

# A Study to Assess the Knowledge and Attitudes Regarding No Scalpel Vasectomy [NSV] among Eligible Married Men in Andhe Ki Chowki Rural Community Areas at Lucknow

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## ABSTRACT

Depict that among sixty respondents regarding age, majority 24 number (40%) were 25-31 year. Regarding Type of family, majority 41 number (38.33%) were Joint family. Regarding Religion, majority 44 number (73.33%) were Muslim regarding Educational status, majority 16 number (26.66%) were higher secondary education. regarding Monthly Income, majority 58 number (96.66%) were Below Rs. 20,000. Regarding Occupation, majority 18 number (30%) were Semi-skilled worker. Regarding Number of living children, 54 number (90%) were three or more. Regarding Family planning method adopted, majority 44 number (73.33%) were Yes, No. indicates the overall knowledge level of eligible marriage men regarding no scalpel vasectomy, there were 54 number (90%) of the eligible marriage men with inadequate level of knowledge, 6 number (10%) of the eligible marriage men with moderate level of knowledge, and 0 number (0%) of the eligible marriage men with adequate level knowledge regarding no scalpel vasectomy. The correlation was found statistically significant at the level of  $p < 0.05$ . It was also noted that there was a significant association between attitude with demographic variables like educational status which is significant at the level of  $p < 0.05$   $p > 0.01$ .

**KEYWORDS:** *knoledge, no scalpel vesectomy*

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## INTRODUCTION

India is the one of the most populous country in the world. In the year 1977, the population was 968 million, and in 1981 census it crossed 680 million levels. In 1991, it was around 845 million. The increasing growth rate of population and the good state of nutrition and health are possible, thanks to various program. The densely populated areas in the country are Bihar, Maharashtra, Andhra Pradesh, Uttar Pradesh and Tamil Nadu. On an average for India, the density of population is 190 persons per sq.km. New Delhi and Chandigarh top the country in terms of density and Kerala is the most densely populated state in the whole country.<sup>1</sup>

To meet the menace of population problem, which threatens all the economic and social growth, various schemes have been introduced both by the states and the Central government. Program on family welfare,

voluntary sterilization and temporary birth control are carried on especially No Scalpel Vasectomy.

"In the last several decades, fertility control policies in India have failed to promote a sustainable solution to the problem of overpopulation. What factors have caused these efforts to fall short? "The prominence of female sterilization indicates another flaw in the India population control strategies. By targeting women instead of men, the government inadvertently opts for the more hazardous means of birth control. The birth rate in India (31 per thousand people) is greater than that of China (20 per thousand people). If this trend continues, India will beat up China by 2025.A.D."<sup>2</sup>

No Scalpel Vasectomy is a refined approach for isolating and delivering the vas that uses vasal block anaesthesia; the technique requires unique surgical

skills, including new ways to handle special instruments. Because of the novel features of NSV, it is essential that a doctor interested in learning the approach should receive hands-on training from a well-qualified and experienced trainer as manipulating the special NSV instruments requires manual skills and hand-eye coordination that are different from those used in conventional/incisional vasectomy. The skills can be learned with hands-on, supervised training, but even then they take time and practice to master.<sup>3</sup>

No Scalpel Vasectomy is a new technique that is safe, convenient and acceptable to males. This new method is now being canvassed for men as special project, on a voluntary basis under family welfare programme.<sup>4</sup>

Under this project medical person all over the country are to be trained, availability of this new technique at the peripheral level will increase the acceptance of male sterilization in the country. This project is funded by the UNFPA (United Nations fund for population activities).<sup>5</sup>

A recent study was conducted “No Scalpel Vasectomy” is a new procedure with no surgical intervention & with very low complications reduces a risk of female sterilisation. Percentage of male adopting vasectomy is about 2.00% in India & it is only 0.10% in Karnataka. The study conducted on knowledge of married men regarding no scalpel vasectomy in the Bangalore mahanagara palike south (2002). The study reveals that people had very poor knowledge, only 32% of married men had knowledge regarding no scalpel vasectomy and remaining 68% were unaware of no scalpel vasectomy.<sup>6</sup>

The study conducted on determinants of acceptance of no scalpel vasectomy as a method of contraception among men attending NSV clinic of a public sector hospital of Delhi (2004). The study shows that 50.00% of the respondent's maintained unfavorable attitude, one third was ambivalent, & rests were favorable towards vasectomy methods.<sup>7</sup>

### NEED OF THE STUDY-

In the new millennium, India has crossed the one billion mark, sharing 16 percent of the world population on 2.4 percent of the global land area. More than 18 million people are added every year. With the current trend it is projected that India may over take china in the 2045 to become the most populous country in the world.

The family welfare programmer focused attention on women to adopt spacing and permanent birth control methods. Currently men's involvement in regulating family size is negligible, as there is an argument that

they do not have sufficient contraceptive choices to adopt compared to their female counterparts.

The choice of male contraception is limited to condom and male sterilization. The format is less acceptable because it reduces pleasure, has fear of failure, storage and disposal problems. Male sterilization is less popular because of fear of loss of virility and loss of physical strength.

Acceptance of permanent family planning method is very poor in India and most of the users are females. The health status of females is poor when compared to males. Majority of women are anemic due to complications in pregnancy and child birth. Involvement of male in family planning will reduce female sterilization and the complications related tubectomy. Thus, health of the women can be improved.

### AIM OF THE STUDY-

Aim of the study to assess the awareness of eligible married man about No-Scalpel Vasectomy. (NSV)

### OBJECTIVES

1. To assess the level of knowledge and attitude regarding No-Scalpel Vasectomy among eligible married man.
2. To correlate the knowledge and attitude of eligible married man regarding No-Scalpel Vasectomy.
3. To associate the level of knowledge and attitude regarding No-Scalpel Vasectomy with selected demographic variables.

### OPERATIONAL DEFINITIONS

1. **Assess:** refers to deciding the appropriate knowledge of no scalpel vasectomy [NSV]
2. **Knowledge:** Refers to appropriate responses from no scalpel vasectomy [NSV] as assessed by structured knowledge questionnaire.
3. **Attitude:** Refers to the expressed opinion of regarding no scalpel vasectomy [NSV] as assessed by attitude scale.
4. **No Scalpel Vasectomy:** Refers to permanent family planning method technique that is safe, convenient and acceptable for method males without using scalpel.
5. **Socio demographic variables:** Refers to demographic variables like age, religion, type of family, education, monthly income, occupation, no of living children, family planning method adopted.
6. **Eligible Married man:** Refers to man, age between 21 to 45 year who are married and

staying with the wife and have two or more than three children.

- 7. Rural Community area:** Refers to rural community is all the eligible married man who live in a particular area or place RHTC andhe ki chowki lucknow.

### ASSUMPTIONS

- No-Scalpel Vasectomy is a safe and effective contraceptive method.
- Eligible married man have less knowledge on No-Scalpel Vasectomy as a permanent contraceptive method among man.
- Providing adequate knowledge and promotes awareness about No-Scalpel Vasectomy.

### Research Approach

“The research approach is “a general set of orderly discipline procedure used to acquire information”.

The research approach used for this study was quantitative approach to assess the knowledge and attitudes with the view to assess awareness programme in andhe ki chowki rural community area at Lucknow. U.P

### Research Design

The descriptive research design used in this study.

### Setting of the Study

The physical location and condition in which data collection take place is the setting of the study. The research is conducted at andhe ki chowki rural community area at Lucknow.

### Target Population

The target population for the study was eligible married man are present in andhe ki chowki rural community area at Lucknow.

### Sample Size

The sample was eligible married man in andhe ki chowki rural community area at Lucknow. By using Purposive sampling technique 60 sample will be selected.

### Sampling technique

Non probability purposive sampling technique was used.

## CRITERIA OF SAMPLE SELECTION-

### Inclusion criteria:

People who

1. Willing to participate age between 21 to 45 year.
2. With family having 2 or more children.
3. Can comprehend in Hindi language.

### Exclusion criteria:

1. Men who are sick at the time of data collection.
2. Men who are not willing to do survey.
3. Men below 21 and above 45 year age.

## RESULT-

The Chapter deals with analysis and interpretation of data collected from 60 eligible married man of vulnerable community to assess knowledge and attitude towards

No-Scalpel Vasectomy.

The term analysis refers to the computation of certain measures along with searching for pattern of relationship that exists. The data after collection has to be processed and analysed in accordance with the outline set down to the purpose at the time of developing the research plan.

Descriptive and inferential statistics were used for analysing the data on the basis of objectives at the study. The interpretation has been tabulated and organized as follows:

Section – I: Demographic variables among eligible married man.

Section – II: Assessment of knowledge on No-Scalpel Vasectomy among eligible married man.

Section – III: Assessment of attitude on No-Scalpel Vasectomy among eligible married man.

Section – IV: Correlation coefficient between knowledge and attitude of No- Scalpel Vasectomy.

Section – V: Association between level of knowledge on No-Scalpel Vasectomy and demographic variables among eligible married man.

Section – VI: Association between Level of attitude on No-Scalpel Vasectomy and demographic variables among eligible married man.

**SECTION – I****DISCRPTION OF DEMOGRAPHIC****Table 1: Table showing frequency and percentage distribution of socio-demographic variables (N=60)**

S No.	DEMOGRAPHIC DATA	FREQUENCY	PERCENTAGE
<b>1</b>	<b>Age</b>		
	21–30 Years	24	40
	31–40 Years	23	38.33
	41–50 Years	13	21.66
<b>2</b>	<b>Type of family</b>		
	Joint family	19	31.66%
	Nuclear family	41	68.33%8.33%
<b>3</b>	<b>Religion</b>		
	Muslim	44	73.33%
	Hindu	16	26.66%
<b>4</b>	<b>Educational status</b>		
	No formal education	15	25%
	Primary Education	05	8.33%
	Higher secondary education	16	26.66%
	Senior secondary education	11	18.33%
	Graduate	13	21.66%
<b>5</b>	<b>Monthly Income</b>		
	Below Rs. 20,000	58	96.66%
	20,001- 30,000	2	3.33%
	30,001- 40,000		
	More than 40,000		
<b>6</b>	<b>Occupation</b>		
	Un skilled worker	17	28.33%
	Semi-skilled worker	18	30%
	Skilled worker	15	25%
	Professional	10	16.66%
<b>7</b>	<b>Number of living children</b>		
	Two	6	10%
	More than three	54	90%
<b>8</b>	<b>Family planning method adopted</b>		
	Yes	44	73.33%
	No	16	26.66%
	<b>TOTAL</b>	<b>60</b>	<b>100%</b>

Table: 1depict that among sixty respondents regarding age, majority 24 number (40%) were 25-31 year. Regarding Type of family, majority 41 number (38.33%) were Joint family. Regarding Religion, majority 44 number (73.33%) were Muslim regarding Educational status, majority 16 number (26.66%) were Higher secondary education. regarding Monthly Income, majority 58 number (96.66%) were Below Rs. 20,000. Regarding Occupation, majority 18 number (30%) were Semi-skilled worker. Regarding Number of living children, 54 number (90%) were more than three. Regarding Family planning method adopted, majority 44 number (73.33%) were Yes, No.

**SECTION II****Table 2: MEAN AND STANDARD DEVIATION VALUE OF OVERALL KNOWLEDGE ONNO-SCALPEL VASECTOMY AMONG ELIGIBLE MARRIED MAN****n=60**

Knowledge Aspects	Mean	Standard Deviation
No Scalpel Vasectomy	0.490476	0.499909
Knowledge on Health Services	0.366667	0.481894
Legislation From Family Planning Indemnity Scheme	0.329167	0.469911

The Table 2 reveals that overall knowledge on No-Scalpel Vasectomy mean Value = 0.4025, standard deviation = 0.4904

**TABLE 3: FREQUENCY AND PERCENTAGE OF LEVEL KNOWLEDGE NO SCALPEL VASECTOMY AMONG ELIGIBLE MARRIAGE MAN**

(N-60)

s.no	KNOWLEDGE LEVEL	SCORES	FREQUENCY (f)	PERCENTAGE (%)
1	Inadequate Knowledge	0 - 10	54	90
2	Moderate Knowledge	11-15	6	10
3	Adequate Knowledge	16-20	0	0
	Total	20	100	100

**Table 3:** The table indicates the overall knowledge level of eligible marriage man regarding no scalpel vasectomy, there were 54 number (90%) of the eligible marriage man with inadequate level of knowledge, 6 number (10%) of the eligible marriage man with moderate level of knowledge, and 0 number (0%) of the eligible marriage man with adequate level knowledge regarding no scalpel vasectomy.

**TABLE 4: FREQUENCY AND PERCENTAGE OF LEVEL ATTITUDE NO SCALPEL VASECTOMY AMONG ELIGIBLE MARRIED MAN**

(N-60)

S.NO	ATTITUDE LEVEL	SCORES	FREQUENCY(f)	PERCENTAGE (%)
1	Unfavourable attitude	Below 50	22	36.66
2	Favourable attitude	75	35	58.33
3	Most Favourable attitude	Above 75	3	5
	TOTAL	10	60	100

Table 4: The table indicates the overall attitude level of eligible marriage man regarding No scalpel vasectomy, there were 3 number (5%) of the eligible marriage man with Most Favourable attitude level of No scalpel vasectomy, 35 number (58.33%) of the eligible marriage man with Favourable attitude level of No scalpel vasectomy, and 22 number (36.66%) of the eligible marriage man with Unfavourable attitude level regarding no scalpel vasectomy.

### Section –III

**Mean and standard deviation value of overall attitude score on No-Scalpel Vasectomy among eligible married man**

**Table 5 n=60**

Descriptive Statistics	Attitude Score
Mean	2.18
Standard Deviation	1.00
Range:	
Minimum Score	0
Maximum Score	4

The Table 5 reveals that overall attitude on No-Scalpel Vasectomy mean Value = 2.18, standard deviation = 1.00.

### Section –IV

**Correlation coefficient between knowledge and attitude score on No-Scalpel Vasectomy among eligible married man**

**Table 6 n=60**

Knowledge	Attitude
r = value	.313
p – value	p<0.05 (Significant)

The Table 6 indicates a positive correlation existed between knowledge and Attitude on No-Scalpel Vasectomy. The correlation was found statistically significant at the level of  $p < 0.05$ .

**SECTION V****ASSOCIATION BETWEEN LEVEL OF KNOWLEDGE ON NO SCALPEL VASECTOMY AND DEMOGRAPHIC VARIABLES AMONG ELIGIBLE MARRIED MEN****Table 7(N-60)**

DEMOGRAPHIC VARIABLES	Inadequate		Moderate		Adequate		Chi Square Value	df	'p' Valve
<b>1. Age</b>	<b>f %</b>		<b>f %</b>		<b>f %</b>				
21–30 Years									
31–40 Years	23	95.8	1	4.2	0	0	1.563	2	5.99 (N.S)
41–50 Years	20	87.0	3	13.0	0	0			
Above 50 years	11	84.6	2	15.4	0	0			
<b>2. Type of family</b>									
Joint family	14	73.7	5	26.3	0	0	8.224	1	3.84 (S)
Nuclear family	40	97.6	1	2.4	0	0			
<b>3. Religion</b>									
Muslim	41	93.2	3	6.8	0	0	1.856	1	3.84 (N.S)
Hindu	13	81.2	3	18.8	0	0			
Christian									
Others									
<b>4. Educational Status</b>									
No formal education	13	86.7	2	13.3	0	0	.939	4	9.49 (N.S)
Primary education	5	100	0	0.0	0	0			
Higher secondary education	14	87.5	2	12.5	0	0			
Senior secondary education	10	90.9	1	9.1	0	0			
Graduate	12	92.3	1	7.7	0	0			
<b>5. Monthly income</b>									
Below Rs. 20,000	52	89.7	6	10.3	0	0	.230	1	3.84 (N.S)
Rs. 20,001 - 30,000	2	100	0	0.0	0	0			
Rs.30,001 - 40,000									
More than Rs. 40,000									
<b>6. Occupation</b>									
Unskilled worker	16	94.1	1	5.9	0	0	3.123	3	7.82 (N.S)
Semi-skilled worker	16	88.9	2	11.1	0	0			
Skilled worker	12	80.0	3	20.0	0	0			
Professional	10	100	0	0.0	0	0			
<b>7. Number of living children</b>									
Two	19	95.0	1	5.0	0	0	.990	2	5.99 (N.S)
Three	18	85.7	3	14.3	0	0			
More than three	17	89.5	2	10.5	0	0			
<b>8. Family planning method adopted</b>									
Yes	39	88.6	5	11.4	0	0	.341	1	3.84 (N.S)
No	15	93.8	1	6.2	0	0			

Note: \* -  $P < 0.05$  Level of significant, N.S. – Not Significant

The Table 7 shows that significant association between levels of knowledge with type of family. There was a no significant association between level of knowledge with age, religion, educational status, monthly income, occupation and number of living children, adopted method of family planning.

**SECTION VI****ASSOCIATION BETWEEN LEVEL OF ATTITUDE ON NO SCALPEL VASECTOMY AND DEMOGRAPHIC VARIABLES AMONG ELIGIBLE MARRIAGE MAN****Table 8 (N-60)**

Demographic Variables	Poor Attitude		Moderate Attitude		Good Attitude		Chi Square Value	df	'p' Valve
<b>1. Age</b>	<b>f %</b>		<b>f %</b>		<b>f %</b>				
21–30 Years	6	25	16	14.0	2	8.3	3.630	4	9.49 (N.S)
31–40 Years	11	47.8	11	47.8	1	4.3			
41–50 Years	5	38.5	8	61.5	0	0			
Above 50 years									
<b>2. Type of family</b>							3.192	2	5.99 (N.S)
Joint family	10	52.6	8	42.1	1	5.3			
Nuclear family	12	29.3	27	65.9	2	4.9			
<b>3. Religion</b>							2.718	2	5.99 (N.S)
Muslim					1				
Hindu	16	36.4	27	61.4	2	2.3			
Christian	6	37.5	8	50.0		12.5			
Others									
<b>4. Educational Status</b>							18.660	8	15.51 (S)
No formal education	4	26.7	11	73.3	0	0			
Primary education	1	20.0	4	80.0	0	0			
Higher secondary education	7	43.8	9	56.2	0	0			
Senior secondary education	8	72.7	1	9.1	2	18.2			
Graduate	2	15.4	10	76.9	1	7.7			
<b>5. Monthly income</b>							1.478	2	5.99 (N.S)
Below Rs. 20,000	22	37.9	33	56.9	3	5.2			
Rs. 20,001 - 30,000	0	0.0	2	100.0	0	0			
Rs.30,001 - 40,000									
More than Rs. 40,000									
<b>6. Occupation</b>							11.980	6	12.59 (N.S)
Unskilled worker	7	41.2	10	58.8	0	0.0			
Semi-skilled worker	8	44.4	10	55.6	0	0.0			
Skilled worker	7	46.7	7	6.7	1	6.7			
Professional	0	0.0	8	5.8	2	20.0			
<b>7. Number of living children</b>							4.330	4	9.49 (N.S)
Two	6	30.0	14	70	0	0.0			
Three	10	47.6	9	42.9	2	9.5			
More than three	6	831.6	12	63.2	1	5.3			
<b>8. Family planning method adopted</b>							1.284	2	5.99 (N.S)
Yes	18	40.9	24	54.5	2	4.5			
No	4	25.0	11	68.8	1	6.2			

Note: \* -  $P < 0.05$ , \*\* -  $P < 0.01$  Level of significant, N.S. – Not Significant

The Table 8 reveals that significant association between level of attitude with educational status. There was a no significant association between level of attitude with age, type of family, religion, monthly income, occupation and number of living children, adopted method family planning

**SUMMARY-**

The focus of the study was to assess the knowledge and attitude on No-Scalpel Vasectomy among eligible married man who are living in Andhe ki Chowki rural community area at Lucknow.

**Major Study Findings**

The demographic characteristics revealed that 40% (24) of the eligible married man belonged to the age group of 25-31 years, 38.33% (41) of them were from the joint families, 73.33% (44) of them belonged to the Muslim religion and 26.66% (16) of them were higher secondary education. 96.66% (58) of them had

a monthly income of Below Rs. 20,000, the table also reveals that 30% (18) of eligible married men are Semi-skilled worker, 90% (54) of them had more than three children, and 26.66% (16) of them did not adopt to any method of family planning, 73.33% (44) adopt family planning method.

It was also noted that the overall knowledge mean score was **0.4025** with a standard deviation of **0.4904**. The result revealed that (0%) 0 adequate knowledge, (10%) 6 had moderately and (90%) 54 had inadequate knowledge.

It was also noted that overall mean score of attitude was **2.18** with standard deviation of **1.00**. and (58.33%) 35 of them had Favourable attitude (36.66%) 22 had Unfavourable attitude and (5%) 5 most Favourable attitude on No-Scalpel Vasectomy among eligible married man.

It revealed that positive correlation existed between knowledge and attitude on No-Scalpel Vasectomy among eligible married man. The correlation was found statistically significant at the level of  $p < 0.05$ . Hence, as the level of knowledge decreases the level of attitude also were Unfavourable.

It was also noted that there was significant association between level of knowledge with type of family which is significant at the level of  $p < 0.05$ . There was a no significant association between level of knowledge with age, religion, educational status, monthly income, occupation, number of living children and adopted method of family planning at the level of  $p > 0.05$ .

It was also noted that there was a significant association between attitude with demographic variables like educational status there was a significant association between attitude and demographic variables at the level of  $p < 0.05$ . There was a no significant association between attitude and demographic variables like age, type of family, religion, monthly income, occupation, number of living children and adopted method of family planning at the level of  $p > 0.05$ .

## CONCLUSION-

The finding of the study revealed that majority of the eligible married man i.e. (90%) 54 of them had inadequate knowledge, (10%) 6 of them had moderate adequate knowledge and (0%) 0 of them had adequate knowledge. (36.66%) 22 of the eligible married men had unfavourable attitude, (58.33%) 35 of eligible married man had favourable attitude and (3%) 5 of eligible married man had most favourable attitude. So the Community Health Nurse should be aware of the need for educating the community on No-Scalpel

Vasectomy among eligible married man, this will help to provide adequate information to rural people.

## NURSING IMPLICATIONS

- Community nurses need to take up the responsibility to create awareness among the eligible married man regarding No-Scalpel Vasectomy.
- Nurses should organize Health Education campaign for the community about practice on No-Scalpel Vasectomy in eligible married men.

## Nursing Education

- The Nurse Educator can always play a major role by planning and giving inputs for the in service education programme (seminars, workshops) for nurses regarding No-Scalpel Vasectomy and its practice.
- The nurse educator should emphasize on health education of No-Scalpel Vasectomy and its practice as a part of learning experience for students.

## Nursing Research

- This study will be a motivation for budding researches to conduct similar studies on a large scale.
- Evidence based Nursing practice must take higher profile in order to increase the awareness among the men on No-Scalpel Vasectomy.
- It emphasizes many research work that need to be conducted relating to the problem of No-Scalpel Vasectomy and practice of No-Scalpel Vasectomy which could provide current information on No-Scalpel Vasectomy.

## Nursing administration

- The Nurse Administrators should ensure that periodical refreshers courses on No-Scalpel Vasectomy to be conducted.
- The Nurse Administrators must make sure that education and informational material should have consistent information which can be displayed in primary Health Center.

## RECOMMENDATIONS-

Based on the findings of the present study the following recommendations are made:

- An experimental study can be conducted with a structured teaching programme on No-Scalpel Vasectomy.
- A similar study can be done by using audio and video aids.
- A comparative study between knowledge and attitude of urban and rural man on No-Scalpel Vasectomy can be conducted.

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