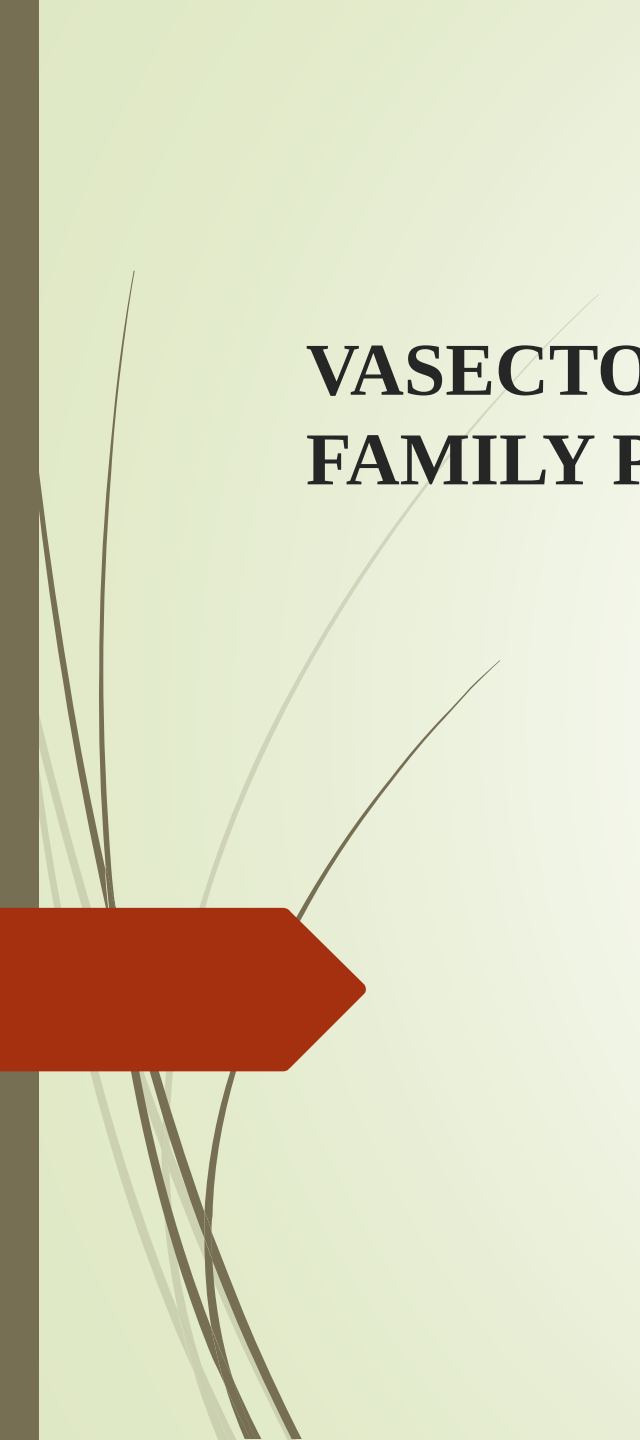




VASECTOMY: SAFE AND UNDERUTILIZED METHOD OF FAMILY PLANNING– MEN’S PERSPECTIVE

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Introduction:

- 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.
- NFHS 4 data shows that the contraceptive utilization has further gone down and male sterilization has gone down in India.
- In Bihar, 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. In Bihar state the NFHS 4 reported zero vasectomy but in urban areas 0.1% has been reported.
- It means the eligible couples less prefer either natural or modern methods.

Table 1. Sterilization rate in 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	20.7



Rationale 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.
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Research question:

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

Objectives:

- To study knowledge, attitude and practices of vasectomy among married men in Saharsa, Bihar.
- To identify myths of men towards vasectomy.
- To suggest ways to increase vasectomy prevalence

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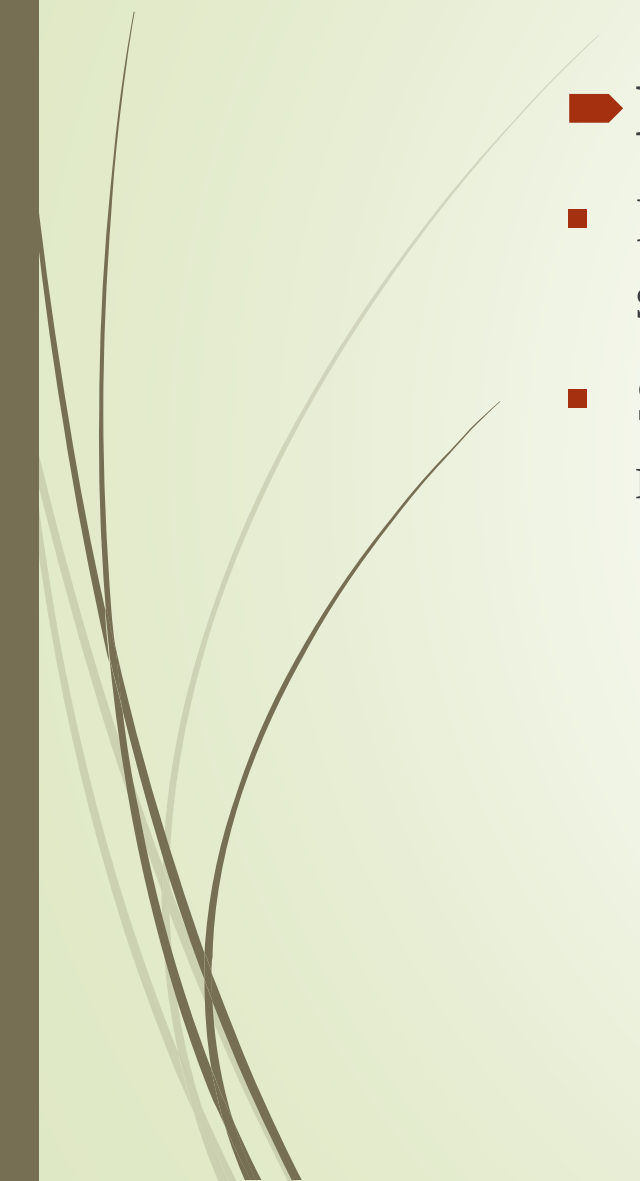


Methodology:

- **Study area:** Two blocks of Saharsa district in Bihar: Sonbarsa, and Simri Bakthiyarpur
- **Study Respondents:** Men aged between 18-49 years
- **Study design:** -Descriptive cross -sectional study.
- **Sample and sample design:-**
 - Multi stage sampling
 - The selection of Block was done on the basis of NSV rate of different blocks and accordingly the blocks were categorized as high performing and poor performing
 - In each block one PHC will be selected on the basis of 2017-18 performance.
 - Two sub-centers were selected from each PHC respectively through random (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 100 respondents are met. The total sample size is 200 men.



■ **Data collection methods and tool**

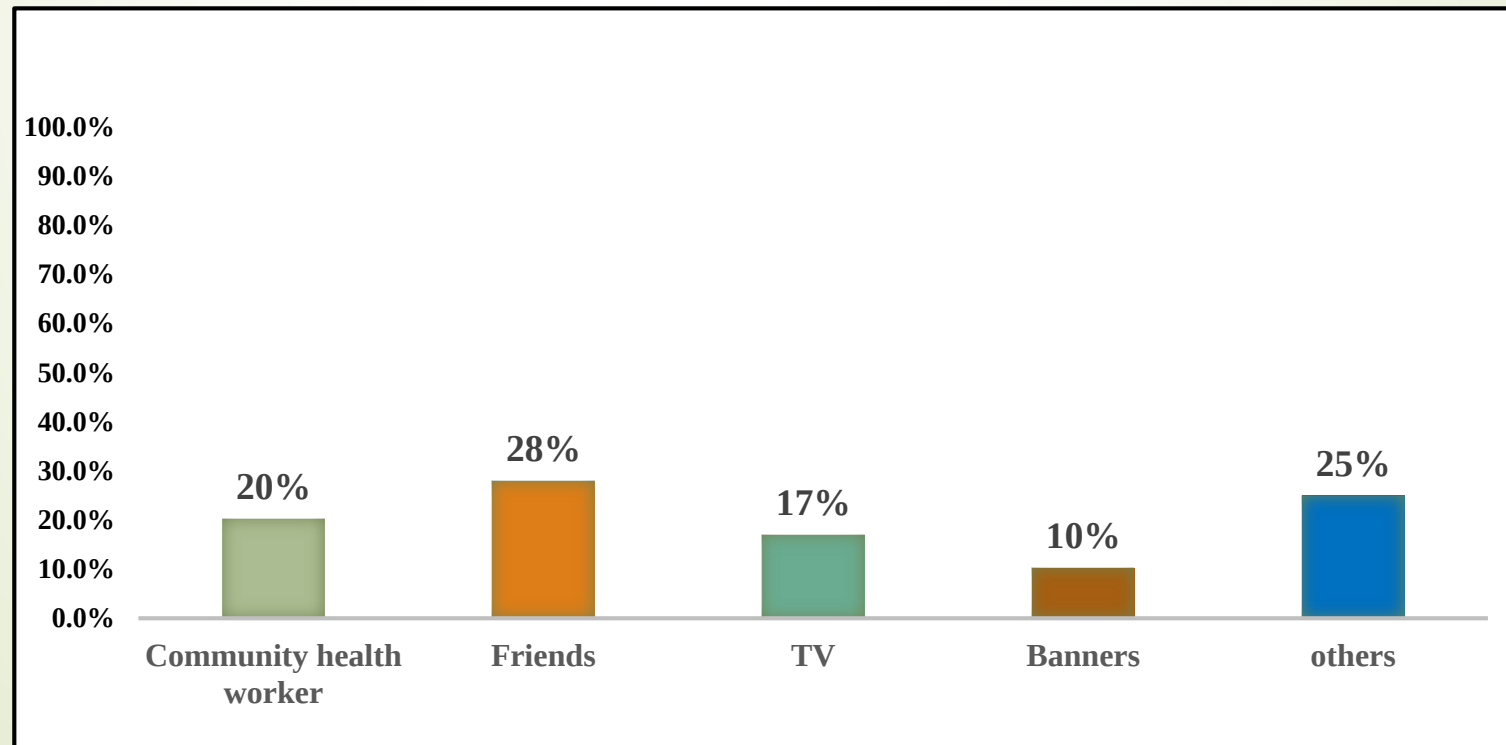
- Interview method was used for data collection and interview schedule was developed.
 - Secondary data taken from District health society(DHS) Saharsa and respective health facilities.
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Findings:

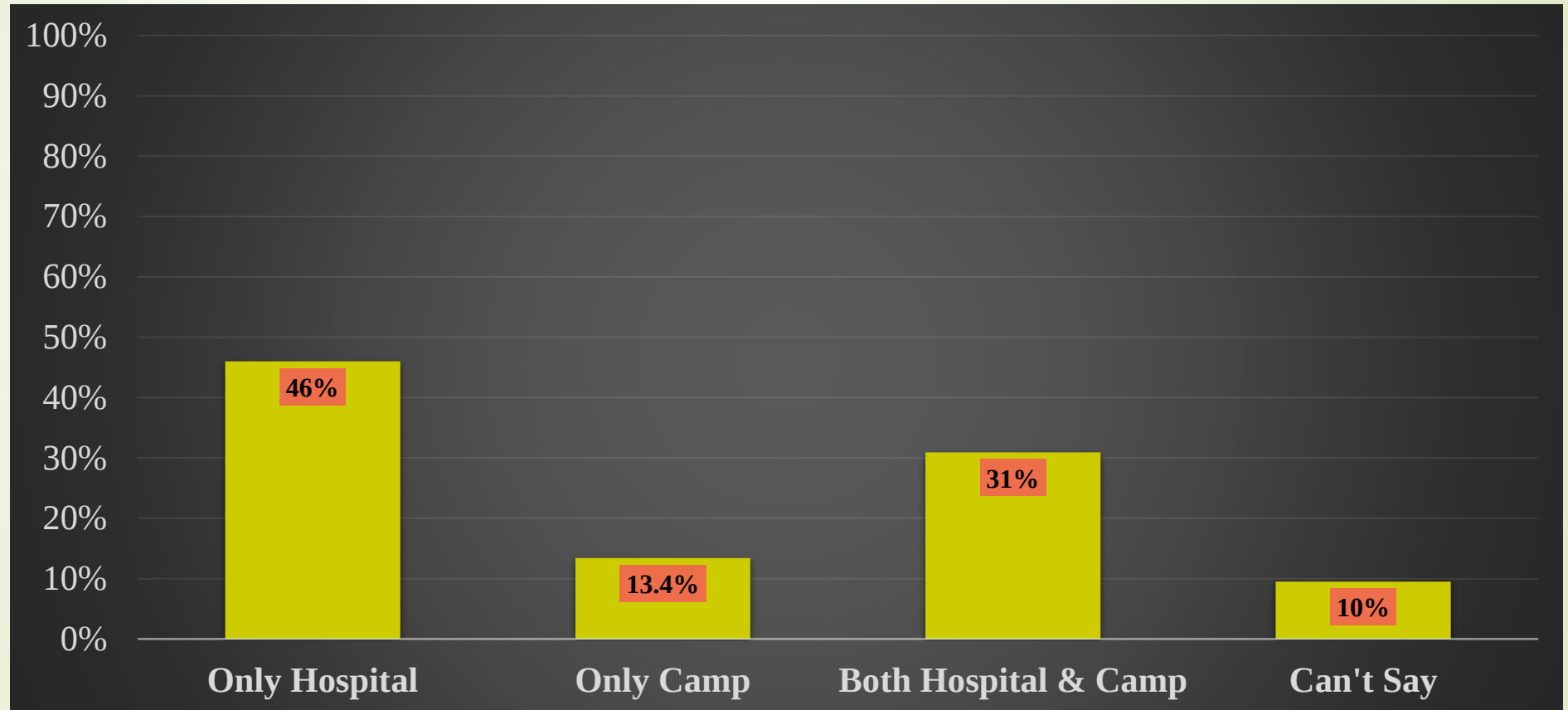
Awareness about vasectomy (n=200):

More than half of respondents (62 %) have heard of vasectomy as a method of permanent contraception. And rest of respondent not heard about it.

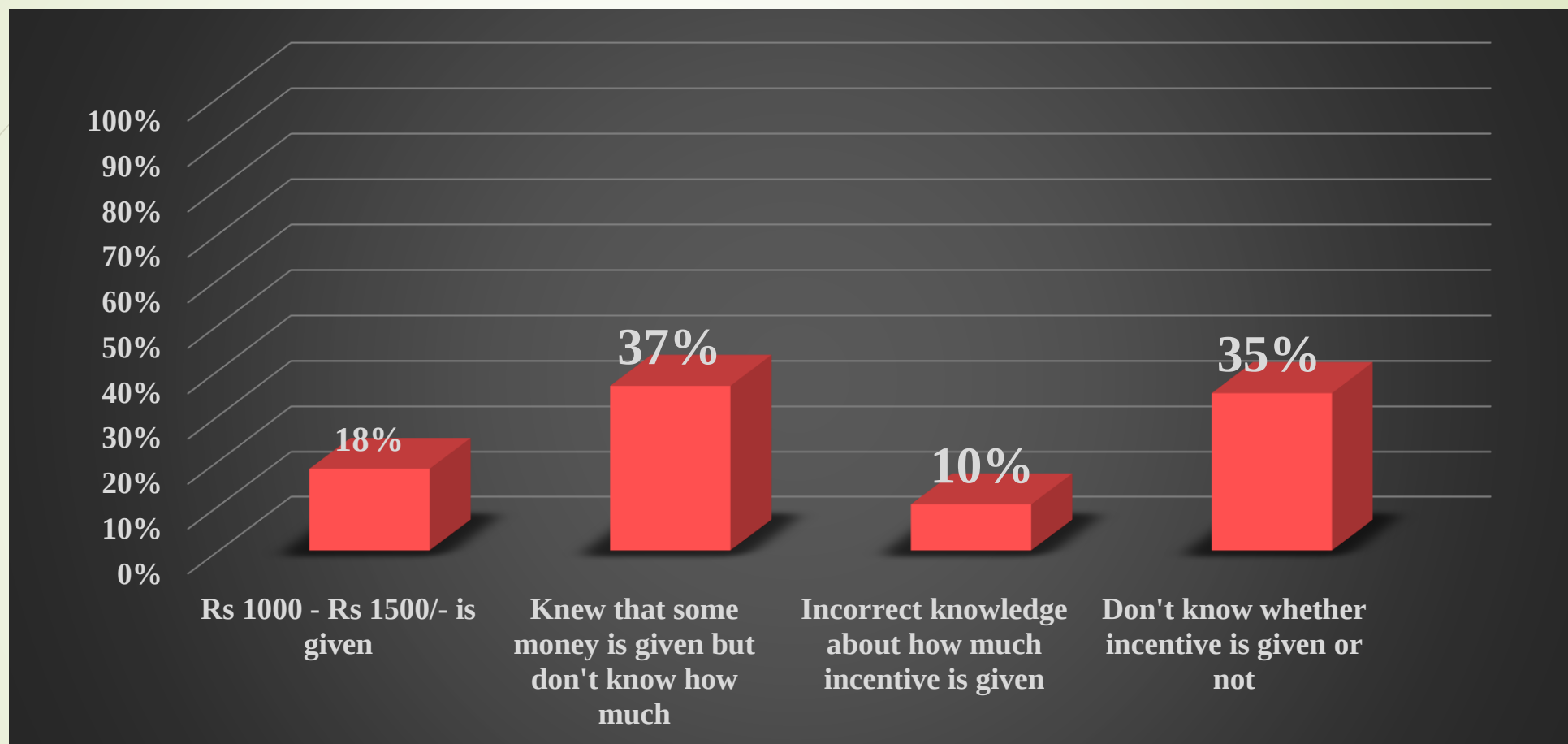
Per cent distribution of respondents by Sources of information (n=126):



Per cent distribution of respondents by their Knowledge about the place where vasectomy is done (n=126):

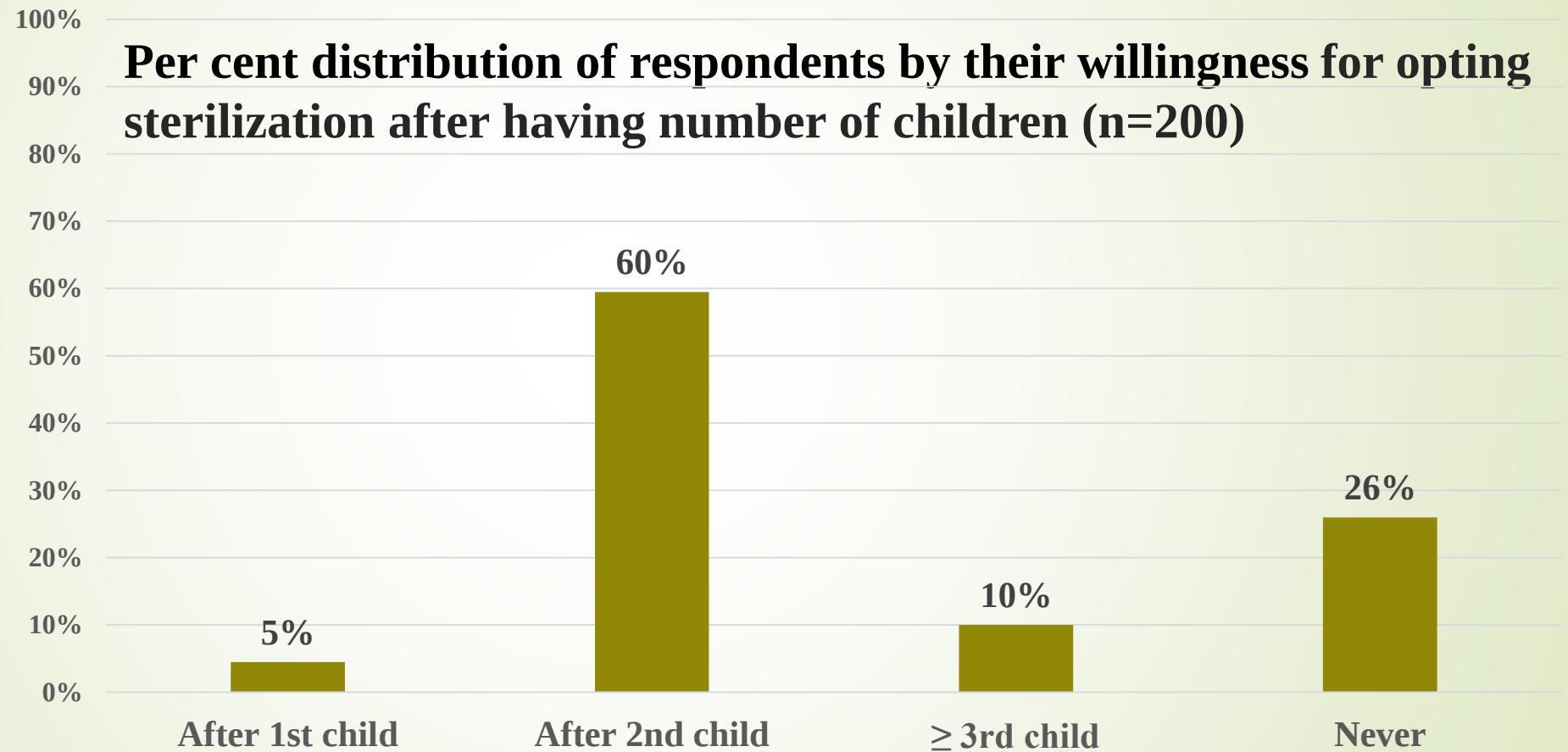


Per cent distribution of respondents by their Knowledge about the incentives (n=126):

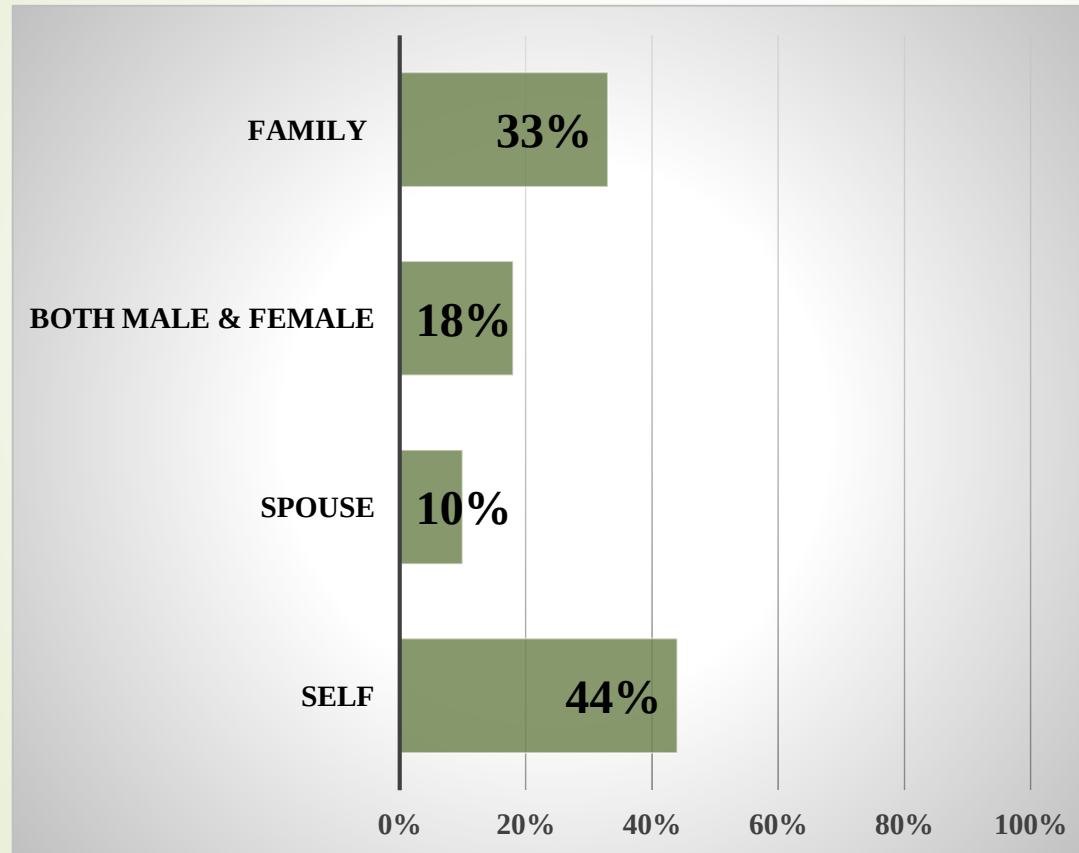


Of 126 respondents, 14 per cent knows that vasectomy protects from HIV and another one-third are having misconception regarding these.

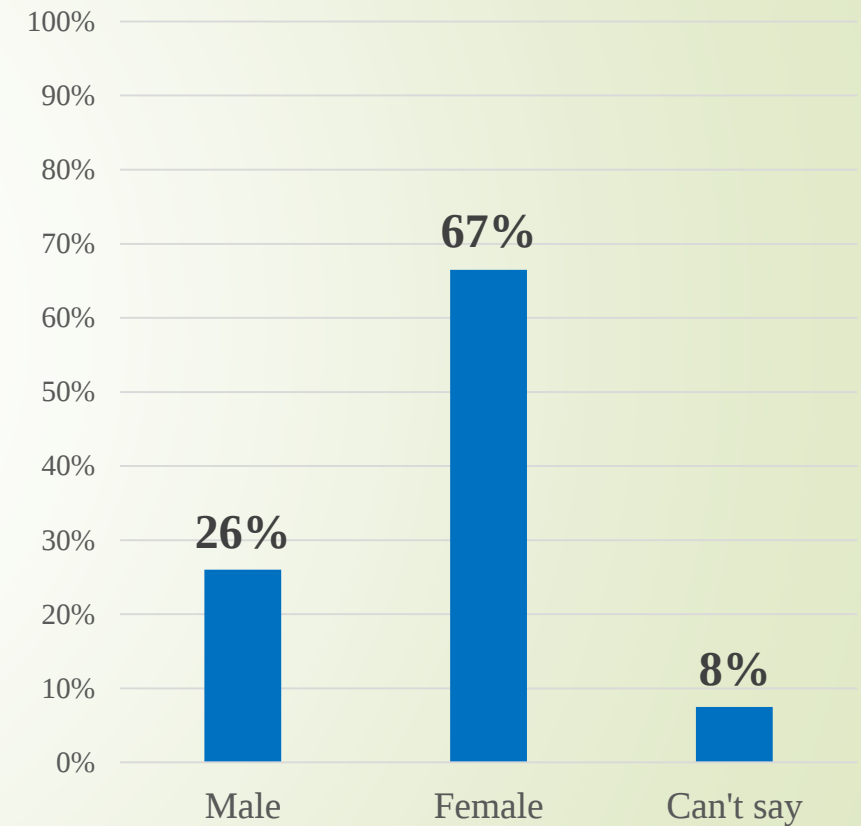
About one-half of respondents (51%) shared that they are satisfied with their current family size



Per cent distribution of respondents by their perception about Decision maker of family planning Practices (n=200):



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

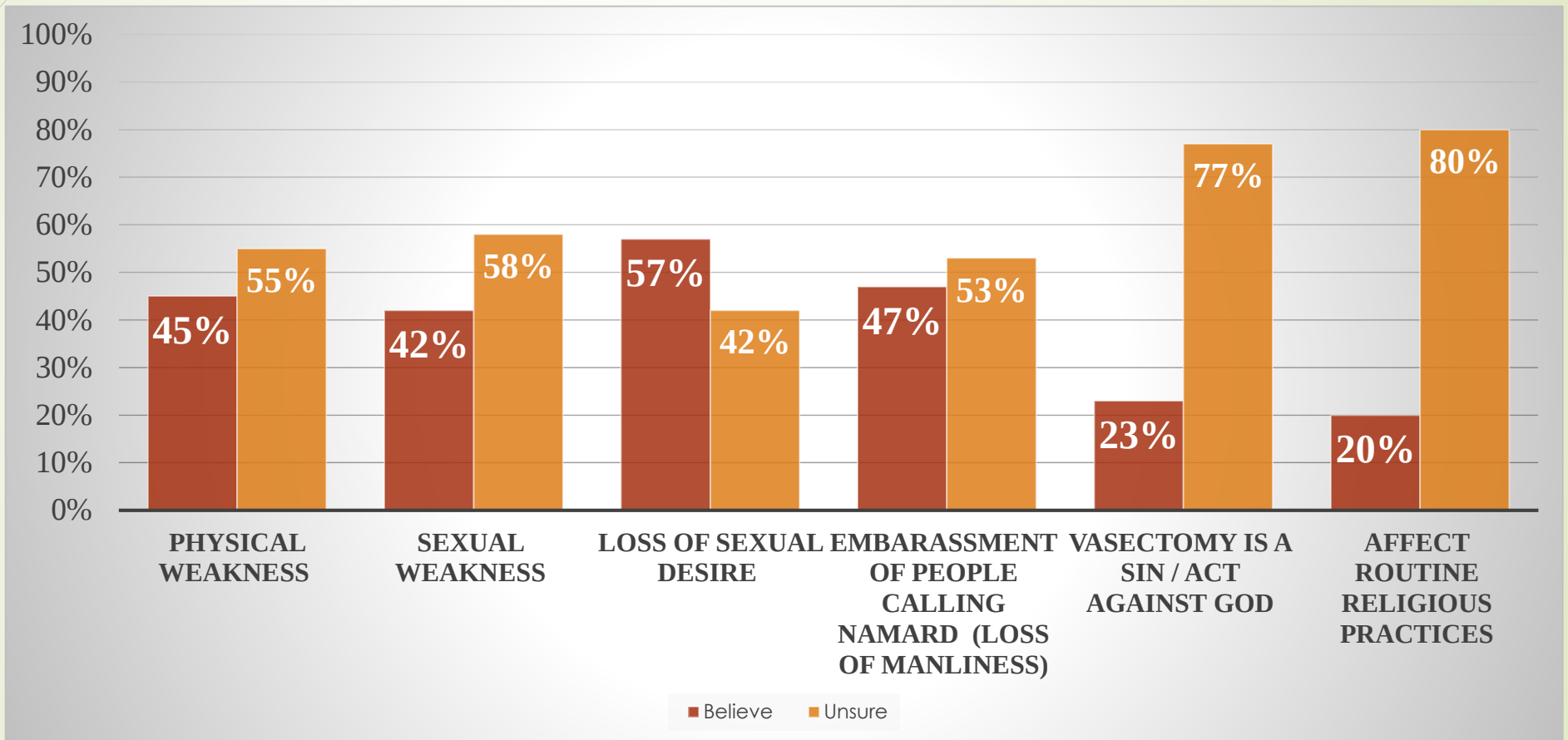




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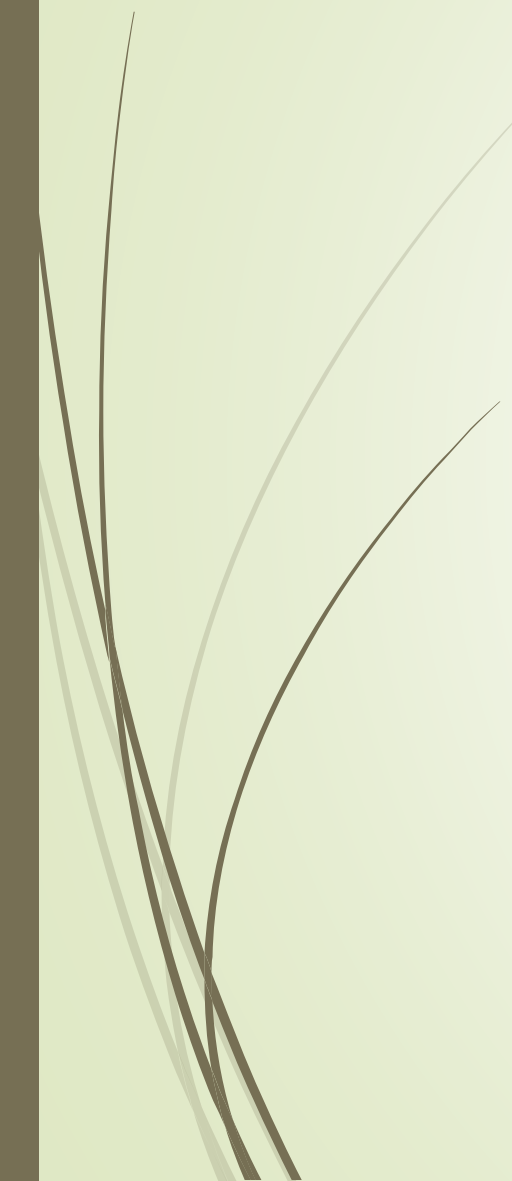
- About 61 per cent respondents opined that Family planning is only the responsibility of women
- Two-fifths (40%) shared that they feel embarrassed if they think of vasectomy
- About 15 per cent shared that religion puts constraint that and that demotivate for adapting NSV
- About 36 per cent respondents shared that community affects the decision for NSV

Per cent distribution of respondent having stigma about vasectomy procedure:





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.
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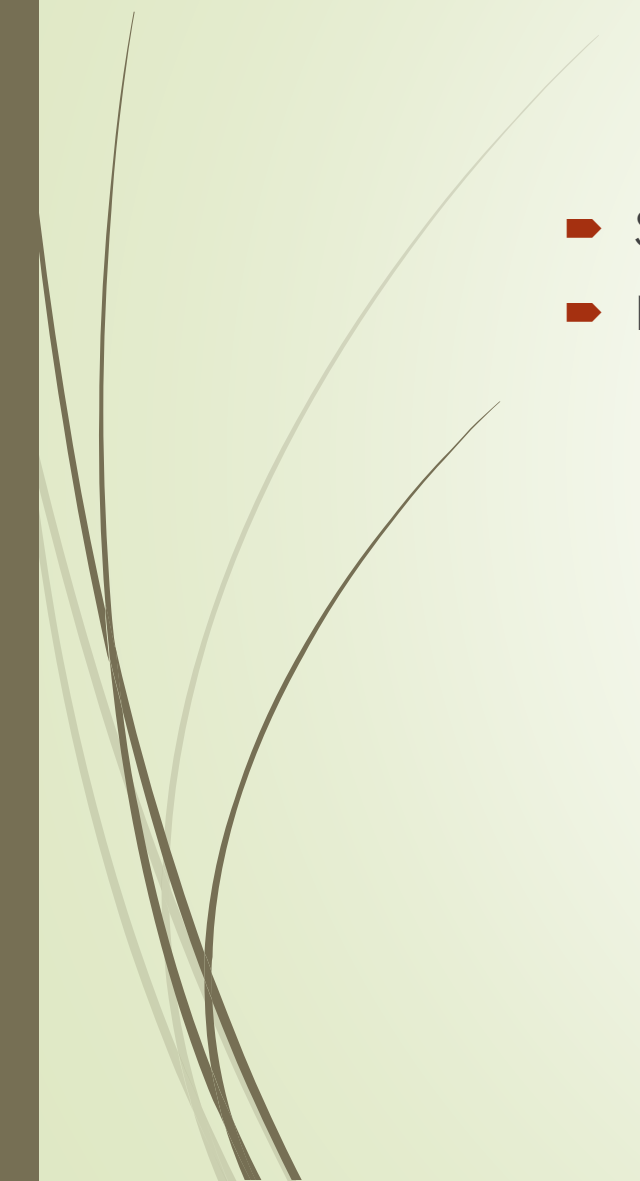


Recommendation:

1. There is an imperative need to launch a well-conceived IEC/ BCC campaign with region specific and local specific IEC strategies creating a demand for male sterilization.
2. Formative research and BCC strategy development for NSV promotion.
3. 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.



Thank You!

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- Self spouse both and family
 - Nearby distsance