A comparative study to assess the knowledge about Vasectomy Among male spouses who are accompanying Postnatal Mothers in Urban and Rural PHC

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ABSTRACT

Vasectomy is a lasting technique for contraception for men. It incorporates blocking the two vas deferens forestalling section of sperm to male urethra. It is likewise called male sterilization and male surgical contraception. This study was to assess the knowledge on male spouse regarding vasectomy because mostly female spouse are much familiar in the family planning process. The present study objective is to survey the information of males about vasectomy and to study the knowledge comparatively between urban and rural male spouse regarding vasectomy. The descriptive cross-sectional research design was used for this study. The study was directed at the urban and rural PHC among male spouse who attending postnatal mothers at Thiruvathipuram Urban primary health centre, Cheyyar block, Thiruvannamalai district and also at Thozhupedu primary health centre, Cheyyar taluk, Thiruvannamalai district. The sample size is comprised of 100 samples. Out of which 50 samples in rural and 50 samples in urban. Comparison of knowledge between married men in an urban and rural area; the mean score of knowledge among married men in the urban area was 74.94 ± 7.09 and the mean score in the rural area was 51.22 ± 12.91. The calculated student independent ‘t’ test value of t = 1.389 was found to be statistically significant at p<0.001 level. This indicates that there was critical contrast in the degree of information about vasectomy among married women in the urban and rural area. This clearly infers that married men in the urban area had more knowledge about vasectomy than the married men in the rural area. This showed that there is a slight difference in knowledge on vasectomy among males at both rural and urban populations. In comparison, the urban population had a high level of knowledge on vasectomy than compared with the rural population.

INTRODUCTION

India is the second greatest country, as indicated by the total populace. In the latest decade, the quantity of populace in India extended by 181 millions. There is a need to teach the people by reasonable advancement to have power over populace improvement. Review from more than 60 making countries exhibits that more than 100 million people are at present not using prophylactic strategy and need to delay the acquaintance of their child or with quit having children. 350 million couples don’t approach a decision of protected and reasonable preventative
method \cite{Azmat2012}.

Ongoing examination in creating nations has revealed that men can accept a significant part in choosing whether or not ladies utilize family arranging technique. Notwithstanding the way that vasectomy is a huge choice as opposed to female disinfection for couples who need a lasting strategy for contraception, deterrents to its more broad use exist in numerous places \cite{Zhu2005}.

For a long time, the shortcoming for the under-utilization of vasectomy has been determined to men since they might not want to assume liability for decreasing pregnancies, the relationship of vasectomy with emasculation, and fear of the procedure \cite{Shaikh2010}.

Vasectomy is a lasting technique for contraception for men. It incorporates obstructing the two vas deferens forestalling entry of sperm to male urethra. It is moreover called male cleansing and male careful contraception (WHO, World Health Organization (WHO), John Hopkins University (JHU) and United States Agency for International Development (Marstonre2005)).

According to Gathiti \cite{1997}, people need great data and reinforcement to urge them to practice family planning routinely, reliably and successfully. Thusly, introduction to data impacts the feelings, perspectives and practices of the person. People hear of family planning from media: Television and radio, schools, social programmes and communities \cite{Anthony2011}.

Family arranging is the limit of an individual or couple to choose when to have kids they want in a family and how to space their kids. Family arranging alludes to cognizant exertion by a couple to limit or space the quantity of kids they have utilizing preventative methods \cite{Nuruzzaman2010}.

The use of the two male-arranged preventative techniques, the condom and vasectomy is low differentiated, with the usage of various procedures. However, it is slowly extending in specific nations. In numerous nations, conventional techniques that require male cooperation, the withdrawal and forbearance strategies are moreover less utilized. Around the world, condoms and vasectomy are among the least used of all the prophylactic methods \cite{Sirageldin1976}.

The low affirmation of vasectomy has likewise been accounted for in the created nations. The consequence of a National review in the United States of America demonstrated that lone 13.3% of wedded men reported having had a vasectomy done \cite{Cleland2006}.

Family Welfare Statistics in Tamil Nadu 2010 evaluated number of individuals who had gone through male cleansing has lessened from 0.007% in 2009–2010 to 0.006% in 2010–2011 \cite{Cleland2012}.

Family Welfare Statistics in Chennai 2010 assessed the number of individuals who had gone through male sanitization has expanded from 0.002% in 2009–2010 to 0.003% in 2010–2011 \cite{Stover2010}.

A reason for the examination (1) To survey the information on guys about vasectomy, (2) To evaluate the information on wedded men matured 21 to 50 years with respect to vasectomy, (3) To study the information nearly among metropolitan and country male mate in regards to vasectomy.

**MATERIALS AND METHODS**

Quantitative approach and descriptive cross-sectional research design was used to select to assess the knowledge about vasectomy among male spouse who attending postnatal mothers in urban and rural PHC. The formal permission was obtained from the Principal, Saveetha college of Nursing. Ethical permission was obtained from the Institutional Ethical Committee. Purposive sampling method was used to recruit the samples. 100 samples fulfilled the inclusion criteria and were found to be eligible after the survey. The investigator introduced herself, explained the purpose of the study and their right to participate or withdraw from the study to the participants, and the educated assent was gotten from all participants. The tool consists of two sections, Section-I: It deals with age in years, gender, educational qualification, marital status, type of family, religion, residence, occupation, monthly income. Section-II Assessment of knowledge regarding vasectomy among male spouse of postnatal mothers. This section consist of two parts with multiple responses was assessed by a structured questionnaire developed by the investigator.

**RESULTS AND DISCUSSION**

**Section A**

**Sample characteristics**

The present study samples in the urban area, most of them 32(64%) were in the age group of 21–30 years, 27(54%) were diploma holders & graduates, 36(72%) were Hindus, 31(62%) were moderate workers, 36(72%) had an income of 20000–30000, 45(90%) belonged to a nuclear family, and 42(84%) had 1–2 children who were alive.
Samples in the rural area, most of them 31(62%) were in the age group of 21 – 30 years, 28(56%) were educated up to primary & middle school, 33(66%) were Hindus, 27(54%) were sedentary workers, 40(80%) had an income of 10000 – 20000, 37(74%) belonged to a nuclear family, and 23(46%) had 1 – 2 children who were alive.

**Section-B**

**Assessment of level of knowledge of married men about Vasectomy in Urban and Rural area**

The above Table 1 shows that in the urban area, most of them 40(80%) had adequate knowledge and 10(20%) had moderate knowledge about vasectomy. In the rural area most of them 26(52%) had inadequate knowledge, 17(34%) had moderate knowledge, and 7(14%) had adequate knowledge about vasectomy (Figure 1).

![Figure 1: Percentage distribution of the level of knowledge about vasectomy among married men in the urban and rural area.](image)

This study is upheld by Oduy OO, (2006), guided a cross-sectional investigation to choose men's knowledge and attitude to family planning at Ganmo, a sub-metropolitan network on the edges of Ilorin, Nigeria. Only males over the age of 15 years and tenant in the network were chosen for a meet. Essentially all men (96.5%) knew about family arranging, and a lion's share of them knew about some basic techniques for family arranging, for example, Oral Contraceptive Pills (OCPs) (72.5%), Injectable (69.2%), Condoms (86.6%) and Traditional techniques (70.6%). Information on other elective female strategies was low for example Norplant (17.5%), IUCD (26.3%), Diaphragm (39.8%), vaginal cream (30.2%), vaginal tablet (37.8%) and Vaginal wipe (16.8%), and Tubal Ligation (51.3%). Information on male-controlled family arranging strategies like Withdrawal (49.6%), Rhythm or occasional forbearance (54.6%) and Vasectomy (28.6%) was additionally poor. The finding revealed that men had restricted information and negative disposition 14 towards Vasectomy (Odu et al., 2006).

**Section-C**

**Comparison of knowledge between married men in Urban and Rural area.**

Table 2 depicts that the mean score of knowledge among married men in the urban area was 74.94±7.09 and the mean score in the rural area was 51.22±12.91. The calculated student independent ‘t’ test value of t = 1.389 was found to be statistically significant at p<0.001 level. This indicates that there was a significant difference in the level of knowledge about vasectomy among married women in the urban and rural area. This clearly infers that married men in the urban area had more knowledge about vasectomy than the married men in the rural area.

This study is supported by Pravina Mahadalkar., et al. (2019): It is an operative procedure for permanent sterilization of male. A non-experimental descriptive study is enrolling 150 married men aged between 25 up to 45 years residing in urban and rural areas of Pune Districts. Non-probability purposive sampling technique was adopted. The analysis was done using descriptive statistics and inferential statistics. In the urban and rural area, the majority of the married men having average knowledge regarding vasectomy. It was found that in an urban area, 54.67% of samples were having average knowledge, 12% of samples have good knowledge and 33.33% having poor knowledge regarding vasectomy. In a rural area, 58.66% having average knowledge, 20 of samples having poor knowledge and 21.33% samples having good knowledge regarding vasectomy. There is a significant difference in knowledge regarding vasectomy between married men in an urban and rural area. 78% of samples were having a positive attitude in an urban area, and 64 % of samples were having a positive attitude in the rural area regarding vasectomy. There is no significant difference in attitude regarding vasectomy between married men in an urban and rural area. The study found that married men having average knowledge, positive attitude regarding vasectomy. The rural men had better knowledge regarding vasectomy as compared to their urban counterparts. Urban men have a positive attitude towards vasectomy as compared to rural men. The majority of the couples used tubectomy as permanent contraception (Mahadalkar, 2019).

**Section-D**

**Association of the level of knowledge with their selected demographic variables.**

The outcomes discoveries show that none of the demographic variables had demonstrated factually noteworthy relationship with the level of information about vasectomy among wedded men in the
Table 1: Frequency and percentage distribution of the level of knowledge about vasectomy among married men in the urban and rural area. N= 100(50+50)

<table>
<thead>
<tr>
<th>Group</th>
<th>Inadequate</th>
<th>Moderate</th>
<th>Adequate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Urban Area</td>
<td>0</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Rural Area</td>
<td>26</td>
<td>52.0</td>
<td>17</td>
</tr>
</tbody>
</table>

Table 2: Comparison of level of knowledge about vasectomy between married men in the urban and rural area. N = 100(50+50)

<table>
<thead>
<tr>
<th>Group</th>
<th>Mean</th>
<th>S.D.</th>
<th>Student Independent 't' test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural Area</td>
<td>51.22</td>
<td>12.91</td>
<td></td>
</tr>
</tbody>
</table>

metropolitan territory.
The discovering shows that the demographic variables educational status, occupation and salary had indicated a measurably noteworthy relationship with the level of knowledge about vasectomy among wedded men in the country zone at p<0.001 level and the other segment factors had not demonstrated factually huge relationship with the level of information about vasectomy among wedded men in the provincial region.

CONCLUSIONS

Cultural beliefs and societal norms influenced the acceptability of vasectomy to a greater extent. This is consistent with the belief systems of a country that has strong cultural beliefs and practices. The findings demonstrate the uniformity of belief where male vasectomy is concerned. This showed that there is a slight difference in knowledge on vasectomy among males at both rural and urban populations. In comparison, the urban population had a high level of knowledge on vasectomy than compared with the rural population.

Conflict of Interest

The authors declare that they have no conflict of interest for this study.

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