CHANGING PATTERN OF SOCIO-BIOLOGICAL FACTORS AMONG FEMALE STERILISATION SEEKERS IN DELHI : A SURVEY

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SUMMARY

A sample survey of 650 F.S. seekers revealed a encouraging shift in public attitudes in fertility control but unfortunately a large gap is still existing between awareness and adoption of modern birth control methods; as well as between ideal (82.8% desired 2 or 3 children) and completed (average living children 3.57) family size. Female literacy played a meaningful role in determining the size and sex composition of family. Further, while postpartum abstinence emerged as an insignificant child spacing method, prolonged breast feeding among underprivileged strata had done more birth spacing than any other method in India too, like many other developing countries.

Introduction

Female sterilisation (FS) procedure now accounts for 80 per cent of all sterilisations in India reversing the ratio of early 1970's (Soni, 1983). It is often cited that sterilisation seekers tend to be illiterate and poor, while users of reversible method tend to be more affluent The present demographic and KAP survey of acceptors' of FS is an attempt to assess the extent of changes in socio-biological factors, determine the perception and practice of Family Planning methods and traditional postpartum practices in general.

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Material and Methods

This study is based on sample survey of FS seekers at Lady Hardinge Medical College and Smt. Sucheta Kriplani Hospital in Delhi. This is a large teaching hospital catering to women from lowest and low middle socio-economic group, coming more from slums and congested areas of Delhi.

The sample of 650 women was drawn randomly and divided into 2 study period: (1) 1979 (January to March)—150

women, (2) 1983 (January to September)—500 women.

The data was collected by interviewing the women after sterilisation by preplanned questionnaire by one of the authors. The data was evaluated in the light of their religion, resident status, type of family structure, age, total number of pregnancies, number and sex of living children, educational status of husband and wife, social class (1. Professional, 2. Technical/clerical, 3. Skilled, 4. Semi skilled/unskilled), per capita income, age of marriage, their knowledge and practice of F.P. method and M.T.P., reason for not using contraceptive, the reason of wanting sterilization, source of reference and consumer satisfaction. The survey also sought information about postpartum practices like postpartum abstinence, breast feeding, lactational amenorrhoea and birth spacing in FS seekers and the possible relationship between these interrelated factors was also assessed. Statistical evaluation was carried out using analysis of variance and zero order correlation coefficient.

Observations

In this survey 42% of total FS seekers were interviewed.

Religion: 98.2 per cent were Hindus, 1.2 per cent Sikhs, 0.4 per cent Christians and 0.2 per cent were Muslims.

Resident Status: The ratio of urban and rural dwellers was 86.8: 13.2. Majority of women (78.4 per cent) were living in substandard accommodation in slums, resettlement colonies or congested areas of Delhi or villages around Delhi.

Type of family structure: 72.2 per cent of women belonged to nuclear family as compared to 27.8% belonged to joint family.

Age: Relatively large number of younger women had opted for FS. The mean age of women was 29.21 ± 4.6 (range 20-46); 64.6 per cent were below 30 years.

Education and Occupation: In 1983, 67.6 per cent reported that they either were illiterate, had received no formal schooling or had been only to primary school (Table I). Majority of women (84.2%) were housewives. As many as 87.8 per cent of the husbands were literates, and 68.4 per cent belonged to lower occupational groups (Table II).

TABLE II
Distribution According to the Social Class (Husband's Occupation)

	Professional	Technical/ Clerical	Skilled	Semi-skilled/ unskilled
Percentage	5	7.2	45	42.8

Income: Distribution of cases according to per capita income is shown in Table III.

TABLE I
Distribution According to Education

Education	Nil	1-5	6-8	9-11	12 <
Percentage	50.6	16.6	18.2	12.2	2.4

TABLE III
Percentage Distribution Acccording to Per Capita Income (%)

Income Rs.	<50	51-100	101-150	151-200	201-250	<250
Percentage	2.2	50	29.4	10.6	5.6	2.2

Total number of pregnancies, number and sex of living children: The average of total pregnancies per respondent was 4.1. The total pregnancy wastage for the study group amounted to 12.9 per cent of the total pregnancies. Women reported an average of 3.57 living children each. The findings are similar to that found in 1979 (mean living children 3.75). 46.8 per cent women had 4 or more children (Table IV), while 0.4 and 9.2% women had 1 or 2 living children respectively.

Further when asked about their ideal family size, in majority the response was 2 (38 per cent) or 3 (44.8%). The group of respondents who wanted more than 3 children or were 'vague' in answer were those who were illiterate or were wives of agricultural workers. 72.2 per cent of all currently sterilised women said that their most recent pregnancy had been unwanted.

Age of marriage: Mean age of marriage of respondents was 16.89 years

TABLE IV
Distribution According to Number of Living and Male Children

No. of children	0	1	2	3	4	5	6	7
Percentage	0.0	0.4	9.2	43.6	30.6	13.2	2.4	0.6
No. of male children (Percentage)	1.8	33.6	45.4	17	2	0.5	0	0

Fertility varied considerably by education. Women who were illiterate had 3.74 livebirths on an average, educated upto secondary school 3.03 and University educated had only 2.67. The results were statistically significant ($P < .05$). Male sex preference was obvious (Table IV). It was observed that 6.2 per cent of women who had no living daughter underwent sterilisation as against only 1.8 per cent who agreed to sterilisation without having any living son. Moreover, the acceptance rose eighteen fold from 1.8 to 33.6 per cent when there was atleast one living son.

(range 7-30 years). Increase in age of marriage was negatively correlated with family size ($P < .01$).

Knowledge and practice of F.P. method and Family size: When questioned about their knowledge of contraceptive method other than sterilisation, 60.6 per cent of acceptors surveyed knew of atleast one efficient contraceptive method. Yet only 22.6 per cent acceptors used a contraceptive method. The most choiced methods was the condom (14.2 per cent) followed by IUD (7.8%) and only 0.6 per cent women used the pill. The overall use of contraceptive method rose with

years of education of women. 10.4 per cent women surveyed admitted of having earlier MTPs.

When asked about reason for not using contraceptive, lack of motivation, lack of proper knowledge and access to contraceptives, meagre free distribution through Government clinics, cost of contraceptives, lack of space in most homes, and bad public relation and reluctance to attend clients by family planning staff were the spectrum of answers.

Traditional postpartum practices: From their answers to postpartum practices we conclude that mean duration of postpartum abstinence was 15.2 weeks (range 2-30 weeks). Only 2.4 per cent resumed coitus in less than 15 days. As many as 99.6 per cent of the respondents had breast fed their earlier children. The mean duration of breast feeding was 18.99 months. Education of the mother showed a negative relationship with the length of breast feeding ($P < .05$).

Mean duration of spacing of children did not show any clear trend according to women's education. Only about 6.6% respondents conceived during lactational amenorrhoea. In the present series, group most susceptible to conception was with last child birth over 2 years back and next frequent was LCB between 12-18 months back.

Source of reference, reason for sterilisation and or MTP, consumer satisfaction: Analysis of responses to the question "who was the motivator" indicated that nearly 39.8 per cent accepted sterilisation without any external influence while rest accepted with the influence of previously sterilised relatives, friends or neighbours (32.4%) or FP staff (27.8%). These women when asked why they preferred sterilisation, more than 3/4th respondents mentioned economic reasons. From their answers to question "How do you view sterilisation procedure", it can be concluded that 86% respondents were satisfied with laparoscopic sterilisation, while rest looked indifferent.

Discussion

The accomplishment of Indian family planning programme have been substantial and impressive, as public knowledge of contraceptive is now widespread among a population of over 700 million, all of whom were unaware 30 years ago (Soni, 1983). It seems clear from this survey that one quarter of sterilised couples did use contraceptives showing thereby that basic concepts, awareness, and attitudes towards family planning methods are changing. It also highlighted that people even if wanted to practice family Planning, were unable to get proper counselling and contraceptives.

The encouraging result of demographic characteristics show that relatively younger women (mean age 29.21) are coming forward for tubal sterilisation. Still most Indian couples tend to have large family before they go in for sterilisation defeating the very purpose and object of family planning programme. Although nearly 50 per cent of this study group had 4 or more children, encouraging declining trend is apparent in average number of living children i.e. 3.57%.

Interestingly, no correlation was noted between literacy status of women and percentage of women opting for tubal sterilisation. Such a trend is welcome in developing countries because contraception cannot wait long, certainly not until modernisation has completed (Benjamin, 1981). Our study and an earlier study on MTP seekers (Jain *et al* 1984) further substantiate that female literacy plays a meaningful role in determining the size of

family. However in male dominated society in India the 'Son barrier' still remains a critical factor affecting family size (Jain *et al* 1984). Women with atleast one living son have 18 fold higher acceptance for sterilization as compared to those who had no living son. Discrepancy between ideal (82.8% desired 2 or 3 children) and completed (average living children 3.57) family size in the survey is also meaningful and shows a heartening trend towards awareness and need for small family norm.

Age of marriage does have a bearing on fertility and family size. The official age of marriage for girls and boys should be raised to 20 and 22 years respectively.

Though the sample size is small, analysis of traditional postpartum practices in sterilisation acceptors provides some pointers for the future. This survey highlights that postpartum abstinence seems to be an insignificant factor now in urban areas in India due to increasing nuclear family norms. However, prolonged breast feeding is well accepted, especially among poor women and women with little education.

Average birth spacing was 3.46 years in University educated women as compared to 2.93 years in illiterates. This is a known fact that education brings awareness of small family norm and acceptance of FP method. This coupled with continued predilection for traditional post partum practice of breast feeding can bring out the desired birth spacing as well as limiting the births. Hence there is urgent need that we must not be complacent about female literacy as better female literacy will lead to further improvement.

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