Demographic Parameters of Clients Undergoing Vasectomy in a Rural Hilly District in Nepal

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Abstract

Aim: Contraceptive prevalence is low in Nepal. Education is one of the factors that promote contraception. We aimed at determining the influence of education of the couple on permanent as well as temporary methods of contraception.

Methods: A descriptive cross-sectional study was carried out on male clients attending mobile vasectomy camp organized at five different places of Jumla, one of the hilly districts of Nepal. Study was carried out in the month of February and March, 2009. 214 clients who underwent vasectomy during the camp were interviewed after taking informed consent.

Results: Depo provera was the most used temporary contraceptives among the clients. Average family size of the clients was 3.54. Nearly one thirds were using contraceptives at the time of vasectomy. Contraceptive usage was higher in clients who had at least secondary level of education compared to illiterates and literates. Average family size was also smaller in that group.

Conclusion: Use of contraceptive and awareness on permanent method of family planning was higher among the educated clients than among the uneducated ones.

INTRODUCTION

Because of intensive family planning interventions, the total fertility rate in Nepal has reduced from 4.6 in 1996 to 2.6 in 2011 [1], where as the average annual growth rate has reduced to 1.35 [2]. Globally, one in five married women have unmet need for family planning [3,4]. Although, Contraceptive Prevalence Rate (CPR) in Nepal stands behind its neighboring countries, there was a ten percent increment in between 2001 and 2011. By 2017, Nepal has planned to increase the contraceptive prevalence to attain replacement level fertility [5].

43.2% of the Nepalese couple use modern methods of contraception. Twenty three percentages use the permanent method where as another 20 percentage use temporary methods. Minilap or female sterilization is the most preferred method of contraception adopted in Nepal which stands at 15.2 percent. It is followed by Injectable contraceptives (9.2 percent), Vasectomy (7.8 percent), condoms (4.3 percent) and pills (4.1 percent). Long Acting Reversible Contraceptives are the least preferred method. Only 2.5 percent of couples are using LARC methods, 1.3 percent using IUD and another 1.2 percent using implant. The unmet need for family planning stands at 23 percent [3].

As a part of the family planning activities, Family Health Division organizes mobile family planning services, with a focus on sterilization, almost all of the districts, directly through the district health offices or in coordination with other organizations working in the field of family planning. Participation for minilap is observed more in the terai districts where as vasectomy is observed more in the remote hilly districts of the country [5]. Some areas in the developing countries, like Sikkim, and in most of the developed countries, Oral Contraceptive Pills are the mostly preferred contraceptive method [6]. In contrast, in the developing countries, female sterilization is the most adopted method of contraception [7].

In most of the developing countries, reproduction is considered as a responsibility of women and men usually are reluctant for the use of contraception. However, current contraceptive behavior, accounts for the husband's fertility preferences in most of the areas [8]. Men should, therefore, be encouraged in birth control. Number and sex composition of the living children significantly contributes to the contraceptive behavior of men in Nepal. Men who do not desire to have more children are likely to choose permanent methods only after having two living sons. The probability of relying on permanent contraceptives is highest among men who had at least two living sons and lowest among those who had only daughters [5].

In a study conducted in Makwanpur district of Nepal, practice of contraception was highest among male between 31 to 40 years
of age. Education, both of the husband and the wife, influenced the contraceptive usage among the male [9]. However, there are few data about the contraceptive preference among the male population in the hilly area of Nepal.

In this study, we evaluated individually, the effect of age and education of the husband and wife on the practices of family planning and its effect on the family size.

MATERIALS AND METHODS

This is a cross sectional study done by reviewing the official records of the clients who came for permanent sterilization in the mobile family planning camp in the Jumla district in mid western Nepal. Mobile camp was organized by the District Health Office as a part of annual family planning activity in the month of February and March 2009. Facilities provided included vasectomy in five different areas of the district and both vasectomy and mini laparotomy in the district hospital.

Informed written consent was taken for the surgical procedure. All relevant information necessary for the study was entered using Epi-Info 4.3.1 and analyzed using SPSS.

RESULTS

Sample characteristics

All together 214 clients had undergone vasectomy in the month long mobile camp held in 5 different parts of the district including the district hospital. Although there was provision of mini lap in the district hospital none of the clients took mini lap services. Men from 19 years to 58 years had attended the vasectomy camp. The mean age of the clients attending the vasectomy camp was 32.58 years with a standard deviation of 7.29 years, while the age of their spouse ranged from 20 years to 45 years. The mean age of the spouses of the clients attending the vasectomy camp was 27.84 years with a standard deviation of 5.21 years.

The average family size of the clients was 3.54 with a standard deviation of 1.3. The average no male child in the family was 1.92 where as the average number of female child in the family was 1.55. Although more than half of the clients had a family size of less than 3 children, significant number of clients had a family size of more than 4. This accounted for 44% of the clients attending the family planning camp. Majority of the respondent, however, had a family size of 2 (24%). Majority of the clients (75.1%) belong to the so called higher caste of the society, i.e, Brahmins and Chhettris. However, significant number of clients also came from the dalit community 24.9%, who are considered to be socially backward. None of the clients came from the local ethnic communities (Figure 1).

Level of education was poor among the clients coming for vasectomy. 19.6% were illiterate, 43.5% were literate and only 15.4% had at least secondary level of education. Number of graduates were absent while 1.4% had completed under graduation level of study. Level of education among the spouses of the clients, was more disastrous. 72.4% were illiterate, 22.9% were just literate and only 1% had completed secondary level of education, while none of them had education higher than the school level.

Contraceptive use

Only 42.5% (91) of the clients used temporary methods of contraceptives. 38.8% were using contraceptives at the time of vasectomy. Need for child was the reason for discontinuation of the contraceptives in majority of those who discontinued the use (5 out of 8). Injectable contraceptives were the preferred modern method of temporary contraceptives. 48.4% of them used injectable contraceptives (Depoprovera) while 41.8% used condoms. Remaining 9.9% of the respondents used pills for contraception.

57.5% of the clients who had had at least secondary level of education were using temporary methods of contraception where as 40.3% of those who were illiterate or had level of education below secondary level were using contraceptives.

86.2% of the clients came to the camp with self inspiration. 11% said that both of the partners discussed and came for the camp, while few were motivated by others for the vasectomy. 8 of them said that they came for vasectomy because of the camp being organized at their vicinity. 4 of the clients who came for vasectomy had done the same procedure in the past and had come there because of the failure of the procedure. Among those clients, knot was absent bilaterally in 2 of them and unilaterally in 2 of them.

More than 95% of the clients who came to the vasectomy camp said that they travel in and out of the country for work when they are free from agricultural works, usually for 6 months in a year, as a porter or salesman. During this, most of them (93%) had exposure with the commercial sex workers. 73% of them admitted that they do not use condoms during these exposures. Complaints of pain during the procedure were negligible. 98.6% of the clients did not complained pain during the procedure, while rest of the clients complained of mild pain during the procedure.

DISCUSSION

Most of the clients were illiterate or had poor level of education (below the secondary school). Majority of their spouses too were illiterate. Only 15% of clients and 1% of the spouses of the clients had had at least secondary level of education. It shows poor educational status of the society.
Use of contraception is higher among the clients with at least a level of secondary level of education than those clients who were illiterate or those having education below the secondary level of education (57.5% to 40.3% in respective groups). However, there was no significant difference on the usage of contraceptives among those who were illiterate, literate or had primary or lower secondary level of education.

The average family size was higher among those who were illiterate or had level of education below secondary level 3.52 than compared to those who had education above the secondary level 2.86. Mean age at vasectomy was also higher among those who were illiterate or had level of education below secondary level (33.06 years) than compared to those who had education above the secondary level (28.45 years). This shows that educated people were more likely to have permanent method of contraception at earlier age and with fewer children.

In this study approximately six out of ten men who do not want any contraception were not using any modern method of contraception. Similar was the findings in another study conducted in Nepal [5].

Contraceptive use was higher among the clients of age 31-40 years of age. This result was similar with the findings in the other studies where the contraceptive usage was higher among the clients of similar age group. Similarly, those studies showed the association of the presence of at least two sons in the family as a contributing factor for adopting the permanent method of contraception. Our study showed similar findings [5,9]. Need of male child was high in the society. Only 4 of the 214 clients came to the vasectomy camp in spite of not having a male baby. Majority of the clients had at least 2 male babies in the family.

CONCLUSION

People with at least secondary level of education were more likely to have permanent sterilization with small family size compared to those with lower level of education. However, the need of male child is still a big challenge for the people to undergo permanent sterilization with two children.

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CONFLICT OF INTEREST

There are no potential conflicts of interest. Study was carried out among the clients receiving services during the family planning camp organized as a part of the regular family planning activity of the District Health Office, Jumla.

REFERENCES