

LEVEL OF AWARENESS AND ACCEPTANCE OF FATHERS IN VASECTOMY AT TAMONTAKA MOTHER BARANGAY, COTABATO CITY

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Abstract: The study entitled “Level of Awareness and Acceptance of Fathers in Vasectomy at Tamontaka Mother Barangay, Cotabato City” evaluated the relationship of the demographic profile of the respondents in the awareness and acceptance on vasectomy. The study utilized the descriptive –correlational design using a researcher - made survey questionnaire in data gathering. It was conducted to the purposively selected 100 fathers in Tamontaka Mother Barangay in Cotabato City. The study made use of percentage, mean and Pearson r Correlation in the analysis and interpretation of data. The major findings of the study revealed many of the fathers are between ages 31 – 36 years old with a mean age of 33 years old and mostly of them are Maguindanaons, have attained high school level of education and Islam in religion. The respondents are moderately aware and had moderately accepted the vasectomy procedure. They moderately accepted both in terms of physical health and social aspect the vasectomy procedure. There is a significant relationship between the demographic profile of the respondents in terms of tribe, educational attainment and religion with the level of awareness and acceptance of the fathers in vasectomy. However, there is no significant relationship between the demographic profile of the respondents in terms of age and the level of awareness and acceptance of the fathers in vasectomy. The study recommended for intensification of information dissemination to increase awareness and acceptance of the public towards vasectomy procedure.

Keywords: Vasectomy, Maguindanaon, Islam, Acceptance, Cotabato City.

1. INTRODUCTION

Background of the Study:

Vasectomy has been accepted as an important alternative to female sterilization for couples who want a permanent method of contraception. However its utilization remains low despite it also considered as a highly effective and safe contraceptive method for couples who want to stop childbearing. There are only 2.4% of men around the world that used this method. Male’s attitudes are often blamed for the underutilization of this method. Frequently cited examples of attitudes which discourage the use of vasectomy include men’s lack of interest in or responsibility for reducing pregnancies, the association with castration, and fear of procedure and lack of knowledge on it (Shattuck, Perry, Packer and Quee, 2016).

In the Philippines, the DOH has implemented free vasectomy services to attract Filipino men to accept this contraceptive method. In Cebu City, a campaign towards encouraging men to submit for vasectomy was implemented. It includes information dissemination on its benefit and free expenses on the procedure. They even get 1,000 incentives for those who availed as sponsored by No Scalpel Vasectomy International (NVSI). According to Bennie Kiamko one of the founder of NVSI they provide subsidy to the Filipino men who are required to rest for 2 days after vasectomy. However, still only a few accepted this offer since many men are afraid to try it (Palicte, 2017).

In Mindanao, the Davao City Health Office (CHO) has admitted that it is still having difficulty in promoting the No Scalpel Vasectomy (NVS) because of patriarchy or the “macho Pinoy.” The health office claimed that despite of the different promotional advocacy and campaign done by the DOH still males do not easily accept it and has little knowledge about it (Tejano, 2015).

The role of the support of the males in the effectiveness of contraception in meeting these goals is critical. Access to contraception helps not only the women avoid unintended pregnancies, improves maternal and infant health by spacing births, and reduces the need for abortions but males should have shares and accountability. Thus, the researchers desire to know what are the perceptions of the fathers towards vasectomy to help develop insights and to help the legislators and administrators to plan for better strategies in the approaches that can motivate higher acceptance.

2. THEORETICAL FRAMEWORK

The study is anchored in the Theory of Reasoned Action by Azjen and Fishbein (1980) which is an improvement of the information integration theory. It explained about the process of persuasion, behavioral intention. This theory also recognizes there are situations or factors that limit the influence of attitude on behavior. It predicts the behavior intent is created or caused by two factors: our attitude and our subjective norms. Therefore understanding this two factor can provide a person with options on how to persuade the individual to change his behavior towards something.

In this study the behavior and attitude of men to vasectomy are directly affected by the norms in society and the attitude related to lack of sufficient knowledge towards vasectomy benefits and risk. This can therefore be enhanced by proper information dissemination and other approaches to persuade men to open their mind on it and even subject self to do it.

Objective of the study:

The purpose of the study was to determine the level of awareness and acceptance of fathers in vasectomy.

3. MATERIALS AND METHODS

The study utilized the descriptive – correlational design. The descriptive design was selected since it is appropriate in describing the profile of the respondents and the level of awareness and acceptance in vasectomy. The correlational aspect determined the relationship of the demographic profile to the awareness and acceptance of fathers in vasectomy. The sampling method used in the study was purposive sampling technique. It is a non- probability sampling design that provided a criteria in selecting the individual to qualify as respondents. In this study the criteria is that only those fathers in Tamontaka were identified as basis for selection.

The researcher made a survey questionnaire was used as a tool during data gathering. The instrument was composed of three parts. Part 1 was composed of statements about the profile of the respondents. Part 2 was composed of statements about the level of awareness of the respondents in vasectomy. Part 3 was composed of statement about the level of acceptance of the respondents on vasectomy. The instrument used a four point Likert scale of 1 to 4 in the level of choice in the given statements. The data gathering procedure underwent several activities. The first step done was by seeking the approval of the thesis proposal and letters of permission to the right authorities. The researcher made instrument was then subjected to validity and reliability test. After which distribution of the letters of permission was conducted identifying the specific date of the survey.

The survey was conducted last August 1, 2018 by the researchers in the barangay hall. Informed consent and brief orientation was done to the respondents during the conduct of the survey. Data gathered were tabulated and analyzed with the help of the statistician of the school.

4. RESULTS AND DISCUSSION

Profile of the Respondents:

The respondents are between ages 25 – 30 years old followed by those who are 31 – 36 years old at 27% and 37 – 42 years old at 22%. They have a mean age of 32.88 or 33 years old. This implies majority of the respondents are at the prime age wherein they are still capable of becoming a father to children which can be an important factor in their perceptions towards using contraceptives.

Majority (48%) of the fathers are Maguindanaons followed by those with other tribes (22%) and Ilonggo at 16%. This implies that the religious practice of Islam has significant influence in the outlook of the respondents towards religious teachings on family planning. Many (36%) of them have attained high school level followed by those with elementary level education at 30%. Others are either college level (17%) or college graduates (16%). This implies the level of education is lower and this can be a factor in the comprehension of the information about vasectomy advocacy. Half of them (50%) are Islam in religion while the rest are Christians (47%) or Protestant at 3%. This signifies a group of people that has strong religious principles based on the teachings of Islam about utilization of contraceptive method that can be adopted by a Muslim believer.

The findings on the profile of the respondents wherein majority of the are still in their prime age, with lower educational attainment and have belong to Islam religion that has certain beliefs and teachings about family planning practices such as vasectomy procedure proves that there is indeed a difficulty on advocating higher awareness and acceptance of vasectomy as family planning method. This can therefore be a hindering factor in the effectiveness of implementation of this advocacy.

Similarly in the study of Awie (2014), vasectomy is unique among the array of modern contraception as it enables the male partner to take primary responsibility for fertility control. Besides its availability broadens the choice of methods for family planning users and contributes to promoting male involvement in family planning as stated in. Male's attitudes are often blamed for the underutilization of this method. Frequently cited examples of attitudes which discourage the use of vasectomy include men's lack of interest, their educational level which affects comprehension, the cultural beliefs that association with castration, and fear of procedure (Awie, 2014).

Level of Awareness of Fathers in Vasectomy:

The overall level of awareness of fathers in the procedures in vasectomy got a weighted mean of 1.72 or moderately aware. Majority are moderately aware that vasectomy procedure will be under anesthesia (highest mean of 1.96), will have incision wound (mean at 1.86), be done in the clinic (mean of 1.76) and for 30 minutes only (mean of 1.55). On the other hand, they are not aware that vasectomy is not painful (lowest mean of 1.46). The result implies that the fathers have lesser correct information about the vasectomy. This low awareness level can be hindrance in the acceptance and support of the fathers in undergoing vasectomy since they do not have sufficient knowledge and understanding about how it is done.

The consistent moderate awareness of the respondents on the procedure and consequence of vasectomy poses risk in the support expected from fathers towards used of vasectomy as family planning method. This low awareness level can become the root cause of many misconception and negative outlook on the benefits and effects of vasectomy which can hinder the support of the men towards it.

In the same way, in the study of Russel (2013), who emphasized in his work that the success of vasectomy program is comprised of the mutually reinforcing components of continual demand for information dissemination about services and access to and supply of well-trained providers. In addition, there is an underlying need for enabling policies within the cultural and gender environments that extend beyond vasectomy and include men not just as default partners of female family planning clients but as equal beneficiaries of family planning and reproductive health programs in their own right. Accelerating progress toward meaningful integration of vasectomy into a comprehensive contraceptive method mix is only possible when political and financial will are aligned and support the logistical and promotional activities of a male reproductive health agenda.

In summary, if the concern authority and agencies like the Department of Health and health care providers intensified their campaign towards vasectomy higher chances of awareness level of the people towards it will enlighten support and positive outlook towards it.

Level of Acceptance of Fathers in Vasectomy:

The level of acceptance of fathers in vasectomy in terms of physical health that got a weighted mean of 1.66 or moderately accepted. Specifically, most moderately accepted that having vasectomy will not cause memory loss (highest mean of 1.72), mood swing problems and illnesses (both with a mean of 1.68) and will not affect their eating habits (lowest mean of 1.63). The result denotes many men do not consider vasectomy as important family planning method since their acceptance level on it is low.

The low acceptance level of the fathers on the physical and social aspect of vasectomy reflects the truth that many men do not support this family planning method. The low acceptance of the men on vasectomy reflects their overall satisfaction level on the effect of this program in their lives both personally and interpersonally. At present although many studies shows men are starting to look at reproductive health issues as a collaborative decision of the husband and wife and both shall have shared responsibilities on this matter, but still because of lack of proper information dissemination in promoting this program the traditional perceptions towards it still hampers the acceptance of men towards it as an alternative family planning method.

Contrary to this finding, according to Sharlip, et. al. (2015), vasectomy is the fourth most commonly-used contraceptive method in the U.S. behind condoms, oral contraceptives for women and tubal sterilization. Compared to tubal ligation, which is the other common method of permanent contraception, vasectomy is equally effective in preventing pregnancy, but vasectomy is simpler, faster, safer and less expensive. Vasectomy requires less time off work, requires local rather than general anesthesia and is usually performed in a doctor's office or clinic. The potential surgical complications of vasectomy are less serious than those of tubal ligation thus, many opted to use it.

In summary, proper information dissemination and provision of accessible services on this procedure can improve acceptance level of society towards it.

Significant Relationship between Demographic Profile of the Respondents and their Level of Awareness and Acceptance in Vasectomy:

The r-value between age and level of acceptance in vasectomy is .072 showing negligible correlation with a p-value of .477, between tribe and level of acceptance in vasectomy is .345 showing low correlation with a p-value of .000, between educational attainment and level of acceptance in vasectomy is .263 showing low correlation with a p-value of .008 and between religion and level of acceptance in vasectomy is .384 showing low correlation with a p-value of .000. This implies that tribe, educational attainment and religion have contributed in the acceptance level of the fathers on vasectomy as family planning method.

In summary, since the p-values are less than .05 between the demographic profile of the respondents in terms of tribe, educational attainment and religion with their level of awareness and acceptance in vasectomy, then the null hypothesis that there is no significant relationship between the demographic profile of the respondents in terms of tribe, educational attainment and religion with their level of awareness and acceptance in vasectomy is rejected and that the alternative hypothesis that there is a significant relationship between the demographic profile of the respondents in terms of tribe, educational attainment and religion with their level of awareness and acceptance in vasectomy is accepted.

Therefore, there is a significant relationship between the demographic profile of the respondents in terms of tribe, educational attainment and religion with the level of awareness and acceptance of the fathers in vasectomy. However, since the p-values are more than .05 between the demographic profile of the respondents in terms of age and their level of awareness and acceptance in vasectomy, then the null hypothesis that there is no significant relationship between the demographic profile of the respondents in terms of age, and their level of awareness and acceptance in vasectomy is accepted. Therefore, there is no significant relationship between the demographic profile of the respondents in terms of age and the level of awareness and acceptance of the fathers in vasectomy.

The awareness and acceptance of the people towards any programs implemented like vasectomy as a family planning alternative should be provided with proper support and monitoring to determine what factors affects its successful implementation. The findings indeed confirmed that personal factors like the religion, educational attainment and age of individual affects their decisions in life specially in matters like submitting self towards permanent sterilization. This result has significant impact in program implementer as good basis for improving strategies in motivating people to support vasectomy.

In the study of Hosseini and Abdi (2012), the acceptance of vasectomy can influence achievement of family planning and goals and the participation of men can be good sign of positive regard to this procedure. If the men will support this contraceptive measure society will look towards this as a possible option in regulating population in a more gender sensitive way. If proper strategies will be formulated to support the vasectomy program to the men, there is a higher possibility that it can have better acceptance and utilization outcome. This is attainable since there are studies that proved that in other countries this has been accepted positively by men. Therefore, considering the different dimension that directly affects the awareness and acceptance level a better action plan can be formulated.

Major Findings of the Study:

Based on the data presented, analyze and interpreted, the following are the major findings of the study:

1. The profile characteristics of the respondents revealed many are between ages 31 – 36 years old with a mean age of 33 years old and mostly of them are Maguindanaons, have attained high school level of education and Islam in religion.
2. The respondents are moderately aware on the procedure of vasectomy, which entails use of anesthesia, will have incision wound, be done in the clinic and for 30 minutes only. On the other hand, they are not aware that vasectomy is not painful.

With regards to the consequences of vasectomy, most of them are moderately aware that vasectomy will prevent pregnancy during sexual intercourse, will not affect the ejaculation and will not affect the erection of penis, sexual desire and virility of the patients.

3. The respondents moderately accepted that in terms of physical health, having vasectomy will not cause memory loss, mood swing problems and illnesses and will not affect their eating habits.

With regards to the social aspect of having vasectomy procedure, majority of them moderately accepted that this will not affect their marital relationship with their wife, thus, will be respected for it by other men, it will not affect their male image towards others, be a stigma and affect their self-esteem.

4. There is a significant relationship between the demographic profile of the respondents in terms of tribe, educational attainment and religion with the level of awareness and acceptance of the fathers in vasectomy.

However, there is no significant relationship between the demographic profile of the respondents in terms of age and the level of awareness and acceptance of the fathers in vasectomy.

5. CONCLUSION

In the light of the findings the study concludes that the respondents of the study have little knowledge or having only a moderate awareness and acceptance to vasectomy specifically in how the procedures are performed and consequences that might happen. Similarly, the low acceptance level of the fathers showed only a few men support and submit self on undergoing vasectomy. This situation might be due to fact that majority of them has lower educational attainment majority are high school level of education wherein this topic is not yet taught and compression on this topic is not easily absorbed by people with lower education. This coincides with the findings of educational attainment having a significant relation to the level of awareness and acceptance of the fathers in vasectomy. Furthermore, the tribe and religion of the men (Maguindanaon and Islam) also places a significant impact to their knowledge since this procedure might not be well-known or accepted within their culture.

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