



LITERATURE REVIEW: FACTORS AFFECTING THE INTENTION OF VASECTOMY IN MARRIED MEN

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ABSTRACT

Male participation in vasectomy remains low globally and in Indonesia, despite evidence suggesting that psychological and social factors contribute to intention formation. The persistent imbalance in contraceptive responsibility suggests that intention, not just access, plays a central role. Objective to synthesize empirical evidence regarding the determinants influencing married men's intention to undergo vasectomy, focusing on attitudes, partner support, community norms, and perceived incentives within the framework of the Theory of Planned Behavior. The research design used was a literature review. The review was conducted by searching, reading, and analyzing relevant scientific articles to understand the factors influencing married men's intention to undergo vasectomy. This study used the SPIDER approach consisting of sample, phenomenon of interest, design, evaluation, and type of study. Articles were searched through Google Scholar, PubMed, and Scopus databases using access filters between 2021 and 2025. Keywords used in the search were "vasectomy", "intention", "partner support", "community norms", "incentives", "personality", and "awareness". The initial search yielded 12 articles. A screening process yielded 11 articles that met the criteria. Married men's intention to undergo a vasectomy is shaped by attitudes, partner support, community norms, and incentives. Attitude emerged as the most consistent predictor. Partner support, particularly the wife's influence, was shown to influence vasectomy decision-making. Community norms and cultural narratives further reinforced hesitation, while incentives served as secondary facilitators. Vasectomy acceptance should prioritize addressing misconceptions, strengthening partner-based counseling, and reducing stigma through culturally appropriate advocacy.

Keywords: attitude; community norm; incentiv; partner support; vasectomy

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INTRODUCTION

Male participation in family planning (FP) programs remains a major challenge in various countries, including Indonesia. Globally, the 2022 World Contraceptive Use report by UNDESA noted that only around 1.8% of men worldwide have accepted vasectomy, equivalent to 17 million of the 955 million registered contraceptive users worldwide (UNDESA, 2022). The situation in Indonesia is not significantly different. Based on data from the National Population and Family Planning Agency (BKKBN)'s Family Information System (SIGA) as of September 2025, of the 26,777,249 active family planning participants, only 32,668 had accepted vasectomy, or 0.12% of the total. Cross-country empirical evidence shows that male involvement in family planning decisions and practices is associated with increased contraceptive method uptake, partner communication, and continued use. Therefore, the lack of male participation has direct implications

for the effectiveness of family planning programs at the household and community levels (Osuafor et al., 2023). The persistent disparity in contraceptive burden suggests that the issue of male participation is not only related to access to services but also to a lack of intention. Understanding intention is crucial because it is a key predictor of behavior. The Theory of Planned Behavior (TPB) explains that a person's intention is influenced by attitudes toward the behavior, subjective norms, and perceived behavioral control.

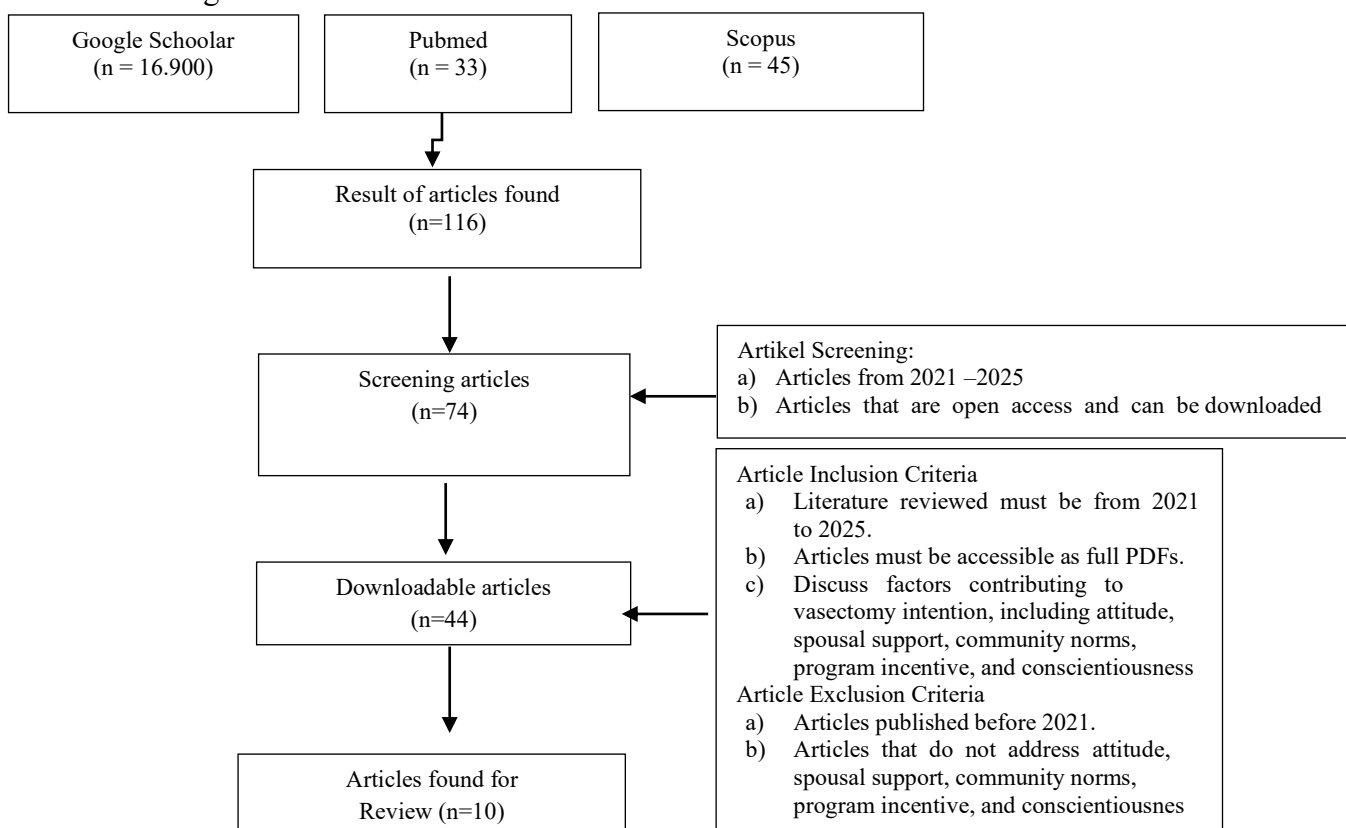
Previous studies have identified various factors influencing men's intention to undergo a vasectomy. Among them, good knowledge and a positive attitude toward vasectomy have been shown to significantly increase men's intention to undergo a vasectomy (Nesro et al., 2020). Partner support, especially from the wife, also plays a significant role in influencing men's intention to undergo a vasectomy (Loubersac et al., 2025). On the other hand, cultural factors and religious beliefs remain significant barriers influencing vasectomy intention (Pawłowska-Krajka E et al., 2022). Furthermore, a study in India found that incentives play a significant role in vasectomy acceptance in the community (Sharma et al., 2024). From a psychological perspective, individual differences in forming intentions can also be explained by personality factors. A study by Dalvi et al. (2020) showed that the trait conscientiousness can moderate the relationship between attitudes and intentions. Theoretically, conscientiousness is related to self-regulation, goal orientation, and adherence to plans (Goldberg, 1992). Individuals with high levels of conscientiousness tend to more consistently translate positive attitudes into intentions (Dalvi et al., 2020). This review aims to synthesize empirical evidence regarding the influence of attitudes, partner support, community norms, and perceived incentives on vasectomy intention in married men within the TPB framework; and to propose a conceptual framework that enriches the TPB with conscientiousness as a moderator, as a research agenda and basis for designing interventions to increase vasectomy participation.

METHOD

The research design used was a literature review. The literature review was conducted by searching, reading, and analyzing relevant scientific articles to gain an understanding of the factors influencing married men's intention to undergo a vasectomy (Kraus, 2022). This study employed the SPIDER approach, which, according to Cooke (2012), can be used for qualitative, quantitative, and mixed-methods research. SPIDER consists of Sample, Phenomenon of Interest, Design, Evaluation, and Research Type. In this study, the Sample category (S) includes married men or couples of childbearing age. The Phenomenon of Interest (PI) encompasses intention to undergo a vasectomy and the psychosocial factors influencing it, namely attitudes, partner support, community norms, perceived incentives, and personality variables, particularly conscientiousness. The Design (D) includes survey studies or cross-sectional studies. Evaluation (E) consists of statistically analyzing the measurement of intention and related psychological variables. Research Type (R) includes quantitative or mixed-methods studies published between 2021 and 2025. The keywords used in the search were "vasectomy," "intention," "partner support," "community norms," "incentives," "personality," and "awareness."

Articles were searched through Google Scholar, PubMed, and Scopus databases using a full-access filter. The initial search yielded several publications, which were then screened using SPIDER inclusion and exclusion criteria, resulting in 12 articles used in this literature review. After conducting the keyword search, a selection process was conducted, starting with initial identification, screening based on title and abstract, full-text accessibility, and final screening based on adherence to SPIDER criteria. Inclusion criteria included literature published between 2021 and 2025, articles available in full text (PDF), and articles discussing factors influencing married men's intention to undergo a vasectomy, including attitudes, partner support, community norms, perceived incentives, and psychosocial aspects such as personality. Exclusion criteria included articles published before 2021, articles that did not address variables related to vasectomy intention or did

not examine male family planning participation, and articles that only addressed the clinical aspects of the vasectomy procedure without behavioral context or predictive factors. Based on this screening process, 11 articles met the criteria for further analysis out of the total number of articles identified in the initial search. A summary of the number of articles at each selection stage is shown in the following flowchart:



RESULT

Table 1.
Characteristics of the Articles Analyzed

| Author name and title | Research Result | Findings | Implications |
|--|--|---|---|
| Khafidzatunnisa et al (2024), The effect of attitude toward behavior on vasectomy contraception in men. | There is a significant influence between attitude toward behavior and intention to use vasectomy contraception in men. The logistic regression test results showed a p-value of 0.002 (<0.05), indicating a significant relationship between attitude and intention to undergo vasectomy. Men with supportive attitudes were 33.3 times more likely to intend to undergo vasectomy than those who were not supportive. | The majority of respondents had an unsupportive attitude towards vasectomy (82.5%), Respondents with a supportive attitude showed a higher intention to use vasectomy (90.3%) and negative attitudes stemmed from false beliefs and perceptions regarding the effects of vasectomy. | Public health education interventions to increase positive attitudes toward vasectomy can increase intention to use it. Furthermore, research shows that attitude change can play a significant role in men's decision-making about permanent contraception. |
| Amilia et al (2024), The effect of knowledge and subjective norms on intention to use vasectomy contraception in men | There is a significant influence between knowledge and subjective norms on intention to use a vasectomy, with significance values of 0.006 and 0.000, respectively. Subjective norms have the strongest influence, with the very confident category increasing the likelihood of intention by 31.778 times compared to the unsure category. | Although knowledge is related to intention, the influence of social norms or environmental expectations is stronger in determining the decision to use a vasectomy. | Increasing knowledge alone is not enough; strengthening social norms and community acceptance of vasectomy have greater potential to increase men's intention to use this method. This study recommends that educational programs and promotional strategies emphasize social factors as the primary motivator. |
| Sihaloho et al (2025), Determinants of | There was a significant relationship between several variables and the | Most respondents had negative attitudes toward vasectomy | Educational interventions and vasectomy promotion |

| Author name and title | Research Result | Findings | Implications |
|--|---|--|--|
| Vasectomy Contraceptive Method Selection Among Men in the Working Area of Buhit Public Health Center, Pangururan District, Samosir Regency, 2024 | choice of vasectomy, namely attitude ($p = 0.029$), social or community norms ($p = 0.016$), and support from a partner or wife ($p = 0.001$). In addition, knowledge was also shown to be significantly related to the choice of vasectomy ($p = 0.047$). Based on the multivariate logistic regression test, wife's support was the most dominant factor with a value of $p = 0.003$ and $OR = 23.500$, which means that men with wife's support were 23.5 times more likely to choose vasectomy than those who did not receive support. | (68.5%), unsupportive social norms (82.2%), and lacked partner support (75.3%). Only 9.6% of respondents had undergone vasectomy. The correlation between these variables suggests that vasectomy intentions or decisions are strongly influenced by interpersonal and social factors, not just information or personal characteristics. | should prioritize increasing partner support and improving social norms in the community. Health workers are recommended to provide counseling, especially to wives and the community, to improve attitudes and perceptions about vasectomy, thereby encouraging increased male participation in vasectomy family planning programs. |
| Richa et al (2025), Knowledge, Attitudes, and Practices regarding Non-Scalpel Vasectomy among Male Outpatients at a Tertiary Healthcare Facility in Eastern India | 61.0% of respondents had good knowledge about NSV and 52.0% had a supportive attitude. However, only 1.7% of respondents had undergone a vasectomy procedure. Intention or willingness to undergo a vasectomy was found to be higher in men with better knowledge and supportive attitudes, where 71.1% of respondents with high knowledge stated they were willing to undergo NSV compared to only 52.5% in the low knowledge group ($p=0.001$). A supportive attitude was also related to intention, where 59.9% of respondents had a positive attitude and stated they were willing to undergo NSV compared to 44.9% in the negative attitude group ($p=0.007$). | The main barriers to low vasectomy use are lack of knowledge (34.4%), fear of side effects (17.3%), social stigma (9.0%), and concerns about masculinity (8.7%). Social norms are reflected in the perception that contraception is a woman's responsibility (7.5%), but the study did not explicitly measure social norms as a statistical variable on vasectomy intention. Government incentives were known to 51.4% of respondents, but were not analyzed as a factor influencing intention. | Increasing knowledge and changing attitudes through education are important factors in increasing intention and acceptance of vasectomy. Researchers recommend increasing outreach activities, involving health workers, and community support in efforts to increase acceptance of NSV as a permanent contraceptive method. |
| Hurisa et al (2022), Knowledge, Intentions, and Barriers to Use Vasectomy Among Married Men in Ethiopia. | While 51.7% of participants had good knowledge and 59.4% had a positive attitude toward vasectomy, only 18% stated they intended to use this contraceptive method. Multivariate analysis showed that only attitude was significantly associated with vasectomy intention. Respondents with a positive attitude were 2.1 times more likely to intend to use a vasectomy than respondents with a negative attitude. | There is a gap between knowledge, attitudes, and intentions to use vasectomy, where conceptual acceptance does not directly translate into interest or adoption behavior. Key barriers identified in this study include lack of information, cultural and religious beliefs, and fears related to the procedure's side effects. | There is a need for increased public education and health education that can change attitudes, as attitudes have been shown to be a major determinant of vasectomy intention. The authors recommend more effective reproductive communication strategies to increase acceptance and decision-making about vasectomy as part of family planning choices. |
| Umeobieri et al (2023), "Knowledge and Willingness to Accept Vasectomy as a Method of Family Planning among Married Male Workers in the University of Nigeria, Enugu Campus, Enugu State, Nigeria. | 10.6% of respondents had good knowledge about vasectomy, and only 20.7% were willing to accept vasectomy as a contraceptive method. Statistical analysis showed a significant relationship between the intention to accept vasectomy and the variables of partner support ($p < 0.0001$), religious support ($p < 0.0001$), cultural support ($p = 0.001$), knowledge ($p = 0.049$), good counseling ($p < 0.001$), and complete family size ($p < 0.0001$). | Men's willingness to accept a vasectomy remains low, even though some respondents already have more than two children. Partner support emerged as the most dominant factor influencing willingness to accept a vasectomy, followed by education level and family size, based on logistic regression results. Social support through religion and culture also plays a role in influencing intention to use a vasectomy. Knowledge was shown to be an influential factor, but not the main predictor, based on multivariate analysis. | To increase vasectomy acceptance, educational strategies that target couples, not just men individually, are needed. Researchers recommend improving reproductive health education, improving counseling at family planning services, and including couples with larger families. The study also highlights the need for community-based interventions to reduce religious and cultural barriers to vasectomy. |
| Bintoro et al (2021), "Intentions to Use Vasectomy Contraception: | There is a significant relationship between attitude and perceived behavioral control on the intention to use a vasectomy, where attitude shows | Although most respondents demonstrated knowledge about vasectomy, negative attitudes remained dominant, with the | This research shows that social norms alone are insufficient to influence intentions, and therefore, |

| Author name and title | Research Result | Findings | Implications |
|--|---|---|---|
| Application of Theory of Planned Behavior | a p value of 0.04 and perceived behavioral control shows $p < 0.01$. The subjective norm variable (subjective norm/social norm) does not show a significant relationship on intention, with a p value of 0.72. | majority believing that vasectomy could lead to physical weakness, decreased sexual performance, and loss of masculinity, as explained in the discussion section. The analysis also showed that perceived behavioral control was the strongest predictor of vasectomy intention. Social norms or environmental pressure were not shown to significantly influence intention, suggesting that the choice of vasectomy was more influenced by personal beliefs and perceived self-efficacy than by social influences. | public communication approaches need to target personal beliefs and risk perceptions. The authors recommend increasing educational efforts regarding vasectomy to reduce the stigma and fear that persist within the community. |
| Bintoro et al (2021), Wife's Support, Access to Health Services, Availability of Competent Health Personnel and Infrastructure and Intention to Have a Vasectomy for Married Men | There was a significant relationship between wife's support ($p = 0.01$), access to vasectomy health services ($p = 0.00$), and the availability of adequate health workers and infrastructure ($p = 0.02$) on men's intention to choose vasectomy. The variables of wife's age ($p = 0.03$) and education level ($p = 0.02$) were also related to intention. | Wives' support is the most dominant factor influencing men's intention to undergo a vasectomy. Furthermore, access to vasectomy services and the availability of adequate health workers and facilities play a significant role in increasing vasectomy acceptance. Other findings indicate that despite adequate access to services, concerns, stigma, and lack of information remain barriers for most respondents. | This study emphasizes that interventions based on family support and service quality have more potential to increase vasectomy use intentions than strategies based on social pressure or incentives. |
| Abungu et al (2025), Cultural and Social Influences on Vasectomy Acceptance Among Married Men and Women in Rural Kenya | Acceptance of vasectomy is heavily influenced by cultural factors, religion, gender stereotypes, and misinformation. This study used a qualitative phenomenological approach, and narrative data showed that social norms, religious beliefs, and negative views of masculinity play a significant role in influencing attitudes and acceptance of vasectomy. | Many participants viewed vasectomy as a threat to male identity, which is associated with reproductive ability, physical strength, and social dominance. Religious beliefs also played a significant role, as some believed that using permanent contraception was against God's will. Furthermore, social norms reinforced opposition to vasectomy through myths such as sexual dysfunction, physical weakness, or "castration." | Increasing vasectomy acceptance requires a culturally sensitive, educational approach involving religious and community leaders. Community education, accurate information provision, and couple-based counseling are recommended to address the stigma and misinformation that dominate perceptions of vasectomy. The authors also suggest using a dialogic approach and involving men in reproductive health programs to normalize male involvement in permanent contraception use. |
| Rahmawati et al (2025), Social Support in an Effort to Increase the Husband's Willingness to Accept Vasectomy Family Planning | There is a significant relationship between social support and husbands' willingness to accept vasectomy, with a p value of 0.003. The Odds Ratio (OR) value of 9.000 indicates that husbands who receive high social support are nine times more likely to be willing to undergo vasectomy than those who receive low support. | Research has found that social support plays a key role in increasing husbands' readiness for vasectomy. Respondents with high levels of support demonstrated greater readiness to undergo the procedure compared to those with less support. These findings also suggest that emotional support, accurate information, and social validation from partners and the community can help reduce anxiety, stigma, or negative perceptions about vasectomy. | Strategies to increase vasectomy acceptance need to include adequate social support, particularly through family counseling and education involving couples. Health care providers, particularly health workers and family planning programs, are advised to create community-based educational interventions that normalize men's participation in family planning. |

| Author name and title | Research Result | Findings | Implications |
|--|--|--|--|
| Sharma et al (2024), Unraveling Factors Shaping the Acceptance and Non-acceptance of Non-scalpel Vasectomy in Rural Central India: A Cross-Sectional Study | The study involved 300 respondents, with 60 men (20%) accepting vasectomy and 240 men (80%) refusing. Data showed that 46.67% of those accepting received information from health professionals, compared to only 14.58% of those refusing. Furthermore, 18.33% of those accepting stated that incentives influenced their decision, while only 2.08% of those refusing said the same. The most common source of resistance came from wives (35%), followed by fear of impotence (30%), physical weakness (22.5%), and negative public perception (18%). | Acceptance of vasectomy is primarily determined by partner support, access to accurate information, and medical understanding. Misconceptions persist: 31% believe vasectomy causes impotence, 27% believe it reduces sexual performance, and 24% consider it a threat to masculinity. Of those who accepted vasectomy, 50% chose it because it was a simple procedure, and 43.33% because they felt they had enough children. Incentives were a small factor (18.33%), not a dominant factor. | The study concluded that increasing vasectomy acceptance requires culturally based education, couples counseling, and the involvement of religious and community leaders. Researchers recommend strengthening family planning counseling services, disseminating accurate information about vasectomy, and dismantling masculinity stigma and sexual myths. The results showed that effective strategies include not only incentives but also changing couples' perceptions and communication. |

DISCUSSION

The findings of this review indicate that the intention of married men to undergo vasectomy is influenced by multiple interconnected determinants, particularly attitudes, partner support, community norms, and incentives. The Theory of Planned Behavior (Ajzen, 1991) provides a useful lens for explaining these relationships, especially through attitudes and subjective norms, which emerged as dominant predictors across the reviewed literature. However, the evidence also highlights that intention toward vasectomy is shaped not only by individual cognitive evaluations but also by relational dynamics and sociocultural contexts. Attitude consistently appeared as a key determinant of vasectomy intention across studies (Betru et al., 2022; Khafidzatunnisa et al., 2024; Richa et al., 2025). Men with favorable attitudes toward vasectomy demonstrated higher willingness to adopt the method, whereas negative attitudes were largely rooted in misconceptions, particularly concerns related to sexual function, physical weakness, or threats to masculinity (Richa et al., 2025; Sharma et al., 2024).

Partner support emerged as one of the strongest predictors of vasectomy intention. Evidence from several studies showed that men who receive support from their wives are significantly more likely to intend vasectomy (Sihaloho et al., 2025; Umeobieri et al., 2023). This suggests that vasectomy decision-making often occurs at a dyadic level, reinforcing that family planning involving permanent methods is rarely an individual choice. Community norms and cultural influences also played a substantial role in determining vasectomy intention (Abungu et al., 2025; Amilia et al., 2024). In many settings, vasectomy was associated with negative stigma linked to masculinity, fertility expectations, and religious beliefs. The influence of cultural narratives and social perception contributed to reluctance among men, especially in settings where masculinity is culturally associated with fertility and strength. However, not all studies reported significant effects of community norms (Bintoro et al., 2021), indicating variability depending on social exposure, community discourse, and cultural reinforcement. These inconsistencies suggest that sociocultural determinants may be context-dependent and require culturally tailored approaches.

Incentives were also identified as contributing factors, although their influence was not as dominant as attitude or partner support. One study reported that incentives contributed to acceptance among some men but were not primary motivators (Sharma et al., 2024). Instead, incentives functioned more as facilitators, supporting decision-making when other psychological or social factors were already favorable. Overall, the findings of this review suggest that effective efforts to increase vasectomy intention should focus on addressing negative perceptions, strengthening partner-inclusive counseling, and reducing cultural stigma rather than relying on information dissemination

or incentives alone. Future studies may also consider examining untested psychosocial moderators and designing context-sensitive approaches to bridge the gap between awareness, intention, and behavior.

CONCLUSION

The findings from this literature review indicate that the intention of married men to undergo vasectomy is shaped primarily by attitudes, partner support, community norms, and incentives. Attitude emerged as the most consistent predictor, with negative perceptions rooted largely in myths surrounding masculinity and sexual function. Partner support, particularly the influence of wives, also played a major role, demonstrating that vasectomy decision-making often occurs at a dyadic level rather than individually. Community norms and cultural narratives further reinforced hesitation, especially in contexts where fertility is closely tied to male identity, while incentives functioned as a secondary facilitator rather than a primary motivator. Overall, the evidence suggests that strategies to increase vasectomy acceptance should prioritize addressing misconceptions, strengthening couple-based counseling, and reducing stigma through culturally appropriate advocacy rather than relying solely on information dissemination or financial incentives. Although the Theory of Planned Behavior remains a relevant framework, the findings highlight the need to consider relational and sociocultural dimensions, and future research may explore unassessed psychosocial factors, including personality traits, to better understand and address the intention–behavior gap.

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