

A Study on Knowledge of Married Men on No-Scalpel Vasectomy

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A study on "knowledge of the married men on no-scalpel vasectomy (NSV) in a selected ward under Bangalore Mahanagara Palike-South" was conducted in the year 2002 at M.S. Ramaiah Institute of Nursing Education and Research, Bangalore, affiliated to Rajiv Gandhi University of Health Science, Bangalore, under the guidance of Dr. (Mrs.) Laxmi Rana.

India is the second largest country as per the world population. In the last decade the population of India increased by 181 millions. Decline in population growth rate from 1981-1991, varies from 2.4% to 2.1%, showing only 0.3% decline in the growth rate of the country. Further, in 1996 the growth rate was reduced to 1.8%, which seems to be very slow as the projected growth rate strategy was reduced to 1.2% by 200AD.

In India about 20% of the eligible couples in the age group of 15 to 24 years constitute about 168 million eligible couples. On an average, 2.5 million couple join the reproductive age group every year. There is a need to educate them by appropriate technology to have a control over population growth. Survey from more than 60 developing countries indicates that more than 100 million people are currently not using any contraceptive method and want to delay the birth of their child or to stop having children. 350 million couples do not have access to a choice of safe and affordable contraceptive method 'No scalpel vasectomy' as a new procedure with no surgical intervention and very low complications reduce the risk of female sterilization.

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A National Family Planning Programme was launched in India with an objective of controlling population growth and for successive plans there was increase in the finance for the family planning programme to make it available to each couple. Acceptance of permanent family planning method is very poor in India and most of the users are females. The health status of females is poor when compared to males. Majority of women are anemic due to complications in pregnancy and childbirth. It is felt that involvement of male in family planning will reduce female sterilization and the complications related to tubectomy. Thus, health of the women can be improved.

Percentage of male adopting vasectomy is about 2% in India and it is only 0.1% in Karnataka. Participation of male partner is rarely observed due to various factors such as, ignorance, fear, misconceptions and lack of information. The word 'operation' evokes fear of wound and complications, apart from the pain associated with surgery. In 'No Scalpel Vasectomy' the anesthesia technique is perfect and hence there is no associated pain during procedure and no surgical related complication.

Objectives of the Study

- ♦ Assess the knowledge of the married men on NSV.
- ♦ Compare the knowledge of married men on NSV with demographic variables.

Methodology

Research approach selected for the study was explorative study where cross sectional survey was used to collect the data from the sample. This study was conducted in the Vishweshwara-puram ward of Bangalore Mahanagara Palike South with approximately 40,000 population covering around 25 kms of area.

Married men who were living with their wives having one or more children were selected. 200 married men fulfilling the sampling criteria were included in the study by using multi stage random sampling technique and the data was collected by using closed-ended questionnaire. The reliability of the tool was tested by split half method and validity by consulting guides and experts in related fields.

The questionnaire had three parts:

Part- A requires data related to age, religion, education, occupation, type of family, family income and exposure to mass media. It does not have any score.

Part- B includes two items i.e. awareness of NSV and sources of information, which do not have any score.

Part- C deals with knowledge items related to NSV and is further grouped into six sections as follows:

Section I includes the questions on meaning of vasectomy and NSV, which has two questions with two maximum obtainable scores.

Section II includes the items related to the procedure of NSV, with maximum five obtainable scores.

Section III has four items related to the precautions in NSV, with maximum of four obtainable scores.

Section IV contains nine items related to the difference between Traditional Vasectomy and NSV, with maximum of nine obtainable scores.

Section V includes nine items related to the benefits of NSV, with maximum nine obtainable scores.

Section VI contains one item related to place of service of NSV, with one obtainable score.

Each item has four options with one most appropriate answer. Each correct response has 'one' score and wrong answer is considered to be 'zero' score. Thus, there were 30 items with maximum of 30 scores.

Major Findings of the Study

Out of 200 samples, only 64 were aware of NSV and they were further asked certain questions with regard to NSV (n=64).

Areawise analysis of knowledge reveals that out of 64 married men only 42 of them had knowledge on meaning of NSV and 53 of them knew meaning of traditional vasectomy (TV), the mean score was 1.48 (74.0%) from the maximum obtainable score of two. 64% of them had knowledge on place of service where the maximum obtainable score was only one.

The mean knowledge score for the area, difference between NSV and TV was 4.81 ± 2.69 and for the benefits the mean score was 4.55 ± 3.14 , which are 53.47% and 50.52%, respectively from

maximum obtainable score of nine each. Further, the mean knowledge score for the procedure of NSV was 2.38 ± 3.33 and for the post-operative precaution the mean score was 1.89 ± 2.85 for maximum obtainable score of five and four; which are 47.60% and 47.25% respectively.

Chi-square test was calculated to find out the association between the knowledge scores of the married men with their demographic variables by using 2x2 contingency table. No significant association was observed between knowledge scores of the sample when compared to their age, religion, per capita income, education and years of married life. Significant association was found between mean knowledge scores and type of family, occupation and number of children.

Conclusion

Majority of the married men were from the age group of 36 years and above, Hindus and all educated. Around 50% of them were businessmen, 52% of them were from a nuclear family and most of them had 1-2 children. From the findings it may be con-

Areawise distribution of mean, range & median knowledge scores of married men on various areas of NSV :

Area of knowledge	Max. Score	Mean score	Mean Percentage (%)	Range	Median
Meaning	2	1.48 ± 0.79	74.00	0-2	1
Procedure of NSV	5	2.38 ± 3.33	47.60	0-5	2.5
Post-op. precautions	4	1.89 ± 2.85	47.25	0-4	1.5
Difference between NSV & Traditional Vasectomy	9	4.81 ± 2.69	53.44	0-9	3.5
Benefits of NSV	9	4.55 ± 3.14	50.55	0-9	2.5
Place of service	1	0.64 ± 0.00	64.00	0-1	0.5
Over all	30	15.8 ± 4.00	52.70	0-30	11.5

Association between knowledge of the sample with their demographic variables:

Demographic variables	Df	Chi-square	Table value	Level of	Significance
Age	1	0.243	3.481	P>0.05	Not Significant
Religion	1	0.212	3.481	P>0.05	Not Significant
Per capita Income	1	0.500	3.481	P>0.05	Not Significant
Type of family	1	7.686	3.481	P<0.05	Significant
Education	1	3.100	3.481	P>0.05	Not Significant
Occupation	1	6.194	3.481	P<0.05	Significant
Years of married life	1	3.349	3.481	P>0.05	Not Significant
Number of children	1	7.180	3.481	P<0.05	Significant

cluded as follows.

The married men had very poor knowledge on NSV. However, among 32% who were aware of NSV, majority of them knew correct meaning of vasectomy rather than the meaning of NSV. Majority of the samples had knowledge with regard to local anaesthesia used for NSV but had poor knowledge with regard to pre-operative preparation and instruments used for NSV. Overall observation shows that the samples had only an average knowledge with regard to NSV. However, the mean knowledge score was 15.8 ± 4.00 , which is 52.70%. Further, significant association was found with type of family, occupation and number of children of the sample. No significant association was found with other demographic variable and the knowledge scores.

Recommendations

Based on the findings of the study, it may be recommended that

- ♦ A study may be undertaken by increasing the sample size to

generalize the findings.

- ♦ As the knowledge on NSV was only average among the samples, a further study in depth needs to be carried out.
- ♦ An effective mass media campaign may be used to increase awareness about NSV.
- ♦ Similar type of studies may be conducted in different cities.
- ♦ Studies can be conducted in rural areas to find out the differences.
- ♦ A study need to be carried out to assess knowledge, attitude and practice (KAP) of the men and the women on NSV.
- ♦ Mass media programmes on NSV to be evaluated and modified to increase awareness.
- ♦ Research can be carried out to develop an appropriate module to increase awareness.

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