

A COMPARATIVE STUDY TO ASSESS THE KNOWLEDGE ON MALE STERILIZATION AMONG THE ADULT MALE AND FEMALE IN PARANIPUTHUR VILLAGE, CHENNAI

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ABSTRACT

A study aim to assess the level of knowledge on sterilization among the adult males and female methods. Anon-experimental research design was selected with a convenient sampling technique was used in the selection of 15 males and 15 females. Who are married and have not undergone vasectomy. A structured interview schedule was used for data collection both descriptive and inferential statistics were used to analyse the data collection. 28% of males and 27% of adult females had inadequate knowledge, 60% males and 42% of adult females have moderate knowledge. The finding of the study concluded that the females have much knowledge on vasectomy.

KEYWORDS: Knowledge, Adult Male, Adult Female, Contraceptive Method, Vasectomy.

INTRODUCTION

200 years ago there were less than one billion humans living on earth. Today, according to UN calculations there are over 7 billion of US. Recent estimates suggest that today's population size is roughly equivalent to 6.9% of the total number of people ever born. This is the most conspicuous fact about world population growth: for thousands of years, the population was three times greater than during the entire from 1.5 to 6.1 billion in just 100 years. It was in 1952 family planning programme was established, implementing different family method the various contraception methods were IUDS, Sterilization, Vasectomy, Tubectomy, Condoms, Oral pills. This family planning programme was changed into family

Welfare Programme, MCH and CSSM. But with similar components of service the present programme is termed as the reproductive child health programme (RCH) which at present swings in full extent in not only controlling population and other components of child survival and safe mother hood but also in population of reproductive tract infection.

Most parents in India have limited physical, social and economic resources adequate for a limited number of children. Family planning means planning the size of the family in a manner compatible with physical and socioeconomic resources of the parent and conducive to health and welfare of the member of the family. As the women has a very poor health where she undergoes a high incidence of Anemia malnutrition due to repeated pregnancy. This increases maternal mortality rate. So this study mainly concentrated to improve the health status of the women.

MATERIALS AND METHODS

In order to accomplish the main objective to assess that knowledge on male sterilization among males and females. A non-experimental descriptive study survey methods was adopted with a sample size of 15 male and 15 female who are married and have and have not undergone vasectomy. A convenient sampling technique was used for the study. The procedure for the data collection period was average of 10 sample was interview per day. The investigator introduced a self to the sample and establish rapport. A structure interview schedule was used for data collection. It took about 25 to 30 minutes for each sample. The investigator collected the responses ensuring confidentiality.

DESCRIPTION OF RESEARCH TOOL

Structured questionnaire was used to collect data by interview method. The tool was translated to Tamil language for the benefit of general public. The tool consists of various sections like, **Section a:** Demographic variables **Section b:** structural questionnaire to assess the Knowledge on Vasectomy. **With respect to scoring** for each correct answer '1' mark was given and for the wrong answer '0' mark was given. **Scores were interpreted as follows:** <50% -Inadequate knowledge, 51-75%-Moderate knowledge,>75% - Adequate knowledge.

RESULT**Table-1: Frequency and percentage distribution of demographic variable among males and females.**

N=30

| S.No | DEMOGRAPHIC VARIABLES | MALE | | FEMALE | |
|------|---------------------------------------|------|-------|--------|-------|
| 1. | Age in year | | | | |
| | 21-30 years | 9 | 60% | 6 | 40% |
| | 31-40years | 6 | 40% | 6 | 40% |
| | 41-50yeas | - | - | 2 | 13.3% |
| | >50 yeas | - | - | 1 | 6.7% |
| 2. | Religion | | | | |
| | Hindu | 10 | 66.6 | 7 | 46.7% |
| | Christian | 5 | 33.4% | 6 | 40% |
| | Muslim | - | - | 2 | 13.3% |
| | Others | - | - | - | - |
| 3. | Occupation | | | | |
| | Professional | - | - | - | - |
| | Non professional | 5 | 33.4 | 4 | 26.6% |
| | Daily wages | 3 | 20% | 6 | 40% |
| | Unemployed | 7 | 46.6% | 5 | 33.4% |
| 4. | Education | | | | |
| | Illiterate | - | - | - | - |
| | Middle school | 11 | 73.3% | 9 | 60% |
| | Higher secondary | - | - | - | - |
| | Graduate and above | 4 | 26.7% | 6 | 40% |
| 5. | Income | | | | |
| | Less then Rs.1000 | 3 | 20% | 4 | 26.7% |
| | Rs.1001-2000 | 7 | 46.6% | 4 | 26.7% |
| | Rs.2001-3000 | 5 | 33.3% | 6 | 40% |
| | Rs.3001-4000 | - | - | - | - |
| | Rs.4001and above | - | - | 1 | 6.6% |
| 6. | Number of living children | | | | |
| | Nil | - | - | - | - |
| | One child | 6 | 40% | 4 | 26.6% |
| | Two | 5 | 33.4% | 6 | 40% |
| | More than two | 4 | 26.7% | 5 | 33.4% |
| 7. | Any history of hospitalization | | | | |
| | Yes | 3 | 20% | 4 | 26.6% |
| | No | 6 | 40% | 6 | 40% |
| | Healthy | 3 | 20% | 5 | 33.4% |
| | Ill healthy | 3 | 20% | - | - |
| 8. | Previous knowledge on family planning | | | | |
| | Yes | | | | |
| | No | 4 | 26.7% | 6 | 40% |

| | | | | | |
|-----|---|------------------|----------------------|------------------|----------------------|
| | | 11 | 73.3% | 9 | 60% |
| 9. | Previous knowledge on vasectomy by whom? It yes.....who? Family member Friends Health personnel Mass media | 2 - - 2 | 13% - - 13% | 3 - - 3 | 20% - - 20% |
| 10. | Any history of vasectomy Yes No | 6 9 | 40% 60% | 4 11 | 26.7% 73.3% |
| 11. | Adoption of any method of family planning Yes No | 3 12 | 20% 80% | 9 6 | 60% 40% |
| 12. | If yes what method Condom Abstinence Nothing | 3 - 12 | 20% - 80% | 6 3 6 | 40% 20% 40% |

Table 1 depicts that 60% of males were aged between 21 & 30 years and 80% of the female were aged 21-40years. Most of them were Hindus and 73% of male and 60% of females were literates and 46% of males were unemployed while 40% of females earned daily wages. 46% of the total family income was found to be less than Rs.2000/per month and 40% of the population had one child and 40% of population had two children about 73% of the males and 60% of the females are unaware about vasectomy. About 80% of the males have not adopted any method of family planning. Only 20% of males were using condom method.

Table 2: Distribution of level of knowledge regarding vasectomy among adult males.

N=30

| S.No | Components Of Knowledge | Level of Knowledge | | | | | |
|-------------------|-------------------------------------|--------------------|-------|----------|-------|----------|-------|
| | | Inadequate | | Moderate | | Adequate | |
| | | No | % | No | % | No | % |
| 1. | General knowledge on family panning | 4 | 26.6% | 9 | 60% | 2 | 13.3% |
| 2. | Knowledge on vasectomy. | 1 | 6.6% | 14 | 93.3% | 0 | 0 |
| 3. | Knowledge on health services. | 3 | 20% | 7 | 46.6% | 2 | 13.3% |
| 4. | Knowledge on advanced technique. | 7 | 46.6% | 2 | 13.3% | 2 | 13.3% |
| Overall knowledge | | | 28% | | 60% | | 11% |

Tale-2 shows that about 28% of males had inadequate knowledge and 60% of the adult males had moderately knowledge and only 11% of the males had adequate knowledge.

Table 3: Distribution of level of knowledge regarding vasectomy among adult Females.

N=30

| S.No | Component of knowledge | LEVELS OF KNOWLEDGE | | | | | |
|-------------------|---------------------------------------|---------------------|-------|----------|-------|----------|-------|
| | | Inadequate | | Moderate | | Adequate | |
| | | No | % | No | % | No | % |
| 1. | General knowledge on family planning. | 5 | 33.3% | 3 | 20% | 7 | 46.6% |
| 2. | Knowledge on vasectomy. | 4 | 26.6% | 8 | 53.3% | 3 | 20% |
| 3. | Knowledge on health. | 3 | 20% | 6 | 40% | 5 | 33.3% |
| 4. | Knowledge on advanced technique. | 4 | 26.6% | 8 | 53.3% | 3 | 20% |
| Overall knowledge | | | 27% | | 42% | | 30% |

Table 3 depicts that 27% of the females had inadequate knowledge and 42% moderate knowledge and only 30% of the subjectshad adequate knowledge.

Table-4: Comparison between levels of knowledge among male&female onvasectomy.

N=30

| S.No | Components of knowledge | Male | | Female | | T-Value |
|-------------------|--------------------------------------|--------------------|--------|--------|--------------------|--|
| | | Standard Deviation | Mean | Mean | Standard Deviation | |
| 1 | General knowledge on family planning | 0.618 | 2.866 | 3.2 | 1.166 | T=0.9470 P=1.7011 Not Significant |
| 2 | Knowledge on vasectomy | 0.573 | 4.266 | 4.4 | 1.2 | T=0.74866 P=1.7011 Not Significant |
| 3 | Knowledge on Health services | 0.957 | 1.4666 | 2 | 0.73 | T=1.66 P=1.701 Not Significant |
| 4 | Knowledge on advanced Technique | 1.481 | 1.733 | 2.73 | 0.977 | T=1.5425 P=1.701 Not Significant |
| Overall knowledge | | 0.2726 | 10.33 | 12.26 | 0.463 | T=16.92 P=1.701 Significant |

Table 4 depicts higher mean scores of females in all the components on vasectomy.

Table 5: Association between level of knowledge and demographic variable like age & education status among adult males. N=30.

| Demographic Variables | Inadequate | | Moderate | | Adequate | | Chi-square |
|-----------------------|------------|------|-----------|------|-----------|------|--|
| | Frequency | % | Frequency | % | Frequency | % | |
| Age | | | | | | | X=7.52131 P Value=3.841 Significant |
| • 21-30 | 2 | 13% | 6 | 40% | 6 | 6.6% | |
| • 31-40 | 2 | 13% | 3 | 20% | 3 | 6.6% | |
| Education | | | | | | | X=10.2665 P=9.49 Significant |
| • Illiterate | - | - | 1 | 6.6% | - | - | |
| • High School | 1 | 6.6% | 10 | 6.6% | - | - | |
| • Higher Secondary | - | - | - | - | - | 20% | |
| • Graduate & above | - | - | - | - | 3 | - | |

Table-5 Shows that there was significant association between knowledge and demographic variable like age & educational status among males.

Table-6: Association between level of knowledge and demographic variables like age & educational status among females. N=30.

| Demographic variables | Inadequate | | Moderate | | Adequate | | Chi-square |
|-----------------------|------------|------|-----------|------|-----------|------|--|
| | Frequency | % | Frequency | % | Frequency | % | |
| AGE | | | | | | | X=3.82704 P=12.59 Not Significant |
| • 21-30 | 3 | 20% | - | - | 3 | 20% | |
| • 31-40 | 1 | 6.6% | 2 | 13% | 3 | 20% | |
| • 41-50 | - | - | 1 | 6.6% | 1 | 6.6% | |
| • >50 | 1 | 6.6% | - | - | - | - | |
| EDUCATION | | | | | | | X=0.2429 P=5.99 Not Significant |
| 1.Illiterate | - | - | - | - | - | - | |
| 2.High School | 2 | 13% | 5 | 33% | 2 | 13% | |
| 3.Higher Secondary | - | - | - | - | - | - | |
| 4.Graduate & above | 2 | 13% | 3 | 20% | 3 | 6.6% | |

TABLE-6 No significant association between knowledge and demographic variables like age & educational status among female.

DISCUSSION

The study was conducted to assess the knowledge on vasectomy between male and females residing at Paraniputhur village.

Objective1: To assess the knowledge on vasectomy among adult males.

This study shows that adult male, on the knowledge of vasectomy 28% of the males have in adequate knowledge and 60% of male have moderate knowledge and 11% of males have adequate knowledge. This study is supported by a study done by **Ramniyam** [1995] we found that the knowledge of family planning was familiar with females.

Objective 2: To assess the knowledge on vasectomy among adult females.

This study shows that among the adult females on vasectomy 27% of females have moderate knowledge and 80% females have adequate knowledge. This study was supported by **Vasantha** [1997] she found that the knowledge regarding male sterilization was higher among female. A.R Nanda [1997.98] revealed in his study that 66.6% of the males the knowledge of male sterilization and 55% of the female acquired knowledge on male sterilization.

Objective 3: To compare the knowledge on vasectomy between adult males and female.

This study shows that, 28% of adult females have adequate knowledge. Then 60% of adult males and 42% of the adult female have adequate knowledge. This study shows that the female have more knowledge on vasectomy than male. This study was supported by **Ravi Chandra directorate of Rett** [1997] which reveals that female sterilization was known to all than male sterilization.

Objective 4: To associate the knowledge with demographic variables.

The study found that there was significant association between knowledge and education status of adult male. This can be possible because educated male of efficient family have more accessibility towards mass media like T.V, radio, newspaper. There was significant association between the male of the age group of 21-40 years had adequate knowledge. It was also found that there was no significant association between knowledge and other demographic variable among females.

CONCLUSION

The finding of the study concluded that the female have increased levels of knowledge on vasectomy.

RECOMENDATION

- Similar study can be conducted among health professionals to elicit their attitude towards male sterilization.
- Study can be done to create awareness through mass media message on male sterilization in selected village.
- Similar studies can be conducted for a large sample of elderly people among the population.

BIBLIOGRAPHY**BOOK**

- 1) Basvanthappa, COMMUNITY HEALTH NURSING, first edition Bangalore, japee publication, 1998.
- 2) Nanda A.R., FEMALE WELFARE PROGRAMME IN INDIA YEAR BOOK,1997-98,delhi, department of family welfare, government of India, Oct 1999.
- 3) Polit Denise F & Bemadette P Hungler, NURSING RESEARCH PRINCIPLES & METHOD., 5TH edition Philadelphia, JP Lippincott company, 1995.
- 4) John Guillebaud, CONTRACEPTIVE, second edition, Tokyo, Churchill living stone 1993, pp432-435.
- 5) DIRECTORATE OF MEDICAL & RURAL HEALTH SERVICES years book 1989,-90 statistics on Vasectomy & Tubectomy in India, Chennai.

JOURNALS

1. Ashish Bose, "POPULATION SCAN -2001" Health for the million, 27(2), April 2001.
2. Gupta kalama, "FERTILITY &CONTRACEPTIVE PREVALANCE IN INDIA "Glimpses from "NEHS"II, health for the million, 27(#), May –June, 2001,PP 13-15.
3. Alok Mukhopadhyay,"POPULATION", Health for the, 6(4), July – Aug 2000, PP4-20.
4. Department of family Welfare, "NATIONAL POPULATION POLICY 2000, ministry of health Health family welfare, Govt. of India.