



MAN UP

**WILL MEN DO THEIR PART
TO CURB KENYA'S EVER
INCREASING POPULATION?**

In the wee hours of Aug. 1, 2013, 34-year-old Moses Kimani sat in a bus headed to Kisumu from Nairobi. Moving past hilly countryside with pictorial surroundings of green, his thoughts strayed to the end of his journey as his eyes sought to keep his mind transfixed on the landscape. As the bus bumped along, the relaxing milieu prevailing over everything else, he tweeted, “Enjoying beautiful scenery as I travel by road between Nairobi and Kisumu.”

Twelve hours after he arrived, Kimani was lying on a stretcher in the Post Operation Care Unit at a medical camp. He wasn’t involved in an accident, on the contrary, Kimani had travelled for an elective procedure. He’d just gotten a vasectomy.

I learn about this trip seven months later, as Kimani and I sit in the Sarit Centre food court. A slender, youthful man, Kimani’s serious, almost closed demeanour is the first impression I get, but as we continue talking it’s clear that he can be agreeable, it just depends on the topic of which we cover everything from his personal experiences to current affairs. He gestures a lot and speaks passionately, his eyes beaming whenever he talks about his family. The night before his procedure, Kimani had aptly tweeted, “Sometimes being a responsible dad may mean taking some deeply personal steps.”

While countless men would shy away from the topic, Kimani’s enthusiasm about the vasectomy is visible. In fact, this is one of the topics he enjoys talking about, telling me how much he always wanted to get one – not a very common sentiment, especially amongst Kenyan men. Nonetheless, Kimani thought it was an easier solution than the options available to women, surprising me by saying that this was a decision he’d made long before he got married. “A confluence of factors,” he tells me, led to his journey to Kisumu.

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First Things First

Days before my planned encounter with Kimani, I happened upon an interesting letter to a counsellor, Phillip Kitoto, in the *Daily Nation*. The writer, a woman seeking advice on how to manage a situation with her husband who refused to have a vasectomy, expressed her frustrations. The costs of various birth control pills they’d tried so far, not to mention her health fees, were running high. She couldn’t have a tubal ligation – the female equivalent of a vasectomy – because she’d had two C-sections, and a third operation would strain her. In a perfect storm of contraception issues, she was also allergic to condoms. In the passionate letter, the anonymous woman argued her point, emphasising that, “a reversible vasectomy is available if he ever wants to have more children later.”

But even with the means and knowledge to get a vasectomy, a good percentage of Kenyan men shy away from the minimally invasive procedure, which – especially in Kenya – carries an undeserved connotation of lessening their manhood. Among the Luo, for example, the slang word for vasectomy is *puodo* or *royo*, whose closest context is castration for animals. The main problem is misinformation or lack of adequate information, as there has to date been very little interest on the subject.

In Kimani’s case, however, the permanent birth control measure seemed opportune. All he had to do was talk to his wife and get her on board with the idea. While a lot of women who have finished having children would readily agree to their husbands offering to have a vasectomy, Kimani’s wife was somewhat difficult to convince. “It took years of talking about it before she finally considered it,” he says, though admits that at the time of the initial discussion they only had one child.

Even so, Kimani wanted her to understand that this was a viable option when the right time came. An inquisitive woman, she needed to understand on her own terms what was about to happen as well. She delved into getting as much information as she could, her interest piqued by her husband’s persistence. “Her main concern was whether the procedure would affect my health, our sex life or something else,” all genuine concerns that not only weigh upon wives, but also, obviously, the men who are considering vasectomies.

The *Daily Nation* counsellor, in looking to assist the unidentified woman, had asserted the power of information in making such a life changing decision. He’d also encouraged patience with her husband and giving him time to come to a decision, words that Kimani might have echoed to himself a time or two in regards to his wife’s acquiescence. And because



No-Scalpel Vasectomy International, Inc. (NSVI) conducted its first mission to Kenya in May 2012. The free clinic took place in Busia, Western Kenya, where 53 patients underwent the surgery. Dr. Charles Ochieng, seen in the image, was responsible for bringing together the international and local team that helped make the mission a success, leading to another one in November 2012.

a vasectomy concerns the family unit, it is imperative that the husband and wife be in consensus.

Overcoming Cultural Bounds

Dr. Charles Ochieng is Kenya’s go-to vasectomy surgeon (he even performed Kimani’s). He’s done hundreds of vasectomies in Kenya and eight in the US, and is the founder and chairman of the Winam Safe Parenthood Initiative, a club for post vasectomy patients in Kenya. A slender man with a passionate demeanour, he speaks calmly, but with insistence, saying “Culture is just an excuse for ignorance,” pre-empting my question about whether our aversion to male contraception has something to do with societal opinion.

Dr. Allan Gohole of Tupange, a family planning organisation that, among other things, has worked with No-Scalpel Vasectomy International (NSVI), shares the same view as Dr. Ochieng. “I think because of the cultural setting, vasectomy is poorly accepted, much more poorly accepted than it is in the West and developed world.” In 2011, there were only 67 vasectomy procedures carried out. In May 2012, when Dr. Ochieng invited NSVI to offer a free vasectomy operation to willing participants, 53 patients underwent the surgery, the oldest being a 70-year-old man with 13 children.

When you consider Kenya’s rapid growth rate, which has increased the population from 8 million in 1963 to 40 million in 2010, there is something to be said of these cultural sentiments. According to The National Council for Population and Development (NCPD), this number is projected to rise to 64 million by 2030 if the current growth rate is sustained. Add to this other pressures such as the straining of land resources and, unquestionably, families need to rethink how many children they have. Modern realities, Kimani tells me, just do not allow couples to have as many children as was once desirable.

I call Kimani an outlier, which elicits a hearty laugh, though he does agree that his case is anything but conventional. He wasn’t even married when he first made the decision to get a vasectomy. “I was in my teenage years,” Kimani says as he scans the juice menu, “when I first bumped into this interesting thing called vasectomy.” He explains that since then, he knew that at some point he wanted to get one. “It just made sense,” he continues, putting the menu aside and looking me square in the eyes. “When I got married, I repeatedly told my wife that I would have [a vasectomy] after we had the number of children we had agreed [to], which was two, regardless of their gender.”

That last point startles me somewhat, considering Kenyan tradition where, as much as girls are treasured, having a son is highly regarded. According to Dr. Ochieng, the majority of men who are willing to consider a vasectomy have had at least one male child. “The view comes from our cultural ‘obsession’ with boys, and men seeing their male scion as their successors.”

Long before Kimani became set on the idea of getting a vasectomy, or even before he himself was conceived, Kenya introduced family planning – as a female issue – in the 1960s. This fit right into the male cultural systems where, while birth control was looked down upon generally, it was considered a woman’s responsibility when it was necessary. There were heated debates on family planning in the decades between 1960 and 2000, mainly due to the high value placed on virility. Members of Parliament vehemently opposed plans to fund family planning programmes despite Kenya’s ballooning census figures, which, in the 1970s, saw Kenya with the second fastest growing population rate in the world.

However, despite resistance, the early 1980s successfully ushered in a national family planning programme to combat the population crisis. In 1989, Engender Health, now the Association for Voluntary Surgical Contraception (AVSC)



While the growing population in Kenya is cause for concern, it is not uncommon to find that most birth control measures rest with women. There are at least 13 female related contraceptives compared to only two for men vasectomy and condoms.

Photographs: Courtesy of Doug Stein and No-Scalpel Vasectomy International, Inc. (NSVI), Lam Yik Fei

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International, carried out a demographic and health survey (DHS) in the country. The survey found out that only 35 percent of men and 20 percent of women had heard of vasectomy. Interestingly, awareness of female contraception was higher among male respondents, at 83 percent, compared to 73 percent for women. The small subsample of health workers among the 400 respondents who were interviewed for the study was as ill informed as the general public, this more due to lack of information about vasectomies than negative attitudes towards them. At the time, the Ministry of Health had banned advertising on vasectomy.

Although there has, traditionally, been lethargy concerning vasectomy as a viable method of birth control in Kenya, today there seems to finally be a renewed focus on it as a possible solution, albeit a small focus. Dr. Ochieng is clearly passionate about his profession and is irked at how the “easiest form of contraception” is not readily available in public hospitals. It is important to note, he interjects time and again throughout our conversation, that kids are important. His work is not about preventing couples from having children, but about managing the rate and number. It is imperative for all the patients he operates on to have at least one child.

Misconceptions and Misinformation

The most salient concern about vasectomies is whether the man’s sexual drive will be affected. “The man still gets normal erections and ejaculates normally, the only difference being that the ejaculate has no sperm,” says Dr. Ochieng. Kimani, who can now speak from experience, concurs stating, “One

can even argue that it’s much more fun, because...,” and then drifts off, grinning slyly. While a check-up is warranted after eight weeks to ensure the semen has no sperm – sperm typically being just 5 percent of the semen content, with what’s left being reabsorbed into the body – vasectomies are 99 percent successful.

Nonetheless, “It’s still not very widely accepted,” says Dr. Gohole, though the number of men opting to have the surgery is slowly increasing. “Generally in the country I would say you get 200 done per year.” But even Dr. Ochieng reveals to me that initially he was grappling with how to raise interest about the procedure among cultures that still shunned family planning. When he started out, he lived in Kisumu and this form of contraception was one that men particularly objected to. Nonetheless, the doctor did not give up sharing the information he had.

In a light-hearted moment, he tells me how, a few years back, he used to take his car to a particular spot for washing. Out of curiosity, he decided to strike up a family planning conversation with the staff, a handful of young, burly-looking men, all married and with kids. What he’d discover amidst the innocent humour was how little information was available on the subject matter. This, however, was not only limited to the group he was talking to, but even to men who are well informed in other areas. The misconceptions that accompany the vasectomy question, as even seen with Kimani, who had a hard time convincing his wife that a vasectomy was the easiest and safest way to go, are many.

The good doctor prodded the car washers to get

vasectomies if they already had enough children. Everyone was shy about the topic, but he pressed on. One guy who had dark, leathery skin with muscles glistening from sweat had quite a number of children already, finally gathered the courage to speak out. “I hear the [testicles] fill up and burst.” Needless to say, everyone had a good laugh, but Dr. Ochieng was troubled by the lack of proper information these men had.

There needs to be more engagement of men, not only towards the procedure, “but just as part of their responsibility for family planning,” says Dr. Gohole. “Once men realise that they are as much part of the problem then they will accept family planning methods better and that would include vasectomy.” Now, to make it uncomplicated and create more awareness, Dr. Ochieng frequently uses the HIV/AIDS example to show the power of information and concerted effort – once the government acknowledged the AIDS pandemic as a national disaster and focused health resources towards information and management, the prevalence levels

went down significantly. Similarly, the vasectomy surgeon opines, what is missing is lack of concerted efforts and resources to disseminate information about this particular procedure.

The Best Family Planning Option?

“Vasectomies are not right, culturally, despite the argument that they are,” says Jeff Maina, a 30-year-old father of one who is vehemently opposed to the surgery, despite knowing all its advantages. With a grim countenance he continues, “It makes a man less than what he should be, and denies him the comfort of knowing he can have more children.” Maina is a young, financially independent husband who is in a stable marriage and has ready access to information. To him, however, a vasectomy is unfair to the man because female contraception methods are readily available and mostly temporary.

“Vasectomies have side effects too. No one is talking about those. It is not a simple nip and snip. It will take away your fertility and you’ll never get it back. It will cause you physical pain and deny you the pleasure of changing your mind.”

And one cannot discredit the worries many men have about the procedure. As with any other health treatment one may undergo, vasectomy has its share of side effects, including post-vasectomy pain syndrome, which can occur immediately or years down the line. However, incidences are low, with some studies indicating one man in thousands suffers from the condition. The pain could result from multiple reasons, chief among them

nerve entrapment, fibrosis, chronic inflammation or testicular backpressure.

Having said that, however, the anonymous woman in the newspaper article was not wrong; a vasectomy is actually reversible (which is one way of treating post-vasectomy pain syndrome). The procedure, referred to as vasovasostomy, re-attaches the vas deferens – though it’s worth mentioning that the surgery has to be done within 10 years of the vasectomy for the best chances of the reversal. Statistics indicate a 55 percent rate of success if reversal is done within the given timeframe and a meagre 25 percent chance of success if it is done after 10 years.

At least 50 million men have undergone the procedure internationally. While a lot of fathers both here in Kenya and around the world will look adoringly at their kids, there are those dads who are more in tune with the demands, monetarily and psychologically, that come with having children and therefore make the conscious decision to not have any more. In Kenya, “Men who are willing to get vasectomies are generally in the 35 to 50 age demographic,” comments Dr. Ochieng. This also gives them a carefree way to enjoy romance without having to worry about unplanned pregnancies.

The kindred spirit I detected in Kimani and Dr. Ochieng was their love for their kids. Each of them stole a smile every time they mentioned their children or their wives and spoke passionately of how getting a vasectomy was the most responsible thing to do. As we wrap up our time together we all agree, it is time that it becomes ‘hip to snip’. **D**