

PSYCHOSOCIAL FACTORS INFLUENCING ACCEPTANCE OF LAPAROSCOPIC TUBAL LIGATION.

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ABSTRACT:

Research Problem: What are the psychosocial factors influencing acceptance of laparoscopic tubal ligation?

Objectives: To study psychosocial factors influencing acceptance of laparoscopic tubal ligation.

Study Design: Hospital based study by questionnaire method.

Setting: Postpartum unit of Irwin Group of Hospitals, M.P. Shah, Medical College, Jamnagar, Gujarat.

Participants: Acceptors of laparoscopic tubal ligation.

Sample Size: 500 acceptors.

Study Variables: Age of acceptor, family size, contraceptive use.

Statistical Analysis: By proportions.

Result: Out of 500 acceptors, 58% belonged to rural areas. Mean number of children per acceptor was 4.01 ± 1.8 . Mean age of acceptor was 28.3 ± 4.3 years. 76.8% of the acceptors did not use any contraceptive prior to acceptance of laparoscopic tubal ligation. An important finding of the study was that monetary incentives had no role in acceptance of tubal ligation.

Key Words: Laparoscopic tubal ligation, Acceptor, Psychosocial factors.

INTRODUCTION:

Laparoscopic tubal ligation is a noteworthy innovation in the field of family planning. Its advantages of shorter hospitalisation, small incision at the time of operation and the ability to return to normal work within a few days attracts a large number of women for its acceptance.

This study was specially undertaken to explore various psycho-social factors influencing its acceptance. The findings may be used as baseline data to evaluate the changing pattern of psycho-social factors influencing the increased

acceptance of laparoscopic tubal ligation.

MATERIAL AND METHODS:

A pretested questionnaire was used to collect information regarding age, sex, occupation, socio-economic background, contraceptive behaviour etc. The work was carried out at the post-partum unit of Irwin Group of Hospitals, M.P. Shah Medical College, Jamnagar. In all, 500 cases were interviewed and these acceptors were mainly from Jamnagar and adjoining districts of Gujarat. The laparoscopic sterilisation was carried out both at Irwin Group of Hospitals and in camps arranged by the same hospital in rural areas from time to time.

RESULTS:

Out of 500 cases studied, 290 (58%) belonged to rural areas while 210 (42%) to urban areas. Majority of acceptors i.e. 66.8% belonged to the age group of 21-30 years. Mean age of these women was 28.3 ± 4.3 years.

On analysing the duration of married life, it was revealed that 68.8% were leading a married life for 6-15 years. There were 26 (5.2%) women who had volunteered for sterilisation within 5 years of their marriage. The mean duration of married life before operation for all women was 12.6 ± 2.8 years.

On reviewing the type of their family, it was observed that 66.2% belonged to nuclear families and rest to extended families. Only 10% acceptors who underwent laparoscopic tubal ligation had two or less living children. Majority (57.8%) of acceptors had more than three living children (mean 4.01 ± 1.8 children per acceptor). The mothers who experienced abortion, were 139 out of 500

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i.e. 27.8%. Out of them, 109 experienced abortion only once (Table - I).

To deduce the impact of last conception on motivation for sterilisation, interval between last delivery and acceptance for tubal ligation (open interval) was studied. 51.8% women had accepted sterilisation within the first year of last delivery, while 18.2% women showed an interval of over three years. The mean interval since last delivery and acceptance was found to be 1.71 ± 1.1 years. (Table II).

On studying the past behaviour for contraceptive use in the couples, it was revealed that 76.8% of them did not use any method of contraception. The users of contraceptives reported that condoms and IUDs were popular among 9.2% and 7.6% couples respectively (Table-III). When reasons for preferring laparoscopic sterilisation over temporary methods were enquired, it was found that 41 (35.34%) opted for operation due to inconvenience of temporary methods, 24 (20.6%) were really in need of a permanent method and rest opted for tubal ligation as they were doubtful about the efficiency of temporary contraceptives. (Table -IV).

Important reasons in favour of selecting sterilisation were: completion of family after desired number of children, to get relieved of economic burdens and health problems due to repeated pregnancies. Monetary incentives did not play a decisive role in motivating mothers and this was one of the most substantial and important findings in this study (Table V).

An effort was made to enquire about the sources of information about laparoscopic tubal ligation. It was found that 35.6% learnt about it from mass media publicity, 18.6% from previous acceptors and 14.8% from doctors. Though the medical personnel were one of the chief communicators of this method of sterilisation, they were not the chief motivators. Majority (90.6%) were self motivated. The acceptors in general (94.0%) had correct knowledge about the technique, as being simple and which required only a few hours of hospitalisation.

DISCUSSION:

The present study aims to understand the socio-psychological phenomenon that occurs among acceptors. Majority of the acceptors were from rural areas and it could be due to the camps which were frequently organised in remote rural areas.

The mean age of the acceptors in the present study was 28.3 ± 4.3 years. Currently, the strategy is to reduce it to 25 years to create an impact by reducing the growth rate to achieve Health For All by 2000 A.D. Other studies have reported the mean age to be around 30 years,^{1,4}. Thus, by undergoing operation, on an average 17 years were curtailed from possible reproductive span (15-45 years). Sathe et al² observed slightly more (87.8%) acceptors in the age group of 20-30 years. Operations Research Group (ORG) conducted a survey of 1892 married females in district Kheda of Gujarat State during 1992 and reported an increasing trend of acceptance of permanent sterilisation, from 74.3% to 89.3% with increase in age from 15-24 years to 35 years onwards respectively.⁵

Mean number of living children per acceptor in this study was 4.1 ± 1.8 and this is in conformity with others⁴. Sinha et al³ found 31.2% male acceptors undergoing vasectomy after having 3 living children.

More than half of the acceptors got sterilised within the first year of last delivery. The postpartum period, thus, should be utilised in motivating eligible couples as the women during this period are more receptive and are a captive audience too. The couples who have one or two children must be motivated for tubal ligation for their better health & social status.

SUMMARY:

On an average the acceptors for tubal ligation were reported with mean 4.01 ± 1.8 children. The maximum open interval observed was more than 5 years among 10% acceptors. About half of the acceptors (51.8%) had this interval of

less than one year. The use of temporary methods of contraception was seen among 22.6% acceptors, out of which, 35.35% reported inconvenience as the important reason for discontinuance of temporary methods and for the acceptance of tubal ligation. 46.6% acceptors had the desired number of children so they opted for tubal ligation. Interestingly, the most important finding of this study was the absence of role of monetary incentives for acceptance of tubal ligation.

REFERENCES:

1. Jamshedji, A., Pachauri, S.; The sterilization decision - a socio-demographic and fertility profile of the Indian women. *J.F. Welfare*, 1980; 26, 27.
2. Sathe, C.M., Bichilo, L.K., Sathe, P.V., Phulare, M.B.; Female sterilisation at rural health centre. *J.Ob. & Gy. of India*, 1981; 31, 727-729.
3. Sinha, S.N., P.C. Prasad, B.G.; A socio-medical study of urban sterilised males in Lucknow. *J. Ind. Med. Ass.*, 1969; 53, 68.
4. Chaudhary, S. K., Sharma, S., Sharma, P.N., General profile of laparoscopic sterilisation acceptors. *J. Ob. & Gy. of India*; 1984; Vol. XXXIV, No. 3, 447-448.
5. Operations Research Group, Family Welfare Education and Services Project for milk producers of thirty villages in Kheda district, Gujarat - Base line survey, 1992; 119-133.

TABLE No. I

FERTILITY PATTERN OF ACCEPTANCE OF LAPAROSCOPIC TUBAL LIGATION.

No. of living children	Acceptors having living children		Acceptors who experienced abortion	
	No.	%	No.	%
1	2	0.4	109	21.8
2	48	9.6	19	3.8
3	161	32.2	4	0.8
4	131	26.2	2	0.4
5	74	14.8	4	0.8
6	56	11.2	1	0.2
>6	28	5.6	0	0.0
Total	500	100.0	139	27.8

TABLE No. II

DISTRIBUTION OF ACCEPTORS ACCORDING TO DURATION SINCE LAST DELIVERY (OPEN INTERVAL)

Duration (years) since last delivery	Acceptors	
	Number	Percentage
Less than 1	259	51.8
1-2	96	19.2
2-3	54	10.8
3-4	19	3.8
4-5	22	4.4
>5	50	10.0
Total	500	100.0

Table No. III

DISTRIBUTION OF ACCEPTORS ACCORDING TO PREVIOUS CONTRACEPTIVE USE.

Contraceptive used	Acceptors	
	Frequency	Percentage
None	384	76.8
Condom	46	9.2
I.U.D.	38	7.6
Oral pills	27	5.4
Natural methods	2	0.4
Vasectomy	3	0.6
Total	500	100.0

TABLE No. IV

REASONS FOR DISCONTINUANCE OF TEMPORARY CONTRACEPTIVE METHOD FOR ACCEPTANCE OF TUBAL LIGATION

Reasons	Acceptors	
	Frequency	Percentage
Inconvenience	41	35.35
Willing for permanent method	24	20.69
Doubts about efficiency	19	16.38
Menstrual problems	10	8.62
Health grounds	9	7.75
Availability difficult	8	6.90
Did not answer	5	4.31
Total	116	100.00

TABLE No. V

**REASONS FOR ACCEPTING PERMANENT
STERILISATION
(n=500)**

Reason	Frequency	Percentage
Having desired no. of children	233	46.6
Economic burden	191	38.2
Health problems	151	30.2
Concern about children's health	21	4.2
Monetary incentives	1	0.2
Did not answer	21	4.2
Total	618*	123.6

* Some acceptors gave more than one reason.

ABOUT AIDS

A necessary condition for any successful AIDS control programme is the need to lift the veil of ignorance which is draped around the disease. Bapu often said that ignorance was one of the root causes of disease. What has made the situation more difficult in case of AIDS is the social stigma it carries. This organ is due to ignorance. Proper surveillance of the disease is essential for preventing its spread, but the lack of information about the virus and its implications, inhibits these efforts. It is, therefore, vital to develop an awareness campaign spelling out the nature of the disease, its causative factors and steps that can be taken to prevent infection. The support of mass media in publicizing this campaign, particularly television and radio which reach out to the entire population is crucial. In addition to creating general awareness, it is important to adopt a target approach aimed at the high risk sections of the population, many of whom comprise the most productive members of the society.

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