

Research Article

Effect of Vasectomy on Sexual Satisfaction in Patients from Tijuana, Mexico

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Received: December 27, 2019; Accepted: January 29, 2020; Published: February 05, 2020

Abstract

Background: Vasectomy is a permanent family planning method that is performed on men with satisfied parity. There is evidence that shows an increase in sexual satisfaction after vasectomy.

Objective: To determine the effect of vasectomy on sexual satisfaction in men of the family medicine unit #27.

Design and Setting: Cohort study.

Methods: The study was conducted in men who used vasectomy as a family planning method. The sample size was 105 patients; two measurements of sexual satisfaction (before and after vasectomy) were performed to compare the effects of this intervention. The data obtained was analyzed in the SPSS program, in the bivariate analysis, McNemar test was used with a 95% confidence interval; a $p < 0.05$ was considered significant.

Results: Before and after sexual satisfaction was statistically significant ($p < 0.001$); in our population there is greater sexual satisfaction after vasectomy.

Conclusion: Vasectomy has a positive effect on sexual satisfaction.

Keywords: Vasectomy; Sexual satisfaction; Family planning method

Introduction

The World Health Organization (WHO) defines health as a state of complete physical, mental and social well-being and not simply the absence of disease [1]; this definition includes sexual health, which is defined as a state of physical, mental and social well-being in relation to sexuality, which requires a positive and respectful approach to sexual relations, as well as the possibility of having pleasant sexual experiences, free from coercion, discrimination and violence [2]. Three basic elements for sexual health are required: the possibility of enjoying reproductive sexual activity in balance with a personal and social ethic; the exercise of sexuality without psychological or social factors that interfere with sexual relations and the performance of a sexual activity free of organic disorders and diseases [3]. Sexual interaction is one of the most important causes of satisfaction or misery in married life [4].

The ability to positively express sexual matters is one of the most pleasant human aspects. A stable, long-term and exclusive relationship would be related to greater sexual satisfaction [5]. Healthy sexual relationships allow affinity and affection in the family, in addition to adequately satisfying sexual instincts [4]. Significant associations have been found between sexual satisfaction and some variables such as age (older age, lower satisfaction), schooling (higher educational level, higher satisfaction) and religion (higher religiousness, lower satisfaction) [6]. Sexual satisfaction is divided into physical (erotic interaction) and emotional [7]. Although the relevance of sexual satisfaction is recognized, interest in its study is quite recent in the history of sexuality research [6].

Family planning is a strategy that can help families to have adequate

reproductive behaviors for achieve their healthy development goals [8]. If sexual practice does not have necessary planning or protection, it becomes a social and health problem of great relevance [9]. Family planning in Mexico has always been guided by public health institutions, government and health centers; its objective is to improve the health of women and children, contraception, sexual education and help prevent problems such as sexual violence, infant mortality and sexually transmitted infections [10].

The most recent efforts are focused on improving the constructive participation of men in family planning [11]. Male sterilization (vasectomy) is safer and represents a better option in relation to cost and benefit [12]. Men should exercise their reproductive right by choosing to use contraception without intervening with their partner's right to use another method of family planning [13]. Based on the previous information, the main objective of this research was to determine the effect of vasectomy on sexual satisfaction in men of the family medicine unit #27.

Methods

Study design and population

A cohort study was carried out in the family medicine unit #27 of the Instituto Mexicano del Seguro Social (IMSS) in Tijuana, Baja California, Mexico. 105 men who applied for vasectomy as a family planning method were included. All men were evaluated before surgery and 3 months later in the family planning department. The information was collected on a standardized data collection sheet.

Variables

The variables collected were the following: age according to the

year of birth; marital status as married, single, free union, divorced and widowed were included; schooling according to the highest academic degree obtained, was divided into basic and upper-middle schooling. To assess sexual satisfaction, the Sexual Functioning Questionnaire (MGH SGF) validated in Spanish was used [14], which has 5 Likert-type questions with 5 possible answers (score range from 0 to 4). This instrument evaluates five categories of sexuality: sexual interest (item 1), sexual arousal (item 2), orgasm (item 3), erection (item 4) and general sexual satisfaction (item 5). The interpretation of the questionnaire is as follows: it is necessary to add items 1, 2, 3, 4 and 5; the result should be divided into 5, a high score means better functioning of the sexual response in the overall score. On the other hand, scores lower than 2 in some subscale could mean sexual problems.

Statistical analysis

The data obtained was integrated into the data collection sheets and analyzed using the SPSS program version 21 in Spanish. We perform descriptive statistics; for qualitative variables frequencies and percentages; for quantitative variables, mean and standard deviation. The results of the variable sexual satisfaction were analyzed before and after the vasectomy and the statistical significance was determined with the McNemar test. A $p < 0.05$ was considered significant.

Ethics

The study was approved by the local health research and ethics committee #204; with registration number R-2018-204-044. The research was conducted under the general health law on health research, bioethical principles and the Helsinki declaration. All patients signed an informed consent letter.

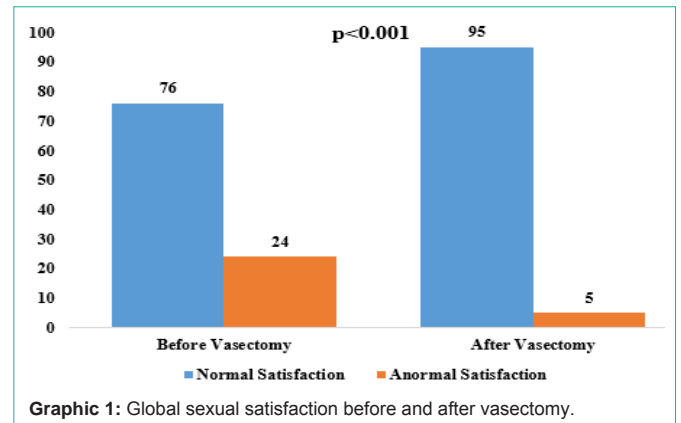
Results

105 men who applied for vasectomy as a family planning method were included. The average age was 33.8 years with an age range of 20 to 54 years. To determine overall sexual satisfaction the item five of the instrument was used. Before the vasectomy, the results of the global sexual satisfaction item were as follows: 2% totally decreased (lowest score), 3% markedly decreased, 3% moderately decreased, 16% minimally decreased and 76% normal (highest score). The results after the vasectomy in the global sexual satisfaction item were as follows: 5% minimally decreased and 95% normal.

To compare the change in the distribution of proportions between the two measurements (sexual satisfaction before and after the vasectomy) the McNemar test was used, we consider as “non-normal” any response different from the maximum score of the questionnaire (0-3 points) and normal to maximum (4 points). When applying the McNemar test, we obtained a value of $p < 0.001$, which indicates that there was improvement in those patients who presented non-normal results before the vasectomy (graphic 1).

Discussion

According to the results of the Sexual Functioning Questionnaire, we can conclude that in our population there was an increase in sexual satisfaction after vasectomy. In our family medicine unit, there is a lot of promotion of family planning methods by having free days of vasectomies, as well as having a professional orientation by health personnel that encourage men's commitment to family planning.



In a study by Mustafa [19], it was found that one of the main motivations of men to participate actively in family planning is the economic stress that an extended family generates. In our study, we could reflect that this factor was present in the majority of our participants, since they frequently commented that the main reason for this intervention was to limit the number of children that the family currently had. The patients said that an unplanned pregnancy would produce negative economic changes, frustration in family dynamics and stress, for that reason the participants chose vasectomy.

Conclusion

According to the results obtained in sexual satisfaction after vasectomy, we were able to verify our working hypothesis and fulfill our main objective. The result of our study is consistent with the literature. It is necessary to continue with the promotion of this method of family planning among men.

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