

Original Research Article

Socio-Demographic Factors of Tubectomy in North Indian Population

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Abstract

Aim: - The ideal of this original exploration composition is to find Socio- Demographic Factors of Tubectomy in the North Indian Population

Material & System: - A cross-sectional study was conducted in the Department of Obs and Gyne, SSPG District Hospital (Female) Varanasi, Uttar Pradesh, India from January 2017- January 2019. The sample size for the study was calculated using the couple protection rate of Uttar Pradesh, which were around 38%. The estimated sample size determined for the study was 750. Women under the age group 15- 50 years reported to the SSPG District Hospital Varanasi were assessed by structured interview and data recorded.

Result: - maturity of the women 367(49) were in the age group of 21 – 30 years with a mean age of 25- 26 yrs. Among the study group 645(86%) were Hindu, 101(13.5%) were Muslims and 04(0.5%) were Christians. The number of children the couples had at the time of tubectomy. The maximum number of couples (47%) had 3 children before concluding for tubectomy. The coming predominant group was the couple who had 1- 2 children (24%). Among Hindus 119(28%) were tubectomized and only 07(15%) were tubectomized in Muslims.

Conclusion: - It has been concluded that further of the youthful population in India is concluding for tubectomy. Still, women with 3 children are predominating the tubectomy group. Muslim women are less likely to be castrated than non-Muslim women so junking of the religious taboos is essential for the wide perpetration of family planning programs.

Keywords: - Tubectomy, Family Planning Program, Hindu, Muslim

INTRODUCTION

In our country India, the Population explosion has come a major concern to all including Government and public Leaders. The periodic growth report by Family Health and Welfare[1] on 1st March, 2011 India's population stood at 1.21 billion comprising 623.72 million(51.54%) males and 586.46 million(48.46%) females. India, which accounts for the world's 17.5 percent population, is the alternate most vibrant country in the world next only to China(19.4%). In 1951, the population of India was around 381 million. In absolute terms, the population of India has increased by further than 181 million during the decade 2001- 2011. Of the 121 crores Indians, 83.3 crores(68.84%) live in pastoral

areas while 37.7 crores (31.16%) live in civic areas, as per the Census of India's 2011. As per NHFS 3 report [2], womanish sterilization is the commanding system of contraception in India. In MP 44.3% espoused it, other styles like mail sterilization were 1.3%, Intrauterine bias 0.7% and capsules druggies 1.7%, and condoms 4.8%. The report also stated the total unmet need for Family Planning as 11.3%.

Tubectomy appertained to, as Tubal Sterilization is a surgical procedure done on women as an endless system of contraception. Gynecologists, general surgeons, and laparoscopic surgeons perform tubectomy procedure that involves cutting the fallopian tubes and trimming or tying them together to help the egg from passing into the uterus.

Family planning is one of the abecedarian pillars of safe fatherhood and reproductive right. According to a recent check by the Government of India, womanish sterilization continues to be a major system of contraception and about 86% use this system [3]. The practice of family planning is told by socio- demographic factors. This study was conducted to know the demographic variables affecting tubectomy in the north Indian population.

The extent of acceptance of contraceptive styles still varies within societies and also among different gentries and religious groups. The factors responsible for such a varied picture operate at the existent, family, and community situations with their roots in the socioeconomic and artistic terrain of Indian society.[4] In India, lower contraceptive use rates and advanced fertility rates among Muslims than among Hindus and people of " other " persuasions are well-proved.[5- 7] The present study was accepted with the objects to determine the tubectomy acceptors among religious groups in pastoral and civic populations reporting to SSPG District Hospital(Female) Varanasi.

MATERIAL AND METHOD

Across-sectional study was conducted in the Department of Obs and Gyne, SSPG District Hospital (Female) Varanasi, Uttar Pradesh, India from January 2017- January 2019.

The sample size for the study was calculated using the Couple protection rate as an index of the frequency of the contraceptive practice in India. The sample size was calculated according to the couple protection rate of Uttar Pradesh, which was around 38% [8] using the formula $4pq/L^2$. The estimated sample size determined for the study was 750.

Women under the age group 15- 50 years reported to the SSPG District Hospital (Female) Varanasi and gave their concurrence included in the study and those who didn't give their concurrence were barred from the study.

This study was conducted for a period of 2 years from January 2017 to January 2019. Ethical clearance was attained from the ethics commission of the sanitarium and Informed consent was attained from the women for interview.

Structured interviews of each party were conducted and data were recorded by our exploration platoon. Given the sensitive nature of the subject due industriousness was taken to guarantee the sequestration and to insure that the party over comfortable in responding to the questions.

The questionnaire was set in two corridor the first part contained birth information about the woman and her family which included age, religion, estate educational status, education, social class, type of family, age at marriage, number of times of wedded life, number of children, obstetric history of the woman as well as socioeconomic status was assessed by modified BG Prasad's classification for the definition of data, social class II and III were conjoined and are depicted as middle class and social class IV and V depicted as a low class[9].

The alternate part contained information about the family planning system, assessing the station of a woman, hubby, and family members. Styles of contraception presently used and styles used before and anticipated to use in the future. However, also the rearmost contraceptive system was taken into account for current use, if further than one system was used.

All the necessary socio- Demographic factors were recorded but only age, parity, and religion were the most important factors set up during the structured interview of a woman. So other factors are beyond the compass of this paper.

All the repliers knew about tubectomy as an operative procedure. It's done to limit the family size by precluding farther gravidity. Utmost of the repliers told that the source of information regarding the operation was from original health workers which included Anganwadi workers, ASHA workers and some got information from original croakers as well as media, TV and radio were other the source of information. For others, their cousins, musketeers, and neighbors who had got the operation done before were the high source of information.

Utmost of the repliers told after this operation they would lead a life free from fear of gestation. All repliers who had experienced the operation had entered profitable impulses as government policy after the operation. All most all told that the plutocrat entered was spent on vehicle and treatment.

On utmost occasions, it was a common family decision. Nearly all who had experienced the operation said they had bandied it with their hubby and everyone told that they had to seek authorization from their in- laws. Only after both hubby and in- laws agreed the operation was performed.

Utmost of the actors who had experienced tubectomy reported that they've been passing weakness, backache, pain in the lower tummy, and menstrual irregularity. All the repliers said that they would conclude for operation only after having at least one son. Utmost repliers reported that their in- laws and hubby claimed on having rather two sons but one son is MUST before tubectomy. Upon asking the reason for son preference they responded it's necessary for the family name and progression of generation.

Joker being chuck earner of the family and does more physical labor so the income of the family will get negatively affected. Ladies stay at home to do ménage work. So they believed concluding for womanish sterilization is better.

Statistical analysis

Data compendium, tabulation, and analysis were done using statistical software, SPSS interpretation16.0(Chicago, SPSS Inc). The data attained was enciphered and entered into Microsoft Excel worksheet 2016 and analysed. Descriptive statistical measures like probabilities and proportions were used to express qualitative data. The data collected were anatomized using frequentness and probabilities; Chi-square test was used to test the significance of the association.

Table 1. Socio-Demographic parameters of Study Population (Include current and ever used contraception)

Background Characteristics	Frequency(n)	Percentage (%)
Age group (in Years)		
15-20	60	08
21-30	367	49
31-40	225	30
41-50	97	13
Religion		
Hindu	645	86
Muslim	101	13.5
Christian	04	0.5
Cast		
General	352	47
Scheduled Cast	165	22
Other backward class	232	31
Parity		
1-2	180	24
3	352	47
4	128	17
>4	90	12
Education of woman		
Illiterate	375	50
Primary	112	15
Secondary	187	25
Graduate and above	75	10
Social class		
High	15	02
Middle	165	22
Low	570	76

Table 1 shows, Maturity of the women 367(49%) were in the age group of 21 – 30 years with a mean age of 25- 26 years. Among the study group 645(86%) were Hindu, 101(13.5%) were Muslims and 04(0.5%) were Christians.

The number of children the couples had at the time of tubectomy. Maximum number of couples (47%) had 3 children before concluding tubectomy. Next predominant group was of couple who had 1- 2 children (24%).

Table2. Contraceptive current stoner status on the base of religion

Religion	User	Nonuser(Everuser)
Hindu	426 (66%)	219 (34%)
Muslim	45 (45%)	56 (55%)
Christian	03 (75%)	01(25%)
Total	474	276

* tubectomized cases included in current stoner

Table-2 shows, Among Hindus 426(66%) were contraceptives user and 219(34%) were non user of contraceptives, where as in Muslims 45(45%) were contraceptives user and 56(55%) were non user of contraceptives and in Christians 03(75%) were contraceptives user. Among total population of current user, Hindus 90% and Muslims 9.5% set up of using contraception styles.

Table3. Use of contraceptive system on the base of religion

Religion	Spacing Methods	Tubectomy
Hindu	307(72%)	119(28%)
Muslim	38(85%)	07(15%)
Christian	03(100%)	(0%)
Total	348	126

Table-3 shows, Among Hindus 119(28%) were tubectomized and only 07(15%) were tubectomized in Muslims.

DISCUSSION

Countrywide conducted national family health survey suggests that the loftiest contraceptive frequency rate(CPR) was among Jains followed by Buddhists/ NeoBuddhists and Sikhs, these religious groups weren't encountered in the present sample.

Rapid Survey of Contraceptive Prevalence in Uttar Pradesh in the time 2015 by Y.G adviser Services Pvt. Ltd, New Delhi shows that 51% were using any system for avoiding or delaying the birth of a child. It was advanced than the state normal in Lalitpur(69%), Gorakhpur(6%7), Varanasi(66%), and Banda(62%). The styles blend of ultramodern styles shows that in Uttar Pradesh, womanish sterilization was 19.21%. It was advanced than the state normal in Lalitpur(39%), Varanasi(28.8%), Banda(28.7%), and Gorakhpur(27.5%).[10]

Our study indicates that the maturity of the youngish population (mean age 25- 26 years) are choosing the permanent method of sterilization. colorful other studies in different times also demonstrated the same results and showed that over to 90.5% tubectomy acceptors were in the age group 20- 30 years with the mean age being 27- 28 years [11, 22]. This shows the tendency of early marriage and focuses on completing asked family size followed by terminating fertility. lower preference for LARCs(Long Amusement Reversible Contraceptives) as a birth control measure in the youngish population or indeed overall is due to lack of mindfulness, fear of side goods, and to enjoy the freedom of sexual pleasure with no hedge, no hormones, and no foreign body in their wombs. An indeed more striking observation was that the maximum chance of the couple had 3 children before tubectomy. With the government of India trying to apply a two or rather one- child norm, there's still a long way to go. MA Fahim et al in 2016 and Athavale et al in 2003 also reported mean family sizes of 2.36 and3.17 children before tubectomy in their separate studies[11,21]. still, studies by Nagapurkar et al [12] showed disagreeing results from our study, with the maximum number of couples having 2 children before tubectomy. The total number of living manly children is also a significant factor in deciding to choose a permanent system of family planning. But the coitus preferences of the babies and the decision not to produce after having further than two children per couple don't fulfill our end of population reduction or at least population stabilization.

It has been reported that CPR for Hindus is 58% and 46% for Muslims but the present study it has set up 86% for Hindus(Current plus ever) and 13.5% among Muslim women.[13] Supporting our results, other studies have set up lower contraceptive use rates among Muslims.[14- 16] whereas findings for current use have been reported from Mumbai where acceptance of family planning was slightly advanced in Muslims than in Hindus.[17]

National family health check reports have concluded that two-thirds of presently married women have used a family planning system at some time in their lives which was advanced than ever-use set up in the present study.[13] Other experimenters have also reported an advanced chance of ever-user.[18- 20] but the present study, has set up two-thirds of current users of contraception styles.

In our study the mean age of Sterilization among women was 25-26 years (49%), Athavale AV et al reported 25 years as the mean age at tubectomy with a range of 21- 30 years.[21] This showed the maturity of the youngish population were choosing endless styles of contraception, suggesting that utmost of them had completed their family at an early age, following an early Marriage. Puwar B et al set up that 56% of ladies in the age group between 30- 35 years, which differed from our study.[22]

In the present study, 16% of women were Hindu and 1% were Muslim who had experienced tubectomy when reported to the SSPG sanitarium and were included in the current user whereas Rahman S reported 66.7% of Hindu and 26% of Muslim espousing tubectomy.[23] Application of any system of contraceptive was set up in 85.6% of Hindus and 14.4% of Muslims by Anant T et al.[24] which is similar to the present study. Speizer et al in their study also reported that Muslim women are less likely to be castrated than non-Muslim women.[25] this fact supports this present study.

CONCLUSION

Grounded on the present study it has been concluded that further of the youthful population in India is concluding for tubectomy. Still, women with 3 children are predominating the tubectomy group. Religion has a huge impact on contraceptive practices in India. Muslim women are less likely to be castrated than non-Muslim women so junking of the religious taboos is essential for the wide perpetration of family planning programs. There's an immense need for the junking of religious misbelieves to control the population as well as maintain the demographic pattern of society in these terms.

DISCLOSURE

The authors declare that there is no conflict of interest.

AUTHORS CONTRIBUTION

Concept and Design: Dr Prabhu Dayal Gupta

Collection and Assembly of data: Dr Prabhu Dayal Gupta and Dr Sanjay Pandey

Data Analysis and Interpretation: Dr Rakesh Kumar Shukla

Manuscript Writing: Dr Archana Mishra

Final approval of Manuscript: All authors

Accountable for all aspect of work: All authors

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