



A CROSS-SECTIONAL DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE AND ATTITUDE REGARDING VASECTOMY AS A FAMILY PLANNING METHOD AMONG MARRIED MEN RESIDING IN BARU-SAHIB, DISTRICT SIRMAUR, HIMACHAL PRADESH.

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ABSTRACT: A vasectomy is a very safe and effective technique of contraception for couples who choose to avoid having children. The aim of the study is to assess the knowledge and attitude regarding vasectomy among married men. A quantitative research approach and descriptive research approach design was used and the research setting was in Baru-Sahib Distt. Sirmaur (H.P.). Total 190 married men were selected with convenience sampling technique. Consent was taken from the participants who were selected as a sample. Semi- Structured knowledge questionnaire and attitude scale was used to assess the knowledge and attitude. The data was analysed using descriptive and inferential statistics. Results depicts that current study knowledge regarding vasectomy was majority of married men had moderate knowledge (80.6%), adequate knowledge (15.8%), Inadequate knowledge (3.6%) There was no association between the knowledge score and the socio-demographic data variables among married men. Attitude regarding the vasectomy among married men depicts that majority of married men has most favourable attitude (88.4%), Uncertain (11.6%), Unfavourable (0.0%). There was no association between the attitude regarding vasectomy as family planning method among married men with their socio-demographic variable

Key words: Knowledge, Attitude, Vasectomy, Married Men.

INTRODUCTION

A vasectomy is a very safe and effective technique of contraception for couples who choose to avoid having children. It is incomparably less expensive, has no side effects, and is a less dangerous operation than female sterilization. It also offers a speedier recuperation period. In nearly every way that vasectomy can be compared to tubal ligation it has a more positive outlook. The only method of permanent male sterilization is a vasectomy,

which involves transecting, ligating, and separating the vas deferens in fascial planes. Vasectomy procedures are performed by urologists around 75% of the time; general surgeons and family care doctors handle the remaining procedures. Vasectomy has a high success rate of 99.7% and generally low complication rates of 1% to 2%¹.

As of 2019–2021, 3.3% of Indians had undergone a vasectomy nationwide. The regional vasectomy prevalence in Himachal Pradesh between 2019 and 2021 is 3.4%. About 5,00,000 vasectomies are performed each year in the United States, and more than 6 million per year are done in India².

The knowledge and attitude of society towards vasectomy are far from satisfactory even among the educated section of society. In country there is lack of awareness and correct knowledge among public myths and misconceptions clouding vasectomy due to religious and cultural barriers.

OBJECTIVES

- 1) To assess the knowledge and attitude regarding vasectomy as a family planning method among married men.
- 2) To find out the association between knowledge and attitude of vasectomy as a family planning method among married men with their selected socio demographic variables.

NEED OF STUDY

From statistics, it is evident that the country with the highest population is India. Currently, sterilization is the least desired method of contraception and the most preferred technique is the condom. Vasectomy is not widely used, even though it is safer, easier, less expensive, and just as effective as female sterilization².

As per the above data and information, researchers noticed that most of the people think vasectomy as neglected issue and misconceptions associated with vasectomy is high due to lack of proper education to married men and also to other members. So, researchers felt need to conduct the study so as to assess the knowledge and attitude of the general population. Therefore it is important to find out the association of attitude and knowledge regarding vasectomy among married men with their sociodemographic variables.

RESEARCH METHODOLOGY

In this study descriptive research design was used. A pilot study was conducted on June 11, 2024 in Nahan there we took 10% (19) sample and found the reference measurements to be reliable. The main study was conducted on 23 June 2024 at Eternal University, Baru Sahib (H.P.). A total of 190 samples were selected for the study. A good relationship was established and confidentiality was maintained. A semi-structured questionnaire and 5-point likert scale of attitude were distributed to the samples.

Selection and description of tool

The sample was selected through convenience sampling technique to assess the knowledge and attitudes towards vasectomy as family planning method among married men living in Baru Sahib (H.P.),

Tool Descriptions

A Semi-Structured knowledge questionnaire and 5-point likert Scale was developed and validated. This tool was created after extensive literature research and discussion with experts taking into account the researchers, personal and professional experience. This tool consists of two parts.

Part A: - Sociodemographic Variables

This part contains the sociodemographic variables of the participants i.e. Age, religion, Type of family, Number of children, Qualification, Occupation and total monthly income.

Part-B: - Knowledge Questionnaire consists of 30 questions and 5- point likert scale which consists of 10 statements.

1) Semi-Structured knowledge Questionnaire:-

Level of knowledge	Scores(Percentage)
Adequate	21-30(80-100%)
Moderate	11-20(60-79%)
Inadequate	1-10(<60%)

Table no. 2.1 Self Structured Knowledge Questionnaire

2) 5- point likert attitude scale:-

Attitude	Scoring Criteria
Favourable	>40
Uncertain	40
Unfavourable	<40

Table no. 2.2:- Five point likert attitude scale

Scoring	Positive Statements	Negative Statements
Strongly agree	5	1
Agree	4	2
Neutral	3	3
Disagree	2	4
Strongly Disagree	1	5

Table no 2.3: Positive and Negative Score

Plan for data analysis:

Analysis and interpretation of data was done by using descriptive and inferential statistics.

Descriptive Statistics

1. Frequency and percentage distribution was used to analyse the sociodemographic variables.
2. Mean and standard deviation was used to assess the knowledge and attitude regarding vasectomy as family planning method among married men.

Inferential statistics

1. Association between knowledge and attitude regarding vasectomy as family planning method among married men with their selected socio demographic variable was checked by chi square

RESULTS:

Data was described under the following section:

Section 1: Analysis of socio demographic variables by using frequency and percentage distribution.

Section 2: Association between the knowledge and attitude regarding vasectomy among married men with their socio-demographic variables.

Section: 1 Description of socio demographic variables by using frequency and percentage.

N=190

Sr. No.	Variables	Categories	Frequency (f)	Percentage (%)
1	Age in years	21-26 years	8	4.2
		27-32 years	51	26.8
		33-38 years	99	52.2
		39-45 years	32	16.8
2	Religion	Hinduism	104	54.7
		Christianity	8	4.2
		Sikhism	72	37.9
		Islam	6	3.2
3	Type of family	Nuclear	118	62.1
		Joint	71	37.4
		Extended	1	0.5
4	Number of children	No	3	1.6
		01	49	25.8
		02	122	64.2
		03 or more	16	8.4
5	Qualification	No formal education	00	00
		Primary	20	10.5

		Secondary	43	22.6
		Graduate	98	51.6
		Post graduate	29	15.3
6	Occupation	Government employee	3	1.6
		Private employee	162	85.3
		Self employed	19	10.0
		Unemployed	6	3.2
7	Total monthly income(in rupees)	Less than 20,000 per month	32	16.8
		21,000-30,000 per month	42	22.1
		31,000-40,000 per month	74	38.9
		41,000-50,000 per month	27	14.2
		51,000 or above per month	15	7.9

Table 3.1 shows frequency and percentage of age, religion, type of family, number of children, qualification, occupation, and total monthly income.

Section 2: a) Association of knowledge regarding vasectomy as family planning method among married men with their selected socio demographic variable.

N=190

S. NO.	SOCIO-DEMOGRAPHIC VARIABLE	KNOWLEDGE			CHI-SQUARE	Df	p value
		ADEQUATE	MODERATE	INADEQUATE			
1.	AGE (IN YEARS)						
	21-26	1	5	2	3.800 ^{NS}	3	0.70
	27-32	1	43	7			
	33-38	3	80as	16			
	39-45	2	25	5			
2.	RELIGION						
	Hinduism	5	84	15	6.231 ^{NS}	3	0.39
	Christianity	0	7	1			
	Sikhism	1	57	14			

S. NO .	SOCIO- DEMOGRAPHIC VARIABLE	KNOWLEDGE			CHI- SQUAR E	Df	p value
		ADEQU ATE	MODER ATE	INADEQU ATE			
	Islam	1	5	0			
3.	TYPE OF FAMILY						
	Nuclear	4	97	17	0.878 ^{NS}	2	0.92
	Joint	3	55	13			
	Extended	0	1	0			
4.	NUMBER OF CHILDREN						
	No	0	2	1	1.881 ^{NS}	3	0.93
	01	2	38	9			
	02	4	101	17			
	03 or more	1	12	3			
5.	QUALIFICATION						
	No formal education	0	0	0	4.214 ^{NS}	4	0.64
	Primary	2	14	4			
	Secondary	1	35	7			
	Graduate	4	80	14			
6.	OCCUPATION						
	Government employee	0	2	1	6.725 ^{NS}	3	0.34
	Private employee	6	133	23			
	Self employed	0	15	4			
	Unemployed	1	3	2			
7.	TOTAL MONTHLY INCOME						
	<20,000/month	1	21	10			

S. NO.	SOCIO-DEMOGRAPHIC VARIABLE	KNOWLEDGE			CHI-SQUARE	Df	p value
		ADEQUATE	MODERATE	INADEQUATE			
	21,000-30,000/month	0	33	9	14.865 ^{NS}	4	0.62
	31,000-40,000/month	4	64	6			
	41,000-50,000/month	2	23	2			
	51,000 or above/month	0	12	3			

Table 3.2.1 It shows no association between knowledge regarding vasectomy as family planning method among married men with their selected socio demographic variables.

b) Association between the attitude regarding vasectomy as family planning method among married men with their selected socio demographic variables.

S. No	SOCIO-DEMOGRAPHIC VARIABLE	ATTITUDE			CHI-SQUARE	Df	p value
		GOOD	AVERAGE	POOR			
1.	AGE (IN YEARS)						
	21-26	1	7	0	5.110 ^{NS}	3	0.16
	27-32	2	49	0			
	33-38	16	83	0			
	39-45	3	29	0			
2.	RELIGION						
	Hinduism	14	90	0	1.259 ^{NS}	3	0.73
	Christianity	1	7	0			
	Sikhism	6	66	0			
	Islam	1	5	0			
3.	TYPE OF FAMILY						
	Nuclear	17	101	0	2.480 ^{NS}	2	0.28
	Joint	5	66	0			
	Extended	0	1	0			
4.	NUMBER OF CHILDREN						
	No	0	3	0	1.288 ^{NS}	3	0.73
	01	5	44	0			
	02	14	108	0			
	03 or more	3	13	0			

5.	QUALIFICATION						
	No formal education	0	0	0	2.655 ^{NS}	3	0.44
	Primary	3	17	0			
	Secondary	2	41	0			
	Graduate	13	85	0			
	Post graduate	4	25	0			
6.	OCCUPATION						
	Government employee	0	3	0	5.395 ^{NS}	3	0.14
	Private employee	17	145	0			
	Self employed	5	14	0			
	Unemployed	0	6	0			
7.	TOTAL MONTHLY INCOME						
	<20,000/month	3	29	0	2.717 ^{NS}	4	0.60
	21,000-30,000/month	6	36	0			
	31,000-40,000/month	9	65	0			
	41,000-50,000/month	4	23	0			
	51,000 or above/month	0	15	0			

Table 3.2.2 It shows no association between attitude regarding vasectomy as family planning method among men with their selected demographic variables.

CONCLUSION:

The present study was undertaken by the investigator to assess the knowledge and attitude regarding vasectomy as family planning method among married men residing in Baru Sahib, Sirmour (H.P.)

In current study knowledge regarding vasectomy as family planning method among married men depicts that 80.6% majority of married men had average knowledge, 15.8% had good knowledge and 3.6% had poor knowledge regarding vasectomy. It can conclude that married men need more knowledge about vasectomy.

In current study attitude regarding vasectomy as family planning among married men depicts that 88.4% majority of married men had favourable attitude, 11.6% uncertain and no one had unfavourable attitude.

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