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ASSESSMENT OF VASECTOMY AWARENESS AS A METHOD OF CONTRACEPTION IN KIMS HOSPITAL, BANGALORE, KARNATAKA

Obstetrics & Gynaecology

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ABSTRACT

Vasectomy is a permanent method of male sterilisation. Among Indian men, there is a social stigma surrounding it succumbing to the idea so called "CASTRATION". Hence this study was conducted to assess the awareness among men between 21-45years with atleast 1 living child visiting the OBG department along with their partners.

OBJECTIVE:

To find out the percentage of men who were aware of vasectomy, those who were willing for vasectomy and to create awareness.

Relation between educational and socioeconomic status with awareness of vasectomy.

MATERIALS AND METHODOLOGY: Men were asked to fill a questionnaire which was prepared keeping in mind the various characteristics to assess knowledge and attitude towards vasectomy.

RESULT: In KIMS Hospital Bangalore, Karnataka, following were the observations:

65% of men were aware about vasectomy.

64% of men disagreed on getting a vasectomy.

Poorly educated men belonging to illiterate, primary and secondary education 100%, 70% and 50% respectively were unaware.

Men belonging to lower and upper lower class 100% and 78% respectively were unaware of vasectomy.

45% of men disapproved vasectomy for the fear of losing their sexual ability and 9% of men disapproved due to the fear of their acceptance in society.

CONCLUSION:

Present study showed that there was a significance lack of awareness among men belonging to lower and upper lower socio-economic status and lower educational status.

Majority of men disagreed vasectomy due to fear of losing their sexual ability and their fear of being accepted in society.

KEYWORDS

Castration, Questionnaire, Vasectomy

INTRODUCTION

A VASECTOMY is a permanent method of sterilisation., incidence being 2.4% all over the world. This prevents release of sperms during ejaculation. It has very high success rate. Only 1 to 2 women out of 1000 have unplanned pregnancy in the first year following vasectomy [1].

There are several methods of vasectomy, the commonest being the 'NO SCALPEL' technique which is practised now.[2]

This procedure is carried out in men who are willing to undergo this procedure and have completed their family, those who do not want to pass on any hereditary illness and those who are concerned about their partners, other method of contraception and its side effects.

A joint decision should be taken by both the partners. This procedure has more advantages than tubectomy and gives opportunity for the males to shoulder responsibility. In 1823, Vasectomy was performed on a dog for the first time. Later it was performed by R. Harrison of London but it as a method of contraception.[3].

In this procedure, the vas deferens are resected and ligated. This blocks the entry of sperm from the urethra there by rendering the Male infertile and avoiding future pregnancies.

In INDIA, men are often paid to get vasectomy done under different government schemes mainly for population control. But Indian men seldom undergo this procedure due to social stigma, fear of all unknown and possibly because many people averse to any medical procedures.

The social stigma surrounding vasectomy have different opinions of Indian men and women. In a society where traditions prevail, succumbing to the idea so called "CASTRATION" seems masculine and looked down upon by other Many lack education of the subject and has superstitious beliefs like changing the physical appearance of a man or labelling them barren [4].

Hence several studies were conducted in different states to assess the awareness regarding vasectomy and their opinion regarding it.

REVIEW OF LITERATURE

VASECTOMY is a surgical procedure for permanent sterilisation because it's reversal is expensive and often does not restore Male sperm count or sperm motility to pre-vasectomy status.

Here, the Male vas deferens is severed and ligated preventing the sperms to enter into the seminal fluid during ejaculation and there-by preventing fertilization. But vasectomy has no effect on rates of sexually transmitted infections.

After vasectomy, the testes continue to produce TESTOSTERONE and other hormones into the blood stream thereby not effecting the masculinity of a person.

Since, it is a minimally invasive procedure, patients need not be hospitalised and can commence with the sexual activity within a week. But barrier methods should be used for around 3months following vasectomy as there are chances of pregnancy.

The sperms produced, do the exit out of the body. They are broken down and absorbed by MACROPHAGES.

Sometimes it can lead to SHORT TERM complications like INFECTIONS, BRUISING, HEMATOMA and LONG TERM complications like CHRONIC LOWER ABDOMINAL / S CROTAL/PELVIC PAIN called as POST-VASECTOMY PAIN SYNDROME.

Government post vasectomy scheme in INDIA [1]

Section		Coverage	Limits
I	IA	Death following sterilization in hospital or within 7 days from the date of discharge from the hospital.	Rs. 2 lakh.
	IB	Death following sterilization within 8 - 30 days from the date of discharge from the hospital.	Rs. 50,000/-.
	IC	Failure of Sterilisation	Rs 30,000/-.
	ID	Cost of treatment upto 60 days arising out of complication from the date of discharge.	Actual not exceeding Rs 25,000/-.
II		Indemnity Insurance per Doctor/facility but not more then 4 cases in a year.	Upto Rs. 2 Lakh per claim
Total liability of the insurance Company shall not exceed Rs. 9 crores in a year under each section.			

AIMS: To assess the awareness of vasectomy as a method of contraception among men in KIMS hospital and research centre, Bangalore

OBJECTIVES:
- To find out the percentages of knowledge and attitude of men regarding vasectomy.
- To find out the percentage of men who were interested in vasectomy.
- To corelate between education and socioeconomic status with awareness of vasectomy.
- To create awareness among men regarding vasectomy and to counsel them regarding vasectomy and to find out percentage of men willing for vasectomy after counselling.

METHODS OF COLLECTION OF DATA:
SOURCE OF DATA: This study was conducted among married men between the age group of 21 to 45 years in the department of obstetrics and gynaecology in KIMS hospital and research centre.
DURATION OF STUDY: Study was conducted over a period of 6 months from September 2020 to March 2020.
SAMPLE SIZE: 30 married men belonging to age group of 21 to 45 years.
STUDY METHOD: Cross sectional study
PLACE OF STUDY: Department of OBG, KIMS Hospital and Research Centre

INCLUSION CRITERIA:
- Male between 21-45 years of age
- Married with at-least living one child
- Those visiting the hospital along with their partners

EXCLUSION CRITERIA:
- Already underwent vasectomy
- People unwilling to fill the questionnaire.
- Wife has underwent a method of permanent contraception.

METHODOLOGY
A questionnaire was prepared keeping in mind regarding the various characteristics necessary for assessing the knowledge and attitude of married men between Gaza the age group of 21 to 45 years regarding vasectomy among men who were aware of vasectomy. This was done in order to collect data after taking an oral consent of the respective individual.

QUESTIONNAIRE:
BIOGRAPHIC DATA: Name, age, residence, religion, education, occupation, socioeconomic status.

REPRODUCTIVE HEALTH RELATED QUESTIONS
- Married life
- Number of pregnancies
- Number of children
- Primary method of contraception and knowledge about other methods
- Future pregnancies
- Are u aware of the term vasectomy. If yes, how? Newspaper, media, Internet, social
- Wife's method of contraception

MEN'S KNOWLEDGE REGARDING VASECTOMY
- It will change a man's physical appearance.
- It will cause long lasting pain afterwards.
- Should permanently stop lifting heavy weights.
- A man's needs to use another method of contraception after vasectomy to prevent pregnancy.
- It requires a longer period of sexual abstinence.
- It increases chances of STDS.
- Is vasectomy reversible?
- Idea regarding government schemes about vasectomy.
- Idea regarding hospitals providing free vasectomy.

ATTITUDE TOWARDS VASECTOMY
- VASECTOMY is castration and should not be done (yes, no, don't know)
- Vasectomy makes men lose his sexual ability.
- It is against my culture or religion.
- Men should be primarily responsible for taking decisions regarding family planning.
- Only for females to undergo permanent sterilisation.
- Recovery times causes hindrance to my work.
- I fear my acceptance in the society if I have gotten vasectomy
- I have considered getting a vasectomy.

RESULTS:
In this present study, 50% of the men belonged to the age group of 30-35 yrs., with 64% of men belonging to rural background. 50% had completed higher education, 5% were illiterate and 5% had completed postgraduation. Majority of men, among 60% belonged to Hindu religion, 35% belonged to Islam religion, 3 % belonged to Christianity. 56% of men belonged to lower middle class socio-economic status and 5% belonged to upper class socio-economic status according to modified Kuppuswamys Classification. 34% of men had only one living child and 64% had 2 or more living children.

Among 100 men, 64% of men were aware of vasectomy. Majority of men, 55.5% were aware through friends and relatives, 16.6% through newspapers and internet and only 11.1% were aware through TV/ media.

Relation Between Socioeconomic Status, Education And Awareness Of Vasectomy:

SOCIOECONOMIC STATUS	***AWARE***	***NOT AWARE***
UPPER CLASS	5(100%)	0
UPPER MIDDLE CLASS	14 (70%)	6(30%)
LOWER MIDDLE CLASS	43(76.7)	13(23.2)
UPPER LOWER	2(22.2%)	7(77.8%)
LOWER	0(0%)	10(100%)
EDUCATION	***AWARE***	***NOT AWARE***
ILLITERATE	0(0%)	10(100%)
PRIMARY	2(10%)	8(80%)
SECONDARY	5(50%)	5(50%)
HIGHER	39(78%)	11(22%)
GRADUATE	13(86.7%)	2(13.3%)
POST GRADUATE	5(100%)	0

ATTITUDE TOWARDS VASECTOMY

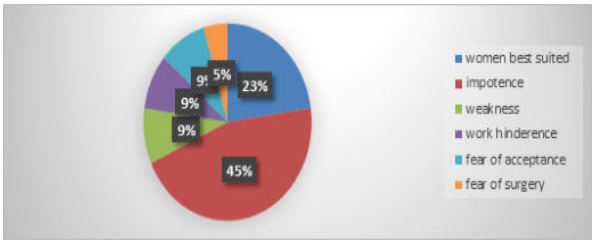
ATTITUDE n = 64	YES	NO	DON'T KNOW
CASTRATION AND SHOULD NOT BE DONE	56(82.7%)	6(9.3%)	2(3%)
MEN LOSE SEXUAL ABILITY	50(78.125%)	12(18.75%)	2(3%)
AGAINST CULTURE	60(93.75%)	4(6.25%)	0
MEN ARE RESPONSIBLE FOR DECISION MAKING	32(50%)	30(47%)	2(3%)
ONLY FEMALE TO UNDERGO PERMANENT STERILIZATION	51(79.6%)	12(18.75%)	1(1.6%)
RECOVERY TIME CAUSES WORK HINDERENCE	12(18.75%)	52(81.25%)	0
FEAR OF ACCEPTANCE IN SOCIETY	60(93.75%)	4(6.35%)	0
CONISEDERED OF GETTING A VASECTOMY	20(31.25%)	44(68.75%)	0

KNOWLEDGE REGARDING VASECTOMY

n = 64	YES	NO
CHANGE MEN'S PHYSICAL APPEARANCE	3O(46.873%)	34(53.125%)
LONG LASTING PAIN	18(28.125%)	46(71.875%)
TO STOP LIFTING HEAVY WEIGHTS	14(21.875%)	50(78.125%)
ADDITIONAL USE OF CONTRACEPTION	50(78.125%)	14(21.875%)
LONGER PERIOD OF SEXUAL ABSTINENCE	38(59.375%)	26(40.623%)
INCREASES CHANCES OF STD'S	44(68.75%)	20(31.25%)
IF VASECTOMY IS REVERSIBLE	54(84.375%)	10(15.625%)
IDEA REGARDING FREE GOVERNMENT SCHEMES	24(37.5%)	40(62.5%)
IDEA REGARDING HOSPITAL PROVIDING FREE VASECTOMY	14(21.875%)	50(78.125%)

Among 64% of men only 31.25% considered getting a vasectomy. Rest of them disagreed due to various reasons

REASON FOR DISAPPROVAL [N=44]



Among 64 men who were aware of vasectomy, they were asked about their regarding tubectomy. 50(78.125%) men believed that tubectomy was better than vasectomy.

After adequate counselling among all 100 men, 45 men (45%) had positive opinion about vasectomy and even considered on getting a vasectomy.

Among the 45%, 5 men (11%) followed up and considered regarding getting a vasectomy.

DISCUSSION

This study showed that even after various health programs including Reproductive and child health program, only 64% were aware about vasectomy which was compared to another study by Khan et al [6] where 81.37% were aware of vasectomy and Ganesh R Nair et al [5] where 70.2% were aware of vasectomy.

Study showed the level of education was equally proportional to the awareness of vasectomy among men. As the level of education increased, a greater number of men were aware of the benefits of vasectomy similar to the study conducted by Ganesh R Nair et al [5].

Also, awareness of vasectomy was positively related to economic status. It was found that men belonging to the lower socioeconomic status were completely unaware of the term vasectomy as well.

In our study, among men who were aware of vasectomy, friends and relatives were the major contributor accounting to 55.5% and media accounting for only 11.1 % which is a major drawback. Doctors contributed to only 16% with regard to vasectomy awareness. This has proved to be a major drawback where as in a study conducted by Ajeet Saoji et al[7], doctors contributed to 19%. Hence, more effective mass media advertising strategies and adequate counselling by health care professionals should be improved in order to increase the awareness rate of vasectomy among men.

36% of men were unaware of vasectomy. Among 64% of men who were aware, only 31.25% considered getting a vasectomy. Majority of them 55.5% disagreed vasectomy due to the idea of losing their sexual function and idea of becoming impotent. 23% were gender biased, believed that women were best suited for sterilization and disagreed. 9% disagreed for the fear of their acceptance in society. This was in contrast with a similar study conducted by Prabu et al where in the major factor for disapproval was found to be " Fear of surgical procedure"

When men were asked regarding their opinion regarding tubectomy, 78.125% believed that tubectomy was better than vasectomy which is similar to the study conducted by Madhukuma[8]r et al in Karnataka where 17.98% men believed vasectomy was better than tubectomy.

Hence this urgent need should be addressed. Men must be adequately counselled regarding the advantages of vasectomy and the governments funds with respect to it.

Here in this study, after adequate counselling, 45% men had a positive opinion and agreed on getting a vasectomy. Out of which 5 (11%) men followed up with an idea of getting a vasectomy.

CONCLUSION:

Present study showed that there is a significance lack of awareness regarding men belonging to lower and upper lower socio-economic status and among men belonging to lower educational status.

Majority of men disagreed in considering vasectomy due to fear of losing their sexual ability and their fear of being accepted in society They also believed that women were best suited for sterilization.

There is also gender biased attitude of men which plays a role in non - acceptance of vasectomy as most women willingly get tubectomy done.

Adequate counselling has showed hike in percentage of men willing for vasectomy

RECOMMENDATION:

There is an urgent need to address the gap in demand for vasectomy due to gender bias.

Multidisciplinary approach such as social, legal, behavioural change communication approach should be carried out.

Literacy rate and women empowerment should be done.

Awareness regarding vasectomy should be created through media as in papers, news and even by a public speaker and vasectomy should be promoted.

DECLARATIONS

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