

## FEMALE STERILIZATION AT RURAL HEALTH CENTRE

by

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### Introduction

Health Unit Paithan was established in 1965 to provide rural field practice area to Medical College, Aurangabad. The Civil Dispensary at Paithan became a part of the health unit in 1970. Maternal and child health and family welfare services form the main activity in this area. Mini camps of female sterilizations formed a component of these services. By organising such camps the interns and medical officers were trained in female sterilization. The motivational work was done by the public health nurses working at Paithan and the subcentres. This paper is a review of the sterilizations done over a period of 42 months i.e. January 1976 to June 1979, at Paithan.

### Material and Methods

Mini camps of female sterilization were conducted at the rural training centre of Medical College, Aurangabad over a period of 42 months. Multiparous women desirous of undergoing sterilization voluntarily were selected for sterilization.

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Only postnatal and interval cases were selected. In no case concurrent MTP with sterilization was undertaken.

Seven hundred and fifty-three women underwent sterilization by minilaparotomy, out of which 52.3% were puerperal and 47.7% were interval sterilizations. A thorough pre-operative examination was done by a gynaecologist and an anaesthetist and routine Hb.% and urine examination was done in all cases. Not more than 20 cases were posted for one camp. As most of the women came from peripheral area, hospitalisation was done on the day prior to the operation.

Premedication was given half an hour prior to the procedure. In most of the cases general anaesthesia was used. Bilateral tubal ligation was done by modified Pomeroy's method. Prophylaxis with antibiotics was done in majority of the cases. Stitches were removed on 5th post operative day. In majority of the cases total stay did not exceed more than 7 days.

### Observations

A series of 753 sterilizations done by minilaparotomy were analysed. Age of the women operated upon ranged from 20-40 years. 87.8% were between the age group of 20 to 34. Majority of women were from low socio economic group.

One hundred and eighty-seven (24.8%)

were in the phase of lactational amenorrhoea and the duration of the amenorrhoea ranged upto 4 years. One hundred and seventy (22.6%) were in the pre-ovulatory phase of menstruation and 392 (52.6%) women were postnatal. 60.2% women had 4 and above children. Maximum parity was upto 14th gravida. 39.8% women were having 2 and 3 children.

General anaesthesia was used in 664 (88.2%), local in 83 (11%) and spinal in 6 (0.8%) only. Spinal headache occurred in 1 case giving an incidence of 0.13% and this was the only case which required to be referred to medical college. She responded to treatment and recovered.

Over all morbidity was 16.2%. During the operative procedure bladder injury occurred in 1 case (.13%). Repair was done in her case and no further complications followed. Pyrexia occurred in 81 (10.7%) and ranged from 99°F to 102°F. Wound infection occurred in 43 (5.7%) of the cases. Wound gaping occurred in 3 cases giving an incidence of 0.4%. Mild abdominal distension developed in 1 case and she responded to treatment. In no case major complications in the form of pelvic infection, peritonitis and paralytic ileus developed.

Follow-up was done by the respective public health nurse and no further complications were reported.

#### Discussion

In spite of many current advances in the technology of female sterilization, mini-laparotomy still remains the most accepted method of practice because it is relatively safe and easy procedure. Illiteracy, poverty and high parity is the most common indication for sterilization. The incidence of sterilization on medical and obstetrical grounds is comparatively low. In the present series, 39.8% women were

having 2 to 3 children. This shows that even people from rural areas are coming forward to accept the family size norm. Morbidity following tubal ligation varies depending on route of operation, type of anaesthesia, concurrent MTP, skill and experience of the personnel and use of antibiotics. It is reported as nil (Korener 1969) to 50.6% (Ghatikar and Bhoopkar 1966).

Mortality in the present series was nil. However, the risk cannot be neglected. Saigal (1973) has reported 49 deaths in a series of 35,6000 female sterilizations giving an incidence of 0.01% and causes being peritonitis, tetanus and embolism. No case of puerperal or surgical tetanus is being reported from our area for the last 10 years, due to the routine active immunisation of antenatal and postnatal mothers against tetanus.

It is evident from our observations that the morbidity is low and mortality is nil, following tubal ligation by abdominal route. This can be explained on the basis of:

- (a) proper selection of the cases,
- (b) use of general anaesthesia, resulting in good relaxation and minimum interference during operation,
- (c) trained personnel,
- (d) prophylactic use of antibiotics,
- (e) absence of cross infection,
- (f) prophylaxis against tetanus during antenatal care.

#### Summary and Conclusion

Mini camps of female sterilizations were arranged at regular intervals at the Rural Health Training Centre about 50 Km. away from the Medical College, Aurangabad over a period of 42 months (Jan. 1976 to June 1979). A total of 753 sterilizations were performed. A team

consisting of a gynaecologist and an anaesthetist visited the centre pre and post operatively. Cases were motivated by the public health nurses of the centre and subcentres. The maximum number of women were in the age group of 25 to 34 years. Majority of the women were having 3 and more children and most of them were illiterate.

Interval and puerperal cases were sterilized only by minilaparotomy. Prophylactic use of antibiotics was done in most of the cases. Overall morbidity was 16.2% and mortality was nil.

To conclude, it can be stated that establishment of confidence by the provision of maternal and child health services results in proper motivation of the people even those who are uneducated and rural. Utilization of specialist services at regular interval to the periphery does help to run

the sterilization programme satisfactorily in rural areas. Now that the medical officers and other staff at Paithan is well trained in carrying out these operations, this activity will become a routine one at the centre.

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