

Evaluation of Knowledge and Attitude regarding Sterilization

Abstract : This study dealt with the analysis and interpretation of the data collected from 100 women attending selected rural antenatal clinic to evaluate knowledge and attitude towards sterilization. Majority of the rural pregnant women had good knowledge about sterilization. Common method chosen was female sterilization. None adopted male sterilization. Reasons for not using contraception were desire to have child, desire for boys, worried about side effect, opposition from family members, felt pregnancy was naturally spaced, no specific reasons, couldn't avail contraceptive facilities, inconvenient to use. Effort was made to identify reasons for wide gap between knowledge and attitude of contraception. All women knew atleast one method of contraception but 48% were using some sort of contraception. Most known method was female sterilization, least known were injectables and male sterilization. Educational and motivational activities from doctors and health workers is needed to promote the use of contraception.

Introduction: India is the second most populous country in the world, next to china, whereas 7th in land area. India's population has been steadily increasing since 1921. India's population numbered 238 million in 1901 doubles in 60 years to 439 million in 1961. It has doubled again, after 30 years to reach 846 million by 1991. It crossed 1 billion on 11th may 2000 and is projected to reach 1.53 billion at 2050. India's population is currently increasing at the rate of 16 million each year. India launched a nationwide family planning programme in 1952. During 3rd five year plan (1961-1966), During 1997, the new government rules out all forms of compulsions and renamed the Family Planning programme as 'Family Welfare Programme' with the objective of improving the quality of life of the people by adopting small family norm by stabilizing the country's population to 150 crore by 2050 AD. According to the major focus of NRHM in the year 2005 and RCH in the new millennium, nations are judged by the well being of their people, by levels of health, nutrition, and education, by the civil and political liberties enjoyed by their citizens. Small family norm was promoted to achieve replacement level of Total Fertility Rate 2:1. Voluntary acceptance of small family norm is the objective of family planning in India. In china, one child family has been accepted as the compulsory norm, and as a result the growth shown by their demographic targets deserves a proud mention. Family planning programmes campaign is currently based on the terms of —two child family norms, with a view to reach the long term demographic goal of NRR=1.

Review of Literature: Section A : Studies related to population explosion and its related problem Bernt L, Tadesse A and Bjarne B. (2007) conducted a study on Population growth, fertility, mortality and migration in drought prone areas in Ethiopia to assess the population dynamics of drought-prone communities. They investigated 605 households in the pastoralist Boran community of Dubluk and in the agricultural community of Elka, both located in southern Ethiopia. The age and sex composition of the population as well as records of births, deaths and patterns of migration were observed for 2 consecutive years. Repeated surveys of the same households revealed much higher rates for deaths and births than did cross-sectional surveys with a one year recall period. Indirect mortality estimates showed that the under 5 years mortality rates (per 1000 births) were 135 in Dubluk and 219 in Elka. Section B : Review of literature related to knowledge and attitude regarding sterilization Gity O, Mahbobeh A, Shadi G, Alireza A. B. (2005) conducted a study on Comparison of knowledge, attitude and other related factors to sterilization between sterilization method users and contraceptive methods users in Hamedan city. Among the couples, who selected sterilization, 52.3% had a poor knowledge and 78.5% had a positive attitude. Thirty percent of subjects were aware of the rate of reversibility of fertility and 17.5% were aware of the duration of contraception use after vasectomy. Among the eligible couples for sterilization who were using other contraceptive methods, 50.8% had a weak knowledge and 49.3% had neutral attitude.

Problem statement: A study on knowledge and attitude towards sterilization among women attending selected rural antenatal clinic of 24-parganas (North) District, West Bengal

Purpose of the study: The purpose of the present study was to investigate about the knowledge and attitude of women residing in the rural area regarding sterilization.

Objectives of the study: To identify the knowledge of sterilization among women attending rural antenatal clinic. 2.To measure attitude on sterilization of rural women on sterilization. 3. To find out the relationship between knowledge and attitude of rural women regarding sterilization.

Research Methodology :Research Design : For the present study descriptive survey design was adopted on the bases of study objectives. Tools have been used 1) Knowledge of women regarding sterilization. 2) Attitude of women towards sterilization. Variables under study : Knowledge and attitude of rural women on sterilization. Demographic variables : Age, religion , education of women and husband, number of living children, use of FP method, income of the family, occupation of husband and wife, source of information. Study population : In the present study, the population was pregnant women attending rural antenatal clinic. Study sample : the women attending rural antenatal clinics, i.e. PP unit of Naihati state general hospital north 24parganas district from 29th December 2014 to 17th January 2015. the sample size for final study was 100. In the present study, non-probability convenience sampling technique had been used. Analysis and Interpretation of Data: Demographic variables like husband education has been shown in bar diagram

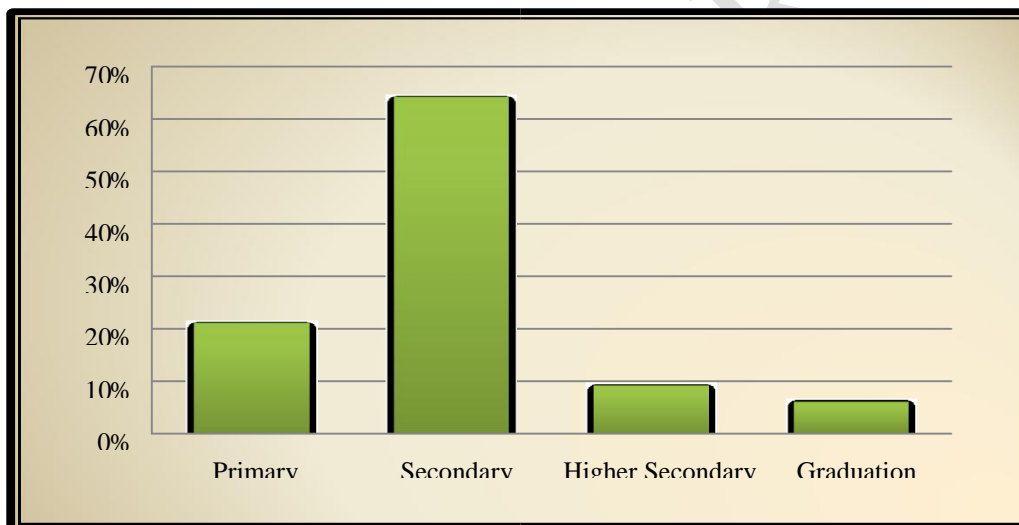


Figure 1 : Bar diagram showing percentage distribution of husbands according to their education.

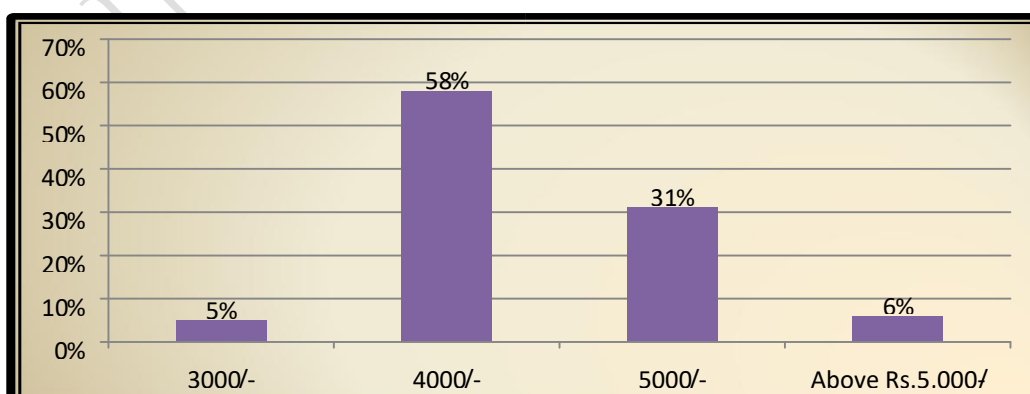


Figure 2 : Bar diagram showing percentage distribution of women according to their monthly family income.

Data presented in figure 2 indicated that monthly family income of more than half (58%) of the women was 4000 and it was 5000 among 31% of the women.

Table 1 : Frequency and percentage distribution of the women according to their knowledge score

Category	Range of knowledge score	Frequency	Percentage
Poor	0-4 (<44%)	Nil	--
Moderate	5-8 (44-55%)	44	44
Good	9-12 (>55%)	56	56

Data presented in table 1 showed that more than half (58%) of the women participated in the present study had good knowledge on sterilization and remaining 44% women possessed moderate knowledge on the subject.

Table 2 : Mean, median and standard deviation of attitude score on sterilization

Variable	Range of possible score	Range of obtained score	Mean	Median	SD
	Attitude	9-36	9-27	23.26	23

Data presented in table 2 indicated that attitude scores of the women ranged between 9 and 27 with a mean of 23.26, median 23 and SD 0.83.

Table 3 : Correlation coefficient and its significance between knowledge score and attitude score

Variable	Mean	Median	S.D.	r'	n=100
					t
Knowledge	8.83	9	1.20	0.10	0.99
Attitude	23.26	23	0.83		

t(98) df=2, P>0.05 Data presented in table 3 depicted that the correlation coefficient computed between knowledge and attitude score of the women was not statistically significant as evident from its corresponding t-value. So it could be concluded from the findings that the attitude of the women of the present study towards sterilization was not dependent on their knowledge level.

Discussion : Findings related to the knowledge of women on sterilization Majority (56%) of the rural women had good knowledge and 44% had moderate knowledge on sterilization The women possessed highest knowledge in the area of concept of sterilization (mean percentage 75%) followed by staying in hospital (66.33%) and components of sterilization (66.25%). The knowledge scores of the women ranged between 5 and 12, the mean being 8.83, median 9 with a SD of 1.20. Findings related to attitude of women on sterilization: Majority of rural women (89%) had good attitude and (11%) moderate attitude regarding sterilization. Attitude scores of the women ranged between 9 and 27 with a mean of 23.26, median 23 and SD 0.83. No statistically significant correlation was observed between knowledge and attitude of the women regarding sterilization [t(98)df=2, p>0.05] Discussion related to other studies On the basis of findings and objectives of the present study a brief discussion was made as the following: The findings of

the present study briefly indicated that the majority (56%) pregnant women had good knowledge and (44%) had moderate knowledge regarding sterilization. The majority of rural pregnant women (89%) had good attitude and 11% had moderate attitude regarding sterilization. Maximum number of women was in between 19-28 years of age group. 75% of women had secondary education. 100% of the women got information regarding sterilization from health worker. A study carried out by Ehsanpour S, Ifard M, Shahidi S, and Nekouyi N. S. showed that Mean score of attitude regarding different contraceptive methods in the group who were users of the same method was above the users of all the methods; however, total attitude score toward the contraceptive methods was approximately similar to each other in all the groups and there was no significant difference among the different groups. The highest frequency of the attitude scores about tubectomy (54.4%) was associated with the women with semi-desirable attitude, and means scores of tubectomy method was higher than other methods (pill, condom and withdrawal) and was lower in comparison with vasectomy and IUD. The highest frequency of the attitude scores of vasectomy (61.6%) was associated with the women with semi-desirable attitude and mean scores of vasectomy method was higher than other methods (pill, condom, withdrawal, IUD and tubectomy). The findings of this study showed that attitude is an important factor in choosing the contraceptive methods; therefore, this issue should to be taken into account by the family planning planners and consultants.

Conclusion; Majority (56%) of the rural pregnant women had good knowledge about sterilization. Almost all rural pregnant women had 89% good attitude. It was concluded that secondary educational qualification of women had good impact on both knowledge and attitude regarding sterilization. There was positive impact of attitude regarding sterilization. Recommendation. A similar study can be replicated on a large sample thereby findings can be generalized for a large population A similar study can be conducted regarding practice of that population An interventional study may be conducted to investigate the effect of education programme on knowledge and attitude regarding sterilization. A study can be conducted on quality of life among acceptors of permanent Sterilization.

References : 1) American Journal of Obstetrics and Gynecology, April, 2012; Available at <http://www.reuters.com/article/2012> ,

2) World Population Data Sheet. Washington, DC: Population Reference Bureau;

3) Elkan E.D., Masilamani R and Rahman M. The Effect of Community-Based Reproductive Health Communication Interventions on Contraceptive Use Among Young Married Couples in Bihar, India. International Family Planning Perspectives December 2008; 34(4): 41-46. Available at <http://www.guttmacher.org/pubs/journals>.

