Chapter VI

SUMMARY, CONCLUSIONS, IMPLICATIONS AND RECOMMENDATIONS

This chapter presents a brief summary of the study, major findings, recommendations and conclusions drawn. It also gives the implications for nursing education, nursing administration and nursing research.

Since 1994, the International Conference of Population and Development (ICPD) policy makers have expressed great commitment of moving away from demographic targets towards a broader focus on human welfare, individual choice and gender quality (WHO, 2001, 2002 and Green, 1995).

The family welfare programmes promote female sterilization while ignoring vasectomy (Pradhan and Ram 2009; Gupta et al., 2002; Chankapa 2010; Jeffrey and Jeffrey, 1994).

One way to foster male involvement in family planning is to give couples more contraceptive choices through promotion of male oriented methods such as vasectomy. Vasectomy is safe, simple and effective method (Wright et al., 2005 and Pollack, 2004).

No Scalpel Vasectomy (NSV) is a surgical technique pioneered by Dr. Li. Shunqiang to reduce the fear of incision, popularized by Dr. Marc Goldstein of Cornell University and is currently the gold
standard for male sterilization in several countries (Sokal et al., 1999).

No Scalpel Vasectomy (NSV) has been proven in several multi-center, randomized trails to have lower risk of post operative hematoma, pain during surgery, postoperative scrotal pain and wound infection (Sameer, et al., 2012).

Men are more interested in family planning than often assumed but need communication and services directed specifically at them (Amatya, et al., 1994; Berer, 1996; AVSC International 1997; Karra, et al., 1997; Dernnan, 1998; Finger and Ndng 1998, Green 1998; Becker and Costen Lader, 2001; Varkey et al., 2004; Singh and Arora 2008; Clark et al., 2008 and Chankapa et al., 2010).

Summary of the Study

The nurse researcher in the present study educated subjects on small family and male sterilization in order to motivate them to consider and to undergo No Scalpel Vasectomy (NSV) when the desired family size is achieved. The nurse researcher used two educational interventions. The statement of the problem focussed in the present study was “A Comparative Study to Assess the Effectiveness of Structured Teaching Programme and Interaction with Support Group on Knowledge and Attitude towards Male Sterilization for a Small Family Norm and Promotion of No Scalpel
Vasectomy (NSV) among Men in Selected Communities in Coimbatore District, Tamilnadu, India’.

The nurse researcher conceptualized the PRECEDE PROCEED Model (PPM) to collect the data in phase-I, Phase-II and Phase-III. The study was conducted in three phases.

**The study was conducted in three phases**

**Phase - I :** The researcher conducted a general survey among 1000 subjects to assess their knowledge on small family and male sterilization. The study was conducted in the Out Patient Department of Govindaswamy Kuppuswamy Naidu Memorial (GKNM) Hospital. A quantitative research approach with a descriptive cross sectional survey design was adopted. 1000 married men who fulfilled the inclusion criteria were selected using convenience sampling. Data was collected by general survey method. Descriptive and inferential statistics was adopted to present the study finding.

**Phase - II :** Men who underwent NSV were interviewed to find out their experience after NSV. A quantitative research approach with a descriptive cross sectional survey design was adopted. 20 subjects who underwent NSV and who fulfilled the inclusion criteria were selected by convenience sampling technique. Data was collected by interview method. Descriptive statistics was used to present the study findings.
Phase - III : Men’s knowledge and attitude on small family and male sterilization were assessed in the experimental group-I and experimental group-II and control groups.

The Structured Teaching Programme (STP) via video assisted teaching on small family and male sterilization was developed by the researcher after an extensive literature review and by eliciting the opinion from 5 experts in the field of nursing.

The experimental group-I in phase-III who were subjected to structured teaching programme had the following themes deliberated via video assisted teaching, meaning of small family, benefits of small family, meaning of family planning, temporary and permanent methods of family planning, common temporary family planning methods for men and women, aspects of male sterilization, myths and taboos of NSV, comparison of conventional vasectomy and NSV, advantages of NSV, post operative care. The video assisted teaching was provided both in Tamil and English as per the choice of the subjects for a duration of 20 minutes in small groups of 17-18 subjects.

The experimental group-II in phase-III had interaction with support group NSV candidatures. The researcher had a focus group discussion with the NSV candidatures prior to the interactive session to help them deliberate similar information during their interactive session. One NSV candidature was selected for the three settings namely CRPF, Southern Railwasy and I.T. Park. The NSV
candidature conducted the interactive session in small groups of 17-18 subjects. The NSV candidature provided a brief introduction of self, stated his post NSV status and experience, the reason for undergoing NSV, the advantages of NSV, the post operative care after NSV and his experience after NSV related to sexual life. An open forum was created for the subjects to interact freely and clarify their doubts on small family and male sterilization. The duration of interactive session was scheduled for half an hour in all the three settings, in small groups of 17-18 but it extended based on the deliberations of the subjects to clarify their doubts.

Control group had no intervention. Their knowledge and attitude was assessed during pretest and after a month posttest was done with no intervention.

**Major Findings of the Study**

**Phase I**: Subjects knowledge on small family and male sterilization. The survey of 1000 subjects revealed:

1. In terms of age, 419(41.9%) of the subjects belonged to the age group of above 30-40 years. Out of 1000 subjects 232(23.2%) were above 40 to 50 years, 155(15.5%) were above 50-60 years of age and 194(19.4%) of the subjects were within 25-30 years.

2. The duration of married life of 155(15.5%) of the subjects was 1 to 2 years and more than 2 to 5 years for 145 (14.5%) of the subjects. Duration of more than 5 years to 10 years was found among 232(23.2%) of the subjects. Above 10 to 20 years of duration was found among 26.2% of the subjects and only
206(20.6%) of the subjects had more than 20 years of married life.

3. Among 1000 subjects, 479(47.9%) of the subjects had 2 children, 356(35.6%) of the subjects had one child while 93(9.3%) of them had no children and only 72(7.2%) of the subjects had more than 2 children.

4. It was found that majority 826(82.6%) of the subjects were Hindus, 69(6.9%) of the subjects were Muslims and 105(10.5%) were Christians.

5. With respect to education 24(2.4%) were illiterates, 66(6.6%) were educated upto primary level, 354(35.4%), were educated upto middle school level, 129(12.9%) had studied upto high school level. The subjects educated upto higher secondary level and diploma holders were 91(9.1%) and 230(23.0%) respectively. Only 106(10.6%) were graduates and professionals.

6. Nearly 335(33.5) of the subjects earned less than Rs. 5000/-, 376(37.6%) had an income of Rs. 5001 to Rs. 10,000/-. The income of Rs. 10,001 to Rs. 20,000 were found in 191(19.1%) of the subjects, 86(8.6%) of the subjects had an income of Rs. 20,001 to Rs. 50,000/- and only 12(1.2%) earned more than Rs. 50,000/-.  

7. In terms of occupation, 339(33.9%) were unskilled, 270(27.0%) were skilled, 72(7.2%) belonged to the supervisory category, 221(22.1%) were executives and only 98(9.8%) were professionals.

8. Majority 612(61.2%) of the subjects lived in a joint family and 388(38.8%) lived in a nuclear family.
9. Temporary family planning methods were adopted by 464 (46.4%) of the subjects and 536 (53.6%) of the subjects had not adopted any method.

Out of 1000 subjects 738 (73.8%) of them had inadequate knowledge, 250 (25.0%) had moderately adequate knowledge and only 12 (1.2%) of the subjects had adequate knowledge on small family and male sterilization.

**Association of the mean knowledge score of the subjects with selected demographic variables**

- There was significant association between the knowledge score and the age, duration of married life and number of children which was highly significant at p < 0.001 level, educational level and income had significant association at p < 0.01 level and religion at p < 0.05 level when compared with their mean knowledge score.

- Subjects from joint family had better knowledge than subjects living in a nuclear family with a ‘t’ value of 2.57 which was significant at p < 0.01 level.

- Subjects who had not adopted any family planning methods had better knowledge than subjects who had adopted family planning methods with a ‘t’ value of -4.91 which was significant at p < 0.001 level.

- The Classification and Regression Tree (CART) identified the most significant variable influencing the knowledge score. The subjects with 2 children and who earned an income of Rs. 4200/- to Rs. 8000/- per month and living in a joint family had better knowledge than subjects living in a nuclear family. Further the model clearly stated that those subjects with 2
children and earned an income above Rs. 8000/- and with more than 12 years of married life had better knowledge than subjects with lesser than 12 years of married life. The model also stated that those subjects with no child or one child and adopted temporary family planning methods had better knowledge than the subjects who had 2 or more children and had not adopted temporary family planning methods.

**Phase-II : The experience of the subjects who underwent No Scalpel Vasectomy (NSV)**

The survey of 20 NSV candidatures revealed, in terms of occupation, 6(30%) of them were unskilled, 4(20%) of them were skilled workers, 4(20%) of them belonged to supervisory category, 3(15%) of them were executive and 3(15%) of them were professionals. Among the 20 subjects 2(10%) of them were illiterates, 2(10%) of them had primary education, 6(30%) were educated upto high school level, 1(5%) of the subject had studied upto higher secondary level, 3(15%) of them were found to have studied upto diploma, undergraduate/post graduation and with professional qualification respectively.

Among the 20 subjects 4(20%) of them had one child, 10(50%) of them had two children and 6(30%) of them had more than 2 children. With respect to temporary family planning methods, 16(80%) of them had adopted some form of family planning methods and the rest 4(20%) had not adopted. Condom was used by 9(4%) of the subjects, 3(15%) of the subject’s spouse used oral pills and
4(20%) of the couples used a combination of temporary family planning methods both condom and oral pills.

In terms of the source of information, 8(40%) of them stated that they received from doctors, 3(15%) of them stated as from nurses, 2(10%) of them stated that they received from their relatives, 1(5%) stated that the information was from his friends, 4(20%) of them got the information from newspapers and 2(10%) of them mentioned that they received from the magazines.

The source of encouragement for 9(45%) of the subjects were the doctors, for 6(30%) of them the source of encouragement was the nurses. 1(5%) of them stated friends and relative respectively. Only 3(15%) stated it was their wife who encouraged them to undergo NSV.

For 2(10%) of the subjects failure of temporary family planning methods and the post complications faced by women after sterilization were some of the reasons for undergoing NSV. Wife’s ill health was the reason for 8(40%) of them and for 3(15%) of the subjects wife’s refusal to undergo sterilization resulted in the subject to undergo NSV.

Twelve (60%) of the subjects had undergone NSV in the last 1-3 years, 6(30%) had undergone NSV in the last 4 to 7 years and 2(10%) of the subjects had undergone NSV more than 10 years ago.
Pain after NSV was experienced by 5(25%) of the subjects only and 15(75%) of the subjects had no pain after NSV.

All the 20(100%) of the subjects were aware of using condom post operatively for 3 months and the reason for semen examination, however only 15(75%) had been for semen analysis and 5(25%) of them never had semen examination.

The sexual pleasure was same after NSV for 17(85%) of the subjects and 3(15%) of them stated that their sexual pleasure was increased due to the lack of fear of impregnating the women.

Out of 20 subjects, 16(80%) of the subjects resumed work, within two days after NSV and 3(15%) resumed work within 1 week.

Phase-III: Knowledge and attitude of the subjects in the experimental group-I before and after structure teaching programme via video assisted teaching on small family and male sterilization

The mean pretest knowledge score on small family and male sterilization was 7.76 with a standard deviation of 2.37, and the mean posttest knowledge score was increased to 12.82 with a standard deviation of 2.08 which (‘t’ test value of -24.83) was highly significant at p <0.001 level.

The mean pretest knowledge score on vasectomy was 0.68 with a standard deviation of 1.49. But the mean post knowledge score was increased to 4.66 with a standard deviation of 1.63 which was found to be (‘t’ value of -21.05) highly significant at p <0.001 level.

The mean pretest knowledge score on NSV was 0.02 with a standard deviation of 0.18. The mean post knowledge score
was found to be incision to 3.25 with a standard deviation of 1.45 which was ('t’ test value of -26.90) highly significant at p <0.001 level.

- The mean pretest attitude score was 66.78 with a standard deviation of 7.33 and the posttest attitude score was found to be increased to 70.48 with a standard deviation of 6.40. The paired ‘t’ test value of -10.19 inferred that it was highly significant at p <0.001 level.

- The mean difference on knowledge score and attitude score in the pretest and posttest and highly significant at p <0.001 level had proved that the structured teaching programme via video assisted teaching on small family and male sterilization was very effective.

**Major findings in the knowledge and attitude of the subjects in the experimental group-II before and after interaction with support group.**

- The mean pretest knowledge score on small family and male sterilization was 7.44 with a standard deviation of 2.23. The mean posttest knowledge score was increased to 11.65 with a standard deviation of 2.17 after the intervention. The paired 't’ test vale of -23.01 was found to be highly significant at p <0.001 level.

- The mean pretest knowledge score on vasectomy was 0.55 with a standard deviation of 1.46. The mean posttest knowledge score was 4.56 with a standard deviation of 1.63 which was found to (paired ‘t’ value of -22.08) be highly significant at p <0.001 level.

- The mean pretest knowledge score on NSV was 0.04 with a standard deviation of 0.34. The mean post knowledge score
was 3.00 with a standard deviation of 1.32. The paired ‘t’ test inferred that it (‘t’ = -26.27 was highly significant at p <0.001 level.

- The mean pretest attitude score was 64.56 with a standard deviation of 7.11. The posttest attitude score was 69.12 with a standard deviation of 6.14. The paired ‘t’ test inferred that it was highly significant (‘t’ = 13.44) at p <0.001 level.

- The mean difference on knowledge score and attitude score in the pretest and posttest were found to be highly significant and it proved that interaction session in experimental group-II was very effective in improving the knowledge and attitude on small family and male sterilization.

**Major findings in knowledge and attitude of the subjects in the control group before and after one month with no intervention**

- The mean pretest knowledge score on small family and male sterilization was 8.13 with a standard deviation of 2.24 and the mean posttest knowledge score was found to be 8.69 with a standard deviation of 2.31. The paired ‘t’ test vale of -4.99 was found to be highly significant at p <0.001 level.

- The mean pretest knowledge score on vasectomy was 0.94 with a standard deviation of 1.85. The mean posttest knowledge score was 1.60 with a standard deviation of 2.06. The paired ‘t’ test inferred that it (‘t’ = -3.60) was highly significant at p <0.001 level.

- The mean pretest knowledge score on NSV was 0.06 with a standard deviation of 0.32. The mean posttest knowledge score was 0.40 with a standard deviation of 0.01. The paired ‘t’ test revealed (‘t’ = -4.12) that it was highly significant at p <0.001 level.
The mean pretest attitude score was 63.70 with a standard deviation of 5.69. The posttest attitude score was 66.34 with a standard deviation of 5.50. The paired ‘t’ test revealed (‘t’ = -10.14) that it was highly significant at p < 0.001 level.

The mean difference in knowledge score and in the attitude score in the pretest and posttest was found to be increased and highly significant. It is because of the curiosity and inquisitiveness about NSV and the availability of smart phone, internet facilities and NSV campaign in the control group even without any intervention.

**Comparison of knowledge and attitude of the subjects in all three groups before and after intervention**

- In the pretest, the control group had higher mean knowledge score on small family and male sterilization when compared with experimental group-I and experimental group-II which was significant at p <0.05 level.

- But there was highly significant increase in the mean knowledge score of the subjects in (12.82) experimental group-I when compared with experimental group-II (11.65) and (8.69) in the control group which was highly significant. There was no significant difference between experimental group-I and experimental group-II. The experimental group-II when compared the control group, the experimental group-II had higher knowledge.

- This is while comparing the mean pretest attitude score among 3 groups, the experimental group-I had higher mean 66.78% (p < 0.001 level) attitude than the experimental group-II and control group.
But after the intervention the mean attitude score on small family and male sterilization was increased to \((70.48 \pm 6.4)\) in the experimental group-I when compared in the experimental group-II \((69.12 \pm 6.14)\) and control group \((66.34 \pm 5.5)\) which was found to be highly significant at \(p < 0.001\) level.

Experimental group I had higher attitude when compared with control group significant at \(p < 0.001\) level. While comparing group II with control group, experimental group-II had higher attitude.

**Hypothesis Testing**

As per hypothesis 1, there is a significant difference in the pretest and posttest knowledge score of the subjects exposed to structure teaching programme on small family, male sterilization, vasectomy and no scalpel vasectomy at \(p < 0.001\) level. There was a significant difference in the pretest and posttest attitude score at \(p < 0.001\) level. Therefore, it is proved that structured teaching programme via video assisted teaching was effective in improving the knowledge and creating a positive attitude of the subjects on small family and male sterilization. Hence hypothesis \(H_1\) is accepted.

As per hypothesis 2, there is a significant difference in the pretest and posttest knowledge score of the subjects exposed to interaction with support group on small family, male sterilization, vasectomy and no scalpel vasectomy at \(p < 0.001\) level. There was a significant difference in the pretest and posttest attitude score at \(p < 0.001\) level. Therefore, it is proved that interaction with support group was also effective in improving the knowledge and creating a
positive attitude of the subjects on small family and male sterilization. Hence hypothesis $H_2$ is accepted.

ANOVA test inferred a significant influence between the knowledge score and the age, occupation, income, type of family and source of information on the posttest knowledge score and attitude score which was found to be statistically significant at $p < 0.001$ level. The Bonferroni multiple comparison test proved that there is a significant difference between the experimental group-I, when compared to experimental group-II and control group and it was statistically significant at $p < 0.001$ level. Hence $H_3$ is accepted.

The increase in knowledge and positive attitude among the experimental group-I and experimental group-II is only because of the educational interventions. Structured Teaching Programme had higher influence.

The significant difference in the control group is because of the curiosity and inquisitiveness about NSV and the availability of smart phone, internet facilities and NSV campaigns which contributes to the knowledge gain and change of attitude among the subject in the control group.

**Conclusion**

The nurse researcher in order to authenticate the need to educate the subjects on small family and male sterilization conducted a general survey among 1000 men from different walks of
life in phase-I. The findings of phase-I proved that subjects at large do not have adequate knowledge on small family and male sterilization.

The nurse researcher conducted phase-II of the study to identify subjects’ experience after NSV. Three men who had undergone NSV, volunteered to be the spokesman, interacted with the subjects in phase-III. Majority of the subjects who had NSV experienced no complications after NSV.

The nurse researcher in phase-III evaluated the effectiveness of two educational interventions namely structured teaching programme via video assisted teaching and interaction with support group to assess the knowledge and attitude of subjects on small family and male sterilization.

The findings of the phase-III indicated that the subjects in the experimental group-I who were subjected to structured teaching programme had comparatively higher mean knowledge and attitude score on small family and male sterilization when compared with experimental group-II and control group. Similarly the experimental group-II also had comparatively higher mean knowledge and attitude score when compared with control group but over all structured teaching programme with video assisted teaching was very effective in improving the knowledge and attitude of the subjects.
Experimental group-I and II had a very favourable attitude towards small family and male sterilization. A positive change of attitude was also seen in the control group when pretest and posttest attitude score was compared. Thus the change of attitude only proves that subjects do have positive approach toward small family and male sterilization. The change of attitude only requires time for the subjects to put forth into action i.e. to undergo male sterilization.

The vasectomy decision making process, as revealed in the surveys, follow-up studies and focus groups conducted in conjunction with six projects, (Lopez, et al., 1998; Castro de, et al., 1989; Marcorra, 1989; Nunez, et al., 1989; Vernon, et al., 1991 and Juarez et al., 1994) follows the four stages that accompany the adoption of any innovation in general namely awareness, information – seeking, evaluation and adoption.

The subjects may take weeks, month or years to go through each stage before considering to undergo No Scalpel Vasectomy which has proved to be the gold standard of vasectomy for the past four decades. A revolutionary change will be seen in reproduction health programme when subjects are provided with informed choice on reproductive health and family planning. The days are not too far for the “macho subjects” to make a bold choice to undergo NSV to have a Net Reproductive Rate (NRR) of 1.
Limitations of the Study

1. In phase-I, the male patients and their male accomplice upto 50 years who came to the O.P. Department of the G.K.N.M. Hospital were included in the survey from diverse culture and population mainly to assess their knowledge.

2. Many people who underwent NSV in Coimbatore city were unwilling to share their experience due to personal prejudices when they were contacted through the phone. Though some NSV candidatures were willing to participate their personal commitment did not enable them to participate. Many of the addresses and phone numbers were changed and it was not possible to contact them.

3. Subjects form three setting namely CRPF, Southern Railways and I.T. Park of Coimbatore only were included for the study.

4. The educational intervention for experimental group-I, the structured teaching programme via video assisted teaching was provided only for 20 minutes.

5. The interaction with NSV candidatures for experimental group-II, which was scheduled for half an hour was prolonged on most of the session due to lengthy deliberation with the subjects.

Nursing Implications

In reproductive health programs, the quality of the client-provider (married men nurse researcher) interaction is known to have a strong influence on the choice of permanent family planning methods, as well as the word of mouth (interaction with subjects who had undergone NSV) on the best permanent family planning method namely NSV. Many studies have stated NSV procedure results in
negligible complications and strict adherence to post operative instructions such as use of condom for 3 months/30 ejaculations followed by subjects analysis as instructed by the operating surgeon results in 100% success of NSV surgery.

The last one and half decade have witnessed increasing global recognition of the importance of subject’s involve subjectst in sexual and reproductive health. According to the National Population Policy, the special needs of subjects include re-popularizing vasectomies in particular No Scalpel Vasectomy (NSV) as a safe and simple procedure and focussing on subjects in the information and education campaigns to promote the small family norm.

Nurses who are the largest health care professionals in every nation is truely the advocate of the individual, family and community. The nurses need to exert their autonomy by providing informed choices about reproductive health and family planning.

The nurse ought to choose the best educational intervention to reach out to the subjects at large to educate on small family and male sterilization for the subjects to consider undergoing No Scalpel Vasectomy. Education will have a positive impact on the knowledge and attitude of subjects on small family and male sterilization.

The nurse researcher has drawn the following implications from the study, which are of vital concern in the field of nursing
practice, nursing education, nursing administration and nursing research.

**Implications for Nursing Practice**

- Nurses need to be trained on strategies to involve subjects in family welfare programme.

- Create a data bank of evidence based findings in reproductive health involving subjects to facilitate useful source of information.

- Nurses must focus on couples who have completed their family size to promote No Scalpel Vasectomy (NSV).

- Nurses should promote No Scalpel Vasectomy (NSV) at on soon after the birth of a child when 2nd child is born when the subjects may be receptive to the benefit of No Scalpel Vasectomy (NSV).

- As nurses are working 24 x 7, the nurses need to create good interpersonal relationship so that the nurse’s opinions on No Scalpel Vasectomy (NSV) are credible and the subjects will value them greatly.

- It is important that nurses become the most trusted source of information on NSV.

**Implications for Nursing Education**

- Nursing curriculum to include indept syllabus on reproductive health education.

- Nursing curriculum should enable the student to bridge the gap between reproductive health education with service provision.
Nursing curriculum to revitalise the different educational media which ought to be used frequently and effectively for accessing the genders in different reproductive age group.

Encourage students to create innovative, bold and imaginatively designed communication strategies aimed at subjects to dispel misconceptions and encourage No Scalpel Vasectomy (NSV) when desired family size is achieved.

**Implications for Nursing Administration**

- Nurse administrator must develop effective out reach activities to facilitate both subjects and subjects to reproductive health services.

- Nurse administrator must meticulously lay a blue print for culturally and socially appropriate out reach activities to assist both subjects and subjects to obtain reproductive health information and care.

- Nurse administrator should map and identify the subjects in groups such as subjects in premarital status, married subjects, married subjects either with one or two children, etc. And devise individualised actions plans for each of these groups to sensitize them on No Scalpel Vasectomy (NSV).

- Nurse administrative must make avenues to disseminate information about No Scalpel Vasectomy (NSV) to service providers and male sterilization camps under the jurisdiction of the organization / work place.

- Conduct community out reach programmes to enhance family planning programmes for subjects.

- Training of health personnel especially male staff (as many studies indicates that subjects prefer to receive service and
information from other subjects) and outreach workers to address subjects reproductive health needs.

**Implications for Nursing Research**

- Quantitative and qualitative follow up of studies on No Scalpel Vasectomy (NSV) acceptors ought to be studied.

- Surveys, focus groups, in depth interviews, experimental and quasi experimental research methods can be employed to promote knowledge and attitude of subjects in reproductive health.

- Conduct operations research which do not include manipulation of an independent variable both in interventional and diagnostic studies on male sterilization.

- More research is needed on the impact of health education on behaviours change of men to take up sterilization instead of his spouse.

- Create a data bank of studies related to male involvement in family planning methods.

**Recommendations**

- Positive testimonials about No Scalpel Vasectomy (NSV) experiences should be gathered for use in social and behaviour change communications messages and materials.

- Shopkeepers at medical stores and primary health care workers can be trained to promote No Scalpel Vasectomy (NSV) and distribute informational materials when either of the couple come to them for family planning methods.
Post procedural fertility tests by service providers should be promoted, to enhance subject’s confidence on No Scalpel Vasectomy (NSV).

Population education programs should encourage open communication between husband and wife.

Establishing separate space within out patient departments on existing clinics should consider offering broader subject’s reproductive health services.

Special training of health personnel on having counselling skills to provide both pre and post operative No Scalpel Vasectomy (NSV) counselling to the husband and wife.

To increase the No Scalpel Vasectomy (NSV) uptake, mass media campaigns using physicians and satisfied clients should be created to address myths and misinformation.

Promotion of No Scalpel Vasectomy (NSV) should be directed to subjects as well as subjects. Sensitizing clear and appropriate may resonate among subjects, as well as subjects to consider No Scalpel Vasectomy (NSV) as the only best permanent family planning method.

Target subjects in the maternal and child health clinics to provide education on No Scalpel Vasectomy (NSV).

Government Order (GO) to be amended, to provide an higher incentives for subjects who undergo No Scalpel Vasectomy (NSV).

The need of the hour is appropriate design and marketing of vasectomy services.
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