

Practices 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:

Practices regarding vasectomy reflect how men translate knowledge and attitudes into actual family planning behaviors, including the decision to undergo the procedure, follow post-vasectomy care, and attend follow-up appointments.

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. 33 (54%) did not use any other contraceptive method, and the minority, 7 (11%), used birth control pills. The results indicated that the majority of the respondents, 47 (77%), managed recovery using prescription medicine, whereas the minority, 2 (3%), used cold packs/ice packs or did not use anything at all. 57 (93%) attended the scheduled follow-up appointment(s) for semen analysis after vasectomy, while very few, 4 (7%), did not attend.

Conclusion:

The study found that men aged 45–60 years at Mubende Referral Hospital generally demonstrated positive vasectomy practices, including proper recovery management and high adherence to follow-up appointments, indicating responsible engagement in family planning.

Recommendation:

Health providers should strengthen education, counseling, and support on post-vasectomy care, while promoting vasectomy as a safe and manageable family planning option to encourage greater male participation.

Keywords: Male contraception, family planning, post-vasectomy care, follow-up, men aged 45–60 years, Mubende Referral Hospital.

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Background of the study

Practice refers to the actual behavior or actions taken by individuals regarding a particular health intervention or service. In the context of family planning, practices regarding vasectomy include men's willingness to undergo the procedure, their participation in counseling, and their use of the method as a form of contraception. Despite its effectiveness and safety, the practice of vasectomy remains low worldwide (Anderson & Johnston, 2023).

Globally, vasectomy accounts for a small proportion of contraceptive use among men, with only about 2.4% of couples relying on the method for family planning

(Anderson & Johnston, 2023). Although vasectomy is widely available in many developed countries, its utilization varies greatly depending on cultural acceptance, accessibility of services, and men's involvement in reproductive health decisions (Corona & Maggi, 2022). In many societies, family planning practices are often perceived as the responsibility of women, which contributes to the low practice of male contraceptive methods such as vasectomy.

In Africa, the practice of vasectomy remains extremely low. Most countries report prevalence rates of less than 0.1%, reflecting minimal male participation in permanent family

planning methods (Ojewuyi et al., 2022). Studies have shown that limited access to vasectomy services, lack of trained providers, and inadequate health promotion activities contribute to the low practice of vasectomy across the continent (Adebowale & Palamuleni, 2023). Additionally, misconceptions and cultural resistance discourage men from adopting the method.

In East Africa, although there has been an increase in modern contraceptive use in recent years, the practice of vasectomy remains minimal. Research indicates that men in countries such as Uganda, Kenya, and Tanzania rarely choose vasectomy as a family planning method, preferring temporary methods such as condoms or relying on female contraceptive methods (Bain et al., 2020). This imbalance highlights the limited involvement of men in permanent contraceptive practices within the region.

In Uganda, national statistics indicate that vasectomy uptake has slightly increased but remains very low compared to other contraceptive methods. The prevalence of vasectomy increased from 0.0% in 2016 to 0.21% in 2022, suggesting that very few men practice this method of family planning (Ministry of Health, 2021). Several studies attribute this low practice to inadequate knowledge, negative attitudes, limited service availability, and cultural barriers affecting men's participation in family planning (Tumwesigye et al., 2023).

In Mubende District, vasectomy practice remains very low, with records indicating that only a small proportion of men have undergone the procedure. According to the Ministry of Health (2020), the district recorded a vasectomy prevalence of approximately 0.2%. Furthermore, data from Mubende Referral Hospital show that vasectomy services are rarely utilized, contributing only about 0.01% of male family planning services (HMIS Report, 2022). This low practice highlights the need to assess men's practices regarding vasectomy to identify barriers and opportunities for improving male involvement in family planning services.

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 who came from different socioeconomic and cultural backgrounds.

Sample Size Determination

The sample size was determined using 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

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

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

$$0.9$$

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 considered, and if they declined, other males were approached until the entire sample size of 61 was achieved.

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 a large amount of 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 added 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)

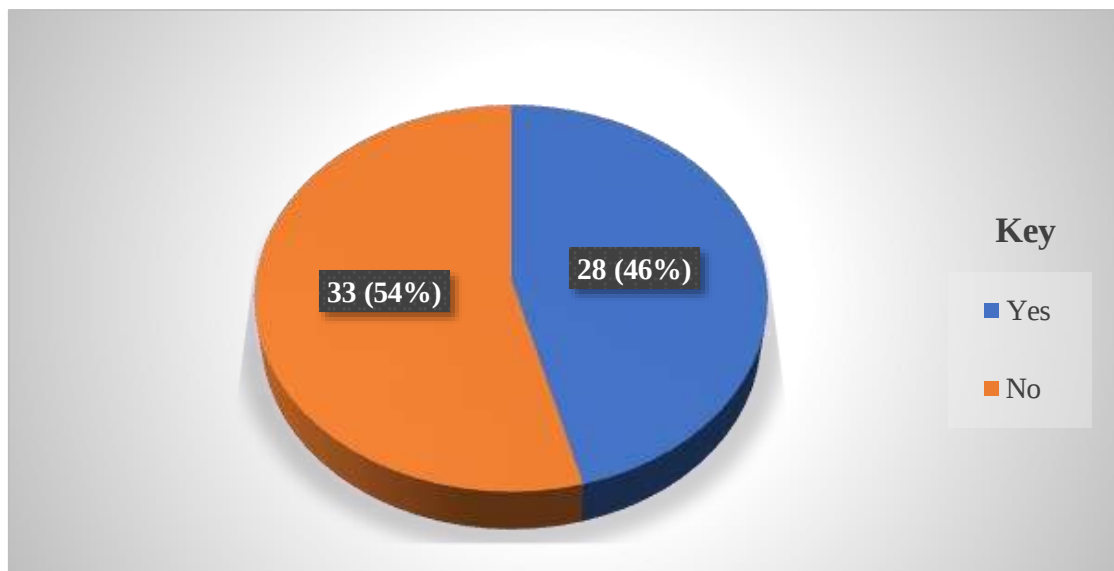
Variable	Category	Frequency (n)	Percentage (%)
Age	45–49 years	11	18
	50–54 years	37	61
	55–60 years	13	21
Marital status	Married	47	77
	Single	14	23

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.

Practices regarding vasectomy among men aged 45-60 years

Figure 1: Shows whether respondents avoided heavy lifting for at least one week as instructed by your health provider after vasectomy (n=61)



More than half of the respondents, 33 (54%), did not avoid heavy lifting for at least one week as instructed after vasectomy, whereas less than half, 28 (46%), avoided it.

Table 2: Shows how long respondents waited before resuming any form of sexual activity after vasectomy, other methods of contraception respondents and their partners used until their semen analysis was confirmed, and whether they attended the scheduled follow-up appointment(s) for semen analysis after vasectomy (n=61)

How long	Frequency	Percentage
Less than 3 days	1	2
4–7 days	7	11

8–14 days	49	80
More than 14 days	4	7
How long	11	18
Condoms		
Birth control pills	7	11
Withdrawal method	10	16
Not really	33	54
Managed Recovery		16
I used over-the-counter pain medicine.	10	
I used prescription medicine	47	77
I used cold packs/ice packs	2	3
I did not use anything	2	3

The majority of the respondents, 49 (80%), resumed sexual activity after 8–14 days, while the minority, 1 (2%), resumed in less than 3 days.

The majority of the respondents, 33 (54%), did not use any other contraceptive method, and the minority, 7 (11%), used birth control pills. The results indicated that the majority of the respondents, 47 (77%), managed recovery using prescription medicine, whereas the minority, 2 (3%), used cold packs/ice packs or did not use anything at all.

Figure 2: Shows whether respondents attended the scheduled follow-up appointment(s) for semen analysis after vasectomy (n=61)

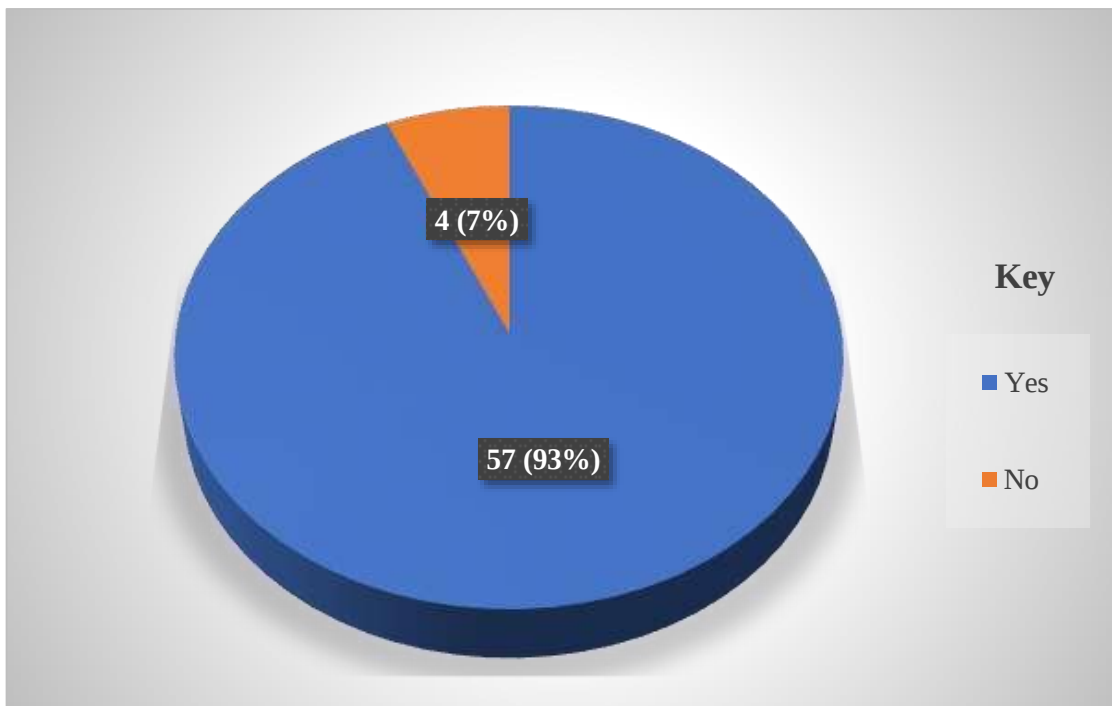


Figure 2 revealed that almost all the respondents, 57 (93%), attended the scheduled follow-up appointment(s) for semen analysis after vasectomy, while very few, 4 (7%), did not attend.

Discussion

Practices regarding vasectomy among men aged 45-60 years

Based on this specific objective, the major findings revealed that more than half of the respondents, 33 (54%), did not avoid heavy lifting for at least one week as instructed by their health provider after vasectomy. This finding implied that post-operative instructions are not strictly followed, predisposing men to complications and delayed healing. This pattern could be due to inadequate counseling, the need to resume work early, and a lack of awareness about the consequences of early strain. This finding mismatches with the American Urological Association (2024), which reported that about 65% of men avoided strenuous activity. However, it correlates with the National Health Service (2024), which found that only 70% adhered to rest guidelines.

The majority of the respondents, 49 (80%), resumed sexual activity after 8–14 days after a vasectomy. This implies that most men resume intercourse relatively early in the recovery process, which may affect complete healing and the effectiveness of the procedure if sperm clearance is incomplete. The trend may result from insufficient counseling, underestimation of medical advice, or eagerness to resume normal activity. This corresponds with AUA (2024) and NHS (2024) studies, which both reported that around 70% of men returned to sexual activity within one week, while 30% delayed for two weeks or more, depending on their recovery.

The majority of the respondents, 33 (54%), did not use any other contraceptive method immediately after vasectomy. The findings of this study indicated a gap in understanding the need for alternative contraception until semen analysis confirms sterility. The reasons may include inadequate post-surgical counseling, poor partner involvement, and low risk perception. This is in line with an Indian study by Patel et al. (2021), who found that 57.8% of couples failed to use any backup contraception after vasectomy, which exposed them to the risk of unplanned pregnancies. The study further reported that only 42.2% adhered to additional protection methods, mainly condoms and pills.

Almost all the respondents, 57 (93%), attended the scheduled follow-up appointment(s) for semen analysis after vasectomy. This demonstrates strong adherence to post-procedure review, possibly due to effective scheduling, provider reminders, and awareness of its importance. The finding is consistent with Labrecque et al. (2021), who reported follow-up compliance rates ranging between 34% and 46% in the U.S., but improved to 79.5% where postal submission systems were introduced. Likewise, Agarwal et al. (2022) found compliance rates between 47% and 100%, with a median of 73%, indicating variability across contexts.

The majority of the respondents, 47 (77%), managed recovery using prescription medicine. This suggests that most men adhered to pain management instructions, possibly due to effective guidance and easy access to drugs. The pattern may also reflect trust in the health system and positive counseling on post-operative care. The findings disagree with the British Association of Urological Surgeons (2024) study, which showed that nearly 70% of men relied on over-the-counter painkillers, while 80% used supportive measures such as tight underwear for comfort. Similarly, MSI Choices (2025) reported that 90% resumed light work within three days when proper self-care practices were observed. Many interviewees showed further disagreement by stating that they bought the painkillers of their choice from the nearby dispensaries to manage pain and the healing process.

Conclusion

The study found generally positive attitudes toward vasectomy among men aged 45–60 years at Mubende Referral Hospital, as evidenced by high adherence to post-procedure care, use of prescription medicine for recovery, and attendance at follow-up appointments, indicating willingness to engage in responsible family planning practices.

Recommendation:

Health providers should continue to support and counsel men on post-vasectomy care and follow-up, while also promoting vasectomy as a safe and manageable family planning option to further encourage male participation.

Acknowledgement

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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.

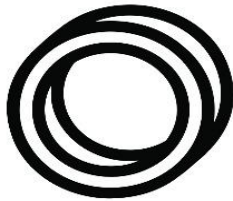
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