman Catholic (49 percent white and 63 percent Latino).

Patterns of contraceptive use were similar for both groups (Figure 1). The most common method of contraception for both groups was the contraceptive pill followed by condoms. Unfortunately, the item about use of the intrauterine device (IUD) was inadvertently omitted from the Spanish version of the questionnaire, making comparison impossible. Of the 36 white respondents answering the contraception questions, 15 (42 percent) reported their partners using the IUD currently or in the past.

Among white respondents, 48 (96 percent) stated that they knew the term vasectomy, including 4 (8 percent) who had had one, whereas 2 (4 percent) said they did not know what a vasectomy was. Among Latinos, by contrast, only 27 (54 percent) said they knew what a vasectomy was, including one who had had one, while 10 (20 percent) said they did not know what one was, and 13 (26 percent) were not sure.

The responses to the question, "Assuming you did not want more children, would you consider vasectomy?" of those 70 respondents (44 white and 26 Latino) who said they knew what a vasectomy was but had not had one are displayed in Table 2. The majority in both groups said no. The overwhelming majority of white respondents who would not consider vasectomy expressed a concern that they would eventually want more children (Table 3), whereas less than 40 percent of Latinos marked this reason on their questionnaires. The two groups expressed an aversion to this type of genital surgery. Over two fifths of respondents in both groups indicated that they would never want to be sterile. There was very little endorsement of items designed to elicit the masculinity issue or the association of vasectomy with impotence.

TABLE 2. ASSUMING YOU DID NOT WANT MORE CHILDREN, WOULD YOU CONSIDER VASECTOMY?

	White No. (%)	Latino No. (%)
Yes	15 (34)	7 (27)
No	27 (61)	13 (50)
Not sure	2 (5)	6 (23)

More whites than Latinos would consider vasectomy (34 percent vs 27 percent). Whites also endorsed more of the most common arguments in favor of vasectomy: non-interference (80 percent), effectiveness (80 percent), safety (73 percent), cost (67 percent), and freedom from fear of pregnancy (73 percent) (Table 4). Latinos cited freedom from fear of pregnancy (57 percent), and to a lesser extent, safety (43 percent), and effectiveness (43 percent) as reasons for considering vasectomy. Latinos differed significantly from whites in that fewer endorsed noninterference as one of their reasons. Neither group cited greater enjoyment of sex as a major incentive for vasectomy.

Only two of the 44 whites (4 percent) were unsure of their attitude toward vasectomy, and both of them indicated that they might want more children as one of their negative considerations. The two respondents did not agree on any of the positive considerations. Of the six Latinos (24 percent) who were unsure, three indicated that they might want more children and that their wives would not want them to have one. Among the positive reasons, three of the six Latinos indicated that neither they nor their partner would have to worry about pregnancy, and that their wives would enjoy sex more.

DISCUSSION

The response rate was higher among Latino men than among the white men approached by the research assistants, who were Latino and bilingual in Spanish and English. It is probable that a high proportion of the nonrespondents fell into one of three categories: (1) they did not know what a vasectomy was, (2) they would not consider a vasectomy, or (3) they were gay.

The findings suggest that Latinos in the United States have insufficient knowledge about vasectomy to consider it as a method of birth control. The white respondents were more knowledgeable about vasectomy and more aware of its positive aspects than the Latinos. The high percentage of Latinos who did not know what a vasectomy was and the high percentage of Latinos who were unsure of their feelings about having a vasectomy, even among those who knew what one was, suggest a large market for patient education. These findings suggest that health care

TABLE 3. REASONS GIVEN BY WHITES (n = 27) AND LATINOS (n = 13) FOR NOT WANTING A VASECTOMY

Reasons Checked	White No. (%)	Latino No. (%)
I might want more children	22 (81)	5 (38)*
Don't want surgery on sexual organs	14 (52)	6 (46)
Just don't like the idea	14 (52)	6 (46)
Would never want to be sterile	11 (41)	6 (46)
I don't like any surgery	10 (37)	3 (23)
Other methods are easier	4 (15)	5 (38)
Wouldn't be as much of a man	4 (15)	1 (8)
I would enjoy sex less	4 (15)	0
Don't believe in birth control	3 (11)	1 (8)
Wife wouldn't want me to	3 (11)	1 (8)
Other methods are cheaper	2 (7)	2 (15)
Would change my relationship	2 (7)	1 (8)
My wife would enjoy sex less	2 (7)	1 (8)
Might make me impotent	1 (4)	3 (23)
Against my religion	1 (4)	2 (15)
Wouldn't be able to have erection	1 (4)	1 (8)
Friends would lose respect for me	1 (4)	1 (8)
My wife would lose respect for me	1 (4)	1 (8)
Birth control wife's responsibility	1 (4)	0
Wouldn't be able to ejaculate	1 (4)	0
Other methods are safer	0	2 (15)

* Fisher's exact test significant at P < .01

TABLE 4. REASONS GIVEN BY WHITES (n = 15) AND LATINOS (n = 7) WHO WOULD CONSIDER VASECTOMY

Reasons checked	White No. (%)	Latino No. (%)
More effective than other methods	12 (80)	3 (43)
Does not interfere with lovemaking	12 (80)	1 (14)*
Wouldn't worry about pregnancy	11 (73)	4 (57)
Wife wouldn't worry about pregnancy	11 (73)	4 (57)
Safer than other methods	11 (73)	3 (43)
Less expensive than other methods	10 (67)	1 (14)
Would enjoy sex more	5 (33)	0
Wife would enjoy sex more	4 (27)	2 (29)

* Fisher's exact test significant P < .01

providers and family planning counselors need to adequately inform Latinos about what vasectomy is and its effectiveness as a method of sterilization with relatively few risks and side effects.

The vast majority of the Latino respondents were born outside the United States. Although most had lived in the

United States for a number of years, over one half (56 percent) chose to answer the Spanish version of the questionnaire. Therefore, information about vasectomy should be available through educational materials, the media, family planning clinics, and health care providers in Spanish as well as English.

There was surprisingly little support for the hypothesis that machismo would be related to negative responses among the Latinos. Such items as, "I would enjoy sex less," "I wouldn't be as much of a man," and "my friends might lose respect for me," received very little endorsement as reasons for not wanting a vasectomy.

Similarly, there was little support for the hypothesis that those who would not consider vasectomy hold misconceptions linking vasectomy with impotence. Items related to inability to ejaculate or get erections were not marked by respondents in either ethnic group.

Other studies have shown that preferences toward various birth control methods are related to education, income, religious affiliation, and age. This study group did not differ significantly in these important factors. The major differences in both groups were accounted for by ethnic differences including place of birth and language preferred. Thus, results can be directly compared in both groups.

Vasectomy is far less costly than tubal ligation and can be performed in the most well-equipped offices.⁵ Acute and chronic complications are rarely of concern when vasectomies are done by well-trained personnel. In contrast, tubal ligation is more complicated, and the long-

term risks are much more significant.⁹⁻¹¹ Thus, from a medical standpoint, vasectomy should be the procedure of choice for couples desiring permanent contraception. This study suggests that Latino men are reluctant to consider vasectomy, not because of strongly held cultural beliefs, but from lack of information. Providers should, therefore, encourage consideration of vasectomy by Latino couples considering sterilization.

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