Research Article

A study about perceptions, attitude, and knowledge among men toward vasectomy in Bangalore rural population

Suwarna Madhukumar, MB Pavithra

Department of Community Medicine, MVJ Medical College and Research Hospital, Kolathur P.O., Hoskote, Bangalore, Karnataka, India.
Correspondence to: Suwarna Madhukumar, E-mail: suwarna.sj@gmail.com

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Abstract

Background: The National Family Welfare Program was launched in India in the year 1952. Although a range of contraceptive measures are provided by the Government at free of cost, women-oriented contraceptive measures only took the center stage and gained acceptance over the male contraceptive methods. Vasectomy (nonscalpel vasectomy) technique was introduced in India in 1992 to increase male participation in family planning. However, it has failed to get adequate momentum and to achieve its goal, despite being a simple and safe method. According to the National Family Health Survey (NFHS)-3, the current acceptance of nonscalpel vasectomy in India has decreased from 1.9% to 1% in NFHS-2.

Objective: To understand the perceptions and attitude in the rural men population.

Methods: This study is a community-based, cross-sectional study carried out in Nandagudi, where the Rural Health Training Center of MVJ Medical College and Research Hospital is located. The study was carried out from July 2014 to November 2014. The study population comprised all the men who were aged older than 20 years to 60 years. The study was done by interview technique using pretested and predesigned questionnaire. Data were collected and analyzed.

Results: Totally, 215 men were included in our study. Half (52%) of the study population belonged to 31 to 40 years age group while majority were Hindu (62%)and from socioeconomic statuses II and III. Of the married men, only one man had undergone vasectomy although 82% had heard about vasectomy; 17% men were willing to accept vasectomy as a choice of contraception after repeated counseling sessions. The reasons for nonacceptance were very much similar to other studies done previously.

Conclusion: The myths and the attitude of men toward vasectomy can only be changed by intensive IEC Information Education and Communication and health education. It should be enforced and reinforced.

KEY WORDS: Vasectomy, attitude, perceptions

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Introduction

The National Family Planning Program was launched in India in 1952. It began in few clinics and by distribution of IEC materials. This clinic approach later shifted to extensive education approach to motivate people to use small family norm. It was renamed in 1977 as Family Welfare Program. With changes in concepts from time to time and advances in

medical technologies, the program underwent a lot of strategic changes. Thus, there was a paradigm shift from clinic-based, target-oriented approach to target-free, client-centered, need-based, high-quality approach. A significant achievement of this program is decline in the fertility rate from 6.4 in 1950 to 2.6 in 2010.[1,2]

Over the years, the range of contraceptive methods has widened to cater to the different needs of the population. Nonscalpel vasectomy technique was introduced in 1992 with the objective to increase the male participation in contraception.[3]

The contraceptive use pattern has seen foremost changes during the last 30 years. From 1960 to 1977, family planning (vasectomy and condom) was mainly accepted by men, with proportion being always more than 50% of the total family planning acceptors. However, incidences of the extremes during emergency for promoting vasectomy resulted in impediment of the program. Women became the major acceptors of contraception with the introduction of new technology such as mini lap and laparoscopic sterilization. Since 1977–1978, tubectomy dominates the family planning scene. The contribution of vasectomy, which was once the most popular method, is less than 5% of the total sterilization cases every year.[4,5]

In India, the study of male role in family planning is still a neglected area. There is an immediate requirement to understand the level of knowledge and attitudes of men toward family planning and make them more responsible toward meeting their reproductive goals. Keeping this in mind, this study was undertaken to understand the knowledge, attitude, belief, and practices of men toward vasectomy.

Materials and Methods

A community-based, cross-sectional study was carried out in the field practice area of Rural Health Training Center of the Department of Community Medicine, MVJ Medical College and Research Hospital, Bangalore, Karnataka, India. The study was carried out from July 2014 to November 2014. The study population comprised all the men aged 20 years to 60 years in that area .House-to-house survey was done by interview technique using pretested and predesigned questionnaire by a team of trained social workers, interns, and medical officer.

Data were collected on sociodemographic information, awareness, and perceptions. Education and counseling sessions were conducted in batches to motivate and alleviate their fears and myths regarding vasectomy. Locked houses or the men who did not give the consent were not included in the study. The data were collected, compiled, and analyzed using statistical packages.

Results

About 215 men were interviewed and included in the study over a period of July 2014 to November 2014. Almost half of the men (52.09%) were aged 31 to 40 years. About 3.49% men who did not give consent for the study surprisingly were aged group 41 years and older. They were not included in the study population.

About 43% men had completed their graduation. Most of them (62%) were Hindu by religion. Two-third of the study population belonged to socioeconomic status (SES) classes II and III according to BG Prasad classification. As the study area is situated in rural Bangalore, one-third (39%) of the men were agriculturist.

About 72% of the men were married and almost half of their spouses (wife) were educated till 12th standard. The duration of married life was 5–10 years in 40% of the study population. Only 13% of the study population were newly married and were not having children.

Among all the available temporary family planning measures, almost all the study population knew about condom (99.5%), followed by oral contraceptive pills (83.26%). The knowledge about family planning measures was good in this study group. Methods such as safe period and injectable contraceptive were known to only to one-third of the study population. Among the permanent methods of contraception, that is, tubectomy and vasectomy, the awareness was almost the same: vasectomy 82.7% and tubectomy 92%. The information and the knowledge about the abovementioned family planning methods were obtained from various sources. Maximum was from radio/TV (87.9%) and least from print media (69.3%). Table 1 depicts the sociodemographic data of the study population.

In this study, it was seen that 82.7% of the study population had heard about vasectomy. But, only about 22% were ready to accept vasectomy as a contraceptive method. Of the total married men (n = 156), only one man had undergone vasectomy procedure. Of the 69 men who were married and not undergone any permanent method of contraception, only 12 (17.39%) men were willing to accept vasectomy as a method in future. Of the 178 men who knew about vasectomy, 50% of them believed that tubectomy is always a better choice of the permanent method [Table 2].

The reasons mentioned by the study population for not accepting ranged from majority expressing that it may cause weakness, which will prevent them from doing any hard manual agriculture work (72%), to fear of losing virility or libido (76%) [Table 3].

As seen in Table 4, there is no significant statistical association between age group and the vasectomy acceptance. But, the proportions were higher in age groups 20 to 40 years when compared with 40 years and older. The education of the study population showed an influence on the acceptance of vasectomy as a contraceptive measure (p = 0.0124). Religion and SES did not play a significant role. The proportion of acceptance was less in unskilled and unemployed compared with business and student population. It was found to be statistically significant.

Table 1: Sociodemographic profile of the study population

Sociodemographic profile	Number	Percentage
Age groups (years)		
20–30	69	32.09
31–40	112	52.09
41–50	21	9.77
51–60	13	6.05
Educational status		
SSC	14	6.51
PUC	76	35.35
Graduate	93	43.26
Postgraduate	32	14.88
Religion		
Hindu	134	62.33
Muslim	52	24.19
Christian	29	13.49
SES		
I	24	11.16
II	81	37.67
III	78	36.28
IV	32	14.88
Occupational status		
Unemployed	13	6.05
Unskilled	65	30.23
Business	32	14.88
Student	21	9.77
Marital status		
Married	156	72.56
Unmarried	48	22.33
Separated	11	5.12
Educational status of the spouse		
SSC	51	32.69
PUC	83	53.21
Graduate	21	13.46
Postgraduate	1	0.64
Duration of marriage		
Less than 1 year	21	13.46
1–5 years	41	26.28
5–10 years	63	40.38
>10 years	31	19.87
Awareness of family planning		
Condoms	214	99.53
OCP	179	83.26
CUT	151	70.23
Emergency pill	156	72.56
Vasectomy	178	82.79
Tubectomy	198	92.09
Safe period	81	37.67
Injectables	56	26.05

Discussion

Both men and women knowledge attitude and behavior should change to achieving a harmonious partnership among them. Men play a vital role in achieving gender equality because Indian society since ages is a male-dominant society.

This study addresses the knowledge, attitude, belief, and practices of rural men toward various aspects of contraception. Lack of involvement of men in family planning is a matter of concern. Previous researchers and studies show that men often dominate in taking important decisions in the family, including reproduction, family size, and contraceptive use.[5]

According to 2011 census, the population of India is 1.2 billion. The total fertility rate (TFR) is 2.5 in 2011. From 1951, the TFR is considerably reduced from 6 to 2.5 because of the efforts made by various government and nongovernment agencies.[1,4] The Ministry of Health and Family Welfare, Government of India, is promoting family planning program in our country. Under the purview of family planning, a range of contraceptive measures are provided for the beneficiaries, and all these are provided free of cost. These services are distributed through the various health systems at various levels. The women-centered contraceptive measures have gained popularity over years when compared with the male contraceptive methods.[12]

Despite trying to popularize and the safety of the male contraceptive methods, only 0.7% urban and 1% rural population uses vasectomy as a method of choice for contraception.[6] In this study, majority of the men possessed a good knowledge about the contraceptive methods. The awareness about vasectomy was also high (82%) compared with other studies such as Garg et al.[7] and Sood and Pahwa.[8] In our study, of the 146 eligible couples who have adopted permanent method of contraception, only one had undergone vasectomy despite 17% knew that vasectomy is a safer method than tubectomy. This also shows that there is large gap in knowledge and acceptance of vasectomy. It may be because of the myths and beliefs strongly associated with this procedure.

The false belief that vasectomy leads to loss of libido, weakness, and the fear of society were the main reasons found for nonacceptance in this study. These results were almost similar to the other studies.[9–11] Some of the other reasons reported were that women also prefer to undergo tubectomy than subjecting their husbands for vasectomy procedure. This may be the fear in the minds of wives about the various complications of the procedure.

This study also reveals that education and occupation do not play a significant role in the acceptance of this procedure as a choice of contraception.

Limitation and Strength of the Study

The current study is done in one field practice area of a tertiary-care hospital; hence, the results from this study cannot be generalized to the entire rural population. There may be variations in the results in different areas. It should have included the spouses of the married men as one the findings were that wives do not allow their men to undergo vasectomy. So, perception and beliefs in their mind also plays a significant role.

Table 2: Knowledge regarding vasectomy as contraception

	Yes	Percentage	No	Percentage	No response	Percentage
Heard about vasectomy (*n* = 215)	178	82.79	21	9.77	16	7.44
Acceptance of vasectomy as a male contraceptive method (*n* = 215)	47	21.86	168	78.14	0	0.00
Undergone vasectomy (*n* = 156)	1	0.64	155	99.4	0	
Willingness to accept this method (*n* = 69)	12	17.39	53	76.81	4	5.80
Vasectomy is better than tubectomy (*n* = 178)	32	17.98	89	50	57	32.02

Table 3: Reasons for nonacceptance of vasectomy as contraception

Reasons for nonacceptance	*N*	Percentage
No leave	63	36.63
Causes weakness, cannot do hard work	124	72.09
Reduces libido	132	76.74
Tubectomy is easier with less complication	112	65.12
Fear of society	93	54.07
Failure may bring bad name to family	78	45.35
Contraception in married partners is responsibility of wives	67	38.95
Wives wants to undergo tubectomy	53	30.81

However, when the difficulties pertaining to traditional taboo for men's talking about family planning are considered, this study provides important findings on factors affecting the acceptance of vasectomy among rural population in Bangalore.

Conclusion

The need of the hour is popularizing vasectomy and making it as a first choice of permanent method of contraception. It is an effective and a simple procedure with few complications, and one of the few available methods involving men directly. Extensive efforts by the health professionals have to be put on wiping out the beliefs and myths strongly associated with it. Better incentives should be provided to men adopting this method.

Involving mass media and distinguished men in the society and community leaders for this cause and to popularize this method would also play a vital role. Religious leaders can also make a considerable difference in their community.

Interpersonal communication and group counseling sessions designed specifically for information exchange,

Table 4: Association between sociodemographic variable and acceptance of vasectomy

Variable	Vasectomy acceptance					*P*
	Yes (*n* = 47)	Percentage	No (*n* = 168)	Percentage	Total	
Age groups (years)						
20–30	19	27.54	50	72.46	69	0.49
31–40	24	21.43	88	78.57	112	
41–50	3	14.29	18	85.71	21	
51–60	1	7.69	12	92.31	13	
Educational status						
SSC	1	7.14	13	92.86	14	0.01
PUC	12	15.79	64	84.21	76	
Graduate	23	24.73	70	75.27	93	
Postgraduate	11	34.38	21	65.63	32	
Religion						
Hindu	27	20.15	107	79.85	134	0.31
Muslim	11	21.15	41	78.85	52	
Christian	9	31.03	20	68.97	29	
SES						
I	5	20.83	19	79.17	24	0.66
II	18	22.22	63	77.78	81	
III	19	24.36	59	75.64	78	
IV	5	15.63	27	84.38	32	
Occupational status						
Unemployed	1	7.69	12	92.31	13	0.00001
Agriculturist	11	13.10	73	86.90	84	
Unskilled	6	9.23	59	90.77	65	
Business	17	53.13	15	46.88	32	
Student	12	57.14	9	42.86	21	

discussion, and alleviating their fear will play a vital role in changing the behavior of the society.

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References

1. National Rural Health Mission. *Family Welfare Statistics in India*. New Delhi: Statistics Division Ministry of Health and Family Welfare Government of India, 2011.
2. National Family Welfare statistics in India. *Section Survey Findings (NFHS, DLHS and Facility Survey)*. New Delhi: Ministry of Health and Family Welfare, Government of India, 2009.
3. Santhya KG. *Changing Family Planning Scenario in India: An Overview of the Recent Incidence*. New Delhi: Population Council, Vol. 17, 2003. pp. 1–44.
4. Office of the Registrar General and Census commissioner of India. Census Data, Population. 2011. Available at: http://www.censusindia.gov.in (last accessed on December 21, 2013).
5. *State Fact Sheet 2007–2008. District Level Household and Facility Survey (DLHS-3), 2007–2008*. Available at: http://www.rchiips.org/state-fact sheet-rch3html (last accessed on December 21, 2013).
6. Ross JA, Huber DH. Acceptance and prevalence of vasectomy in developing countries. Stud Fam Plann 1983;14:67–73.
7. Garg PK, Jain BK, Choudhary D, Chaurasia A, Pandey SD. Nonscalpel vasectomy as family planning method: A battle yet to be conquered. ISRN Urol 2013;2013:752174.
8. Sood A, Pahwa P. Vasectomy: A study of attitudes, beliefs, knowledge and practices among literate men in Punjab, India. Int J Reprod Contracept Obstet Gynecol 2014;3(2);418–23.
9. Dutta M, Kapilashrami MC, Tiwari VK. Knowledge, awareness and extent of male participation in key areas of reproductive and child health in an urban slum of Delhi. Health Popul Perspect Issues 2004;27:49–66.
10. Murthy SR, Rao MD. An analysis of factors influencing the acceptability of vasectomy in Andhra Pradesh. Health Popul Perspect Issues 2003;26:162–82.
11. Khan ME, Patel BC. *Male Involvement in Family Planning: A KAP Study in Agra District Uttar Pradesh*. New Delhi: Population Council, 1997.
12. Evaluation of family planning in health services. Report of a WHO Expert Committee. World Health Organ Tech Rep Ser 1975:1–67.

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