

NON-ACCEPTORS OF FEMALE STERILISATION THE HARD CORE?

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SUMMARY

Nine hundred and eighty-six non-acceptors of sterilization have been analysed for causes of non-acceptance of puerperal sterilization. The main reasons for non-acceptance was desire to have a male child, and because the living children were too young.

Introduction

India is the first country in the world to adopt a national policy of fertility control. In spite of the persistent efforts by the government, the medical profession etc., a significant dent has not yet been made in the problem of an exploding population. The message of births to two children per couple has spread sufficiently for many rural and urban families. This is more so in female population than the male population.

About 40-45% of couples considered eligible for family limitation, refuse to accept sterilisation as a method of permanent contraception despite of intensive efforts by the staff to motivate them into such acceptance.

The object of this paper is to analyse the causes for the non-acceptance by the mothers to undergo puerperal sterilisation. An attempt has been made to interview all such non-acceptors of puerperal

sterilisation and to evolve a solution to these reasons for non-acceptance.

Material and Methods

Among the booked and unbooked women delivered in the M.T. Hospital, Indore, during January 1982 to December 1982, only those having two or more living children were approached for puerperal sterilisation, and those who refused were very politely questioned to get a reason for the non-acceptance. Only the mothers with known contraindications were omitted.

There were 986 such patients during the period of study. The demographic data of the patients and the reasons for non-acceptance are analysed and presented here.

Observations

Two thousand, six hundred and four labours were conducted from January 1982 to December 1982. Eight hundred and ninety-four puerperal sterilisations were done, in which 81 were para II, 402 para III, 287 para IV, 122 para V, 1 para VI and 1 para VII.

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Out of a total of 986 non-acceptors, 34.69% were having 2 living children, 49.08% were having 3 living children, and only 16.22% were having 4 or more living children.

Although a number of women of various religions had refused sterilisation, only 12 had refused operation on religious grounds.

Table I groups the reasons for non-acceptance in these 986 cases. The reason for non-acceptance in 49.89% cases was for the want of a child of particular sex, 28.60% cases refused sterilisation because of young age of the children. They were willing for contraceptive methods other than a surgical procedure.

54.02% refused sterilisation as they wanted 1 more son, 17.03% desired to have a male child, some of them had 4, 5 or even 6 daughters, 43.76% women wanted one more male although they already had one son.

Patients who were doubtful about the survival of their children interviewed further to elucidate the reasons for this. The reasons given were, newborn was only son, illness of only son, premature child, patients with bad obstetric history, only son below 5 years of age. Only one patient had deaf and dumb male child.

Regarding the reason for refusal "opposition by husband or other family members" is of much concern, even though

TABLE I
Reasons for Non-acceptance

S. No.	Reasons for non-acceptance	No. of cases	Percentage
1	Desire of child of particular sex	492	49.89
2	Children are small	282	28.60
3	Opposition by husband or other family member	88	8.92
4	Fear about the procedure	20	2.00
5	Necessity for prolonged rest	16	1.62
6	Promise by the husband to undergo vasectomy	18	1.82
7	Insecurity about survival of existing children	40	4.00
8	Inability to do manual work after operation	12	1.21
9	Religious background	12	1.21
10	Other reason	6	0.60

49.18% had only one son, out of them,

In an Indian family son receives great importance. In Table II patients were analysed according to the number of living sons. Four hundred and eighty-four

TABLE II

Children Under and Above the Age of Five Years in Non-acceptors

Age	No. of cases	Percentage
All under 5 years	119	42.23
Only one child above 5 years	98	34.75
2 or more children above 5 years	65	23.04

the husband's consent is not necessary for the sterilisation of his wife, our social system is not yet geared up to give the women the right to choose the method of sterilisation of her choice. The exploitation of the women by the country's male dominated society and denial to women in practice their personal right it to be decried. Although the husband's denial forms the third commonest reason for non acceptance, it is to be considered that this is an important additional factor behind most of the reasons given by the non-acceptors.

The reason for refusal for necessity for

prolong rest after operation are interlinked. The advise regarding prolonged rest being given by para medical persons and overzealous doctors after this small operation is unjustified.

Discussion

The Hard Core ? of the non-acceptors for female sterilisation in this study shows that a large number of mothers gave more than one reason and some of the reasons are interlinked.

It is stressed that there are still complaints about lack of proper screening and surgery without adequate care, post-operative treatment and unsatisfactory follow-up. But it is a well known fact that the best propagandists for the family welfare message are still the satisfied acceptors.

The main reason for refusing sterilization appears to be the desire to have a male child, may be a matter of simple preference among some couples, but is also a matter of social, economic and psychological importance. Parental wish to have one male child cannot be completely ignored, as the preference and importance given to a son over a daughter is almost a universal phenomenon in an Indian family. But desire to have two or more sons cannot be justified, it keeps on adding the number of children in the family.

The second major reason for refusing sterilization was young children. Here we have followed the administratively approved definition of eligibility for sterilisation. One must confirm the suitability of the couple for sterilisation. A couple can have 3 living children, but all can be under 5 years of age. Knowing that the mortality at this age is high, one hesitates to advise tubal sterilisation. Two hundred and eighty-two (28.49%) non-acceptors out

of 986 gave this as the main reason for non-acceptance (Table IV). It was observed that 119 i.e. 42.23% of patients had all children who were under the age of 5 years (Table II). Ethically, if we agree that a woman must have atleast one child above the age of 5 years (preferably a male child) then these 42.23% patients cannot be considered as non-acceptors. Therefore, the genuine non-acceptors were only 163 (57.79%).

As far as the reason number three (Table I) is concerned, even though the husband's consent is not necessary for sterilisation of his wife, our social system is not yet geared up to give the women the right to take her choice.

Fear about the surgical procedure due to some amount of post-operative morbidity and occasional fatality would continue to persist even in future. Hence the procedure should be made increasingly safer by proper screening and surgery with adequate care, post-operative treatment and satisfactory follow-up. At the same time misconception regarding the procedure should be removed.

Other reasons for refusing sterilisation is the fear of loosing children due to illness. The infant mortality of children under 5 years of age is not showing any remarkable decline. Hence tubal sterilisation which is more or less an irreversible method of permanent contraception is not acceptable to such couples. The solution would be to introduce reasonable degree of reversibility in the procedure.

This indicates that the method of surgical contraception offered to them is not acceptable to them and there still exists a need for search for a better method of permanent contraception for these non-acceptors who are otherwise convinced about limiting their family.