

Unraveling vasectomy stigma: gender dynamics among single individuals in Jakarta

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Abstract

Purpose: This study analyzes how health communication and shifting gender power relations shape vasectomy perceptions among unmarried young people in urban Jakarta, addressing a gap in research that previously focused solely on married couples.

Methodology/Approach: A qualitative interpretive phenomenological analysis (IPA) was conducted on five single individuals (N=5; 25–30 years, S1 education) in Jakarta. Data were collected via in-depth remote interviews and analyzed using Collaizzi's seven-step method.

Results/Findings: The findings confirm that Persistent Social Stigma (linked to masculinity loss) operates as a Social Reality (SCR Theory). Gender Dynamics show a conflict between male autonomy and the desire for collaborative decision-making. Health communication from trusted sources is crucial for internalizing these facts. Vasectomy is increasingly viewed as an act of shared responsibility and gender equality.

Conclusion: This study concludes that vasectomy perceptions among unmarried young people in urban Jakarta are shaped by health communication and changing gender power relations. While stigma related to masculinity persists, effective communication from trusted sources helps reframe vasectomy as shared responsibility and gender equality. Addressing masculine norms is therefore essential for reducing stigma and strengthening inclusive reproductive health policies.

Limitations: The findings have restricted generalizability due to the small, specific sample (highly educated, urban Jakarta).

Contribution: This study contributes to Gender Studies and Public Health Policy by guiding the BKKBN to develop culturally sensitive destigmatization strategies emphasizing responsible masculinity.

Keywords: *vasectomy, stigma, phenomenology, health communication, gender equality.*

1. Introduction

Permanent contraception for men, particularly vasectomy, continues to face significant challenges in Indonesia. Data from the Ministry of Health (2024) show that the acceptance rate for vasectomy in Indonesia is only 0.2%, indicating the complexity of the social and cultural barriers surrounding it. One dominant stigma is the perception that vasectomy can reduce male masculinity (Kementerian Kesehatan, 2024). Paradoxically, research suggests that this method potentially increases sexual activity and desire (Sara, Kurnaesih, & Baharuddin, 2022). Furthermore, although intended for permanent sterilization, the ability of vasectomy to be reversed through the vasectomies reversal (VR) method in most cases offers flexibility for men who wish to restore fertility due to changes in marital status or reproductive goals (Lorenzini, Lorenzini, & Bezerra, 2021; Schulz, Babar, Bernstein, Loloi, & Raup, 2023). This stands in contrast to countries with the highest vasectomy prevalence, which also possess the highest gender equality, and vice versa (Jacobstein et al., 2023). In Indonesia, a patriarchal culture strongly influences contraceptive use (Wulandari & Hadi, 2024). The balance of gender power affects reproductive intent and the continuation or termination of reproductive outcomes, reflecting the necessity of integrating gender and cultural sensitivity into fertility control policies and programs (Gupta, 2022).

The low participation in the Vasectomy Family Planning (KB) program in Indonesia is influenced by various factors. The public's lack of knowledge about vasectomy is a major trigger for negative stigma and misconceptions (Amanati, Musthofa, & Kusumawati, 2021; Zakiyah, Ariadi, & Suyanto, 2024). Additionally, a lack of support from wives and unbalanced power dynamics between husbands and

wives contribute to minimal adoption rates (Zakiyah et al., 2024). In an era that upholds gender equality, vasectomy offers a simple and effective solution for distributing contraceptive responsibility, which has historically been primarily borne by women. Therefore, increased male participation in va is a crucial step towards better social balance and gender justice (Hoover, Shattuck, & Andes, 2024). Increased male participation in vasectomy is therefore a crucial step towards better social balance and gender justice, which is still hindered by power dynamics and female autonomy.

Factors related to female autonomy in health decision-making include women's age, education, and employment; their husband/partner's education and employment; location or area of residence; household wealth index; culture; and religion (Idris et al., 2023). Education and financial autonomy are recognized as important facilitators of reproductive autonomy, although societal and familial pressures often limit women's capacity to fully exercise their reproductive choices (Fernandes, Bhat, Inamdar, & Kamath, 2025). Behavioral economic factors, such as misconceptions about excessive risk information regarding long-acting reversible contraception, upfront costs, potential discomfort, and traditional social norms, influence contraceptive attitudes and behaviors among young women. These findings underscore the importance of addressing gender power dynamics and social norms that restrict female autonomy (Kusnali et al., 2024). Other studies have also indicated that patriarchal systems can significantly impact women's mental health and well-being (Kaur, 2023). Women in patriarchal societies often face discrimination, inequality, and gender-based violence, leading to feelings of worthlessness, low self-esteem, and anxiety (Kaur, 2023).

Health communication plays a vital role in shaping individuals' attitudes toward medical interventions. A human rights or social justice-based approach to health communication, delivered through trusted sources, media, and interpersonal channels, is essential for influencing attitude change (Ratna, 2019; Soid, Muhammad Fatih, Nanang Fauzi, & Efrita Norman, 2025). In the context of contraception, effective communication can overcome stigma; conversely, communication failure can widen access gaps, as often occurs with female contraceptive methods (Soid et al., 2025). However, male contraception, such as vasectomy, faces unique barriers, including myths related to masculinity and applicable religious norms in Indonesia (Zakiyah et al., 2024). This study revealed that age, good knowledge, and positive attitudes toward vasectomy use are important predictors of the intention to accept vasectomies (Nesro, Sendo, Yesuf, & Sintayehu, 2020). Effective and adaptive vasectomy occlusion techniques are available but remain underutilized in many resource-limited countries (Labrecque, 2019). The underutilization of effective vasectomy occlusion techniques also lowers the confidence of the user (Labrecque, 2019).

Therefore, policymakers and healthcare providers must actively ensure gender-sensitive services and comprehensive information to support women's decisions (Hoyt et al., 2022; Idris et al., 2023). The provision of the most effective vasectomy surgical techniques will increase user confidence and satisfaction regarding male sterilization and boost its acceptance and use (Labrecque, 2019). Policymakers play a critical role in health decision-making by enacting laws and policies that protect women's rights, promote gender-sensitive healthcare services, ensure access to comprehensive information, promote health education, and support vulnerable populations (Idris et al., 2023). These efforts ensure women's autonomy, including the ability to access unbiased and effective healthcare (Idris et al., 2023). Healthcare providers can play a key role in supporting women's autonomous decision-making regarding contraceptive use and must be careful not to undermine women's self-confidence (Hoyt et al., 2022).

In the context of this research, the views of unmarried women on vasectomy are highly relevant. As potential partners, their perceptions influence future contraceptive decisions and negotiation dynamics within relationships. The decision not to have children is emerging among Generation Z in digital spaces, not merely as a personal choice but as a response to patriarchal dominance, simultaneously reflecting the critical awareness of young women regarding their rights over their bodies and futures (Putri, 2025). This study uses the Social Construction of Reality Theory (Berger & Luckmann, 1966) as an analytical framework to understand the formation of views and stigma towards vasectomy. This theory explains how social reality is constructed through the processes of externalization (sharing of

ideas), objectivation (collective acceptance), and internalization (adoption of ideas as personal values) (Romdani 2021). Negative stigma towards vasectomy, for instance, is often reinforced through erroneous narratives spread in social interactions and the media, such as equating vasectomy with "castration," which is then internalized by individuals, including unmarried women.

Gender factors significantly affect health decision-making, with women tending to adopt a collaborative approach and men emphasizing autonomy (Amraeni et al. 2021; Zakiyah et al., 2024). In Indonesia, cultural and religious norms, such as fatwas, further complicate perceptions of vasectomy, necessitating highly gender-sensitive communication strategies (Ninda, Woro, & Sehnur, 2024; Zakiyah et al., 2024). Factors influencing men's willingness to accept vasectomy include knowledge about vasectomy, socio-cultural, ease of access to service locations, and spousal support (Alil et al., 2020; Oni & Ariningtyas, 2025).

Previous research has tended to focus on men or married couples. By examining the perspective of the unmarried group through a phenomenological approach, this study aims to identify the stigma and representations of vasectomy among unmarried individuals, analyze the role of health and family communication in shaping their perceptions, and explore the influence of gender dynamics on contraceptive decision-making. It also provides deep insights into the health communication process among the young population in Jakarta through the lens of gender and social reality construction. With a phenomenological approach, this study provides in-depth insight into the participants' lived experiences and current social narratives, as well as filling the research gap regarding the health communication process among the young population in Jakarta through the lens of gender and social reality construction.

2. Literature review

This literature review is structured to place the current research within a broader academic context, focusing on three relevant core pillars: Vasectomy Acceptance and Stigma, Dynamics of Gender Power and Contraception, and the Role of Health Communication and Social Reality Construction.

2.1. Barriers and Stigma in Vasectomy Acceptance in Indonesia and Globally

Research has consistently identified the low adoption rate of vasectomy as a global issue, particularly in developing countries. In Indonesia, the Ministry of Health (2024) shows a very low acceptor rate (0.2%), indicating strong, non-medical barriers.

- a) **Stigma of Masculinity and Sexual Quality:** The primary stigma is the mistaken belief that vasectomy reduces masculinity or sexual ability (Kementerian Kesehatan, 2024). However, clinical research refutes this, suggesting a potential increase in sexual desire and activity after the procedure (Sara et al., 2022).
- b) **Fear of Permanence and Flexibility:** Although considered permanent, the literature asserts that vasectomy reversal (VR) offers a solution to restore fertility in many cases, providing a flexibility often overlooked in communication campaigns (Lorenzini et al., 2021; Schulz et al., 2023). This highlights a knowledge gap that must be addressed.
- c) **Socio-Cultural Factors:** Beyond clinical aspects, religious and cultural perceptions associating vasectomy with "castration" or violating reproductive norms are significant barriers, exacerbated by a lack of public knowledge (Amanati et al., 2021; Zakiyah et al., 2024). Factors encouraging adoption among men are typically knowledge, sociocultural support, and spousal support (Alil et al., 2020; Oni & Ariningtyas, 2025).

2.2 Dynamics of Gender Power, Patriarchy, and Reproductive Autonomy

However, the unbalanced power dynamics between husbands and wives (Zakiyah et al., 2024) often limit male participation.

- a) **Imbalance of Responsibility:** Vasectomy offers a redistribution of contraceptive responsibility from women to men, which is a step towards gender justice (Hoover et al., 2024). However, the unbalanced power dynamics between husbands and wives (Zakiyah et al., 2024) often limit male participation.

- b) **Female Autonomy:** The literature highlights that women's autonomy in reproductive health decisions is heavily influenced by socio-economic factors such as education, occupation, wealth index, and culture (Idris et al., 2023). While education and financial autonomy facilitate choices, societal and family pressures often restrict women's capacity (Fernandes et al., 2025).
- c) **Consequences of Patriarchy:** The patriarchal system can perpetuate discrimination and gender-based violence, which significantly and negatively impacts women's mental health and well-being, indirectly affecting their ability to negotiate and make autonomous reproductive decisions (Kaur, 2023). Research also highlights the need to integrate gender sensitivity into fertility policies (Gupta 2022).

2.3 Health Communication and the Construction of Social Reality

Communication is a vital tool for shaping attitudes and mediating the acceptance of medical interventions.

- a) **The Role of Health Communication:** Effective communication, especially that based on human rights and channeled through trusted sources, is crucial for overcoming stigma and influencing attitude change towards contraception (Ratna, 2019; Soid et al., 2025). Conversely, communication failure widens access gaps.
- b) **Actors and Policies:** Service providers and policymakers play key roles. The provision of the most effective vasectomy surgical techniques increases confidence and acceptance (Labrecque, 2019). Policymakers must enact laws that protect women's rights and autonomy and provide gender-sensitive services (Hoyt et al., 2022; Idris et al., 2023).
- c) **Social Construction of Reality Theory:** Negative stigma towards vasectomy is not an objective fact but a social reality that is constructed. This theory (Berger & Luckmann, 1966) explains how erroneous narratives (externalization), such as equating vasectomy with "castration" are collectively accepted (objectivation) and adopted as personal values (internalization).

2.4 Research Gap

Although the existing literature has extensively identified socio-cultural barriers and the prominent role of gender in vasectomy adoption, a significant gap remains unfilled, particularly within the Indonesian context. Most studies on vasectomy and contraceptive decision-making have predominantly focused on married men or couples (Alil et al., 2020; Zakiyah et al., 2024). This historical focus overlooks the foundational stages of perception formation and negotiation that occur before marriage.

A critical generational gap exists because the views of the unmarried young generation (Gen Z) are underrepresented in the research landscape. However, this demographic is crucial, as they are future contraceptive decision-makers who will negotiate roles and responsibilities within their forthcoming relationships. Furthermore, this generation demonstrates a unique and critical awareness of patriarchal structures and reproductive rights, often articulated through dynamic discourse in digital spaces (Putri, 2025).

Therefore, by examining the perceptions of unmarried individuals, this study aims to fill a vital gap by exploring how stigma is internalized and how gender dynamics are perceived and negotiated prior to forming a permanent partnership, offering a forward-looking perspective on the acceptance of vasectomy in Indonesia.

Therefore, this study aims to fill this gap by deeply exploring (phenomenology) the perspectives and social narratives regarding vasectomy among unmarried individuals—especially women—in Jakarta, Indonesia. By applying the lens of the Social Construction of Reality Theory, this study uncovers how stigma is formed and internalized by this young population group, which in turn influences their future contraceptive negotiation dynamics.

3. Methodology

This research adopts a qualitative approach utilizing an Interpretive Phenomenological Analysis (IPA) study design (Praveena K.R & Sasikumar S, 2021). The core aim was to achieve a profound understanding of the lived experiences and interpretive perceptions of individuals concerning the stigma

and social representations surrounding vasectomy contraception. This methodology was specifically chosen to capture how the phenomenon is constructed and internalized within the participants' personal contexts, drawing on the theoretical framework of the Social Construction of Reality (Berger & Luckmann, 1966) to guide the analysis.

3.1. Research Design and Theoretical Framework

This research adopts a qualitative approach utilizing an Interpretive Phenomenological Analysis (IPA) study design. The core aim was to achieve a profound understanding of the lived experiences and interpretive perceptions of individuals concerning the stigma and social representations surrounding vasectomy contraception. This methodology was specifically chosen to capture how the phenomenon is constructed and internalized within the participants' personal contexts, moving beyond mere descriptive data to explore the participants' meaning-making processes.

This study uses the Social Construction of Reality Theory (SCR) (Berger and Luckmann, 1966) as its core analytical framework. This lens is vital for understanding how negative representations of vasectomy are not objective facts but a social reality constructed through the processes of externalization (sharing of ideas), objectivation (collective acceptance), and internalization (adoption of ideas as personal values). This study focuses on the urban context of DKI Jakarta, Indonesia, with a planned duration of two months, encompassing the preparation phase through to initial data analysis (scheduled for May–June 2025).

3.2. Participant Selection and Criteria

The participants consisted of five single individuals (VO, EL, IS, DV, and RG), comprising two females and three males. These individuals were selected using a purposive sampling technique based on stringent inclusion criteria. Single (Never Married): This criterion is crucial for addressing the existing research gap by capturing perceptions before formal relationship negotiations commence.

Aged 25–30 Years: This age group represents the active reproductive age group, making them future contraceptive decision-makers.

Minimum Educational Attainment of a Bachelor's degree (S1): This ensured adequate articulation capability (verbal eloquence) vital for generating the rich, in-depth narratives required for phenomenological analysis. Residing in DKI Jakarta: This focuses the study on urban health discourse. Prior Knowledge or Exposure to Information Regarding Vasectomy: This ensures relevance to the research focus. These criteria collectively ensured that the study participants were highly relevant to the research focus on future contraceptive decision-making and urban health discourse.

3.3. Data Collection Procedure

Data were collected primarily through in-depth semi-structured interviews. This method was facilitated remotely via a recorded telephone connection (or a suitable voice/video platform). This remote method afforded participants flexibility and privacy, encouraging openness on sensitive topics such as sexual abuse.

The interview process was guided by a pre-arranged interview guide containing core questions clustered around the research themes (e.g., knowledge, masculinity stigma, gender dynamics and communication). The semi-structured nature of the interviews allowed the researcher to ensure coverage of all critical topics while simultaneously employing spontaneous probing questions to delve deeper into the participants' unique interpretations and lived experiences, in line with the phenomenological approach. All interviews were conducted in Indonesian and lasted an average of 60–90 minutes per participant. Digital recording and verbal informed consent were obtained prior to each session regarding the recording and confidentiality. Field notes were maintained to capture nonverbal context and initial impressions.

3.4. Data Analysis

The recorded data were transcribed and subsequently analyzed using the rigorous and systematic seven-step approach of Colaizzi's phenomenological method. This systematic process was followed to ensure

that the interpretation of the data was deep, systematic, and accurately reflected the participants' narratives.

The analysis stages are as follows:

- 1) Familiarization with the Data: Involves the researcher reading and re-reading the entire set of transcripts several times to achieve total immersion and obtain a general sense of the participants' narratives.
- 2) Extracting Significant Statements: Identifying sentences or phrases directly relevant to the phenomenon of vasectomy perception and stigma.
- 3) Formulating Meaning: Developing explicit and implicit meanings (meaning units) for each significant statement found in the text.
- 4) Aggregating Meanings into Themes: Grouping the formulated meanings into larger, coherent clusters or themes that capture the essence of the experiences.
- 5) Developing an Exhaustive Description: Writing a rich and detailed description of the phenomenon, integrating all identified themes and supporting them with direct participant quotes.
- 6) Identifying the Fundamental Structure: Defining the essential, non-redundant structure of the experience to create a definitive statement of the findings (the seven main themes presented in Section 4).
- 7) Validation (Member Checking): Crucially, the final themes and fundamental structure were validated with the participants to ensure that the researcher's interpretation accurately reflected their lived experience.

Initial data management (transcription and preliminary grouping) was performed using Microsoft Word and Microsoft Excel.

3.5. Trustworthiness and Rigor in Qualitative Research

To ensure the trustworthiness of this qualitative study (replacing the quantitative terms of validity and reliability), several strategies were employed.

- 1) Credibility: This was achieved primarily through Member Checking (Step 7 of Colaizzi's method) and Data Triangulation across the narratives of the five participants. This ensured that the researcher's interpretation resonated with the participants' lived reality and that the themes were not based on a single isolated perspective.
- 2) Transferability: Although restricted by the small sample, the study enhanced transferability by providing a thick description of the participants' context (single, S1 education, urban Jakarta) and the detailed methodology, allowing readers to judge the applicability of the findings to their own settings.
- 3) Dependability: This was ensured by maintaining a clear audit trail through the systematic documentation of Colaizzi's seven-step analytical process, making the research process logical and repeatable.

4. Results and discussion

Colaizzi's phenomenological analysis of in-depth interviews with five unmarried participants in Jakarta (VO, EL: female; IS, DV, RG: male) yielded seven main themes that describe their perceptions of vasectomy: 1) Social and Cultural Stigma, 2) Family Communication as a Space for Discussion, 3) Gender Dynamics in Decision Making, 4) The Role of Health Communication, 5) Optimism and Skepticism towards Vasectomy Acceptance, 6) Social Meanings and Values, and 7) Changing Views through New Information. The findings were validated through member checking with participants and data triangulation across different interview transcripts, ensuring the credibility and depth required for a phenomenological study.

4.1 Social and Cultural Stigma

The study confirms that social stigma remains the dominant barrier to vasectomy acceptance, which stands at a minimal 0.2% in Indonesia (Kementerian Kesehatan, 2024). This stigma is rooted in the perception that vasectomy threatens male masculinity (Kementerian Kesehatan, 2024). Interviewee VO's experience directly exemplifies this, stating that men who choose a vasectomy are seen as "*less manly or sexually dysfunctional*." This narrative is a manifestation of Hegemonic Masculinity

reinforced by Indonesia's patriarchal culture, which links male identity to fertility and reproductive dominance (Connell & Messerschmidt, 2005; Wulandari & Hadi, 2024).

This stigma has transcended mere opinion and has become a social reality through objectification (Berger & Luckmann, 1966). The stereotype that vasectomy can “*disrupt ejaculation or reduce the quality of sex*” (EL) persists due to the public's lack of knowledge (Amanati et al., 2021). Furthermore, the religious misconception cited by IS regarding the MUI fatwa forbidding vasectomy further complicates acceptance, requiring communication strategies that are highly sensitive to cultural and religious norms (Zakiyah et al., 2024; Ninda et al., 2024). These stereotypes are not only medically unfounded but also directly reflect traditional social norms that restrict male participation in family planning (Kusnali et al., 2024; Sara et al., 2022).

4.2 Family Communication as a Discussion Space

Family communication serves as a strategic arena for addressing vasectomy myths, particularly in mitigating the low adoption rate influenced by a lack of support from wives (Zakiyah et al., 2024). Despite often being a source of negative stereotypes, families play a crucial role in clarifying gender identity. Participant VO's experience—hearing negative views but still seeing the family as a “*potential space for clarification*”—highlights this dialectic.

The views of individual participants, such as EL and DV, underscore the need for a shift toward rational planning. DV suggested that “*A good explanation to the family or prospective family can help with acceptance.*” This focus on premarital discussions is crucial, as the female participant EL viewed communication with a partner as an important step towards mutual understanding and building a healthy consensus. This emphasis on dialogue is vital for promoting shared responsibility and addressing existing unbalanced power dynamics that hinder effective contraceptive choice (Gupta, 2022).

4.3 Gender Dynamics in Decision Making

This study confirms the impact of unbalanced gender power dynamics on reproductive intentions (Gupta, 2022). The data reveal a pronounced tension between individual male autonomy and the desire for egalitarian collaboration, reflecting the transitional conflict in patriarchal structures. Male participant IS highly prioritized autonomy, stating unequivocally, “*The decision is mine; my partner should not interfere with consent.*” This reflects an effort to maintain the control associated with conventional masculinity.

In stark contrast, participants EL and RG advocated collaboration, aligning with the literature showing that women tend to adopt a collaborative approach (Amraeni et al., 2021; Zakiyah et al., 2024). EL explicitly stated, “*This is a joint decision between two people; there must be discussion and agreement from the start.*” This shift is driven by changing values (RG: abandoning the “many children, many blessings” principle) and the need to distribute contraceptive responsibility, which has historically been borne by women (Hoover et al. 2024). Therefore, the importance of spousal support is not just a facilitating factor but a reflection of the emerging desire for gender justice (Alil et al., 2020).

4.4 The Role of Health Communication

Health communication is vital for shaping individual attitudes and overcoming stigma (Ratna, 2019; Soid et al., 2025). The study confirms that trusted sources, such as doctors, are paramount for providing accurate information and facilitating the internalization of true facts, thereby challenging the established negative social reality. Participants like IS trusted doctors because their knowledge source is “*clear.*” However, the communication landscape is complex and dynamic. While social media peer testimonials (RG: “*most effective communication strategy*”) can increase knowledge and willingness, the general media also spreads misinformation (Alil et al., 2020; Oni & Ariningtyas, 2025; Romdani, 2021). This necessitates the active involvement of policymakers and healthcare providers in ensuring the availability of comprehensive and unbiased information (Hoyt et al., 2022; Idris et al., 2023). Furthermore, low user confidence stemming from the underutilization of effective vasectomy techniques (Labrecque, 2019) highlights the necessity of medical communication to address both

procedural safety and the often overlooked possibility of vasectomy reversal (VR) (Lorenzini et al., 2021).

4.5 Optimism and Scepticism towards Vasectomy Acceptance

The participants demonstrated a spectrum of attitudes, reflecting the complexity of psychological and social dynamics. Optimism was rooted in positive attitudes and knowledge, especially among urbanites (IS: “*Jakarta society is becoming more open*”) (Nesro et al., 2020). This optimism suggests the potential for change.

However, skepticism was strongly present, rooted in the fear of social judgment. VO exhibited ambivalence, feeling hesitant despite curiosity because of concerns over social judgment towards his partner. RG’s pessimism, “*I’m sceptical soon because our culture still strongly rejects it,*” highlights that societal and familial pressures often limit an individual’s capacity to exercise reproductive choices (Fernandes et al., 2025; Kusnali et al., 2024). This emphasizes that while knowledge (such as the possibility of VR) can increase intent, the barrier of social norms remains incredibly powerful.

4.6 Social Meanings and Values

In the urban context, vasectomy is increasingly associated with rational, functional social values, indicating a detachment from traditional procreative ideals. Participants emphasized values relevant to contemporary urban life: family autonomy and responsibility (VO), relationship harmony (EL: reducing anxiety and hormonal risks for women), and economic stability (IS: preventing unplanned expenses). This reframing, away from mere fertility control, positions vasectomy as a rational act that is aligned with modern family planning goals. RG’s mention of “*The childfree principle*” further signals the emergence of non-traditional lifestyle choices among Gen Z (Putri, 2025). This aligns vasectomy with the values of individual choice and critical awareness, consistent with a shift toward gender justice and better social balance (Hoover et al., 2024).

4.7 Changing Views through New Information

Access to new, credible information influences individual views, but its impact is clearly differentiated by gender, underscoring the influence of gendered social roles on attitude changes. The female participants (VO and EL) demonstrated greater cognitive flexibility and openness to adjusting their views. VO moved from hesitant to accepting after learning about safety, stating, “*after learning about its safety, vasectomy made sense.*”. This observed flexibility aligns with the literature that often positions women as agents of family health change who are highly motivated to find holistic reproductive solutions. Furthermore, their openness reflects the importance of education and autonomy as facilitators of informed choice, as recognized in the literature (Fernandes et al., 2025; Idris et al., 2023).

In contrast, the male participants (IS, DV, and RG) showed a tendency toward stability or resistance. RG stated, “*I am hard to influence, especially if the culture is still against it.*”. This relative rigidity suggests that the Norms of Hegemonic Masculinity (Connell, 2005) inhibit men from demonstrating flexibility or vulnerability, making them more resistant to information that challenges their traditional self-image, especially in societies where cultural norms are strong (Connell & Messerschmidt, 2005). This rigidity contrasts with the established fact that good knowledge and positive attitudes are important predictors of the intention to accept vasectomy (Nesro et al., 2020). Therefore, effective communication strategies must be tailored to acknowledge and navigate these gender-specific barriers to achieve transformative change.

5. Conclusion

The conclusion should consist of the conclusion, limitations, and suggestions.

5.1. Conclusion

This study successfully achieved its objectives by providing an in-depth, phenomenological understanding of the perceptions, persistent stigma, and underlying social dynamics related to vasectomy among single individuals in Jakarta’s urban context. The core findings establish that

vasectomy acceptance is severely hampered by a robust social stigma rooted in damaging myths regarding loss of masculinity and sexual dysfunction. These negative representations are not merely medical misunderstandings; rather, they constitute a social reality actively constructed and maintained through prevalent erroneous narratives in both traditional media and informal social interactions. This process directly reflects the externalization and objectivation phases described in Social Construction of Reality Theory.

This study also comprehensively analyzed the critical role of health communication in this context. Trusted formal sources, such as physicians, and informal peer testimonials from acceptors, particularly those disseminated via dynamic digital platforms such as social media, are crucial for effective myth-busting. These credible sources are essential for creating a positive counter-narrative and facilitating the internalization of new, accurate information that challenges established negative social realities. Furthermore, the findings underscore that vasectomy is profoundly influenced by social factors, where support from family and prospective partners emerges as a critical determinant for its successful adoption in the future, highlighting its role as a social rather than purely medical decision.

Crucially, the perspectives explored reflect the dynamic nature of gender power relations among younger generations. The data revealed a pronounced tension between views that prioritize individual male autonomy in bodily decisions (as expressed by some male participants) and more egalitarian and collaborative views that emphasize mutual partner agreement. This tension signals a transitional conflict in traditional patriarchal power structures among urban youth, where the progressive values of gender equality are beginning to significantly challenge entrenched norms. Overall, the study concluded that vasectomy is increasingly being reframed as an act of shared responsibility in family planning. The successful integration of vasectomy requires highly culturally and religiously sensitive communication strategies that proactively address specific myths while highlighting the benefits of vasectomy through the lenses of modern health, gender parity, and responsible family management.

5.2. Limitation

This qualitative phenomenological study has inherent limitations that warrant discussion. The foremost limitation is the restricted generalizability of these findings. With a small sample size (N=5) and a specific, high-education (S1) demographic residing exclusively in Jakarta, the rich, in-depth data obtained cannot be extrapolated broadly to the entire Indonesian population, particularly to married couples or individuals from rural or less educated backgrounds. Given their high educational level, participants may exhibit a proactive bias toward gender equality and modern health information, potentially resulting in findings that lean toward a more progressive viewpoint than the national average.

Furthermore, the geographical limitation of the study (DKI Jakarta) restricts the scope of the findings. Stigma and cultural norms regarding vasectomy likely differ significantly in other Indonesian regions, where religious fatwas or extensive traditional family values may dominate the discourse (e.g., regions outside Java or specific conservative areas). The second major limitation concerns the data collection method using remote interviews (telephone). While affording flexibility and privacy, this method inherently limits the researcher's ability to observe non-verbal cues (such as hesitation, discomfort, or body language), which are vital in qualitative studies for assessing the depth of feeling, sincerity, and true meaning behind discussions on sensitive issues like sexuality, masculinity, and religion.

5.3. Suggestion

Based on the analysis of the findings and the acknowledged limitations of this study, several targeted practical and academic suggestions are proposed to guide future actions and research on vasectomy acceptance in Indonesia.

5.3.1 Practical Suggestions for Health Promotion Programs

Health promotion programs for vasectomy must be urgently revamped to prioritize culturally sensitive and highly interpersonal education. Campaigns should be executed through a "Responsible Masculinity Narrative" (re-framing masculinity) that proactively addresses myths by presenting scientific facts and

compelling testimonials. These messages must target media consumed by Gen Z, such as TikTok, Instagram Reels, and podcasts. Furthermore, institutions such as the BKKBN must ensure that physicians and counselors receive specialized training in gender-sensitive counseling that focuses not on enforcing male autonomy but on facilitating an open, collaborative discussion between potential partners. Since knowledge and partner support were identified as key drivers, education should strategically target both single men and women to instill the values of shared responsibility in family planning from an early stage.

5.3.2 Academic Suggestions for Future Research

To overcome the limitations of this study, subsequent academic research is strongly recommended. This study should be replicated with a larger, more diverse sample size, explicitly including married couples and populations from varied socioeconomic and rural backgrounds to gain a national perspective.

- a) Employing a mixed-methods approach that combines the depth of qualitative findings with broader quantitative surveys to validate the emerging progressive viewpoints identified in this study on a larger scale.
- b) Conduct comparative studies focusing on differences between the perspectives of unmarried individuals and married couples in the same region or comparing urban and rural views to isolate the impact of marital status and cultural setting on the vasectomy stigma.

Finally, future research should focus on the negotiation process between young partners regarding vasectomy adoption to understand how gender power is specifically expressed, challenged, and resolved in situ during contraceptive decision-making.

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