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Research Article

Perceptual analysis of women on tubectomy and other family planning services: a qualitative study

Ruchi Kalra^{1*}, Sameer Phadnis², Ankur Joshi³

¹Department of Obstetrics & Gynaecology, People's College of Medical & Research Centre, Bhanpur, Bhopal, Madhya Pradesh, India

²Department of Community Medicine, People's College of Medical & Research Centre, Bhanpur, Bhopal, Madhya Pradesh, India

³Department of Community Medicine, Gandhi Medical College, Bhopal, Madhya Pradesh, India

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***Correspondence:**

Dr. Ruchi Kalra,

E-mail: drruchi.kalra15@gmail.com

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ABSTRACT

Background: In our country India, Population explosion has become a major concern to all. As per NHFS 3 report, in MP 44.3%, adopted the female sterilization other methods like male sterilization 1.3%, Intrauterine devices 0.7% and pills users were 1.7%, condom 4.8%. The study probed into the reasons of female sterilization as the method of choice and to know ideas of other temporary contraceptives and male sterilization.

Methods: In the study qualitative technique was adopted to understand the perception of participants. FGD's and in-depth interviews were conducted with residents of Ratua village between Nov 2011 - April 2012 to explore the gaps. 52 women participated in the study. They were between 20-40 years, married and had children.

Results: The interview transcripts were thematically analysed. All the participants knew tubectomy operation either through health care workers, friends, relatives or media. They thought it as a better and safer way to prevent unwanted pregnancy as compared to temporary ways and male sterilization. Economic incentives were looked up as insufficient motivation for undergoing the procedure. The decision was combined and women had less freedom in decision making. All felt strongly need of having at least one son for the family progression and care provider to them during the old age. They were hesitant to use temporary methods as they had misconceptions about the adverse effects. The male sterilization was unacceptable to all the participant as they thought it causes weakness and would adversely affect the physical work performance of their husband

Conclusions: Participants in the study were hesitant to use temporary contraceptive methods for the fear of adverse effects. Multiple approaches to educate and transform their misconceptions of contraceptive methods and male sterilization should be adopted.

Keywords: Tubectomy, Temporary contraception, Male sterilization

INTRODUCTION

In our country India, Population explosion has become a major concern to all including Government and National Leaders. As per annual growth report by Family Health and Welfare.¹ As on 1st March, 2011 India's population stood at 1.21 billion comprising of 623.72 million (51.54%) males and 586.46 million (48.46%) females.

India, which accounts for world's 17.5 percent population, is the second most populous country in the world next only to China (19.4%). In 1951, the population of India was around 381 million. In absolute terms, the population of India has increased by more than 181 million during the decade 2001-2011.

Of the 121 crore Indians, 83.3 crore (68.84%) live in rural areas while 37.7 crore (31.16%) live in urban areas,

as per the Census of India's 2011. As per NHFS 3 report² the female sterilization is the leading method of contraception in India. In MP 44.3% adopted it, other methods like male sterilization 1.3%, Intrauterine devices 0.7% and pills users were 1.7%, condom 4.8%. The report also stated the total unmet need of Family Planning as 11.3%.

Aim

The aim of the study was to understand reasons for high acceptance of Tubectomy procedure in comparison to other family planning method and also to understand their views about temporary contraceptives methods and Male Sterilization. The study was aimed to understand the reasons of wide gap in utilization of these methods.

METHODS

Study design

The study was conducted after obtaining approval from Institutional research advisory and ethical committees. In the present study qualitative technique was adopted to understand the perception of participants. Focused Group Discussion and in-depth interviews were conducted with residents of Ratua village. We also interviewed the Anganwadi Worker and local PHC doctor to have greater insight in the scenario. 8 Focused Group Discussions were performed. Before FGD's were conducted the purpose, nature and ethical aspects of the study were explained by members of the research team to villagers and then they were invited to participate.

Sampling and data collection

The study was carried out at Ratua village, located in Berasia Tehsil, approx. 28 km away from the city of Bhopal having 491 families and population of 2752, as per census report 2011.

52 subjects participated in the study. A prior informed consent was obtained. The study participants were of age group 20-40 years, All were Married and had children. Focused Group Discussion and in depth Interviews were conducted to explore the gaps. One Anganwadi worker and PHC doctor were also interviewed as key informer. A theme list was developed by the researchers to determine the direction and content of the focused group discussion, interview based on the study objectives and informed by the literature, and finalised with local staff to ensure that questions were appropriate for the context. The theme list was translated into Hindi and back translated into English to ensure equivalence of the questions, and was piloted with staff of PHC. The appropriate Hindi words for concepts such as tubectomy, family planning and temporary methods of contraception, Male sterilization were discussed. This qualitative approach was considered appropriate for achieving the objectives of this exploratory study as the participants were unfamiliar with

the concept of research, they were mostly illiterate. Snowball sampling technique was employed for selection of participants. The interview themes included knowledge about female sterilization, source of information, decision for operation, marital communication and role of in laws in decision making, choice of temporary methods of contraception and their ideas on male sterilization.

The study was conducted between Nov 2011 - April 2012 at various setting in the Ratua village like Anganwadi worker's home courtyard, village school compound and Village Choupal. All FGD's and interviews were audio recorded which lasted between 45 to 60 minutes. Examples of questions asked were "Please give reasons, why did you choose for tubectomy? who motivated you? which other methods of contraception were being used? what is your view on male sterilization?" Interviews were audio-taped and transcribed verbatim.

Ethical concerns

Overall ethics clearance was obtained from the institutional clinical research and ethics committee, written informed consent was obtained from participants also verbal consent was also voice recorded prior to each interview or focus group discussion

Data analysis

The interview transcripts were thematically analysed. This inductive approach involved systematically identifying themes and patterns within the data. The interview transcripts were coded largely according to the areas covered in the theme list. Following this, patterns that emerged within each theme were identified. Two coders (the first author and 2nd author) independently reviewed interview transcripts to identify salient theme. Then the coders met to discuss and agreed upon the themes. Disagreements between the coders were resolved through discussion.

RESULTS

Knowledge

All the respondents knew about tubectomy as an operative procedure. It is done to limit the family size by preventing further pregnancies. Most of respondents told that the source of information regarding operation was from local health workers which included Anganwadi worker, ASHA worker and some got information from local doctors. For other their relatives, friends and neighbours who had got the operation done earlier were prime source of information.

Media, television and radio were other the source of information one participant shared that "I learnt from my neighbour who got the operation done."

One participant said “the Anganwadi worker who visits us told me about the operation and took me along for the operation.”

“I had heard of it on television, my mother in law had got it done, she only motivated me.”

“Nearby doctor told me and motivated me.”

Opinion about operation

Most of respondents told after this operation they would lead a life free from fear of pregnancy.

One of the respondent mentioned that after operation “Initially I was afraid to get operated but after getting done now - no tension of pregnancy and I can do my work freely”.

Most of the participants of FGD’s who underwent tubectomy were having 3 to 4 children.

“After getting operation, I do not have to worry for pregnancy.”

“Less number of children is better as they can be educated and looked after.”

However one of the participant who was taking oral contraceptive pills, she feared operation “I will get weak after operation and then who will take care of my children and household work so I will continue to take tablets till my children grow up.”

Another respondent who had delivered 8 children of which 6 were alive (3 boys and 3 girls) claimed that having more children is better as it helps in having more source of income. “All 3 of my sons are educated till 10th class and are earning for the family whereas all my 3 daughters are married, there was no need to send them to school.”

One participant said that she had consumed “some herbs” which prevented pregnancy so she was confident that she will not conceive and shall not require operation.

Few other participants who felt that they have stopped conceiving of its own and will not require any procedure or drug.

“I know, I will not get pregnant anymore so I do not need them.”

Economic incentives

All respondents who had undergone operation had received economic incentives as government policy after the operation. All most all told that the money received was spent in conveyance and treatment.

“Whatever money I got was spent in treatment.”

Most of the respondents asserted that they will opt for operation even in the absence of financial incentives as it is for their own good. “The money received was very less but it does not matter as getting operated is for my own benefit.”

“Decision of having children is not dependent on any money benefits.”

“I did not get it done for greed of money.”

Marital communication and role in decision making

Most of the occasion, it was a joint family decision. Almost all who had undergone operation said they had discussed with their husband and every one told that they had to seek permission from their in laws. Only after both husband and in laws agreed the operation was performed.

“I asked my husband and also my in laws, their willingness was important before undergoing operation.”

One participant conveyed that her husband is alcoholic and not supporting the family so she did not consult him before operation however she asked her mother in law.

Another respondent who could not undergo operation as her in laws were not ready for her tubectomy operation. “I have one son and one daughter but my Parent in laws want me to have one more son.”

Experience after operation

Most of the participant who had undergone tubectomy reported that they have been experiencing weakness, backache, pain in lower abdomen, menstrual irregularity. All of them related these complaints to the tubectomy operation but none of them had sought any help from health care provider. One Participant said “I am having backache and pain in abdomen after the operation but it is better than getting pregnant.” One of the participants said that “the electricity which is used in the operating machine burns my blood which is the cause of weakness.”

Few others said that they had no problem after operation.

“I have no difficulty after operation since one and half years, I got it done and would tell others also, its good.”

Almost all said they will recommend to their friends and relatives as well.

Gender preference

All the respondents said that they would opt for operation only after having at least one son. Most respondents reported that there in laws and husband insisted on

having preferably two sons but one son is MUST before tubectomy.

Upon asking the reason for son preference they responded it is necessary for the family name and progression of generation. "Daughters get married and go away to the in laws house. Son is there to take care of us in old age".

The girls in the village do not get enough opportunity for higher education as school is only upto 10th class in the village. For higher education girls have to go out of village to faraway place for college study. They do not consider it safe for girls to go far away by local bus and reach back late evening. So the girls in the village are not educated after 10th class.

Very few said that both son and daughter are equal and they also said once educated girls can equally take care of their parents during old age.

Use of temporary contraceptive methods

The study participants had some knowledge of temporary methods but were not keen to use any as they believed that it had many side effects. Very few participants ever used any method of contraception for spacing. Most of them knew about the methods. They believed that using OC pills "Mala tablets" caused lot of adverse effects like it disturbs the menstrual cycle.

One of the respondent shared that Cu T insertion causes pain in abdomen as "the Cu T pinches in the abdomen" and "it can move up and hurt".

Upon asked regarding condom "Nirodh" use most of them denied its use.

One participant told that "I have heard that it (nirodh) causes genital ulcers so we have not used it."

One of participant in the study was taking oral contraceptive pills from last 3 years as advised by her doctor and she was happy and satisfied and said that she would like to continue to take.

Male sterilization

None of the participant's husband had undergone male sterilization procedure.

However all participants said that they knew about the male sterilization procedure.

They believed very strongly that only female should undergo sterilization as the operation causes weakness.

"The electricity used in operation which burns the blood and causes weakness."

Male being bread earner of the family and does more physical labour so the income of the family will get adversely affected. Females stay at home to do household work. So they believed opting for female sterilization is better.

DISCUSSION

There is wide gap between availability and the utilization of the family planning services. The tubectomy operation is the only method which is widely accepted. As per NHFS 3 data of Madhya Pradesh tubectomy was done in 44.3%, Male sterilization procedure was accepted by only 1.7% cases, IUCD users were 0.7%, OC pills users were 1.7% and Condom was used by 4.8% cases. The current study has explored the reasons of high acceptance of tubectomy as family planning method and efforts were made to understand views of participants on temporary contraceptive methods and male sterilization.

The study validity was enhanced as two researchers independently did the data interpretation and analysis. The FGD's were conducted till the redundancy point was reached. Several techniques were employed to ensure the reliability of the findings: data were triangulated using a range of qualitative methods - interviews, focus groups and observations. The themes which emerged during the study were similar to the previous studies done which strongly supported the present study.

Almost all the participants had the knowledge of female sterilization operation and source of information was from health care workers, friends, relatives and media. They relied more on the experiences shared by relatives, friends and neighbours.

The perceived benefits of the operation by the participants were more than the side effects. They thought tubectomy as a better and safer way to prevent unwanted pregnancy as compared to temporary ways and male sterilization.

The acceptors of tubectomy led a tension free life after operation though they associated some health ailments with operation. Acceptors of tubectomy associated many adverse effects like weakness, pain in lower abdomen, menstrual irregularities to the operation. The cause of weakness was associated by few of them with "use of electricity machine for procedure which burns the blood and causes weakness later on "They considered these problems were of usual occurrence after operation". Prosper M. Litalat³ and co-workers in their work have also reported psychological and somatic problems which were co-related with operation

In the present study economic incentives were looked up by acceptors as insufficient motivation and "not the sole reason" for undergoing the procedure. Acceptors said they would opt for the procedure even though the incentives were not offered. They also stated that small monetary incentive did not affect their long term family

size decision. However, Sarah H. Heil⁴ and co-workers has reported in his reviews of eight studies positive effect of the incentives on family planning but stated the need of further studies with stronger study design. Darney BG⁵ and co-workers in a Mexican study has shown that conditional cash transfer has increased the utilization of services. This area needs further exploration.

Almost all the participants stated that the decision for operation was jointly taken after discussion with husband and other family members specially parent in laws. It was a combined decision and women had less freedom in decision making. Present study was rural based where participants had low literacy. Dev R. Acharya⁶ and co-workers also reported in their study that women from rural area had less autonomy in decision making. Waqas Hameed⁷ and co-workers stated socio-demographic and economic status contributes in decision making, he also emphasised need for educating both woman and their husbands with particular focus on highly effective contraceptive method

All the participants felt very strongly and expressed the need of having at least one son for the family progression and care provider to them during the old age. In Indian socio- cultural background need of son is knitted deeply. Son is looked upon for support and care during the old age whereas the girls after the marriage are taking care of husband's family. Also some participants said that as girls are getting educated they are being treated equally as son. However the rural girls had difficulty in assessing higher education as colleges were far away. Jeffrey Edmeades⁸ and co-workers who conducted a study in slums of Bangalore also reported sterilization choice was influenced by son preference. Bhasin⁹ in his study has shown the number of sterilization as per birth order and percentage of Female children. Son preference choice dominated the family size decision

Our study revealed that the participants had knowledge of the temporary contraceptive methods. But they were hesitant to use these methods as they had misconceptions about the adverse effects. Study done in southern India by Isabel Tiago de Oliveira¹⁰ and co-workers address the socioeconomic barriers and suggested to consider multiple cost-effective strategies such as mass media to promote awareness of modern temporary methods. The study suggested probability for sterilization is higher among older women belonging to the poorer households than those from wealthier households with a rural background. A study by Amardeep Thind¹¹ underscores the need to significantly broaden the contraceptive choice for women in rural Bihar.

Almost all the participants in our study knew about of male sterilization.

The male sterilization was unacceptable to all the participant as they thought it causes weakness and would adversely affect the physical work performance of their husband eventually affecting family income. Shih¹² and

co-workers in the study stated despite the lower risk, higher cost-efficacy, and high efficacy of vasectomy compared with female sterilization, more US women rely on female sterilization than male sterilization. Reasons for low use of vasectomy include lack of knowledge and misconceptions about the procedure, lack of access, provider bias, and patient preferences. Kishori Mahat¹³ and co-workers in their study done at Nepal suggests that focus should be on social support (emotional, material, appraisal and informational) and couple counselling for vasectomy to combat the misconceptions regarding the consequences of vasectomy, especially those regarding sexual problems.

Strengths and limitations

The study was conducted in the natural setting and researcher's themselves along with health care workers of the area conducted the FGD's and Interviews so had clear idea of the concepts emerged.

The limitation was having a small sample size and all participants were from rural background, had low literacy levels and belonged to lower socio economic status. So the results cannot be generalized. Further studies are recommended involving different socio economic groups.

CONCLUSIONS

The present study contributed in identifying the gaps in the utilization of family planning services. The study could isolate some of the misconceptions shared by participants. As for male sterilization "use of electricity machine which burns the blood and causes weakness later on" and "use of niroddh causes genital ulcers."

Important areas which need to be addressed by professionals, health care workers and media is to ameliorate the believes and ideas of adverse effect related to use of temporary methods and male sterilization. Secondly the accessibility of village girls to higher education will empower their position in family and can bring shift in the outlook of Indian families for son preferences.¹⁴ Hence multiple approaches should be adopted to educate and transform their believes of adverse effect of contraceptive methods and male sterilization.

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