



Knowledge And Attitude On Vasectomy Among Husbands Of Postnatal Mothers With A View To Develop Pamphlet In A Selected Hospital, Durg District, Chhattisgarh

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Abstract

Background:

Family planning plays an important role in improving maternal and child health. Vasectomy is a safe, simple, and effective permanent method of male sterilization. However, its acceptance in India remains low due to lack of knowledge, misconceptions, and cultural beliefs. Assessing the knowledge and attitude of husbands regarding vasectomy is essential to promote male participation in family planning.

Objectives:

1. To assess the knowledge regarding vasectomy among husbands of postnatal mothers.
2. To assess the attitude towards vasectomy among husbands of postnatal mothers.
3. To find the association between knowledge and attitude with selected demographic variables.
4. To develop a pamphlet based on the findings to improve awareness about vasectomy.

Methods:

A descriptive research design was adopted for the study. The study was conducted in a selected hospital of Durg District, Chhattisgarh. The sample consisted of husbands of postnatal mothers selected through non-probability convenient sampling technique. A structured knowledge questionnaire and a Likert attitude scale were used to collect data. Descriptive and inferential statistics were used to analyze the data.

Results:

The findings revealed that the majority of participants had moderate knowledge regarding vasectomy, while a considerable proportion had inadequate knowledge. Attitude towards vasectomy was found to be moderately favorable among many respondents. A significant association was observed between knowledge level and selected demographic variables such as education and occupation.

Conclusion:

The study highlights the need for educational interventions to improve knowledge and positive attitude toward vasectomy among husbands. Educational pamphlets and awareness programs can play a significant role in promoting male participation in family planning.

Keywords: Vasectomy, Knowledge, Attitude, Family Planning, Male Sterilization, Postnatal Mothers.

Introduction

Family planning is an important component of reproductive health that enables couples to decide the number and spacing of their children. It plays a vital role in improving the health of mothers, children, and families by preventing unintended pregnancies and promoting responsible parenthood. Effective family planning programs contribute to reducing maternal and infant mortality and improving the overall quality of life of families and communities. In many countries, including India, several family planning methods are available, such as temporary methods (condoms, oral contraceptive pills, intrauterine devices) and permanent methods (tubectomy and vasectomy).

In India, family planning programs have historically focused more on women, with female sterilization being the most commonly adopted method of permanent contraception. However, male participation in family planning remains relatively low. Although men play an important role in reproductive decision-making within families, their involvement in contraceptive practices is limited due to various socio-cultural factors, lack of awareness, and misconceptions regarding male sterilization methods.

Vasectomy is one of the most effective and reliable permanent methods of contraception for men. It is a minor surgical procedure in which the vas deferens, the tubes that carry sperm from the testes, are cut or blocked to prevent sperm from entering the semen. The procedure is simple, safe, and usually performed under local anesthesia. Vasectomy does not affect sexual performance, hormonal balance, or physical strength. It only prevents the release of sperm during ejaculation, thereby preventing pregnancy. Compared with female sterilization, vasectomy is less invasive, safer, and associated with fewer complications.

Despite these advantages, the acceptance of vasectomy remains very low in many parts of India. A variety of misconceptions and myths contribute to this low acceptance. Some men believe that vasectomy may reduce their masculinity, decrease sexual performance, or lead to physical weakness. Cultural beliefs, fear of surgery, lack of correct information, and social stigma also discourage men from considering vasectomy as a method of contraception. Additionally, limited counseling and educational efforts targeting men further contribute to poor awareness about this method.

Male participation in family planning is essential for achieving reproductive health goals and promoting gender equality in reproductive responsibilities. When men are actively involved in family planning decisions, it can improve the effectiveness of family planning programs and support better health outcomes for women and children. Increasing awareness among husbands, especially during the postnatal period when couples are more receptive to family planning counseling, can significantly enhance the acceptance of vasectomy.

Therefore, assessing the knowledge and attitude of husbands of postnatal mothers regarding vasectomy is important to understand their perceptions, beliefs, and level of awareness. Identifying gaps in knowledge and misconceptions can help healthcare professionals develop effective educational strategies. The development of informative pamphlets and awareness materials can serve as useful tools for educating men about the benefits, safety, and effectiveness of vasectomy, ultimately encouraging greater male participation in family planning practices.

Need of the Study

Family planning is a key component of reproductive health and plays an essential role in improving maternal and child health outcomes. Effective family planning helps couples make informed decisions regarding the number and spacing of children, thereby reducing unintended pregnancies and improving the overall well-being of families. In India, the national family planning program has made considerable progress in increasing the availability of contraceptive methods; however, the burden of contraception still largely falls on women. Female sterilization remains the most widely used permanent method of contraception, whereas male sterilization through vasectomy is adopted by only a very small proportion of men.

Vasectomy is a safe, simple, cost-effective, and highly reliable method of permanent contraception for men. The procedure is minimally invasive, involves fewer complications, and has a shorter recovery period compared with female sterilization. Despite these advantages, the acceptance of vasectomy remains very low in many developing countries, including India. According to various national surveys, the prevalence of vasectomy as a method of family planning is significantly lower compared with female sterilization. This indicates a major gap in male participation in reproductive health and family planning programs.

Several factors contribute to the low acceptance of vasectomy among men. Lack of knowledge, misconceptions, fear of surgery, cultural beliefs, and social stigma are some of the major barriers that prevent men from opting for vasectomy. Many men believe that vasectomy may lead to weakness, decreased sexual performance, or loss of masculinity. These myths and misconceptions often discourage them from considering this safe and effective contraceptive method. In addition, family planning education and counseling programs have traditionally targeted women rather than men, which further limits male awareness and involvement.

Male participation in family planning is crucial for achieving sustainable reproductive health outcomes. When men are actively involved in decision-making regarding contraception, it promotes shared responsibility between partners and helps in better adoption of family planning methods. Educating men about the benefits and safety of vasectomy can help overcome myths and misconceptions and encourage them to take an active role in family planning. Healthcare providers, especially nurses and community health workers, can play a significant role in promoting awareness among couples regarding male sterilization.

The postnatal period is an important opportunity for providing family planning counseling to couples. During this time, couples often consider future reproductive plans and may be more receptive to information about permanent contraceptive methods. Husbands of postnatal mothers represent a key group for educational interventions, as they play a major role in family decision-making regarding contraception. Understanding their knowledge and attitudes toward vasectomy is essential to design appropriate health education strategies.

Therefore, it is necessary to assess the knowledge and attitude of husbands of postnatal mothers regarding vasectomy. Identifying the level of awareness and prevailing misconceptions can help in developing effective educational materials such as pamphlets to improve understanding and acceptance of vasectomy. Such educational interventions can contribute to increasing male participation in family planning and ultimately support the success of national reproductive health programs.

Materials and Methods

Research Design

The present study adopted a **descriptive research design** to assess the knowledge and attitude regarding vasectomy among husbands of postnatal mothers.

Research Setting

The study was conducted in a **selected hospital in Durg District, Chhattisgarh**. The setting was chosen because a large number of postnatal mothers and their husbands visit the hospital, which provided accessibility to the required study participants.

Population

The target population of the study consisted of **husbands of postnatal mothers admitted in the selected hospital**.

Sample Size and Sampling Technique

The sample size for the present study consisted of **100 husbands of postnatal mothers**. The participants were selected using a **non-probability convenient sampling technique** based on their availability and willingness to participate during the data collection period.

Inclusion Criteria

The study included:

- Husbands of postnatal mothers admitted in the selected hospital.
- Husbands who were **present during the data collection period**.
- Husbands who were **willing to participate in the study**.

Exclusion Criteria

The study excluded:

- Husbands who were **not available during the data collection period**.
- Husbands who were **not willing to participate in the study**.

Data Collection Tool

The data collection tool consisted of **three sections**:

Section I: Demographic Variables

This section included questions related to demographic information such as age, educational status, occupation, number of children, type of family, and previous knowledge regarding vasectomy.

Section II: Structured Knowledge Questionnaire

This section consisted of a structured questionnaire designed to assess the **knowledge of respondents regarding vasectomy**, including its meaning, procedure, benefits, effectiveness, and misconceptions.

Section III: Attitude Scale

A **Likert scale** was used to assess the **attitude of respondents toward vasectomy**. The statements were designed to measure positive and negative attitudes related to male sterilization.

Data Collection Procedure

Prior permission was obtained from the **hospital authority** before conducting the study. The purpose of the study was clearly explained to the participants, and **informed consent** was obtained from each respondent.

Confidentiality of the information was assured. Data were collected using a **structured questionnaire**, and participants were requested to respond to all items honestly.

Data Analysis

The collected data were organized, coded, and analyzed using **descriptive and inferential statistics**. Descriptive statistics such as **frequency, percentage, mean, and standard deviation** were used to describe the demographic characteristics, knowledge, and attitude levels of the respondents. Inferential statistics were applied to determine the **association between knowledge and attitude with selected demographic variables**.

Results

The data collected from **100 husbands of postnatal mothers** were analyzed using descriptive and inferential statistics to assess their knowledge and attitude regarding vasectomy.

The findings revealed that the **level of knowledge regarding vasectomy varied among the participants**. A considerable proportion of respondents demonstrated **moderate knowledge** about vasectomy, while some participants had **inadequate knowledge** about the procedure, its benefits, and its effectiveness as a permanent method of contraception. Only a limited number of participants showed **adequate knowledge** regarding vasectomy and its role in family planning.

The assessment of attitude toward vasectomy indicated that **many participants had a moderately favorable attitude** toward the procedure. However, certain **misconceptions and negative perceptions** were still observed among some respondents. A few participants believed that vasectomy might affect physical strength, sexual performance, or overall masculinity, which influenced their acceptance of this contraceptive method.

Further analysis revealed that **educational status and prior exposure to family planning information** had a significant influence on the knowledge level of the participants. Husbands who had **higher levels of education or previous exposure to family planning counseling or awareness programs** demonstrated better knowledge and a more favorable attitude toward vasectomy compared to those with lower educational backgrounds or limited exposure to family planning information.

Overall, the results highlight the need for **educational interventions and awareness programs** to improve knowledge and promote a positive attitude toward vasectomy among men, thereby encouraging greater male participation in family planning.

Results

Table 1

Distribution of Participants According to Level of Knowledge on Vasectomy (N = 100)

Level of Knowledge	Frequency (f)	Percentage (%)
Inadequate Knowledge	28	28%
Moderate Knowledge	52	52%
Adequate Knowledge	20	20%
Total	100	100%

Interpretation:

The table shows that **52% of respondents had moderate knowledge, 28% had inadequate knowledge, and 20% had adequate knowledge** regarding vasectomy.

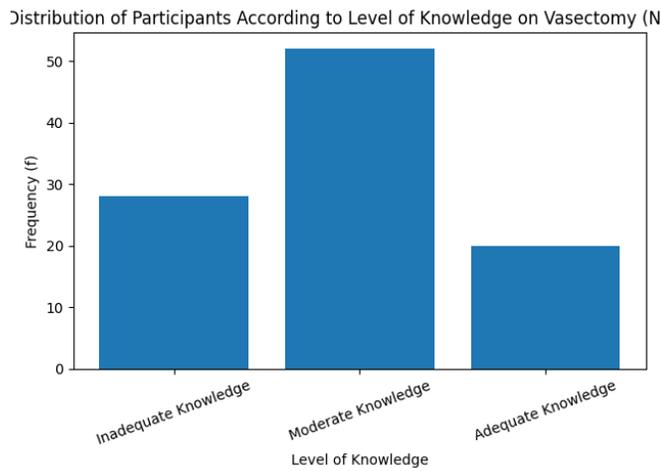


Table 2

Distribution of Participants According to Attitude Toward Vasectomy (N = 100)

Attitude Level	Frequency (f)	Percentage (%)
Unfavorable Attitude	22	22%
Moderately Favorable Attitude	58	58%
Favorable Attitude	20	20%
Total	100	100%

Interpretation:

The table indicates that **58% of participants had a moderately favorable attitude, 22% had an unfavorable attitude, and 20% had a favorable attitude** toward vasectomy.

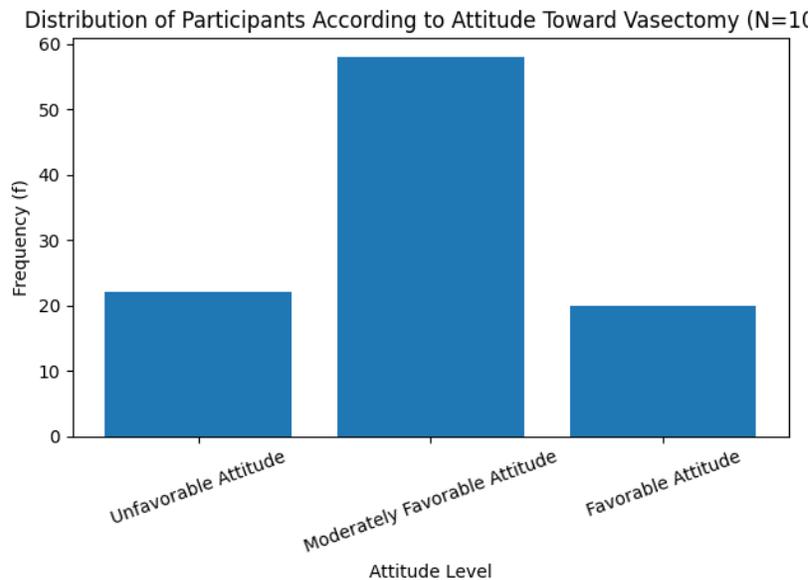


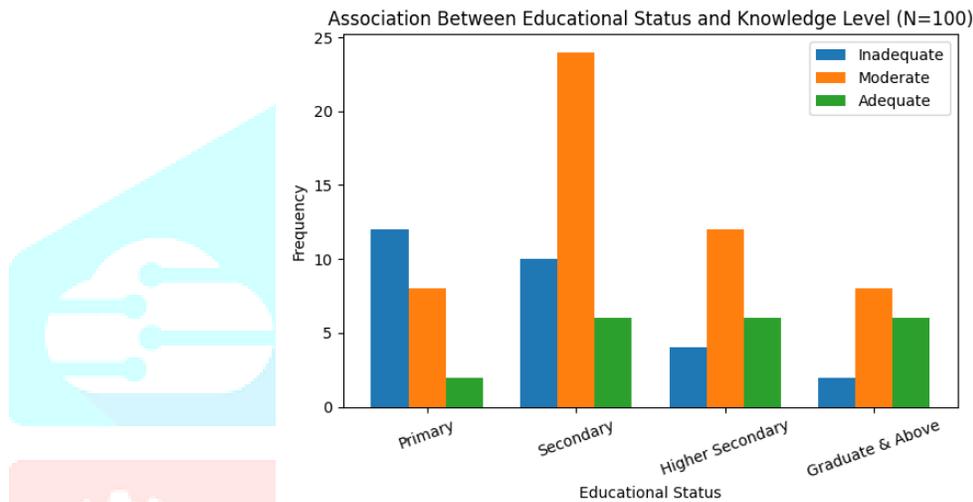
Table 3

Association Between Educational Status and Knowledge Level Regarding Vasectomy (N = 100)

Educational Status	Inadequate	Moderate	Adequate	Total
Primary	12	8	2	22
Secondary	10	24	6	40
Higher Secondary	4	12	6	22
Graduate & Above	2	8	6	16
Total	28	52	20	100

Interpretation:

The table shows that **knowledge regarding vasectomy increases with higher educational levels**, indicating that education plays a significant role in improving awareness about male sterilization.

**Discussion**

The present study was conducted to assess the **knowledge and attitude regarding vasectomy among husbands of postnatal mothers** in a selected hospital of Durg District, Chhattisgarh. The findings of the study revealed that the **level of knowledge regarding vasectomy among the participants was moderate**, while a considerable proportion of respondents had inadequate knowledge about the procedure, its benefits, and its effectiveness as a permanent method of contraception.

The results indicate that **misconceptions and lack of awareness continue to influence the acceptance of vasectomy**. Many participants were not fully aware of the advantages and safety of the procedure. Cultural beliefs, fear of surgical procedures, and social stigma related to male sterilization were found to be major barriers that discourage men from considering vasectomy as a family planning method. Similar findings have been reported in various studies conducted in developing countries, where male participation in family planning remains low due to misinformation and traditional beliefs.

The attitude assessment in the present study showed that a majority of respondents had a **moderately favorable attitude toward vasectomy**, although some negative perceptions and misconceptions still existed. These findings suggest that while some men are open to the idea of male sterilization, their decision may be influenced by inadequate knowledge and societal attitudes.

The study also found that **educational status and exposure to family planning information had a significant influence on the knowledge level of participants**. Respondents with higher educational levels and prior exposure to health education or counseling demonstrated better knowledge and more positive

attitudes toward vasectomy. This highlights the importance of providing accurate information and awareness programs to improve understanding of male sterilization.

Educational interventions such as **pamphlets, counseling sessions, and awareness campaigns** can play a significant role in improving knowledge and changing attitudes toward vasectomy. Healthcare professionals, particularly **nurses and community health workers**, have an important role in providing education and counseling to couples regarding family planning methods. By addressing myths and misconceptions, healthcare providers can encourage greater male participation in reproductive health and family planning programs.

Conclusion

The study concluded that although some husbands of postnatal mothers possessed **moderate knowledge regarding vasectomy**, a significant proportion still had **limited awareness and misconceptions** about the procedure. The findings highlight the need for effective educational strategies to improve knowledge and promote a positive attitude toward vasectomy.

Educational interventions such as **informational pamphlets, counseling programs, and awareness campaigns** can help in correcting misconceptions and increasing acceptance of vasectomy among men. Promoting male participation in family planning is essential for achieving better reproductive health outcomes and ensuring shared responsibility between partners.

Recommendations

1. **Educational pamphlets** should be developed and distributed to increase awareness about vasectomy among men.
2. **Health education programs and counseling sessions** should be conducted for couples in hospitals and community settings to promote male participation in family planning.
3. **Mass awareness campaigns** should be organized to remove myths and misconceptions related to vasectomy.
4. **Healthcare professionals**, especially nurses and community health workers, should actively provide counseling and education about male sterilization methods.
5. Further studies can be conducted with **larger sample sizes and in different geographical regions** to obtain more comprehensive findings regarding knowledge and attitudes toward vasectomy.

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