

Letter to Editor

Vasectomy is a Women's Health Issue

Ann A Kiessling

Bedford Research Foundation, Bedford, MA- 01730, USA

***Corresponding author:** Ann A Kiessling, Bedford Research Foundation, Bedford, MA- 01730, USA**Citation:** Kiessling A (2024), Vasectomy is a Women's Health Issue, Gynecol Obstet Open Acc 8: 216. DOI: DOI: <https://doi.org/10.29011/2577-2236.100216>.**Received Date:** 19 October 2024; **Accepted Date:** 24 October 2024; **Published Date:** 26 October 2024

The problem of unwanted pregnancy is ageless, has spawned a multi-trillion dollar industry in birth control measures around the globe, and has reached a fever pitch in American politics this year. Globally, there are an estimated 73 million induced abortions annually, 61% of unintended pregnancies and 29% of all pregnancies [1]. The WHO estimates approximately 45% of abortions are unsafe for pregnant women, 33 million per year worldwide.

Avoiding unwanted pregnancies is clearly the answer to this global health problem of tens of millions of women. Responsibility to avoid pregnancy is largely born by women, not men. Female contraception includes barrier methods to prevent sperm from reaching the egg (male and female condoms, cervical caps [2], and tubal ligation [3] ("female sterilization") in addition to hormonal suppression of ovulation and intrauterine device (IUD) suppression of implantation [4]. All forms of female contraception are considered reversible, although tubal ligation reversion has largely been replaced by in vitro fertilization (IVF) procedures [5].

Male contraception includes male condoms and interruption of the vas deferens (vasectomy, "male sterilization") to block sperm from getting from the testis to the ejaculated semen [6]. In contrast to tubal ligation in women, which requires pelvic surgery under general anesthesia or a spinal anesthetic block [3], vasectomy is considered a relatively minor surgical procedure that can be performed in an office setting with local anesthesia [6]. Previously considered permanent sterilisation, vasectomy reversal now has an 80 to 90% success rate [7]. Moreover, an increasing number of sperm banks offer cryopreservation of sperm prior to vasectomy [8].

Given the overwhelming women's health advantages of vasectomy to avoid unwanted pregnancies, it is surprising that "Global vasectomy use has declined markedly, to only 39% of what it was in 2001, despite trends that might have been expected to increase its use [6]." According to the United Nations "World Family Planning 2022" report (Figure 1) [9], in the year 2020, 219 million women of childbearing age (15 to 49) used tubal ligation ("female

sterilization") for contraception, in sharp contrast to the 17 million men undergoing vasectomy ("male sterilization"), 13-fold fewer than tubal ligations and 27 million fewer than vasectomies performed in 2001 [6].

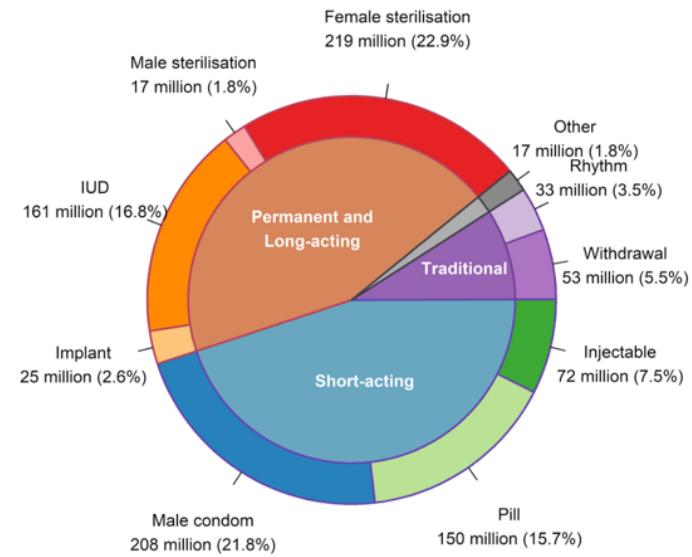


Figure 1: Global number of women (age 15 to 49 years) using contraception. (United Nations Department of Economic and Social Affairs, 2022).

In the U.S., there are an estimated 5.5 million pregnancies annually, with 2.3 million of those being unplanned, resulting in 0.6 million abortions [10]. The estimated 0.5 million vasectomies performed in the U.S. every year is actually fewer than the abortions performed annually, an astounding discrepancy given the potential health risks and costs of abortion, and fewer than the estimated 0.7 million tubal ligations performed annually [10]. Health insurance coverage for vasectomies is not included in the Affordable Care Act [8], and only nine U.S. states require health insurance plans to cover vasectomies – California, Illinois, Maryland, New Jersey, New Mexico, New York, Vermont and Washington [11].

A U.S. National Health Statistics Report of contraceptive practices in the U.S. from 2015 to 2019 revealed 25% were intra-uterine devices, 18% tubal ligation, 14% oral contraceptives, 8% male condom, with no mention of vasectomy in the report [10].

Women initiate contraception discussions with primary care internists and gynecologists. Given its obvious benefit to women's health and overall costs to the health care system, vasectomy should be at the top of the list of contraception possibilities as a less invasive, less expensive, and statistically more effective method than tubal ligation [12]. Considered a relatively minor surgical procedure that can be performed in the office, all physician specialties in the U. S. and globally could train to perform vasectomies if needed to alleviate a woman's health care bottle neck created by the need for a urologic specialist.

Current barriers to adoption of vasectomy as a standard contraception practice need to be identified [13] and overcome. Unplanned pregnancy is a major women's health problem worldwide, alleviation of which needs to include vasectomy promotion by all health care providers.

References

1. World Health Organization.
2. "Cervical Cap: Birth Control: How It Works & Effectiveness." Bedsider,
3. <https://emedicine.medscape.com/article/266799-overview#a6>
4. Daniels, Kimberly, Abma, Joyce (2023) "Contraceptive Methods Women Have Ever Used, United States 2015-2019. National Health Statistics Report.
5. Watson, Angela "How much does it cost to get pregnant from IVF?".
6. Jacobstein Roy, Radloff Scott, Khan Farhad, Kathryn Mimno, Manoj Pal, et al. (2023) "Down but Not out: Vasectomy Is Doing Poorly Almost Everywhere" Global Health Science Practice 11.
7. Vasectomy Reversal (Vasovasostomy), Yale Medicine, 22 March, 2023.
8. Herati Amin "Sperm Banking" Johns Hopkins Medicine Health.
9. United Nations Department of Economic and Social Affairs, Population Division (2022). World Family Planning 2022: Meeting the changing needs for family planning: Contraceptive use by age and method.
10. Rossen Lauren (2023) "Vital and Health Statistics, Series 2, Number 201." Centers for Disease Control and Prevention.
11. Guttmacher (2024) "Insurance Coverage of Contraceptives" September.
12. Guttmacher (2020) "Contraceptive Effectiveness in the United States".