

A Study on Adoption of Vasectomy among Males in Madurai District, Tamil Nadu

(Dr. K. Praveena, Lecturer, Dept. of Economics, Thiagarajar College, Madurai)

Introduction

Health, as defined by the World Health Organization (WHO), is "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." This definition has been subject to controversy, as it may have limited value for implementation. Health may be defined as the ability to adapt and manage physical, mental and social challenges throughout life.

The meaning of health has evolved over time. In keeping with the biomedical perspective, early definitions of health focused on the theme of the body's ability to function; health was seen as a state of normal function that could be disrupted from time to time by disease. An example of such a definition of health is: "a state characterized by anatomic, physiologic, and psychological integrity; ability to perform personally valued family, work, and community roles; ability to deal with physical, biological, psychological, and social stress". Then in 1948, in a radical departure from previous definitions, the World Health Organization (WHO) proposed a definition that aimed higher: linking health to well-being, in terms of "physical, mental, and social well-being, and not merely the absence of disease and infirmity"

Health can be broadly divided into three types namely; physical, mental and emotional health. Physical health comprises of the functioning of human organs, mental health includes anxiety, depression, stress and so on, whereas emotional health includes the emotional feelings, and happiness. All these types of health have equal effects on both men and women.

Vasectomy is a surgical procedure for male sterilization and/or permanent contraception. Vasectomy is done to prevent fertility in males throughout their lifetime. It is simpler and less invasive to perform on men than on women. The male vasectomy also has a quicker recovery time, complications are rare and deaths are even less common. In addition, Female sterilization carries greater risk of complication than does vasectomy. Abdominal access for tubal ligation carries 20 times the risk of major complications compared to vasectomy. (Available at <https://www.arhp.org/publications-and-resources/contraception-journal/january-2014> retrieved on 02.08.2014) In order to avoid the risk of complications, men can undergo vasectomy. But still, the performance of Vasectomy decreases over the period of years in Tamilnadu (Directorate of Family welfare, Chennai).

Statement of the Problem

The reproductive health of men in India is much better than that of women since they don't undergo any kind of family planning methods. In general, there is a misconception that women should undergo family planning operation which made still worse of their reproductive health. In order to reduce the severity of reproductive

health of women, men can undergo vasectomy. Therefore the present study aims at finding out the level of awareness about vasectomy among males and their opinion to undergo vasectomy and the misconceptions about vasectomy.

Objectives

The major objectives of the present study was

- (i) To find out the awareness level about vasectomy.
- (ii) To analyze their opinion to undergo and misconceptions about vasectomy.
- (iii) To offer policy implications and suggestions.

Methodology

The present study includes both primary data and secondary data. Primary data was collected through direct personal interview method. 50 respondents were included in the study and the responses were recorded and analyzed through SPSS software. The respondents were selected from the government hospital as per the convenience and willingness of the respondents to answer. Therefore convenience sampling method was adopted. The collected data were tabulated and presented in the form of a diagram.

Review of Related Literature

Review of literature is an important part of the study and this serves as a background for the researcher to have knowledge about the covered and uncovered facts in the previous studies. Some studies have direct relevance to the topic and few have indirect bearing on the study.

M.S. Jayalakshmi (2002) analysed a study of male involvement in Family planning and she observed that Male involvement in regulating family size has been a concern for the health policy makers for quite some time. The role of men in such matters is of great importance because decision makers in vast majority of the Indian families are males. Their awareness and knowledge are essential prerequisites for taking correct decisions at right time. Therefore, this study was conducted in a Maternity and Gynae hospital of Central Government Health Scheme, R.K. Puram, New Delhi, to assess the level of knowledge of males and their attitude towards family planning. The study revealed that (i) Nearly one-third of all births is either undesired or unplanned, the major reason being the failure of contraceptive methods or accidental conception during lactation period; (ii) Strong preference for sons compels at least one third of parents to go in for three or more number of children; (iii) Level of knowledge of various family planning methods like emergency contraceptives and no - scalpel vasectomy is low among the respondents; (iv) Desire to get vasectomy done is low among men; (v) Even after having three or more living children, only half of the men have any intention to adopt a permanent family planning method immediately or in future; and (vi) In half of the families, the husband is the sole decision -maker regarding the number of children.

Uwaifoh Akpamu (2010) studied Knowledge and Acceptance of 'Vasectomy as a Male Method of Contraception' amongst Literate Married Men in Ekpoma, Nigeria. Women have been shown to accept surgical intervention methods of contraception than men. Despite the fact that vasectomy is safer, simpler and effective, it is underutilized and relatively unknown in Nigeria. This study therefore, investigates the knowledge and acceptance of 'vasectomy as a male contraceptive method in Ekpoma, Edo State, Nigeria. The study population comprises of 250 respondents targeting literate married men which were randomly selected. A suitable constructed questionnaire which has been pre-tested was the tool for data collection. Overall, 23.2% have adequate knowledge of vasectomy. On acceptance of vasectomy as a male method of contraception, 1.6% agree and another 5.2% agree conditionally. Furthermore, no respondent with Islamic beliefs agrees to any degree. Result shows poor knowledge of vasectomy among the studied population and this may be the cause of low acceptance. Conclusively, this low acceptance will persist due to misconceptions, incomplete and incorrect information about vasectomy.

Findings of the Study and Tools of Analysis

(i) Socio Economic Conditions

- Nearly sixty percent of the respondents were illiterates and forty percent were literates.
- *Arithmetic mean has been used to find out the mean age of the respondents. The mean age of the respondents was 33 and it shows that all are nearly in the middle age group.*
- All men were employed in various jobs includes public, private and unorganized sectors.
- 52 percent of the respondents were from urban and 48 percent were from rural parts of Madurai district.
- Almost 80 percent of the respondents were from nuclear family and only 20 percent were from joint family system.

(ii) Awareness Level about Vasectomy

- 95 percent of the male respondents were aware of the permanent sterilization method and only 5 percent of the respondents' do not have the awareness about the vasectomy procedure.
- Majority of the respondents aware about the vasectomy procedure through their peer group members and a minimum number got the information from their family members.

(iii) Opinion and Misconceptions about Vasectomy

- All the respondents opined that even though they have knowledge, but they strongly did not accept to undergo vasectomy. They firmly believe it is the bounden duty of women to undergo family planning methods and not by men.
- All the respondents believe that vasectomy makes a man to lose his strength and virility. Also they felt that doing vasectomy is against to their religion and culture. Still men do not have the readiness

to undergo vasectomy. They induce women to have such kind of surgeries. In addition, they feel that doing vasectomy will ruin their communal value and respect in the society. Thus the psychological and cultural factors prevent men for going for vasectomy which force women to go for Family planning surgery which in turn affects women's health.

- Almost all the respondents feel that doing vasectomy will make the physical strength to be reduced and they cannot go for job after completing vasectomy. They feel the income of the family might get affected after the surgical procedure.
- Moreover they feel they lose their confidence in the lifetime and the opined that They will have stressful mind if they undergo vasectomy. Also they feel that they Will not get respect from their peer members in the work place.
- *Garrett ranking technique was adopted in finding out the reason for not accepting vasectomy. It was found that losing physical fitness comes as the first reason and social status gets damaged as the second one, can't go for job as the third reason, increased mental pressure as the fourth reason, and disrespect in the workplace as the fifth reason.*
- *Chi square test has been adopted to find out the association between the education, place of residence and type of family and the opinion towards vasectomy. The result shows that there is no association between education, place of residence and type of family and the opinion towards vasectomy. This shows that irrespective of the education, place of residence and type of family, the respondents strongly believe that doing vasectomy by men is unethical.*

Conclusion

Health is a multipart of Social, Economic and Demographic well being. Over a period of time, health of the country has improved; however, the good health of women is still a confront in the country. The poor health infra-structure facilities provided by the public hospitals should be culminated to improve the access of public health services.

Gender-equitable approaches to health and significant participation of the health professionals are needed to enable women health care services. Women Health is of vital importance in creating a healthy family and the society. Hence, the vasectomy procedure will make the number of female sterilization methods to get reduced. The interventions from the government both state as well as the central improve the behavior of the men towards vasectomy. The need for awareness programs that promote educating these men is the need of the hour.

Suggestions

- ✓ Department of health and Family welfare should take steps in creating awareness about vasectomy. Once if the male partners do it, then the women health can be improved to some extent.
- ✓ Women Health Counselors can be appointed in every hospital right from the primary health centre to the Government hospital, which will rectify the maternal and mental health problems faced by women soon after delivery and will be very ease for them to share the personal health problems at the times of need.