

Attitudes regarding vasectomy among men aged 45-60 years attending Outpatient Services at Mubende Referral Hospital, Mubende District. A cross-sectional study.

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Abstract

Background:

Attitudes toward vasectomy play an important role in influencing men's acceptance and willingness to adopt the method as a family planning option. Therefore, this study aimed to assess the attitudes of men aged 45–60 years toward vasectomy at Mubende Referral Hospital.

Methodology:

A descriptive cross-sectional design using a quantitative approach was employed. Sixty-one respondents were selected through convenience sampling, and data were collected using structured questionnaires. Findings were analyzed using SPSS to generate frequencies and percentages, then presented using figures and tables.

Results:

The majority of the respondents, 37 (61%), were aged 50–54 years. 47 (77%) were married. 26 (43%) had attained secondary education. 26 (43%) had between one and two children. 24 (39%) were unemployed. 54 (89%) regarded vasectomy as unsafe/ineffective, while less than a quarter, 7 (11%), regarded it as very safe and effective. 31 (51%) thought vasectomy was a form of castration, and the minority, 2 (3%), were not sure. 41 (67%) said vasectomy is permanent and irreversible, while the minority, 8 (13%), believed it is reversible in most cases. 55 (90%) thought vasectomy should be considered by older men, whereas the minority, 2 (3%), said neither. 50 (82%) were extremely fearful of undergoing vasectomy, while the fewest, 4 (7%), were very comfortable.

Conclusion:

The study revealed generally negative attitudes toward vasectomy among men aged 45–60 years at Mubende Referral Hospital, characterized by fear, misconceptions, and beliefs that the procedure is unsafe or a form of castration.

Recommendation:

Health workers should strengthen education and counseling programs targeting men to address misconceptions and promote positive attitudes toward vasectomy as a safe and effective family planning method.

Keywords: Male contraception, family planning, men aged 45–60 years, fear of vasectomy, misconceptions, Mubende Referral Hospital.

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Background of the study

Attitude plays a critical role in influencing the acceptance and utilization of family planning methods, including vasectomy. Attitude refers to an individual's beliefs, perceptions, and feelings toward a particular concept or practice, which can either encourage or discourage its adoption. Although vasectomy is considered a safe, effective, and permanent method of male contraception, many men hold negative attitudes toward the procedure, which contributes to its low uptake globally (Anderson & Johnston, 2023).

Globally, studies have shown that men's attitudes toward vasectomy are often influenced by cultural beliefs, misconceptions, and fear of potential side effects. Some men perceive vasectomy as a threat to masculinity, sexual performance, and social status, leading to resistance toward the method (Corona & Maggi, 2022). In addition, research indicates that many men believe vasectomy may lead to impotence or loss of sexual desire, despite scientific evidence demonstrating that the procedure does not interfere with sexual function (Yang et al., 2021). These negative

perceptions significantly affect men's willingness to accept vasectomy as a family planning option.

In Africa, attitudes toward vasectomy are largely shaped by socio-cultural norms and traditional beliefs regarding male fertility and masculinity. Studies conducted in several African countries revealed that many men associate vasectomy with weakness or loss of manhood, which contributes to negative attitudes toward the method (Abubakar et al., 2022). As a result, vasectomy remains one of the least accepted family planning methods in the region. In East Africa, negative attitudes toward vasectomy continue to hinder its uptake despite increasing awareness of family planning methods. Studies conducted in Kenya, Rwanda, and Tanzania have reported that many men express fear of surgical procedures and permanent infertility, which discourages them from considering vasectomy (Bain et al., 2020). Additionally, societal expectations that men should maintain fertility for cultural and lineage purposes further influence men's attitudes toward the method.

In Uganda, attitudes toward vasectomy are influenced by a combination of cultural beliefs, gender roles, and misinformation about the procedure. Research indicates that many men perceive family planning as primarily a woman's responsibility, which further reduces men's involvement in methods such as vasectomy (Tumwesigye et al., 2023). Negative attitudes, such as fear of losing sexual strength, concern about community judgment, and lack of partner support, contribute to the very low vasectomy uptake in the country.

In Mubende District, the low uptake of vasectomy may partly be attributed to unfavorable attitudes among men regarding the procedure. Cultural beliefs, misconceptions about the effects of vasectomy, and limited male involvement in reproductive health decisions may influence how men perceive the method. Therefore, assessing the attitudes of men aged 45–60 years toward vasectomy at Mubende Referral Hospital is important for understanding the barriers that hinder its acceptance and utilization.

Methodology

Study Design

The study used a descriptive cross-sectional study design employing a quantitative approach to data collection. This design was chosen because it enabled the researcher to quantify findings at one point in time without follow-up.

Study Area

The study was conducted at Mubende Regional Referral Hospital, which is located in the town of Mubende, Central Uganda. The hospital is situated in the central business district of Mubende. The straight-line distance between Kampala and Mubende is about 135 kilometers (84 miles), with the geographical coordinates of 0°34'03.0"N latitude and 31°23'35.0"E longitude, and an elevation of

approximately 1,314 meters (4,311 feet) above sea level. The hospital has a capacity of 175 beds, offering services such as internship training, admissions, outpatients, HIV care services, young child care clinics, major and minor surgeries, dental health care services, family planning services, and antenatal care services, among others, to a population of about 10,000 people, with approximately 100 seen at the family planning clinic monthly. The district of Mubende is neighbored to the East by Kassanda District, North by Kiboga and Kyankwanzi Districts, South by Sembabule and Gomba Districts, and West by Kyegegwa and Kakumiro Districts.

Study Population

The study population consisted of men aged between 45 and 60 years who were seeking family planning-related services at the family planning unit of Mubende Regional Referral Hospital. The patients who receive care from this facility are mainly from Mubende, Mityana, Luweero, and neighboring districts. They were mainly Baganda by tribe and came from different socioeconomic and cultural backgrounds.

Sample Size Determination

The sample size was determined using the Kish-Leslie formula of sample size determination, which is;

$$N = Z^2 PQ / D^2$$

N = Sample size

D = Sampling error (5%) or 0.05

P = the assumed proportion of men who utilized vasectomy in Mubende District (3.37%) or 0.0337 (MoH, 2020).

$$Q = 1 - p \quad (1 - 0.0337) = 0.9663$$

Z = standard normal deviation; the value set at the 95% confidence interval limit corresponds to a level of statistical significance (1.96)

$$(1.96) (1.96) \times 0.0337 \times 0.9663$$

$$(0.05) (0.05)$$

$$= 55 \text{ respondents}$$

Due to non-response from the field, a 10% (0.1) non-response rate was considered. Therefore, n adjusted = calculated sample size = 55

$$1 - \text{desired non-response rate } 1 - 0.1$$

$$n \text{ adjusted} = 55 = 61.1$$

$$0.9$$

Therefore, a total of 61 respondents were used in this study.

Sampling Technique

The study used a convenience sampling method, which involved selecting respondents from the study population who had the desired characteristics being studied. This method was used since the characteristics or nature of the problem being studied were predefined.

Sampling Procedure

The study used a convenience sampling method. In this case, the researcher approached all males aged 45 to 60 seeking

family planning services for consent to participate in the study. All those who met the inclusion criteria and consented to take part in the study were included, and if they declined, other males were approached until the entire sample size of 61 was achieved.

Page | 3 **Data Collection Method**

The study used a survey method applying a self-administered questionnaire approach to collect quantitative data. The survey method enabled the collection of much data from a large group of respondents in the shortest time possible.

Data Collection Tool (s)

A standardized closed-ended questionnaire was used to collect quantitative data from the respondents. The questions were phrased in English as extracted from the reviewed literature in the study.

Data Collection Procedure

After obtaining informed consent, the respondent was given a questionnaire that contained closed-ended questions phrased based on the themes and objectives of the study and as extracted from the literature reviewed in the study. Data were collected by asking the respondents to rank the given factors.

Quality Control

The study was piloted at Mityana General Hospital with the same setting as that of Mubende Regional Referral Hospital. As a result, more adjustments were made to ensure higher representation. The piloting site was chosen because it provides the exact services as those of the study area. Research assistants were recruited and trained to administer pre-tested questionnaires. The skills of these research assistants were helpful in probing for further response, translating the questions in the research tools into the local language for the respondents who were not well versed in the English language. Questionnaires were pre-tested on 10

randomly picked men at the outpatient clinic of Mubende Regional Referral Hospital, as this helped to check for the validity and accuracy of the research tools, after which adjustments were made before being administered to the target study participants. Data collection was done over a period of two months, and each respondent was interviewed for about thirty (20) minutes, as this allowed ample time for data collection, as well as giving respondents sufficient time to complete the questions in the research tool. All the males aged 45-60 years who were seeking OPD services at Mubende Regional Referral Hospital, who gave their consent and were able to talk, were considered in this study, whereas the study did not consider men who were too sick to talk or write, those who did not consent to the study, and those who needed payment to take part in the study. All standard operating procedures that ensured no harm to the respondents, either physically, mentally, or emotionally, were adhered to. In this case, face masking, hand sanitizing, hand washing with soap and water, total confidentiality, privacy, and seeking consent were always ensured before involving a respondent in the study.

Data analysis and presentation

Quantitative data were summarized and entered into a dataset using an Excel spreadsheet. Afterward, it was exported to SPSS v24 for analysis, where frequencies and percentages were generated and used to rank the responses. Afterward, it was presented in the form of figures and tables.

Ethical considerations

Ethical approval to conduct the study was sought from the Mildmay Institutional Research Review Board after analyzing all ethical issues. Informed consent was obtained from each respondent, and the respondent retained the right to withdraw from participation or refuse to participate in the study at any point if he felt uncomfortable continuing without penalty. The identity of the respondents was not revealed, as this helped to keep the information they provided confidential.

Results

Socio-demographic characteristics of the respondents

Table 1 shows the socio-demographic characteristics of the respondents (n=61)

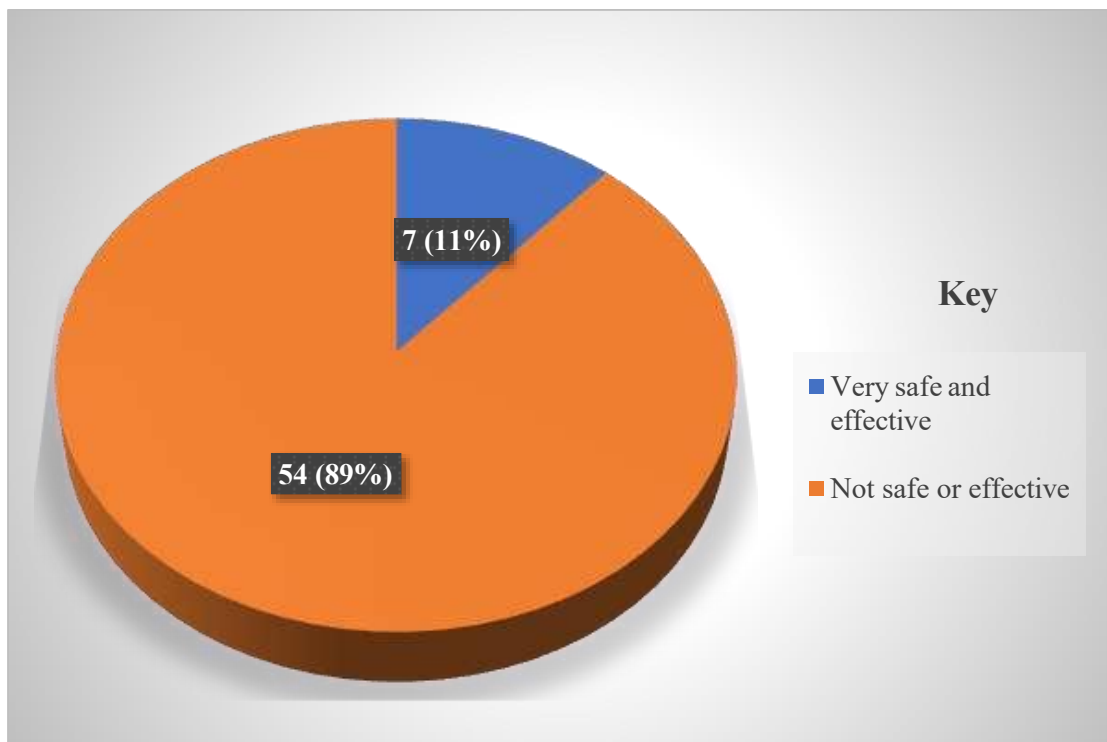
Variable	Category	Frequency (n)	Percentage (%)
Age	45–49 years	11	18
	50–54 years	37	61
	55–60 years	13	21
Marital status	Married	47	77
	Single	14	23
Level of education	No formal education	14	23
	Primary	18	30
	Secondary	26	43
	College/University	03	5
Number of children	None	10	16
	1–2	26	43
	3 or more	25	41
Occupation	Farmer	16	26
	Businessperson	17	28
	Unemployed	24	39

The Socio-demographic data indicated that the majority of the respondents, 37 (61%), were aged 50–54 years. The majority, 47 (77%), were married. Most (26; 43%) had attained secondary education. The majority, 26 (43%), had between one and two children. Most of the respondents, 24 (39%), were unemployed.

Attitudes regarding vasectomy among men aged 45-60 years.

Figure 1: Shows how safe and effective respondents believe vasectomy is as a family planning method (n=61)

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More than three-quarters of the respondents, 54 (89%), regarded vasectomy as unsafe/ineffective, while less than a quarter, 7 (11%), regarded it as very safe and effective.

Table 2: Shows how respondents thought vasectomy is, their opinion on vasectomy reversibility, and who should consider vasectomy (n=61)

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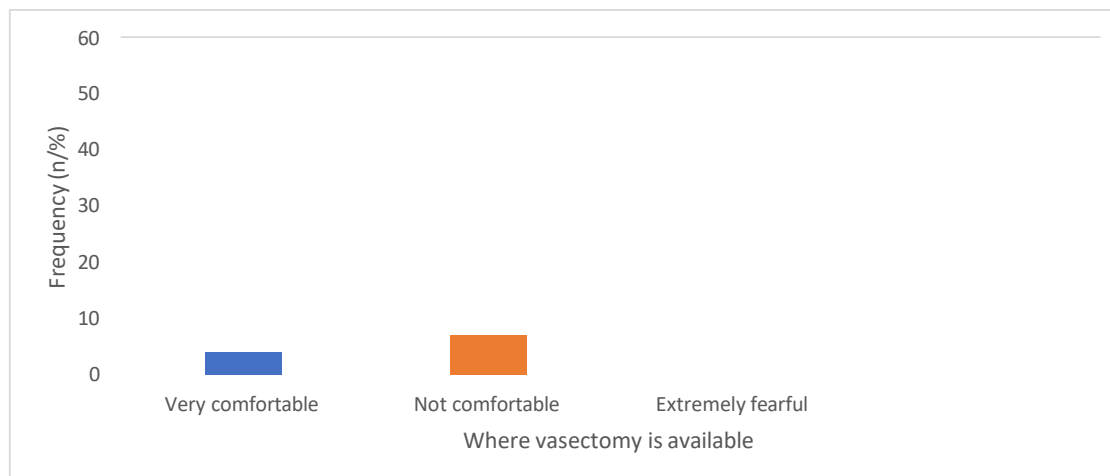
Respondents' thoughts	Frequency	Percentage
A form of male sterilization	17	28
Castration	31	51
A treatment for erectile dysfunction	11	18
Not sure	2	3
Respondents' opinion on vasectomy reversibility	Frequency	Percentage
Permanent and irreversible	41	67
Reversible in most cases	8	13
Reversible with difficulty	12	20
Respondents' opinion on vasectomy reversibility	Frequency	Percentage
Old men	55	90
Any man willing	4	7
Neither	2	3

The majority of the respondents, 31 (51%), thought vasectomy was a form of castration, and the minority, 2 (3%), were not sure.

The majority of the respondents, 41 (67%), said vasectomy is permanent and irreversible, while the minority, 8 (13%), believed it is reversible in most cases.

The majority of the respondents, 55 (90%), thought vasectomy should be considered by older men, whereas the minority, 2 (3%), said neither.

Figure 2: Shows how comfortable respondents would feel undergoing the vasectomy procedure (n=61)



The majority of the respondents, 50 (82%), were extremely fearful of undergoing vasectomy, while the fewest, 4 (7%), were very comfortable.

Discussion

Attitudes regarding vasectomy among men aged 45-60 years

For this specific objective, the major findings revealed that more than three-quarters of the respondents, 54 (89%), regarded vasectomy as unsafe/ineffective. This finding indicates that a majority of men still hold negative perceptions and misconceptions about the safety and reliability of the procedure. This is probably due to a limited understanding of vasectomy's medical benefits and fear of complications. The findings agree with a study in Ethiopia by Nesro et al. (2022), which found that 64.3% of respondents had a negative self-perceived benefit of vasectomy, with as many as 65.7% of men (especially little men) knowing about vasectomy as being wrong, making them perceive vasectomy as having no health benefit to them.

The majority of the respondents, 31 (51%), thought vasectomy was a form of castration. This finding implies that misconceptions about masculinity and sexual identity continue to hinder positive attitudes toward the procedure. This misunderstanding may arise from cultural beliefs that equate male fertility with manhood, lack of adequate counseling, and persistent myths within communities. The findings are in line with a study in Ghana by Manortey and Missah (2020), who found that 92% of men confused vasectomy with castration, reflecting deeply rooted misconceptions. Similarly, Nesro et al. (2022) in Ethiopia

discovered that over 60% of men believed vasectomy would make them impotent or unmanly, which discouraged uptake. Further still, more than three-quarters of the respondents (50, 82%) were extremely fearful of taking up a vasectomy. This result shows that emotional apprehension and anxiety still surround the procedure, which may act as a key barrier to acceptance. This fear may arise from lack of personal experience, community rumors about pain and complications, and limited exposure to reliable information about vasectomy's simplicity. Findings in Brazil by Anderson and Johnston (2023) found that 89% of men were afraid of undergoing the vasectomy procedure, mostly due to fear of injections, surgery, and postoperative pain. In Nigeria, Ojewuyi et al. (2022) reported that 57% feared future sexual difficulties and 34.4% feared complications, which all supported the current findings.

The majority of the respondents, 41 (67%), said vasectomy is permanent and irreversible. This finding suggests that the perception of irreversibility limits willingness to consider it as a viable family planning method. The idea that vasectomy cannot be undone makes men hesitant, especially those unsure about completing their families. Fear of regret, lack of adequate counseling, and low public awareness campaigns about the procedure's nature may all contribute to this belief. In Nigeria, Ojewuyi et al. (2022) found that 55.8% of respondents feared irreversibility, while Nesro et al. (2022) in Ethiopia observed that 64.3% viewed vasectomy negatively due to such misconceptions.

The majority of the respondents, 55 (90%), thought vasectomy should be considered for older men. This indicates a strong cultural association of vasectomy with age and declining fertility rather than responsible family

planning. The perception may be influenced by social norms that discourage younger men from undergoing permanent contraception, and misconceptions that vasectomy is only appropriate when sexual activity has reduced. The findings correlate with Nesro et al.'s (2022) study, which found that 65.7% of men viewed vasectomy as irrelevant to them because they associated it with loss of sexual vigor and old age. Additionally, Abubakar et al. (2022) reported that socio-cultural factors and spousal influence significantly shaped men's perceptions of vasectomy.

Conclusion

The study revealed generally negative attitudes toward vasectomy among men aged 45–60 years at Mubende Referral Hospital, characterized by fear, misconceptions, and beliefs that the procedure is unsafe or a form of castration.

Recommendation

Health workers should strengthen education and counseling programs targeting men to address misconceptions and promote positive attitudes toward vasectomy as a safe and effective family planning method.

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List of Abbreviations

DHS: Demographic Health Survey

FP: Family Planning

MOH: Ministry of Health-Uganda

NSV: Non-Scalpel Vasectomy

SPSS: Statistical Package for Social Sciences

USAID: United States Agency for International Development

Source of funding

The study did not receive any external funding.

Conflict of interest

The author did not declare any conflict of interest.

Author contributions

Latifah Namugenyi was the principal investigator
Okwany Jimmy supervised the research project

Immaculate Prosperia Naggulu supervised the research project

Hasifa Nansereko supervised the research project

Jane Frank Nalubega supervised the research project

Francisco Ssemuwemba supervised the research project

Data availability

The data is available upon request.

Informed consent

All the respondents consented to this study.

Author Biography

Latifah Namugenyi holds a Diploma in Clinical Medicine and Community Health from Mildmay Institute of Health Sciences.

Francisco Ssemuwemba is the dean of the School of Allied Health

Hasifah Nansereko is the chairperson of the Institutional Review Council (IRC)

Okwany Jimmy, Immaculate Prosperia Naggulu, and Jane Frank Nalubega are tutors at Mildmay Institute of Health Sciences.

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