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Factors influencing on the refusal of puerperal tubal sterilization*

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ABSTRACT

Objective To tried factors influencing on the refusal of puerperal tubal sterilization.
Study Design Cross sectional interview.
Setting Songklanagarind Hospital, Songkla.
Methods Two hundred and four puerpera who delivered their third or more living child at Songklanagarind Hospital from June 1991 to November 1992 were interviewed regarding their economic status, obstetric and gynecological history, and attitude towards sterilization. One hundred and thirty six puerperal tubal sterilization. Thirty cases stated that they would have sterilization later, and thirty eight cases denied sterilization.
Results We found that the puerpera who denied sterilization were Muslims, had lower education, had vaginal deliveries, had longer duration of marriage, and had higher proportion of remarriage comparing to the accepted group. The refusal group believed that sterilization caused more disadvantages than the accepted group. The husbands were the most influential persons on making decision of sterilization, while the medical personnel were the least. The reasons for denying sterilization were fear of operation complications and pain, religious prohibition, and husband objection.
Conclusion We recommended that husbands should be encouraged to participate in motivation and decision making process.

Key words: puerperal, sterilization, refusal, influencing factors

Thai National Family Planning Program aimed for the 1.2% annual growth rate at the end of the year 1996.[1] Female sterilization was one of the expecting strategic methods.[2] Eighty one percent of female sterilization was performed during early puerperium which was effective and particularly convenient for those puerpera.[3] However, the trend of female sterilization is now decreasing.[3] A great number of completed family puerpera denied puerperal tubal sterilization. This study was undertaken to determine factors influencing the refusal of puerperal tubal sterilization in completed family puerpera in Songklanagarind Hospital, Southern Thailand.

Materials and methods

From June 1991 to November 1992, the puerpera

who delivered their third or more living child in Songklanagarind Hospital were interviewed about their economic status, obstetric history and attitude towards female sterilization. They were classified into three groups; a) puerpera who had puerperal tubal sterilization b) puerpera who stated that they would have sterilization later, and c) puerpera who rejected sterilization despite completed family.

Puerpera who need more children were excluded. Statistic analysis was undertaken using the Chi-square test and the Student -t test. A p-value of <0.05 was considered significant.

Table 1. Socioeconomic status of puerpera.

	Group A (n=136)	Group B (n=30)	Group C (n=38)
Age (mean ± SD) (year)	32.5 ± 4.4	31.2 ± 3.8	33.2 ± 4.6
Religious (%)			
Buddhist	93.3	96.7	71.1†
Muslims	6.7	3.3	28.9†
Education (%)			
4 yr.	29.4	20.0	47.4†
> 4 yr.	70.6	80.0	52.6†
Occupation (%)			
Agriculture, labor	58.5	26.6*	63.2†
Professional, business	41.5	73.4*	36.8†

* significant difference between Group A and Group B ($P < 0.05$)
† significant difference between Group A and Group C ($P < 0.05$)

Table 2. Socioeconomic status of husbands.

	Group A (n=136)	Group B (n=30)	Group C (n=38)
Age (mean ± SD) (year)	35.7 ± 5.4	35.3 ± 4.5	36.3 ± 5.5
Religious(%)			
Buddhist	94.9	96.7	71.1†
Muslims	5.1	3.3	28.9†
Education (%)			
4 yr.	13.5	3.4	36.8†
> 4 yr.	86.5	96.6	63.2†
Occupation (%)			
Agriculture, labor	37.0	16.7*	49.9†
Professional, business	63.0	83.3*	50.1†
Family incomes (Baht/month)			
(mean ± SD)	8,896.9 ± 6,216.2	13,540.3 ± 13,228.9	7,084.2 ± 5,145.6

* significant difference between Group A and Group B ($P < 0.05$)
† significant difference between Group A and Group C ($P < 0.05$)

Results

During this period, 204 puerpera were interviewed; 136, 30, and 38 were classified as group A, B, and C respectively. The factors influencing on the refusal of puerperal tubal sterilization were studied as follows:

1) Socio-economic factors and obstetric history

As compared to group A, group C had significant differences in the followings: more Muslims, lower education (also their husbands) (Table1,2), fewer abdominal deliveries, longer duration of marriage, and higher proportion of remarriage. (Table 3)

As compared to group A, group B had significant differences in the followings: more professional occupation (also their husbands), higher family's income (Table 1,2), fewer abdominal deliveries, shorter duration of marriage and higher proportion of remarriage. (Table 3)

Table 3. Obstetric and Gynaecological history

	Group A (n=136)	Group B (n=30)	Group C (n=38)
Age at marriage (mean ± SD) (year)	22.0 ± 4.0	22.4 ± 3.8	21.0 ± 3.5
Length of marriage (mean ± SD) (year)	10.5 ± 4.6	8.8 ± 2.9*	12.2 ± 4.3†
Remarriage(%)	1.5	3.3*	13.2†
Living children (mean ± SD)	3.2 ± 0.5	3.1 ± 0.3	3.3 ± 0.6
Expected children (mean ± SD)	3.1 ± 0.5	3.0 ± 0.2	3.2 ± 0.5
Abdominal delivery(%)	38.2	13.3*	5.3†
Health(%)			
Antepartum problems	16.2	6.7*	7.9†
Intrapartum problems	25.0	13.3*	18.4†
Postpartum problems	1.5	10.0*	-
Children's health problems (%)	3.7	6.7	10.5
Children's sex : not completed (%)	22.1	20.0	18.4

* significant difference between Group A and Group B ($P < 0.05$)

† significant difference between Group A and Group C ($P < 0.05$)

2) Attitude towards sterilization

2.1 Advantages and disadvantages of sterilization

All groups realised the advantages and disadvantages of the procedure. However, group C believed that the procedure caused more disadvantages than the others. (Table 4)

2.2 Influence of family members and medical personnel on decision making of sterilization.

Group A consulted their families more than other groups. In every group, the most influential person was their husbands. Interestingly, we found that the medical personnel had the least influence on their decision in group B and C. (Table 5)

2.3 Reasons for denying puerperal tubal sterilization.

Many puerpera in group C were unable to express their specific reasons for denying puerperal tubal sterilization. The stated reasons were fear of operative complications and pain, religious prohibition, husband objection, etc. Sixty seven percent of puerpera in group B stated that their husbands would have vasectomy and 33% stated that they would have sterilization by themselves thereafter. (Table 6)

Table 4. Attitude towards female sterilization.

	Group A (n=136) (%)	Group B (n=30) (%)	Group C (n=38) (%)
Advantage			
– Permanent method	50.7	46.7	36.8
– Single effective method	41.2	30.0	28.9
– Convenience with abdominal delivery	2.2	3.3	-
– Improved family's economic status	8.1	10.0	-
– Healthy children	7.4	10.0	2.6
– Healthy mother	2.2	-	-
Disadvantage			
– Weakness, nervous, delirium	11.0	13.3	26.4
– Lethargy, weight change	12.5	13.3	18.4
– Change of sexual desire	8.1	3.3	21.1
– Irreversible method	5.1	3.3	10.5
– Fear of operation and pain	1.5	3.3	5.3
– Religious prohibition	-	-	2.6

Table 5. Family members and medical personnel influence on decision making.

	Group A (n=136)	Group B (n=30)	Group C (n=38)
Number of consultant (mean ± SD)	3.0 ± 1.7	3.0 ± 1.7	3.0 ± 1.7
Consultants (%)			
Husband	89.7	73.3	60.5
Parents in law	28.7	6.7	26.3
Parents	41.2	6.7	28.9
Friends, other relatives	58.8	10.0	21.1
Medical personnel	63.2	13.3	13.2
Influential consultants (%)			
Husband	60.3	43.3	55.3
Parents in law	3.7	3.3	7.9
Parents	3.7	3.3	5.3
Friends, other relatives	5.1	-	2.6
Medical personnel	14.7	3.3	2.6

Table 6. Reasons for denying puerperal tubal sterilization.

Reasons	(%)
Group B (n=30)	
– Husband would have vasectomy	66.7
– Prefer interval sterilization	23.3
– Waiting for the health of mother and child	10.0
Group C (n=38)	
– Fear of operation and pain	34.2
– Don't like to do, can't express reasons	21.1
– Religious prohibition	18.4
– Husband objection	15.8
– Others = old age, health problems, etc.	10.5

Discussion

The result showed that the proportion of Muslims in the refusal group was four times higher than that of the accepted group, which is similar to that of the previous study.[4-7] Muslims were found to have fewer contraception than the others. It implies that religious is a strong influential factor on decision making of contraception. It was apparent that the puerpera who had their last birth by abdominal delivery had more sterilization than those who had vaginal deliveries, which corresponds to the study from Puerto Rico.[8] In this study, we found that the medical personnel had less influence while husbands were the most influence on their decision on sterilization. This was similar to the result of many studies in developing countries that husbands had strong influence on their wives' attitide and practice of contraception.[5,9,10]

The result also showed that the refusal group belived that sterilization caused more disadvantages than the accepted group. It seems to be the same problem as in many countries that people have much concerns about their health after sterilization. Negative rumours were considered to be the most common reason to reject family planning in many countries.[5,11] Interestingly, among thirty puerpera who stated that their husbands would have sterilization later, we found that only three of them actually had vasectomies performed in 12 months of postpartum. None of them had sterilization and two had subsequent pregnancies.

We postulate that they changed their mind or did not want to disappoint the interviewers by expressing their attitude against sterilization at the beginning. In Thailand, we had a counseling program for female sterilization, a large proportion of women still denied to proceed to this procedure. We recommended that an effective counselling method is to be developed. One of the main aim is to encourage their husbands to actually participate in the counselling process.

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