



FEMINISM AND TUBECTOMIES: A STUDY ASSESSING THE AWARENESS AND OPINION OF WOMEN AND THEIR HUSBANDS REGARDING THE PERMANENT METHODS OF STERILISATION

Gynaecology

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ABSTRACT

Despite the evidence-backed superiority of vasectomy, tubectomies remain the most popular method of sterilisation in India. In this era of roaring feminism, such a skewed preference for tubectomy demanded scrutiny. The high tubectomy rates could be a manifestation of low empowerment of women in families as far as the decision making process of sterilisation is concerned. A semi-structured questionnaire based cross-sectional descriptive study was conducted. Cultural factors were found to be influencing the decision more than informational factors. Most women and their husbands were found to prefer tubectomy only because sterilisation was mostly taken up by women in our society and had now become a norm. Majority of the couples were also unaware of the relative superiority of vasectomy since most people received their information on vasectomy from hearsay and not healthcare outlets. The awareness of the current incentives provided for vasectomy was also found to be low.

KEYWORDS

Women, Feminism, Sterilisation, Vasectomy, Tubectomy.

I. LITERATURE REVIEW

The skewed preference for tubectomy over vasectomy is a worldwide phenomenon [7]. A review of ten years of vasectomy research worldwide, by Shattuck et. al. found the prevalence of vasectomy to be only 2.4% of all couples undertaking sterilisation[8]. In India, this figure stands at 2.7% [6]. Lakshmi et. al., assessed the factors influencing the choice of permanent method of family planning but included only women in their study. Garg et. al., assessed the attitude of men towards vasectomy but their wives were not a part of this study. Scott et. al., conducted a comprehensive study including both men and women in their study and detailed insight into the opinion of married couples was obtained but a correlation between demographic factors and the awareness of vasectomy was not obtained.

The authors of this study felt that a holistic approach taking into account the opinion of women and *their* husbands, the impact of age, religion, education, occupation, income and residence on the awareness of vasectomy, the depth of understanding of the various aspects of vasectomy, interpersonal communication on sexual health among couples and the element of coercion on the women in the same demographic group was necessary to gain a detailed understanding of all the factors influencing the choice of permanent method of sterilisation other than the ones given by the participants themselves.

II. INTRODUCTION

India's relationship with population control, throughout history, has been a controversial one to say the least. In July 1927, Raghunath Karve published a Marathi magazine *Samaj Swasthya* which discussed issues of population control through use of contraceptives. This magazine remained in publication till 1953 and continually explained the use of contraception to help prevent unwanted pregnancies and induced abortions. Karve proposed that the Indian Government should take up a population control program, but was met with political and cultural opposition. Periyar also viewed birth control as a tool of women empowerment as it allowed them to have a choice over pregnancies and birth order.^[1]

Finally in 1951, India became the first country in the developing world to create a state-sponsored family planning program, the National Family Planning Program.^[2] The program's primary objectives were to lower fertility rates and slow population growth as a

means to propel economic development.^[3] A series of five year plans were carried out over 28 years, from 1951 to 1979.^[3] Over the course of this period, preferred birth control methods shifted from the rhythm method eventually to a focus on sterilization and IUDs.^[3]

In the early 1970s, the Prime Minister of India, implemented a forced sterilisation program, but failed. Officially, men with two children or more had to submit to sterilisation, but many unmarried young men, political opponents and ignorant, poor men were also believed to have been sterilised. This program, still remembered and criticised in India,

is blamed for creating a public aversion to family planning.^[4]

Almost five decades later, a closer look at the public perception of sterilisation reveals that contraception and controversy still go hand in hand. Today, as far as the options for permanent methods of sterilisation are concerned, there are essentially two: Tubectomy and Vasectomy. Of the two, vasectomy is superior in terms of cost of operation, post-op comfort, duration of hospital stay and reversibility of procedure, if required. Additionally, the monetary incentive provided by the state to couples for choosing to undergo vasectomy is also greater than that for tubectomy.^[5] Logic dictates that most couples choose vasectomy when the time comes. Yet 97.3% of couples in our country choose to undergo tubectomy over vasectomy.^[6] In an era of feminism, when gender equality and empowerment of women is a WHO Millennium Development Goal for 2025, are the women of our country not allowed to question their partners about the possibility of a vasectomy? Or do they lack the empowerment to take decisions about their own bodies? The purpose of this study is to understand the factors influencing the choice of method of sterilisation, to assess the awareness of vasectomy in women and their husbands, to examine the role of women in the decision making, and to examine the opinion of men regarding vasectomy.

III. METHODS

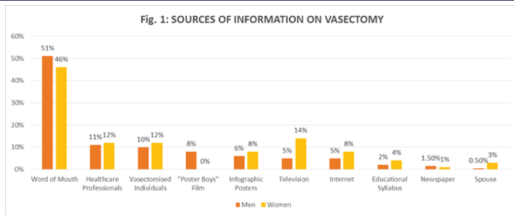
Approval from the institutional ethics committee for this cross-sectional descriptive study was obtained prior to sampling. The study sample (n=300 couples) was drawn by purposive sampling from patients attending the Obstetrics and Gynaecology clinics at a tertiary care hospital. Couples who were willing for sterilisation or had undergone sterilisation were included in the study. If either partner was unaware of sterilisation, the couple was excluded from the study. After obtaining informed consent from the patients, structured interviews were conducted, over the course of two months, based on a questionnaire designed by the authors. The husbands and wives were interviewed separately to meliorate expression of individual opinions. Following the interview, any deficiencies in the knowledge of couples regarding the permanent methods of sterilisation were addressed. The data obtained was recorded in Microsoft Excel and the chi-square test used to evaluate the relationship between the various variables assessed during the interview.

IV. RESULTS

A. Awareness of Vasectomy

To determine if the skewed tubectomy to vasectomy ratio is a result of gross unawareness of the existence of a male sterilisation procedure, especially among women, the authors first assessed what proportion of men and women were aware of the existence of a male sterilisation procedure. This awareness stood at 66% (199) in women and 87% (261) in men.

Of the 33% women who were not aware of the existence of vasectomy, six out of ten times, atleast their husbands were aware of it. Neither partner was aware of vasectomy in just 13% of the couples.

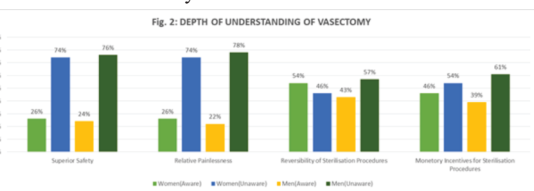


B. Demographics and awareness of Vasectomy

Women belonging to urban areas were almost three times (Odds Ratio: 2.6) more likely to be aware of a male sterilisation procedure than those belonging to rural areas.

While a statistically significant correlation was established between the awareness of vasectomy and level of education of both men (p= 0.0000059) and women (p= 0.001103791), it does not show an increasing trend with increasing level of education which could be indicative of the underrepresentation of sexual health topics in conventional syllabus.

People belonging to no particular age group or religion were found to be less aware of vasectomy than others.



C. Sources of Information (Fig. 1)

The most cited source of information about vasectomy among majority of men (51%) and women (46%) was by word of mouth. Doctors were the second most popular source of information among men (11%) while among the women they were less popular, with 14% receiving their information from television followed by doctors which formed the source of information for 12% of the women. The hesitation to address sexual health concerns, especially among women, by conversing with doctors could explain the above figures.

Interestingly, a vernacular film named 'Poster Boys' was cited as the source of information by 8% of men making it a more popular source of information than newspapers, the internet, and even informational posters in clinics.

D. Understanding of Vasectomy (Fig. 2)

The overall understanding of the various aspects of vasectomy was generally low in both men and women. Less than 30% of both women and men were aware of the superior safety and relative painlessness of vasectomy and less than 60% of women and men were aware of the monetary incentives and reversibility of sterilisation procedures altogether, let alone vasectomies.

Despite the fact that fewer women received information from doctors as compared to men, their depth of understanding of all the tested aspects of vasectomy was superior to that of men. While the percentage of women and men who were aware of the superior safety and relative painlessness of vasectomy was similar, the percentage of men who were aware of the monetary incentives and reversibility of sterilisation procedures was significantly lower than that of women. Many women recalled stories about a distant relative who reversed their sterilisation procedure for the want of another child. Such stories rarely featured in husbands' monologues.

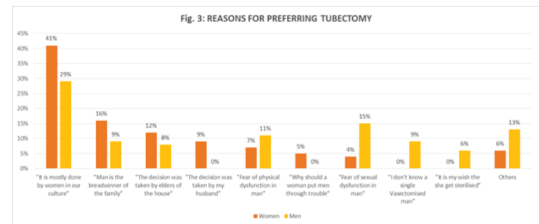
Among the women and men who were aware of the monetary incentives and reversibility of sterilisation procedures, 19% of women and 32% of men were aware of the superior reversibility of vasectomy over tubectomy and 27% of the women and 19% of the men were aware that the monetary incentive for vasectomy was greater than that for tubectomy.

E. Discussions on Vasectomy

The differences in the depth of knowledge between women and men reflect the lack of communication on the topic of sexual health among couples. Overall 46% of women had ever discussed the possibility of

vasectomy with their husbands. Women were most likely to discuss

vasectomy with their partner if they knew a relative who had undergone a vasectomy (87%) and least likely if their source of information was mass media such as television or newspapers. If trustworthy sources such as doctors, vasectomized relatives, posters in clinics and educational books were the source of information for women then they were almost 3 (Odds Ratio =2.86) times more likely to have a discussion with their husbands in lieu of sources such as friends, newspapers or television.



F. Men and Vasectomy

38% of the men in our study had ever considered getting a vasectomy. Of these, 23% had either decided to take up vasectomy or were equivocal in their preference of sterilisation method. The remaining 15% had chosen tubectomy after giving vasectomy a thought. 62% admitted that the thought of vasectomy as a serious possibility had never crossed their mind.

G. Preference for Tubectomy (Fig. 3)

In our study, while 76% of men preferred tubectomy over vasectomy, 21% of the men said they had no aversion towards vasectomy and were willing to do it if their partner agreed to it. The remaining 2% of men had made up their mind to undergo vasectomy owing to its superiority. However, the preference for tubectomy was even greater among women at 82%. 11% of the women were certain that the possibility of vasectomy was equal to that of tubectomy in their family. The remaining 7% of women were adamant on making their husbands undertake the sterilisation procedure.

Despite being aware of vasectomy, 41% of the women said that they will prefer getting a tubectomy because it is mostly women who undergo the sterilisation procedure as is the norm. Women also feared a decline in physical strength(7%) of their husbands as they were the breadwinners(16%) of the family. 4% admitted that they feared sexual dysfunction in their husbands post-procedure. While some women were aware of their recurrent indications for caesarian section and had decided to undergo sterilisation along with their delivery(1.5%) some, with non-recurrent indications had assumed that their next delivery would also be a caesarian section and had decided to undergo sterilisation along with their delivery(2%). 5% of women said that they will undergo a tubectomy when the time comes simply stating, "Why to put men through trouble..." 2% percent of women gave no other reason for choosing tubectomy saying it was their informed choice.

That sterilisation procedures are mostly taken up by women in the Indian society was stated as reason for preferring tubectomy by majority(29%) of men as well. The biggest obstacle for men to take up vasectomy was fear of sexual dysfunction(15%) post-procedure. Fear of physical dysfunction(10%) as they were the breadwinners(9%) of the family were a close second. 9% stated that they had never seen or heard of any man having undergone a vasectomy, and for that reason they will never undergo one. 5% of men stated it was their wish that their wives undergo the operation instead of them. While 3% had been told about the impending cesarean section of their wives and planned to do the tubectomy along with it, 1.5% had assumed that the following delivery will a cesarean too because the last one was.

Some of the outlandish reasons encountered in the interviews were the perceived health benefits to women as a result of tubectomy, the desire to stay "a natural man" and the belief that vasectomy is forbidden in the Mahabharata.

H. Husbands and coercion

The authors also examined the possibility of the widespread preference for tubectomy being a result of husbands playing the exclusive role in the decision making process. However, among couples in whom both partners were aware of vasectomy yet preferred tubectomy, 87% of the husbands said that their wives had not been coerced and the preference for tubectomy was entirely mutual, whereas the percentage of women who felt the decision was completely mutual stood at 54%. However,

almost 6(5.8) out of 10 times of their wives said that their husbands had not forced their preference of tubectomy onto them. Of the 46% women that did feel inadequately represented in the decision making process, 17% attributed it to the elders of the house taking the decision on the couples' behalf leaving 28% of women who felt forced to have a tubectomy because their husbands alone. Of these, 5% of had refused to have a vasectomy after their wives had discussed it with them.

I. Couples and vasectomy

In our study, 12% of all women and 21% of all men said that they preferred vasectomy or that they preferred vasectomy and tubectomy equally. Worth noting is that a greater percentage of men are open to vasectomy than women. However, owing to the poor communication between partners on matters of sexual health, a fair share of men who were open to the possibility of a vasectomy never actually undergo it as women volunteer for sterilisation and further discussion is not warranted.

V. DISCUSSION

There is no single answer that can adequately explain the skewed preference for tubectomy. Cultural and economic factors seem to have a greater influence on the decision-making process more than informational factors.

Not only were a fairly high percentage of women aware of the existence of a male sterilisation procedure, their understanding of the various aspects of vasectomy was also found to be better than men. Fewer women however, considered it plausible and went on to actually discuss it with their partners.

Majority of the women had accepted tubectomy as a routine procedure in womanhood and did not find it unfair probably because they were unaware of the superiority of vasectomy over tubectomy. Infact in at least 9% of couples, the women had set their minds on tubectomy without having a discussion with their husbands who willing to undergo a vasectomy. At the same time majority of men too, were unaware of the merits of vasectomy and very few had ever given it consideration. However this deficiency in the knowledge of all aspects of vasectomy could explain only 27% of why women and 40% of why men rejected vasectomy. While TV, Newspapers and other modalities of mass media can be utilised to address these deficiencies one must also consider that such didactic mediums have the least potential to foster conversations on sexual health as evidenced above in the results. Simply increasing the monetary incentives is likely to bring little success if less than fifty percent of the population is aware of it.

A cultural makeover with the involvement of the education system, healthcare professionals and individuals who have undergone vasectomy will be required to shift the existing perspective of both women and men on vasectomy to combat the opinion-based reasons people gave for rejecting vasectomy.

VI. CONCLUSION

Awareness of the fact that a male sterilisation procedure exists was not particularly low in either women or men. However, simply knowing that a procedure exists or even knowing its advantages was not found to be enough for couples to give it serious consideration. Vasectomy seems to have taken a backseat in peoples' minds. This problem is further exacerbated by the fact that interpersonal communication on anything remotely close to sexuality is considered taboo.

The element of coercion between partners was observed in an exceedingly low percentage of couples which is fortunate for the women of our country. However, the fact that majority of men never consider getting a vasectomy and women have made peace with this mentality, while saving women the trouble of confrontation, is not an embodiment of the kind of empowerment we dream to achieve.

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