

Examining the Knowledge and Awareness of Physicians in Different Specialities Regarding Vasectomy

Betül Çimen¹, Ayşe Filiz Gökmen Karasu²

¹Bezmialem Vakıf University Faculty of Medicine, Istanbul, Turkey

² Department of Gynecology and Obstetrics, Bezmialem Vakıf University School of Medicine, Istanbul, Turkey

Introduction:

One of the most important indicators of reproductive system health is effective family planning. Unintended pregnancies remain a major global public health problem despite significant advances in contraceptive technologies and family planning. Today, surgical sterilization is one of the most popular contraceptive methods. Surgical sterilization methods called tubal sterilization in women and vasectomy in men. Comparing the two procedures, vasectomy is safer with fewer complications, has a shorter recovery time and is more cost-effective. Despite all these benefits, female sterilization is much more commonly used worldwide than male sterilization, mainly due to social taboos and misconceptions about vasectomy. Since we think that physicians' opinions and attitudes about vasectomy may also effect the opinions of patients, our aim in this study is to examine the knowledge, behaviors and attitudes of physicians in different branches regarding vasectomy.

Results:

Of the 203 physicians who participated in our study, 115 (56.7%) stated that they did not recommend vasectomy to their patients. The most frequently cited reasons for not recommending vasectomy were that the patients presenting for permanent contraception were usually female (22.7%), it was not considered a common procedure (11.8%), there were prejudices against vasectomy (9.9%) and cultural/religious reasons (6.9%). The correct answers to all of the questions measuring the level of knowledge exceeded the incorrect answers. Regarding the questions analyzing the perspective, it was observed that vasectomy was not a procedure that affected men's social status, but it did affect their personal psychology (50.7%). At the same time, 94.6% of the participants stated that they think there is not enough information about vasectomy in Turkey and 95.1% of them think that cultural taboos cause misinformation about vasectomy.

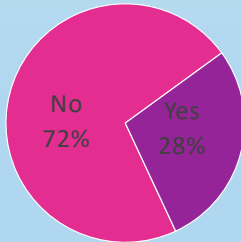
Methods:

In order to collect data, we created an original questionnaire form for physicians working in different branches in Turkey, which was prepared with reference to previous studies. In addition to sociodemographic characteristics such as age, gender, marital status; the questionnaire includes questions that aim to measure the level of knowledge of physicians about the comparison of tubal ligation and vasectomy, which are permanent sterilization methods, and their perspectives towards vasectomy. All statistical analyses will be analyzed and reported in IBM SPSS statistics 26.0 program at $\alpha 0.05$ significance level.

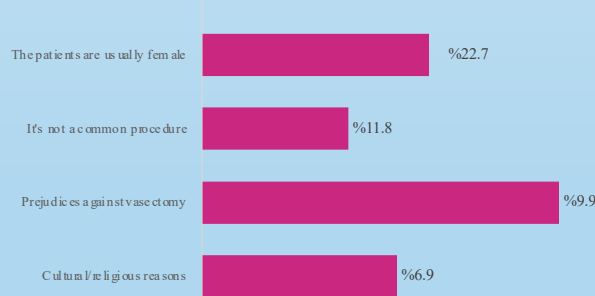
Conclusion:

Although the level of knowledge of physicians about vasectomy is adequate, the rate of recommendation to patients is low because it is not a very common method. In other words, these results also confirm that there are prejudices about vasectomy, but also suggest that patients should be given more information about this procedure and that existing misconceptions should be corrected.

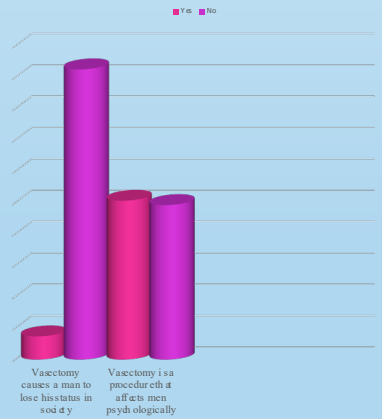
Do you recommend vasectomy to your patients as a contraceptive method ?



The reason for you not to recommending vasectomy?



Perspective on vasectomy



References:

1. Kısa S, Savaş E, Zeyneloğlu S, Dönmez S. Opinions and attitudes about vasectomy of married couples living in Turkey. Am J Mens Health [Internet]. 2017;11(3):531–41. Available from: <http://dx.doi.org/10.1177/1557988315620275>
2. Joshi R, Khadilkar S, Patel M. Global trends in use of long-acting reversible and permanent methods of contraception: Seeking a balance. Int J Gynaecol Obstet [Internet]. 2015;131 Suppl 1:S60-3. Available from: <http://dx.doi.org/10.1016/j.ijgo.2015.04.024>
3. Shih G, Turok DK, Parker WJ. Vasectomy: the other (better) form of sterilization. Contraception [Internet]. 2011;83(4):310–5. Available from: <http://dx.doi.org/10.1016/j.contraception.2010.08.019>