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### RESEARCH ARTICLE

#### ASSESSMENT OF ATTITUDE OF MARRIED MALES REGARDING VASECTOMY IN RURAL AND URBAN AREAS OF CHANDIGARH

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#### Abstract

A quantitative study with observational study design was done to assess the attitude of married males regarding vasectomy in rural and urban areas of Chandigarh. A purposive sampling technique was used to collect 100 samples, 50 each from rural and urban areas respectively to conduct research. Findings revealed that 83% of the samples have positive attitude regarding vasectomy. There was significant association between the age of respondent, age of spouse, type of family of respondent and religion of the respondent with the attitude score whereas there was no significant association found between number of children, residence of respondent, educational status of respondent, occupational status of respondent, monthly income, co-morbidities of respondent, whether underwent vasectomy or not with attitude score.

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#### Introduction:-

Vasectomy, or male sterilization, involves the surgical interruption of both vas deferens, which are the tubes that carry the sperm from the testicles and epididymis to the seminal vesicles, to prevent fertilisation of an egg after ejaculation.<sup>1</sup> Internationally, vasectomy rates are vastly different. While female sterilization is the most widely used method worldwide. In the world's 69 least developed countries less than 0.1% of men use vasectomies on average. Of 54 African countries, only ten report measurable vasectomy use and only Swaziland, Botswana, and South Africa exceed 0.1% prevalence. On other hand in developed regions of world like North America and Europe vasectomy usage is on the order of 10% with some countries reaching 20%.<sup>2</sup> India was the first country to introduce family program in year 1952 with the main population at level consistent with the needs and potential of national economy. Over the years the range of contraceptive products provided through the program has widened and many other services like immunization, antenatal care, post natal care, pregnancy, delivery care, preventive and curative health services were also included and ultimately the program was integrated with reproductive and Child Health Programme.<sup>3</sup> In year 2007, the Ministry of Health increased the amount of compensation for wages lost offered to vasectomy acceptors to Rs.1100 for operations performed in the public sector. Punjab government is spending Rs.1500 per case for vasectomy; still vasectomy is highly under-utilized due to intrinsic unpopularity of the method.<sup>4</sup> According to the population foundation of india, male sterilization only counts for 0.6% of the modern contraceptive usage.

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**Need of the study:**

According to National Family Health Survey-3 (NFHS – 3) the current acceptance of non-scalpel vasectomy (NSV) in India has declined from 1.9 per cent to 1 per cent<sup>6</sup> and as per district level household & facility survey-3 (DLHS- 3) punjab coverage of vasectomy is only 0.6 per cent.<sup>4</sup> Today in India vasectomy prevalence varies greatly from one state to another, ranging from a high of 6.3 per cent in Himachal Pradesh to a low of less than 0.05 in Mizoram and Nagaland.<sup>7</sup> In year 2014, not a single man came forward to undergo vasectomy in PGI while as many as 520 women underwent tubectomies, reveals the annual report of the institute. In the previous year, only one vasectomy performed in comparison to 470 tubectomies.<sup>5</sup>

- The researchers observed during their community posting that not many males opt for the vasectomy and are not willing to talk about the vasectomy freely. Vasectomy is considered as a forbidden topic in Indian society. Regardless of their knowledge and various programmes carried out by the government vasectomy prevalence in India is less. That is why the present study was taken up to assess the attitude of married males regarding vasectomy in rural and urban areas of Chandigarh.

**Problem statement:**

Assessment of attitude of married males regarding vasectomy in rural and urban areas of Chandigarh.

**Objectives:-**

1. To assess the attitude of married males regarding vasectomy in rural and urban areas of Chandigarh.
2. To find the association between the attitudes of married males regarding vasectomy in rural and urban areas with socio-demographic variables.

**Assumptions:**

1. The married males residing in urban areas may have positive attitude regarding vasectomy as compared to the married males residing in rural areas of Chandigarh.

**Delimitations:**

1. The study was limited only to the rural and urban areas of Chandigarh.
2. The study only assessed the attitude of married males regarding vasectomy in rural and urban areas of Chandigarh.

**Material and Methods:-**

The research design used was observational in nature. The study was conducted in rural and urban areas of Chandigarh that were Palsora, sector 56 and sector 44 respectively. 50 sample from each area were taken with a total sample of 100 married males according to inclusion and exclusion criteria. Non probability purposive technique was used for this study. The tool used for this study was self structured consisting of two section. Section A (socio-demographic variables includes age of respondent, age of spouse, age at marriage, number of children, type of family, residence of the respondent, educational status of the respondent, occupational status, monthly income, religion, comorbidities of respondent and whether underwent vasectomy or not ), Section B (self-structured attitude scale consisting of 15 items with the maximum score of 75 and minimum score of 15. The five-point attitude scale ranges from strongly agree to strongly disagree). The content validity of the tools was ensured by submitting the tools to the experts in the field of Community Medicine, Urosurgery, Community Health Nursing and Medical Surgical Nursing.

**Results and Findings:-****Findings related to socio-demographic variables of samples:**

Most of the married males (28%) belong to the age group 36-40 years of age. Maximum spouse (33%) were in the age group of 31-35 years of age. Most of the sample (41%) got married at 21-25 years of age. 51% of the sample had 2 children and 74% belonged to nuclear families. Majority of the people (50%) were holding graduation or above and were working in private sector (54%). Maximum people (39%) had salary below Rs 15,000. Maximum population (87%) were hindu and 90% of the sample was free from morbidities and 97% had not underwent vasectomy.

**Findings related to attitude score:**

The study findings revealed that 87% of males have positive attitude and 17% have negative attitude though only 3% of sample had undergone vasectomy. Finding related to association between attitude score with selected socio-demographic variables

**Table 1:-** Significance of socio-demographic variables with attitude score N=100

Demographic data	X <sup>2</sup>	Df	P-value	Association
Age of respondent	13.689	3	0.002	Significant
Age of spouse	22.67	5	0.001	Significant
Age at marriage	3.412	3	0.298	Non-significant
Number of children	4.93	5	0.473	Non-significant
Type of family	7.727	1	0.005	Significant
Residence	0.071	1	0.790	Non-significant
Educational status	5.617	4	0.193	Non-significant
Occupational status	2.226	3	0.551	Non-significant
Monthly income	3.946	6	0.673	Non-significant
Religion	8.478	3	0.037	Significant
Morbidities	1.396	3	0.839	Non-significant
<b>p≤0.05, significant.</b>				

There was significant association between the age of respondent, age of spouse, type of family of respondent and religion of the respondent with the attitude score whereas there was no significant association found between number of children, residence of respondent, educational status of respondent, occupational status of respondent, monthly income, co-morbidities of respondent, whether underwent vasectomy or not with attitude score.

**Discussion:-**

According to the response in the study 83% of males have positive attitude whereas 17% have negative attitude, though only 3% of sample had undergone vasectomy.

Present study is supported by a study conducted by Zareen H., Shahzhad S., Salahudin M. [2016]<sup>16</sup> in lahore general hospital.

Ohn Mar S, Ali O, Sandheep S et al. [2019]<sup>14</sup> conducted a study in Malaysian private medical college using a self-administered questionnaire to assess the attitude toward vasectomy and its acceptance showed that 60.9% of participants had a positive attitude and 76% showed good acceptance. Gender, academic year, ethnicity and religion were not associated with attitudes and acceptance.

Ebeigbe PN, Igberase GU, Eigbefoh J. [2011]<sup>12</sup> held a study to assess attitude, counselling patterns, and acceptance of vasectomy among nigerian resident gynaecologists, revealed that 41.3% of doctors will opt for vasectomy or urge their husbands for the same and 89.4% of doctors counselled for btl only, while 5.8% did for vasectomy.

Adongo PB., Tapsoba P., Phillips JF. et al. [2014]<sup>17</sup> conducted a study in ghana to assess the attitude of male and female members of community regarding vasectomy revealed that it was perceived as an act against god. it was concluded that stigma and misconceptions in the community may be accounting for the low vasectomy uptake.

Okunlola MA., Awoynika SB., Owonikoko KM. [2009]<sup>19</sup> held a study to determine the awareness and practice of vasectomy among male health workers at university college hospital, Ibadan and the influence of socio-demographic factors. 58.0% of the respondents were unwilling to accept sterilisation as a contraceptive procedure while 19.2% were willing to accept it and the remaining 22.8% were uncertain.

**Conclusion:-**

As the findings of the study revealed that 83% of males have positive attitude whereas 17% have negative attitude though 3% of sample had undergone vasectomy. Despite having positive attitude towards vasectomy majority of married males are reluctant to opt it.

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