Vasectomy: Safe and Underutilized Method of Family Planning-Men's Perspective

By

Kritika

Dissertation submitted for the partial fulfillment of the
MBA Hospital and Health Management

Academic year, 2016-2018

The IIHMR University, Jaipur

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INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMSOEVER MAY CONCERN

This is to certify that Kritika student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at CARE India, Bihar from February 5th, 2018 to May 8th, 2018.

The Candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish her all success in all his future endeavors.

Col. (Dr.) Ashok kaushik
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The certificate is awarded to

Kritika

In recognition of having successfully completed her
Internship in the department of

Bihar Technical Support Program,

and has successfully completed her Project on

VASECTOMY: SAFE AND UNDERUTILIZED METHOD OF FAMILY PLANNING-
Men's perspective in Saharsa, Bihar.

Date: 08.05.2018

Care India

She comes across as a committed, sincere & diligent person who has a strong drive and zeal for learning

We wish her all the best for future endeavors

Deputy Director-Human Resources

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Reference: Dissertation /10/05/2018

Dissertation Completion Certificate

Certified that Ms. Kritika, pursuing Master of Business Administration in Hospital and Health Management from IIHMR University, Jaipur was placed at CARE India during 5th February to 10th May`2018 for academic dissertation. She was placed in Saharsa District under Bihar Technical Support Program, as a District Technical Officer- Outreach and Nutrition.

During dissertation, she has met the necessary requirement and worked closely with the programme implementation team. She has been found to be sincere and dedicated towards the responsibilities bestowed on her.

We wish to see her well stationed in life with bright future ahead.

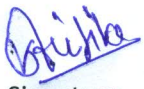
Regards

Dr. Anup G Nair
Deputy Director HR & OD.

IIHMR UNIVERSITY

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation **on VASECTOMY: SAFE AND UNDERUTILIZED METHOD OF FAMILY PLANNNG-MEN'S PERSPECTIVE**, submitted by **KRITIKA** Enrollment No- **IIHMR-U/01/2016-18/0436** under the supervision of **DR. NUTAN.P.JAIN** for award of MBA in Hospital and Health of the University carried out during the period from **5TH FEBRUARY 2018** to **8 th MAY 2018** embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.



Signature

ABSTRACT

STUDY TITLE: Vasectomy: Underutilized and safe method of family planning – Men's Perspectives.

Author name: Kritika

Background:

Vasectomy is a safe method of family planning which remains underutilized. Although vasectomy is simpler to perform, less invasive, safer and more cost effective than female sterilization, the number of vasectomies as compared to tubectomies is negligible. The current study aimed to analyze the critical factors determining underutilization of Vasectomy (NSV) by men's in rural areas of district Saharsa, Bihar. In Bihar state the NFHS 4 reported zero vasectomy also the contraceptive prevalence rate has gone down from 34.1 (NFHS 3) to 24.1 (NFHS 4) for any method while from 28.9 (NFHS 3) to 23.3 (NFHS 4) per cent for any modern method.

Objectives:

1.To study knowledge, perception and practices of vasectomy among married men in Saharsa, Bihar.

2. To identify myths of men towards vasectomy.

3. To suggest ways to increase vasectomy prevalence

Methods:

This was a cross-sectional descriptive study conducted in two blocks of Saharsa district of Bihar. The study population was selected by using a systematic random sampling. Two hundred non-sterilized married men were selected and parameter like age group, socio economic background, religion and number of children, etc. were considered. A sample of non-sterilized married men were interviewed using structured questionnaire.

Results:

Out of 200 respondents, more than half (62%)of respondent have heard of vasectomy as a method of permanent contraception. And rest of respondent not heard about it. About 61 per cent respondents opined that Family planning is only the responsibility of women. Two-fifths (40%) shared that they feel embarrassed if they think of vasectomy. 15 per cent believed that religion puts constraint that and that demotivate for adapting NSV. About 36 per cent respondents shared that community affects the decision for NSV.

Conclusion:

Family planning is the responsibility of women which is a typical patriarchal mindset. Men are decision makers, but they feel embarrassment if they think of vasectomy; religion and community also influence the decision. There are misconceptions and stigma attached with vasectomy. Cultural factors are also responsible for perceptions towards vasectomy because masculinity is valued in the society and somehow vasectomy is considered anti-masculine.

Acknowledgement

Keeping up with the tradition of torch bearer of nation, i would like to express my special gratitude and appreciation to CARE Patna and all those who gave us the possibility to complete this report.

A special thanks to our project coordinators Dr. Rohit Raina (District team leader) and Mr. Mirazudin Ansari (District monitoring officer) who despite of other pre-occupations and busy schedule was there to guide me in my training.

I owe my sincere gratitude and humbleness to my respected mentor Dr. Nutan. Jain (Assistant Professor) for their able guidance and useful suggestions ,which helped me in completing the project work .I would also like thanks my institute and faculty members without whom this project would have been a distant reality.

At last I would like to thank all the ASHA workers under PHC simri and Sonbarsa and all the respondents of my study for co-operating with me and for giving their valuable time from their busy schedule.

Kritika

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Abbreviations:

AIDS - Acquired Immunodeficiency Syndrome

BTL - Bilateral Tubal ligation

CSSM - Child Survival and safe Motherhood

DHS - Demographic Health Survey

DLHS - District Level Household and Facility Survey

EPW - Economic and Political Weekly

FP - Family Planning

GoI - Government of India

HIV - Human Immunodeficiency Virus

ICPD - International Conference on Population and Development

IIPS - International Institute of Population Sciences

MOHFW - Ministry of Health and family Welfare

NFHS - National Family Health Survey

NPP - National Population Policy

NSV - Non-scalpel vasectomy

RCH - Reproductive and Child Health

2.1 Introduction: -

India's population has crossed 1.21 billion marks as per the latest census report (Census of India 2011). It (1,21,05,69,573) ranks second to china (1,347,350,000) and comprises of around 17% of the world's population. It has been estimated that India will surpass China's population size in 2022 to become the world's most populous country in the world (United Nations, 2015). Overpopulation or population explosion can impact the health of individuals and also have adverse impact of the natural environment. It can lead to problems such as shortage of food, more pressure on limited land, living in unsanitary and unhygienic conditions. There are many social problems which can crop up due to increase in the population like migration, poverty and unemployment. People migrate from rural areas to urban areas leading to rapid increase in slums. Population explosion also will have adverse effect on climate with increase in the carbon-dioxide production into the environment. There will be indiscriminate use of limited natural resources.

2.1.1 Family Planning Programme in India:

Adoption of family planning methods is one of the best solutions to tackle the problem of overpopulation. According to Word Health Organization, family planning is a method which allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. After independence, Family Planning Association of India was established in 1949 to put forward emphasis on small family size and to increase contraceptive utilization. India is the first country in the world to formulate the national family planning program in 1952. In the fifties, the healthcare providers provided information to those who came to them for treatment. Outreach activities were poor. Majority of the population who could not access the health care facilities were left out from being aware about family planning programs. Till the end of 1950's integrated maternal and child health care, and family planning services were

available to those who were aware, had access and could afford the services of physicians.

In the sixties, Lippe's loop was introduced as a method for birth spacing. Due to the rapid population growth in 1961, Department of Family Planning was formed. In the 1960s sterilization remained the predominant method of family planning. Efforts were made to popularize vasectomy using a camp approach. Tubectomy services remained in hospital settings. Awareness regarding Lippe's loop for effective birth spacing was given to the women. But because of poor infrastructure and lack of follow up services, this method remained unsuccessful.

In 1970s the government gave top most priority to family planning programmes. During the dark days in the history of India - 21- month Emergency period, massive male sterilization drive took place in 1975-77 where around eight million people were sterilized. During this time, Vasectomies were conducted more than tubectomies. The coercive approach used to promote vasectomy during the Emergency period resulted in a backlash against vasectomy across the country and the method did not gain popularity thereafter. In late 1970's, the name Family Planning was changed to family welfare Programme. The vertical programmed were shifted to and integrated approach with maternal and child health programs. Target approach was shifted to welfare approach.

The Alma Ata declaration in 1978, emphasized on reducing inequality in health and strengthening of primary health care to attain Health for All. Family welfare services were provided to give the individuals informed choice, by creating awareness at the primary health care level. Wider choices were given to individuals to choose the best method of family planning for them. It is believed that the forceful approach during the tenure of late Smt. Indira Gandhi and false promises given for men to undergo vasectomy has led to the fall of congress in next elections. This is the reason why government is more cautious in implementing the programs of family planning involving men. Health workers also fear in talking to men about vasectomy because of being mishandled in the patriarchal society.

The ICPD conference held at Cairo (1994), provided recognition to reproductive health and right of an individual. In 1997, the RCH program was launched. It included the components of previous Child Survival and Safe motherhood Programme (CSSM) and National family welfare Programme. In 2000, National population Policy (NPP) was adopted to stabilize the population of the country by 2045. In 2007, RCH II began to strengthen health infrastructure, emergency obstetric care and improving indicators by innovative schemes to provide safe institutional deliveries.

2.1.2 Types of contraceptives used in India:

In India, according to DLHS3 report, only 54 percent of married women are users of contraceptive method out of which majority use modern method. Very few couple still go for traditional method of spacing or limiting the number of children. Female sterilization is the most common modern method used by couples (Figure 1.1). Sterilization deaths are a preventable tragedy which occurs due to poor quality of care. According to National Family Health Survey (NFHS-4 Survey 2015-2016 the unmet need for FP was 12.9% for India (IIPS, 2015-16)[i]. Usually younger women want contraceptives for birth spacing whereas the older women want it for limiting the children.

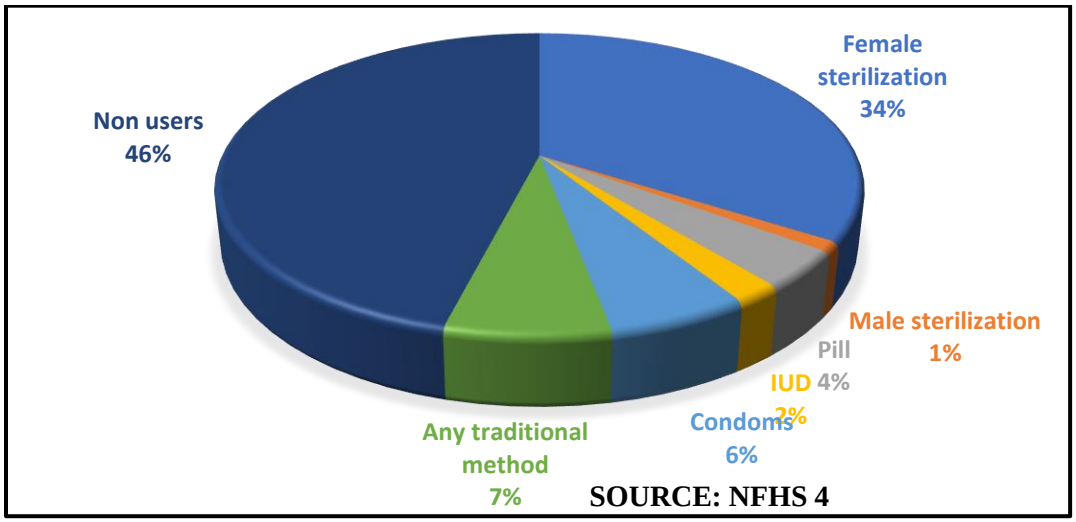

Figure 1: Per cent distribution of contraceptives used in India

Table 1 . Current Use of Family Planning Methods (currently married women age 15–49 years) in Bihar

	CPR
Any method	24.1
Any modern method	23.3
Female sterilization	20.7
Male sterilization	0.0
IUD/PPIUD	0.5
Pill	10.8
Condom	1.0

2.1.3 Male sterilization (Vasectomy) in India:

In India, the prevalence of vasectomy utilization varies from state to state. Sikkim is the only state in India where in 2008-09 the number of vasectomies were more than the number of tubectomies performed and where the utilization of vasectomies is still higher as compared to other states. But utilization of vasectomies decreased over the time. The NFHS4 data released shows that the contraceptive utilization has further gone down and unmet (See Table 1) need of contraceptives have increased in some states. Male sterilization figures fall further. In Sikkim where once, male sterilization was one of the best in the country has shown a decline from 4.5 in NFHS3 (2005-06) to 3.4 in NFHS4 (2015-16). As per the DLHS report of Bihar state the unmet need for limiting has gone up from 36% in DLHS3 (2007-08) to 37% in DLHS4 (2012-13). Similar trend was found in the percentage of vasectomies to total sterilizations in Bihar, where it decreased from 7.01% in 2008-09 to 3.4% in 2012-13 (The data is sourced from HMIS portal Status as on 24th Sept- 2013).

Table 2 Sterilization rate of India and Bihar

	NFHS 1(1992-93)		NFHS 2 (1998-99)		NFHS 3 (2005-06)		NFHS 4 (2015-16)	
	Vasectomy	Tubectomy	Vasectomy	Tubectomy	Vasectomy	Tubectomy	Vasectomy	Tubectomy
India	3.5	26.8	3.66	66.4	1.87	61.9	0.3	38.0
Bihar	NA*	NA*	1.0%	18.5	0.6	23.8	0.0	20.7

*Not available

2.2 Literature review: -

1.An analysis of factors influencing the acceptability of vasectomy in Andhra Pradesh:-

S. Ram Murthy and M. Dharma Rao et al. (2003) studied about the reason behind the high performance of vasectomy only in some district of Andhra Pradesh and the strategies be adopted to popularize the method. It is based on primary data and the state was divided in to vasectomy performance High, Medium and Low. Data was collected by using structural questionnaire. Nearly 50% of respondent in the high-performance district expressed that they preferred vasectomy to female sterilization b/c of their concern their wives suffering from one or other type of reproductive health problem. More than one- fifth of the respondent in the same district they preferred vasectomy b/c it is a simple method.

On analyzing the perception of acceptors, it was found that the misconception were for less in the high performing district. This may be due to better IEC initiatives, which was one of the key factors responsible for high acceptance of male sterilization.

Successful experience of high performer district should be highlighted through mass media particularly in the vernacular Press and Television medium because of their large influence and wide reach.

2.Denial Mode for Vasectomy among Married Men in Central India: Causes and Suggested Strategies

Ajeet Saoji, Raghvendra Gumashta[*], Shilpa Hajare and Jaydeep Nayse A study in Nagpur found a positive association between knowledge of vasectomy and level of education as well as occupation among married men(Saoji et al). Lack of awareness of vasectomy and it's benefits and the work disturbance to men explains the low vasectomy rate (Bathulaet al , 2013).

3.Male participation in acceptance of family planning methods

Samarjeet Kaur, Arun Kumar Srivastava, Dinesh Singh Martolia, Tanu Madhu They did cross sectional study involved one urban slum of Kanpur selected by simple random sampling technique. All the 185 eligible couples residing in the study area were interviewed after obtaining

the informed consent. A pre-designed and pre tested questionnaire was used as the study tool. This study shows that out of 185 respondents, Women had greater knowledge of OCPs (97.9%) and Copper T(86.2%) as compared to men who knew barrier methods(97.8%). Vasectomy was the least preferred

method of family planning (2.2%) among males. Husband (73%) was the decision maker for adoption of family planning methods. in majority of the households. The decision regarding number of children was made by husband in most of cases (48.1%) followed by in laws (43.2%).

4.Barriers and facilitators affecting vasectomy acceptability (a multi stage study in a sample from north eastern of Iran) 2005-2007[ii]:-

Afsaneh Keramat et al. (2005-2007) studied the prevalence of vasectomies is lower in developing countries. This study was carried out in three stages In the first stage they assessed the number and characteristics of couples who choose this method. The second stage was a case-control study. The case group included couples who underwent the vasectomy procedure during the study period and the study controls included couples with at least one child that received other contraceptive methods. In third stage of study they aimed to evaluate the knowledge and attitude of those who did not choose to have a vasectomy as their contraception method by interviewing wome of the control group. Data collected for this part of the study included filling in questionnaires through personal interviews.

They found positive associations between male and female educational levels and choosing to have a vasectomy. Majority of women thought that their husbands would prefer to have a tubectomy to a vasectomy. There was an increasing trend towards acceptance of vasectomy during the study period . Culture and community aspects influence the ability and willingness of men to obtain a vasectomy. The necessity for both couples to participate in educational programs about the vasectomy procedure.

5.Nonscalpel Vasectomy as Family Planning Method: A Battle Yet to Be Conquered[iii]:-

Pankaj Kumar Garg et al, conducted a study in Delhi to get insight into apathy of men towards NSV. They did a cross sectional study on married men (18-50 years) not sterilized previously and have at least one child. They did a purposive sampling by taking the healthy male attendant in the required age group of the patients admitted in the hospital setting. This study also shows that 9 out of 10 respondents believed the importance of men's involvement for family planning. 68% men approved male sterilization as a possible method of family planning. However, only half of them were willing to undergo vasectomy.

6.Vasectomy: a study of attitudes, beliefs, knowledge and practices among literate men

Aditya Sood, Parika Pahwa, They did cross sectional descriptive study was carried out in three districts of Punjab. Literate married and unmarried men of age group 18-60 years with education qualification above 10^{th} standard were included in the study. A total of 225 males, 75 from each district irrespective of caste, religion or socioeconomic status were selected by random sampling method. This study shows that 0% respondents had heard about vasectomy. 42% accepted it as a male contraceptive method but only 11% said that they would like to undergo the procedure in future. The primary reason simpler procedure therefore their partners should undergo sterilization instead. 52% feared failure of the procedure and the bad name it would bring to the family; if partner gets pregnant.

2.3Rationale of Study:

According to Govt of Bihar data for Saharsa district Tubectomy rate was 3.4 while vasectomy was 0.4 only. There is a need to study the factors responsible for opting for sterilization and more specially Vasectomy. Therefore, there is a need to study the factors from the men's perspective who will be the direct beneficiary.

2.4. Research question:

What is the knowledge, perceptions and practices of non-sterilized married man towards vasectomy?

2.5. Objectives:

The objectives of the study are:

1.To study knowledge, perceptions and practices of vasectomy among non-sterilized married men in Saharsa, Bihar

2.To identify myths of men towards vasectomy.

3.To suggest ways to increase vasectomy prevalence.

2.6. Methodology:

2.6.1. Study design: -

- The research study design will be of descriptive cross -sectional study.
- Qualitative questionnaire was developed for the study groups.
- Analysis was done with percentage.

2.6.2. Study area: -

- **Selection of the District: -**

- The study was carried out in two blocks of Saharsa district, Bihar. The selection of Block is done on the basis of averages of different blocks regarding adoption of NSV and accordingly the blocks were categorized as high performing and low performing (according to HMIS 2017-18).

High performing block: - Simri bakthiyarpur

Low performing block: - Sonbarsa

2.6.3. Study population: -

- The study population consists of Eligible couple within the age group of 18-49 available at the time of data collection.

2.6.4. Sample and sample design: -

- Multi stage sampling is used.
- Firstly, stratified random sampling is done.
- In district, The Study population is divided in to two strata.

i) High performance for NSV.

ii) Low performance for NSV.

2.6.5. Selection of the Units: -

❖ **For each block:-**

- One PHC'S were selected on the basis of their previous year performance according to high and low in NSV respectively from district.

- Two sub-centers were selected from each PHC'S respectively through lottery method. Systematic random sampling was done in the sub center level and one male for every third house was selected as a sample till 100samples are reached.

  - There are total 29 HSC in Simri bakthiyarpur block and 24 HSC in Sonbarsa block.
  - Out of 29 HSC in simri bakthiyarpur 5 AWC'S selected and in Sonbarsa out of 24 HSC 5 AWC'S selected respectively.

- Hence 5 household,5AWC'S,2 health sub centres,2 blocks contributes to total of 200 sample size.

Inclusion criteria:

1. Men's of age group (18-49) yrs.
2. Non-sterilized married men.

Exclusion criteria:

1. Man's age group below 18 yrs. and above 49 yrs.
2. Sterilized married man .

2.6.6. Sample size: -

The total sample size is 200(100 from each Block).

2.6.7. Data collection tools and techniques: -

- A semi structured questionnaire will be formed.
- It will be pretested and modified if required.
- The data will be analysed through MS-Excel 2016 prior to conclusion.
- Secondary data taken from District health society(DHS) Saharsa and respective district centres.
- There are 28 questions in each questionnaire.

2.6.8. Data Analysis: -

Quantitative data was analyzed using MS-EXCEL 2016.Codes were prepared appropriately, and data entered accordingly.

2.6.9. Ethical Consideration: -

Written informed consent was taken from all respondents. The researcher was introduced to the villages by the ASHA worker and Anganwadi workers. A brief explanation of the

purpose of the study and the method of data collection was given to all participants. Privacy will be maintained during data collection.

7. Findings:

7.1 Socio-demographic characteristics:

7.1.1 Individual socio-demographic profile:

Table 3 Distribution of respondents by Individual Characteristics (n=200)

Characteristic/Category	**Number**	**Percentage**
Age (years)		
19-30	33	15
30-35	80	38
36-40	63	30
>40	35	16
Religion		
Hindu	129	61
Muslim	70	33
Others	11	5
Educational Status		
Illiterate	25	11
Primary level	63	30
Secondary level	89	42
Higher Secondary level	18	8
Graduation level	15	7
Years Monthly Income (Rs.)		

0-10000	101	48
10001-20000	76	36
20001-30000	20	9
30001-40000	12	5
40001-50000	1	0
Employment Sector		
Unorganized	143	68
Organized	37	17
Unemployed	30	14
Native Place		
Bihar	192	91
UP	7	3
OTHERS	12	5

The characteristics considered includes age, religion, educational status, native place, monthly income and occupation.

As can be seen from Table 3.. More than one -fourth of the respondents are from the age group of 30 to 35 years of age. All the respondents were married and none of them were divorced or widower or separated from wife. More than two-third (61 per cent) of the respondents were Hindus. Only 33.7 percent were Muslims. Rest of the respondents were Buddhist and Christian. Mostly people were educated but 11.6 per cent were without formal education. Majority of the respondents were educated till secondary level. An approximately equal percentage of men were educated up to the primary level (30%) and higher secondary level (8%). A very small proportion of respondents were graduate or postgraduate. Mean monthly individual income of the respondents is Rs. 12,429/-. Almost half of the respondents fall in the income category of less than or equal to Rs.10000/- per month and 92.6% were having monthly income below Rs. 20,000/-.

More than half of the respondents were migrants; 91 per cent respondents were from Saharsa. Many people from different district of Bihar also have migrated from their villages in

search of jobs to Saharsa After Saharsa, 5 per cent people were from Uttar Pradesh. Others were from Bihar, Madhya Pradesh, Jharkhand, Karnataka, Gujarat, Uttarakhand and West Bengal.

7.2. Knowledge and Awareness regarding Male Sterilization.

Table 4 Distribution of respondents by their knowledge regarding vasectomy (n=200)

Item No.	Particulars		Numbers	Percentage
1	Heard about Any Family planning	Yes	174	87
2	Know the various type of sterilization	Yes	118	59
3	Knowledge about male sterilization	Yes	126	63
4	Where It should be done	Only Hospital	115	57.5
		Only Camp	5	2.5
		Both Hospital & Camp	7	3.5
5	Need of Male Sterilization	Family Planning	122	61
6	Know about incentives	Yes	55	27.5
7	Attend any NSV camp	Yes	32	16

Majority of respondent heard about family planning, apart from that 62% aware about vasectomy. So out of 126 respondents,20.3 per cent are having knowledge where vasectomy is conducted.

Besides that, 28 per cent respondents have knowledge where vasectomy should be done or conducted.

7.3. Perception of males towards NSV:

Table 5 Distribution of respondents by their perception regarding vasectomy

Item No.	Particulars		Numbers	Percentage
1	Satisfied your current family size	Yes	103	51.5
2	Desired time for sterilization	After 1st child	9	4.5
		After 2nd child	119	59.5
		≥ 3rd child	20	10
		Never	52	26
3	Sole decision regarding family planning	Male	68	34
		Female	20	10
		Both male & female	66	33
4	Who should get sterilized	Male	52	26
		Female	133	66.5
5	Family planning is only the responsibility of women	Yes	101	50.5
6	Favor of male sterilization	Yes	63	31.5
7	After NSV, become physically weak	Yes	90	45
8	After NSV, weak sexual relationship with your wife	Yes	84	42

About 52 per cent respondents are satisfied with their current family size and 60 per cent are willingness for opting sterilization after having 2nd child. Majority of respondents said that

family planning is only the responsibility of women and 34 per cent respondents responded that he(self) is the sole decision making of family planning practices.

7.4. **Identify and Addressed the types of barriers for choosing NSV:**

Table 6. Distribution of respondents To Identify and Addressed the types of barriers for choosing NSV.

Item No.	**Particulars**		**Numbers**	**Percentage**
1	Use of condom stopped, just after sterilization	Yes	11	5.5
2	When condom stopped, after sterilization	After 1 month	12	6
		After 2 month	8	4
		After 3 month	30	8
3	Feel embarrassment when think about NSV	Yes	89	44.5
4	NSV is a safe method	Yes	65	32.5
5	Pressures from peer's group for discouraging NSV	Yes	87	43.5
6	Any religious constraints that demotivate you to adapt NSV	Yes	29	14.5
7	Community affects your decision for NSV	Yes	71	35.5

Item No.	**Particulars**		**Numbers**	**Percentage**

8	Any facility for NSV at nearby hospital/Institution	Yes	115	57.5
9	Any reason regarding facility available in nearby institution for not adapting NSV	Yes	38	19

7.5. Data Analysis on the basis of objective of the study:

7.5.1. Knowledge about vasectomy among study population

1. Awareness about vasectomy(N=200): -

Out of 200 respondents, more than half (62%) of respondent heard about vasectomy and one-third of respondent not aware of vasectomy and 4 per cent were not clear their views.

2. **Sources of information: -**

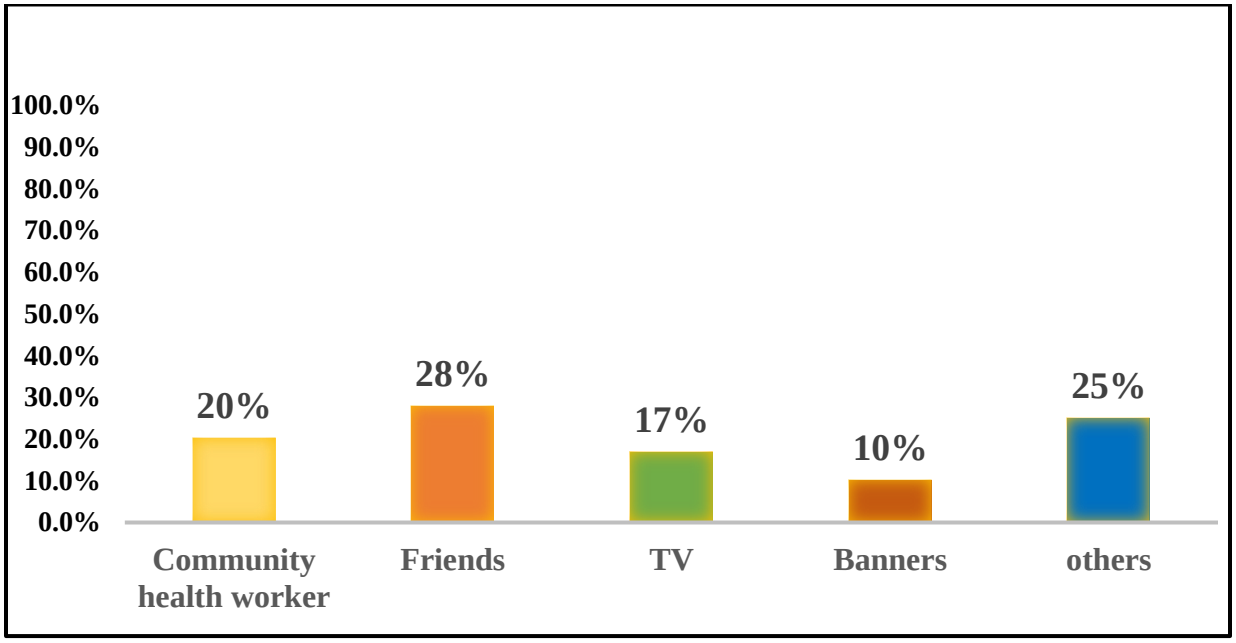

Figure 1 Per cent distribution of respondent by sources of information(n=126)

Out of 126 respondents, majority of them get to know about vasectomy from community health workers, 28 per cent get to know from their friend. only 17 per cent get to know about vasectomy from TV advertisement and rest from other sources.

3. Knowledge about the place where vasectomy is done(n=126)

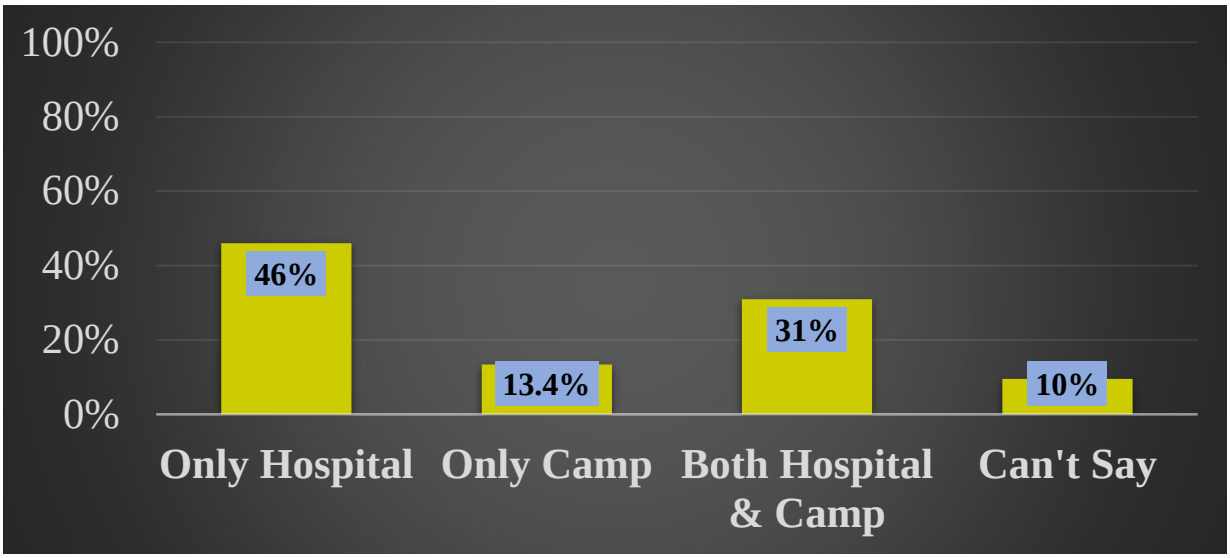

Figure 2. Per cent distribution of respondents by their Knowledge about the place where vasectomy is done.

Majority of men had knowledge about where the vasectomy procedure is done. Mostly they said that it is done in government hospital. Around 9.5 per cent of the individual does not know where vasectomy is done. The respondents who said that in both government and private hospital one can get vasectomy done is 30.9 per cent.

4. Knowledge about incentives(n=126).

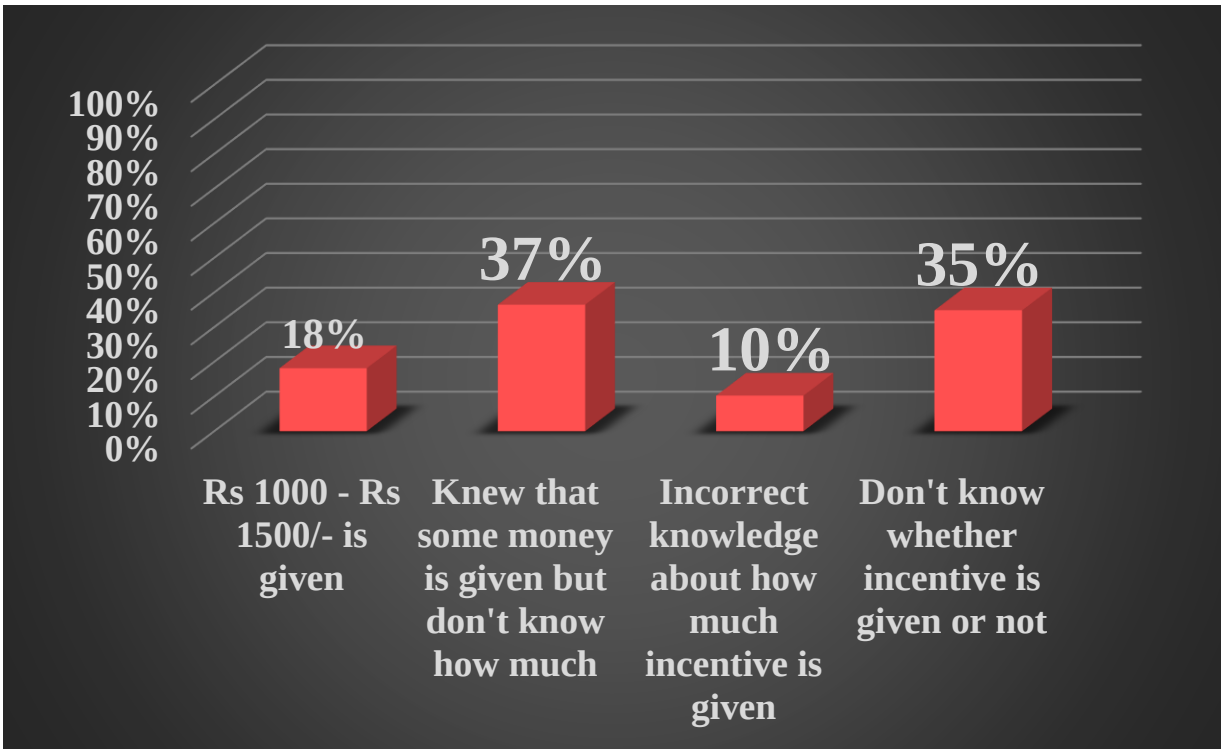

Figure 3. Per cent distribution of respondents by their knowledge about incentives

Out of 126 respondents, 57 respondents (44.3 %) either don't know or have incorrect knowledge about the incentives given for undergoing vasectomy. Only 82 men said that the government give monetary benefits to the married men who undergoes vasectomy.

Now, out of those who knew that monetary gain is there after vasectomy, more than half of them had no idea how much money is given to them after undergoing the procedure. They felt that they do not have to undergo the procedure, so they have not enquired about it at all. Only around one fourth of the men knew that it is between Rs 1000/- to Rs 1500/- among those who knew that some incentive is given post-surgery. Together those who don't know exactly how much incentive is given and have incorrect knowledge accounts for approximately three fourth of the respondents

5. Awareness about vasectomy protects from HIV/AIDS(n=126)

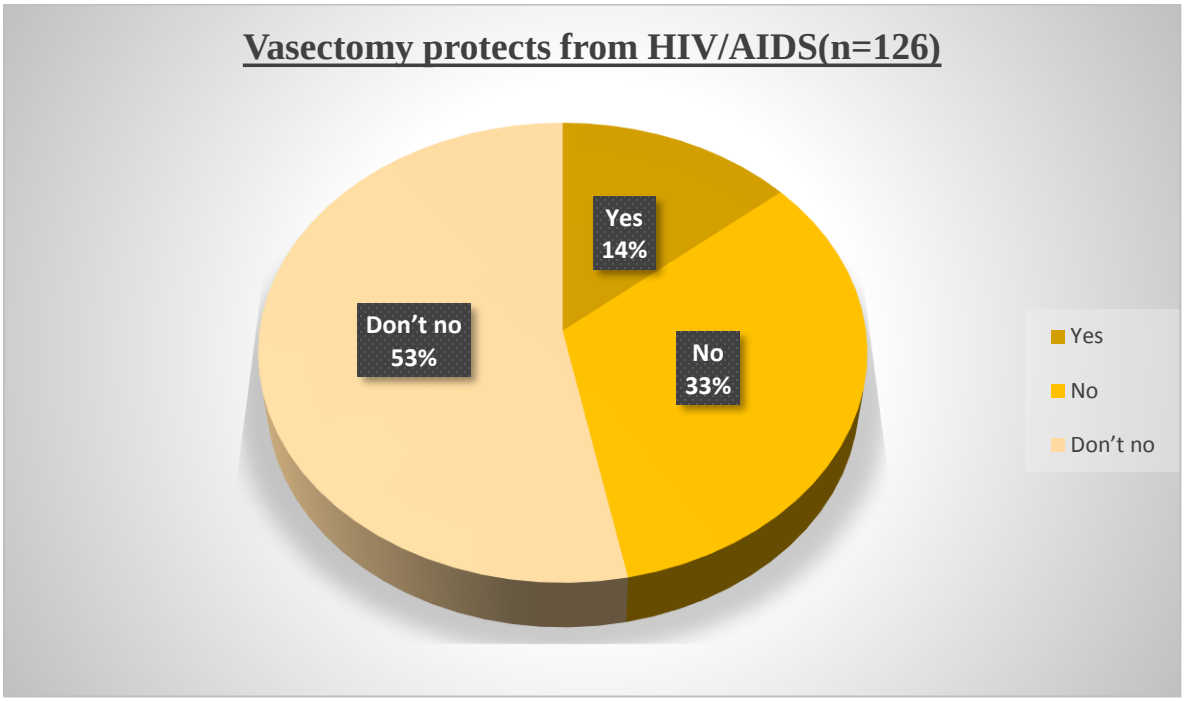

Figure 4 Per cent distribution of respondents by their awareness regarding vasectomy protects from HIV/AIDS.

Of 126 respondents, 14 per cent knows that vasectomy protects from HIV and another one-third are having misconception regarding these.

7.5.2. Perception regarding vasectomy:

1. **Perception regarding satisfied with current family size**.

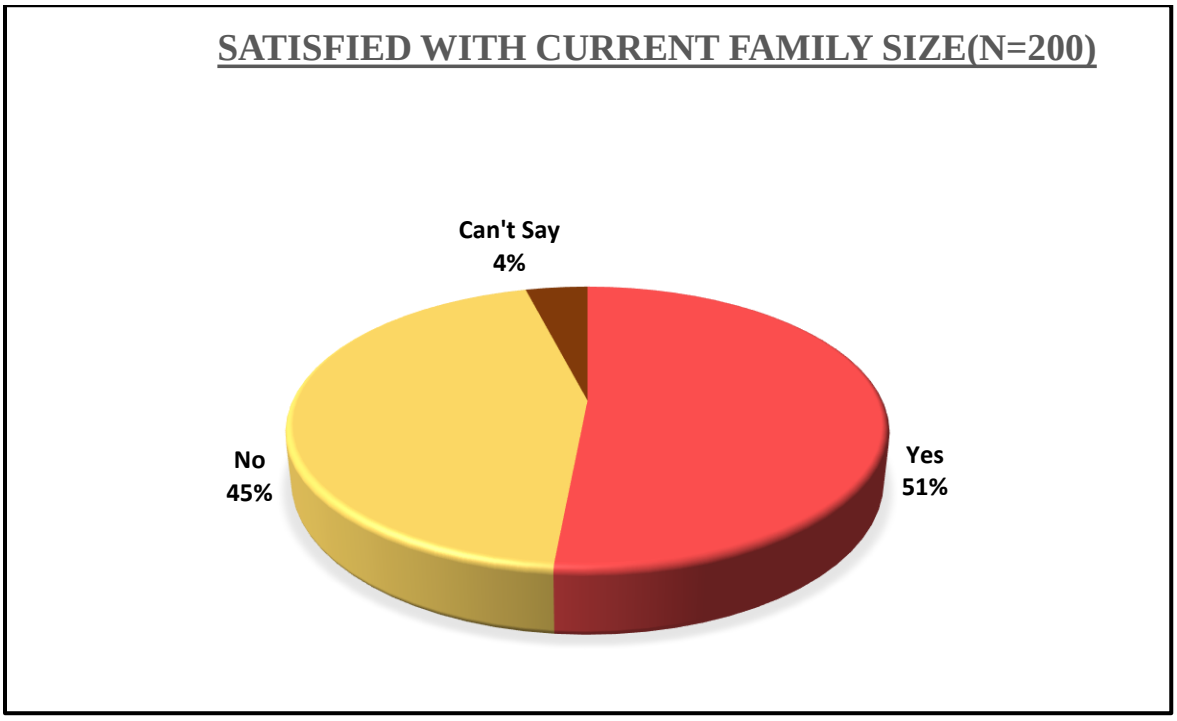

Figure 5. Per cent distribution of respondents by their perception regarding current family size

out of 200 respondent, 51 per cent said that yes they are satisfied with their current family size, 45 per cent said no and rest were not clear their views**.**

2. Willingness for opting sterilization after having number of children(n=200).

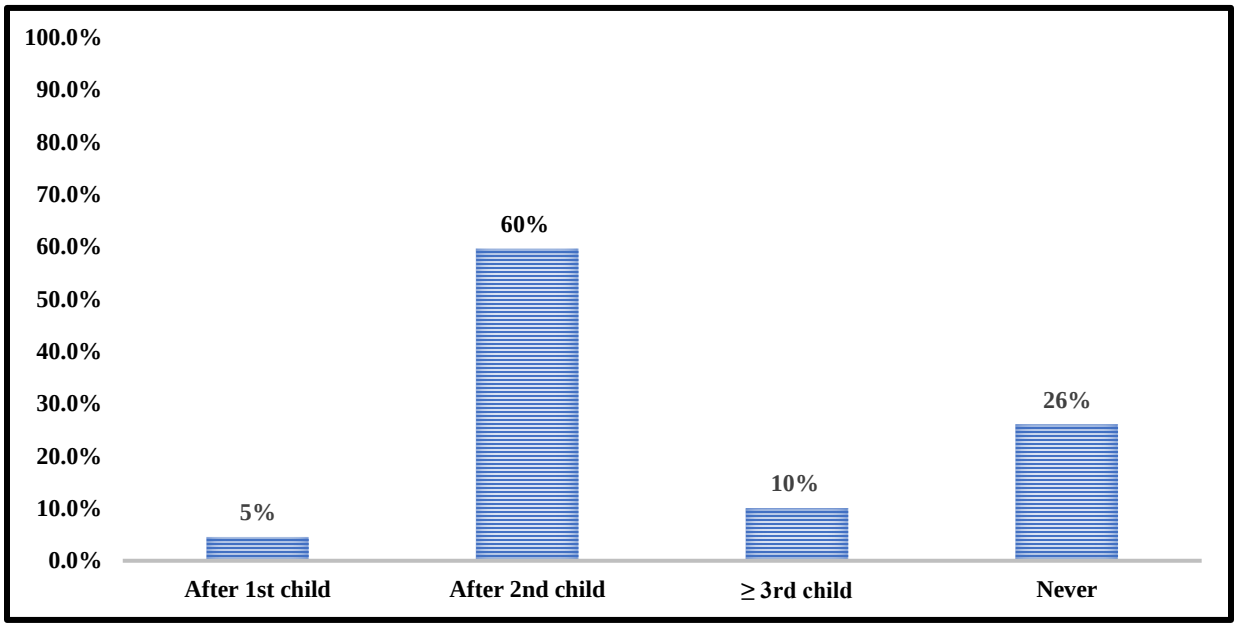

Figure 6 Per cent distribution of respondents by their willingness for opting sterilization after having children

Response regarding the decision for desired time for sterilization the majority of people said after 2^{nd} child they are agree for sterilization.

3. Perception about decision maker of family planning practice.

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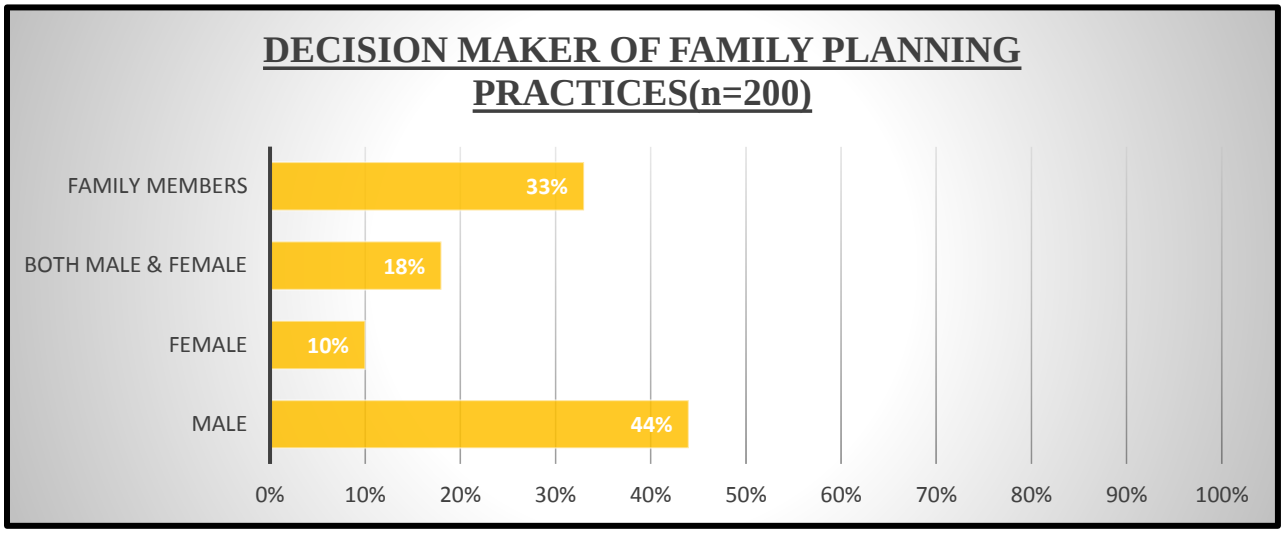

Figure 7 Per cent distribution of respondents by their perception about decision making of family planning practices

There have been different actors which play an important part in decision making of family planning methods in the family. In our society, the decision-making authority varies from people in the natal family to the people in the in-laws home.

Majority of the men said that the decision of family planning practices was taken by mutual consent of both husband and wife. One-fourth of the respondents said that, they themselves are the decision maker of the contraceptive utilization in the family. Other decision maker were mother-in law or father-in law or any other family member like elder brother. Only 10 percent felt that women have the autonomy to take the decision**.**

3. Perception about who should sterilized.

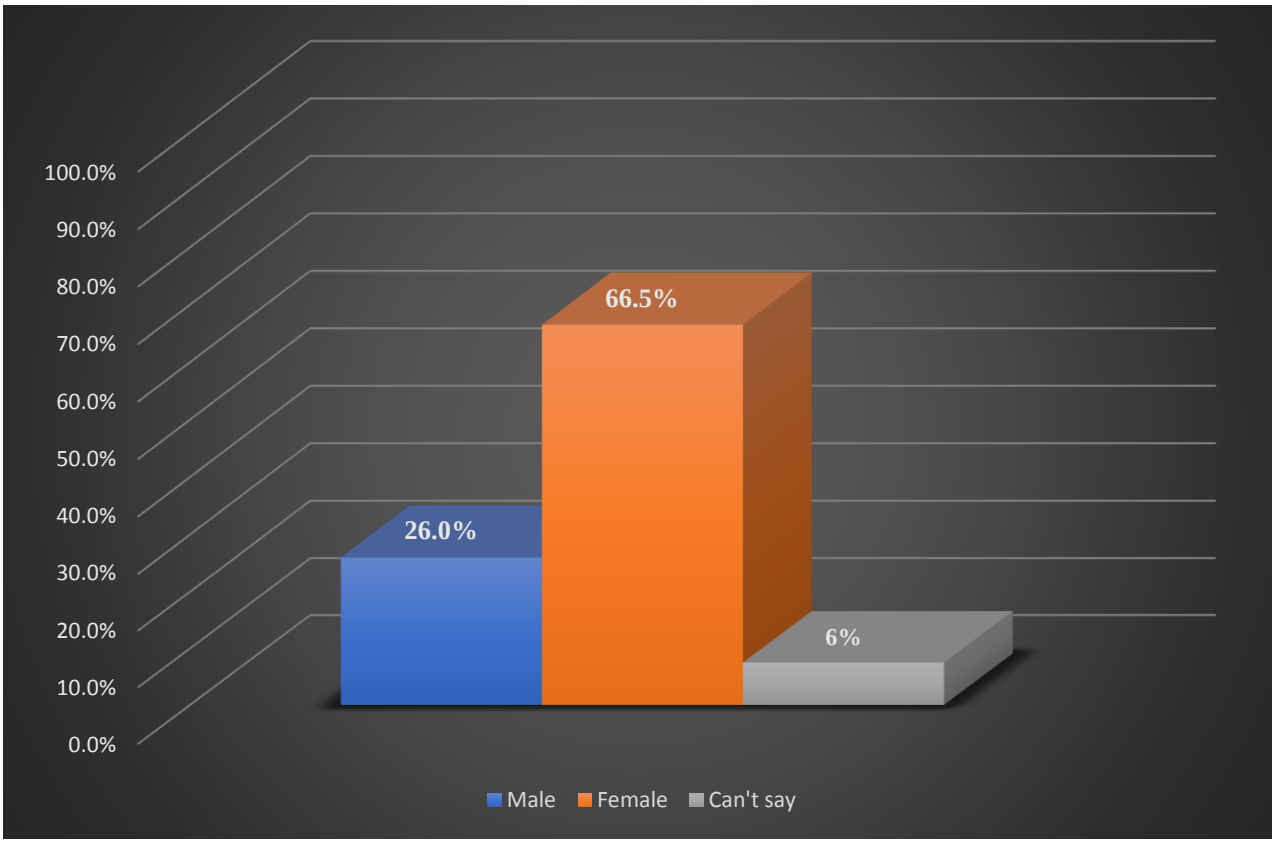

Figure 8 Per cent distribution of respondents by their perception about who should get sterilized(n=200)

Majority of respondent said that female should get sterilized first, 26 per cent said that male will get sterilized first and rest were not clear their views.

4. Perception about family planning is only the responsibility of women

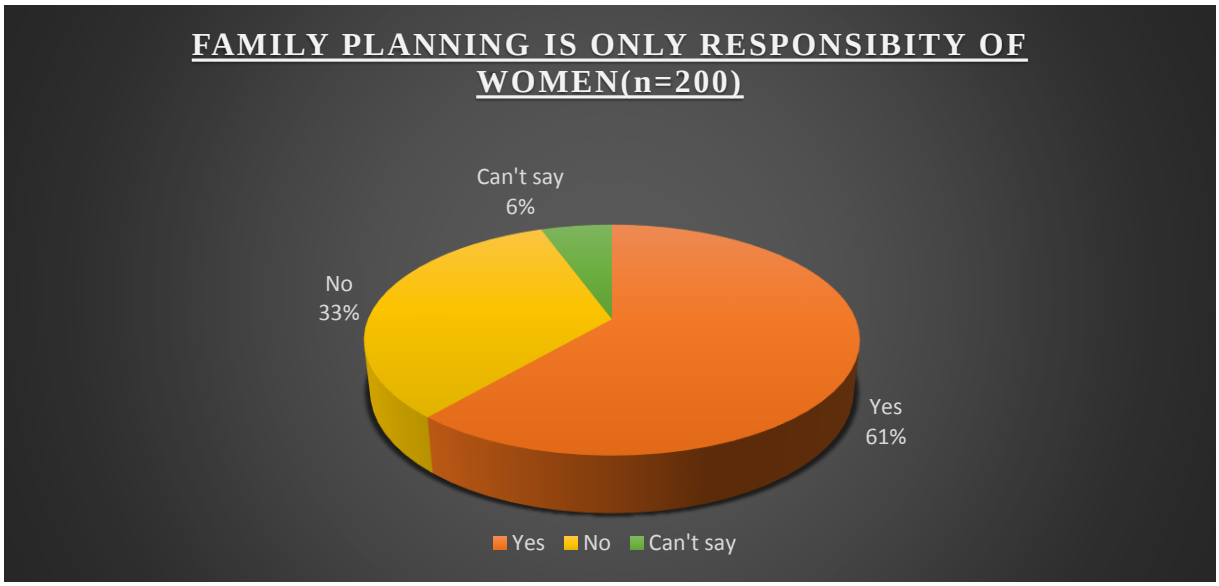

Figure 9. Per cent distribution of respondents by their perception about family planning is only responsibility of women

More than half of respondent says that family planning is only the respondent of women and only 33 percent says no respectively.

7.5.3. Identify and Addressed the types of barriers for choosing NSV

1.Feeling embarrassed when think about vasectomy.

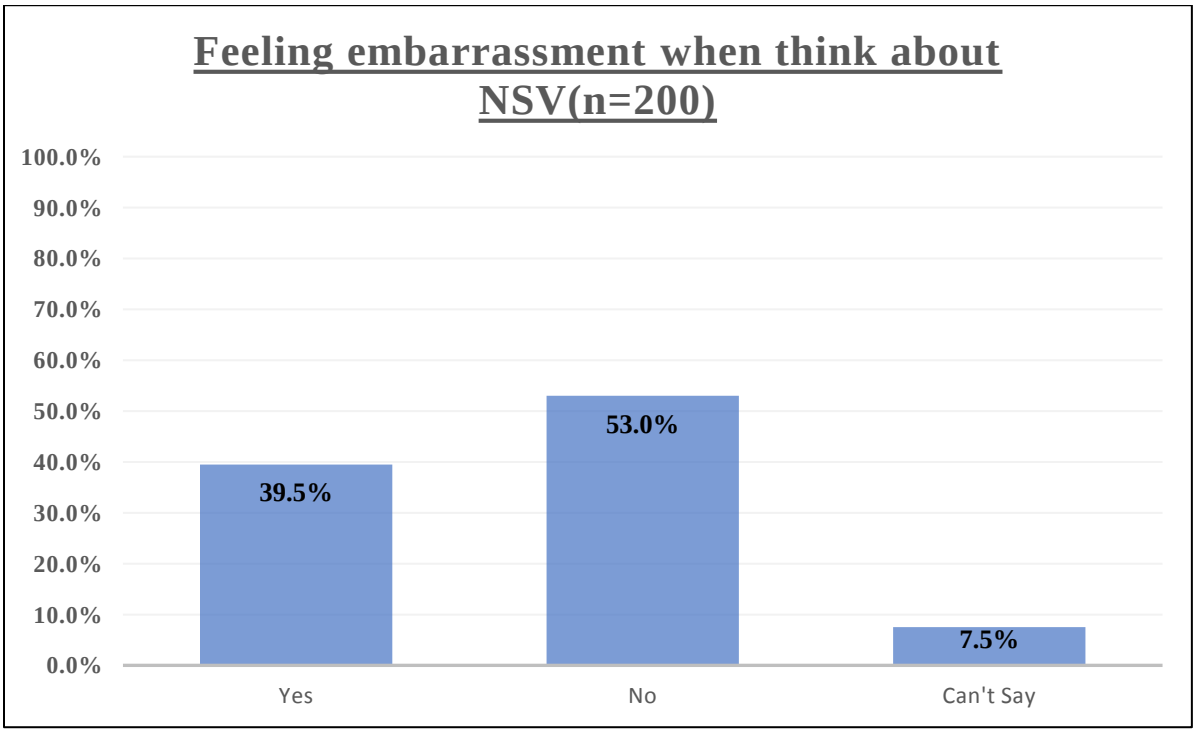

Figure 10 Per cent distribution of respondents feeling embarrassed when think of vasectomy

Half of the respondent not feeling embarrassment about thinking of NSV. only 39.5 per cent feeling embarrassment of thinking about NSV and rest of the respondent not clear their views.

2. Relious constraint that demotivate them to adapt vasectomy.

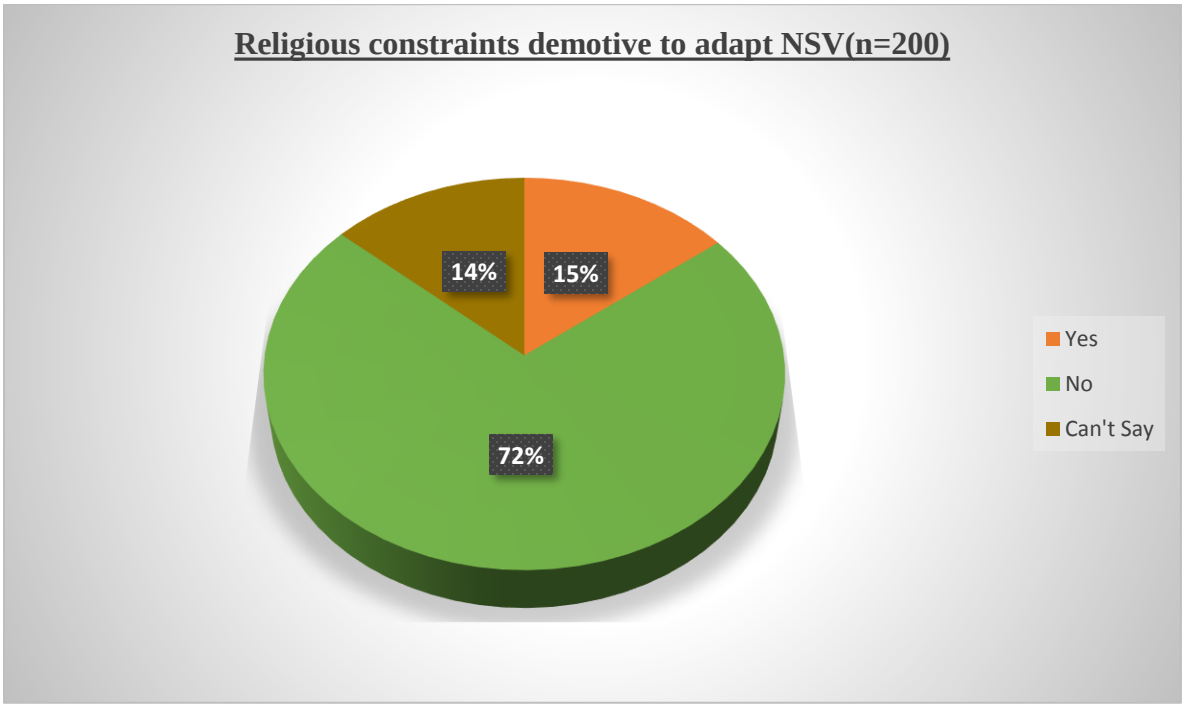

Figure 11. Per cent distribution of respondents by religious constraints demotivate to adapt NSV

out of 200 respondents, majority of respondent (72%) said that there is no such religious constraint that demotivate them to adapt NSV. only 15 percent said yes, and 14 percent were not clear their views.

3. Community affects decision making for Vasectomy

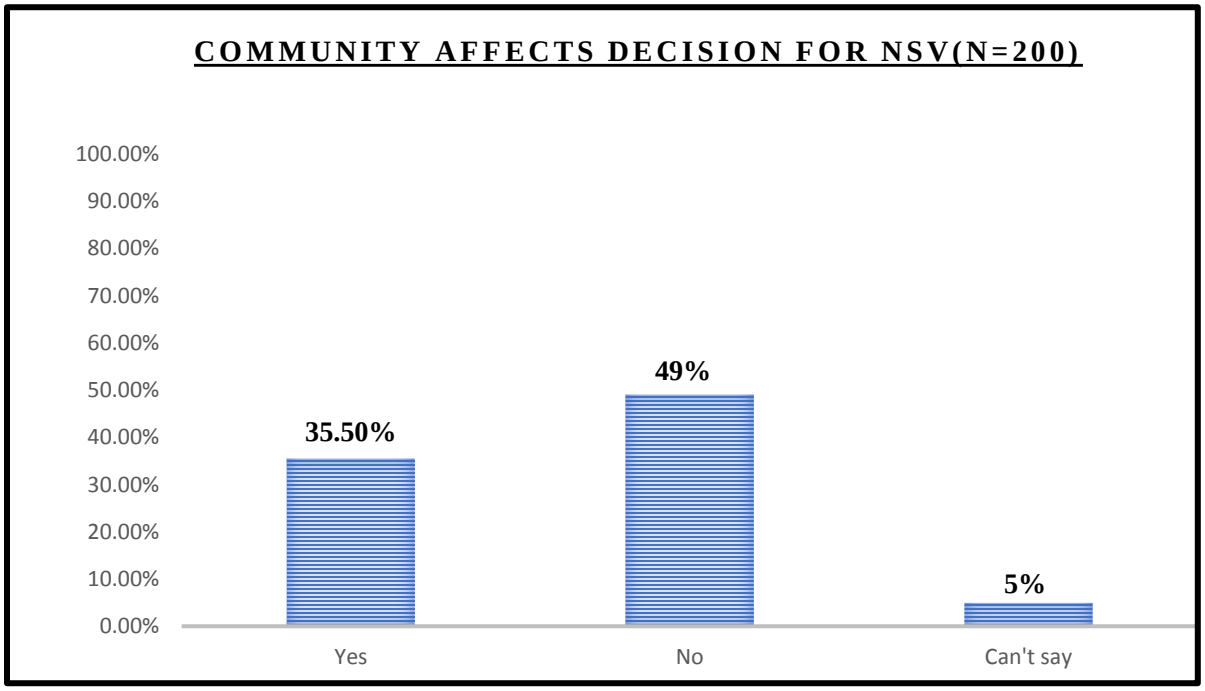

Figure 11. Per cent distribution of respondents by community affects the decision making for NSV

One third of respondent said that community is one of the reason for affecting decision making for NSV and 49 percent respondent said no and rest 5 per cent were not clear their views.

7.5.4. Identification of Stigma about vasectomy(n=200)

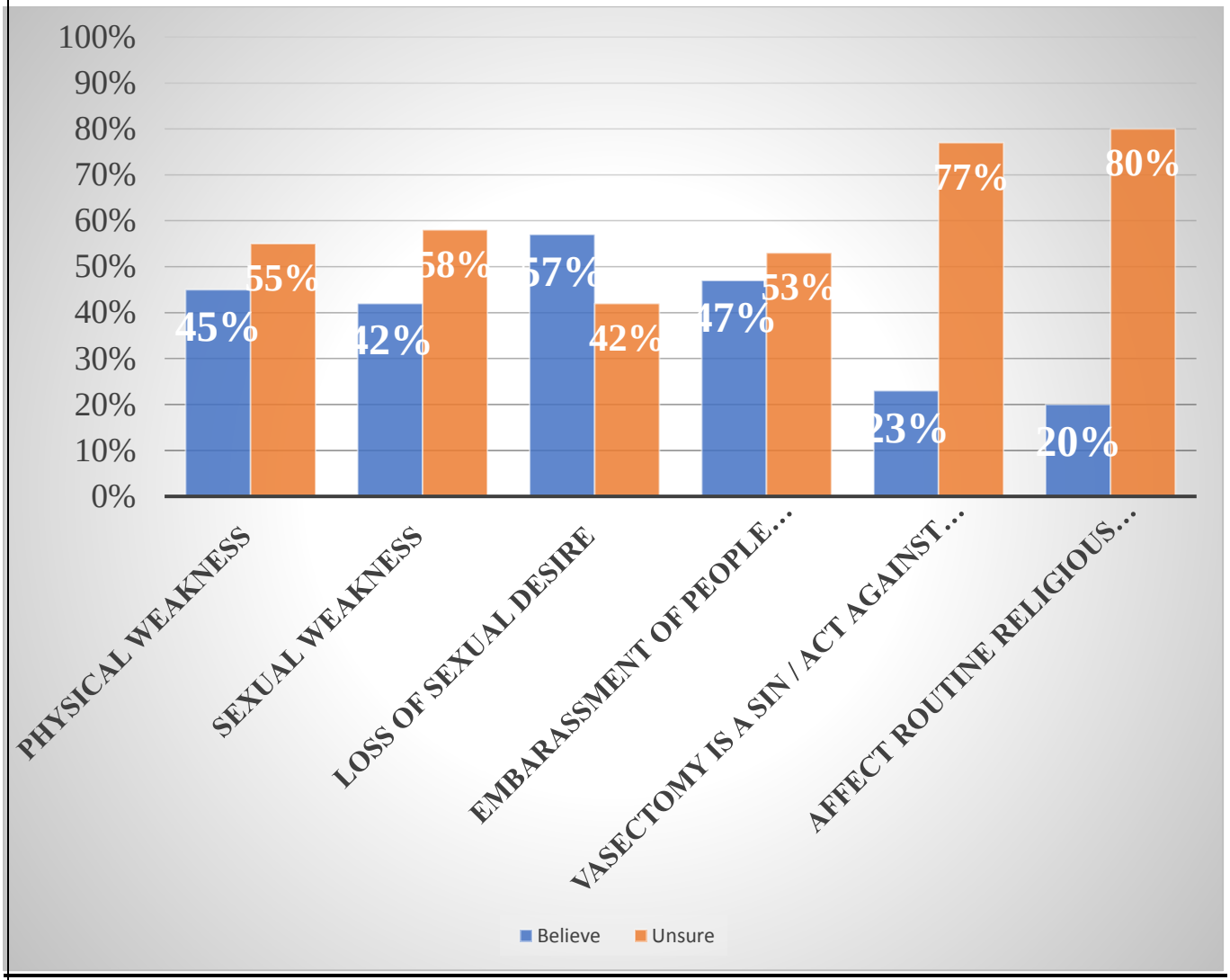

Figure 12 Per cent distribution of respondents having stigma about vasectomy

On an average 47.8 percent of the married men have one or the other misbelief about the vasectomy. These are getting physical weakness, sexual weakness, loss of sexual desire and stigma that the people will call them namard (loss of manliness) post-surgery.

Smaller number of men have belief that vasectomy is a sin or act against the will of god. They also believe that it affects their religious practices. Those men who believe that it is an act against the will of god and it affects their routine religious practices are 23 and 20 percent respectively.

CONCLUSION: -

Although men are unaware of various family planning methods, they do not have adequate information about all available methods. This result in most men encouraging their wives to adopt female sterilization, as it is the method most often discussed in the community. It is therefore important to equip men with complete contraceptive information and correct their misperceptions about methods so that they and their wives can choose the method that is best for them.

On analyzing the perceptions of acceptors, it was found that contrary to the findings of many other studies, the misconceptions were for less in the high performing districts. This may be due to better IEC initiatives, which was one of the key factors responsible for high acceptance of male sterilizations in these areas.

To achieve this goal, policymakers and program planners need to understand local concepts, experiment with multiple information channels and design strategies for reaching men. In addition, programs must continue to encourage couple communication, so that couples' family planning decisions are made jointly. Some potential strategies suggested by our findings for involving men in family planning programs involve face-to-face dissemination of information by knowledgeable persons, encouraging couple communication within communities, training male health workers to discuss family planning with male groups, and strengthening access to and availability of reversible methods, so that dependence on female sterilization is reduced.

RECOMMENDATION: -

1) There is an imperative need to launch a well-conceived IEC campaign with region specific and local specific IEC strategies creating a demand for male sterilization.
2) For NSV camp there is needed to give the transport facility for the clients.

3) Formative research and BCC strategy development for NSV promotion.
4) Perception that FP is a woman issue and ASHA and ANM are also women. Involvement of Male worker may be helpful for addressing the importance of NSV in community.

Annexure

Questionnaire number: -

State …… District..... Date.....

Name of Household Head.....

Address.....

Religion of the Head of Household.....

RESPONDENT'S PROFILE

Name of the respondent.....

Age..... Sex..... Year of marriage..... Occupation.....

Education Qualification..... Monthly Income of the family.....

1) Have you heard about Sterilization / Family Planning?

a) Yes ☐ b) No ☐ c) Can't say ☐

2) Do you know the various types of sterilization?

a) Yes ☐ b) No ☐ c) Can't say ☐

If Yes, What all are they?

…….

…….

3) What is the need of sterilization, Please explain?

…….

…….

4) Do you have knowledge about male sterilization? ☐

a) Yes ☐ b) No ☐ c) Can't say

If Yes, Explain?

……....

5) Where it should be done?

……...

6) According to you who are authorized person to do the sterilization?

……

7) Have you ever met or know anyone who has got sterilization done?

a) Yes ☐ b) No ☐ c) Can't say ☐

8) Have you attend any NSV camp?

a) Yes ☐ b) No ☐ c) Can't say ☐

9) How many children you have? ☐

10) According to you what should be the size of the family? ☐

11) Are you satisfied your current family size?

a) Yes ☐ b) No ☐ c) Can't say ☐

12) What according to you is the desired time for sterilization?

a) After 1st child ☐ b) after 2nd child ☐ c) ≥r 3rd child ☐ d) Never ☐

13) Who should take the sole decision regarding family planning?

a) Male ☐ b) female ☐ c) Both ☐ Can't say ☐

14) Who should get sterilized, Explain?

a) Male ☐ b) Female ☐ c) Can't say ☐

……

15) Do you think family planning is only the responsibility of women?

a) Yes ☐ b) No ☐ c) Can't say ☐

16) Are you in favors of male sterilization?

a) Yes ☐ b) No ☐ c) Can't say ☐

17) Do you think once NSV done, you will become physically weak?

a) Yes ☐ b) No ☐ c) Can't say ☐

18) Do you think after NSV you will be unable to make sexual relations with your wife?

a) Yes ☐ b) No ☐ c) Can't say ☐

19) Do you think that the use of condoms should be stopped just after sterilization?

a) Yes ☐ b) No ☐ c) Can't say ☐

20) If Not when should it be stopped?

a) After 1 month ☐ b) After 2 month ☐ c) After 3 month ☐ d)Never Stopped ☐

21) Do you feel embarrassment when think about the NSV?

a) Yes ☐ b) No ☐) Can't say ☐

22) Do you think NSV is a safe method of family planning?

a) Yes ☐ b) No ☐ c) Can't say ☐

23) Do you have any pressure from your peer's group for discouraging NSV?

a) Yes ☐ b) No ☐ c) Can't say ☐

24) Do you have any religious constraints or religions that demotivate you to adapt NSV?

a) Yes ☐ b) No ☐ c) Can't say ☐

25) Do community members affect your decision for NSV?

a) Yes ☐ b) No ☐ c) Can't say ☐

26) Is there any facility for NSV at nearby Hospital/Institution?

a) Yes ☐ b) No ☐ c) can't say ☐

27) Are there any reason regarding facility available in nearby institution for not adapting family planning?

a) Yes ☐ b) No ☐ c) Can't say ☐

If yes, explain?

.....

References

1.Ajeet Saoji, Raghvendra Gumashta*, Shilpa Hajare and Jaydeep Nayse (n.d.) *Denial Mode for Vasectomy among Married Men in Central India: Causes and Suggested Strategies*

2. Samarjeet Kaur, Arun Kumar Srivastava, Dinesh Singh Martolia, Tanu Madhu (n.d.) *MALE PARTICIPATION IN ACCEPTANCE OF FAMILY PLANNING METHODS.*

3. Afsaneh Keramat et al (Afsaneh Keramat et al. (2005-2007)) *Barriers and facilitators affecting vasectomy acceptability (a multi stage study in a sample from north eastern of Iran) 2005-2007.*

4. Pankaj Kumar Garg et al (n.d.) *Nonscalpel Vasectomy as Family Planning Method: A Battle Yet to Be Conquered.*

5. Pankaj Kumar Garg et al (Aditya Sood, Parika Pahwa) *Vasectomy: a study of attitudes, beliefs, knowledge and practices among literate men.*

6. http://rchiips.org/NFHS/pdf/NFHS4/BR_FactSheet.pdf) *National family health survey 2015-16.*

7. http://rchiips.org/NFHS/factsheet.shtml) *National family health survey 2005-06.*