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## **A study to assess the level of knowledge on vasectomy among males**

**Dr. S Kalabarathi and John Immuanaul**

### **Abstract**

Vasectomy or male sterilization, are a highly underutilized method of family planning, although they are safer simpler, less expensive and equally effective as female sterilization. Throughout the world vasectomy are one of the least used and least known methods of contraception. The objectives of the study are to assess the level of knowledge on vasectomy among males and to find the association between levels of knowledge on vasectomy with selected demographical variable among males. Descriptive design was adopted for the study. Purposive sampling technique was used to select the 100 samples. The study was conducted in Mappedu village. The data was collected, organized and analyzed in term of descriptive statistics. The study results showed that majority of the people had inadequate knowledge 51(51%) and 43% of moderate adequate knowledge and 6% are adequate knowledge on vasectomy among males in Mappedu village the mean deviation of knowledge on vasectomy among males in Mappedu village is 13.49 and the standard deviation of Knowledge on vasectomy among males in Mappedu village is 113.89. There was statistically significant found between the age, religion, monthly income and the level of knowledge on vasectomy among males in Mappedu village. The study findings suggest that it is important to educate about knowledge on vasectomy among males. The nurse should develop their performance independently by displaying the instructional module or through mass media which may be helpful in improving the society in knowledge on vasectomy.

**Keywords:** Knowledge, vasectomy and males

### **Introduction**

India was the first country to launch its National Family Welfare program in 1951 with a view of reducing birth rate to the extent necessary to stabilize the population consistent with the requirements of national economy. Though the National Family Welfare Program witnessed an upsurge in male sterilizations in 1970s due to mass vasectomy camps, enhanced incentives and massive public drives but it failed to find social acceptance.

Government of India had set a target for Total Fertility Rate (TFR) of 2.1 children per woman nationally by the year 2010. India's Total Fertility Rate has seen a steady decline from 2.7 in 2005-06 to 2.2 in 2015-16.2 Tubectomy has been able to achieve this to a good extent. However vasectomy which is a far more safer and effective method, isn't still popular amongst men, due to gender bias in our country.

In India, men are often paid to get a vasectomy under the terms of different government schemes usually for reasons such as population control. However, despite the certainty, safety and even cost benefit of vasectomy, Indian men seldom undergo the procedure. This is mostly due to social stigma, fear of the unknown, and possibly because many people are averse to any medical procedures (since the alteration of a part of the body is a significant decision). Along with these reasons, the concept of contraception itself is commonly taken lightly in many developing countries. Even after various campaigns to promote methods of contraception for reasons such as population control, its awareness is not given much importance; and for some areas under the poverty line, it is usually absent.

The social stigma surrounding vasectomy has a considerable influence on the opinions of Indian men and sometimes also their wives on considering undergoing the procedure. In a society where patriarchal traditions prevail, succumbing to the ideas of undergoing what some may see as "castration" seems masculine and looked down upon by others.

For many, lack of education of the subject often leads to a fear of unknown consequences of the procedure. For example, some may believe that it results in fluctuating hormonal changes

or even permanent changes to the physical appearance of a man. Certain uneducated persons may also have a negative perception that the removal of a reproductive organ which makes them barren will label them as no longer an 'ideal' female or male.

Vasectomy or male sterilization, are a highly underutilized method of family planning, although they are safer simpler, less expensive and equally effective as female sterilization. Throughout the world vasectomy are one of the least used and least known methods of contraception. The number of female sterilization exceeds the number of male sterilization is in a 5 to 1 ration.

The Indian Council of Medical Research, New Delhi for having approved vasectomy is one of the most reliable and cost effective permanent methods of contraception. Despite its popularity, certain issues pertaining to the procedure remain unresolved. Family planning is recognized as basic human right (UNO1968).all couples and individuals have basic human right to decide freely and responsibly on number and spacing of their children and to have the information education and means to do so.

The negative attitude of service provider also a key reason for the failure of men contraceptives use, Spousal communication and cultural misconception about family planning that contribute to decrease level of male involvement in use of contraception and the health related issues reaches women earlier and easy to motivate or change in health care behaviour in women compare with men.

Recently Non scalpel vasectomy camp was conducted in Bangalore was not successful because the number of participants means the public was less and few men were disagreed in procedure area because of poor knowledge, the sad part about this issue is that most of them were well educated and the camp was conducted in the industrial city of Karnataka, Health professionals should provide decision support to men facing the decision about having a vasectomy or not. A decision aid on male sterilization would be useful in this respect. The objectives of the study are to assess the level of knowledge on vasectomy among males and to fine the association between levels of knowledge on vasectomy with selected demographical variable among males. The researcher has observed many males who are ignorant about vasectomy so the researcher has identified and investigated level of knowledge on vasectomy among males

**Materials and Methods**

Descriptive design was adopted by the investigator to identify the level of knowledge on vasectomy among males. Purposive sampling technique was used to select the 100 samples. The study was conducted in Mappedu village. Purposive sampling technique was used to select the 100

samples. The Inclusion criteria for the study are males who are willing to participate and who are available at the time of data collection. The exclusion criteria for the study are Males below 21 years and above 45 years. Data was collected using structured interview schedule to assess the demographical variables among males. The project has been approved by the ethics committee of the institution. Informed consent was obtained from the participants before initiating the study.

**Results**

**Table 1:** Frequency and percentage distribution of demographic variable among males in Mappedu village. (N=100)

S. No	Demographic Variable	Frequency	Percentage
1	Age		
	a) 21-30 Years	28	28%
	b) 31-40 Years	48	48%
	c) 41-50 Years	11	11%
2	d) 51-60 years	13	13%
	Type of family		
3	a) Joint family	38	38%
	b) Nuclear family	63	63%
4	Religion		
	a) Hindu	53	53%
	b) Christian	43	43%
	c) Muslim	4	4%
5	d) Others	-	-
	Educational Status		
	a) Undergraduate	36	36%
	b) Postgraduate	2	2%
6	c) Doctorate	-	-
	d) School education	62	62%
	Monthly income		
7	a) Rs. 5000 to 10000	29	29%
	b) Rs. 10000 to 15000	59	59%
	c) Above Rs.15000	12	12%
8	Number of living children		
	a) One	20	20%
	b) Two	59	59%
	c) Three	12	12%
9	d) More than three	9	9%
	Vasectomy if undergone by any of the family members		
	a) Yes	-	-
10	b) No	100	100%

Table 1 shows that out of 100 samples majority of them belong to the age group of (48%) 31-40 years, 62% were lived in a nuclear family, 53% were Hindus and 43% were Christian, 62% were studied only school education, 59% people get monthly income of 10,000-15,000 INR, 59% people had 2 numbers of living children and 100% people doesn't undergone vasectomy.

**Table 2:** Frequency and percentage distribution of the level of knowledge on vasectomy among males in Mappedu village

Inadequate knowledge		Moderate knowledge		Adequate knowledge		Mean	Standard deviation
Frequency	Percentage	Frequency	Percentage	Frequency	Percentage		
51	51%	43	43%	6	6%	13.49	113.89

Table 2 Showed that majority of the people had inadequate knowledge 51(51%) and 43% of moderate adequate knowledge and 6% are adequate knowledge on vasectomy among males in Mappedu village the mean deviation of

knowledge on vasectomy among males in Mappedu village is 13.49 and the standard deviation of Knowledge on vasectomy among males in Mappedu village is 113.89

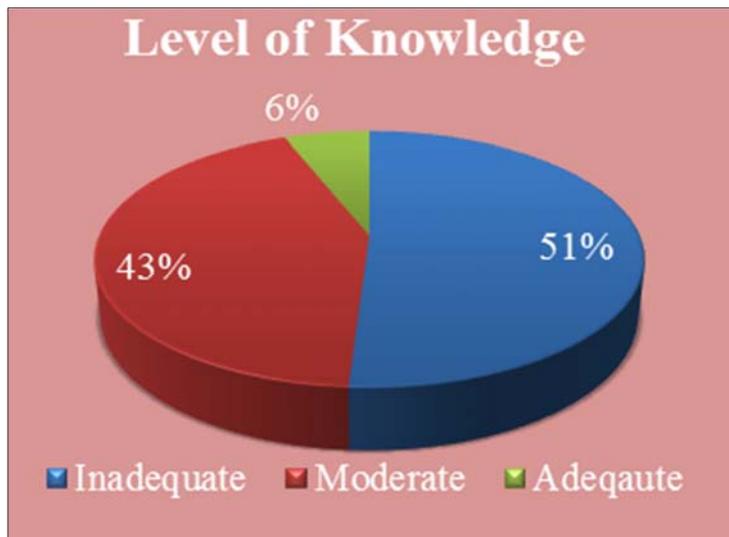


Fig 1: Frequency and percentage distribution of the level of knowledge on vasectomy among males in Mappedu village

Table 3: Association between demographic variables with the level of knowledge on vasectomy among males in Mappedu village

S. No.	Demographic Variable	Inadequate knowledge		Moderate knowledge		Adequate knowledge		Chi-square value and p value
		No	%	No	%	No	%	
1.	<b>Age</b>							$\chi^2=15.457$ df=6 S
	a) 21–30 Years	9	9%	15	15%	4	4%	
	b) 31–40 Years	29	29%	17	17%	2	2%	
	c) 41–50 Years	3	3%	8	8%	-	-	
	d) 51-60 years	10	10%	3	3%	-	-	
2.	<b>Religion</b>							$\chi^2=44.361$ df=6 S
	a) Hindu	21	21%	30	30%	2	2%	
	b) Christian	30	30%	12	12%	1	1%	
	c) Muslim	-	-	1	1%	3	3%	
	d) Others	-	-	-	-	-	-	
3.	<b>Monthly income</b>							$\chi^2=20.428$ df=4 S
	a) Rs. 5000 to 10000	13	13%	15	15%	1	1%	
	b) Rs. 10000 to 15000	35	35%	23	23%	1	1%	
	c) Above Rs.15000	3	3%	5	5%	4	4%	

Table 3: Shows that there was an association between the demographic variable and knowledge on vasectomy among rural people in Mappedu. There was statistically significant found between the age, religion, monthly income and the level of knowledge on vasectomy among males in Mappedu village.

**Discussion**

The present study findings reveals that the frequency and percentage distribution of the level of knowledge showed that majority of the people had inadequate knowledge 51(51%) and 43% of moderate adequate knowledge and 6% are adequate knowledge on vasectomy among males in Mappedu village the mean deviation of knowledge on vasectomy among males in Mappedu village is 113.39 and the standard deviation of Knowledge on vasectomy among males in Mappedu village is 113.89. The findings of the study were supported by Agofure Otovwe *et al.*, (2018) conducted a study to investigate the knowledge and perception of vasectomy among male staffs of Novena University Ogume, Delta State Nigeria. A cross-sectional study was conducted among 151 purposively selected male staffs of Novena University, Ogume. The results show that the mean age of the respondents was 36.99±11.08 years.

The overall level of knowledge show that 57% of the respondents had good knowledge of vasectomy, while 58.30% demonstrated poor perception towards vasectomy and 57% exhibited poor attitude towards vasectomy.

The association between demographic variables with the level of knowledge on vasectomy among males in a selected village at Mappedu shows that there was an association between the demographic variable and knowledge on vasectomy among rural people in Mappedu. There was statistically significant found between the age, religion, monthly income and the level of knowledge on vasectomy among males in Mappedu village.

These findings are supported by Amruta (2018) who conducted a study to identifying the knowledge and attitude regarding vasectomy among the couples of Selected Area of pimri pune. The finding in correlation between the knowledge with the selected demographic variables of samples shows that, there are significant association between knowledge and the education, occupation and religion. The finding was there is correlations between the attitudes with the selected demographic variables are significant association between attitude with gender and religion.

## Conclusion

The study findings suggest that it is important to educate about knowledge on vasectomy among males. The nurse should develop their performance independently by displaying the instructional module or through mass media which may be helpful in improving the society in knowledge on vasectomy. In conclusion the respondents had inadequate knowledge about vasectomy. Therefore, health education programs that include incorporating the factors that influences acceptance of vasectomy should be addressed to improve the level of acceptance among males.

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