

# Assessment of the Knowledge and Attitude of Eligible Couples towards Tubectomy and Vasectomy

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## Abstract

**Background:** The populace is quickly expanding and has become a significant issue with the populace developing at a yearly pace of 1.2%. India will have more than 1.53 billion people before the completion of 2030 with the masses improvement rate at 1.58%.

**Materials and Method:** A Non-Experimental Descriptive Survey Research Design was used. A sample was comprised of 50 males and 50 females belongs to peer group of 20-45 years. Purposive sampling technique was utilized to gather sample for additional investigation. The data was aggregated by applying selected variables, Structured Knowledge Questionnaire and Attitude Rating Scale.

**Results:** The result showed a significant association of knowledge of males with their selected variables. The calculated p value of males and females with selected variables of knowledge and attitude was non significant which showed that there was no association between the level of knowledge and attitude of males and females towards tubectomy and vasectomy.

**Conclusion:** It was concluded that Knowledge of the males and females regarding tubectomy and vasectomy was in average and Attitude was moderately favourable. There was not any relationship between knowledge and attitude of males and females regarding tubectomy and vasectomy.

**Keywords:** Knowledge, attitude, males, females.

## Introduction

India is a second largest country because of its population that is 1,311,559,168 (1.31 billion), on the other hand China is the top largest country because of its population 1,380,914,176(1.38 billion). These figures show that India came to for all intents and purposes 17.74 of the all out populace, which shows that every person out of six social orders is has a spot with India. Be that as it may, the crown of the world's most prominent

nation is China's obligation from a long time. India is additionally expected to take a similar circumstance by 2030. With the people advancement rate by 1.58%, India is typical for over than 1.53 billion people before the completion of 2030<sup>1</sup> (Taneja, 2014).

According to the world health organization, 1 million conceptions takes place every day and about 50% of these contraceptions are unplanned and 25% of them are unwanted (ladipo, 1999). Everyday about 150,000 unwanted pregnancies are terminated. (Etuk, 2003).

In India, The national Family Planning Programme was started in 1952 to making it the first country in the world to do so. In spite of this about 56% eligible couples in India are still unprotected against contraception<sup>3</sup>. (Reddy, 2003).

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The contraception alludes to the avoidance of the origination by the utilization of different sexual practices, surgeries, synthetic compounds and medications. The main purpose of seeking contraception is to prevent the women from becoming unwanted pregnancy. That's why it is considered as a contraceptive. Its main aim is to attain privacy and comfort in the physical or sexual relationship. In the society, the couples are allowed to enjoy and fulfill their sexual desires without fear of unwanted pregnancies<sup>4</sup>. (Jain R, 2011).

So couples now a days confronting clashes with objectives of accomplishing fulfilling sexual coexistence and keeping their little family. In the event that individuals neglects to keeping their family little outcomes in undesirable pregnancies and unsafe premature births. On the off chance that the premature birth looking for is late or in unhygienic conditions or in the hands of hazardous suppliers, it can prompt conceptive horribleness just as maternal mortality. (Jain r, 2011).

### Methodology

This study was done in the month of February, 2019 in the Panjab state of India. A sample of 100 (50 Males and 50 Females) participated in this study with the prior permission from the sarpanches of Respective Villages. A Non Experimental Descriptive survey research design in which Males and females aged 20-45 years having one or more children with alertness, oriented and comprehend to respond, speak and understand Hindi, willing to participate and residing in selected rural villages of Rajpura, Punjab were included. Males and Females who were not accessible at the hour of information assortment were prohibited. A Non-Probability Purposive Sampling Technique was owned for data collection from the participants through the medium of Structured Knowledge Questionnaire and Attitude Scale.

#### Description of Tool:

1. **Selected variables:** The selected variables include Gender, Age, Religion, Type of family, Educational status, Occupation, socio economic class, Number of children, Age at marriage, Married life, Have you ever heard about tubectomy and vasectomy, Source of information about tubectomy and vasectomy.
2. **Structured Knowledge Questionnaire:** This questionnaire was adopted to assess the level of knowledge of males and females toward stubectomy and vasectomy. It contains 20 multiple choice items

regarding tubectomy and vasectomy covering the content area of:

- Concept and types
- Procedural knowledge
- Assessment
- Post care

Each correct answer was graded with one point score and every incorrect answer was graded as no point. Consequently least score was 00 and greatest score was 20. The calculated Cronbach's Alpha Internal consistency was 0.78 (Adequate range is 0.7-0.9).

3. **Structured Attitude Rating Scale:** This scale was used to measure the attitude of participants with regard to tubectomy and vasectomy. It consist of total 28 items used to measure the attitude of participants in terms of Strongly Agree, Agree, Uncertain, Disagree and Strongly Disagree and were graded from 1-5.

Out of 28 items, 11 items were positive statements scored as 5,4,3,2,1 while 17 items were negative scored as 1,2,3,4,5.

**Procedure:** In the wake of getting the formal regulatory endorsement, the last investigation was led in the period of April 2018 at chose villages of Rajpura, Punjab. Participants were selected by purposive sampling and information was gathered by utilizing tools of the study. A prior consent was taken from the participants. Earlier data was given to the subjects about the motivation behind the investigation.

#### Data Analysis

- **Descriptive statistics:** Frequency distribution was issued to show the selected variables.

Correlation Coefficient test was utilized to find out the relationship between knowledge and attitude number score of Males & females towards tubectomy and vasectomy.

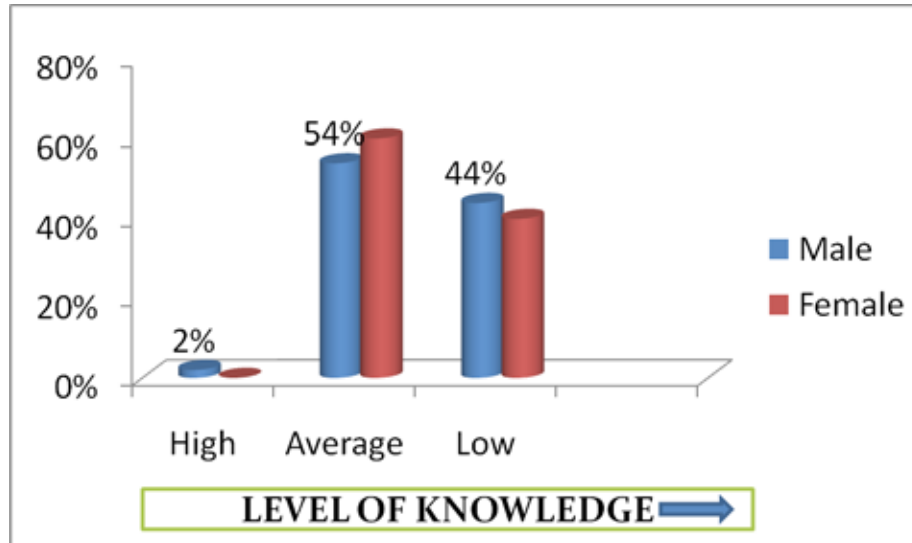
Chi square Test was used to find out the Association of knowledge and attitude score of males and Females towards tubectomy and vasectomy with their selected variables.

### Results

Frequency distribution in terms of level of knowledge score and Attitude scores of participants in

figure 1 and Figure 2 illustrates that furthermore half of the males 27(54%) had an moderate level of knowledge while 22(44%) of the males had low level of knowledge and only 1(2%) of male had high level of knowledge.

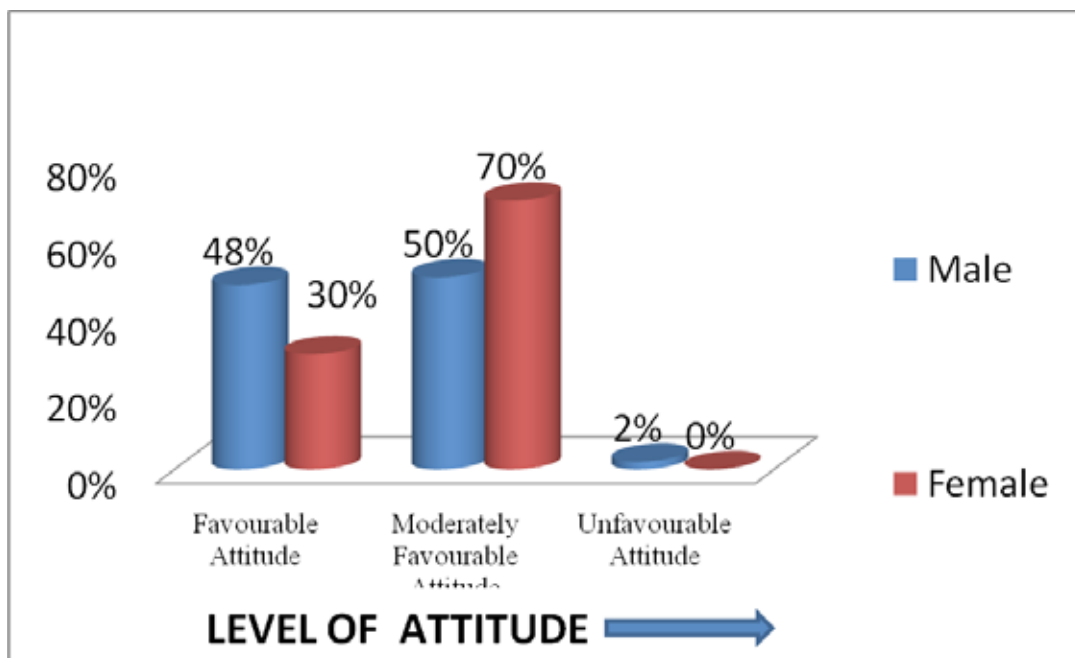
Out of the 50 females, Majority of them 30(60%) had average level of knowledge while 20(40%) had low level of knowledge as shown in figure 1.



**Figure 1: Percentage distribution in terms of level of knowledge among eligible couples towards tubectomy and vasectomy.**

Frequency and percentage distribution in terms of level of attitude of eligible couples towards tubectomy and vasectomy. Out of 50 males, Half of the males 25(50%) had moderately favourable attitude and 24(48%) of the males had favourable attitude while only 1(2%) of the

males had unfavourable attitude towards tubectomy and vasectomy. Out of 50 females, majority of the females 35(70%) had moderately favourable attitude while only 15(30%) of the females had favourable attitude towards tubectomy and vasectomy as shown in figure 2.



**Figure 2: Percentage distribution in terms of level of attitude among males and females towards tubectomy and vasectomy.**

**Table 1: Correlation between the knowledge and attitude of males and females towards tubectomy and vasectomy. N = 100**

Group		Knowledge score r(P value)	Attitude score R(P value)
Knowledge	Males	---	0.10(0.23)
	Females	---	0.66(0.06)

Relationship between the knowledge and attitude scores of participants towards tubectomy and vasectomy in table 5 which shows that r value of males and females were 0.10 and 0.66 respectively which were non significant at 0.05 level of significance calculated by

Co-relational Co-efficient. So there was no relationship between knowledge and attitude of participants towards tubectomy and vasectomy as shown in table 2.

Chi square showing association between level of knowledge and attitude of males and females towards tubectomy and vasectomy. The findings reveals that computed p value of males and females with selected variables of knowledge and attitude found to be not significant at 0.05 level of significance. This shows there is no association between the level of knowledge and attitude of males and females towards tubectomy and vasectomy as shown in table 3.

**Table 2: Chi square showing association in terms of level of knowledge and attitude of males and females towards tubectomy and vadectomy. N=100**

S.No.	Variables	Males	Females	Chi square (x <sup>2</sup> )	Df	P value
1	Knowledge			1.25	2	0.53 <sup>NS</sup>
	Good	1	0			
	Average	27	30			
	Poor	22	20			
2	Attitude			4.74	2	0.09 <sup>NS</sup>
	Favourable	24	15			
	Moderately favourable	25	35			
	Unfavourable	1	0			

NS = Not Significant (p>0.05)

### Discussion

In this study, From 50 males 22(44%) of the male’s knowledge was low while more than half of the males knowledge was average i.e. 27(64%) and only 1(2%) of male had high level of knowledge. Out of 50 females, 20(40%) of the females had low level of knowledge while more than half of the females 30(60%) had average level of knowledge and 0(0%) female had high level of knowledge.

In the present study, 24(48%) of the males had favourable attitude and half of the males 25(50%) had moderately favourable attitude while only 1(2%) of the males had unfavourable attitude. Out of 50 females, less than half of the females 15(30%) had favourable attitude and more than half of the females 35(70%) had moderately favourable attitude and no females had

unfavourable attitude. These results were contradictory to the study conducted by<sup>5</sup> **Onasoga, 2013**. The result showed that respondent’s knowledge of atleast one type of male family planning method, only 18(13.2%) had higher knowledge level and rest of the participants 33(24.3%) had lower knowledge regarding vasectomy. Most of the respondent also showed negative attitude towards vasectomy<sup>5</sup>.

The mean knowledge score of males was 7.76+2.33 with obtained range of 2-13 and the mean knowledge score with standard deviation of females was also 7.76+2.33; median was 8 with obtained range of 2-13 whereas the mean attitude score of males was 96.26+12.71; median was 96.50 with obtained range of 73-125 and the mean attitude score of females was 97.6+ 12.49; median was 97.50 with obtained range of

76-125. These findings were contradictory to the results of the study by **Gayathry, D., 2014** who observed that females had higher scores as compared to males which was not significant between the overall knowledge score (18.67+7.798 vs. 18.41+7.177)<sup>6</sup>.

In the present study, the computed p values of knowledge scores of the males with their selected variables were not significant except education i.e p-value 0.02 and occupation i.e p-value 0.01 which were highly significant. Hence knowledge of males towards tubectomy and vasectomy was dependent on educational status and occupation.

In this study, the computed p values of attitude scores of males with their demographic variables were non significant except Educational status i.e p value 0.00, occupation i.e p value 0.02, No. of children i.e p value 0.05, age at marriage i.e p value 0.03 which were highly significant at the 0.05 level of significance and computed p-value of females with all demographic variables were non significant at 0.05 level of significance. The findings are partially matches with the study conducted by **Onasoga, 2013**. The findings reveals that there was no significant association of academic scores of respondents and their attitude towards vasectomy, as well as between marital status and their attitude towards vasectomy significant association was found between the level of knowledge and attitude towards vasectomy<sup>5</sup>.

In the present study, computed p value of males and females with selected variables of knowledge and attitude was non significant at 0.05 level of significance. This shows there is no association between the level of knowledge and attitude of males and females towards tubectomy and vasectomy.

**Ethical Approval:** The moral leeway was gotten by taking consent from Sarpanch of Respective villages to direct the investigation in the rustic zones. The assent from the qualified Couples was gathered preceding the

examination. The reason for doing research venture was clarified and affirmation of privacy was given to the members.

**Conflict of Interest:** Nil

**Financing Sources:** Nil

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