

RELATIONSHIP BETWEEN LEVEL OF AWARENESS OF FILIPINO MEN ON NO SCALPEL VASECTOMY AS A FAMILY PLANNING METHOD AND THEIR SOCIO DEMOGRAPHIC PROFILE

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Abstract

Background and Objectives: No scalpel vasectomy is one of the available modern methods of contraception not accepted by mostly Filipinos. Level of awareness and sociodemographic profile of Filipino men can be contributing factors that is essential in determine their relation to its acceptance.

Methods and Findings: The research study was conducted in Mary Johnston Hospital, a partner hospital of No Scalpel Vasectomy International Inc. A total of one hundred participants were selected to answer the modified questionnaire of the researchers. The findings revealed that respondents were mostly Catholic, single, college graduate, and aged 25-35 years old, and with 0-2 number of children. It was also concluded that their respondents were aware of the vasectomy and that their awareness is overall fair.

Conclusion: The idea of undergoing no scalpel vasectomy denotes a significant portion of religion and educational status among Filipino men acceptance as a family planning method. Promoting culturally congruent care will encourage participation and access to reproductive health.

Keywords: Socio-demographic Profile, Level of Awareness, Cultural Perception, No Scalpel Vasectomy, Family Planning Method.

Introduction

Misconceptions, lack of awareness, and acceptance of vasectomy as a family planning method are significantly connected and related to men's level of awareness along with their socio-demographic profiles. The literature review showed that vasectomy, either conventional or not, is not the most preferred contraceptive method by which is evident because of the least percentage of users among the developing countries like the Philippines and the countries that are already developed. Awareness is a distinguishing factor that greatly affects men's decision-making regarding why they do not consider vasectomy or specifically no-scalpel vasectomy as a family planning method. It is equally acceptable to the female methods of contraception. At some places, the level of awareness of the procedure itself is remarkably low. Hence, this may be why some have misconceptions about it and its effect, especially on masculinity and social worth.

It is shown that if men had formal educational attainment, they would be more open and aware about reproductive health, especially family planning programs, because they can comprehend better. It may contribute to the choices or decisions of men on considering vasectomy as their contraceptive method. It was stated that they should complete even secondary education because they will still be highly accepting and aware of the procedure regardless of whether they could not continue beyond their educational status. More so, if men had high educational attainment, they would have better income because of their occupations. Thus, they would be exposed to better media and

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facilities, resulting in awareness and acceptance of the method.

Conceptual and Theoretical Framework

The research study utilized Madeleine Leininger's Theory of Culture Care Diversity and Universality to determine the respondents' level of awareness on no-scalpel vasectomy as a family planning method based on the social structure dimensions including the socio-demographic profile that are influencers in the worldview of the person [4]. If a health care provider is not aware or conscious of the patient's worldview, appropriate nursing interventions may not be given as it both affects the healthcare provider and the patient outcomes.

The main concepts included in this study: Socio-demographic Profile and Level of Awareness - having their presumed role in decisions and perspective of Filipino men regarding Non-Scalpel Vasectomy as a Family planning method. The level of awareness within the community correlates to low participation in no-scalpel vasectomy constituting to non-practice of family planning [13]. According to UNICEF's Situational Analysis of Children in the Philippines, there is declining access to sexual and reproductive health in poor urban areas such as the Tondo, Manila due to poverty indicators of fast-growing population. Consequently, the concept of socio-demographic profile is relative to men's educational status in the community showed an average reported rate of attaining at least a high school level [13]. This literacy rate can be a significant portion of why there is an occurrence of irregular and unsteady employment in the area. It can be interpreted from the model that level of awareness can be integrated with the socio-demographic profile as direct relationship on which the uniqueness of the person affects the establishment of awareness base [4]. Thus, the presence of these determinants influences in producing a transcultural sphere of competent nursing care on no-scalpel vasectomy information to the community.

Research Methodology

1. Research Design

A descriptive correlational design was utilized to describe the phenomena involving interrelated relationship between level of awareness and socio-demographic profile instead of supporting inferences about its causal relationship [8]. This provided an accurate characterization of the chosen population of interest, particularly demonstrating the Filipino men involved in the phenomenon.

2. Respondents of the Study

The respondents in this study were married and unmarried Filipino men aged 24-55 years old seeking and visiting Mary Johnston Hospital. Of all the 700 individuals visiting Mary Johnston Hospital, there were only 100 participants eligible for the study.

3. Research Instrument

A modification on questionnaires was tailored to the content of the current practices or the target population and to bring out a more precise and concrete answer from the respondents. The modified questionnaire underwent reliability and validity testing to ensure the appropriateness of the questionnaire. It was validated by four urologists and had a Cronbach alpha value of 0.94.

4. Research Locale

The study was conducted in Mary Johnston Hospital in Tondo, Manila. It is the only partner hospital of the No Scalpel Vasectomy International Inc. And the most prominent organization of no-scalpel vasectomy in the Philippines offers free no-scalpel vasectomy.

5. Statistical Treatment of Data

Collected data was statistically analyzed using the Microsoft Excel program and Statistical Package for the Social Sciences (SPSS). Frequency and percentage were utilized to display numeric data and interpret its percentage of occurrence on the following data points included in the sociodemographic profile, which are age, religion, marital status, highest educational attainment, number of children, and types of the family planning method. For testing the relationship between level of awareness and sociodemographic profile, the Pearson's correlation coefficient was used to evaluate the two continuous variables by comparing the data in a covariance measure [12].

6. Data Collection Procedure

Researchers asked permission to conduct the study to the Ethical Review Board and in submission of its approval and letter of intent was given to Mary Johnston Hospital. In consequence with the conditions brought by the current COVID-19 pandemic, the researchers sought help on research assistants for data gathering procedure. The hard copies of the informed consent and questionnaire were delivered through a courier. The study was conducted for three consecutive weeks.

7. Ethical Consideration

The Ethics Review Committee of the university reviewed and checked this research study to ensure that the research study does not violate all ethical considerations that should be observed, also

significantly abiding with the National Ethical Guidelines for Health and Health- Related Research 2017 published by the Philippine Health Research Ethics Board. The involved research respondents were provided with a WHO informed consent form which included extensive information regarding the intent and context of the research study.

Results

Table 1: Distribution of the Socio-demographic Profile of the Respondents

Variable	Frequency	Percentage
Age		
25- 35 years old	73	73.00%
46-55 years old	4	4.00%
36-45 years old	11	11.00%
below 24 years old	12	12.00%
Religion		
Catholic	80	80.00%
Christian	12	12.00%
Jehovah's Witness	3	3.00%
Protestant	1	1.00%
MCGI	1	1.00%
Others	3	3.00%
Marital Status		
Single	84	84.00%
Married	16	16.00%
Education		

College Graduate	70	70.00%
College	20	20.00%
Undergraduate		
HS Graduate	6	6.00%
> HS Graduate	2	2.00%
Post Baccalaureate	2	2.00%
No. of Children		
0-2 Children	91	91.00%
3-5 Children	7	7.00%
6-8 Children	2	2.00%

Table 1 presents the frequency and percentage distribution of the socio-demographic profile of the respondents. The highest percentage of age (73%) was from respondents aged 25-35 years old, and the lowest percentage of age (4%) was from respondents aged 46- 55 years old. Most of the respondents were Catholic (80%); the Protestant and Members Church of God International had the lowest percentage (1%). The percentage of single respondents was higher (84%) than the percentage of married respondents (16%). When it comes to education, most of the respondents were college undergraduate (70%); respondents who have an educational attainment of less than high school graduate or post-baccalaureate had the lowest percentage (2%). The highest percentage in the number of children (91%) belonged to the respondents with 0-2 children. The lowest percentage (2%) was from respondents who have 6-8 children.

Table 2: Relationship between Level of Awareness on No-Scalpel Vasectomy and Socio-demographic Profile

Level of Awareness	r- value	p-value	Decision	Remarks
Age	0.049	0.625	Fail to Reject Ho	Not Significant
Religion	0.025	0.013	Reject Ho	Significant
Marital Status	0.033	0.745	Fail to Reject Ho	Not Significant
Education	0.064	0.525	Fail to Reject Ho	Not Significant
No. of Children	0.003	0.980	Fail to Reject Ho	Not Significant

*Note: p-value > 0.05 = No significant relationship, p-value < 0.05 = There is a significant relationship

Table 2 shows a significant relationship between Filipino men's level of awareness on no-scalpel vasectomy as a family planning method and their socio-demographic profile. The result showed that there was no statistically significant relationship between level of awareness and age ($r= 0.049$, $p = 0.625$), Marital Status ($r= 0.033$, $p = 0.745$), Education ($r= 0.064$, $p = 0.525$), and the Number of Children ($r=0.003$, $p = 0.980$); the researchers failed to reject the null hypothesis, so there was no significance, except, Religion ($r= 0.246$, $p = 0.013$), the researchers rejected the null hypothesis, so

there was a significant relationship. All p-values more significant than the level of significance equal to 0.05 fail to reject (Not Significant), while all Sig. or p-values less than the level of substantially similar to 0.05 were dismissed (Significant). This implied no statistically significant relationship between the level of awareness of Filipino men on no-scalpel vasectomy as a family planning method and age, marital status, education, and the number of children. At the same time, there was a significant relationship between the level of awareness and religion.

Discussion

According to the latest Demography Philippine Yearbook of 2015 of Philippine Statistics of Authority (PSA), most Filipino men in Metro Manila belonged to the age group, young adults, specifically, 25-29 and 30-34 [8]. There are approximately 23% (1,182,400) Filipino men aged 25-34 in Metro Manila in 2015. This is the highest number compared to the estimated 12% (630,054) Filipino men aged 45-54 and 17% (889,012) Filipino men aged 35-44 in Metro Manila. Thus, this means that most of the Filipino men in Metro Manila are from young adult groups. According to the latest PSA census, the major religion in the Philippines is Roman Catholic, with about 80,304,061; the number of Filipino men who are Catholic is 50% (40,707,712). In 2015, the census of the population on marital status, which PSA conducts showed that approximately 34,800,000 Filipinos are single; 54.1% (18,792,000) are men. In congruence with it, the number of married Filipino was lesser than 34,800,000 but not lesser than 30,000,000. When it comes to educational attainment, the Philippine statistic authority presented in the 2015 Census on Educational Attainment that the common educational attainment of Filipino men in Metro Manila is high school graduate with several 1,593,636 (27%) followed by Elementary graduate with several 1,180,586 (21%), this was contradicting the respondents' educational attainment, which showed that most of them are college graduates [9]. Unlike in the year 2015, Filipinos have higher educational attainment now. Universal Access to Quality Tertiary Education Act of 2017 may be considered why Filipinos nowadays have higher educational attainment and can access college education; this law institutionalizes free tuition and other miscellaneous fees in public universities and colleges. Based on the 2017 National Demographic and Health Survey, the ideal number of children for a Filipino family is 3. It is greater than the common number of children of the respondents [6]. However, since most of the respondents were single, it can be suggested that this may be why the 0-2 number of children have the highest percentage.

There was no statistically significant relationship between the level of awareness of Filipino men on no-scalpel vasectomy as a family planning method and age, marital status, education, and the number of children. Hence, it was interpreted that despite having awareness about no-scalpel vasectomy, they would not submit themselves to undergo such procedure for their decisions are being influenced by their religion under their faith and beliefs done in Southern Gana implicated that their religion is heavily influencing men's decision towards availing contraception particularly vasectomy [1].

Furthermore, some of the community members believed that they would have a sin or contravention against their God that is highly adhered that indicated beliefs have grounds to control the decision making of men because of the belief that it may cause health deteriorations [3].

Conclusion

Majority of the respondents were under the religious sector of Roman Catholic, which is highly opposed to promoting vasectomy or any type of contraceptives. Most of them are single and college undergraduates. It was also concluded that their respondents were aware of the vasectomy and that their awareness is overall fair. The common denominator is religion, having 86% of the Philippine population as Roman Catholics. Thus, even if men are aware of it, they would not try the procedure due to various factors that affect their decision making and acceptance of the contraception method, contradicting one study which implies that socio-demographic factors influence the decision making of men and their awareness about the vasectomy procedure.

Recommendation

The following information regarding Filipino men as part of the community's awareness, culture, and demographic profile characteristics may act as a gap to provide culturally congruent care that suppose a fundamental reason for the low prevalence rate of utilizing the no-scalpel vasectomy procedure as a family planning method. On that note, addressing these characteristics specifically among Filipino men, the researchers will be able to yield recommendations about improving no-scalpel vasectomy health programs and promotion established by the government and the organization that is culturally conforming and congruent.

Conflict of Interest

The author states absence of opposition against any monetary credit, professional or personal interests that may inflict to the objective or work presentation of the research manuscript.

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