Self Concept & Permanent Birth Control Choice

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James T.

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SELF CONCEPT AND PERMANENT
BIRTH CONTROL CHOICE

A Thesis
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of the Requirements for the Degree
Master of Arts

by
James T. Evans
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SELF CONCEPT AND PERMANENT BIRTH CONTROL CHOICE

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Palmer Gray
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The purpose of the study was to investigate the relationship between an individual's self concept and his method of permanent birth control. The subjects consisted of two groups of males: (1) males who were seeking a vasectomy, and (2) males who were not seeking a vasectomy but who indicated that they had obtained their desired family size, or who indicated they would not consider a vasectomy. The subjects in group one were paired with subjects in group two according to select demographic variables such as age, race, education, and occupation. The Tennessee Self Concept Scale, TSCS, Total P Score was utilized to assess self concept. Analysis of the data utilized the Wilcoxon Matched-Pairs Signed Rank Test. The analysis indicated that the vasectomy group had a significantly higher self concept than the non-vasectomy group. The results of this study indicated a relationship between self concept and the initial decision to seek vasectomy. Males with positive self concepts appeared to be more open to the idea of vasectomy and appeared freer to make this decision. These findings are fairly consistent with self theory, but more investigation of personality as it relates to the decision to seek vasectomy is needed.
CHAPTER I

Introduction

With the present day problem of world population growth, increasing attention has been given to new and more effective methods of birth control. Because of the relative ease of the operation and the resulting convenience of birth control, more people have been seeking vasectomy. Various studies indicated the yearly number of vasectomies performed in the U.S. during the early 1970's was between 80,000 and 800,000 (Fujita, McRoberts, & Pion, 1971; Hachett & Waterhouse, 1973). The total number of American males who have had a vasectomy is estimated to be about 2 million (Dunbar, 1971).

Because of the increased prevalence of vasectomy in our society, more research is being conducted in an attempt to identify the socioeconomic characteristics of males who seek vasectomy such as age, race, religion, and occupational level. Along with the investigation of socioeconomic factors, there has also been research initiated to investigate the psychological effect of vasectomy on the individual. Studies have been conducted measuring the changes in an individual's overall psychological functioning following vasectomy (Uehling & Wear, 1972; Johnson, 1964) as well as
specific psychological factors such as risk-taking behavior (Hines, 1975). Few studies, however, have attempted to investigate the relationship between personality and the decision to seek vasectomy. Since many personality theorists view the "self" as a central part of personality, this dimension of personality was deemed the focal point for the present study.

Self theorists view the individual with a positive self concept as being less threatened by new experiences and therefore approaching any new experience without being overly anxious or defensive. Such an individual is therefore able to make more reasonable or realistic decisions. Thus, if a means of permanent birth control were desired, the individual with a more positive self concept would be expected to be more open to the idea of vasectomy and would consider vasectomy without becoming overly defensive or anxious. The present study was attempted to focus on the relationship between an individual's self concept and the decision to seek vasectomy.

Statement of the Problem:

The majority of the studies dealing with the psychological effects of vasectomy have been primarily concerned with the aftereffects on the men's overall psychological functioning. Little investigation of self concept as it relates to the initial decision to seek a vasectomy was located. And, according to self theory, an individual's
self concept would be expected to be a factor in such a decision. Thus, there is a need to investigate the relationship between an individual's self concept and the decision to seek vasectomy as a means of permanent birth control. Theoretically, an individual with a positive self concept is more open to his experiences, and does not behave in a defensive manner. Therefore, an individual with a positive self concept should be more open to the idea of vasectomy and not view it as a threat to his sense of self worth or well being.

The present study investigated the relationship between the decision to seek vasectomy and self concept. The following hypothesis was tested:

Individuals seeking vasectomy will have a more positive self concept than individuals who choose other methods of permanent birth control.
CHAPTER II

Review of Literature

Increasing attention has been given to finding new and more effective methods of both permanent and temporary birth control. One method that has been gaining increased popularity as a permanent means of controlling birth is vasectomy which is a form of male sterilization. The Dorland's Illustrated Medical Dictionary (1965) defines vasectomy as "the surgical removal of the ductus (vas) deferens, or of a portion of it (p. 1667)."

John Hunter in 1775 is the person given credit for making the first reference to the occluded vas (Hachett & Waterhouse, 1973) as a surgical technique to relieve/treat physical pathology. However, it was not until the first part of the twentieth century that vasectomy began to be utilized to any degree as a permanent birth control procedure. Prior to that time its use was primarily limited to criminals, the mentally disturbed, those with hereditary diseases, and the mentally retarded.

During the late 50's and the 60's vasectomy gained increased popularity among the general population of the U.S. By 1967 the yearly number of males receiving vasectomy has been estimated to be about 200,000 (McCary, 1967).
The yearly total of vasectomies being performed began to increase significantly each year and in 1970 there was estimated to be about 750,000 vasectomies, and in 1971 the yearly total had reached an estimated 800,000 (Hachett & Waterhouse, 1973). By 1971 the total number of males who had received a vasectomy in the U.S. was approximately 2 million (Dunbar, 1971).

Vasectomy Research:

Socioeconomic characteristics of males who seek vasectomy. There have been many surveys conducted to identify the socioeconomic characteristics of the American males who have received vasectomies. Because of different methods of data collection and different geographical regions, researchers reported somewhat contradictory data. From a sample of over 2,000 vasectomized men, Poffenberger (1963) reported that the largest group of males seeking vasectomy was from the lower socioeconomic levels: about 72% of the vasectomy recipients of his sample were from the lower middle class. In a similar study (Landis & Poffenberger, 1965) 71% of the males were found to be from the lower middle class.

Other studies, however, have yielded somewhat contradictory data in regard to socioeconomic status. In one study of 48 vasectomized males the investigators (Rodgers, Ziegler, Rohr, & Prentiss, 1963) found their sample was primarily middle to upper middle socioeconomic class.
Similarly, other studies (Ziegler, Rodgers, & Kriegsman, 1966; Peberdy, 1968) have indicated the majority of males receiving vasectomy are from the upper socioeconomic classes. These contradictory findings appear to be primarily due to different geographic location and different sampling procedure.

**Psychological reactions to vasectomy.** The literature available on the psychological reactions to vasectomy tends to be as contradictory as the literature on the socioeconomic factors. In both cases these differences may be due to the variety of sampling and data collection procedures employed. To assess psychological reactions to vasectomy, researchers have variously utilized questionnaires, interviews, standardized tests, and combinations of the preceding techniques.

In a study reported by Uehling and Wear (1972) 92% of the vasectomized males responding to a questionnaire stated that they perceived no psychological changes in themselves following vasectomy. Contradictory findings were reported by Johnson (1964) who studied 83 vasectomized males who were subsequently hospitalized for psychiatric illness. He utilized standardized psychological tests and clinical interviews to assess psychological states and concluded that in 11 of the cases vasectomy had played a precipitating role in the psychiatric illness.
As a result of their study of 73 vasectomized males, Ferber, Tietze, and Lewit (1967) concluded that there was an improvement on certain psychosocial variables as assessed by standardized psychological tests. This was somewhat unusual since the researchers also concluded there was a tendency for most males to initially equate vasectomy with castration. In a similar study Rodgers, Ziegler, Altrocchi, and Levy (1965) concluded that there was some adverse psychological functioning indicated on standardized psychological tests following vasectomy, even though the subjects did not attribute it to vasectomy.

Changes in self concept following vasectomy. Doty (1973) concluded after his review of the literature on the psychological aspects of vasectomy, that the possibility exists that vasectomy may have a disruptive effect on males whose psychosexual identities are vulnerable. Rodgers, Ziegler, and Levy (1967) related negative postoperative psychological effects of vasectomized males to a lowering of self concepts. Their argument was that self concept is determined by cultural attitudes; and since the prevailing cultural attitude about vasectomies was assumed to be negative, it therefore adversely affects the self concept. The negative effect on the male's self concept accounts for postoperative psychological changes. In a similar study Ziegler, Rodgers, and Kriegsman (1966) found an increase in emphasis on socially approved behavior for men. While
there were positive attitudes about the operation, there were negative psychological changes in psychological adjustment and accompanying marital problems. The conclusion was that after the vasectomy the men raised questions about their own masculinity. The increase in culturally approved masculine behavior was interpreted as an attempt to prove the operation had no adverse effects on masculine behavior and to reaffirm their masculinity.

Ziegler, Rodgers, and Prentiss (1969) conducted a four year follow-up study of vasectomized males in the 1966 study. They found that the 42 men who had vasectomies had continued in the tendency to display an increase in masculine confirming behavior. The researchers viewed this behavior as a reaction to the vasectomy as if it had demasculinizing potential, and used this rationale to explain the increase in masculine confirming behavior and/or an increase in psychological problems following a vasectomy.

Kendall (1972) conducted a similar study in which some assessment of self concept was made before and after vasectomy, to determine what changes, if any, took place. He also found that after vasectomy there was a general lowering of self concept. Comparing the males in his vasectomy group to a control group, he found that the males in the control group tended to have higher self concepts than the subjects in the vasectomy group.
In summary, the above studies appear to support the hypothesis that there are changes in individual self concepts following vasectomy. According to many personality theorists, one's self concept is probably involved in any major decision an individual makes, including the decision to seek a vasectomy and subsequent psychological reactions to it.

**Self Theory**

Within the general framework of psychology there are numerous ways to conceptualize the psychological processes generally termed personality. A large number of theorists view the self as a central part or the core of personality. The advent of modern interest and study of self theory probably began with William James and his chapter on the self in *Principles of Psychology* (1890, Chapter X). James used the term "Emperical Me" in a very general way to include the sum of all that a man calls his including his body, traits and abilities; his family and friends; and all of his material possessions. James considered the self or "Emperical Me" in three ways: (1) its constituents, (2) self-feelings, and (3) the actions of self-seeking and self-preservation. According to James the constituents of the self are the material self, the social self, the spiritual self, and pure ego. James defined the ego as the stream of thoughts which constitutes one's sense of personal identity.
This view of the ego is closely related to the contemporary concept of self such as that proposed by Combs and Snygg (1949).

Combs and Snygg (1949) maintained that all behavior is both determined by and related to an individual's phenomenal field. The phenomenal field is everything an individual is aware of at any given moment. Out of the phenomenal field the individual differentiates a phenomenal self, or all those things the individual experiences as part of himself. Combs and Snygg felt that the need for adequacy is one of man's most basic needs. They felt that the way an individual seeks to achieve this sense of adequacy is by engaging in behaviors which will maintain or "actualize" the self. Combs and Snygg conclude that an adequate person generally perceives himself in positive ways. He sees himself as a person of worth, as having dignity, as being wanted, and having integrity. This individual may have some negative self perceptions but because he sees himself in characteristically positive ways, he puts these negative perceptions into a realistic perspective. Because the individual has a basic sense of self security, he does not need to defend himself from negative information. Thus, the positiveness of one's self concept allows him to accept and be open to all of his experiences.

Rogers (1951) used the term "more fully functioning person" to describe the individual with more complete
personality integration. He felt that a positive self concept is essential to a well integrated person. Fitts, Adams, Radford, Richard, Thomas, Thomas, and Thompson (1971) relied heavily on the theoretical framework of Combs and Snygg, and Rogers during the development of the Tennessee Self Concept Scale (TSCS). He hypothesized that a person with a well integrated personality would have a more positive self concept. As part of the development of the TSCS, Fitts tested and supported this hypothesis using a variety of experimental situations.

Combs and Snygg (1949), Rogers (1951), and Fitts (1971) attribute a wide variety of behaviors to the more fully functioning person. There appears to be some basic agreement about the functioning of individuals with healthy self concepts. Most self theorists view the normal or average person as being less defensive when he has a positive self concept. Because he sees himself in a generally positive way, he will not tend to view negative experiences as a threat to his basic sense of worth or well being. The individual with a positive self concept is therefore able to make more reasonable or realistic decisions because he is not acting out of defensiveness or viewing negative experiences as a threat to his basic sense of self worth.
CHAPTER III

Method

Subjects

The subjects consisted of two groups of males: (1) males who were seeking a vasectomy, and (2) males who were not seeking a vasectomy but who had indicated that they had obtained their desired family size, or who indicated they would not consider vasectomy as a means of permanent birth control. The males in the vasectomy group were selected by asking for volunteers from clients of the Planned Parenthood Association of Nashville vasectomy clinic. The subjects for the control group were obtained by asking for volunteers from college classes taught in various departments at Western Kentucky University. Individuals were then chosen for the control group who matched subjects in the vasectomy group on the basis of select demographic variables: age, race, religion, educational degree, number of school years completed, and occupational level.

A comparison of the two groups on select variables is shown in Table I. Although there is some variation, the groups were deemed enough alike for it to be considered that both groups were drawn from the same population. In fact, only two of these select variables differed to any great
Table I
Demographic Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mode</th>
<th>N</th>
<th>SD</th>
<th>Mode</th>
<th>N</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>29-31</td>
<td>4</td>
<td>1.92</td>
<td>26-28</td>
<td>6</td>
<td>1.75</td>
</tr>
<tr>
<td>Race</td>
<td>Caucasian</td>
<td>15 *</td>
<td></td>
<td>Caucasian</td>
<td>15 *</td>
<td></td>
</tr>
<tr>
<td>Religion</td>
<td>Protestant</td>
<td>12 *</td>
<td></td>
<td>Protestant</td>
<td>8  *</td>
<td></td>
</tr>
<tr>
<td>Highest Grade Completed</td>
<td>1-4 years</td>
<td>8</td>
<td>1.06</td>
<td>1-4 years</td>
<td>7</td>
<td>0.86</td>
</tr>
<tr>
<td>Highest Degree Completed</td>
<td>College</td>
<td>8</td>
<td>1.06</td>
<td>College</td>
<td>7</td>
<td>0.86</td>
</tr>
<tr>
<td>Favorite Leisure Activity</td>
<td>Spending Time With Family</td>
<td>7  *</td>
<td></td>
<td>Participant Sports Reading</td>
<td>6  *</td>
<td></td>
</tr>
<tr>
<td>Occupational Level</td>
<td>Professional</td>
<td>5  *</td>
<td></td>
<td>Professional</td>
<td>5  *</td>
<td></td>
</tr>
</tbody>
</table>

*SD is meaningless for these categories since the scale is nominal.
degree. The control group was slightly younger (26-28 vs. 29-31) and indicated different favorite leisure time activity (Participation Sports and Reading vs. Spending time with family) than the experimental group. To what degree this difference affects the results is unknown, but the effect was anticipated to be slight since the subjects were matched on an individual basis.

Instrument

One problem in the assessment of self concept for research is the vast number of instruments that are being used in research. Wylie (1961) reported that about 200 instruments have been used up to 1959, and a large number have been developed since then as a result of the tendency for each investigator to develop his own instrument for his research. To help alleviate this problem the Tennessee Self Concept Scale (TSCS) was developed (Fitts, 1965) and was designed for use in a wide variety of research studies with a wide range of people. The psychometric research on the TSCS (Fitts, 1965) has indicated it is not only reliable but valid in that it corresponds well with ratings of self concepts based on observations of overt behaviors. The primary advantage of the TSCS is that it is a well standardized instrument and widely used in self concept research.

The TSCS consists of 100 self descriptive statements which portray how the subject sees himself. The subject's agreement with these 100 self descriptive statements is
indicated on a 5 point response scale ranging from 5 "completely true" to 1 "completely false." The TSCS is available in two forms: a Counseling Form and a Clinical and Research Form. The latter was used in the present study. The Clinical and Research Form yields 27 scores, but the "Total Positive" or Total P Score which reflects an individual's overall level of self esteem was used. The Total P Score is obtained by summing all the ratings on the 5 point scale for each of the 100 items. Because the self criticism scale uses some of the scores from the 100 items, the range of the Total P Score is from 150 to 450.

**Design**

A matched group design was employed where the subjects in the two groups were matched according to selected demographic variables as outlined above. The independent variable was whether or not the males sampled were seeking vasectomy. Self concept as measured by the TSCS was the dependent variable.

**Procedure**

Couples seeking a vasectomy for the husband first arranged to be interviewed by a counselor at the vasectomy clinic. An appointment time was made for them to talk with the counselor so that they could decide if they wanted to have the operation performed. Those couples who decided on a vasectomy were asked if they would participate in a study being done by Western Kentucky University. Those who agreed
to participate in the study were given a copy of the questionnaire to take home and complete. When they came to the vasectomy clinic for the operation, they returned the completed questionnaire. Although the husband and wife both completed the questionnaire, this study only utilized the information obtained from the husband. The questionnaire completed by the wife was used in a separate study (Hines, 1975).

The questionnaire was composed of four parts: the cover sheet, the demographic data sheet, the Tennessee Self Concept Scale, and the Desire For Certainty Test which was being utilized in a separate study (Hines, 1975). The cover sheet (see Appendix I) stated that the purpose of the study was to investigate certain factors involved in the choice of a particular method of contraception. It was emphasized that their participation in this project was completely voluntary and that it in no way influenced the physician's decision to perform the operation. The subjects were assured that their anonymity would be maintained and that it would be impossible to identify them by name. The demographic data sheet (see Appendix II) consisted of a series of questions that the subject was asked to answer regarding characteristics of himself.

The procedure for the subjects in the control group was similar to the procedure for the vasectomy group. Subjects were obtained by asking for volunteers from college classes.
The subjects were taken to a testing room where they completed the questionnaire. The questionnaires were collected as the subjects departed the test room.

Scoring and Analysis

The TSCS was scored according to the standard instructions in the manual (Fitts, 1965) and the Total P Score was obtained for each subject. Analysis of the data utilized the Wilcoxon Matched-Pairs Signed Rank Test (Siegal, 1956). The Wilcoxon Test assumes ordinal scaling of the scores and of the differences in scores. The level of significance was set at $p = .05$. 
CHAPTER IV

Results

The Total P Scores on the TSCS for both samples is presented in Table II. The analysis of the paired scores via the Wilcoxon Matched-Pairs Signed Rank Test (Siegel, 1956) indicated that the vasectomy group had a significantly higher self concept than the non-vasectomy group, $T(15) = -28$, $p < .05$. Examination of Table II indicates that the vasectomy self concept was greater for 11 of the 15 pairs.
Table II
The Self Concept Scores for the Vasectomy and Non-vasectomy Samples*

<table>
<thead>
<tr>
<th>Pairs</th>
<th>Self Concept Scores (Total P Scores)</th>
<th>Non-Vasectomy</th>
<th>Difference</th>
</tr>
</thead>
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<tr>
<td></td>
<td>Vasectomy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>362</td>
<td>332</td>
<td>+30</td>
</tr>
<tr>
<td>2</td>
<td>384</td>
<td>332</td>
<td>+52</td>
</tr>
<tr>
<td>3</td>
<td>359</td>
<td>400</td>
<td>-41</td>
</tr>
<tr>
<td>4</td>
<td>365</td>
<td>321</td>
<td>+44</td>
</tr>
<tr>
<td>5</td>
<td>331</td>
<td>332</td>
<td>-1</td>
</tr>
<tr>
<td>6</td>
<td>342</td>
<td>306</td>
<td>+36</td>
</tr>
<tr>
<td>7</td>
<td>319</td>
<td>312</td>
<td>+7</td>
</tr>
<tr>
<td>8</td>
<td>410</td>
<td>324</td>
<td>+86</td>
</tr>
<tr>
<td>9</td>
<td>309</td>
<td>342</td>
<td>-33</td>
</tr>
<tr>
<td>10</td>
<td>318</td>
<td>341</td>
<td>+37</td>
</tr>
<tr>
<td>11</td>
<td>343</td>
<td>302</td>
<td>+41</td>
</tr>
<tr>
<td>12</td>
<td>371</td>
<td>309</td>
<td>+62</td>
</tr>
<tr>
<td>13</td>
<td>375</td>
<td>363</td>
<td>+12</td>
</tr>
<tr>
<td>14</td>
<td>350</td>
<td>307</td>
<td>+43</td>
</tr>
<tr>
<td>15</td>
<td>324</td>
<td>403</td>
<td>-79</td>
</tr>
</tbody>
</table>

*The higher the score, the more positive the self concept. The possible scores range from 150 to 450.
CHAPTER V

Discussion

The results of the present study indicated that males who chose vasectomy tended to have more positive self concepts than the males who chose other methods of permanent birth control. These findings contrast with earlier studies such as Kendall (1972). He attempted to measure differences in the self concepts of males seeking vasectomy and males who indicated they would not consider vasectomy. Although the primary focus of Kendall's study was to assess changes in personality variables following vasectomy, the results of his study indicated that the group of males seeking vasectomy had significantly lower self concepts than the subjects in the non-vasectomy group. The apparent contradiction between the present findings and those reported by others (e.g. Kendall) may be, in part, a result of the different experimental designs and control procedures. In the present study individuals seeking vasectomy were matched with individuals in a control group on a variety of socio-economic variables. Furthermore, the self concept measure was taken prior to, not subsequent to, the vasectomy operation. This suggests that future research should attempt to assess pre-post operational changes in self concept in a longitudinal fashion.
The findings of the present study are fairly consistent with the conceptualization of individuals with positive self concepts. These individuals are viewed as being more open to new experiences. And, because they are more open to new experiences, these individuals tend to be less anxious and more flexible in considering possible decisions. Since many experiences associated with vasectomy appear to have a degree of potential to elicit anxiety, only those males with positive self concepts would elicit it. For example, many males appear to be accepting the responsibility for birth control—the traditional responsibility of females. The male's acceptance of this responsibility is contrary to social custom and therefore may produce some anxiety. Another potential source of anxiety is the surgical procedure itself. Normally, individuals tend to avoid surgery unless it is a medical necessity. Perhaps among the most anxiety producing aspects of vasectomy is the permanency of the sterilization and, more importantly, a tendency for many males to equate the surgical technique with castration. One assumption of self theory is that individuals with positive self concepts tend to be less anxious. During the present study this assumption could have been tested but was not. This oversight appears to be a limitation in the scope of the present study. However, the mere fact that the males in the vasectomy group did choose to have a vasectomy suggests that they were able to deal with whatever anxiety was present.
Implications of Study

The results of the present study suggested that one's self concept may be related to the decision to seek vasectomy. Males with a positive self concept appear to be more open to vasectomy if a means of permanent birth control is desired. Many other personality factors were presumably related to this decision as well. More research in the area of birth control choice should provide greater understanding of the relationship of many other personality factors to the decision to seek vasectomy.

At this time little information is available concerning how individuals with negative self concepts react to vasectomy. Because the self appears to be a central part of personality, one would not expect individuals with negative self concepts to elect vasectomy. If an individual with a negative self concept were overly pressured to obtain a vasectomy, he might have considerable difficulty coping with the aftereffects of vasectomy, such as the anxiety that is created when vasectomy is viewed as a form of castration. Additional research addressing the relationship between self concept and adjustment following vasectomy is needed. Because the subjects in the present study were not identified by name, a follow-up study appears impractical. However, this type of research is needed and more investigation in the area of birth control appears warranted.
References


Uehling, D. & Wear, J. Patient attitudes towards vasectomy. * Fertility and Sterility, 1972, 23(11), 838-839.*


Appendix I

The following questionnaire is part of a study being done by Western Kentucky University in cooperation with Planned Parenthood Association of Nashville. The purpose of this study is to investigate certain variables involved in an individual's choice of a particular method of contraception. Therefore, you and your wife should fill them out separately and not check with each other on answers for any items.

Your participation in this project is completely voluntary, if you do not wish to answer the following questions, the forms should be returned to the Planned Parenthood Center. For those couples seeking vasectomies, participation in this study in no way influences the physician's decision to perform the operation.

This study does not require that subjects be identified by name. Therefore, please do not put your name on these forms. When you have completed the entire questionnaire, please place it in the envelope, seal it, and bring it to the Planned Parenthood Center when you come for your vasectomy.
Appendix II

Please answer the following questions.

1. Age _____

2. Sex
   1. Male _____
   2. Female _____

3. Race
   1. Caucasian _____
   2. Negro _____
   3. Other _____

4. Religion
   1. Protestant _____
   2. Catholic _____
   3. Jewish _____
   4. Other _____

5. Education - circle the highest level completed.
   1. Grade school - 1 2 3 4 5 6 7 8
   2. High school - 9 10 11 12
   3. College - 1 2 3 4
   4. Graduate school - 1 2 3+

6. Educational degrees obtained - check as many as are appropriate.
   1. High school _____
   2. Associate degree _____
   3. Bachelor degree _____
   4. Master degree _____
   5. Specialist degree _____
   6. Doctorate _____
   7. Other _____

7. Favorite leisure time activity
   1. Spectator sports _____
   2. Participant sports _____
   3. T.V., Movies, etc. _____
   4. Reading _____
   5. Spending time with family _____
   6. Travel _____
   7. Other _____

8. Occupation ____________________________
Please complete the questions on the following pages. These questions pertain to birth control practices and particularly to vasectomy which is a surgical procedure done for the purposes of male sterilization.

9. Is this your first marriage?
   1. Yes _____
   2. No _____, Number of previous marriages _____

10. Length of present marriage _____

11. Number of children from present marriage _____

12. Number of children from all marriages _____

13. What form of birth control are you and/or your wife (husband) currently using?
   1. Birth control pills _____
   2. Condom (Rubber) _____
   3. Contraceptive jelly or cream _____
   4. Diaphragm _____
   5. Intrauterine device (IUD) _____
   6. Rhythm method _____
   7. Vasectomy _____
   8. Withdrawal _____
   9. Other _____

14. Are there any types of birth control methods which you would not consider using?
   1. Birth control pills _____
   2. Condom (Rubber) _____
   3. Contraceptive jelly or cream _____
   4. Diaphragm _____
   5. Intrauterine device (IUD) _____
   6. Rhythm method _____
   7. Vasectomy _____
   8. Withdrawal _____
   9. Other _____

15. Who do you feel is responsible for birth control?
   1. Wife _____
   2. Husband _____
   3. Both _____
16. Do you feel couples should limit family size to
   1. One child____
   2. Two children____
   3. Three Children____
   4. Should not limit family size____

17. If you are seeking a vasectomy, please indicate the reason or reasons for doing so.
   1. Financial____
   2. Social____
   3. Health____
   4. Obtained family size____
   5. Other__________________

Answer the following questions only if you are not seeking a vasectomy.

18. Do you plan to have (more) children?
   1. No____
   2. Yes____

19. If you answered Number 18 as No, what is the possibility that you may change your mind?
   1. Strong____
   2. Average____
   3. Slight____
   4. None____

20. Have you ever considered a vasectomy?
   1. No____
   2. Yes____

21. Have you ever sought a vasectomy and decided against it?
   1. No____
   2. Yes____

22. Have you ever sought a vasectomy and been denied the operation by the doctor?
   1. No____
   2. Yes____

23. Have you ever scheduled a vasectomy and changed your mind?
   1. No____
   2. Yes____