

Assessing barriers to acceptance of permanent female sterilization procedures in women attending tertiary health centre: A cross sectional study on 100 couples

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Abstract

Background: Tubal sterilization is an effective method of contraception that can be done or accepted at any point of time unrelated to pregnancy or the postpartum period. Majority of the women have little or incomplete knowledge about various methods of family planning which adds up to the barriers that prevent women from accepting tubal ligation like religious reasons, cultural reasons, interference by family, fear of worsening of health, fear of loss of fertility and many more.

Aim: To assess barriers in acceptance of permanent female sterilization procedures in women.

Methodology: After obtaining approval from the Hospital Ethical Committee, a cross sectional study was conducted on 100 couples who had at least 1 living children after taking written informed consent to elicit reasons as to why patients did not opt for tubal ligation.

Results: Among the reasons for not accepting permanent sterilization as their mode of contraception, maximum couples (22%) were willing to opt for temporary method of contraception over permanent method while 21% couples, out of which 18% were primiparas confessed that they wanted one or more male or female child.

Conclusion: With a lot of National programs being run by the Government of India and incentives being given at the grass root level of healthcare system for female sterilization to be successful we need to address the issues like dominance of couples in decision making, gender equality, confidence in health sector, awareness of abortion leading health risks, better techniques for improving reversal rates and reduction in failure rates.

Keywords: Tubal ligation, contraception, barriers, women

Introduction

India is a country which is facing a population growth at a fast rate with 1359 millions of population in the year 2018 ^[1]. Therefore family planning becomes an important component of maternal and child health and it allows couple to attain the desired number of children and to optimally attain spacing between their pregnancies (WHO) ^[2].

The acceptance of various available family planning methods by couple's largely also depends upon the knowledge and awareness about different methods of contraception available today and about their merits and demerits ^[3].

Couples are given a cafeteria approach to adopt any method whether temporary or permanent,

permanent including bilateral tubal ligation for women and vasectomy for men. Although tubal ligation is most commonly performed post-delivery i.e. post-partum period ^[4], it can also be performed with cesarean section, or as an interval tubal ligation ^[5]. Postpartum tubal ligation offers many advantages like low failure rate as compared to other methods of contraception, easy and convenient to patient and prevents unwanted pregnancies especially during lactation period when most women are non-compliant to any method of contraception ^[6].

National surveys have found out different rates among women accepting various family planning methods. According to National Family and Health Survey 5 (NFHS5) (2019-2021), there are 9.4% couples who had unmet need of contraception in India but still 66.7% used contraception out of which only 37.9% opted for female sterilization. Particularly in Himachal Pradesh, 63.4% opted for contraception and 37.7% couples opted for female permanent method ^[7].

This concludes that among the couples using contraception, almost 50 % underwent female sterilization which shows a strong preference for permanent method but still the extent of acceptance in other half of population varies due to barriers such as fear of side effects, not having enough strength to cope with procedure, family restrictions, cultural or religious reasons, poor health services or inadequate knowledge about available facilities ^[8].

Thus this study aims to assess these barriers that affect the decision making of couples in accepting permanent female sterilization even today after so much emphasis on this by governments.

Methodology: After obtaining approval from the Institutional Ethical Committee, a cross sectional study was conducted in the department of Obstetrics and Gynaecology, Maharishi Markandeshwar Medical College & Hospital, Solan. 100 couples who have at least 1 living child attending the gynaecology outpatient department or admitted in postnatal ward were interviewed after taking written informed consent. A pre validated questionnaire was prepared and patients were asked questions relating to religion, socioeconomic status, type of family, number of living children, time of last child birth and were interviewed about main influencer in family and society. Eliciting reasons as to why patients did not opt for tubal ligation and chose another method of contraception was the main purpose of this study. The data obtained was then statistically analyzed.

Results

Table 1 shows that in our study 41% women were of age 21-30 years, 31% were of age less than 21 years, 28% women were above 30 years age. All the participants in this study were Hindu by religion and of them half were from general cast and half were from backward class. Majority of the couples (76%) lived in rural area while only 24% were habitat of urban area.

Among 100 couples 53% of the women were educated upto secondary class (8th to 12th pass) and 33% were educated up til 8th class. 14% women had finished higher education.

Despite higher education status, all the women were homemakers and only 3% are unskilled workers. 48% were living separately and 52% were living in a joint family while 51% couples belonged to upper middle class and 43% belonged to lower middle class. Minority belonged to upper lower and upper class i.e. 5% and 1% respectively.

Table 1: Socio demographic details

Parameter	Group	Number (%)
Age	< 20 years	31
	21- 30 years	41
	31- 40 years	18
	>40 years	10

Religion	Hindu	100
	Muslim	00
	Christian	00
	Others	00
Education	Primary	33
	Secondary	53
	Higher	14
Occupation	Homemaker	97
	Skilled	00
	Unskilled	03
Family type	Nuclear	48
	Joint	52
Socioeconomic status	Upper	1
	Upper middle	51
	Lower middle	43
	Upper lower	5
	Lower	0

In table no 2 it is seen than in 43% of the families father in law was the decision maker while mother in law was in 31% of the families. Husband and wife were able to make decisions related to family issues only 12 and 14% of the time.

Majority of the families (61%) had 2 living children with them but still 21% couples had 3 or more children. 18% couples who were interviewed were primipara or had only 1 living issue. For 100 couples majority (59%) had vaginal delivery and 41% had cesarean delivery of their last child birth.

Table 2: Family profile

Parameter	Group	Number(%)
Decision maker in the family	Father in law	43
	Mother in law	31
	Husband	12
	Wife(self)	14
	Others	00
No of living children	1	18
	2	61
	3 or more	2
Mode of delivery of lastchild birth	Cesarean	41
	Vaginal	59

It is evident from table no 3 that among the reasons for not accepting permanent sterilization as their mode of contraception, maximum couples (22%) were willing to opt for temporary method of contraception over permanent method while 21% couples confessed that they want one or more male or female child. 18% could not undergo tubal sterilization under the pressure of their elders in the family. 12% said that they did not have enough strength to cope with the stress of the operation after vaginal delivery while 12% of the women were not offered tubal ligation due to various reasons. 8% of women felt that there was no one to look after in their homes besides them and 7% had previous satisfactory experience of using reversible contraception in the past.

Table 3: Reasons for non-acceptance of tubal ligation

Parameter	Group	Number(%)
Reasons for not accepting permanent method of contraception	Willing to accept temporary method	22

	Want one or more male or female child	21
	Family pressure	18
	Do not have enough strength	12
	Not offered till date	12
	Nobody is there to look after in home	08
	Successful reversible contraceptive use	07

Table 4 shows that 49 % were comfortable using temporary methods of contraception, highest acceptance being of barrier contraception (39%), 4% using intrauterine device and 6% using hormonal contraception.

Table 4: Temporary methods of contraception adopted

Parameter	Group	Number (%)
Temporary method (49%)	Natural methods	0
	Barrier methods	39
	Intra uterine devices	4
	Hormonal-oral/ injectables/implants	6

Discussion

Seeing the growing trends of population in India, it becomes very essential to spread awareness and motivate the couples to adopt contraception and more importantly correct choice of contraception.

In our study we found that women who did not opt for tubal ligation most commonly (41%) belonged to 21-30 years of age which was similar to the results of study done by Shree V *et al.* for non-acceptance of contraceptive methods ^[9].

Some women say that their religion such as Muslim belief restricts them to use contraception as was seen in a study done by Ghosh S *et al.* that showed that maximum number of women (71%) who did not use any contraception belonged to Muslim community but the opposite was seen in this present study as all were Hindu by religion and belonging equally to both the backward and forward communities ^[10].

The education level or literacy rate of women cannot be held accountable for the knowledge she might have about contraception. 67% of the women in this study were either 10+2 pass (53%) or had a graduation degree (14%) as supported by Pandit NB *et al.* who also saw that approximately 68% of women had received either primary or secondary education ^[11]. 76% of couples were living in rural area and we think that habitat might play a barrier as women in rural areas might have backward thoughts about contraception or may not have complete knowledge or have no knowledge about the benefits and risks of tubal sterilization or even about the temporary methods as was also evident by a study done in rural India by Arora N *et al.* ^[12].

In my study couples belonging to middle socioeconomic class were maximum among the non-acceptors of permanent tubal ligation as they feel that their hard earned money is good to spend on their resourceful things rather than on these beneficial procedures but the opposite was seen in study of Bhardwaj MK *et al.* where maximum participants undergoing sterilization were of middle and low class ^[4]. In joint families, father in law was the decision maker 43% of the times while 31% times mother in law made decisions as also seen by Samal SK *et al.* in their study. Spouse had only 26% chance of making their own decisions in the present study ^[8].

Desire for one more child specially male is one the contributing factors for increasing population and this desire makes couple vulnerable to not choose permanent method of contraception as is evident by this study also supported by Zite N *et al.* ^[12].

According to new rules laid by government of India, a women is now eligible to opt for tubal sterilization even if she has one child of atleast 1 year of age. Having a single child might take a few years to pick up pace for this rule to actually be accepted by the society. The

topmost reason that couples do not want to undergo sterilization is willingness to accept temporary method of contraception (21%) as also seen by Samal SK *et al.* where 92.4% of women were willing for temporary method. Next most common at par with above reason is desire for one or more male or female child (21%) which was similar to Samal SK *et al.* [8] Some families want the couples to produce atleast 1 male child and this puts couple under immense pressure to adopt spacing method rather than permanent method as was seen in this study as 18% of couples were within the brackets of family denial or refusal. 12% believed they did not have enough strength while 8% were self-dependent and did not have anybody to look after at their homes.

Conclusion: With a lot of National programs being run by the Government of India and incentives being given at the grass root level of healthcare system for female sterilization to be successful we need to address the issues like dominance of couples in decision making, gender equality, confidence in health sector, awareness of abortion leading health risks, better techniques for improving reversal rates and reduction in failure rates.

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