

THE KNOWLEDGE OF MEN ON SMALL FAMILY AND MALE STERILIZATION

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INTRODUCTION

Scientifically male sterilization has been proved as the best method of permanent family planning. The procedure is less popular due to the fear of virility and loss of physical strength. Despite the introduction of No Scalpel Vasectomy (NSV) the acceptance has not gone up. (Kaza .R.C.M, 2006) The so called myths, taboos and lack of awareness regarding male sterilization among the people of India are obstacles controlling population explosion and there by the nation is being handicapped with economic development. (Sharma R.P, 2006).

In the traditional vasectomy the surgeon uses a scalpel to make one or two incisions in the skin of the scrotum. With the advent of "No Scalpel Vasectomy" (NSV) developed by Dr. Li Shung – Qiang of China the procedure popularized as it does not involve a scalpel and thus helped to increase the acceptability of sterilization among men. NSV is the sole, simple, quick procedure with negligent complications when compared to traditional vasectomy. However lack of awareness on NSV still prevails in the community accounting for very few men who willingly accept to undergo sterilization. (Chaudhuri. S.K, 2004).

PROBLEM STATEMENT

Knowledge of men on small family and male sterilization.

OBJECTIVES

- To assess the knowledge of the men regarding small family and male sterilization
- To find the association between the knowledge on small family and male sterilization with selected variables.

METHODOLOGY

The study was conducted in the O.P department of G. Kuppuswamy Naidu Memorial Hospital. A total of 375 men of different age groups were selected by using convenient sampling technique. The tool validated by 2 Nursing Experts consisted of two parts. Part-I deals with personal data and part-2 had 11 multiple choice questions with 3 options each except for the 11th question on sterilization which had 6 options (with three right answers). Hence when a score of one mark was given for every right answer for part-2, the total score was 14 for 11 questions. The personal data were coded and subjected to statistical analysis Mean and standard deviation were used to express awareness on small family and male sterilization. One way

ANOVA test was applied to compare the knowledge with selected variables. Scheff's multiple comparison test was applied for the significant ANOVA result.

ANALYSIS

Table – 1 Knowledge on Small Family and Male sterilization n = 375

Sl.No.	Statement	No. of Correct Response	%
1	Meaning of family planning	85	22.7
2.	Decision on family size	286	76.3
3.	Meaning of small family	266	70.9
4.	Awareness on male sterilization	209	55.7
5.	Minimum age for male sterilization	35	9.3
6.	Maximum age for male sterilization	123	32.8
7.	The body part involved in male sterilization	134	35.7
8.	Hospitalization is not required for male sterilization	126	33.6
9.	Fewer complication in male sterilization	117	31.2
10.	Ability to produce sperm after male sterilization	73	19.5
11.	Permanent sterilization methods		
	(a) Tubectomy	80	21.3
	(b) Vasectomy	37	9.9
	(c) No scalpel vasectomy	18	4.8

Table 1 states that 22.7% of the men were able to state that family planning is a measure for both spacing the child birth and preventing pregnancy. 76.3% of the men agreed that both husband and wife need to take a collective decision to decide the family size. The small family norm consisting of husband, wife and 2 children were agreed by 70.9% of the men.

Only 55.7% of the men were aware that a permanent family planning measure is available for men. 9.3% of the men were able to correctly indicate the minimum age of 25 years while 32.8% of the men indicated the maximum age of 50 years is mandatory for male sterilization. 35.7% of the men were aware that the scrotum is involved for the procedure of sterilization. 33.6% of the men correctly stated that there was no necessity for hospitalization for the men when undergoing sterilization. 31.2% of the men agreed that men have less complication when compared to women while undergoing permanent family planning. Only 19.5% of the men were aware that a man will be able to produce sperm even after the procedure. While 21.3% voted for tubectomy as a permanent family planning measure, minority of the men that is 9.9% and 4.8% stated vasectomy and NSV as the permanent family planning method respectively out of the given choice.

Table – 2 Knowledge Score of Respondents on Small Family and Male sterilization

Sl.No.	Level of knowledge	N	%
1.	Poor (score of 1 -7)	292	77.9
2.	Moderate (score of 8 -11)	80	21.3
3.	Good (score of 12 - 14)	3	0.8

N=375, Mean=5.48 & Standard deviation =2.68

The above table shows the knowledge of the men on small family and permanent family planning. It was found that 77.9% of them were having poor knowledge, 21.3% of the men had moderate knowledge and only 0.8% of the men had good knowledge on small family and permanent family planning. This proves that majority of the men lack knowledge and there is an urgent need to create an awareness on small family and deliberate on advantages of male sterilization to the public at large.

Table – 3 Comparison of the Mean Knowledge Score on Small Family and Male Sterilization with Selected Variables

Sl.	Variables	Sub-Variables	N	Mean	S D	ANOVA	P Value	Scheff's Test
1.	Age in years	<30	57	5.12	2.713	2.51	*0.04 (S)	<30 years Vs >60 years
		31 – 40	149	5.18	2.392			
		41 – 50	93	5.56	2.904			
		51 – 60	51	6.25	2.652			
		>60	25	6.28	2.475			
2.	Duration of Married Life	1 – 2 years	46	4.80	2.500	4.08	**0.003 (S)	<1-2 years Vs >20 years
		3 – 5 years	46	5.39	2.333			
		6 – 10 years	77	5.16	2.572			
		11 – 20 years	109	5.25	2.703			
3.	Number of children	No children	34	4.59	2.298	11.97	***0.000 (S)	2 children Vs 1 child, no child
		One child	131	4.64	2.530			
		Two children	185	6.25	2.574			
		>2 children	25	5.46	2.449			
4.	Religion	Hindu	332	5.44	2.582	1.73	1.73 (NS)	-
		Muslim	11	4.18	2.714			
		Christian	32	5.91	3.054			

5. Couples who have adopted temporary family planning method	Adopted	158	5.25	2.67	2.73	0.099 (NS)	-
	Not Adopted	217	5.71	2.62			
6. Temporary family planning methods adopted by wife	Copper T	56	6.46	2.67	3.33	*0.04 (S)	Copper T Vs Couples who have not adopted
	Oral Tables	22	5.27	2.763			
	Other Methods	9	4.44	1.424			
7. Temporary family planning methods adopted by husband	Condom	68	5.47	2.688	NA	NA	-
	Other methods	3	5.54	2.403			

*** -Significant at $p < 0.01$ level, ** - Significant at $P < 0.01$ level, *-Significant at $P < 0.05$ level NS – Not Significant

In general the study proves the knowledge of men on small family and male sterilization is poor. However there is a significant difference between the age of the man, duration of married life, number of children they have and couples who have adopted temporary family planning measure especially the wife.

The men who are above 50 years are having better knowledge than the men who are less than 30 years old. The men who are married more than 20 years are comparatively have higher knowledge than those who are married less than 2 years of duration. The men who are having a small family i.e. 2 children are having better knowledge than the men having 1 child or no issues. The result also states that men who's wives adopted copper 'T' are having higher knowledge than the men who's wives who have adopted other temporary

family planning methods like oral tablets or followed other temporary method. The result also shows that couples either wife or husband who have adopted temporary family methods are having higher knowledge on small family and male sterilization.

DISCUSSION

The present study has revealed that majority of the men (77.9 %) have poor knowledge on small family and male sterilization. 77.3% of the men were not aware that family planning measures are intended for both spacing of the child and preventing pregnancy. 90.7% of the men were not aware of minimum age of 25 years is required for male sterilization. 80.5% of the men were not sure that a man will be able to produce sperm even after male sterilization. Many men have misconceptions regarding male sterilization and confuse it with castration. The men's response of other

statements related to male sterilization was below 60%, however only 55.7% of the men were aware of the existence of male sterilizations methods. In a study conducted in the rural slum of Delhi (2004) revealed that among the 400 samples of male, overall 100% of the men knew about female sterilization while only 77% knew about male sterilization. The proportion of males adopting vasectomy and using condom was negligibly low (15.6%) the percentage of men who undergone vasectomy in the study area was only 1.8%.

Recommendations

Strategies are needed to develop awareness on male sterilization among the public at large. This can be achieved by reaching male audiences with appropriate IEC message to encourage couple communication and to improve acceptance of male methods (Dutta M.C, 2004). Family planning programmes need to be made more male friendly and organized mega camps for the acceptance of male sterilization as the method of family planning and male participation is essential (Sharma P.R., 2006).

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