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A Descriptive study to assess the knowledge of Men regarding Permanent Family Planning Methods in selected Village Nagali Solan H.P

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Abstract:

Family planning helps people have the desired number of children, which as a result improves the health of mothers contributes to the nation's social and economic development. In most developing Countries, it is common practice for women to have too many children, too close to one another. Family making plans is one of the techniques that's proving to be powerful in tackling those problems. It is the way to lead a happy life with quality and integrity.

Key Words: Family Planning, Knowledge, Attitude, Family planning methods.

Introduction:

The term "family planning" refers to the process of deciding when and how many children to have, as well as the usage of birth control. Family planning is seen as a fundamental human right (UNO1968). Every couple and individual have the basic human right to choose the number and spacing of their children freely and responsibly, and to have access to information education as a tool to do so. Vasectomy offers a permanent, safe and worry-free choice in birth control. Vasectomy is a simple, safe and a relative operative procedure design to make men sterile, unable to biologically father. All vasectomy procedures entail cutting or otherwise blocking both the left and right vas deferens, so that the man's ejaculate will no longer contains sperm, and he will not be able to make a woman pregnant. (1)

Globally men's involvement in family planning is dismally poor. In some Countries, they have altogether given up on promoting family planning among men. The World vasectomy day is an event intended to rise global awareness on vasectomy. All States /Union Territories across India observed a dedicated 'Vasectomy Fortnight' from 21st November to 4th December 2017 with commensurate publicity whereby quality male sterilization services would be provided to client at public health facilities. (2)

Over sees 1000 medical providers in over 50 Countries carrying out some 10,000 vasectomies. Clinics in the UK will also be supporting the days celebrations. (3)

In 1951, India became the first country to implement a national family welfare programme with the goal of lowering the birth rate to the level required to maintain population stability in line with national economic needs. Despite the fact that mass

vasectomy camps, increased incentives, and large public efforts resulted in an increase in male sterilisations in the 1970s, the national family welfare programme failed to gain popular support. (4)

Objectives

- 1. Assess the knowledge of men regarding Permanent Family Planning methods in selected Village Nagali.
- 2. Determine the association between the knowledge and attitude of men regarding Permanent Family Planning method with selected Demographic variables.

Review of Literature:

Sezerkisa, Esensavas, et al was conducted a descriptive study to determine the opinions and attitude of married couples living in Turkey about Vasectomy. The sample size is 350. More than 88.0% of men were not willing to have vasectomy and 33.4% thought that vasectomy had negative effect on marriage and sexual health. In addition, 58.9% thought that vasectomy had negative effect on men's health. The study recommends determining strategies for overcoming socio-cultural barrier by raising awareness and increasing the utilization of vasectomy. (5)

Zeeshan Sekh conducted a descriptive study cross sectional study by department of community medicine in MGM medical college at kamothen, Navi Mumbai to assess the attitude of married men towards vasectomy. The sample size was 121 married men selected by simple random sampling. The result found 70.2% men were aware of vasectomy. 70.2% of respondent new vasectomy is a permanent method of contraception. However, 45.5% did not know whether sexual function would return to normal following a vasectomy. Furthermore 31.4% of respondents felt that a vasectomy would influence their self-confidence and masculinity. (6)

Adenuka M. Marcus et al conducted study regarding awareness of married men on vasectomy. A cross sectional study design was adopted and finding revealed that about 13.5% of the respondents had reportedly heard about vasectomy, 30.8% considered it an unacceptable method of contraception while 16.2% see it as a sin against God, therefore shows negative attitude toward vasectomy. (7)

SzereKisa et al conducted a study to assess the opinions and attitude about vasectomy of married couples. The results showed that 14% of women and 43% of men were of the opinion that undergoing a vasectomy procedure was a sin More than 88% of men were not willing to have vasectomy and 35.4% thought that vasectomy had negative effect on men's health. (8)

Sood revealed a study on awareness and attitude of married men on vasectomy. Based on the findings in this research the average age of participants was 38/54+_9/23 years. 3/1 percent of the participants had high school and university education, and 46.3% were government employees. In view of awareness on vasectomy 33.3% were weak. 23% were moderate, 41.8% were well informed. In view of attitude of research units to vasectomy 44% were weak,34.8% were moderate and 21.2% had good attitude toward vasectomy. (9)

Ullugadi conducted a study to assess the attitudes and acceptance of Nigerians towards vasectomy. A cross sectional design was selected, and results revealed that men were more favourably disposed than women towards vasectomy. While 26% of men were ready to accept vasectomy and have positive attitude toward vasectomy. (10)

S Mahapatra conducted a study to assess the attitude of men regarding vasectomy. Hence the study revealed that 90% of men indicated the desired to take their turn in family planning. 80% wanted vasectomy because they had satisfied parity (on average 3 children) and 70% did it because of pressure from their wives. (11)

Kuti Conducted a study on "attitude of rural men towards vasectomy as a means of contraception". A total of 200 men who came to a rural health centre for treatment or to accompany a patient were included for interview. In this none of them had heard previously of vasectomy as a means of contraception. 79% of men accepted vasectomy as a good means of contraception and 21% opposed vasectomy because of the problem of possible loss of children due to death or divorce. (12)

Research Methodology:

Research Approach: Quantitative approach

Research Design: Descriptive research design

Study setting: Rural area, Village Nagali (Solan)

Target population: Male adult of 20 to 60 years of age.

Sample size: 40 male adults

Sampling technique: non-probability convenient sampling technique

Inclusion criteria:

- Males residing in rural community.
- Males available during the period of data collection.
- Those who are willing to participate in research study.

Exclusion criteria:

- Those who are not willing to participate in the study.
- Those who are not available during data collection.
- Males below the age of 20 years and above the age of 60 years.

Development And Description of Tools:

The tool was constructed to assess the knowledge and attitude of men regarding vasectomy. Structured knowledge questionnaire was developed to assess the knowledge regarding vasectomy and likert scale was developed to assess the attitude of men regarding vasectomy.

Tools consist of two sections: -

Section A: - This part of section includes demographic proforma which consists of 9 items seeking personal information about adult males name, age, marital status, educational status, type of family, monthly family income, occupational status, religion, source of information regarding vasectomy.

Section B: - This section consists of two parts: -

Part (a): - This part includes structured knowledge questionnaire on vasectomy consisting of 20 questions. Each questions had 4 options and respondents were instructed to tick the one right answer from given options.

Results:

Table-1: Sociodemographic Variables

Sl.No.	Characteristics	Socio-demographic Data	Percentage (%)		
1	Age	18-2 <mark>3yrs</mark>	1(3.34%)		
	N CA	24-2 <mark>9yrs</mark>	11(36.6%)		
		30-35yrs	6(20%)		
		36-40yrs	12(40%)		
2	Area	Rural	30(100%)		
3	Religion	Hindu	29(96.6%)		
		Buddhist	1(1.34%)		
4	Occupation	Self-employee	16(53.3%)		
	_	Govt employee	5(16.6%)		
		Private-employee	7(23%)		
		Other	2(6.67)		
5	Education	10 th	8(26.67%)		
		+2	10(33.3%)		
		Graduation	12(40%)		
6	Marital status	YES	24(80%)		
		NO	6(20%)		
7	Type of family	Nuclear	8(26.67%)		
		Joint	22(73.3%)		
8	No. of family member	3	9(30%)		
	,	3above	8(26.67%)		
		5	7(23%)		
		5above	6(20%)		
9	Monthly income	5,000	2(6.67%)		
		10,000	9(30%)		
		15,000	6(20%)		
		>20,000	13(43.3%)		

Table :2: Assessment of Knowledge on men regarding Family Planning methods

Sl.	Questions		Aware		Not aware	
No.		Frq.	Percentage (%)	Frq.	Percentage (%)	
1	What do you understand by family planning?	8	26.6%	22	73.3%	
2	j		66.6%	10	33.3%	
3	What do you think about vasectomy?		73.3%	8	76.6%	
4	Which of the following is associated with having a vasectomy?	15	50%	15	50%	
5	Which of the following is a common problem for vasectomised men?	18	60%	12	30%	
6	Do you think vasectomy is painful procedure?		60%	22	73.3%	
7	What is the impact of vasectomy on a person's health?		63.3%	11	36.6%	
8	Does a man need to use another contraceptive method after vasectomy	22	73.3%	8	26.6%	
9	How much duration Vasectomy procedure takes	29	96.6%	1	3.33%	
10	According to you what is the success rate of vasectomy in preventing pregnancy?	23	76.6%	7	23.3%	
11	Who should receive a vasectomy?	10	33.3%	20	66.6%	
12	What is Possible complication of vasectomy except	19	63.3%	11	36.6%	
13	Which Conditions or situations requiring precaution for vasectomy	22	73.3%	8	26.6%	
14	Why vasectomy is performed	15	50%	15	50%	
15	How long after a vasectomy procedure will men become completely sterile	18	60%	12	30%	
16	Where can vasectomy to be performed?	19	63.3%	. 11	36.6%	
17	Does a man need to use another contraceptive method after a vasectomy	22	73.3%	8	26.6%	
18	What is the main test done after a few months for vasectomy?	10	33.3%	20	66.6%	
19	What should be the tasks to be performed after procedure by a man?	15	50%	15	50%	
20	What do you think why community people is not using vasectomy procedure?	18	60%	12	30%	

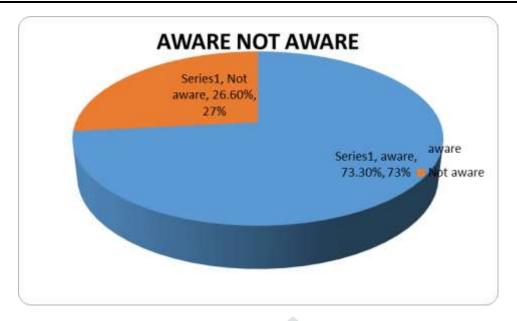


Fig.: Shows that 73.3% people are aware about Family planning methods and 26.6% people are not aware about these methods.

Delimitation

- 1. The study is delimited to adult males (20-60 years).
- 2. The study is delimited to males residing rural community in Nagali Solan.

Nursing Implications of the Study

Nursing education

- The sample group should be counseled and educated regarding side effect of Contraceptive intake.
- Parents/relatives should be provided information regarding use of family planning methods.

Nursing practice:

- Nurse should be skilled in identifying, explaining and verifying the problems faced by the clients.
- In community, student nurse must have knowledge and skills to provide knowledge regarding the advantages of family planning methods.

Nursing administration

- The role of nursing administration is very important. They can organize health education program regarding use of family planning methods.
- Nursing administration at hospital and community level should evaluate the effectiveness of structured teaching program regarding advantages of family planning methods.

Nursing research

- Research finding and result of study should publish disseminated through proper channel to enhance the knowledge of consumer regarding advantages of family planning methods
- The study finding can be kept as the base line data and further research can be conducted at different setting.

Recommendation of the study

• This study will help the nurse educator in selected areas to provide information regarding Family planning methods, & its advantages.

The similar study can be replicated among other area.

Conclusion:

In this study, it was proved that Family planning is one of the strategies which is proving to be effective in tackling these problems. By protecting women from the risk of pregnancy and its associated complications, family planning can play a vital role in the reduction of infant, child and maternal morbidity and mortality. By preventing unwanted or mistimed pregnancies, family planning can also reduce abortion by unskilled providers or under unhygienic conditions. However, the benefits of family planning go beyond if improvement ion maternal and child health

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