

Mapping the effects of vasectomy

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• Introduction

In a rural district of Nepal, as part of a year-long study of reasons for non-use of contraceptives, group sessions were held with men who had undergone vasectomy¹. Hand-drawn outlines of a man's body were used to focus the men's discussion about their experiences. A main result of this exercise was the finding that men believe that vasectomy involves severing a vital channel, causing problems wherever this channel goes in the body. This article describes the process of using body mapping to explore the men's experiences of vasectomy. It illustrates just one example of how participatory techniques may contribute to deepening our understanding of the issues involved in the acceptance of contraception, clearly an urgent matter in countries such as Nepal.

Background

Many local Nepalese beliefs about the side effects of contraception do not coincide with the biomedical view. Instead, contraception, sexuality and reproduction are all viewed in the context of the social, cultural, and religious belief system. I sought to find the extent to which non-use of contraception is due to the incongruence between what people are told about contraceptives by health professionals and what they themselves experience or believe. Semi-structured interviews were held

¹ The study took place in Myagdi District, Western Nepal, from May 1996 to April 1997. Myagdi was chosen because the 1991 Fertility, Family Planning and Health Survey showed respondents had a high level of knowledge about contraceptives and where they could be obtained, and yet reported average contraception use. The research sites were two villages and one section of the Myagdi District Centre.

with medical practitioners, past or present contraceptive users and all adult members of a sample of families. A survey was carried out with 215 married women of reproductive age (15-49) and their husbands, 165 men². The final activity was an exchange of information with the community to correct misinformation about locally available contraceptives and HIV, to ask directly what the villagers thought about some preliminary findings and to allay any remaining fears and misconceptions about the research. This article explores one aspect of the research, men's post-vasectomy experiences.

• Men's experiences with vasectomy

Focus group discussions with sterilised men were convened in each of the nine wards of one village of Myagdi District in Western Nepal. Each focus group began with an apology for talking about such a private topic, "*for we (my assistant and I) are like your sisters and daughters and should not mention such things, but we really want to understand your own, true experiences with vasectomy*³". Immediately after this, we unrolled a hand-drawn outline of a male body. We asked the men to describe their operation, giving each a different-colored marker pen to show the location of their incision (see Figure 1). Each

² There were fewer male than female respondents because many men in this district work abroad, following a long-standing tradition of joining the British and Indian Gurkha regiments. Now men are more likely to work as unskilled labourers in the Middle East or Europe, the U.S. or Japan.

³ I would have preferred to have had equally skilled male and female assistants, but this was not possible. We did have a local male assistant to help with the focus groups, but he did not have facilitator skills. My research assistant, Hema Pun handled the situation with impressive tact and persistence.

man in turn was asked to relate what he had experienced during the 'operation'. The men were encouraged to focus on the drawing, lessening the embarrassment of discussing this topic with two women. Then each was asked whether he had experienced any effects since the vasectomy. Finally, the groups were asked about other effects mentioned elsewhere in South Asia or by those previously interviewed for this study. We then asked about Sexually Transmitted Diseases (STDs)/HIV. Finally, we showed samples of all the contraceptive methods available in Nepal, including a diagram of how male and female sterilisations are performed and explained in detail about HIV using a flip chart produced by Save the Children/US. At the end of each session we provided refreshments, then walked home and translated and transcribed the tapes. The next day we began the process again. Each group was scheduled to begin early in the morning, but we often waited several hours for the farmers to finish their morning chores. Once we began, the process lasted from three to five hours.



Figure 1. Post-vasectomy effects explained with body mapping

After a few minutes of embarrassment, the men spoke openly about the operation and about the effects they felt it had had on their body and their lives, some commenting that this was the first time anyone had taken an interest in their post-vasectomy experiences. As they spoke, they indicated the connections they perceived between their current condition

and 'cutting the *nasa*⁴'. The following quotes from the focus group discussions illustrate some of the issues that concerned the men.

"First they put on anaesthetic. There are many nasa, but they cut the nasa the seed goes in, with a blade. Pulled the 2 ends together and tied them. Gave me medicine for pain, also for healing. I could walk then, but after 3 days my balls swelled. I got fever, and my seed came out on its own. It was impossible to work for 1 week. Blood came out from the incision. I had to be carried to town. The doctor checked me, gave me tablets and capsules. Told me to eat meat, strength-giving foods, for 15-20 days. I got well but still now the inside of my left leg is sore when I go downhill, and I get backaches. I think the nasa goes to the left leg, that's why it's weak. When there's much rain or sun, I get this. For the last 2 years I've had this. Backache too".

"If I have to do hard work like with a hammer or axe, my sitting bones get sore, first the left side then the right side. When I have no hard work and get good food and rest, this doesn't happen. My eyes are weak. I think it's the nasa. I can see at a distance, not close up. My balls swelled for a while, until the incision healed, but nothing else happened there where they cut".

"Slowly my eyes are getting weaker and weaker. The operation did it, by cutting down there. The nasa goes to the eyes. I get colours in front of my eyes. My seed can't go out; instead it goes to my eyes. The place where they cut is fine but the nasa is confused, it's not in the right place. For this reason the operation affected my eyes. Also this is why I'm weak. I get effects on the left side -- sometimes to the underside of my foot, and sometimes to the top of my head. This is how I got sick. (Drew a line up the left side to left shoulder, then left eye). "Because of this, my blood is insufficient, my eyes are getting weaker and weaker. My caste are supposed to bow down and touch the feet of those of high

⁴ *Nasa* is a Nepali word that approximates the English 'vessel', in that it is used for blood vessels, lymph ducts, nerves, the vas deferens and possibly the channels of acupuncture. Whenever *nasa* was mentioned, we prompted the men to draw the *nasa* on the outline of the man's body.

caste. *My eyes are so weak I've even touched the feet of Damai*" (lower caste than his).

"Before the operation, all my seed would come out. After cutting the main seed nasa, now the seed goes in the small branch nasa. Because of this my wife has bad effects. When we had sex, seed used to go out forcefully, now it takes a long time. Because of this my wife is affected, because of less seed".

"My seed used to be thick, but after cutting the nasa it's thin. When going to my wife's 'house,' I get sick - backache. It causes more sickness to the man, less to the woman. Because the nasa was cut. Sex used to make my wife warm, feel well. Now it's thin, doesn't make her feel good. The doctor can't do anything for her, she just gets weaker".

"For me sex is not much different but it is very different for my wife. When our wives talk together they say the wives of men who were operated on are thin. They say that women get sick after having sex with these men. In the evenings we talk, husband to wife, and wonder if this is what makes us weak. Probably it's due to the operation that she's weak, because her face looks sickly. She was fine before".

"Women with very hot bodies need sex a lot and get thin (after their husbands undergo vasectomy). Cold bodied women don't need much sex and get fatter".

"It's a big sin. To stop children who would have been born, to make one's wife thin, to make your own body thin. One man had two sons, then had the operation. Both sons died, and he then had no heirs".

"Uncastrated goats must be offered to the gods, not castrated goats. We are like castrated goats. It is sinful for us to do puja (make religious offerings)".

The main effects described by these men are as was reported in the previous South Asian studies of experiences with contraceptives in South India and Sri Lanka (Nichter 1989a, 1989b) and Bangladesh (Maloney et al. 1981). No such study had been conducted in Nepal. These effects may be grouped into seven main patterns.

- Generalised weakness mentioned as a result of every contraceptive method, but for different reasons. A lack of staying-power, such as needing food immediately when hungry, needing warmth immediately when cold, mostly post-vasectomy, was a new twist found in Myagdi.
- Sexual problems such as impotence, lack of 'force' of ejaculation, increased or decreased sexual desire.
- Other physical symptoms, from eye weakness to leg pains.
- The wife getting thin, weak, and sick because she no longer receives the man's seed as nourishment, with condom use as well as after vasectomy.
- Religious offerings not working because the man (or woman) offering them is no longer whole.
- The sinfulness of not allowing children that god would have given to be born; this in turn causing existing children to die and other misfortunes.
- Hot and cold body types reacting differently to the different methods.

What had not been evident in the previous studies, however, was the importance of the *nasa* that is cut during the vasectomy. The use of body mapping clearly showed how and why the vasectomy caused these effects. The similarity between charts of the energy channels used in Chinese acupuncture and these men's drawings is striking. Is this mere coincidence?

Aside from the context of different belief systems, the side effects experienced in rural Nepal may differ from those described in the West at least in part because of sending inexperienced doctors, who are eager to volunteer because of the monetary compensation, to perform vasectomies in mobile 'camps'. Though some vasectomy failures may be explained by men not using condoms for the requisite number of ejaculations (to assure there are no sperm left), we met couples with two or more children born post-vasectomy. Staff at one vasectomy camp told stories of inadequately trained doctors they had seen cutting a blood vessel or nerve rather than the vas, or making a several-inch incision because they could not locate the vas. Villagers who have heard of one or two

such cases are less likely to undergo the vasectomy themselves.

• **Lessons learnt**

Using this graphic tool has several advantages. The group can see a visual image while they are discussing, making clear where and what is being described. They are less embarrassed than if they have only each others' and our faces to look at, especially as in this case where women were interviewing men on such a sensitive topic. The researchers also have a visual record of the event in the drawings.

The meaning of anatomical terms varies from person to person, especially in a country with so many languages and dialects. This exercise makes evident what is meant, and also circumvents an attempt to seek a one-to-one correspondence between anatomical terms in two languages. This became clear in another exercise, when we asked for anatomical words from head to toe while pointing to prepared posters (a fully dressed boy, then medical charts of bones, muscles, and internal organs), supplemented on occasion with freshly butchered water buffalo organs. If we had merely used a list of English words, for example, we would not have discovered *tegeltuk*, meaning the space at the back of the knee joint, for which there is no corresponding word in English.

We did experience some difficulties with the mapping exercise, however. The villagers were illiterate, and thus their lines were not necessarily where they wanted them to be; drawing is not practised as an art here. There was a reluctance to draw on top of anyone else's line. This was especially evident with the women's groups, when we asked them to draw the uterus, they drew circles, each one next to the last. The lines, therefore, aren't to be taken as precise descriptions of the location of the *nasa*. Because the outlines stopped at the top of the legs, the men were less likely to draw the *nasa* going to the legs. An outline of the entire body could work better, but it needs to be large enough to show the location of the incisions.

A danger with this, as with any group process, is learning from others in the group. Here we saw the men 'learning' from others in the

group that their vasectomy caused sexual problems and impaired vision. Our nodding or remaining silent may have been perceived as agreement. For this reason we felt it essential to discuss contraceptives and STD/HIV at the end of each session, and to return to the villages after the survey and discuss the research findings and misconceptions.

• **Conclusion**

In conclusion, this paper has shown how the use of body mapping tools allowed us to transcend the limits of biomedical concepts and vocabulary in exploring men's experiences with vasectomy. Hopefully this example will lead others to experiment with similar techniques.

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REFERENCES

- Maloney, C., & Aziz, K.M.A., and Sarker, P., (1981). Beliefs and Fertility in Bangladesh. *Dacca: International Centre for Diarrhoeal Disease Research*, Bangladesh.
- Nichter, M., & Nichter, M.. (1989a). Cultural Notions of Fertility in South Asia and their Impact on Sri Lankan Family Planning Practices, in Nichter, Mark, ed. *Anthropology and International Health: South Asian Case Studies*. Dordrecht: Kluwer Academic Publishers.
- Nichter, M., & Nichter, M.. (1989b). Modern Methods of Fertility Regulation: When and for Whom are they Appropriate? in Nichter, M, (ed). *Anthropology and International Health: South Asian Case Studies*. Dordrecht: Kluwer Academic Publishers.