A Study to Assess the Knowledge, Attitude and Practice Regarding Vasectomy among Males, Working in Nandini Milk Dairy at Kolar

Dr. Hitesh Choudhary

Staff- Nurse, Deen Dayal Upadhyay Hospital, Hari Nagar, New Delhi

Research abstract

Introduction
Vasectomy offers a permanent, safe, and worry-free choice in birth control. Vasectomy is a simple, safe and a relative operative procedure designed to make a man sterile, or unable to biologically father a child. All vasectomy techniques involve cutting or otherwise blocking both the left and right vas deferens, so that the man's ejaculate will no longer contain sperm, and he will not be able to make a woman pregnant.

The best suitable candidates for vasectomy, because this is a personal decision, there are no absolute rules, and the best answer lies in being informed.

A highly effective procedure, the failure rate of vasectomy is less than 1%. As of date, vasectomy is the most effective long term contraceptive option in a man and is considered as a much safer method of family planning.

Need for study
India is now the second most populous country in the world, adding 16 million every year to her 1027 million at the time of 2001 census. Currently the national health goal is to attain a birth rate of 21 and death rate of 9 per thousand by 2007. This would yield an annual growth rate of 1.2 per cent, which was considered essential for the stabilization of population of India over the next 50-year and to meet this requirement people have to adopt family planning. The small family norm to stabilize the country’s population at the level of some 13 million by the year 2050 AD. The current emphasis is on three themes “Son’s or Daughter’s, two will do, second child after 3 years”. All this factors influenced investigator to opt for the same study.

Cook LA, Pun A., van Vliet H, Gallo MF, Lopez LM (2006) conducted a randomized controlled trials and controlled study. The objective of this review was to compare the effectiveness, safety, and acceptability of the incisional versus no-scalpel vasectomy approach to the vas. The no-scalpel approach to the vas resulted in less
bleeding, hematoma, infection, and pain as well as a shorter operation time than the traditional incision technique. Although no difference in effectiveness was found between the two approaches\textsuperscript{11}.

\textbf{Mousavi SMN, Fanie SA, Ziaee SA (2007)} A prospective, comparative observational study was conducted at a referral center in Iran. The overall failure rate based on semen analysis was 0.9\% in the cautery group versus 4.7\% in ligation and excision. (OR=4.8 CI=95\%, 1.6-14.3) Cautery is a very effective method for occluding the Vas deferens\textsuperscript{13}.

\textbf{Cook LA, Vliet H, Pun A, Gallo MF(2006)} The objective of this review was to compare the effectiveness, safety, acceptability and costs of vasectomy techniques for male sterilization. We included randomized controlled trials and controlled clinical trials comparing vasectomy techniques. No conclusions can be made about the effectiveness, safety, acceptability and costs of vas occlusion technique or vas irrigation, as studies that examined these were of low quality and underpowered\textsuperscript{14}.

\textbf{H.D.brabshaw,D.J.Rosario,M.J.James,N.R.Boucher,U.K.(2004)} conducted a Descriptive study to determine 1) the percentage of patients with nonmotile sperm 12 weeks after vasectomy and after vasectomy. 65 patients were included in sample. Non-motile sperm was found in 33\% of the patients 12 weeks after vasectomy. The mean time to azoospermia was 6.36 months. Non-motile sperm after initial azoospermia was found in 5 of 65 patients\textsuperscript{16}.

\textbf{M, Hays M, Chen-Mok M, Barone MA, Sokal D (2005)} conducted a research study to estimate the frequency and to describe semen analysis patterns of early recanalization after vasectomy. The overall proportion of men with presumed early recanalization was 13\% early recanalization\textsuperscript{25}.

Thus, the review has enabled the researcher to establish the need for the study, develop the conceptual work, adopt the research design, develop the tool and teaching program, select a data collecting technique and to decide upon plan of statistical analysis.

**Objectives of the study**
1. To assess the knowledge of males regarding the vasectomy surgery.
2. To assess the attitude & Practice of males regarding vasectomy.
3. To find relationship between the knowledge and attitude of males regarding vasectomy & socio-demographical variables.

**Research-methodology**
The descriptive correlational design adopted for this study, in which the frequency of vasectomy is studied and the associated factors motivates/ de-motivate an individual for a particular practice (Vasectomy).

The total samples in this study were 150 males. The study was conducted in
A Study to Assess the Knowledge, Attitude and Practice

Nandini milk diary, at Kolar, Which is 18 km from College and where around 650 males are working, among them investigator will selected the 150 males of 25 - 45 yrs of age, willing to cooperate. Reliability of the tool was done be test and retest method. The reliability for knowledge items (r=0.87%), attitude items (r=0.94) and practice items (r=0.9) were positively correlated.

Findings and discussion

The data was analysed using descriptive & inferential statistics. The major findings of the study showed that most of the subjects 95(63.3%) were within the age group of 30-35 years and minimum 5(3.3%) were in the age of 40-50 years and most of them (72.3%) were married. Two third subjects (66.6%) of the sample population (66.6%) had below 3 years of married life.

Majority of the subjects 53(35.0%) were found in primary education & One third 50(33.3%) of the sampled males were from rural area. Majority of the subjects 43(28.3%) were within the income of 2501-5000 & one third 50(33.3%) of the sampled males were from joint family. The knowledge scores in the group was 44.6%, practice score was 36.7% and attitude score was 35% and the significance correlation between Knowledge, Practice and attitude was proved at 5% level.

In order to examine the association between these variables the chi-square test was worked out. Among these variables accounted for association, all these variables were found to be significant in association with knowledge except family income, place of residence and marital status regarding vasectomy among males at 5% level i.e., P<0.05. It evidenced that these selected demographic variables are significantly associated with attitude.

Mean, SD, range and mean score percent of knowledge, Practice and Attitude.

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Knowledge</th>
<th>Maximum Possible score</th>
<th>Mean</th>
<th>SD</th>
<th>Range</th>
<th>Mean Score %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Knowledge</td>
<td>13</td>
<td>5.80</td>
<td>0.93</td>
<td>3-8</td>
<td>44.6</td>
</tr>
<tr>
<td>2.</td>
<td>Practice</td>
<td>4</td>
<td>1.47</td>
<td>0.96</td>
<td>1-3</td>
<td>36.7</td>
</tr>
<tr>
<td>3.</td>
<td>Attitude</td>
<td>36</td>
<td>12.6</td>
<td>0.58</td>
<td>6-24</td>
<td>35.0</td>
</tr>
</tbody>
</table>
This shows that sampled males were having inadequate knowledge, practice and attitude regarding vasectomy.

Bibliography