Sial Journal of Medical Sciences
ISSN Online: 2959-6939
ISSN Print: 2959-6920
Vol. 1, Issue 1, 2022

USE OF SURGICAL CONTRACEPTIVES IN WOMEN HAVING AT LEAST TWO ALIVE CHILDREN VISITING GYNAECOLOGY OPD OF CIVIL HOSPITAL

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ABSTRACT

OBJECTIVE:

The objective of this study is to assess the knowledge and use of surgical contraceptive methods among women in Sialkot.

METHODS:

The study design was “Cross Sectional Descriptive Study. 100 women patients with different ages, and characteristics who visited Gynecology OPD of Allama Iqbal Memorial Teaching Hospital, Sialkot were included. A Performa including segments related to the patients and her family was designed. Knowledge and use of different surgical contraceptives were assessed. The participants were asked to respond using recall methodology.

RESULT:

Of 100 women, 18 have undergone tubal ligation and majority of them were belonging to low socio-economic group and their husbands were either illiterate or having maximum education till intermediate. Most of the women who had undergone tubal ligation had 4 or more than 4 children. 70 (70%) women have knowledge about tubal ligation. 69 (69%) found this procedure safe and 31 (31%) observed side effects. 32 (32%) also recommended this procedure to others. 77 (77%) were satisfied and 23 (23%) had some misconception about this procedure.

CONCLUSION:

There is a need to spread mass awareness about tubal ligation and its benefits.

KEY WORDS

Contraceptives, Surgical Contraceptives, Surgical Contraceptive methods, Tubal Ligation.

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INTRODUCTION

Contraceptive options for individuals and couples range widely, from barrier methods to short and long-acting reversible contraception to permanent sterilization. Around the world, sterilization is the chosen option for more than 220 million couples desiring contraception[1]. Data from the National Survey of Family Growth shows that from 2006 to 2010, sterilization was the most common method of contraception used in the United States, utilized by 47.3% of married couples[1]. Tubal ligation accounted for 30.2% and vasectomy for 17.1%[1]. For those who have completed family, sterilization using tubal ligation is a safe and effective contraceptive option. Most tubal ligations are performed in an ambulatory setting on an outpatient basis unless performed after cesarean section or in the period immediately postpartum. As with any procedure, the patient must understand the risks, benefits, indications, and alternatives.

Tubal ligation is surgical procedure to prevent pregnancy. It has commonly been called "getting your tubestied". It is also called a female sterilization. During this surgery, both fallopian tubes are blocked or cut. It is usually done in the hospital or in an outpatient surgical clinic. In most cases, you will be able to go home on the day of surgery. Client may have this surgery done under general anesthesia (being asleep), or local or spinal anesthesia (anesthesia that leaves you awake, but unable to feel pain).

Tubal Sterilization is performed at the request of women who have completed childbearing and desires an effective and irreversible form of birth control[2]. It can be performed at anytime during a woman's cycle and in the immediate postpartum or postabortal period[3]. It may be performed via laparoscopy, mini-laparotomy, or hysteroscopy[3]. Apart from contraceptive benefits, there are some studies that show that tubal ligation procedures are associated with decreased risk of epithelial ovarian cancers as well as an observed reduced risk of pelvic inflammatory disease[4]. Informed consent is very important[5]. It should be emphasized that this procedure is permanent and not meant for reversal[6]. The risk of regret and risk factors for regret including young age at sterilization (less than 30 years), lower parity, sterilization performed in the immediate postpartum period, divorce or remarriage following sterilization, being poor or being of Hispanic origin should be discussed[7]. Young age at the time of sterilization seems to be the strongest predictor of regret[8]. It does not provide 100% protection[9]. According to the CREST study, the 10-year failure rate is 18.5 per 1000 procedures (all procedures aggregated)[10]. The pregnancy rates were highest following laparoscopic Hulka- Clemens clip sterilization and lowest following mono polar coagulation and postpartum salpingectomy[11]. Even bilateral salpingectomy is associated with a risk of failure[12]. If tubal sterilization does fail, there is an increased risk of ectopic pregnancy with a ten-year probability of 7.3 ectopic pregnancies per1000 procedures[13].

The rates of ectopic pregnancies also vary by procedure, with the highest rates following laparoscopic sterilization using bipolar coagulation[14]. Patients should, therefore, be counseled to present early if they suspect pregnancy. Serious complications following tubal sterilization are rare, which demonstrate sits safety[2]. As with any procedure, informed consent should be obtained[15]. Therefore, the risks associated with the procedure such as bleeding, infection, injury to nearby organs, wound complications among others should be discussed[15]. The alternatives such as vasectomy, long-acting reversible contraceptives

Sial Journal of Medical Sciences
ISSN Online: 2959-6939
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(LARCs) like intrauterine devices [IUD]), injection, ring, patch, pills, barrier methods, and abstinence should also be reviewed with the patient[16].

OBJECTIVE

The objective of this study is to assess the knowledge and practice about surgical contraceptive methods among females in Sialkot city.

METHODOLOGY

Study universe was Allama Iqbal Memorial Teaching Hospital, Sialkot. The study design was Cross Sectional Descriptive Study.

The data collected from different age groups ranging from (25-50) years. Every Participant has different characteristics i.e. Socio-economic Status, Educational History, Family Structure, Age, number of children and Ethnic back ground etc. We assessed their knowledge and practice regarding surgical contraceptives and its intervention. This study was done in October 2021. Sample size of this study was 100 female patients visiting Gynecology OPD of Allama Iqbal Memorial Teaching Hospital, Sialkot. Simple Random Sampling, was applied to gather data.

An inclusion criterion was willing and cooperative females having 02 or more alive children visiting Gynecology OPD.

An exclusion criterion was non-willing and non-cooperative female patients, non-cooperative female patients.

The questionnaire form was conveyed to patients by visiting the gynecology department of Allama Iqbal Memorial Teaching Hospital, Sialkot.

After collection of data, it was analyzed using SPSS version 21 Statistical analysis comprised of Descriptive Statics.

ETHICAL CONSIDERATIONS

The permission of the study was granted by the Medical Superintendent and Head of gynecology department of Allama Iqbal Memorial Teaching Hospital, Sialkot. Informed Consent was taken from participants. The confidentiality of the respondents and the data gathered from the respondents was ensured.

RESULT

70 percent of the women under study were having awareness regarding the surgical contraceptive procedure i.e. Bilateral Tubal Ligation and 18% undergone this procedure.

Age of females who have responded to our questionnaire is given in the following figure:

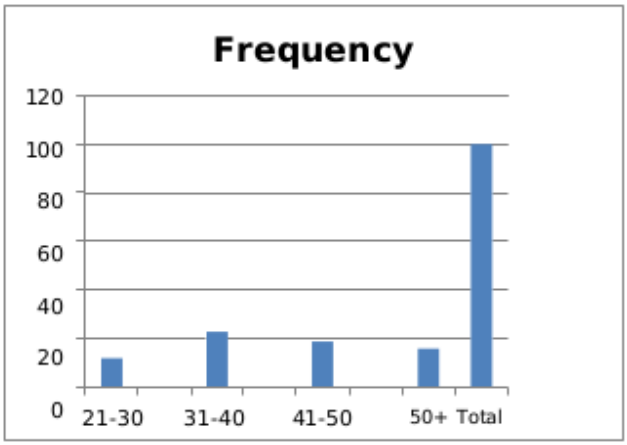

Figure-1. About 61% of the total women lie between 31-50 age group who were included in our study.

AGE OF FEMALES WHO RESPONDED OUR QUESTIONNAIRE	
Age of women	Frequency
21-30	12
31-40	23
41-50	19
50+	16
Total	100

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Figure-2 (a) Education of husbands of females who participated in our study.

EDUCATION OF FEMALES WHO HAVE UNDERGONE TUBAL LIGATION	
Education	**Frequency**
Illiterate	4
Under matric	3
Matric	2
Intermediate	3
Graduation	4
Others	2
Total	18

Figure-2 (b) Most of the husbands of females who had undergone tubal ligation were illiterate or having education till intermediate level.

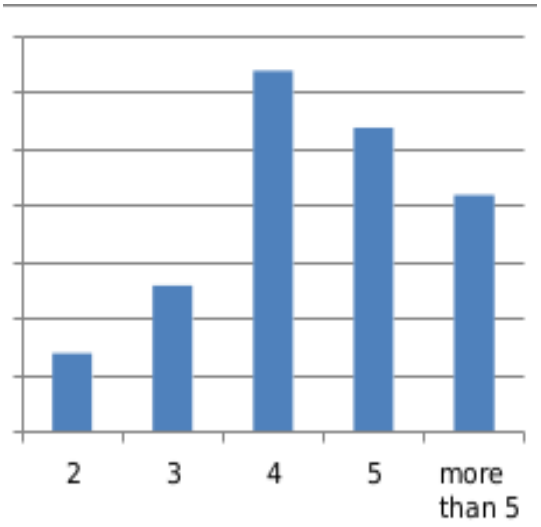


Figure-3. As far as number of children of females who have undergone tubal ligation are concerned, most of the females who have undergone tubal ligation have 4 or more than 4 children.

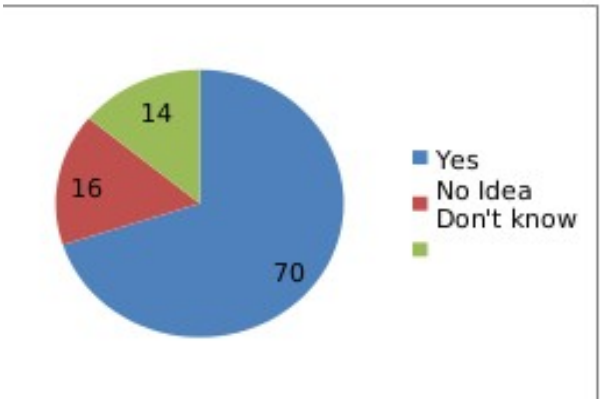


Figure-4. 70% of the females have knowledge about tubal ligation while 30% either don't know (14%) or have no idea (16%) about this procedure.

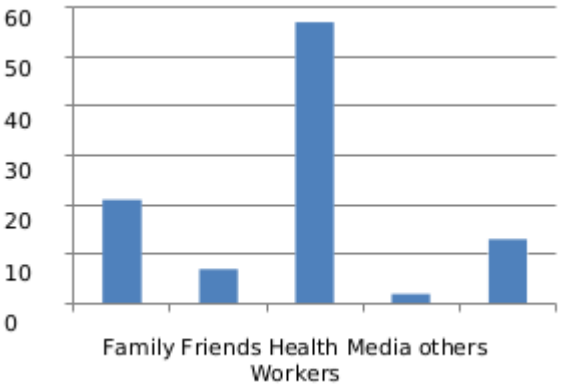
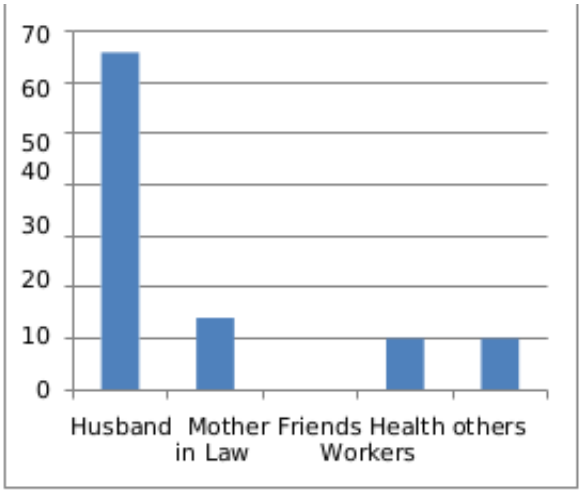


Figure-5. 57% of the females who have knowledge about tubal ligation have heard it from health workers.



Sial Journal of Medical Sciences
ISSN Online: 2959-6939
ISSN Print: 2959-6920
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Figure-6. 66% of the total women were convinced by their husband to undergo this procedure.

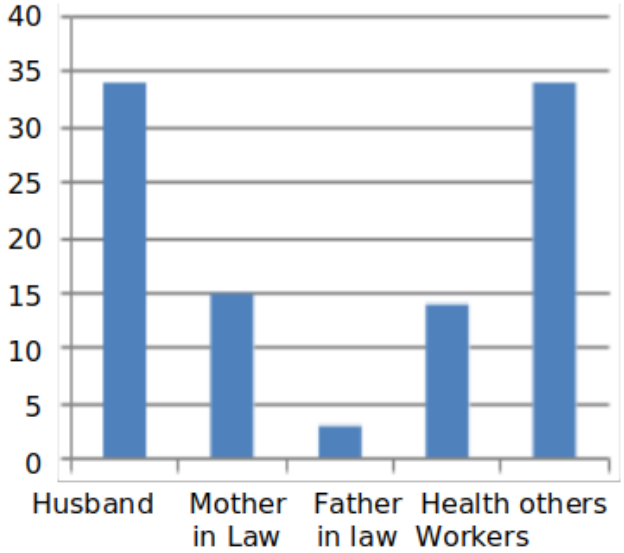

Figure-7. Husband, mother-in-law, and others have a dominant role in pressurizing women not to undergo this procedure.

70% of the total women who have undergone tubal ligation found this procedure safe for themselves. 30% of the total women who have undergone this procedure found side effect related to this procedure. 44% of the study group have some other member in their families who have undergone this procedure. 32% of the total females have recommended this procedure to others. 32% of the total women of study group have some misconception about this procedure, discussed in table No. 8.

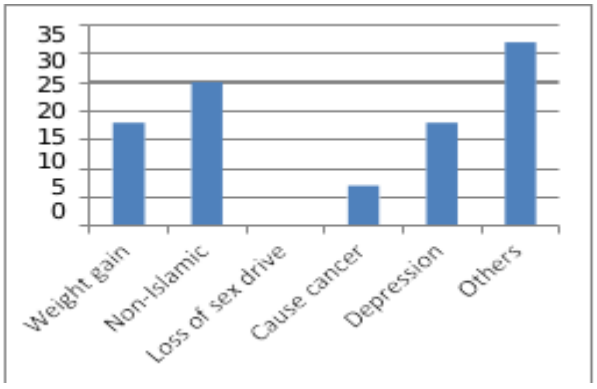

Figure-8. Non-Islamic, weight gain and depression were different perception about this procedure.

DISCUSSION

Tubal ligation for sterilization is one of the common methods of contraception practiced by women in developing countries like Pakistan. This study was conducted to find out awareness about bilateral tubal ligation and percentage of women who have undergone this procedure.

A similar study was conducted by department of obstetrics and gynecology and RHS center, Jinnah postgraduate medical center Karachi. According to the reference study there were total 4210 clients out of which 1148 have undergone tubal ligation. The mean age of women was 33years with 44.3% already have 6 or more children whereas in our study the data was of 100 clients, out of which only 18 women have undergone this procedure making it 18%. The major age group in which these females undergone bilateral tubal ligation fall in 31-40 years which is 32.8% with majority having more than four kids.

Majority of females who have undergone tubal ligation belongs to low socioeconomic group having husbands either illiterate or having education maximum till intermediate.

The difference between our study and reference study is that sample size of reference study was large i.e. 4210 while our study contains limited number of people which was due to covid pandemic, limited time and resources.

Majority of the women in our study were reluctant for bilateral tubal ligation due to different perceptions about this procedure like un-Islamic aspects, obesity, and other reasons, with satisfaction of 77% with this procedure.

CONCLUSION

From our survey we conclude that 70% of females have knowledge about tubal ligation whereas 30% don't have any idea about tubal ligation.

Hence there is a need to spread mass awareness about tubal ligation and its benefits.

Also, from our data we concluded that only 18% of women have undergone this procedure whereas 82% have not undergone this procedure due to various reasons. Therefore, to control population increase and promote maternal child health, government should take steps at a grass root levels for bilateral tubal ligation application.

From our study we also concluded that lady health workers are playing their role efficiently in raising awareness about bilateral tubal ligation among illiterate people.

RECOMMENDATIONS

It is highly recommended that;

1 More awareness through health education campaigns is need of the time.
2 Trained lady health workers should be involved by public health authorities to spread knowledge about bilateral tubal ligation at grass root level.
3 Women education should be promoted.

LIMITATIONS

1 Resources and time was very limited
2 Due to small sample size, the results of this study cannot be generalized to the whole population.
3 Bias may have occurred, as the study was limited to small group of people due to COVID-19 pandemic circumstances.

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