

ACCEPTABILITY DYNAMICS OF 10470 RURAL STERILIZEES IN RURAL SOUTH INDIA

By

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SUMMARY

A sterilization survey of 10,470 rural sterilizees (a 10 year analysis) and their acceptability dynamics reveals an interesting lacuna in the implementation of the Family Planning Programme. The year of good number of acceptors is followed by lesser number. Vasectomy appears to have lost popularity among low income groups. The female to male sterilizees have a ratio of 23:1, women accept sterilizations in early 30's and men in late 30's. Higher education among vasectomy acceptors than tubectomy acceptors is observed. Voluntary sterilization programme and service not only fills a vacuum but also needs a much impetus to the programme.

Introduction

A sterilization survey provides us with many kinds of information that improve our understanding of reproductive behaviour and acceptance. Voluntary sterilization is a vital preventive health measure and the benefits are measurable.

Material and Methods

A ten year male and female sterilizees analysis (from 1977 March to 1986 March) was done at Kasturba Medical College, Manipal, Karnataka, South India. This Medical College is situated in a rural area covering a population of 3 lakhs.

Figure 1 shows that there were 10,042 female sterilizees and 428 male sterilizees, thus a ratio of 23:1.

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The vasectomy programme although introduced earlier in India than the female sterilization, after passing the preliminary peak, has settled down to a steady low figure throughout the year.

Figure 2 shows the Bar diagram of the total number of sterilizations (female and male). There was a steady rise of female sterilizees from 1977-78 to 1981-82 and there was decline till 1985-86. The reasons for the decline is not well understood. The vasectomy acceptors

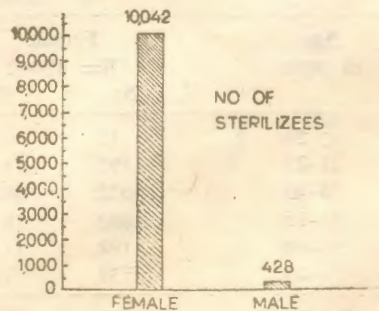


FIG. 1

have been at a steady low level throughout.

a steady rise towards laparoscopy acceptance which has reached the peak in 1981-82. In the later years there seems to be more acceptance towards abdominal tubectomy compared to laparoscopy.

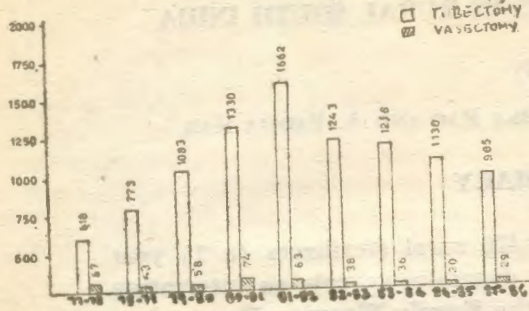


FIG. 2.

Figure 3 shows the Bar diagram showing the total number of tubectomy and laparoscopic sterilizations done from 1977 to 1986. It is shown that there was

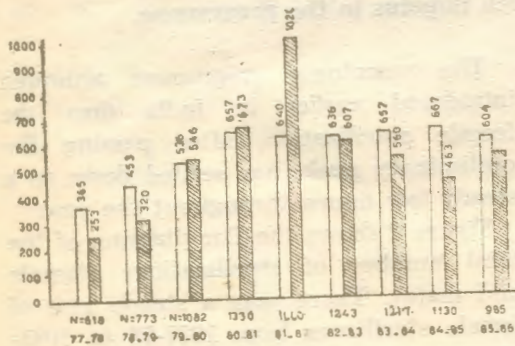


Fig. 3

Table I shows the age distribution of the acceptors. Female sterilizees belong maximum to the age group of 26-30 years (40.1%), whereas it was between 31-35 years in male sterilizees (32.3%) as shown in Table I. Worldwide the average women obtaining sterilizations is in her late 20's, while the average vasectomy client is in his late 30's.

Tubectomy acceptors had 3 living children in 33.8%, whereas vasectomy acceptors had 2 in 37.6%. Hence vasectomy acceptors had fewer children than tubectomy acceptors as shown in Table II.

There was higher education in vasectomy acceptors than tubectomy acceptors. There were 59.6% vasectomy acceptors who had High School or University education, whereas 51.0% of tubectomy acceptors were illiterate as shown in Table III.

Table IV shows the income of the acceptors. Most of the female acceptors belonged to income group less than Rs. 300 - per month. Whereas when

TABLE I
Age Distribution of the Acceptors

Age in years	Female N = 10042		Male N = 428		Total N = 10470 No.
	No.	%	No.	%	
< 20	15	0.1	—	—	15
21-25	1393	13.9	8	1.9	1401
26-30	4022	40.1	48	11.7	4070
31-35	2682	26.7	118	27.5	2800
36-40	1198	11.9	138	32.3	1336
> 40	732	7.3	116	27.1	848
Total	10042		428		10470

TABLE II
Parity of the Acceptors

No. of living children	Female N = 10042		Male N = 428		Total N = 10470
	No.	%	No.	%	No.
1	49	0.5	12	2.8	61
2	1944	19.4	161	37.6	2105
3	3393	33.8	127	29.7	3520
4	2371	23.6	60	14.0	2431
4+	2285	22.7	68	15.9	2353
Total	10042		428		10470

TABLE III
Educational Status

Literacy	Female N = 10042		Male N = 428		Total N = 10470
	No.	%	No.	%	No.
Illiterate	2449	24.4	26	6.1	2475
Primary	2670	26.6	66	15.4	2736
Middle	1735	17.3	72	16.8	1807
High School	1630	16.2	138	32.2	1768
University	273	2.7	117	27.4	390
Not known	1285	12.8	9	2.1	1294
Total	10042		428		10470

TABLE IV
Income

Income in rupees	Female N = 10042		Male N = 428		Total N = 10470
	No.	%	No.	%	No.
< 300	3982	39.7	167	39.0	4149
300-600	3190	31.8	105	24.5	3295
600-900	576	5.7	28	6.6	604
900+	806	8.0	115	26.9	921
Not known	1488	14.8	13	3.0	1501
Total:	10042		428		10470

vasectomy was considered it was maximum for Group with Rs. 600-900.

Maximum acceptors were Hindus, which was 90.3% and 90% in female and male sterilizees. Christians and Muslims were very low acceptors. Among the

Christians 4.8% and 7.7% accepted tubectomy and vasectomy respectively. Whereas among Muslims it was 4.9% and 2.3% female and male acceptors respectively. Thus there were more vasectomies among the Christians than Muslims as shown in Table V.

Discussion

In the past few years, women have been obtaining sterilization in her early 30's, while the average vasectomy client is in his late 30's. Despite the higher age of men having vasectomies, they seem to have fewer children, on the average than women who have sterilization operation.

Men residing in urban areas accepted voluntary sterilization more often than those in rural areas. In the same way,

because of the higher cost of living in the cities, women accept tubal ligation at a younger age.

Vasectomy appears to have lost popularity among the low income groups who form a large proportion of the population, while its acceptance among the middle and upper classes increased. The pattern of tubectomy acceptors on the other hand, was quite different. It was accepted and favoured more by the low income group.