

Post-Vasectomy Sex Disorders

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Marriage is a harmonious fusion of two independent personalities. The key to its success lies in its mutual adjustment. Sex plays a very important role in the normal functioning of a healthy family life. Even minor disorders may lead to deep frustrations and worry. A successful sex life is under constant strain of various physical, romantic, social and psychological factors.

Sex is not only needed for reproduction but is essential and responsible for a healthy make-up of one's entire personality. No doubt, free indulgence in sex is resulting in a population explosion. Ways and means are constantly being devised to prevent pregnancy, at the same time not interfering with the normal healthful sex life. Contraceptive devices provide an effective answer to the above problem and vasectomy is perhaps the only method with practically no chances of failure that can be applied on a large scale in India. To a layman, sometimes, vasectomy is synonymous with castration and may even lead to lack of libido and impotency.

In the above context, the present study was carried out particularly with an aim to evaluate the sexual and psychological disturbances in the post-vasectomy period.

MATERIAL AND METHODS

Out of 1331 persons who had undergone the vasectomy operation at District Hospital, Jhansi, U.P., during National Family Planning Festival from November 25, 1972 to January 31, 1973, 156 persons who attended the hospital, complaining of sex disorders were interrogated for detailed socio-economic history including their existing and past illness especially to register complete information on their sex lives both before and after vasectomy. On the basis of severity of symptoms they were grouped under three head i.e. mild, moderate and severe (Tables I and II). Complete physical examination and laboratory investigations as indicated were performed not only to exclude generalised pathological diseases but also to elicit the nature, aetiology and duration of sex problems. The outcome of therapy was evaluated on the subjective feelings of the patients beside their general appearance and attitude.

Table I: Showing age distribution of the affected persons in relation to severity

Age	Severe	Moderate	Mild	Total	Percentage
25-30 years	3	5	13	21	13.5%
31-35 years	16	28	23	67	42.9%
36-40 years	11	15	5	31	19.9%
41-45 years	5	10	14	29	18.6%
46 years & above	—	1	7	8	5.1%
Total	35	59	62	156	100.0%

Severity groups	No. of cases	Socio-economic status			Educational Status			
		Lower	Middle	High	Illiterate	Primary	Secondary	Higher
Mild	62	38	18	6	32	18	10	2
Moderate	59	36	19	4	34	16	8	1
Severe	35	25	9	1	20	12	3	–
Total	156	99	46	11	86	46	21	3
%	100%	63.5%	29.5%	7.0%	55%	29.5%	13.5%	2.0%

OBSERVATIONS AND RESULTS

1. Demographic and Socio-economic Characteristics

Majority of them were in 30-45 years age group as shown in Table II. 63.5% of cases were of lower class of socio-economic strata and 55% were illiterate. Most of them were farmers and labourers. 85% had 4-5 living children.

2. Knowledge about vasectomy operation

Of 156 cases, only 10 had gross knowledge of the operation and its effect and the rest only had vague idea about it.

3. Sex desire (Libido) and vasectomy

The respondents were asked about any alteration in sex desire as a result of vasectomy operation and subsequent experiences. Table III shows the significance of 'weakened' sex desire with increase in age. It is to be pointed out that in younger age group (25-35 years) 14 respondents out of 88 had reported that they had actually experienced 'enhanced' sex desire after vasectomy. The weakening of sex desire was undoubtedly related to illiteracy (75 cases or 48.1%) and lower level of education (24 cases or 15.4%).

Age group	No. of case	Anticipated before vasectomy			Experienced after vasectomy		
		No change	Enhanced	Weakened	No change	Enhanced	Weakened
25-30 years	21	21	–	–	10	5	6
31-35 years	67	60	1	6	22	9	36
36-40 years	31	30	–	1	3	–	28
41-45 years	29	25	–	4	4	1	24
46-50 years	5	2	–	3	1	–	4
51 & above	3	1	–	2	–	–	3
Total	156	139	1	16	40	15	101
%	100%	89.1%	0.6%	10.3%	25.6%	9.6%	64.8%

Educational Status	No. of case	Anticipated before vasectomy			Experienced after vasectomy		
		No change	Enhanced	Weakened	No change	Enhanced	Weakened
Illiterate	86	80	–	6	6	5	75
Primary	46	37	1	8	15	7	24
Secondary	21	19	–	2	16	3	2
Higher	3	3	–	–	3	–	–
Total	156	139	1	16	40	15	101
%	100%	89.1%	0.6%	10.3%	25.6%	9.6%	64.8%

4. Effect on coital frequency

The coital frequency was found to be decreased in illiterate (66 cases or 42.3%) and in group having primary education (Table V). People who were above primary level of education group, actually experienced increased frequency. Younger age group as compared to 36-46 years of age had increased libido and frequency of coitus.

Age group	No change	Enhanced	Decreased	Total No. of cases
25-30 years	5	5	11	21
31-35 years	12	10	45	67
36-40 years	6	1	24	31
41-45 years	12	2	15	29
46-50 years	4	–	1	5
51 and above	3	–	–	3
Total	42	18	96	156
%	26.9%	11.5%	61.6%	100%
<i>Educational Status</i>				
Illiterate	9	11	66	86
Primary	12	6	28	46
Secondary	18	1	2	21
Higher	3	–	–	3
	42	18	96	156

5. Other manifestations

As evident from Table VI, fear, fatigue, premature ejaculation, masturbation, insomnia, irritability, frustration and general body ache etc., were common in post-operative manifestations of a psychosomatic nature.

Symptoms and signs	No. of cases	Per cent	
Nocturnal emission	42	26.9%	
Premature ejaculation	67	42.9%	
Impotency	39	25.0%	
Masturbation	38	24.4%	
Irritability	96	61.5%	
Depression	86	55.1%	
Marital disharmony	18	11.5%	
Bodyache	102	65.4%	
Palpitation	46	29.5%	
Diminished appetite	75	48.1%	
Insomnia or disturbed sleep	31	19.9%	
Mental outlook	Depressed	93	59.6%
	Anxious	31	19.9%
	Apathetic	18	11.5%

6. Response to treatment

The respondents were put on one of the following therapy or a combination of these when required:

1. Tentex forte and/or Speman forte.
2. Tranquillisers with psychotherapy.
3. Antidepressive drugs: Imipramine hydrochloride (Tofranil).

Weekly study was made upto four weeks and then follow up was done on 6th, 8th and 12th week. The groups were originally classified as mild, moderate and severe. Mild cases responded well to psychotherapy and Speman forte. Some of them needed tranquillisers in addition. No recurrence of symptoms was observed in mild cases after 12 weeks. Moderate cases were treated with the combined therapy (Tentex forte and/or Speman forte, tranquillisers with psychotherapy and Tofranil). These responded to treatment and recurrence of symptoms was seen in only 8 out of 59. In severe cases also we had to put them on the combined therapy as in moderate cases. It was difficult to treat them and some of them had to be referred to a psychiatric centre for specialised treatment (electroconvulsive therapy). Thirteen, out of 35 severe cases showed recurrence of

symptoms. The recurrence of symptoms was mainly seen in the illiterate and those having primary education only.

DISCUSSION

During the past few years several methods of family limitation came up and were tried at several levels in the family planning programme in most of the developing countries of Asia and Eastern Mediterranean region³ to face the biggest problem of population explosion. Only that method could be successful which the community accepted. Vasectomy is one such method which is becoming increasingly popular in several states. Persons who underwent vasectomy found a change in normal sex desire which was directly or indirectly related to post-operative physical and psychological factors. The only factor against it was that it boomeranged among the illiterate and those with lower education. These constituted the majority of operated material. One hundred and fifty six or 13.8% of 1131 vasectomised persons showed various types of sexual disorders. Eleven-44.8% of incidence of various sex disorders has been described in literature from time to time^{2,8}. Phadke and De^{7,8} reported impaired sexual functioning in persons who were not properly motivated or injudiciously selected. The same was also emphasised by Mathur⁹ in his family planning report whereas Sethi¹⁰ stressed on environmental factors.

Most of the respondents did not know about the vasectomy operation. Illiteracy was the sole cause of these disorders in vasectomised persons^{2,11}. Most of the vasectomised population was illiterate or educated only upto primary status. Kakkar⁴ and Mathur⁹ emphasised the need for sex education as an integral part of any population control programme especially for the rural people who constitute bulk of the population. The younger population (15 cases or 9.6%) irrespective of education level experienced increased sex desire and coital frequency post-operatively. The same was also observed by Kakkar⁴ in 20.8% of cases. Decrease in coital frequency was directly proportional to age^{4,5,6} 11.5% of younger patients had experienced increased coital frequency.

Marital harmony is a complex phenomenon. No one single factor is responsible for it. A departure from the normal coital frequency, premature ejaculation, impaired erection, temporary impotence and nocturnal emission may turn the balance^{2,4,11,12}. The factors may result from a vasectomy operation in an ill-informed, mentally disturbed case of psychologically poor build-up as observed in 18 of them. This will lead to gloom irritation and mistrust in family.

Chemotherapy and psychotherapy both play an equally important role in the management of various sex disorders^{1,5,14}. Various drugs have been tried from time to time including indigenous drugs with good results^{2,11,15}. Recurrence of symptoms was a noted feature among the illiterate and those having only primary education. The combined method i.e., chemotherapy with psychotherapy proved beneficial amongst moderate and severe cases. Mild cases responded well to psychotherapy

CONCLUSIONS

A close follow-up study of 156 vasectomised cases out of the total 1331 was undertaken. These people reported in the District Hospital Jhansi, U.P. for sexual disorders. The conclusions drawn were as under:

1. Weakening of sex desire (101 cases or 64.8%) or decrease in coital frequency (96 cases or 61.6%) was the main finding in the advanced age group.
2. Illiteracy and lower level of education (primary) were responsible for lessened libido (75 cases or 48% and 24 cases or 15.4% respectively) and coital frequency (66 cases or 42.3% and 28 cases or 17.9%) respectively.
3. Vasectomy had indirectly affected marital harmony in 18 cases or 11.5% of them.

4. Psychosomatic disturbances like depression (86 cases or 55.1%), apathy (18 cases or 11.5%), feeling of impotency (39 cases or 25%) etc were the result of inadequate pre-operative knowledge of vasectomy.
5. All the cases were treated with psychotherapy and/or chemotherapy. Illiteracy and lower or primary level of education had somewhat adverse effect on response of treatment. Only 47.5% of respondents were cured. 37.2% showed marked relief and 11.5% responded insignificantly. 3.8% cases did not respond. Recurrence of symptoms was maximum in illiterates (14 cases or 9%) and on an average it was found to occur in 13.4%.

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