

GENERAL PROFILE OF LAPAROSCOPIC STERILIZATION ACCEPTORS

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Availability of services and characteristics of community are two key factors that influence acceptance of a technology. In the search of an ideal method, the event of laparoscopic sterilization is a step forward. In the recent times, its availability to masses has boosted acceptance of sterilisation in women.

The present study aims at analysing variables of women who opted laparoscopic sterilization when it was conveniently available to them in the form of a camp for the first time.

The study was undertaken during first mass laparoscopic sterilization camp organised at Zanana Hospital, attached to R.N.T. Medical College, Udaipur, from 13th to 15th March, 1980. The variables studied include habitation, religion, age, literacy status, social class, fertility profile etc. Age was counted as completed number of years and social class was according to classification given by Prasad (1970). Acceptors, who were rejected on medical grounds, could not be included in the present study.

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Observations

Registration for the laparoscopic sterilization camp was open one week before the commencement of the camp. Over 800 women got themselves registered. Due to various reasons, after physical examination and routine investigations, a number of acceptors were found to be unsuitable to undergo laparoscopic sterilization. In this 3 day camp, a total of 552 sterilizations were performed.

Three hundred and sixty (65.2%) acceptors came from adjacent rural areas and 192 (35%) belonged to Udaipur city. 91.66% were Hindus and rest were Muslims. 58.33% acceptors belonged to nuclear families and the rest came from joint families.

Majority of rural acceptors were in the age group of 25-29 years, while in urban acceptors, the commonest age group was 30-34 years. Mean age of acceptors was found to be 30.45 years.

On analysis of age at the time of marriage, it was revealed that majority of acceptors got married between 14 to 17 years, though the age at cohabitation was mainly between 18-20 years.

Two hundred and eighty-one (78.05%) rural women, who subjected themselves to sterilization were illiterate, while illiteracy among urban acceptors was less

(37.5%). In all, 63.94% women were illiterate.

Amongst rural acceptors, majority were of social class IV and V (41.11 and 27.22%). On the other hand, only 25% and 8.3% was the respective contribution of social class IV and V in the composition of urban acceptors. None of the acceptors, rural or urban, belonged to the social class I.

The fertility pattern of the acceptors was studied and it was found out that most of the acceptors had 3 or more children before subjecting themselves to sterilization. Mean number of living children was found to be about 4 (3.9). Only 2.89% acceptors opted to undergo sterilization after having 2 living children.

None of the acceptors was without at least one male child and most of them had two or more living male children, the mean being 2.2.

Discussion

In the present study, the mean age of acceptors was 30.45 years, thus indicating protection of atleast 15 years of reproductive period. In similar studies by Jamshedji and Pachauri (1981), the mean age was found to be 30.2 years and Sathe *et al* (1981) found that in rural areas, the majority (87.8%) of acceptors were between the age group of 20 to 30 years.

Majority of acceptors were married before the present legal age of marriage. 28% rural and 17% urban acceptors were married even before the age of 14 years. However, majority of them were vulnerable to pregnancy only after the age of 18 years (after cohabitation).

General percentage of illiteracy was found to be 37.5. In study by Jamshedji and Pachauri (1980) the illiteracy status

was 34.7%. Since the area is predominantly inhabited by scheduled castes and tribal population, the rate is bound to be poorer.

Sathe *et al* (1981) found more acceptors in low socio-economic group. We had similar findings. Thus it may be inferred that population for lower socio-economic group avail such opportunities of mass sterilization camps, while upper social class group can avail hospital services at any time at their will.

Mean number of living children was around 4, thus the results are in conformity with other authors (Sathe *et al* (1980) and Jamshedji *et al* 1981). In male sterilization, Sinha *et al* (1969) recorded 31.21% acceptors accepted sterilization after having 3 children. It appears that the need of male child was more important as none of the acceptors got sterilised before having a male child.

To conclude, it can be said that age of mother and number of particularly male children were important aspects of fertility that motivated acceptors. It was mainly low socio-economic class who availed the opportunity of camps. To motivate late and nonadopters of family planning, their value systems and socio-economic background must be studied (Ali 1981).

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