

## Clinical Topics

# Who asks for vasectomy reversal and why?

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### Abstract

Of the 76 men requesting reversal of vasectomy who were interviewed at Charing Cross Hospital between June 1978 and September 1981, 31 were still married. These men had decided to have a vasectomy during a crisis—a recent pregnancy or financial stress being the commonest reason. Most wanted another child but others wished to be “put back to normal,” and a few hoped reversal would help their marriage. Forty-five (59%) were divorced or separated and felt disadvantaged in courtship or remarriage by being infertile, many wives or partners being “desperate” for a pregnancy. A greater number of requests for reversal came from men who had been under 35 at the time of vasectomy and who were more likely to have been divorced, especially if there had been a teenage pregnancy. The risks of regret after sterilisation appear to relate to immaturity at the time of the vasectomy and to be as great for young men as for young women.

### Introduction

In the United Kingdom no detailed accounts of the reasons for reversal of vasectomy appear to have been published. The reasons why 76 men requested reversal at Charing Cross Hospital are given together with their analysis of why they had had their initial vasectomy.

### Methods

All the 76 men were referred to Charing Cross Hospital for reversal of vasectomy. They were seen for counselling, before a surgical opinion, between June 1978 and September 1981. A separate group of 100 consecutive men requesting vasectomy seen at the same clinic between September 1975 and June 1978 was used for comparison. Three of these later requested reversal. The control group came mainly from the Greater London area whereas those requesting reversal came from all parts of the country and many had made considerable efforts to attend. All were seen on one occasion only for a 45-minute counselling session.

### Findings

Thirty-one of those requesting reversal were still married to the same partner and of the 45 who had divorced or separated, 25 had remarried. Eighty per cent of their new partners were childless.

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### AGE

At the time of their request for reversal the men's ages ranged from 21 to 54 (mean  $35.2 \pm SD 6.6$ ) while at the time of their vasectomy their ages had ranged from 20 to 50 (mean  $30.7 \pm SD 5.9$ ). This was significantly younger than the control group, who at the time of vasectomy were aged from 22 to 57 (mean  $36.1 \pm SD 6.9$ ) ( $p < 0.001$ ). This difference was especially pronounced in those aged between 20 and 24 as 13% of the reversal group and only 2% of the control group were in this age group (fig 1).

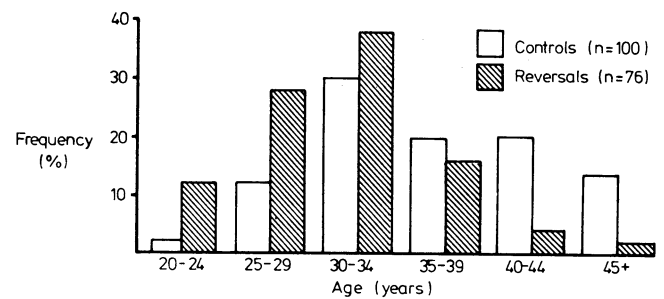


FIG 1—Age at time of vasectomy in the reversal group against the control group.

### SOCIAL CLASS

Among the group requesting reversal there were more men in social classes I and II and the same number in social classes III (manual) and IV when compared with the control group. There were no men in social class V in the study, which confirms the lack of interest in vasectomy among the least skilled.<sup>1</sup> The tendency towards more requests for reversal coming from the higher social classes might be explained by their greater divorce rate (table).

Social class of those requesting reversal of vasectomy (figures in parentheses are percentages)

Social class:	I	II	III <sub>nm</sub>	III <sub>m</sub>	IV	V
Still married (n = 31)	5 (36)	6 (33)	6 (46)	14 (52)	0	0
Divorced (n = 45)	9 (64)	12 (67)	7 (54)	13 (48)	4 (100)	0
Total (n = 76)	14 (18)	18 (24)	13 (17)	27 (36)	4 (5)	0
Controls (n = 100)	11	20	28	36	5	0

### FAMILY SIZE

Family size was the same in the group requesting reversal of vasectomy as in the control group. The mean number of full-term pregnancies was two, and in each group 70% had two children or fewer. Twelve per cent of those requesting reversal of vasectomy and 13% of the control group had had no children (fig 2). There were no differences in family size between those still married and those divorced. The still married group, however, had a greater proportion of very young children, with 90% having at least one child under school age and 48% having an infant under 12 months. Among the

divorcees only 51% had children under school age and only 24% had infants under 12 months.

The mean age of the husbands at the time of their first child was  $24 \pm 4.0$  years, which was significantly lower than the mean age of the men in the control group at their first pregnancy, which was  $27.7 \pm 6.0$  years ( $p < 0.001$ ).

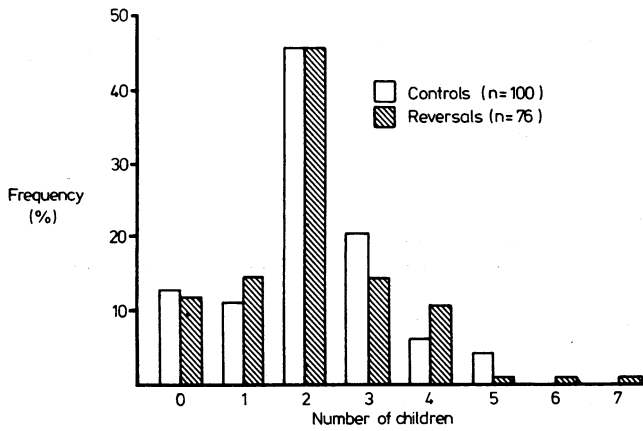


FIG 2—Parity at time of vasectomy in reversal group.

INTERVAL BETWEEN VASECTOMY AND REQUESTS FOR REVERSAL

The interval between vasectomy and request for reversal varied between six months and 12 years. Most (68%) requests came within five years of vasectomy (fig 3).

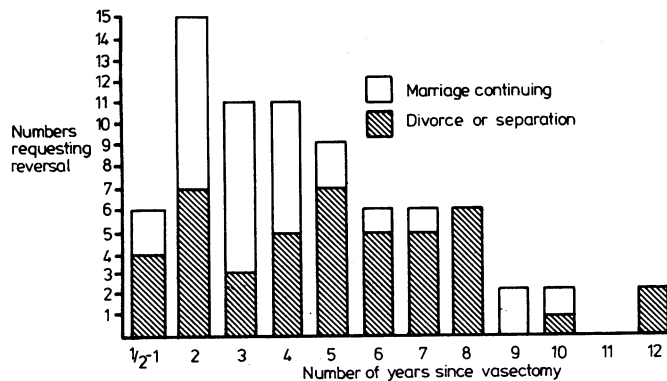


FIG 3—Interval between vasectomy and request for reversal.

INCIDENCE OF REQUESTS FOR REVERSAL AFTER VASECTOMY

At Charing Cross Hospital 343 vasectomy operations were carried out between May 1973 and October 1981; five of the men (1.5%) returned requesting reversal. In a control group of 100 seen between September 1975 and June 1978 three had returned for reversal by 1981.

REASONS GIVEN FOR REQUESTING REVERSAL

All initially said that they wanted another child but it became clear that not all did so. Some only wanted to be "put back to normal," and others hoped that reversal would help to relieve marital strains. Among all those seeking reversal only four strongly wished to father more children. Fifteen thought that they had been unduly pushed into vasectomy by doctors, and all emphasised the same point—that it seemed unreasonable to sterilise a healthy partner because of the health problems of a wife. Their wives had experienced obstetrical difficulties or general health problems such as rhesus incompatibility or severe mental depression (four were in mental hospitals). The husbands thought that doctors had oversupported the wives and had not considered the man's feelings.

THOSE STILL MARRIED

The 31 who were still married often gave more than one reason for requesting a reversal: 18 said that their housing or financial situation had improved, 15 that their immediate feeling of panic after a pregnancy had gone, seven that a previous depressive illness was over, five who had had no children and whose health or other circumstances had improved now wanted a family, three had recently lost a child, and 10 thought that something was missing and wanted to be put back to normal. Six were going through severe marital strains and hoped that reversal would improve the situation.

DIVORCED OR SEPARATED

The divorced or separated numbered 45 and for the sake of simplicity are referred to as divorced. The couples were largely concerned with male infertility in the new marriage or relationship. Twenty-five men had remarried. Most new partners were nulliparous (80%), and the urgency with which the new partners were pressing for pregnancy was impressive. Twenty-one (47%) said that they were "desperate," "determined," or "craving" for a new baby. One wife chose artificial insemination by a donor as she could not endure the uncertainty of vasectomy reversal.

REASONS GIVEN FOR THE INITIAL VASECTOMY

Reasons for the initial vasectomy were given in a retrospective account by the man, often in the presence of his new wife or partner. Many reasons co-existed, including anxiety over pregnancy, postnatal depression, difficulty over birth control, financial and housing problems, and strains developing between the couple so that he considered vasectomy to be the only thing that he could do. Figure 4 shows the reasons given and indicates the incidence of subsequent marital breakdown, which does not include the general rate after vasectomy, which is not known. Marital breakdown was seen more often among younger couples (fig 5) and among those of higher social class (table). It was also more frequent among couples where the husband or the wife was under 20 at the time of the first pregnancy. In the reversal group 26 had experienced a teenage pregnancy: 19 of these marriages had ended in divorce and eight of the wives had left their children as well as their husband.

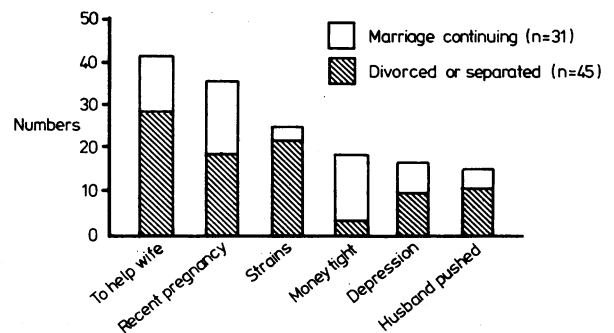


FIG 4—Reasons given for vasectomy by reversal group.

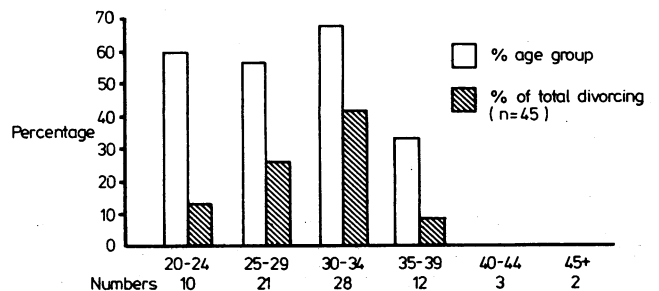


FIG 5—Age at vasectomy in those in the reversal group who later divorced. Figures for ages 40-45 are too small to plot.

## Discussion

The requests for reversal described in this study represent only a small proportion, possibly 3%, of those who have had a vasectomy. Most couples experience an improvement in their lives after the operation, while a few (3-6%) remain unhappy or have regrets.<sup>2-5</sup> The frequency with which vasectomy is regretted varies from 1 in 1000<sup>6,7</sup> in Britain to 1 in 500<sup>8</sup> to 6.7%<sup>9</sup> in the United States. All agree that the number is increasing rapidly. At Charing Cross Hospital the figure is 1.5-3.0%. This study has shown that immaturity at the time of vasectomy is associated with an increased chance of regret. The immaturity has been shown by the young age at which vasectomy was carried out, by the frequency of teenage pregnancies, and by the youth of the husbands at the time of the first pregnancy. Immaturity in managing relationships is also suggested by the high divorce rate among those having a vasectomy while young. The difficulty that the mothers had in their maternal role and the number who had left their children makes it likely that they were under greater strain than their husbands. All the husbands were able to take over the parental role when the mother left, some giving up work to do so. Most subsequently married the girl who came to help with the children. It has been suggested that wives of men who have a vasectomy show a higher level of neurotic anxiety than their husbands,<sup>10</sup> and the behaviour of these teenage mothers would support this. Immaturity alone seems unlikely to explain either the greater number in the reversal group coming from social classes I and II or their greater divorce rate. To some extent their social position and authority may have achieved a referral for reversal more effectively. These husbands' occupations were managerial, academic, and professional with an unexpected number (29%) of system analysts and computer scientists. Both the reversal group and the control group showed the same two-child pattern predominating. Decisions as to size of family are known to change especially if taken too early in a youthful marriage or too close to the last pregnancy, or when there are financial or housing difficulties. In those who were still married and who later wished for more children 90% had had a child under school age at the time of vasectomy. This suggests that delay in performing sterilising operations until the last child is at school might be wiser.

Almost all the men requesting reversal emphasised that vasectomy had been carried out at a time of crisis, when they were convinced that sterilisation was the only way out of their difficulties. They described this overwhelming conviction as an illness that disappeared immediately vasectomy had been carried out, occasionally with immediate regret. It is known that after pregnancy there is a period of heightened anxiety over another conception. If a decision to sterilise is made at this time it is likely to be regretted. The speed with which some took action—as pioneers—to get vasectomy reversed suggests that they might always be inclined to make instant irrevocable decisions, seeing life from day to day and having difficulty in visualising the future (fig 3). Askham<sup>11</sup> has described this as having "a present rather than a future time orientation" and attributes it to lower working class groups. This could explain the difficulty couples find in accepting any alternative to vasectomy while still in a crisis. At Charing Cross Hospital we have been using intramuscular injections of norethisterone oenanthate, 200 mg every eight weeks, as a contraceptive during crises for the past eight years. The high effectiveness combined with the contraceptive responsibility being taken from them allows most couples to delay their decision: once the crisis is over a very large number never wish to consider sterilisation again. Many men thought the operation had been carried out too quickly. Some had had the operation within seven days of their first inquiry, one within 24 hours of a telephone call. Our experience supports this complaint as 10% of our requests for vasectomy were withdrawn after the counselling session, either immediately or during the subsequent weeks.

In some instances the men thought that doctors and relatives

had made an aggressive use of vasectomy and had forced them to protect their wives in this way. Wolfers<sup>12</sup> has discussed this as have Erickson<sup>13</sup> and Johnson.<sup>14</sup> Johnson stated that a "still unexplored area concerns the stress that may be involved in the performance of a surgical procedure on one person (husband) for the benefit of another (wife)." In vasectomy decisions the man may be particularly vulnerable, the ill wife having the sympathy of the doctor and relations. Erickson<sup>13</sup> goes so far as to say that some wives have an unconscious wish to castrate or punish their husbands. Marital strains were frequently mentioned in retrospect as a reason for vasectomy, although no one admitted to this at vasectomy counselling in case it was thought to be prejudicial. The men now agreed that as vasectomy had not saved their marriage they should have kept their fertility. Winston<sup>15</sup> also makes this point, saying that where a marriage is in jeopardy women should not be sterilised.

Wolfers<sup>12</sup> comments that vasectomy must invariably lead to some lowering of self-esteem and that men will need to adjust to a changed self-image if they are to cope successfully with its psychological effects. (She bases this on the work of Zeigler.<sup>16,17</sup>) Ferber,<sup>2</sup> Erickson,<sup>13</sup> and Johnson,<sup>14</sup> however, have all expressed similar views. Evidence in support of this has come from the reversal group who after divorce felt disadvantaged in trying to court a new girlfriend and who wished "to be the same as the next man." Others thought that the vasectomy had emphasised their personal weakness or made them feel abnormal and they now wanted to be put back again. Most divorced men were not concerned about having more children themselves but were anxious to please their new wife or partner and to be able to father a child if she should wish. Eighteen men had not been able to adjust with confidence to this changed self-image.

In vasectomy counselling reversal should be described realistically—it is a major operation requiring a stay in hospital and it is not always possible or successful. Pregnancy after reversal occurs in only 25-50% of cases. Consequently, for most men vasectomy is likely to mean permanent infertility.

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