

EPIDEMIOLOGICAL STUDY OF NONACCEPTANCE OF FEMALE STERILISATION

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SUMMARY

In spite of the intensive desire for sterilisation operation, many women do not accept the method. In this study, the causes were analysed extensively. Multiple factors (87.8%) are there for not accepting the method rather than a single cause (12.2%). Unwillingness of the husband (68.2%) and desire for a male child (53.4%) are the two main reasons for nonacceptance of the method. A multivariant analysis is carried out as regards age, parity, socioeconomic status, education, and profession. From this study it is evident that we have to adopt different strategies to motivate the population according to their education, social class, and locality.

To find out the reasons of nonacceptance of sterilisation, and to give due weightage to motivation according to the causes in future family welfare programme, this prospective study was carried out in the indoor patients of S.C.B. Medical College, Cuttack.

The criteria for selecting the patients for the study group were as follows.

- age group of 20-40 years.

- having two or more children and age of the eldest child more than 5 years.

- refusing to have sterilisation operation inspite of repeated requesting, cajoling, even threatening to discharge.

Total 500 eligible women were interrogated in a detail proforma from the year 1991 Jan to 1993 Jan, out of 13541 confinements in the hospital. A multivariant analysis as regards age, parity, socioeconomic status, education, profession were done by Chi-Square test and the observations are as follows.

OBSERVATIONS

The causes of non-acceptance are shown in Table I. Unwillingness of the husband is the most common factor for non-acceptance. Ours is a male dominated society. Without the consent of the husband, the wife cannot undergo the operation, though the rule says that husband's consent is not necessary. The craze for a male child is the next common cause. The place of a son is much above the daughter in the society. Parental wish to have on male child cannot be completely ignored as it has got social, economic, pshycological importance.

The third major cause is about the insecurity of the existing children. Though the M.C.H. Programmes are implemented properly, the infant mortality rate is not declining rapidly. Decrease in infant

mortality rate by intensive immunisation and infant care and reversibility of the method can reduce this factor.

Fear in various forms, like fear during operation, fear after operation, fear of sequelae is the next factor for non acceptance. The other reasons like objections from family members and in-laws, religion, family disruption, children's school, no attendant for caring the children at present are minor causes. Any way, multiple causes are put forth by the women for nonacceptance (87.8%) rather than a single cause. (12.2%).

The women who belong to the 20-30 years age group show more interest for a male child and worry about the security of their children than the women belonging to 30-40 years. $p < .001$. (Table II)

Table I

Shows Causes of nonacceptance

	Number	Percentage
1. Desire for a particular sex of the child	341	68.2
Male	267	53
Female	13	2.6
Either sex	61	12.2
2. Unwillingness of the husband	341	68.2
3. Insecurity	261	52.2
4. Fear	179	35.8
Fear during operation	120	24
Fear after operation	59	12
5. Fear of the sequele	137	27.4
6. Unwillingness of the in-laws	121	34.2
7. Other factors	145	29.1
Single factor	61	12.2
Multiple factors	439	87.8
Total	500 cases	

Irrespective of the social class, the craze for a male child is one of the most important cause of nonacceptance. Unwillingness of the husband is the cause common for non-acceptance in Social class III and IV. The women belonging to Social class II and III are more conscious about the security of their children than the other classes. (Table III)

Table IV shows the locality and the factors responsible. The rural population wants a male child more than the urban

population. Moreover they are more afraid of the procedure ($p < .001$). Another reason of nonacceptance in them is unwillingness of their in-laws. Other reasons are same for both the localities.

The unwillingness of the in-laws and other family members are more in joint families than in nuclear families ($p < .001$) (Table V). So apart from motivating the wife the in -laws have to be motivated in a joint family and in rural community.

Table VI shows the no. of living children and non-acceptance for a male

Table II

Shows the relationship between age and factors

Age	Desire for male n	Insecurity n	Total
20 - 30	218	219	379
31 - 40	49	42	12
Total	267	261	500
p value	$p < .001$	$p < .001$	

Table III

Relationship between socioeconomic status and Factors

Status	Insecurity	Unwillingness of husband	Total
Class I	9	21	31
Class II	97	87	155
Class III	97	111	155
Class IV	58	122	159
Total	261	341	500
p value	$p < .005$	$p < .02$	

Table IV

Relationship between locality and different factors

Locality	Desire for male	In-laws	Total
Urban	127	47	277
Rural	140	74	223
Total	267	121	500
p value	$p < .001$	$p < .01$	

Table V

Type of family and nonacceptance

Type of family	Unwillingness of husband	In-laws	Total
Nuclear	90	10	145
Joint	251	111	355
Total	341	121	500
p value	$p < .05$	$p < .001$	

Table VI

No. of living male children and nonacceptance

No. of male child	Desire for male n	p.c.	Total
No male child	79	100	79
One son	177	68	261
Two sons	11	8	137
Three sons	0	0	23
Total	267		500

p value p < .00

child. Those who have no male child, even if they have 5 or 6 daughters, do not accept sterilisation. Hundred percent of them give this cause for non-acceptance. Those who have one son, still want another son in a great majority cases. Only 23 cases had 3 sons or more, and they had no more desire for a male child. The majority of those who have two sons also do not hanker for a male child. From this study it emerges that, an average Indian woman, at least wants 2 sons for her security ($P < .001$).

The unwillingness of the husband

Table VII

Income and nonacceptance

Income	Fear of operation	Husband	In-laws	Total
3000 +	5	15	3	31
1000 - 3000	43	91	21	155
1000	131	235	97	314
Total	179	341	121	500

p < .005

p < .05

p < .001

Table VIII

Profession and nonacceptance

Profession	Insecurity	Total
Professional & Semiprofessionals	Nil	21
Clerks & skilled workers	131	199
Semi & unskilled	130	280
Total	261	500

p < .02

and in-laws and fear of the operation are the common causes of non-acceptance in lower income group ($p < .005$). Other factors of nonacceptance are equal in all other income groups (Table VII).

In semiprofessionals and professionals, insecurity is not a problem, as they feel confident of taking care of their children. The white collared workers, skilled and semiskilled workers are more worried about the security of their children. Again the unskilled workers are not worried about their children, because

Table IX
Education and nonacceptance

Education	Fear of operation	Fear of sequelae	Insecurity	Total
Professionals & above B.A.	21	15	45	90
ICSE +	50	45	115	203
Below ICSE	108	77	101	207
Total	179	137	261	500

$p < .001$

$p < .01$

$p < .01$

of their ignorance (Table VIII).

Table IX shows the education of the husband and the predominant causes of nonacceptance. The higher educated group is more worried about the security of their children than the less educated ($p < .01$).

To conclude, there is a resistance for the sterilisation operation in the female for multifarious factors. We have to adopt different strategies to motivate them, according to their education, profession, social class, locality family size etc. Simultaneously, we have to boost the

M.C.H. programme, reduce the infant mortality rate, and uplift the position of the girl child in the society. Though it is a tall order, then and only then, the unwillingness to accept the permanent sterilisation method will disappear.

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