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A Study to Assess the Effectiveness of Video Assisted Teaching on No-Scalpel Vasectomy among Industrial Workers at Deepak Nitrate Industry Hyderabad, Andhra Pradesh

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ABSTRACT

A study to assess the effectiveness of Video Assisted Teaching on No-Scalpel Vasectomy among industrial workers at Deepak Nitrate Industry Hyderabad, Andhra Pradesh.

"With the rise in population enormously every year, the initiative of family planning has been taken up by the Indian government. The basic idea of the initiative is to control the population explosion in India by promoting birth control methods and having a smaller family". Family planning is to be adopted voluntarily by the couple to promote health and welfare of the family. Percentage of male adopting vasectomy is about 2% in India and is only 0.1% in Hyderabad. The latest data shows that in Hyderabad only 865 NSV was done to the total 3,99,166 of all sterilization done (as low as 0.2%).

The Government of India has undertaken No Scalpel Vasectomy as a project since 1992, due to its advantage over the conventional vasectomy. Mass media is used to popularize this method as this method is new; many people might not be aware of this procedure or may have inadequate information. In India, a concerted effort need to be made to motivate, educate and persuade makes to take greater responsibilities for adapting family planning and to ensure that women are safeguarded from adverse health consequences of abortion, Tubectomy, and contraceptive drugs.

Health workers who motivate couples to undergo surgery for control must remove the misconception that people seem to have regarding various procedures and risk involved. Men say if they have enough information, they would get operated. They have to exert a lot to get information. Health personnel does not educate them. There are many areas where Government and service provider can work together to change the situation.

Many types of research show that there is a wide spread that belief among men and women that vasectomy makes men physically weak, impotent and unable to enjoy sex. No Scalpel Vasectomy (NSV) has been well recognized worldwide as an alternative technique of performing a vasectomy.

The above studies created an insight into the investigator's mind that by improving the knowledge of No Scalpel Vasectomy among males will remove the misconception regarding male sterilization. The overall aim of the present study is to assess the effectiveness of Video Assisted Teaching on No-Scalpel Vasectomy among industrial workers at Deepak Nitrate Industry Hyderabad, Andhra Pradesh.

OBJECTIVES

- 1. To assess the level of knowledge on No scalpel vasectomy among industrial workers.
- 2. To assess the effectiveness of video assisted teaching on No scalpel vasectomy among industrial workers.
- 3. To find out the association between knowledge regarding No scalpel vasectomy and demographic variables.

METHODOLOGY

Research design adapted by the investigator for the present study was pre experimental one group pre and post test design. The setting for the present study was Deepak Nitrate Industry Jeedimetla. Total industrial workers in the industry 700 out of them production and maintenance department 200 members, Supervisors 25 members. In that, I had chosen 30 male industrial workers as samples for my study. They are aged between 20-39 years who are working in production, maintenance departments and supervisors.

The population is the larger area group of individuals or objects with common defining characteristics. The target population of the present study was industrial workers in Deepak Nitrate Industry who are aged between 20-39 years. Convenient sampling technique is the method of sample selection in which each element in the population has an equal, independent chance of being selected. The sample was selected by convenient. A Sample of 30 regular industrial workers who fulfilled the inclusive criteria was selected for the study.

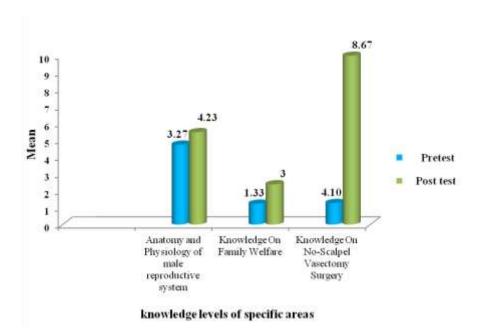
The structured questionnaire. The reliability refers to the accuracy and consistency of measuring tool. The reliability of the tool was elicited by using test, retest method and findings were compared. Karl Pearson method was used for computing the results and finding out the reliability of the tool. The reliability of the tool was tested on five subjects, APCPDCL Industrial workers. The reliability was \mathbf{r} =0.75

RESULTS

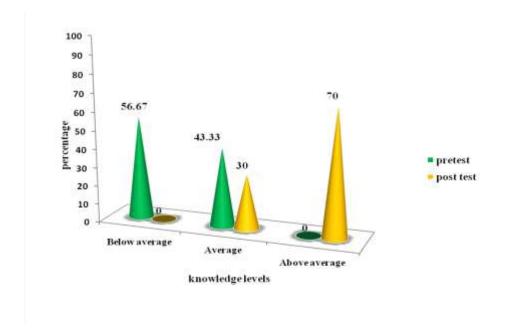
Percentage distribution of level of knowledge of industrial workers before and after video assisted teaching. Knowledge levels among industrial workers on No Scalpel Vasectomy where the above average is 0(0%) in pretest and it has been increased to 21(70%) in post test. Where the average is 13(43.33%) in pretest and it has been decreased to 9(30%) in post test, and where the below average is 17(56.67%) in pretest and it has been decreased to 0(0%) in post test. The mean, SD and paired 't' test value of pretest and post test knowledge scores in specific areas of knowledge regarding No Scalpel Vasectomy. The overall knowledge increase with mean 8.23& SD 1.25 in pretest to mean 17.13 & SD 2.44 in post test. It explains the anatomy and physiology of male reproductive system mean 3.27 with SD 1.01 in pretest was increased to mean 4.23 with SD 0.86 in post test where the paired 't' test value was 6.23.

It describes the Knowledge on family welfare, the mean 1.33 with SD 1.06 in pretest was increased to mean 3.00 with SD 0.79 in post test where the paired 't' test value was 9.9. It refers to the knowledge on No Scalpel Vasectomy, the mean 4.10 with SD 2.23 in pretest was increased to mean 8.67 with SD 2.09 in post test, and the paired 't' test value was 10.6.

Item analysis of mean and SD of pretest and post test knowledge scores of industrial workers in specific areas



Percentage Distribution of level of knowledge of industrial workers before and after video assisted teaching



Item analysis of mean and SD of pretest and post test knowledge scores of industrial workers in all specific areas.

(n=30)

	Pre test		Post test		df	't' test
Specific Areas	M	SD	M	SD		
Anatomy and Physiology of						
Male Reproductive System	3.27	1.01	4.23	0.86	29	6.23 *
Knowledge on Family welfare	1.33	1.06	3.00	0.79	29	9.9*
Knowledge on No Scalpel Vasectomy	4.10	2.23	8.67	2.09	29	10.6*

^{*}-----Significant at the level of 0.05 significance.

Frequency and percentage distribution of pre and post test level of knowledge among industrial workers.

(n=30)

Knowledge Levels	Pre test	t	Post test		
	f	%	f	%	
Below Average	13	43.33	0	0	
Average	17	56.67	9	30	
Above Average	0	0	21	70	

Thus it was revealed that post test mean scores were significantly higher than pretest mean score. There was a significant difference between pretest and post test scores of industrial workers regarding knowledge on No Scalpel Vasectomy in all specific areas.

On the whole, post test mean scores were significantly higher than pretest mean scores in all areas of knowledge regarding No Scalpel Vasectomy indicating that the video assisted teaching programme was effective. The mean level of knowledge among industrial workers before and after video assisted teaching. The overall knowledge score where the mean score is 8.23 and SD 1.25 in pretest increased to mean score 17.13 and SD 2.44 in post test after video assisted teaching programme. Thus H_{01} is rejected, Thus P < 0.001; at 99 .99 % level of significance H_{02} is accepted. There is a significant difference between pre and post test knowledge scores on No Scalpel vasectomy for industrial workers before and after video assisted teaching. Chi- square explains there was no association between pretest levels of knowledge of industrial workers with demographic variables at the significance level of 0.05 significant. Thus the H_{02} is rejected and H_{01} is accepted.

DISCUSSION

The present study is aimed to assess the knowledge level of industrial workers on No-Scalpel Vasectomy and identify the association between the knowledge among industrial workers and with selected demographic variables. The study is intended to evaluate knowledge, regarding No-Scalpel Vasectomy among the industrial workers through the self administered questionnaire and using video assisted teaching on No-Scalpel Vasectomy

RECOMMENDATIONS

On the basis of the researcher acquaintance with the problems and keeping the limitations in view the following recommendations are suggested:

A similar study can be done on a larger sample and to generalize the findings to a larger population.

- A descriptive study can be done to assess the knowledge on No Scalpel Vasectomy.
- A comparative study can be done in urban and rural areas assess the knowledge on No Scalpel Vasectomy.
- Industrial nurses can conduct studies on No-Scalpel Vasectomy

CONCLUSION

The following conclusions were drawn from the findings of the study. No scalpel Vasectomy among industrial workers and its effectiveness was evaluated. The mean level of knowledge among industrial workers before and after video assisted teaching. The mean pre-test scores are increased from 8.23 to 17.13 and standard deviation 1.25 to 2.44 which was statistically significant.

Hence video assisted teaching programme on No Scalpel Vasectomy was effective in increasing the knowledge. There was a gain in knowledge in all the areas of the No Scalpel Vasectomy. Thus the video assisted teaching was an effective method in enhancing the knowledge level of industrial workers.

REFERENCES

- 1. Abraham S. Diaz, VA., Carek, PJ. (2006). The effectiveness of Video Assisted teaching programme on increasing the knowledge on No Scalpel Vasectomy; among married couples, Indian journal of community medicine 28:165-6.
- 2. Aga Khan.et.al., Impact Evaluation of No Scalpel Vasectomy Education Project in Zanzibar, The nightingale nursing times.2000; 12(3):33-34
- 3. Beth Scott, Dawood Alam, Shalini Raman Factors Affecting Acceptance of Vasectomy
- 4. September 19, 2011.
- 5. Basavanthappa, BT.(2007).Nursingresearch.2nded.newdelhi:jaypeebrothers.p.563-6
- 6. Barthwaj, A.K. (1992) Video assisted Teaching on Vasectomy –A gainful experience, Indian journal of public health.2 (23).p:55-61.

Battula Srilakshmi, International Journal of Advance Research and Development.

- 7. Black T, Francome C. 2003 Apr; Comparison of Marie Stopes scalpel and electrocautery no-scalpel vasectomy techniques. J Fam Plann Reprod Health Care. 29 (2): P32-4.
- 8. Cook LA, e.tal; Rev. 2004; Scalpel versus no-scalpel incision for vasectomy Cochrane Database Syst (3):CD003991.
- 9. Chen KC, Peng CC, Hsieh HM, 2005 Feb; Chiang HS Simply modified no-scalpel vasectomy a comparative study against the standard no-scalpel vasectomy Contraception. 71 (2): P153-6.
- 10. Christensen P, al-Aqidi OA, Jensen FS, Dorflinger T., (2002) Vasectomy: a prospective, randomized trial of vasectomy with bilateral incision versus the Li vasectomy. UgeskrLaeger 164: P 2390-4. 91.