



Voluntary Vasectomy: Rethinking *Pagkalalaki* Among Married Cebuano

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Abstract

This qualitative study intends to determine the ways in which concepts of masculinity have shaped the contraceptive choice of men for vasectomy. The findings show that masculinity is defined as being a responsible husband and father who can provide for the basic needs of his family such as food, clothing, and education. Thus, men's direct participation in family planning is basically due to economic reasons because of his responsibility to take care of his family's future.

Wives and health providers have significantly contributed in men's decision to undergo vasectomy. Wives provided information about the procedure and supported their husbands' decision to have a vasectomy. Health providers thoroughly explained the procedure and corrected myths and misconceptions regarding the procedure which gave men an assurance that vasectomy is safe and reliable. In-laws and friends did not have noteworthy influence on men's decision.

It did not take long for men to decide on undergoing vasectomy after they received information about it. This was especially true when misconceptions associated with having vasectomy such as failure to have an erection, loss of physical strength and equating it with castration, to name a few, were corrected. After having vasectomy, men still saw themselves as masculine and rightfully being responsible husbands and fathers.

Keywords: masculinity, fatherhood, male involvement in family planning, contraception, no-scalpel vasectomy

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Introduction

Society's concepts of masculinity impact on the way men see themselves, make decisions and relate with others. *Masculinity* refers to a culture's ideal definition of maleness or male behavior. It also refers to the reality of male lives as revealed in concrete male activities and behaviors (Watson-Franke, 1992). Masculinity is linked with "dominance, and notions of power are part of male discourse, so much so that power is assumed to be a male prerogative, representing a contested space for the articulation of male identity" (Melhuus, 1998). Moreover, Gutmann (1997) stressed that, foremost, masculinity is anything men think and do to be men, and some men are intrinsically considered more manly than other men. This is further supported by issues on *masculine gender role* or what men are, *stereotype of masculinity* or what people *think men are*, and *gender ideal* or what people *think men should be* (Clatterbaugh, 1990, cited in Watson-Franke, 1992).

Concepts of masculinity start from childhood. Socialization plays a vital role in shaping ourselves, how we see ourselves and how others see us. Being masculine is apparently upholding male values by following norms set for male behavior. Socialization into gender roles from childhood to adulthood shape men's liking for certain things like "guns, forms of behavior like womanizing, and forms of leisure like long range shooting, gambling, and drinking". These are even reflected in movies and television shows that deify certain concepts of maleness including certain forms of violence against women (Angeles, 2001). The paper of Connell (1997) further supports this by saying that sports on television, thriller movies in Hollywood, video games and super-hero comics, highlight the physical supremacy of men and their being "masters of technology and violence". These create a great impact on men's lives that they cannot entirely be faulted for their transgressions.

In the Philippines, "male norms stress values such as courage, inner direction, certain forms of aggression, autonomy, mastery, technological skill, group solidarity, adventure, and a considerable amount of toughness in mind and body" (Sexton, 1969:209). As a result, there are traits that men should possess and masculinity is comprised of being *malakas* (strong), *matipuno* (brawny), *malaki ang katawan* (big bodied), *maskulado* (muscular), and *malusog* (healthy) (Jimenez in Liwag, de la Cruz and Macapagal, 1998). Emphasis is placed on physical characteristics because a man is expected to do heavy work, and in Maranao culture, a set of brothers are considered as their fathers' "army" (Macalandong, Masangkay, Consolacion, and Guthrie, 1978, cited in Liwag, de la Cruz and Macapagal, 1998).

Chores assigned to boys are characterized by physical vigor, distance from home and minimal socio-emotional skills. Tasks include fetching water, gathering and chopping firewood, scrubbing the floor, lifting furniture and carrying heavy objects, to cite a few. Most of the time, they work closely with their fathers. However, they also provide relief to their mothers by assisting in child care when girls are not available (Liwag, de la Cruz, and Macapagal, 1998).

These behavioral patterns are prevalent among adolescent boys. Boys grow up assuming that a husband's role is to decide on family investment and securing the family, while they see that a wife's role is to take care of family planning and household management (Macrohom, 1978). The training of sons prepares them for their traditional role of head of family.

Filipino Models of Masculinity

Virility is a central issue among men because failure to produce children is seen as a reflection of one's masculinity. In Philippine society, the siring of children is considered such an important achievement that children are often assumed to have a lifelong indebtedness to their parents for giving them life (Tan, 1989). In the same study by Tan (1989), he described the "procreator father" as someone who womanizes and impregnates other women and popular actors such as Joseph Estrada (who became President of the Philippines), Lou Salvador, Jr. and Dolphy embody such characteristics.

Childbearing is key not just for reproduction but for other related reasons as well. For instance, among Ilocanos, where kinship is considered bilaterally, fathering children and having a family is a way of asserting not just masculinity but political claims as well. Ilocano overseas migrant workers often see their work as limiting the number of children that they could have produced (Margold, 2002)

Aside from fathering children, Filipino men have also taken on the conspicuous role of being sole providers of their families, a much-valued characteristic found among men in many cultures. A study conducted by Pingol (2001) among Ilocanos revealed that masculinity is primarily associated with men's ability to provide for the family which is related to success in the workplace. Modern-day Ilocanos revealed that the ideal husband is someone who can attend to his household and familial duties, most significantly to securing his family's economic stability (Margold, 2002). Other attributes cited by Pingol included: "being a good leader, with intelligence and expertise, being principled, helpful, decent, law-abiding, trustworthy, and understanding". In addition, attributes such as virility, physical strength, good looks, a capacity to take risks such as in gambling and having illicit affairs without being irresponsible to one's family were likewise cited by men.

Masculinity, Fatherhood and Contraception

In patriarchal societies, men are seen as the superior sex (Wood, 2001)) and this shapes how men assert their masculinity in their behavior. Men rate their masculinity based on the extent of their machismo. Machismo encompasses "virility, strength, ability to stand up against difficulty and maintain their stance as true 'men among men'" (Velez, n.d.). For a man to be macho or masculine, he should be sexual and be able to impregnate a woman or even a few of them within or outside the confines of marriage. Machismo is not just a personal thing,

it has also become political and structural. Society tolerates and perpetuates it (Sternberg, n.d.). Having extramarital affairs is something prevalent in Philippine society and there is a double standard of morality where men can easily get away with it and women sometimes turn a blind eye on their husbands' infidelity like cohabiting with mistresses and engaging in paid sex with prostitutes (Angeles, 2001).

Part of showing a man's strength is his ability to control his emotions even to the extent of not showing fear, pain, and remorse when it might be expected. The danger of a man's strength is also his ability to physically express it through violence on women and children. Despite many challenges, a man should be able to face other men on his own and without the help of anyone, especially a woman (Doyle, 1995, cited in Wood, 2001). Watson-Franke (1992) adds that men's roles are perceived as structurally at the epicenter of society from where women are always controlled by men. This is evident in the seeming tolerance of women when it comes to men's activities in a study conducted by Angeles (2001) where women in an urban poor community in Leveriza were going about their usual duties while men were "chatting, smoking, and playing a game of pool." As Sternberg (n.d.) puts it, "machismo gives rise to powerful images which legitimize women's subordination, and establish a value system which is concerned with regulating not so much relationships between (sic) men and women, but relationships between men, where women are conceived of as a form of currency."

Doyle (1995), outlined five themes of masculinity which shape the role of men in society which are: *don't be female, be successful, be aggressive, be sexual and be self-reliant*. These themes are ideas which, rightly or wrongly, still exist today. Because of them, men fail to fully harness their potentials. For instance, it has been pointed out that norms and expectations regarding men have hindered their ability to communicate with their wives on matters regarding sex and sexuality (Stycos, 1996). This is even reflected in the form of jokes in a research done by Angeles (2001) where men say they are "*macho, machunurin sa asawa*" (macho here means being obedient to one's wife), then there's "*Yakuza, yuko sa asawa*" (means bowing to one's wife) and finally, "*Pedrong Taga, taga-luto, taga-laba*" (means tough men who do the cooking and laundry). So, even if there is a changing climate on the male image, there is still some sense of uneasiness thus, joking about it provides some relief. The macho image has also prevented men from sharing domestic responsibilities with women, such as the decision to try contraception. Because young men live up to strong male stereotypes such as having many sexual partners and, showing a lower level of emotional intimacy, they hesitate to share in sexual responsibility (UNFPA, 2000). Men are, often with good reason, stereotyped as lazy, disinterested or unconcerned in relation to reproductive health issues. Even program planners have this stereotype of men as simply not being interested in reproductive health issues: they still need to be forced to attend social activities related to them, they are way too old to be taught, they do not see anything advantageous in them, they do not want to share their

personal lives, they fear their masculinity will be challenged, they believe that women should be the ones to participate, they know little about health, or they do not perceive certain health issues as problems (Lee and Dodson, 1999).

Male self-stereotyping limits the options available to men and, therefore, of women also. However, machismo as the excuse to perpetuate the status quo, in which men dominate and women are subordinated, can be challenged. For instance, women's rights advocates have questioned the pitfalls of family planning programs in the Philippines since it still heavily targets women and to some extent excluding men and thereby abandoning their responsibilities on contraception (Angeles, 2001). A study by Lee and Dodson (1999) revealed that there are programs on reproductive health that encourage male participation, but male participation is minimal (as in attending women's or mother's classes or seminars or as receivers of educational materials). A more considerable participation of men has occurred in the decision to use condoms and in trying vasectomy.

The pervasive problem of machismo as a limiting factor is one that health care providers must challenge. It is not just about male participation and responsibility, but more about raising the issue of gender equality and family welfare to another level (UNFPA, 2000). Gender equality is a complex challenge since success in this area requires far-reaching changes in social, economic, and ideological factors related to gender relationships (Mundigo, 1995 in Manroso and Hoga, 2005). There is now a growing interest among young men to accept principles of gender equality. Now, it is about rethinking and reshaping old and oppressive concepts and practices that impinge on the development of both men and women.

Antecedents, Reasons and Events Leading to Acceptance of Vasectomy

It is important to understand the decision-making process that men undergo before submitting themselves for vasectomy because this may vary from one culture to another. In the design of programs, therefore, culturally appropriate strategies that seriously consider the felt needs of the target population need to be put in place. In a study conducted by Mumford (1983) in the United States, the length of the decision-making process may take from two to more than 10 years. This is unlike the findings from a study conducted in Brazil, Colombia and Mexico (Vernon, 1996) that it only took men four months to a little over a year to decide. In the Philippines, it has been found to take men about three years to finally undergo vasectomy after giving it a first thought. However, it only took them about three months to undergo vasectomy after making the decision to accept the method (de Guzman, 1990).

Men's reasons to undergo vasectomy heavily rely on the urgency of the situation they are in and their past experiences. The reasons cited by Mumford (1983) include concern for

women's health, decision not to have more children, dissatisfaction with other methods and advantages of vasectomy. He also mentioned that there are seven events common to men seeking vasectomy which consist of: new awareness of vasectomy, interaction with a vasectomized man, decision not to have more children, started seriously considering vasectomy, realization that temporary contraceptives are no longer acceptable, decision that vasectomy is the best contraceptive method and experienced a "scare".

Rationale of the Study

In Central Visayas, the city of Cebu is the hub of political and economic activities. Several pull factors draw people to it, such as employment opportunities, institutions of higher education, hospitals, and a relatively peaceful environment. People choose to live in Cebu to better their lives. According to a National Statistics Office report (July 2001), the population growth rate of Metro Cebu almost doubled from 1.87 percent in 1995 to 3.02 in 2000. The Cebu City Health Department reported in 2001 that the city population increased from 718,821 in 2000 to 731,544 in 2001. Its total fertility rate in 2001 was 1.7. Because of its attractiveness to many, its population growth is already placing a strain on its limited resources such as the delivery of basic social services.

Family planning is an option that the Philippine government is looking at to curb current and future problems related to population growth. Its approaches are still essentially traditional such as heavily targeting women and placing the responsibility for the number and spacing of children on them. Men's responsibilities in this regard are left unattended. This is despite the Programme of Action of the United Nations International Conference on Population and Development in Cairo (1994), which highlighted the increased participation and sharing of responsibility of men in the actual practice of family planning.

Among the top family planning methods that the Cebu City Health Department reported in 2001, vasectomy was not on the list. Condom use was the third most common method. The top two are pills and DMPA both of which are for women. Vasectomy remains unpopular because in a male-dominant, "macho" society, men are not supposed to take an active part in fertility regulation. Women have always been perceived as responsible for family health in general and fertility regulation in particular. This has become a "domain" of women where men play passive roles. The lack of male involvement with contraception is due to the fact that it is considered "a woman's affair" (Diaz and Diaz, 1999, in Manhoso and Hoga, 2005: 102). Moreover, vasectomy is highly disliked because of misconceptions that surround it, wherein vasectomy is confused with castration, that it decreases sexual abilities, and that it leads to loss of vitality or changes in a man's physical characteristics such as hair loss and change of voice, and even to changes in his personality (Atkins and Jezowski, 1983).

There are now efforts from both government and non-government agencies that seriously include men in their family planning programs and one such effort is to promote vasectomy as a contraceptive method. There is a sense that men are now beginning to open themselves up and accept vasectomy as an option. However, the materials are limited that specifically explain the reasons for the choices that some men are now making and that reveal whether and how these decisions may have created a difference to the people that are involved, such as the family, health care personnel and the community. It is the intent of this study to present the contextual circumstances and the impact of the choices that some men are now making on *pagkalalaki* (Cebuano for “maleness”), a cultural concept.

Methodology

During the preparatory stage, I held several meetings with the personnel of Sacred Heart Hospital to orient myself on their delivery of no-scalpel vasectomy services. These meetings helped in the formulation of research instruments and establishment of a plan to undertake with the data gathering stage. A list of clients for the past two years was found and I was given an orientation on their backgrounds. Two research assistants were introduced to these personnel.

A male, married interviewer was hired to assist in the in-depth interviewing of men who had undergone vasectomy. A female interviewer was hired to interview the wives. I held interviews with key informants consisting of the personnel of Sacred Heart Hospital directly involved in the delivery of no-scalpel vasectomy and facilitated focus group discussion of the men after the in-depth interviews were conducted by the research assistant. The research assistants were oriented regarding the study, research instruments, ethics, mechanics of data gathering and reporting.

Before the interviews were conducted, several phone calls and home visits either in the home or office of the possible respondents for appointments were made to arrange appointments and instructions on the time and place where the interviews would be conducted were discussed. One-on-one in-depth interviews with vasectomized married men were conducted using an interview guide designed for this purpose. One-on-one interviews with the wives of these men were also conducted separately. Moreover, interviews were conducted with health care professionals who were directly involved in the promotion and delivery of services related to vasectomy. Field work was conducted from January 2004 to October 2005.

Interview transcripts were submitted on a weekly basis. Together with the interviewers, the transcripts were immediately checked for gaps in the data and clarifications that needed to be made, so that call backs were done immediately as well. Challenges encountered by the research assistants were discussed in order to properly strategize the data-gathering process. No major problems were encountered.

After the in-depth interviews, there were still gaps in the data. Thus, the male research assistant and I, did two focus group discussions.

All the instruments except those for the service providers were translated into the local language, Cebuano. Interviews were also done in Cebuano.

I also collected available secondary data. Performance records of health care facilities were utilized to acquire information on the number of vasectomized men over a period of two years (as to whether it has increased or decreased), the problems encountered, and interventions made in relation to problems faced.

All data were first processed by entering all answers belonging to the same question. At the onset, data were encoded thematically and then common patterns of knowledge, attitude, behavior and experiences were identified by going over the transcripts several times. Different and conspicuous answers belonging to the same questions were also grouped together. They were then content analyzed through the set of themes or categories made. Salient words were given greater weight by taking note of the number of times they were mentioned by the study participants. Data gathering was from October 2004 to January 2005.

Results

Childhood Chores of Boys

Majority of the study participants shared in doing household chores while they were growing up. Most of them were given responsibilities by their parents while a few took the initiative to help in domestic work even if they were not encouraged by their parents to take part in doing household chores. As one participant said:

I was not really given any responsibilities at home. It was self-imposed. I helped clean the house and did the laundry.

Another participant revealed that:

I was not given any responsibility in particular by my parents. There were instances though that I helped in doing simple household chores such as cleaning the house.

Aside from household chores, there were those who at a young age, were already trained to help in their family's means of livelihood such as farming, fishing, and small business. A few claim that since they were the eldest or there was no female child, they were compelled to take on most of the household chores even those that are normally considered tasks for female children, such as taking care of the younger siblings, cooking, and doing the laundry.

On the other hand, there were also those who were only assigned tasks fit for male children such as feeding the animals, chopping firewood, and fetching water. Most of the domestic responsibilities as shown in Table 1 are cleaning the house, cooking, and fetching water.

TABLE 1. Domestic Chores Done during Childhood Domestic chores

Domestic chores (N = 44)	Number of mentions
Cleaning the house	17
Cooking	13
Fetching water	10
Washing the dishes	8
Doing the laundry	8
Feeding animals	1
Chop firewood	1
Take care of younger sibling	1

Multiple response

For those with grown-up children, a majority admitted that the way they had been reared by their parents influenced how they rear their own children. As in their past training, they also consciously teach their children to do household chores and even divide the tasks among them with older children taking more responsibilities (Table 2).

TABLE 2. Parents Assigning Domestic Chores to Children

Responses	N = 44	%
Yes	31	70
No	0	-
NA (children are very young)	13	30
TOTAL	44	100

The common tasks assigned included washing the dishes, doing the laundry, and cleaning the house (Table 3).

TABLE 3. Domestic Chores Assigned to Children

Domestic Chores (N = 44)	Number of Mentions
Doing the laundry	5
Washing the dishes	5
Buying from the nearby <i>sari-sari</i> store	4
Cooking	3
Fetching water	2
Multiple response	

It is deemed important that children, even at a young age, should be taught domestic responsibilities so that if anything adverse happens, such as running into financial distress, they would not find it hard to adjust in terms of helping in domestic responsibilities. This response also held true for those with household help around. A participant shared that:

In a way, I think it has affected the way I have been dealing with my children. Now, my wife and I have been teaching them basic responsibilities in the home like cleaning up their own mess especially after playing with their toys even if we have a household help.

One parent admitted that even if it is important to teach children to participate in domestic work, it should not be to the detriment of their studies. Studying for the next day's lessons remains the top priority for their children.

For those who were trained to help in their family's source of income, they also imparted it on their children such as helping them sell goods in their stall in the market when there are no classes. In addition, there were those who assigned tasks based on the gender of their children. For instance, girls did the laundry and cooking while boys fetched water.

Study participants with very young children could not yet say if their upbringing affected the way they rear their children because they have not yet assigned tasks to them. For those with older children, the way they were brought up especially in terms of doing household chores influenced the way they rear their children by also assigning simple household chores to them.

The Concept of "Real Man" to the Respondents

In relation to how the men were raised and how they in return raised their children, husbands and wives were asked on their views of the measures of a "real man" (Table 4).

TABLE 4. Characteristics of a "Real Man"

Characteristics	Number of Mentions	
	Husbands (N = 44)	Wives (N = 34)
Responsible	41	29
Respects women	2	8
Physically strong	0	6
Shares in domestic work	1	4
Does not have vices	1	4
Disciplines children	0	4
Affectionate towards wife	0	3
Honest	0	3
Not effeminate	1	3
God-fearing	0	2
Capable of siring children	0	2
Attracted to women	1	1
Participates in Family Planning	0	1
Multiple response		

Predominantly, both husbands and wives mentioned that a "real man" is viewed as responsible for meeting the basic needs of his family such as food, clothing, and education. This means that a husband must be able to answer the financial needs of his family, thus he should be earning on his own. However, he should still be able to make time for his family and be caring and sweet towards his wife. His family should be his priority and he must have a keen sense of foresight in terms of establishing a good future for them especially in terms of handling the family's finances. A wife said:

He should be responsible for his family and can provide for their needs. He should also be able to find means to ensure the future of his children. He must also have his own stand on certain matters and must have a plan in life. All these must be good because it is for the future of his family.

More wives than husbands mentioned that engaging in vices such as drinking and having extramarital affairs would prove to be detrimental to the future of the family. Wives emphasized that if the husband does resort to drinking, it should only be in limited amounts and must not become habitual. In connection, honesty towards one's wife is important. It does help that the husband is God fearing and morally upright.

As the head of the family, the husband is not only expected by wives to take care of the financial needs of the family but when needed, he should also help in the household chores; thus, he should be physically strong. He is also expected to be involved in taking care of the children and instilling discipline in them. As a partner, he is expected to understand his wife, her work schedule, and her interest in helping to meet the financial needs of the family by being gainfully employed or engaging in small business endeavors. A husband also needs to support his wife emotionally. For instance, during heated arguments, the husband is expected to listen rather than angrily engage his wife and shout at her. As a result, he should not harm or ridicule her; instead, he must respect her.

The physical characteristics of a “real man” include his ability to sire children which was only mentioned by the wives. Thus, men should be attracted to the opposite sex. But even if he is expected to sire children, he should also be responsible to take measures to participate in family planning to be able to meet the needs of his family in the future. Other physical attributes include his strength and ability to do simple household repairs such as plumbing, electrical work, and other minor mechanical problems. This requires him to be energetic, not frail.

It was conspicuously cited that a real man is not gay or does not possess characteristics attributed to gays. As a wife cited:

You would not see him engage in small talks with women like gays do. Gays almost always mind their neighbors' business and backbite them. He should only mind his own business and must be able to discipline his family.

A man who is *macho* is physically fit, robust, strong, and mentally competent. Because he is physically healthy, he is predictably hardworking and can be relied upon by his family to meet their needs. The downside of being *macho* occurs when a man succumbs to wrong notions such as refusing to participate in domestic work like doing the laundry and taking care of the children, leaving the wife burdened with domestic work.

Beyond the physical characteristics, a majority of the respondents equate being responsible in terms of taking care of the basic needs of the family with being *macho*. This means that a husband takes care of his wife and children and works to ensure their future. Even if family members heavily rely on the husband, he does not have a monopoly in terms of deciding what is best for the family. Decisions must be reached together with the wife or if not, the wife should at least be consulted and her views taken into consideration.

One respondent mentioned that being *macho* is positive because he believes that men should be strong especially since women are weak physically. But generally, a *macho* man is seen positively because he only seeks what is good for the family and this comes with great responsibility.

In summary, men who have been trained to participate in domestic work when they were still young admit to have been influenced by that experience in the way they rear their own children. Grown children are assigned simple household chores to prepare them for future responsibilities. Responsibility in terms of meeting the basic needs of his family and ensuring its future is an important aspect of a “real man”.

Male Involvement in Family Planning

Many of the men say that family planning is something that couples should agree about and decide upon together. They realize though, that being the head of the family, with the responsibility to plan and chart its future, is a big challenge placed upon them. Thus, they are now taking the full responsibility to stop having children by choosing vasectomy. In Table 4, husbands never mentioned that one of the characteristics of a “Real Man” is the capability of siring children which was mentioned twice by the wives. For those men who see the initiative to undergo vasectomy as solely their own, they claim that as men, they have the exclusive responsibility to look for a job to earn for the family and this also means looking after its future.

In Table 5, male involvement in family planning not only means limiting the number of children but is more importantly about sharing the responsibility of nurturing them and ensuring their future, especially their education. Nurturance of children means taking an active part in instilling in them discipline and good manners. Additionally, husbands ought to share in the domestic responsibilities like doing household chores and helping in the marketing. Since women are burdened with risks associated with pregnancy and giving birth, thus, having a vasectomy is a husband’s contribution.

TABLE 5. Importance of Male Involvement in Family Planning

Reasons for Male Involvement in FP (N = 34)	Number of Mentions
Shared responsibility	23
Ensure future of family	16
Limit number of children	8

Multiple response

In discussing with the husband which family planning method to adopt, wives emphasize that factors such as spacing and number of children should be considered. For instance, if couples choose the natural family planning methods, the husbands are expected to be cooperative and understand that there are times that their need for sex must be forgone to avoid pregnancy.

Men view family planning not only in the context of limiting the number or spacing of their children (Table 6).

TABLE 6. Reasons for Choosing Vasectomy

Reasons (N = 44)	Number of Mentions
Economic	27
Limit number of children	15
Health of wife	8
Contraceptive failure	2
Spend quality time with children	1

Multiple response

They cite that they got involved also because of their desire to meet the needs of their family especially their children. The needs ranged from giving them food, shelter, education, and guiding them by participating in their care and nurturance. Husbands recognized the fact that the methods available are woman-centered such as pills, ligation, and intrauterine devices. However, no-scalpel vasectomy is also an available option that couples can choose to safely plan the number of their children.

One respondent confessed that it is better if husbands and wives are able to agree on family planning, although in his case he decided against the view of his wife. She was against vasectomy because she views it as a sin. This conflict did not last long since the wife eventually saw that the decision of her husband is for the future of his family.

In relation to meeting the needs of the family as part of the responsibility of men, views on reasons for choosing vasectomy as a family planning method were asked (Table 6). The difficult economic situation of most families prompted the men to undergo vasectomy. They realized that due to spiraling prices of basic commodities and the increasing cost of meeting the basic needs of their families such as food, clothing, shelter and education, they should take matters in their own hands. Being the family heads had never been easy especially when their incomes could barely meet family needs especially for those having more than three children. One father admits, that as a responsible partner he should be able to match his income with the number of children he has whose needs he must be able to provide.

Men are also concerned with the health of their wives. For instance, frequent pregnancies have caused reproductive health problems for their wives. As one husband narrated:

I was very afraid of the idea that my wife would get pregnant again because she almost died during her last delivery.

For those whose wives were also using artificial contraceptive methods such as pills, the husbands were concerned with the adverse effects, which included perceived mood swings.

For couples who were already using family planning methods, they experienced failures both in the natural and artificial contraceptive methods. For instance, a couple was using the rhythm method which failed and eventually resulted in pregnancy. Moreover, men had realized that the burden of reproduction and raising children had always been the wives' concern, which brought about health problems for their wives. One husband said that:

I really thought that we would only have four children but my wife got pregnant a fifth time. We were using the rhythm method which failed. My wife was going to have a ligation but we found out that her blood pressure is elevated. I was told that ligation would not be good for her.

Men chose vasectomy because they had already reached their desired number of children. More importantly, spending quality time with the children is important, for according to one father:

First of all, I think having only three children was wise enough. The reason for not having more children is not primarily due to my financial capability to meet their needs, it is more on raising them well by spending "quality time" with them. Having only three kids, I still sometimes feel guilty because I am not able to give equal attention to all of them.

When the men were asked during the focus group discussions to enumerate the three reasons for opting to undergo vasectomy, they cited the prevailing economic crisis, coupled with threats to their financial stability, the future of their family especially their children, and their wives' health most often. Where their children were concerned, their education remains a priority. One respondent, however, adds that there are also men who go for vasectomy so that they can play around without the fear of impregnating someone, especially if it is a mistress.

Men undergo vasectomy for several reasons. Table 7 presents the influences of others in men's decision to undergo vasectomy. The study participants claimed that their wives and health providers were the most instrumental in their decision to undergo vasectomy. According to most of the men, after they discussed their plans to undergo vasectomy with their wives, and obtained their support, the health providers were then largely significant in their final decisions. However, their in-laws and friends did not greatly affect their decision to have a vasectomy.

TABLE 7. Involvement of Others in Men's Decision to Have a Vasectomy

Persons Involved in the Decision	Responses (N = 44)	
	Yes	No
Wife	31 (70%)	11 (30%)
In-laws	3 (7%)	41 (93%)
Peers	7 (16%)	37 (84%)
Health providers	43 (98%)	1 (98%)
Multiple response		

A majority of the men involved their wives in their decision to have a vasectomy. Table 8 shows that there were those who first learned about no-scalpel vasectomy from their wives who had either attended an orientation, got hold of a flyer containing information about vasectomy, or had found a health provider who explained the procedure to them.

TABLE 8. Wives' Participation in Husbands' Decision to Have Vasectomy

Extent of participation (N = 34)	Number of Mentions
Wives cited reproductive health problems experienced	22
Husbands initiated discussion and wives gave support	16
Wives initiated discussion on vasectomy	11
Multiple response	

Both men and women seriously took into account their adverse experiences of contraceptive use, most notably contraceptive failure and the high cost of artificial methods. Other considerations included unpleasant experiences during pregnancy and childbirth, having already had more children than desired, the status of wife's health, and current financial standing. A wife said that:

We both decided that he should undergo vasectomy. I supported him because I also wanted to stop getting pregnant so that we would not have additional children. I cannot use the IUD because I have hypertension. That is why vasectomy is a better option.

The negative experiences of women with contraceptive use included palpitations, headaches, moodiness, loss of weight and the appearance of varicose veins for the pill users. An IUD user mentioned experiencing severe abdominal cramps. They also mentioned contraceptive failure for those who were using the rhythm method, withdrawal, and pills. Many spouses, especially the women, had contemplated on having a ligation but decided against it because

it was expensive, their health would not allow it because they had hypertension, one found out that there was something wrong with her fallopian tubes which would not qualify her for ligation, and post-operative recovery would be cumbersome because of heavy domestic work to attend to.

Some couples decided to choose vasectomy because of risks to health the wives experienced during pregnancy and delivery. One woman said she had a difficult pregnancy and ultimately a cesarian section during delivery, only to learn that the fetus had died before delivery. Some women's hypertension led to pre-eclampsia which could result in death during delivery. Miscarriage or spontaneous abortion is another reason cited. Difficult pregnancy and delivery lead to additional medical cost when a newborn needs incubation and a longer stay in the hospital after delivery.

A majority of those who opted for vasectomy already had three or more children and they had already reached if not exceeded their desired number of children. The decision to undergo vasectomy was triggered mainly by economic reasons – increasing prices of basic commodities, when at the same time they either do not have a steady source of income or they are earning less than what their family needs.

Table 9 shows that only two women did not consent to let their husbands go through vasectomy because they considered it sinful or because their live-in union was not stable.

TABLE 9. Wives Support to Husbands' Decision to Have a Vasectomy

Answers	N = 34	%
Yes	32	94
No	2	6
Total	34	100

Were they to separate later, the man would no longer be able to sire children to the woman he will eventually marry. A husband explained his decision to have a vasectomy without his wife's consent:

My wife was not part of the decision-making process because she is against vasectomy since she considers it a sin. I thought of having a vasectomy when we already had eight children. But that time, I asked my wife to have a ligation but she did not like the idea because it is still a sin. When we already had 10 children, I solely decided to have vasectomy. We had fights because she was concerned that it might adversely affect my health. She even went to the security agency that I work for and demanded why she was not informed (the security agency asked the personnel of Sacred Heart Hospital for an orientation on no-scalpel vasectomy for their workers).

The wife said:

It was solely his decision. I did not support him because it is a mortal sin. We fought because I could not understand the reason why he had a vasectomy and he never answered. I really cried when I learned that he had a vasectomy. My mother advised me to just accept it and our priest told me to just pray for my husband because anyway, he is looking after the future of our family.

There were husbands who did not include their wives in their decision because they had to take matters in their own hands, especially given difficult times when the future of the family was at stake. One husband decided to surprise his wife because at the onset, it was supposed to have been the wife who would go for ligation but they had decided against it when they learned that it has a number of side effects. Because of these supposed undesirable effects of ligation on his wife, he decided to have a vasectomy. His wife was very supportive upon learning that her husband had gotten a vasectomy.

Only very few of the men involved their in-laws and friends in their decision to undergo vasectomy. Those who were influenced by their in-laws bared that they were encouraged to undergo vasectomy because they brought up the facts of the economic crunch, that religion did not prohibit the practice of vasectomy, and that their in-law also had had a vasectomy. Friends positively influenced their decision to have a vasectomy when they decided to undergo the procedure together, thereby allaying fears and anxiety. Friends also assured its safety because of their own previous experiences, and they also said there was nothing wrong with it because it is not against their religion.

More than the wives who influenced the men to have a vasectomy, a majority of the study participants were greatly encouraged by the health providers who they considered to be experts knowledgeable about the procedure. The manner in which it was explained to them provided an assurance that it is safe, thereby easing their apprehensions. The examined visual aids used during discussion facilitated a clear understanding of what should be expected during and after vasectomy. They felt confident that nothing adverse would happen because they read or heard testimonies given by previously vasectomized clients regarding their experiences. It helped a lot that during counseling, instructions given to them were clear in terms of what to do and what to expect after the procedure to ensure that nothing unfavorable would happen. One client was even accompanied by a health provider to Sacred Heart Hospital prior to the scheduled date of the procedure to ensure that he knew where the venue would be.

Misconceptions about Vasectomy

Although there are people who help men in deciding to have a vasectomy, they have to deal with a number of misconceptions surrounding it. Like other contraceptive methods, vasectomy is unpopular as a contraceptive choice because of erroneous beliefs associated with it. A common notion is that vasectomized men can no longer attain erection. This is a threat to their *pagkabalaki*. They think that they will no longer enjoy having sex or be able to have sex with their wives. This might result in their wives' philandering because they will no longer be sexually satisfied. Eventually, this will lead to their break-up. Some wives think that because vasectomized men can no longer impregnate, they will no longer have second thoughts about having extramarital affairs. One male study participant pointed out his wife's worry that he would become a "sex maniac" because he would be free from the fear of getting his wife pregnant, and would also have extramarital affairs to satisfy his lusts. One wife mentioned that men might worry about absolutely not being able to sire children even if, for example, the wife dies, he wants to have children in a second legitimate relationship.

Another misconception of vasectomy is that it is equivalent to castration. This leads to the opposite conclusion from one stated above, that vasectomized men will no longer be interested in sex. Moreover, it is believed that men will no longer release semen. Failure to release semen was interpreted by a friend of a study participant as a factor that would eventually result in prostate cancer. Thirdly, castration also means to some being inutile; a vasectomized male will be unable to attain erection.

Table 10 presents the reasons on the unpopularity of vasectomy among men as expressed by their wives. An erroneous and common belief is that, physically, vasectomy lessens a man's strength. He will no longer be able to do heavy work because it is thought to be risky for his health. Health risks erroneously mentioned included enlargement of the testes and death if there are complications. In the long run, men will become lazy because they are selective of the kind of work they do even to the extent of no longer participating in domestic work. They will end up unemployed, which would mean financial loss and a bleak future for the family.

TABLE 10. Reasons Cited by Wives on Vasectomy's Unpopularity Among Men

Reasons on Vasectomy's Unpopularity (N = 34)	Number of Mentions
Lessened sexual drive	13
Failure to have an erection	11
Affects physical strength	10
Will become a sex maniac	3
Will become gay	2
Against the teachings of the church	2
Multiple response	

Other than these physical aspects, there are also erroneous beliefs about psychological consequences such as moodiness and the tendency to get angry easily. These are attributed to lessened sex drive, leading to an adverse effect on a couple's sex life. The husbands would also have to contend with being teased by neighbors and friends who think they are not able to attain erections anymore and their sex lives have ended (because of the fear of being teased, a few men and their wives never mention that the husbands underwent vasectomy). Men might become gay in the end since sex with a woman is no longer enjoyable.

Religious beliefs play another major factor in the unpopularity of vasectomy because religious Filipinos, believe in what the Bible says which is "go out into the world and multiply." Vasectomy is equated with sin because it runs counter to what God wants couples to do.

Two men experienced failure in vasectomy. One admitted that he failed to have a sperm count before engaging in unprotected sex with his wife. One opted to have another while the second did not opt to have another procedure. The one who had a repeat vasectomy is not fully convinced of the effectiveness of vasectomy and is still using condoms especially since he did not have a sperm count yet after the second procedure. Their wives got pregnant less than a year after the procedure. Both failures led to domestic conflicts, because the wives were hoping that they would not get pregnant again and experience the hardships of another pregnancy. Moreover, the pregnancies caused the wives to feel ashamed for relatives and friends knew that the husbands had vasectomies. These people could not help but think that the pregnancies were a result of the wives' having extramarital affairs. One of the wives expressed her frustration:

I regret that I suggested the procedure to my husband. They said that it is 98 percent effective. Perhaps we belong to the two percent ineffective. By August, he was supposed to have been vasectomized for one year but I got pregnant in June. My menstruation stopped. Had we not tried this method, I believe I would not have gotten pregnant since he was pretty good at using the calendar method. We were using it for two years and I did not get pregnant. Just when we decided to make it sure with vasectomy, I got pregnant. My experience was really frustrating and especially I felt ashamed in the presence of the doctor who performed it. I hid every time I saw him from a distance and if I could not avoid meeting him, I covered my belly. My husband did not have a sperm count after the procedure. People probably think that I had an extramarital affair although I know the truth. I definitely would not recommend it to men.

Their husbands said that the possibility of failure sometimes affects their initiatives to encourage others to undergo vasectomy.

Majority of the study participants emphasize that discussion of the exacerbation of economic hardships faced by families with many children is an eye opener. The future of those having many children will be bleak because times are hard, especially for those receiving low wages and facing job loss. Having more than three children is already a financial burden. As one husband said:

These are hard times. It would be not be good if we just keep on having children. One must be able to match his income with the needs of his family. Just look at our population growth and how the economy is ailing. There is no balance.

The same husband echoed the concern of others regarding the harmful effects of continuous pregnancies on the women's health:

Another thing, men must also be aware that family planning is not an exclusive responsibility of women. Men also have a role to play. If we talk about family planning, women are the ones hardest hit. Just look at the methods—pills, IUD, ligation. For us men, there is vasectomy which is easy, free, and safe. It is better if we choose vasectomy.

The men who participated in the focus group discussions agreed that their sex life had improved because they no longer worry about unwanted pregnancy. They are able to clearly chart the futures of their families because they are no longer worried of another person whose needs they must meet.

Men mentioned that no-scalpel vasectomy is a better option compared to ligation because it is not a surgery, it is safe, and recovery is fast as long as one religiously follows the instructions given during post-counselling.

Another concern is the religious aspect. A husband said that vasectomy should not be seen as against the law of God, rather it is being responsible to wife and family as a whole. A husband disclosed:

Well, for those who have not planned their future, they better start it now before it is too late. Men can be encouraged by explaining to them that it is not a sin. I am an avid student of the Bible and I could not find why the Catholic Church says that it is a sin.

A wife who refused to have a ligation for religious reasons, felt bad when her husband had vasectomy but she was later enlightened after talking to a trusted priest who said that she should not worry because her husband is after all, looking at the future of their family.

Sources of Information about Vasectomy

Table 11 presents men's sources of information on vasectomy. The decision to undergo vasectomy did not come about without first seeking information about the procedure.

TABLE 11. Sources of Information on Vasectomy

Sources of Information (N = 44)	Number of Mentions
Health provider	18
Newspaper	8
Streamer and flyers	6
Radio	5
Wife	5
Friend or neighbor	5
Television	3
Multiple response	

Men's sources of information included television (ABS-CBN's *TV Patrol*), radio (DYHP's radio program entitled, *Kini ang Akong Suliran [This is My Problem]* anchored by Dr. Lourdes Libres-Rosaroso, a newspaper (*SunStar Daily*), flyers, streamers, health providers, neighbors, in-laws and wives. A study participant narrated how he came to his decision:

After I read in the newspaper about no-scalpel vasectomy, I immediately called up Sacred Heart Hospital. The person who answered the phone explained the procedure and family planning also. My wife and I first discussed it and I then decided to have the procedure. It did not take one week for me to decide.

Majority of the men mentioned health providers as source of information and these include barangay health workers, medical interns and doctors from Sacred Heart Hospital who thoroughly explained the procedure, which made them understand that unlike, in the past, it is not a procedure that takes a long time, and it is safe. Its safety was very important to one of the study participants because a neighbor had an infection after he had the traditional vasectomy procedure. A person from Sacred Heart Hospital also gave an orientation in the workplace of a few of those who decided to undergo vasectomy which convinced them of its effectivity, safety, and practicability. He said:

At the time when I still had four children, I already planned to have a vasectomy but it was going to be the traditional type, which required an operation. I had a

neighbor who suffered an infection after the procedure. I got scared then. Now, when the number of my children reached eight, there was somebody from the barangay health center who explained the new procedure. She also said that it is free, safe, and not painful. So, I then went to Sacred Heart Hospital to have a vasectomy.

Neighbors were one source of information when they either heard or read about vasectomy and talked about it with a participant. These neighbors also encouraged them to attend an orientation on vasectomy in their barangay or in Sacred Heart Hospital. Five of the study participants underwent the procedure together with their neighbors, which was an advantage to them because they gave each other moral support.

Another source of information were wives, some of whom knew about vasectomy through various sources such as a doctor when they had their regular pre-natal check-ups, and health personnel who conducted orientations regarding the procedure. The wives discussed the information they got with their husbands and this encouraged the latter to have the procedure. A few husbands still sought other sources of information about the procedure such as attending an orientation, which they also knew about through their wives.

To synthesize, health providers and wives are the most influential in terms of the men's decisions to undergo vasectomy. Health providers are instrumental in correcting myths about vasectomy such as experiencing lessened sexual drive and failure to have an erection. It also aids in the decision-making process of men that massive information campaigns are done to counter myths surrounding vasectomy and to highlight its benefits.

Length of Time to Decide to Have Vasectomy

Table 12 presents the length of time that men took on deciding to have vasectomy. The decision to undergo no-scalpel vasectomy did not take long for majority of participants. As shown, it did not take more than one month for them to decide after knowing about the procedure. There were a few who only took a day to decide to have the procedure. The urgency to have the decision was brought about by the number of children they already had at that time. Some had already reached their desired number while others had already exceeded the number of children they desired. They explained that having more children would mean additional financial difficulties in terms of raising them and meeting their needs. In fact, some were already facing problems in terms of answering the basic needs of their family. The concern for their wives' health also compelled them to have the procedure done immediately. They pointed out that too many pregnancies took a toll on their wives physical health. Some wives had already experienced high-risk pregnancies and difficult deliveries.

TABLE 12. Length of Time to Decide to Have Vasectomy

Length of Time to Decide	N = 44	%
Less than one month	39	89
One month	3	7
More than one month to six months	1	2
More than one year	1	2
TOTAL	44	100

After undergoing vasectomy, male study participants' perception of *pagkalalaki* did not change after undergoing the procedure. Husbands equated it with being responsible in terms of putting the needs of the family first. Such needs include providing food on the table and sending their children to school. Education of their children figures prominently in their priorities since this is one way to give them a chance in life.

This concern of husbands is also held by their wives. Beyond the issue of reproduction, women should be respected, not be subject to physical abuse, such as the physical abuse of continuous childbearing. In the same way, women must not be burdened with problems stemming from the vices of their men such as drinking and womanizing.

A number mentioned that their sex life has been significantly enhanced because they are no longer anxious and even fearful of another pregnancy. Their sex drives have improved. Now, they also have "peace of mind" and their domestic life has become better, whereas in the past, they had fights due to frequent unplanned pregnancies and failure to immediately respond to the basic needs of family members such as food and education expenses and other expenses related to the upkeep of the home. Fewer domestic spats have led to couples becoming closer. A husband shared his experience:

It (vasectomy) makes me feel better now about myself. My sex life is good because there are no more apprehensions before the contact. No more worries of bearing another child.

A wife shared how their sex life improved after the procedure:

There were hurdles like we were advised not to have sex before completing 20 ejaculations but after that, there were really positive changes. No more worries of getting pregnant. In terms of stimulation, there were no changes. The operation in fact, made our sex life better—no worries, guilt feelings and apprehensions. You only need to sleep soundly after.

Wives welcomed their husbands' choices to have a vasectomy because they have been spared from undergoing ligation which is perceived as more expensive, difficult and riskier compared to vasectomy. One wife was happy because her life was no longer endangered by difficult pregnancies. In the past, she experienced a complicated pregnancy, which eventually resulted in a stillbirth.

In-laws see the move to go through vasectomy optimistically because they no longer have to help to meet the food and schooling needs of the grandchildren, should more of them have come along. Their present grandchildren would have a better future when expenses would not have to go to the unborn siblings. They see the move as something to be proud of.

The friends of the participants were concerned about any adverse physical effects of vasectomy, such as no longer being able to attain an erection, which, they erroneously believed, would have an impact on their *pagkalalaki* because impotence would mean the end of a man's sex life. Failure to have erections was coupled with fears of doctors committing errors during the procedure. Eventually, some said, not being able to have an erection was also interpreted as a man becoming gay.

In brief, the perception of the vasectomized man's *pagkalalaki* remained positive and the same after vasectomy as before (Table 13). Vasectomy is seen as one of the acts of responsibility a male should take to ensure the well-being of his family.

TABLE 13. Post-Operative Perceptions on Men's masculinity (N=44)

Perceptions	Wives	In-laws	Friends
Positive	43	43	40
Negative	0	0	3
NA (did not inform anyone)	1	1	1
TOTAL	44	44	44

Discussion

Masculinity is defined as being a responsible husband and father. This means that a man should be able to meet the basic needs of his family – food, clothing, and education. He should be able to take part in raising the children and sharing in domestic work, devote time for his wife and support her not just financially but also emotionally. In terms of decision-making, the husband as well as the wife must jointly decide; if not, the wife should at least be consulted.

A man is expected to sire children but with this expectation comes the responsibility to take care of them. Part of this responsibility towards the children is his direct participation in family planning. Aside from siring children, physical strength is likewise attributed to being a man. Thus, he is expected to be hardworking not just in terms of having a steady source of income but also participating in domestic work.

The respondents were encouraged to undergo vasectomy most importantly due to economic reasons. They had been feeling the crunch of ensuring the future of their family members, especially their children. This would prove to be more difficult were another child to come along. In fact, a majority already reached or even exceeded their desired number of children.

The husbands' concern for the health of their wives, who in the past experienced various reproductive health problems during pregnancy and childbirth, made them choose vasectomy. Added to this was the constant pressure placed on women to regulate fertility by way of contraceptive methods.

Wives made a significant contribution to the decision of men to undergo vasectomy. Aside from providing husbands with information regarding the procedure, the extent of support given by the wives as expressed through their agreement on the decision of their husbands to have a vasectomy made a marked impact to go through with the procedure.

The encouragement given by health providers by thoroughly explaining the procedure and correcting myths and misconceptions and assuring them of its safety and reliability provided an extra push on the acceptance of husbands to have vasectomy.

In-laws and friends did not have a noteworthy influence on the decision of men to undergo vasectomy.

In the past, the men were not keen on undergoing vasectomy because of various misconceptions regarding the procedure. Foremost, there was the notion that they could no longer attain erection and even the confusion of it with castration which would greatly affect men's virility. This in turn, would affect their *pagkatalaki*, their sexuality, strength, maleness and ability to provide. Psychological and religious factors also figured prominently in their decision to forego vasectomy in the past. All these were corrected through accurate information given by various reliable sources such as health care providers and vasectomized men.

Aside from the accurate information given, men as *padre de pamilya* (head of family), seriously took into account their responsibility as fathers to their children and husbands to their wives. They took matters into their own hands by making the decision to finally accept the procedure.

As cited previously, men equated masculinity with responsibility towards the family. This is the very reason that prompted men to have vasectomy without much delay from the time they received accurate information regarding the procedure. Thus, after having the procedure,

men felt that nothing actually changed with the way they perceived their masculinity. In fact, having vasectomy affirmed their concept of being a responsible man, husband, and father. Their wives also saw this in the same light.

Conclusions

This study had outlined the reproductive choices of Cebuano men in favor of vasectomy and explained the concept of *pagkalalaki* that Cebuano men hold which created an impact on their choice. Cebuano married men understand the concept of *pagkalalaki* as being responsible in terms of meeting the basic needs of the family such as food and education. This is in line with the study of Avila and Wong (2001) in Cebu where husbands limit the number of their children because they want to spare them of economic deprivations. A related finding on masculinity by Whitehead (1997) in a study conducted in America is that masculinity involves two themes, namely, respectability and reputation. The former includes having economic power to provide for one's family. Men see that it is their primary duty to financially meet the needs of the family and this is also supported in the Philippines by studies done among Ilokanos by Pingol (2001) and Margold (2002).

Beyond being able to meet the economic needs of the family (Whitehead, 1997), men likewise see their role as actively participating in the nurturance of their children by spending "quality time" with them. Moreover, they should also be able to spend time with their wives despite the many responsibilities they have, which includes participation in domestic work. Doing household chores is also not an issue among Cebuano men, and this can be related to the way they were socialized in their childhood years when they were trained to do simple household chores. Mendez and Jocano (1979) likewise revealed that Tagalog boys were assigned chores which require physical strength, traveling some distance from the home, and minimal socio-emotional skills. Liwag, de la Cruz, and Macapagal (1998) found that boys assisted in child care when girls were not available.

Masculinity as perceived by both men and women includes physical characteristics although they are not considered significant in the decision to choose vasectomy. These physical characteristics include physical strength and the ability to sire children. An emphasis on physical strength was found in the present study and also by Liwag, de la Cruz and Macapagal (1998) because they found out where men are expected to do heavy work. There is another important expectation which is the ability of men to impregnate women which, in fact, Gilmore (1990) and Gutmann (1997) report in their studies among men in the circum-Mediterranean region. Their part of the "moral imperatives" of maleness involved impregnating one's wife aside from meeting the needs of dependents and protecting the family. In the Philippines, Tan (1989) believes that the siring of children is considered an essential achievement.

Men choose vasectomy despite the prevailing myths surrounding it. This phenomenon is discussed by Atkins and Jezowski (1983). In the first place, men are concerned for the future of the family especially that times are now economically difficult. In Margold (2002), an ideal husband is seen as someone who can secure his family's economic stability.

Secondly, the health status of their wives is threatened by risky pregnancies and deliveries. The threat of pregnancy to women's health is also a concern raised by Flavier (2002) who himself opted to have a vasectomy. For so long in these men's partnerships, women have been carrying the burden of reproduction, family planning, and using women-centered family planning methods. But the males have come to realize that, indeed, there is another choice centered on *them*. Landry and Ward (1995) learned in their research that men have come to realize that it is now their turn.

Thirdly, couples decided to stop having children because they had either reached or surpassed their desired number. This was likewise found by De Guzman (1990) in his study on vasectomy.

Men's decision to have vasectomy can be facilitated through the support extended by the wives and health care providers. Avila and Wong (2001) mentioned in their study that cooperation and understanding between partners make family planning succeed regardless of what method is used. Wives play a crucial role in the decision of many men because, foremost, they provide information about the procedure and reinforce men's resolve to have a vasectomy. Similarly, Ringheim (1993) divulges that vasectomy acceptors in Colombia point to their wives as initial sources of information and as the key persons to influence the decision. Additionally, in a successful program in Brazil initiated by PRO-PATER, which was studied by de Castro, et al. (1984), wives indeed influenced men's decisions. However, a study by de Guzman (1990) in the Philippines, found that the men in its sample never consulted their wives about their plan to be vasectomized.

The key role that health care providers play in the decision-making of men is in the area of educating them regarding the procedure and explaining the prevailing misconceptions on vasectomy. The advantages of vasectomy over other methods enable men to decide that it is the better choice especially compared to ligation which Landry and Ward (1995) also discovered. Vernon (1996) says that vasectomy is preferred because it is "simpler, easier, safer, quicker and most comfortable". Friends and in-laws do not have a significant impact because once men get the support of their wives through a joint decision, nothing else matters, not even the misconceptions or adverse attitudes of their male friends.

Finally, men still hold the same positive concepts of *pagkatalaki* after vasectomy as they had before, and it does make a big difference that men are now taking an active and direct participation in terms of family planning. This is a huge departure from the study done by UNFPA (2000) where strong male stereotype prevented men from sharing in sexual responsibility.

Despite the positive views men have of their *pagkabalaki* before and after vasectomy, there remains a need to explore other concepts of *pagkabalaki* especially from men who refuse to have vasectomy which remains unpopular compared to the other contraceptive methods available.

Recommendations

In order to encourage vasectomy, the best way to counter existing misconceptions of vasectomy is to launch massive information drives using media and going to the barangays to ensure that many communities are covered by the campaign. During the information drive, reading materials describing the procedure and how to ensure its effectiveness are necessary. Facts should be presented to correct the usual misconceptions. Testimonials of the experiences of men who underwent vasectomy would encourage men. Wives also say that having couples share their experiences would go a long way to encourage men to have a vasectomy.

In the information campaigns to garner the participation of men in family planning, especially vasectomy, it is not enough that myths will be corrected and facts presented. Another convincing manner to get the support of men, based on this research and others, is stressing their responsibility towards their children and wives. The concept of responsibility hinges on securing the future of the family by being able to sire the number of children whose basic needs like food and education can be met under their current circumstances, and stopping there.

It is noteworthy that men are concerned to secure the economic welfare of the family. This means that they are tied to their jobs and may not have the opportunity to spare time for discussions on other matters or in other places. Efforts should be made to reach out to men in their workplaces through information, education, and communication campaigns. They would be a captive audience with an opportunity to closely interact with men who may have previously held concepts and misconceptions on vasectomy similar to their own.

In relation to the above recommendation, community gatherings of men and women need to be embedded in any such campaign plan since men who are at work for most of their day will prefer to stay at home during time off due to their participation in domestic chores. Community-based gatherings will not only enhance couple-centered decision making but will also improve male involvement in family planning through interaction with other men in the community. Worth mentioning that these discussions must be kept time-bound so that men can still have time for their families.

There is a need to involve men who have been previously vasectomized in the education campaigns in support of vasectomy. Their testimonies as to the nature of the procedure, its

success, and the joys they are currently experiencing can help other men realize that it is alright to submit one's self for vasectomy. This is also an effective way to dispel erroneous beliefs about vasectomy in relation to cultural conceptions of masculinity based on the actual experiences of previously vasectomized men.

Couple-centered information activities including pre- and post-counseling are key in terms of helping males to make a firm decision on family planning. Veering away from women-centered or male-centered only campaigns helps enhance greater participation in family planning. This is also a departure from the usual frame-of-mind of program planners and implementors that "men are the problem" when it comes to family planning. Additionally, there is a need to veer away from stereotyping men in terms of their participation in family planning simply because age-old concepts about their masculinity may be a hindrance in any program designed for them. For as seen in this study, this was not a problem for Cebuano vasectomy acceptors. Eventually, this will ease the burden of responsibility placed on women in terms of reproduction and fertility regulation because men will then take a proactive stance not only in family planning but the more politically correct and encompassing concept of responsible parenthood.

Health service providers need to graduate from the usual information dissemination approaches like focusing only on how the procedure will take place and clients' responsibilities after undergoing vasectomy. Instead, program planners must raise the discussion to a higher level that will include issues on gender, women's health, male participation, and family welfare.

It is therefore important that male involvement in family planning such as vasectomy must be adequately addressed in terms of promotion, delivery of direct services and increased participation of men themselves. Times have changed in terms of family planning and the opportunity for men to be involved is ripe.

References

- Angeles, L. (2001). The Filipino Male as "Macho -*Machunurin*": Bringing Men and Masculinities in Gender and Development Studies.
- Connell, RW. (1997). Men, Masculinities, and Feminism. *Social Alternatives* 16 (3): 7-10.
- De Guzman, E. (1990). Voluntary Surgical Contraception (VSC) in the Philippines. *Philippine Population Journal* 6:94-125.
- Gutmann, MC. (1997). Trafficking in Men: The Anthropology of Masculinity. *Annual Review of Anthropology* 26: 385-409.
- Hatty, S. (2000). *Masculinities, Violence and Culture*. Thousand Oaks, California: Sage Publications.
- Lee, R. and Dodson P. (1999). *Filipino Men's Involvement in Women's Health Initiatives: Status, Challenges and Prospects*. Manila: Social Development Research Center, De La Salle University.
- Liwag, Ma. EC, de La Cruz A, Macapagal Ma. E. (1998). How We Raise Our Daughters and Sons: Child-rearing and Gender Socialization in the Philippines. *Philippine Journal of Psychology*. 31: 142-168.
- Macrohom, JW. (1978). Roles of Husband, Wife, and Both Husband and Wife as Perceived by College Students. *Unpublished doctoral dissertation, Centro Escolar University, Manila*.
- Manhoso FR and Hoga LAK, (2005). Men's Experiences of Vasectomy in the Brazilian Public Health Service. *International Council of Nurses*. 52: 11-108.
- Margold, JA. (2002). *Narratives of Masculinity and Transnational Migration: Filipino Workers in the Middle East*. Development: in A Cultural Studies Reader. 182-193. Susanne Schech and Jane Huggis eds. Blackwell Publishers Ltd. USA.
- Melhuus, M. (1998). Configuring Gender: Male and Female in Mexican Heterosexual and Homosexual Relations. *Ethnos* 63 (3): 353-382.
- Mumford, SD. (1983). The Vasectomy Decision-making Process. *Studies in Family Planning* 14(3):83-88.
- Pingol, AT. (2001). *Remaking Masculinities: Identity, Power, and Gender Dynamics in Families with Migrant Wives and Househusbands*. Quezon City: University Center for Women's Studies. University of the Philippines.
- Sexton, P. (1969). *The Feminized Male*. New York: Random House.
- Sternberg, Peter. (nd). *Challenging Machismo: Promoting Sexual and Reproductive Health with Nicaraguan Men*. Available from: <http://www.bradford.ac.uk/acad/dppc/gender/mandmweb/psternbergtext.html>. [Accessed June 7,2003]

- Stycos, M. (1996). Men, Couples and Family Planning: A Retrospective Look. Working Paper No.96-12, Cornell University Population and Development Program, Cornell University.
- Tan, AL. (1989). Four Meanings of Fatherhood. *Philippine Journal of Psychology* 22: 51-60.
- The State of World Population 2000*. United Nations Population Fund.
- Velez, Henry. (nd). *Machismo: What Is/Isn't it?* Available from: <http://www.lifegoeson.net/ponderous/machismo.htm>. [Accessed June 7,2003]
- Vernon, R. (1996). Operations Research on Promoting Vasectomy in Three Latin American Countries. *International Family Planning Perspectives* 22(1):26-31.
- Watson-Franke, MB. (1992). Masculinity and the "Matrilineal Puzzle". *Anthropos* 87:475-488.
- Wood, J. (2001). *Gendered Lives: Communication, Gender, and Culture*. 4th edition. Belmont, California: Wadsworth/Thomson Learning.