

# A Descriptive Study To assess the Knowledge Regarding Vasectomy among Male Age Group (30-50 Years)

Jeyasree, AR Bharathi\*

Department of Nursing, Bharath Institute of Higher Education and Research, Selaiyur, Chennai, Tamil Nadu, India

## Abstract

Vasectomy is a highly effective and safe contraceptive method for couples who want to stop childbearing. It has no side effects and, compared with female sterilization, is a less risky procedure, provides a quicker recovery period, and is incomparable in cost. Vasectomies are usually done to men who make a decision to no longer continue his biological family, believe or are told that other methods of contraception are unacceptable, do not want to pass down a hereditary illness or disability has a partner whose health would be threatened by a future pregnancy, has concerns along with his partner about the side effects of other methods of contraception, agrees with his partner agree that their family is complete, and no more children are wanted, wants to spare his partner the surgery and expense of tubal sterilization (sterilization for women is more complicated and more costly). Vasectomy is gradually being introduced and is considered as an important development among reproductive health (RH) program designers, policy makers, and population researchers for the overall reproductive well-being of couples globally. The study found that married men having average knowledge, positive attitude regarding vasectomy. The rural men had better knowledge regarding vasectomy as compared to their urban counterparts. The urban men have positive attitude towards vasectomy as compared rural men. The majority of the couples used tubectomy as permanent contraception.

**Key words:** Vasectomy • Permanent Contraception • Tubectomy • Reproductive Health

## Introduction

People throughout the world are becoming increasingly aware of and concerned about the steadily rising population and the inherent effect this will have on the quality of life and the delicate balance of nature man Continuous to seek for answers to the question of how a level of population can be maintained through reproduction that will not exploit the environment [1-3].

The united nation conference on human rights in 1968 recognized Family planning as a basic human right the 1974 conference on world population Endorsed the same view and stated in its " plan of action " that all couples and Individual have the basic human right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to dose.

Vasectomy is a surgical procedure for male sterilization and (or) permanent birth control. During the procedure, the male vasectomy are severed and then tied sealed in a manner so as to prevent sperm from entering into the seminal stream (ejaculate) and thereby prevent fertilization from occurring, vasectomies are usually performed in a physician's office, medical clinic, (or) when performed on an animal, in a veterinary clinic hospitalization is not normally required as the procedure is not complicated, the incisions small and the necessary equipment routine. Due to the simplicity of the surgery, a vasectomy usually takes less than 30 minutes to complete [4-5]. After a short recovery at the doctor's office (usually less than an hour) the patient is send home to rest. Because the Procedure is minimally invasive, many vasectomy patient find that they can Resume their typical sexual behaviour within a week, and so with little or no discomfort. It is permanent birth control the first use 1899 (experimental from 1785). Most surveys following vasectomy show sexual desire and satisfaction Levels remaining at the same level or greater (without risk of pregnancy) and overall most men being content with their decision to have a vasectomy. Approximately 90% are generally reported in reviews as being satisfied with having had a vasectomy, while between 7-10% of men

regret their decision most survey frame questions as to " satisfied " (or)" not satisfied " and do not provide for ambiguous, ambivalent or complex emotion, which may exist alongside " overall satisfaction" with vasectomy.

Vasectomy is the most effective (99.85%) birth control method only 1 to 2 women out of 1,000 will have an unplanned pregnancy in the first year after their partners have had a vasectomy. In nearly every way that vasectomy can be compared to tubal ligation it has a more positive outlook. Men with vasectomies have a very small [nearly zero] chance of successfully impregnating a women, but a vasectomy has no effect on rates of sexually transmitted infections (6).

Vasectomy is most cost effective, less invasive, has techniques that are emerging that may facilitate easier reversal, and has a much lower risk of post-operative complication. Despite this in the united states vasectomy is utilized at less than half the rate of the alternative female "tubal ligation" according to the research ; Vasectomy is least utilized among black and latino populations the US group that have the highest rates of female sterilization (7).

New Zealand, in contrast to the US has higher levels of vasectomy than tubal ligation uptake 18% of all men and 25% of all married men have had a vasectomy. The age cannot with the highest level of vasectomy was 40-49 where 57% of men had taken it UK. Canada, the UK, Bhutan and the Netherlands all have similar levels of up take. Health problem. Here so much of male persons do not know what is vasectomy they do not know about any family planning methods and their family size also increased. So we planned to do the project as knowledge on vasectomy (8).

## Materials and Methods

Quantitative research approach was uses in this project. Descriptive design was adapted for the study. The study was conducted in Government Hospital, Guindy West with comprises of 100 male Population [30-50 years]. The sample size was 100 male persons.

This chapter describe the analysis of numerical data collected by the study instruments and their meaning and relevance.

The data was collected form 100 people (male only age group 30-50 years) and analyzed according to objectives of the study. The findings of the study were organized and presented under the following headings.

SECTION I: Demographic variables of men.

SECTION II: Assessment of knowledge on vasectomy.

\*Address for Correspondence: AR Bharathi, Department of Nursing, Bharath Institute of Higher Education and Research, Selaiyur, Chennai, Tamil Nadu, India. E-mail: bharathiar.75@gmail.com

**Copyright:** © 2021 AR Bharathi. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

## Result and Discussion

To assess the knowledge of 100 male population regarding vasectomy. The investigator has drawn the following implications from the study which is vital concern for nursing services, nursing education nursing? Administration and nursing research (Table 1).

Figure 1 reveals that 30% of the people had adequate knowledge, 20% of the people had moderately adequate knowledge, and 50% had inadequate knowledge regarding vasectomy.

Vasectomy is the most effective (99.85%) birth control method only 1 to 2 women out of 1,000 will have an unplanned pregnancy in the first year after their partners have had a vasectomy. In nearly every way that vasectomy can be compared to tubal ligation it has a more positive outlook. Men with vasectomies have a very small [nearly zero] chance of successfully impregnating women, but a vasectomy has no effect on rates of sexually transmitted infections.

Vasectomy is most cost effective, less invasive, has techniques that are emerging that may facilitate easier reversal, and has a much lower risk of post-operative complication. Despite this in the united states vasectomy is utilized at less than half the rate of the alternative female "tubal ligation" according to the research ; Vasectomy is least utilized among black and latino populations the US group that have the highest rates of female sterilization. New Zealand, in contrast to the US has higher levels of vasectomy than tubal ligation uptake 18% of all men and 25% of all married men have had a vasectomy. The age cannot with the highest level of vasectomy was 40-49 where 57% of men had taken it UK. Canada, the UK, Bhutan and the Netherlands all have similar levels of up take.

Vasectomy is one of the highly effective and non-reversible types of long-term family planning methods for men. Ethiopia has a limited number of studies on the use of vasectomy, and they are focused on men rather than married men. The current study was aimed to identify the intention to use vasectomy as a method of contraception among married men in the study setting.

Cultural beliefs and societal norms influenced the acceptability of vasectomy to a greater extent. This is consistent with the belief systems of a country that has strong cultural beliefs and practices. The findings demonstrate uniformity of belief where male vasectomy is concerned. The research found that, regardless of the variations in the level of education, age, and marital status of the participants, there was consistency of thought about vasectomy among all of them, which led to low acceptance.

## Conclusion

The study conducted that 35% of the people had inadequate knowledge, 35% had moderately adequate knowledge and 30% had adequate knowledge regarding vasectomy.

## Funding

No funding sources.

## Ethical Approval

The study was approved by the Institutional Ethics Committee

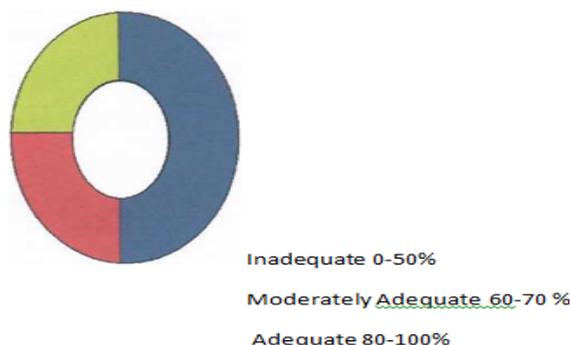


Figure 1. Distribution of level of knowledge regarding vasectomy.

Table 1: Distribution of Level of Knowledge Regarding Vasectomy

Demographic data	Frequency (%)
<b>Age (Years)</b>	
31-35	35%
36-40	18%
41-45	28%
46-50	19%
<b>Educational status</b>	
Illiterate	16%
Primary education	7%
Secondary education	29%
Higher secondary	22%
Under graduate	21%
Post graduate	5%
<b>Income</b>	
5,000-10,000	49%
10,001-20,000	38%
Above 20,000	13%

---

## Conflict of Interest

The authors declare no conflict of interest.

---

## Acknowledgments

The encouragement and support from Bharath Institute of Higher Education and Research, Chennai, Tamil Nadu, India is gratefully acknowledged for providing the laboratory facilities to carry out the research work.

---

## References

1. Chang, Yi-Huei, Po-Jen Hsiao and Guang-Heng Chen, et al. "Economic fluctuation affects vasectomy utilization: A single-institution study." *Urol Sci* 26 (2015): 214-217.
2. Polit, FD and Hungler PB. "Nursing research, principals and methods, 6th Edn Philadelphia (US): Lippincott" 231-235
3. Edwards IS and Farlow JL. "Non-motile sperms persisting after vasectomy: Do they Matter?" *Br Med J* 1 (1979): 1019.
4. Haldar, N, Cranston D, Turner E and MacKenzie I et al. "How reliable is a vasectomy? Long-term follow-up of vasectomisedmen." *Lancet* 356 (2000): 43-49.
5. Dayanand G, Nanakshi, Sakun Singh and Chandani Baruwal. "An assessment of knowledge and attitude of vasectomy in adult males: A cross sectional study from Pokhara, Western Nepal" *Med Sci* 2 (2014): 164-170.
6. Alex, T, Okari Bimbo H, Akintola Sade and Tosin V. "An assessment of the knowledge and attitude of men towards vasectomy as a method of family planning in Okada community, Edo state," *African J Nurs Midwifery* 2 (2015): 131-138.
7. Pranchi R, Das GS, Ankur B, and Shipra J, et al. "A study of knowledge, attitude and practice of family planning among the women of reproductive age group in Sikkim." *Religion* 35 (2008): 34.
8. Gayathry D, Ramana BV, Rao V. "A study on assessment of knowledge towards family planning practice among the couples of reproductive age group in the field practice area of Prathima institute of medical science, Karimnagar." *Int J Community Med Public Health* 4 (2017): 3740.

**How to cite this article:** Bharathi AR. "A Descriptive Study To assess the Knowledge Regarding Vasectomy among Male Age Group (30-50Years)". *Adv Practice Nurs* 6 (2021): 210.