



KNOWLEDGE AND ATTITUDE ASSESSMENT AMONG MARRIED MEN TOWARDS VASECTOMY IN SELECTED RURAL AND URBAN AREAS OF EAST KHASI HILLS DISTRICT, MEGHALAYA

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ABSTRACT

The researcher adopted a cross sectional study to assess knowledge and attitude regarding vasectomy among married men residing in selected rural and urban areas, East Khasi Hills District Meghalaya. The aim of the study was to assess the knowledge and attitude of married men regarding vasectomy. Married men who fulfil the inclusion criteria are the samples for the study with sample size 172. Non-probability purposive sample technique was used using structured knowledge questionnaire and a Five Point Likert Scale was used for attitude assessment. Data was collected using self-administered structured questionnaire through door to door survey for a duration of 15-20 minutes which was continued for a period of one month. Analysis was done using IBM SPSS Statistics Version 23. The results indicates that out of total 172 respondents , 135 respondents have heard about vasectomy. Majority 45% received the information from the media and 36% received information from health workers. Out of 122 (90.37%) of the respondents had inadequate knowledge and 91 (67.40%) had a negative attitude towards vasectomy. Chi square test was used to find out the association of level of knowledge and attitude with the selected demographic variables. The variable found to be significant at 5% level ($p < 0.05$). There was a weak positive correlation between knowledge and attitude ($r = 0.344$). Hence, the research hypothesis was accepted and null hypothesis was rejected. That there was a significant association between knowledge and attitude with selected demographic variable and there was also a significant relationship between knowledge and attitude.

KEYWORDS : ASSESSMENT, KNOWLEDGE, ATTITUDE, VASECTOMY.

INTRODUCTION:

Population explosion might be considered as a 'boon' for developed countries where the population is decreasing. But for developing countries like India, where the population is rapidly increasing and with the scarcity of resources this is definitely a 'curse'. [1] Increase in population causes an imbalance between resources, environment and population leading to reduced availability of resources per person. This further leads to poverty, malnutrition, school drop outs, child labour, unemployment, proliferation of slums and increases the prevalence of communicable diseases. [2] It is predicted that India will have more than 1.53 billion people by the end of 2030.[3] The main reason for increase in population in India is due to high birth rate hence, there is an indispensable need for population stabilization in India. There are various remedial measures to prevent population explosion and one of the measures is family planning. Over the years, family planning has focused mainly on women as women-oriented contraceptive measures only took the centre stage and gained acceptance over the male contraceptive methods. [4] The NFHS -4 REPORT (2015-16) stated that there is a magnanimous difference between male sterilization which is only 0.3% and female sterilization is 36%. There has been a declined in male sterilization from 1 percent in the year 2013-14 to 0.3 percent in the year 2015-16 Despite being the safest and the most effective method and the best of efforts by the Government, current acceptance of vasectomy in India has declined drastically. In Meghalaya, where most of the health indicators are doing fairly good, it is sad to know that the coverage of vasectomy has declined from 0.1 per cent in the year 2013-14 to 0.0 percent in the year 2015-16 as stated by NFHS- 4 (2015-16) [5, 6]. Keeping this background in mind, that vasectomy is highly underutilized the investigator felt the need to conduct the study on assessment of knowledge and attitude regarding vasectomy among the married men with an aim to gaining an insight on their knowledge and attitude regarding vasectomy and help increase the adoption of vasectomy amongst men.

LITERATURE SURVEY

A cross sectional study was conducted on knowledge and attitude of married men towards vasectomy in an urban slum of Navi Mumbai reported that 70.2% men were aware of vasectomy, main sources of information 42.35%. was mass media, 47.1% of respondents felt that men should not undergo vasectomy. The main reasons 68.42% given for disapproval were "women are best suited for sterilization procedure", 14.03% "vasectomy can make men impotent", "leads to general weakness and blood loss" 13.03%, "can't do heavy work" 11.5% and "fear of surgery" 5.7%. Only, 16.5% men agreed that vasectomy is better than tubectomy. [7]

A descriptive study was conducted to assess knowledge and attitude on

vasectomy among husbands of postnatal mothers in a view to develop pamphlet in Dr. Bhimrao Ambedkar Memorial Hospital at Raipur, Chhattisgarh. The study revealed that the mean score of knowledge was 9.55 which shows a below average level of knowledge and the mean score of attitude was 73.2 which reveals the negative attitude of the respondents.[8]

OBJECTIVES OF THE STUDY

1. To assess the knowledge and attitude of married men regarding vasectomy.
2. To find out the association between knowledge and attitude with selected demographic variables.
3. To find out the relationship between knowledge and attitude.

RESEARCH HYPOTHESES

H1: There will be decreased level of knowledge and a negative attitude towards vasectomy among married men.

H2: There will be significant association in the level of knowledge scores and attitude on vasectomy among married men with their selected demographic variables.

H3: There will be significant relationship between knowledge and attitude.

METHODOLOGY

Research approach:- Quantitative research approach was used.

Research Design :- Non- Experimental Cross- Sectional Study design was adopted to assess knowledge and attitude of married men towards Vasectomy in selected rural and urban areas of East Khasi Hills District, Meghalaya.

Research Variables

Dependent variable:- Level of knowledge and attitude towards vasectomy among married men.

Background Variables: Socio-demographic variables: Age, religion, educational status, occupation, duration of marriage and total number of children.\

Settings:- The study was conducted in total of four (4) areas which were selected randomly i.e two (2) from the rural area and two (2) from urban area. The selected settings were:

Rural areas :

i) Sadew which falls under Pomlum Primary Health Centre

ii) Mawlai Nongpathaw which falls under Mawlai Mawroh Primary Health Centre

Urban areas : i) Pohkseh which falls under Rynjah State Dispensary

ii) Nongrimbah (Laitumkhrah) which falls under Demseiniong Urban Health Centre.

Population:- Married men within 21-50 years of age residing in selected rural and urban areas of East Khasi Hills District, Meghalaya during the study period.

Sample:- Married men who fulfilled the inclusion criteria are considered as sample and sample size is 172 (i.e 86 form urban and 86 from rural area)

Inclusion criteria:- Married men who can read and write, age group between 21-50 years.

Exclusion criteria:- Who are divorced, separated or widowers and not willing to participate.

Sampling technique- Non- propability purposive sampling technique.

Tools for data collection:- The data collection tools included the following sections-

Section I: It contain demographic profile of married men such as age, education, religion, occupation, awareness and source of information.

Section II: Structured knowledge questionnaire regarding vasectomy. It consist of 13 questions which includes time for adoption of vasectomy, hospitalization, cost, side effects, incentives.

Section III: Five Point Likert Scale to assess attitude towards vasectomy. It consist of 14 items which include responsibility of a husband to adopt vasectomy, morality, authority in family misconception about vasectomy.

Scoring interpretation :- Knowledge score:
a) 0-6= Inadequate knowledge
b) 7-13 =Adequate knowledge

Scoring interpretation :- Attitude score
a) 0-35 = Negative attitude
b) 36-70 = Positive attitude

RESULTS

TABLE 01:- Frequency and percentage distribution of awareness regarding vasectomy among respondents residing in rural and urban areas. n = 172 (Rural =86, Urban =86)

Received information about vasectomy	Rural		Urban	
	(f)	%	(f)	%
Yes	58	67.44	77	89.53
No	28	32.55	9	10.46%
Source of information about vasectomy				
1. Friend	15	25.86	8	10.38
2. Partner	2	3.44	-	-
3. Health workers	16	27.58	33	42.85
4. Media	25	43.10	36	46.75

Data presented in Table 01 shows that out of the total 172 respondents, a majority of 135 have received information about vasectomy and media is the main source of information.

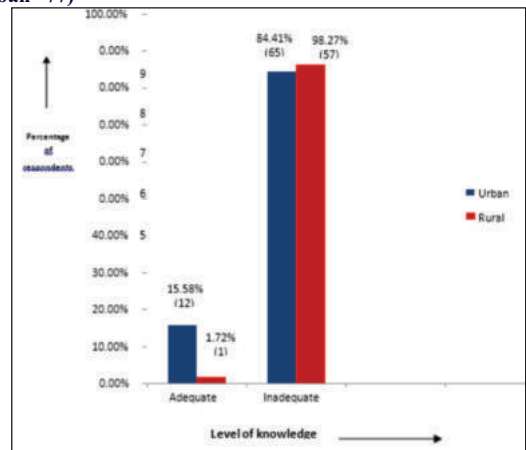
TABLE 02. Chi square (χ^2) value showing association between knowledge and selected demographic variables of married men. n=135

Demographic variables	Knowledge		Degree of freedom	Tabulated value	Calculated value
	Inadequate	Adequate			
Age					
21-35 years	64	8	1	3.84	.389
36 – 50 years	58	5			
Educational level					
Undergraduate	62	1	1	3.84	*8.779
Graduate & above	60	12			

Occupation					
Government service	52	9	1	3.84	3.358
Others	70	4			
Duration of marriage					
< 5 years	27	2	1	3.84	.317
6 and years above	65	11			
Total number of children					
0-3	60	9	1	3.84	1.890
4-7	62	4			

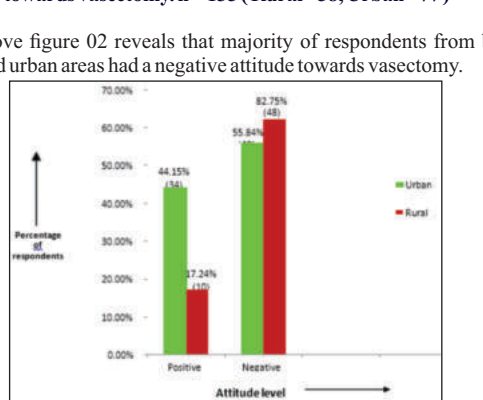
Data presented in table 02 reveals that the chi square test was used to find out the association between knowledge with the selected demographic and the educational status was found to be significant ($\chi^2 = 8.779, df=2$ at 5% level (i.e.p<0.05)

Figure 01. Frequency And Percentage Distribution Of Respondents Level Of Knowledge Regarding Vasectomy. n=135 (rural = 58, urban=77)



The above figure 01 reveals that most of the respondents both from rural and urban areas had an inadequate knowledge regarding vasectomy.

Figure 02. Frequency and percentage distribution of respondents attitude towards vasectomy. n = 135 (Rural =58, Urban =77)



The above figure 02 reveals that majority of respondents from both rural and urban areas had a negative attitude towards vasectomy.

* Significant at 5% level (i.e.p<0.05)

Table 03: Chi square (χ^2) Value Showing Association Between Attitude With Selected Demographic Variables n= 135

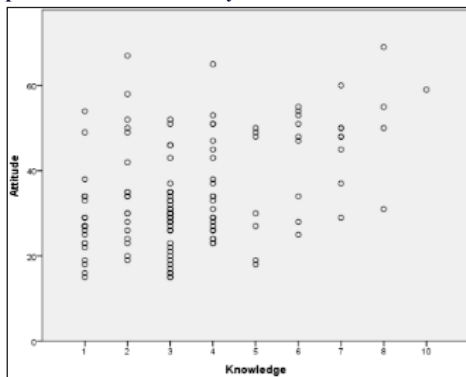
Demographic variables	Attitude		Degree of freedom	Tabulated value	Calculated value
	Negative	Positive			
Age					
21-35 years	49	23	1	3.84	.030
36 – 50 years	42	21			

Religion					
Christian	87	34	1	3.84	*10.723
Non-Christian	4	10			
Educational level					
Undergraduate	47	16	1	3.84	2.784
Graduate above	44	26			
Occupation					
Government service	37	24	1	3.84	2.309
Others	54	20			
Duration of marriage					
< 5 years	22	7	1	3.84	1.202
6 years and above	69	37			
TOTAL NUMBER OF CHILDREN					
0-3	42	27	1	3.84	2.746
4-7	49	17			

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Data presented in table 03 reveals that the chi square test was used to find out the association between attitude with the selected demographic variables and religion was found to be significant. ($\chi^2 = 10.725, df=2$ at 5% level (i.e. $p < 0$))

Figure 03: Correlation Between Knowledge and Attitude of Participants Towards Vasectomy n=135



The above figure 03 depicts that there is a weak positive correlation ($r = 0.344$) at 0.01 level of significance between knowledge and attitude and can be concluded that the participants knowledge of vasectomy strongly influences their attitude towards vasectomy.

CONCLUSION

This study attempted to assess the level of knowledge and attitude towards vasectomy among married men residing in rural and urban areas. It shows that there is no major differences between the knowledge and attitude of men who are residing in rural areas to those residing in urban areas. The lack of knowledge and a huge gap of demand for vasectomy amongst married men is due to lack of education and communication efforts on the part of health care professionals. This needs to be further probed by conducting in-depth interviews and focus group discussion which can mainly be done by nurses who make up the largest group of health professionals and are in more close contact with their clients in the hospitals or in primary health care settings.

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