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A CROSS SECTIONAL STUDY TO ASSESS KNOWLEDGE & PERCEPTIONS INCLUDING HESITANCY REGARDING MALE STERILIZATION AMONGST THE MALE SUPPORT STAFF OF TERTIARY CARE HOSPITAL

Community Medicine

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ABSTRACT

Background Various socio-cultural factors and myths influence family planning decisions. The acceptance rate of male sterilization is still low in India despite efforts taken from time to time. **Method-** A cross-sectional study was conducted in tertiary care hospital in a metropolitan city for period of 2 months in 150 male support staff below 58 years of age. A purposive non-probability sampling method was used. Interview was done using a self-designed pre-tested questionnaire, with a prior informed consent. Data were collected and analyzed. **Results-** Majority of the participants belonged to 31-40 years age group followed by 21-30 years age group. 87% were married and 69% had 1-2 children while only 12% had >2 children.87% had awareness regarding male sterilization while64% had below average knowledge regarding vasectomy. In this study, only 16.67% participants felt that vasectomy is necessary family planning method and only 10% participants showing willingness to do in near future. In this study in >50% population had fear of weakness or losing manhood or decreased sexual drive after vasectomy that were the possible hindrance for practicing vasectomy. **Conclusions-** Despite good awareness about male sterilization, lack of scientific knowledge, gender bias has been the main reason for hesitation to practice. The myths and the attitude of men toward vasectomy can only be changed by intensive IEC Information Education and Communication

KEYWORDS

Vasectomy, Information Education and Communication, perceptions

INTRODUCTION

Population explosion is major obstacle to the overall progress of the nation and adoption of family planning methods is one of the best answers to handle this problem. Various socio-cultural factors, myths and beliefs influence family planning decisions. Like the decision of conception, contraception and family planning decision must be mutually taken by couple.[1] The family planning methods used ensure healthiest spacing of pregnancy, hence, regulating fertility thus reducing infant, child, and maternal mortality. The family planning programme started in 1952 and renamed to family welfare programme in1977 should ensure that it is voluntary, informed and empower women to make choices for themselves and involve men in the process.[1] Male sterilization is less popularly done because of fear of loss of virility and weakness.

No scalpel vasectomy is a surgical advanced technique to reduce complications and thereby reduce the fear.[2,3] Despite the introduction of the advanced technique the acceptance of male sterilization has not risen and aggressive IEC programmes has failed to produce the desired result, but a camp-based approach was successfully adopted in some states of India.[4] Since the 1994 International Conference on Population and Development (ICPD), men's involvement in reproductive health has increased.[1] Unfortunately, data on their knowledge and use of contraception are generally scanty and male involvement in family planning is less.

There are limited options for family planning for males.[2]Vasectomy is regarded as a safe, cost-effective, permanent contraceptive method that is 99.9% effective at preventing pregnancy.[2,5]NFHS-5 data show significant discrepancies between female and male sterilizations in all the 22-surveyed states and union territories with 37.9% females versus 0.3% males undergoing sterilization.[6]

Therefore, purpose of this study was to study the knowledge, perceptions, hesitancy factors regarding male sterilization.

METHODS

A cross-sectional study was conducted in tertiary care hospital in a metropolitan city for period of 2 Months in150 male support staff below 58 years of age. A purposive non-probability sampling method was used. Ethical permission was obtained. Data was collected through interview using a self-designed pre-tested questionnaire, with a prior informed consent and maintaining confidentiality. Data were collected and analyzed. Percentages were calculated using appropriate statistical packages. Male supporting staff in our study were sweepers, ward boys, security personnel, lab assistants working in wards, laboratory and ICU in hospital and they were recruited in study till sample size of 150 was achieved.

RESULTS

Majority of the participants belonged to 31-40 years age group followed by 21-30 years age group. 87% were married and 69% had 1-2 children,19% 69% had no children while only 12% had >2 children. Majority belonged to lower middle socioeconomic class followed by upper middle.87% had awareness regarding male sterilization while64% had below average knowledge regarding vasectomy.

In this study, only 16.67% participants felt that vasectomy is necessary family planning method with zero practice and only 10% participants showing willingness. In this study in >50% population had fear of weakness or losing manhood or decreased sexual drive and were the possible hesitancy for adopting vasectomy.

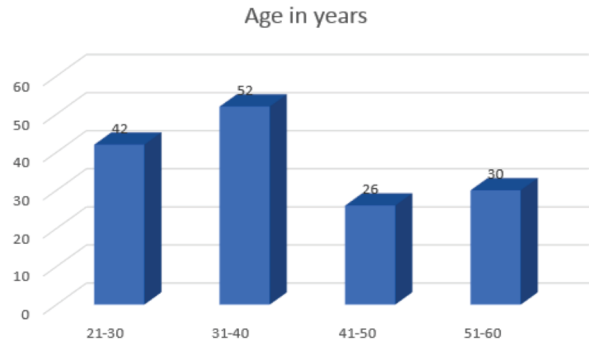

Figure 1-Age distribution of participants

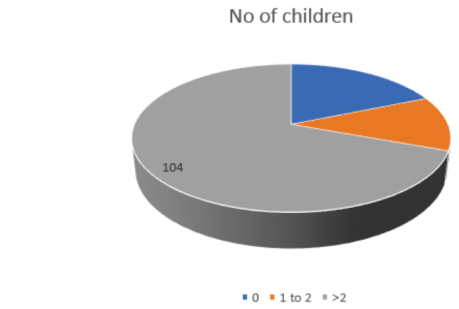

Figure 2- Number of children of participants

Table 1- Knowledge about male sterilization

Knowledge questions	Frequency (n)	Percentages%
Permanent procedure	131	87.3
Safe procedure	35	23.33
Minor procedure	30	20
Painful procedure	107	71.33
Complicated procedure	112	74.67
Procedure with serious risks	121	80.67
Removal of testicles	90	60
Is it reversible	60	40
Is ejaculation possible after vasectomy	49	32.67
Are sperms present in the semen	71	47.3

Table 2- Perceptions and hesitancy factors about male sterilization

Perception	Strongly disagree%	Agree%
Is vasectomy necessary	83.3	16.7
Willingness to do in near future	90	10
Prefers sterilization of partner	26.67	73.33
Fear of weakness after Vasectomy	42	58
Fear of losing manhood after Vasectomy	46.67	53.33
Vasectomy causes social stigma	26.67	73.33
Vasectomy decreases social drive	45.33	54.67
Vasectomy causes Impotency/sexual dysfunction	72	28
Being unmarred	87	13

DISCUSSION

In 2015-16, near 18% of overall vasectomies was performed in Maharashtra. Vasectomy is a minimally invasive permanent method for men. However, the female sterilization is 35 times more than in male sterilization.[7]

At present different family planning methods are available for population from which they can choose most suitable method according to their need. To make an informed choice, knowledge of all methods becomes essential for target population Health workers including male supporting staff of hospital play an important role in disseminating information about health programs and available health services by mean of counselling, providing information, discussing communities' issues and clearing their doubts about different family planning methods.

Therefore, the study of these male supporting staff is needed to understand their knowledge, perceptions and reasons for hesitancy of vasectomy which is safer than female sterilization and educate them so that they can in turn educate society and increase the male participation in the family planning process.

In this study the mean age of participants is 38.9 ± 10.5 years and majority had 1-2 children. The Garg study included 428 respondents with mean age of 32.43 ± 5.92 years and the number of children participants had ranged from 1 to 7 with median 2 and belong to lower middle class III like our study.[5]

Madhukumar study out of total, 215 men included in study. Half (52%) of them belonged to 31 to 40 years age group while majority from socioeconomic statuses II and III.[8]

Saravanan Chinnaiyan study out of 132 participants 40.9% belonged to 20 to 29years age group.[2]

In this study 87% were aware about male sterilization and 64 % had below average knowledge about vasectomy In Dasgupta study most of the respondents (88%) were aware of NSV as a method for permanent male sterilization [9] In Saravanan Chinnaiyan study 84% of participants were aware about vasectomy and respondants had moderate knowledge but showed negative attitude towards vasectomy.[2]

In this study only 16.67% participants felt that vasectomy is necessary family planning method with zero practice and only 10% participants showed willingness. In Garg study only 34.1% respondents were willing to adopt NSV as a method of family planning.[5]

In Madhukumar study 82% had heard about vasectomy; 17% men were willing to accept vasectomy as a choice of contraception after repeated counseling sessions and one married man accepted vasectomy.[8]

In Garg study 62.9% and 69.6% respondents respectively knew that NSV does not require prolonged bed rest and does not affect sexual performance while 66.6% respondents knew that NSV is done without giving any incision. 89.7%of respondents believed that males must also take family planning responsibility and 68.0%respondents felt that permanent sterilization is a possible option for them.[5]

In this study 87.33% felt vasectomy as permanent procedure to prevent pregnancy and 32.67% felt ejaculation possible and 47.33% felt sperms present in semen after procedure .58%% population had fear of weakness,53.33% of losing manhood,54.67% of decreased sexual drive,73.33% felt vasectomy had social stigma >70% felt that vasectomy procedure is painful, complicated and risky. This reasons were the possible hesitancy factors for adopting vasectomy. In Garg study reasons for respondents for unwillingness to adopt NSV were fear of surgical procedure, permanent nature of procedure, religious beliefs decrease in sexual function and need of prolonged bed rest following procedure affecting work and earnings [5]

In Saravanan Chinnaiyan study religious and cultural barriers were cited in only 31% of respondents as reasons for Vasectomy nonacceptance while the social stigma related to vasectomy is most important barrier.

In this study 73.3% participants prefer female sterilization. In Dasgupta study fear of surgical procedure (48%), beliefs like family planning is responsibility of females seen in (22%) were the common reasons for not adopting NSV.[9]

Family planning is perceived to be the responsibility of females only seen in Muttreja P study.[10] In Garg study, 97.2% knew that NSV is done free and cash incentive is given to the NSV client after the procedure. Only half of the respondents (50.9%) had knowledge that a monetary compensation is given to the NSV client in case a complication occurs following the procedure, or if the procedure fails similar to our study.

CONCLUSION

Despite good awareness about male sterilization, lack of scientific knowledge has been the main reason for hesitation to practice. The myths and the wrong perceptions of men toward vasectomy can only be changed by intensive IEC Information Education and Communication. Additional awareness programs, addressing social stigma and the increased quality of services rendered would increase vasectomy acceptance and bring gender equality for reproductive health.

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Conflict of Interest

Nil

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