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A STUDY TO ASSESS THE EFFECTIVENSS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE, ATTITUDE AND BARRIERS REGARDING MALE CONTRACEPTIVE METHODS AMONG MEN IN SELECTED COMMUNITY.

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ABSTRACT

INTRODUCTION: Male contraceptives are necessary for acknowledgment of the need for shared contraceptive responsibility, which would lessen the burden currently borne solely by the female spouse, in situations where women are unable to use because of health issues. The Indian Express news coverage released a report on June 7, 2023, United Nations Report on the World Populace Prospects, which said that by 2050, India‟s populace would reach far surpassing China‟s declining populace at 131.7 crore. **METHODOLOGY**: This study was conducted in a quantitative research approach with one group pre-test and post-test pre-experimental design. The study was conducted in Nerkundram for 75 men with Purposive sampling technique. The research tools are the demographic variables, Self structured questionnaire for knowledge, 5 Point Likert‟s scale for attitude and dichotomous questionnaire for barriers. **RESULT:** The study revels that the knowledge level on pre-test, 66.67% had inadequate knowledge, 100% had negative attitude, and the mean score of barriers on permanent methods was 5.0 and the temporary was 6.46 whereas in the post-test after the intervention of structured teaching programme the knowledge level was 94.67% had adequate knowledge, 70.67% had positive attitude, and the post-test mean score was 1.14 in permanent methods and the post-test mean score was 0.90 in temporary methods. It shows a positive correlation between mean differed knowledge, attitude and barriers which was statistically significant at $p<0.005$ level. **CONCLUSION**: The study reflects that the men had inadequate knowledge, attitude and barriers but after the structured teaching programme the knowledge, attitude and barriers have increased it shows a positive outcome by performing this study.

KEYWORDS: Male Contraceptive Methods, Structured Teaching Programme

INTRODUCTION

The World Health Organization states that birth control is a mindset and way of life that people choose to embrace willingly based on their understanding, disposition, and responsible choice to efficiently enhance the social growth of the nation as a whole by promoting the health and welfare of family groups. The idea of "Contraceptive Services" encompasses any welfare, healthcare, or academic initiative that restricts an individual's ability to decide independently the number of children to have, how often to have them, or how to raise them. This includes juveniles as well. By using various gadgets, sexual practices, chemicals, medications, or surgical procedures, contraception is the intentional prevention of pregnancy despite unprotected sexual activity.

Effectiveness is defined as allowing sexual interaction without the worry of unintended pregnancy and guaranteeing the freedom to have children when desired. Being guaranteed that newly married who want a child have access to the means necessary to fulfill this desire is the aim of using contraceptives. Men are driven by a desire to be directly involved in family decisions and to participate in family planning. Men are most prolific between the ages of 25 and 55, which is a long time. At the age of 35, having children is suggested at some point. The masculine richness begins to compound after this age. Sperm may produce pregnancies with alterations after the age of 35. Going encouraged, if the age of the man is over 45, a long time, at that point, the chances of having a premature delivery 3 are much higher, independent of the age of the pregnant woman. In the male reproductive system, male genitalia tissue, the creation of sperm, and libido can all change with age. These alterations typically occur progressively. The intentional use of medications, or gadgets to prevent conception or pregnancy. Current developments in male contraception necessitate a high level of awareness among eligible couples. The Indian Express news coverage released a report on June 7, 2023, United Nations Report on the World Populace Prospects 2022, which said that by 2050, India‟s populace would reach 166.8 crore, far surpassing China‟s declining populace at 131.7 crore. Todays, informed contraceptives is comforting to know that preventive steps canbe taken against unintended pregnancy. The majority of contraceptives are meant for females while some medical issues may make it impossible for them to be used. The ideal male contraceptive should be affordable and practical, simple to use, risk free, libido insensitive, and rapidly reversible. The objectives of the study is to assess and compare the pre-test and post-test levels of knowledge, attitude and barriers on male contraceptive methods among men, to assess the effectiveness of Structured Teaching Programme on Male Contraceptive Methods regarding Knowledge, Attitude, and Barriers among Men, to correlate the Knowledge, Attitude and Barriers regarding Male Contraceptive Methods among men at $p<0.005$ level, to find the association between the level of Knowledge, Attitude and Barriers regarding Male Contraceptive Methods among men with the demographic variables at $p<0.005$ level.

METHODOLOGY

The head of the community medicine department and the dean gave their approval. For a period of two weeks, a plot study was carried out at naeyapaakam. Ten percent of the total population was represented by the eight samples utilized in the pilot study and it was conducted from 19.10.2023 to 04.11.2023 with the men. For the main study, Written consent from the Department of Community Medicine was acquired. The tools as well as content validation were obtained. The reliability of the tools were estimated for knowledge by test retest method (r:0.88), for attitude cronbach alpha (r=0.72) and for barriers test retest (r=0.75) method was used and for all the tree variables it shows it is highly reliable. The data collection period was one month from 11.12.2023 to 10.01.2024 at Nerkundram area. Men who satisfied the inclusion requirements were chosen using purposeful sampling techniques. 75 men in the reproductive age range were selected. In return for their collaboration, the men and the investigator developed a great rapport. The participants were told that the investigator would handle their response with grace and confidential manner. Each sample was informed of the study's purpose in an effort to win their complete cooperation. Consent from the individual was obtained. The questionnaires are issued to the participants and were used to evaluate the knowledge, attitude, and barriers. Following the collection of pre-test data, men participated in a structured teaching program on male contraceptive techniques using visual aids (flash card) as one to one individual for a period of 15 minutes for every individual. The pre-test data was gathered and combined the collected data. After a week, the post-test was gathered using the similar questionnaire. 75 men in the local community participated in the data collection using same sampling methods. The tools were left unchanged. Therefore, the post test data were obtained and gathered.

RESULTS

The analysis is the procedure for arranging and synthesizing data to answer the research question and evaluate the hypotheses. This chapter examines the data acquired from 75 reproductive-age men to assess their knowledge, attitudes, and barriers to male contraceptive methods. The information was organized, tabulated, and analyzed by the goals. Data analysis starts with a description of the studys data, which is numerical and includes certain concepts. After a week, the post-test was gathered using the same questionnaire. 75 males in the local community participated in the data collection using comparable sampling methods. The tools were left unchanged.

In the pre-test, 50 men (66.67%) had inadequate knowledge(fig 1), 75(100%) of the mean had a negative attitude (fig 2) , Mean barriers to permanent and temporary contraceptive methods were 5.0 and 6.46 of male contraceptive methods in the posttest, which was conducted after the structured teaching programme was implemented, most of them scored 71 men (94.67%) had adequate knowledge, 53(70.67%) had a positive attitude and 22(29.33%) were neutral toward male contraceptive methods, the

mean of the permanent and temporary contraceptive barrier was 1.14 and 0.90 (fig 3).

In the pre-test, the mean score of knowledge was 4.96±2.49 (Boxplot 1), attitude was 5.0±1.02 (Boxplot 2) and barriers of permanent methods was 5.0±1.02. (Boxplot 3) and temporary method was 6.46±0.97 (Boxplot 4) and the post-test mean score of knowledge was 13.60±0.69, attitude was 64.42±6.86, barriers was 1.14±1.17 and 0.90±0.91 . These finding infers that structured teaching programme on knowledge, attitude and barriers towards male contraceptive methods administered among men was found to be effective in improving the post-test level of knowledge, attitude and barriers among men towards male contraceptive methods

The relationship between mean score of knowledge and attitude, knowledge and barrier, barrier and attitude on contraceptive methods among men. The computed Karl Pearson‟s Correlation of r = 0.314 shows a positive correlation between knowledge and attitude, r = 0.402 shows a positive correlation between knowledge and barrier, r=0.431 shows a positive correlation between barrier and attitude which was statistically significant at p<0.005 level.

The association of mean differed score regarding knowledge on male contraceptive methods among men with selected demographic variables. It shows that the demographic variables duration of marital life **(F=3.725, p=0.029)** and source of information **(F=3.195, p=0.047)** had statistically significant association with mean differed knowledge score on male contraceptive methods among men at p<0.05 level and significant association with mean differed knowledge score was not observed with other demographic variables at p<0.05 level.

The association of mean differed score regarding attitude towards male contraceptive methods among men with selected demographic variables. It shows that the demographic variables family monthly income **(t=2.158, p=0.035)** and source of information **(F=7.495, p=0.001)** had statistically significant association with mean differed attitude score towards male contraceptive methods among men at p<0.05 and p≤0.001 level respectively and significant association with mean differed attitude score was not observed with other demographic variables at p<0.05 level.

The association of mean differed barriers on permanent contraceptive methods among men with selected demographic variables. It shows that the demographic variables occupation **(F=3.326, p=0.042)** had statistically significant association with mean differed barriers on permanent contraceptive methods score among men at p<0.05 level and significant association with mean differed score of barriers on permanent contraceptive methods was not observed with other demographic variables at p<0.05 level.

The association of mean differed barriers on temporary contraceptive methods among men with selected demographic variables. It shows that the demographic variables any history of using contraceptives **(t=2.379, p=0.020)** had statistically significant association with mean differed barriers on temporary contraceptive methods contraceptive methods score among men at p<0.05 level and significant association with mean differed score of barriers on temporary contraceptive methods was not observed with other demographic variables at p<0.05 level.

DISCUSSION

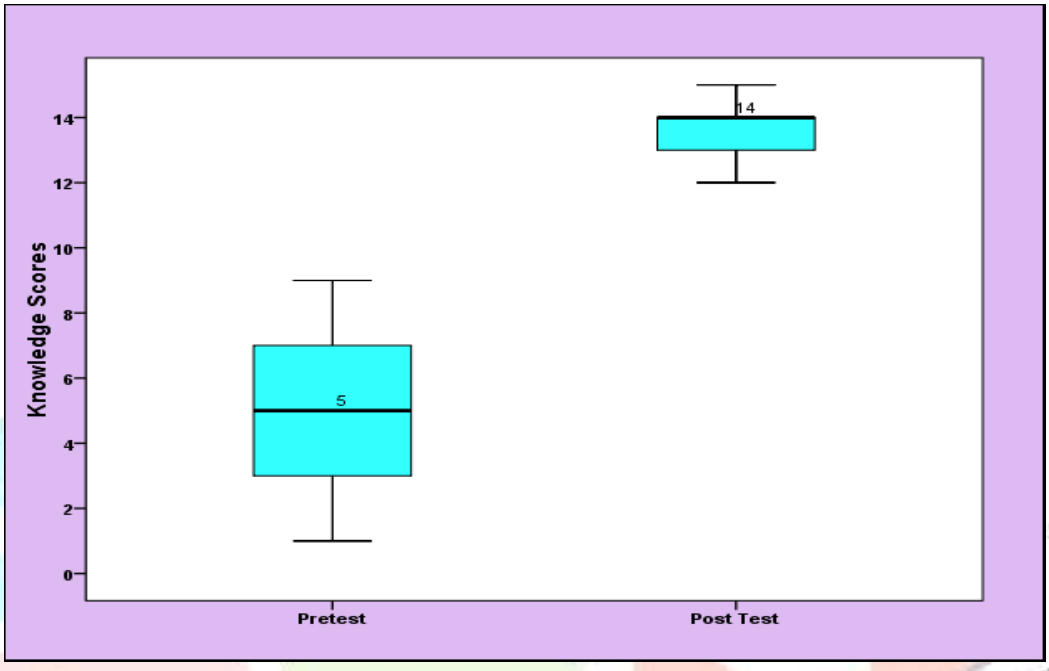
The present study depicts that in the pre-test, 50(66.67%) had inadequate knowledge, whereas in the post-test, after the intervention of a structured teaching programme, 71(94.67%) had adequate knowledge on male contraceptive methods. In the pre-test, 75(100%) of men had negative attitudes, although in the post- test In the pre-test, 75(100%) of men had negative attitudes, although in the post-test, after the intervention of a structured teaching programme, 53(70.67%) had positive attitudes and 22(29.33%) were neutral on male contraceptive methods. It portrayed that in the pretest, the mean score of barriers on permanent contraceptive methods was 5.0 and the post-test mean score was 1.14. The pre-test mean score of barriers on temporary contraceptive methods was 6.46 and the post-test mean score was 0.90.

The previously mentioned findings were supported by research carried out by Sait Moataz (2021) et al., a study on the beliefs, knowledge, and ways that contraceptive methods are perceived. cross-sectional investigation with twenty-four Saudi male subjects. The sample ages ranged from 19 to 81 years old on average, and 227 (93.4%) of them were married at the time of the study. Two-thirds of our samples worked for the government, and 76% of them held a university degree. On average, there were four kids (range: 0–16). 79% of those surveyed were aware of contraceptive methods. Thus, knowledge, attitude, and perception scored far higher than the other components. contraceptive methods use was significantly connected with government employment, having fewer children, having a higher educational degree, and receiving a larger monthly salary rather than age, length of marriage, marital status, or polygamy.

CONCLUSION

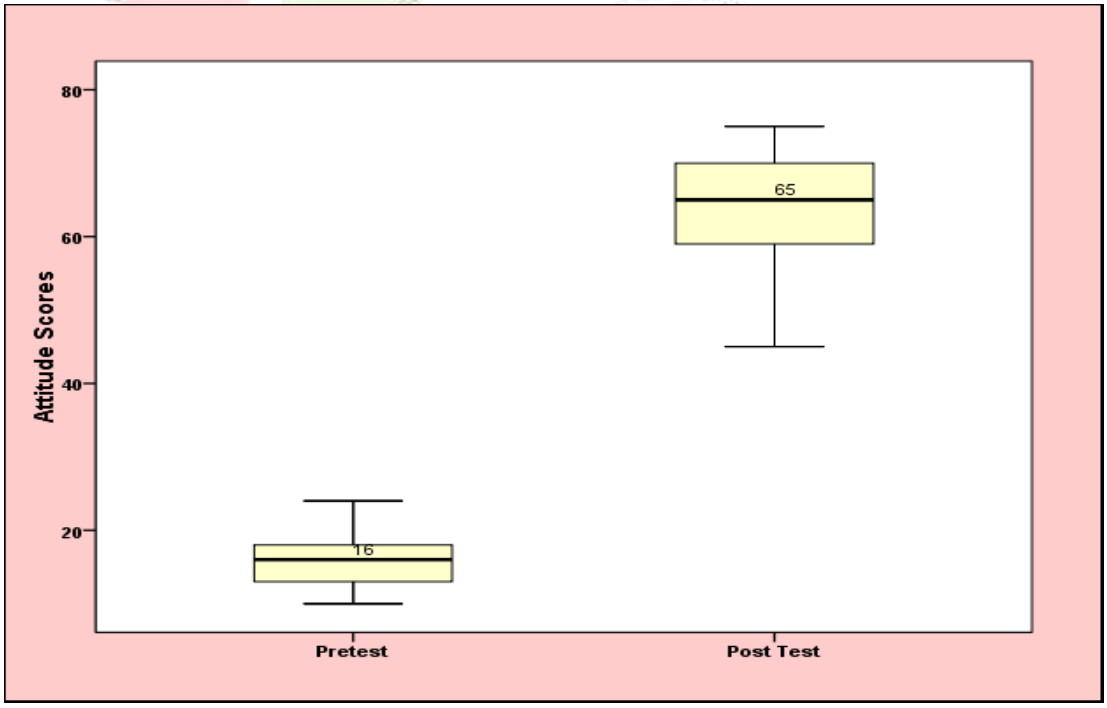
The results of the study showed that the most of the men belongs to the age group of 25-30, nuclear family, graduates and professionals. During pretest the knowledge , attitude and barriers level was inadequate, negative attitude, showed many barriers but soon after the intervention of structured teaching programme on male contraceptive methods have an impacts on these variables in this study. After a week of post-test the knowledge, attitude and barriers level was increased to adequate, positive attitude and had reduced barriers on male contraceptive methods. Therefore, the study found that interventions played an important role in these variables.

Boxplot :

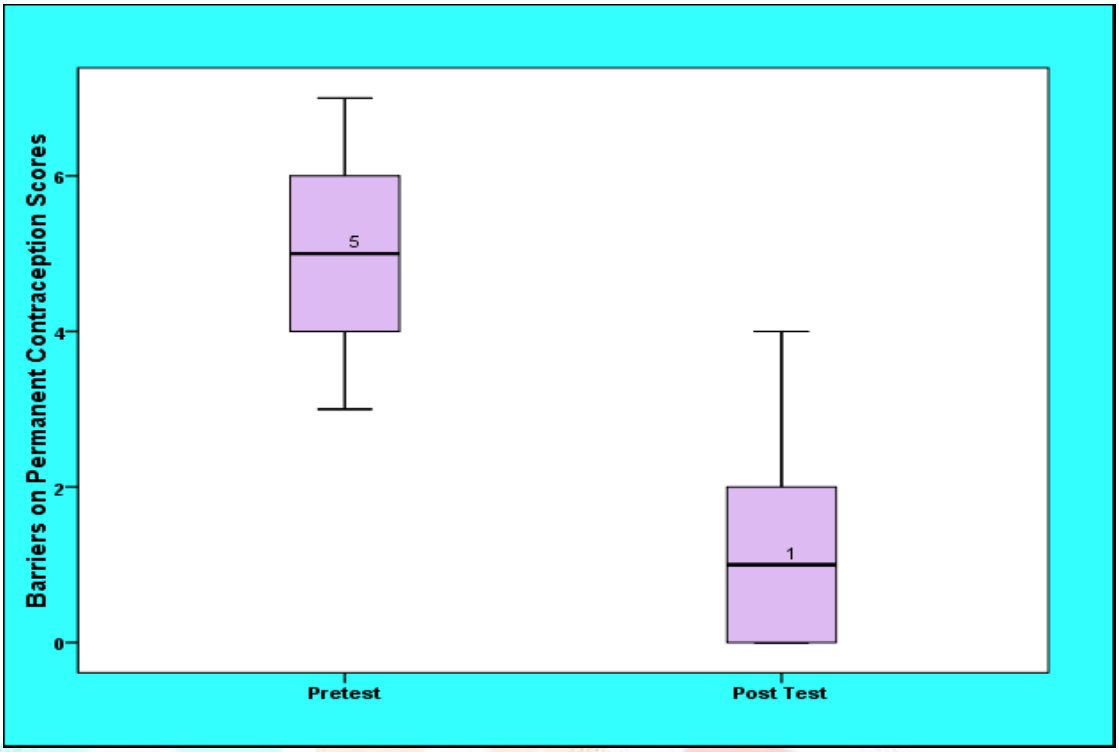


Box 1: Boxplot showing the effectiveness of Structured Teaching programme reagarding Knowledge on Male Contraceptive Methods among men

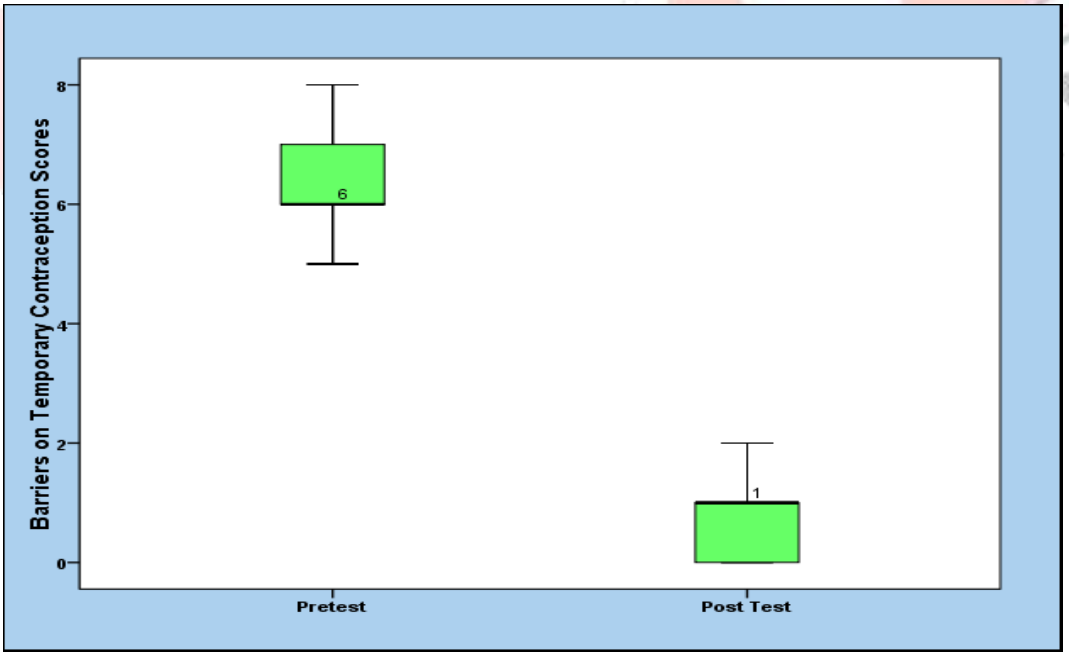
(Median: Pretest – 5.0, Posttest – 14.0)



Box 2: Boxplot showing the effectiveness of Structured Teaching Programme on Attitude on Male Contraceptive Methods among men (Median: Pretest – 16.0, Posttest – 65.0)



Box 3: Boxplot showing the effectiveness of Structured Teaching Programme on barriers on permanent contraceptive methods among men (Median: Pretest – 5.0, Posttest – 1.0)



Box 4: Boxplot showing the effectiveness of Structured Teaching Programme on Barriers on Temporary Contraceptive Methods among men (Median: Pretest – 6.0, Posttest – 1.0)

Graphs :

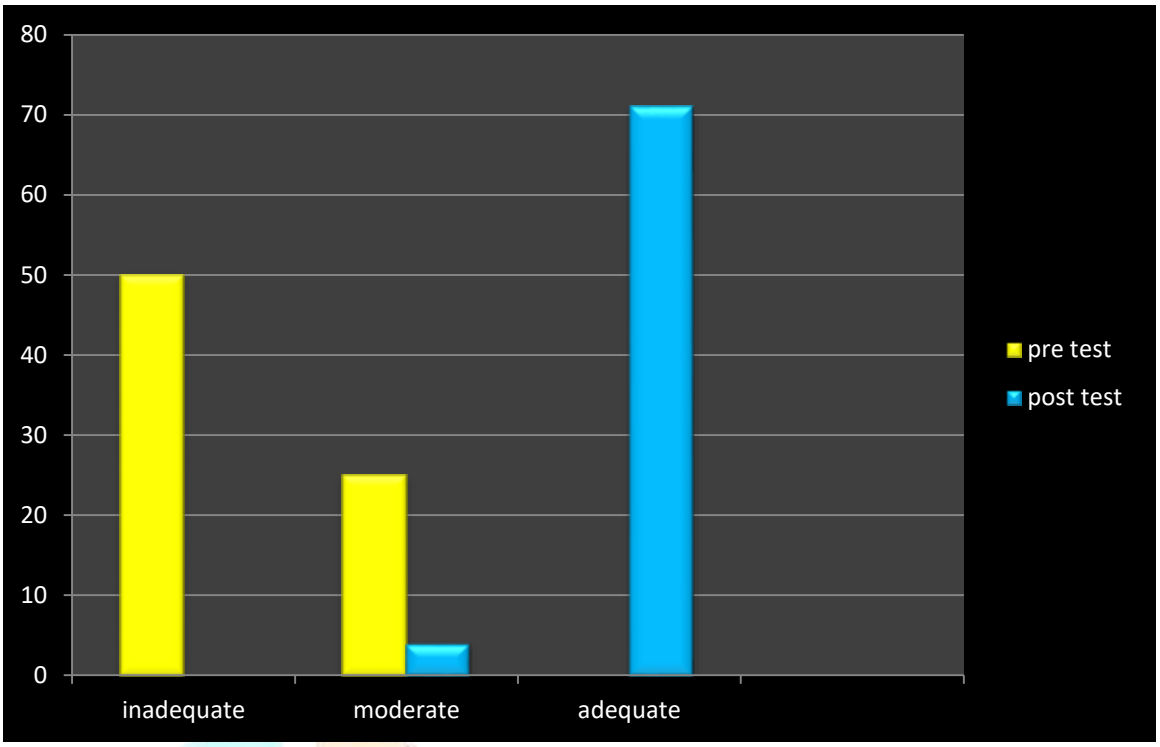


Fig no 1: Frequency and Percentage distribution of pre-test and post-test level of Knowledge on Male Contraceptive Methods among men

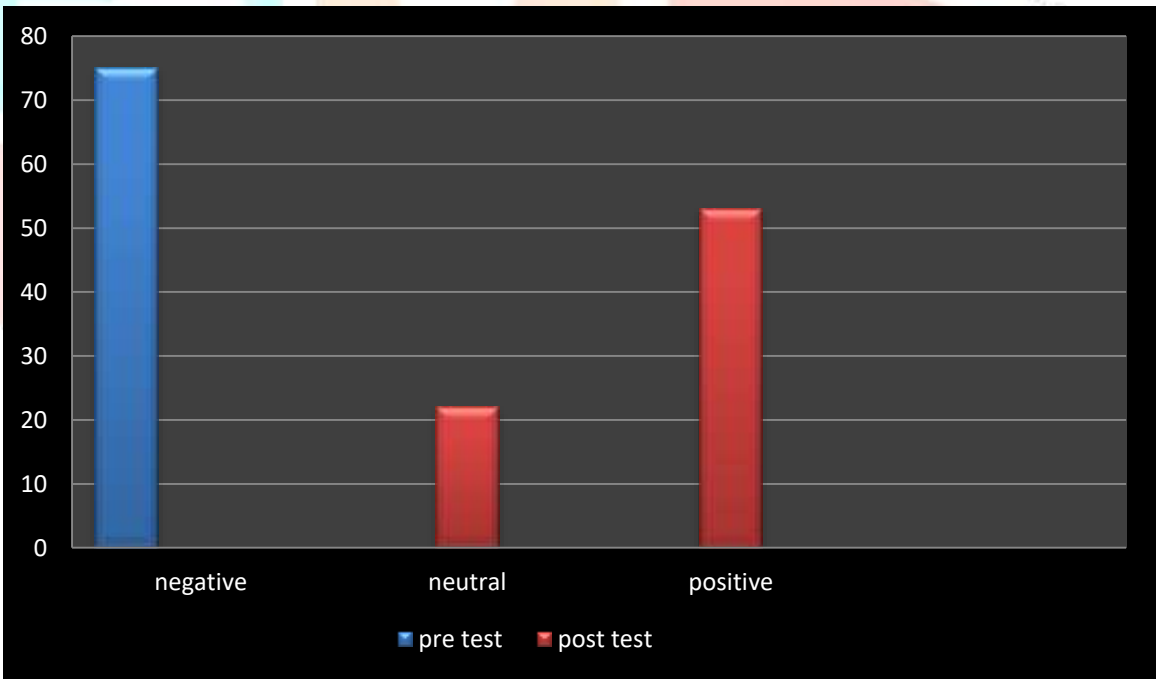


Fig 2: Frequency and Percentage distribution of pre-test and post-test level of Attitude on Male Contraceptive Methods among men

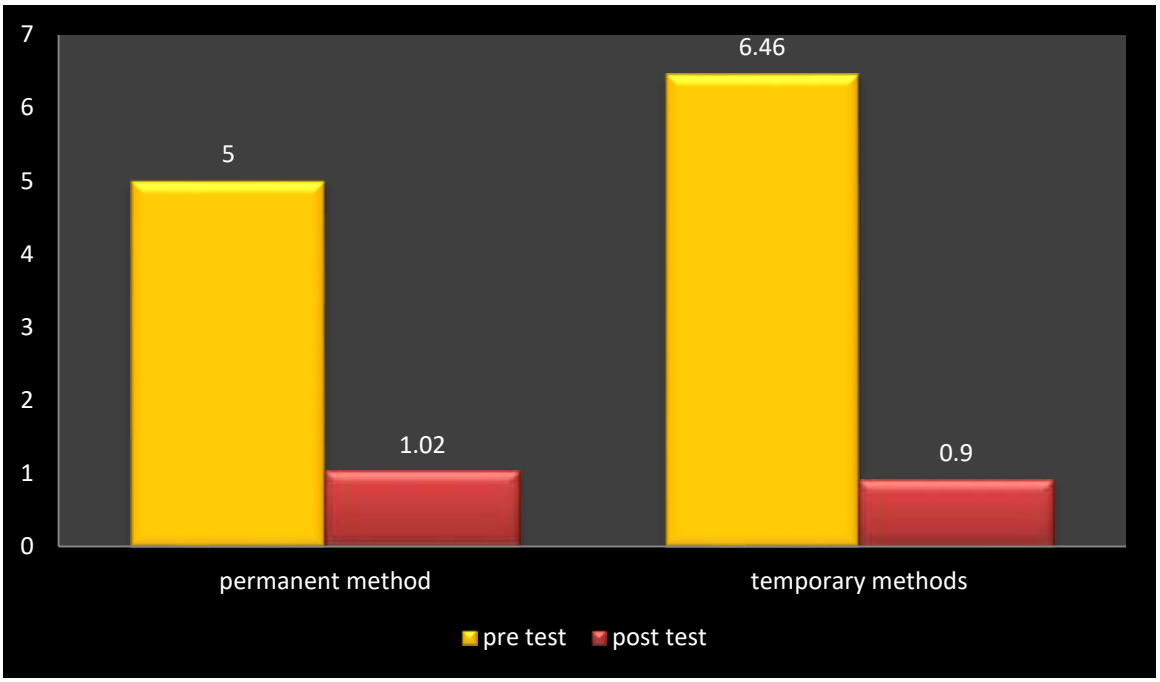


Fig 3: Frequency and Percentage distribution of pre-test and post-test level of Barriers on Permanent Contraceptive Methods among men.

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