



Research Article

A STUDY TO ASSESS THE KNOWLEDGE AND ATTITUDE REGARDING CONTRACEPTIVES AMONG MARRIED MEN IN SELECTED OFFICES OF GUWAHATI, ASSAM

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This condition is due to the lack of awareness and involvement of men's regarding contraceptive methods.

ABSTRACT

In India uncontrolled population is recognised as the biggest threat to national development. In Indian society, women have more exposure to health care system in comparison to men. Male involvement in regulating family size has been a concern for the health policy makers. Many of the men are not aware about availability of free Contraceptive. The male involvement includes not only the male contraception but also the barrier and other national program activities which works towards increasing the awareness, acceptability and prevalence of family planning methods among the males. The primary aim of family planning enables women and men to plan their families and space their children through the use of modern contraceptives. **Aim:** The aim of the study was to assess the knowledge and attitude regarding contraceptives among married men in selected offices of Guwahati, Assam. **Method and Material:** A quantitative research approach and descriptive research study was adopted in this study. The technique used was self-reporting technique. Using purposive sampling technique, 100 married men from three settings i.e Assam power distribution corporation limited, Office of the Commissioner, Barak valley division and Sports and youth welfare office, Guwahati, Assam were taken for the study. Exclusive criteria are the married men who are not willing to participate in the study. Structured questionnaire was used to assess the knowledge and four point likert scale was used to assess the attitude. Validity of the tool was established in consultation with guide and from experts in Obstetrics and gynaecology and from Community health nursing. The reliability of the tool was 0.8 for knowledge on contraceptive and for attitude was 0.87. **Results:** It was found that out of 100 married men, 46 (46%) of the respondents belongs to the age group between 31-40 years of age. 65 (65%) of the respondents belongs to Hindu religion. It was observed that the majority 62(62%) of the respondents have passed Graduate. 60(60%) of the respondents belongs to Nuclear family. 38(38%) of the respondents income is in between Rs 30,000- Rs 50,000. 36(36%) of the respondents marriage at the age of 26-30 years. 44(44%) of the respondents were married in between 1-5 years. 69(69%) of the respondents have 1-2 children. 29(29%) of the respondents source of knowledge was from Mass Media. Majority i.e 54(54%) of the respondents does not use any kind of contraception while the rest 46(46%) of the respondents were majorly using condom & copper T. Out of 100 respondent majority , 48(48%) had inadequate knowledge, 48(48%) of the respondent had moderately adequate knowledge and the rest 8(8%) of them had adequate knowledge regarding contraceptive with mean 7.18 and SD 2.81. The study also revealed that out of 100 respondent , majority i.e 54 (54%) had moderately desirable attitude, 24(24%) had desirable attitude and the rest 22(22%) had undesirable attitude regarding male contraceptive with Mean 19.42 and SD 6.87. **Conclusion:** Majority of the married men had inadequate knowledge i.e 48(48%) and majority of them have shown moderately desirable attitude i.e 54(54%) towards contraceptive.

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INTRODUCTION

In India uncontrolled population is recognised as the biggest threat to national development. In Indian society, women have more exposure to health care system in comparison to men. Male involvement in regulating family size has been a concern for the health policy makers. Many of the men are not aware about availability of free Contraceptive. The male involvement includes not only the male contraception but also the barrier and other national program activities which works towards increasing the awareness, acceptability and prevalence of family planning methods among the males. The primary aim of family planning enables women and men to plan their families and space their children through the use of modern

contraceptives.¹

The World's population has risen to an alarming level, which in turn leaves its nations bulging at the seams in terms of population density. At the same time the paradox is that the financial and material resources cannot match the population growth that has occurred. A second paradox is the uneven population growth. While some nations are experiencing a population explosion, others show a negative growth. Hence, the concept of contraception as a method for population control is of paramount importance.²

The developments of male contraceptives represent relatively novel method of contraception. Male involvement in the field

of contraception has been low. The limited work on male contraception may be due to cultural background, social and economic condition, indifference and poor understanding of factors controlling male fertility. The only method available to men is still those that were available during the first half of the century, namely Condom, Vasectomy, Withdrawal etc. While prophylactic condoms provide good barrier protection from unwanted pregnancies but they are not as effective as oral contraceptives for women. Likewise, vasectomies are very effective but few men are willing to undergo the surgery.³

When history bestowed the father of medicine, people have used contraceptive methods for thousands of years. Today most contraceptive efforts are focused on the female. The resultant diminished male role may have inadvertently undermined the many societal efforts at birth control. Many men, young and old, still perceive contraception as primarily a women's responsibility, for after all, she suffers most directly from contraceptive failure. This attitude is unfortunate. Since decisions about pregnancy affect both partners, both should share the contraceptive burden equitably. An ideal contraceptive for men should be easily available, cheap, easy to use, without side effects, not affect libido, and easily reversible. The concept of male contraceptive is relatively well received across the world. Multi cultural studies have shown a relatively good acceptance for male contraception among men with more than three-fourths of men expressing intent to use a contraceptive if available. However, there are multiple religious, educational, economic and cultural barriers standing in the way of male contraception. When the clinical trials done on contraception are examined, it is seen that the bulk of them have concentrated on female contraceptive methods. A few trials on male contraceptives have actually been withdrawn.⁴

Throughout history, the condom has generally been acknowledged as the only dependable and reversible method of contraception for use by men. While generally effective, however, its efficacy in actual practice varies widely. Condoms have frequently not been well accepted by many couples as a long-term fertility control method, often being considered inconvenient and unnatural. Nevertheless, the principal male-dependent method of contraception for as many as one-third of all couples worldwide is the condom (which has the added benefit of barrier protection against sexually transmitted diseases and human immunodeficiency virus infection). The importance of the male contribution to pregnancy prevention has been widely recognized (Ringheim, 1996; Drenman, 1998). Extensive survey results have been reported concerning attitudes toward contraceptive practices in general. However, only a few have evaluated the opinions of males. Although male fertility control (MFC) employing hormonal agents-administered orally, by injection or implant-has been considered for many years (World Health Organization, 1996), only now the MFC products reached a stage of development sufficient to enter Phase II clinical trials. The absence of any such product currently in the market leaves unanswered many questions concerning male attitudes toward MFC. These include overall acceptability, specific product attributes most likely to influence the level of acceptance, and differences between men who are willing, or unwilling, to consider the use of such an agent.⁵

Objectives

1. To determine the knowledge regarding the use of contraceptives among married men in selected offices, Guwahati.
2. To determine the attitude regarding the use of contraceptives among married men in selected offices, Guwahati.
3. To find the correlation between the knowledge and attitude regarding the use of contraceptive among married men.
4. To find the association of knowledge and attitude regarding use of contraceptives among married men with their selected demographic variables.

Conceptual Framework

The framework of the present study was based on the modified Nola J Pender's health promotion model (1982).

RESEARCH METHODOLOGY

Research approach In this study, quantitative research approach was used for the study.

Research design Non experimental descriptive research design was used in this study.

Variables

1. **Research variables** In this study, knowledge and attitude on contraceptive among married men are the independent variables.
2. **Demographic variable** In this study the extraneous variables are age, religion, educational qualification, occupation, type of family, monthly income, age at marriage, duration of marriage, no. of children, age of last child, source of information, methods of contraceptive adopted.

Setting of the study

The present study was conducted in Selected Offices of Guwahati, Assam.

Population of the study

The population in this study consisted of Married men.

Target population

In this study, the target populations were married men whose age group is between 21-50 years working in selected offices, Guwahati.

Accessible population

In this study the accessible population were the married men whose age group 21- 50 years in selected offices of Guwahati, Assam

Sample

In this study the samples were the married men of age group 21- 50 years in selected offices Guwahati, Assam, who fulfills the inclusion criteria.

Sample size

In this study the sample size was 100.

Sampling technique

In this study, the sampling technique was purposive sampling technique.

Tools and Technique

Structured Questionnaire was used to assess the knowledge and 4 – point Likert Scale to assess the Attitude.

The technique used for the study was Self Report.

Validity of the Tool

The tool was validated by 8 nursing experts.

Reliability

Reliability of the knowledge questionnaire and four point likert scale for attitude was done by using split half and test and retest method respectively. The reliability correlation coefficient obtained was 0.8 for knowledge questionnaire and 0.87 for Attitude. So, the tool was found to be statistically reliable to proceed with the main study.

Pilot Study Report

A study was conducted on ten samples that were selected as per the laid down sampling criteria. This helped to refine the tool and check the feasibility of the Study.

Data Collection Process

Tool is the device or technique that a research uses to collect data and interview is a method of data collection in which one person (the interviewer) asks questions to another person (a respondent) Denise F. Polit (2003).

- 1. Period of data collection :** Data collection was from the 2nd July -28th July 2018 from 9am to 4pm as per scheduled for a period of 4 weeks.
- 2. Permission from the concerned authority :** Prior to data collection, permission was taken from the director of Selected Offices, Assam. With permission obtained, the investigator enquired about working hours and days and the Officer in charge was informed regarding the study and the period of data collection. (Appendix-1).

Data collection procedure: A brief self-introduction and the purpose of the study were explained to the sample prior to data collection and keeping in mind the ethical aspect of research, the data was collected after obtaining the informed consent of the sample for their willingness to participate in the study. The sample was assured anonymity and confidentiality of information provided by them. The knowledge of the study was assessed through structured and self-reporting questionnaire. The attitude of the study regarding male contraceptive was find out through 4 point likert scale.

RESULTS

Frequency and Percentage Distribution of Married Men According To Their Age

n = 100

Age in years	Frequency	Percentage
21-30	29	29%
31-40	46	46%
41-50	25	25%
Total	100	100%

The Table I Shows that,out of 100 married men, majority i.e 46(46%) were in the age group of 31-40years,29(29%)were in the age group between 21-30 years and 25(25%) were in between the age group of 41-50 years.

Table II Frequency and Percentage Distribution of Married Men According to Their Religion

n=100

Religion	Frequency	Percentage
Hindu	65	65%
Christian	19	19%
Muslim	16	16%
Total	100	100%

The Table II depicts that out of 100 married men, majority that is 65(65%) belong to Hindu religion, 19(19%) belong to Christian and 16(16%) were Muslim.

Table III Frequency and Percentage Distribution of Married Men According to Their Educational Status

n=100

Educational Level	Frequency	Percentage
Secondary	20	20%
Graduate	62	62%
PG and above	18	18%
Total	100	100%

The Table III depicts that out of 100 married men ,majority that is 62(62%) were graduate,20(20%) were secondary and only 18(18%)were PG and above.

Table IV Frequency and Percentage Distribution of Married Men According To Their Type of Family

n = 100

Type of family	Frequency	Percentage
Nuclear family	60	60%
Joint family	37	37%
Extended family	3	3%
Total	100	100%

The Table IV shows that out of 100 married men, majority I,e 60(60%)belongs to nuclear family, 37(37%)belong to joint family and 3(3%) belongs to extended family.

Table V Frequency and Percentage Distribution Of Married Men According To Their Monthly Income

Monthly income	Frequency	Percentage
< Rs 10,000	1	10%
Rs 10,000 – Rs 30,000	27	27%
Rs 30,000 – Rs 50,000	38	38%
>Rs 50,000	34	34%
Total	100	100%

The Table-V shows that out of 100 married men, majority that is 38(38%) income are in between Rs 30,000- Rs 50,000,34(34%) income are > Rs 50,000,27(27%)income are in between Rs 10,000-Rs 30,000.

Table VI Frequency and Percentage Distribution of Married Men According To Their Age at Marriage

n=100

Age at Marriage	Frequency	Percentage
15-20 years	22	22%
21-25 years	31	31%
26-30 years	36	36%
Above 31 years	11	11%
Total	100	100%

The Table VI depicts that out of 100 married men, majority i.e

36(36%) were in between 26-30 years, 31(31%) were in between 15-20 years and 22(22%) were in between 15-20 years and 11(11%) belongs to above 31 years.

Table VII Frequency and Percentage Distribution Of Married Men According To Their Duration of Marriage

n=100		
Duration of Marriage	Frequency	Percentage
1-5 years	44	44%
6-10 years	25	25%
11-15 years	20	20%
16 years and above	11	11%
Total	100	100%

The Table VII shows that out of 100 married men, majority that is 44(44%) were in between 1-5 years, 25(25%) were in between 6-10 years, 20(20%) were in between 11-15 years and 11(11%) above 16 years.

Table VIII Frequency and Percentage Distribution of Married Men According To Their No. Of Children

n=100		
No. of Children	Frequency	Percentage
None	16	16%
1-2 children	69	69%
3-4 children	14	14%
Above 5 children	1	1%
Total	100	100%

The Table-VIII depicts that out of 100 married men, majority i.e 69(69%) have 1-2 child, 16(16%) have no child, 14(14%) have 3-4 children and 1(1%) have above 5 children.

Table IX Frequency and Percentage Distribution of Married Men According To Their Source of Knowledge

n=100		
Source of knowledge	Frequency	Percentage
Friends	17	17%
Neighbours	15	15%
Relatives	21	21%
Mass media	29	29%
Health personnel	5	5%
Family members	7	7%
Others	6	6%
total	100	100%

The table IX depicts that out of 100 married men, majority that is 29(29%) were From mass media, 21(21%) were from relatives, 17(17%) from friends, 15(15%) from neighbours, 7(7%) from family members, 6(6%) from others and 5(5%) from health personnel.

Table X Frequency and Percentage Distribution of Married Men According To Their Practice on Contraception

n=100		
Practice of Contraception	Frequency	Percentage
Yes	46	46%
No	54	54%
Total	100	100%

The Table-X depicts that out of 100 married men, majority that is 54(54%) does not Practice and only 46(46%) practice.

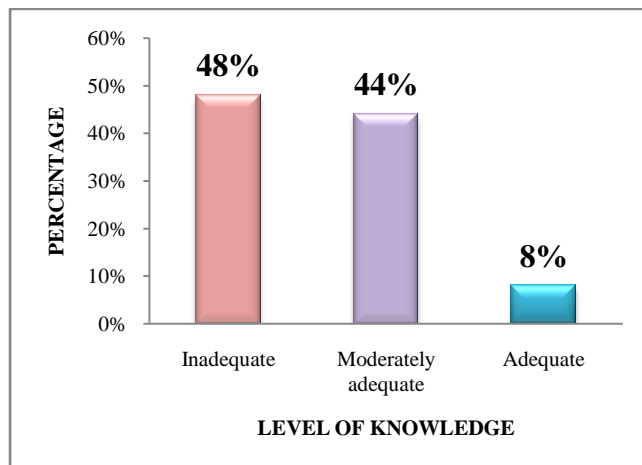
Table XI Frequency and Percentage Distribution of Married Men According To Their Spouse Co-Operativeness in Adopting Family Planning Methods

Co-Operativeness Of Spouse	Frequency	Percentage
Yes	88	88%
No	12	12%
Total	100	100%

The Table XI depicts that out of 100 married men, majority that is 88(88%) of the spouse were co-operative and 12 (12%) were not co-operative in adopting family planning methods.

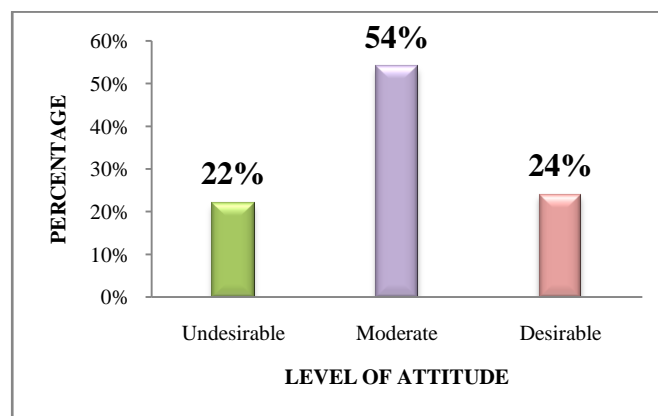
Section-II

Table XII Frequency and Percentage Distribution of Married Men According To Their Level of Knowledge Score on the Contraceptives



Percentage Distribution of Married Men According Their Level of Knowledge

Table XIII Frequency and Percentage Distribution of Married Men According To Their Level of Attitude Score on the Contraceptives



Percentage Distribution of Married Men According Their Level of Attitude

Section III

Karl's Pearson Correlation Co-Efficient between Knowledge and Attitude Scores of Married Men

Variables	Mean	SD	Correlation co-efficient
Knowledge	7.18	2.81	0.3
Attitude	19.42	6.87	

The data presented in the table shows the correlation between knowledge and attitude of married men regarding male contraceptives. The correlation was statistically calculated using Karl's pearson correlation co-efficient. The calculated r' value was found to be, r'=0.3.

The result showed that there is a positive correlation between knowledge and attitude regarding male contraceptive. Thus, with increased in knowledge there will be also an increased in a favorable attitude.

CONCLUSION

The knowledge and attitude on male contraceptive among the married men was assessed using structured questionnaire and 4-point likert scale. The study reveals on knowledge results shows that out of 100 respondents, majority that is 48(48%) level of knowledge were inadequate. Attitude shows that out of 100 respondents, majority that is fifty four (54%) attitude was moderately desirable. Studies revealed that family planning and correct choice of contraceptives is very essential. Health care providers have to ensure the spread of information regarding all the modes of contraception available these days. Motivation of men towards the usage of male contraceptive measures (both temporary and permanent) is necessary.

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