

FEMALE STERILIZATION SERVICES IN PUNJAB: AN OVERVIEW

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ABSTRACT

In the current era of development and globalization, mere provision of family planning services in public health sector is not enough. A critical aspect is the quality of services provided. Female sterilization is the preferred method to limit the family size in India. The main objectives of the paper are to have an insight into women's experience and understanding of female sterilization; quality of care; and standard operating procedures being followed in Punjab. The study is based on the primary data collected from health facilities of four districts in Punjab selected randomly. The study indicates that providing quality services in public health system can be challenging, but also presents tremendous opportunity for improvement. A comparison with the mandatory guidelines from the Government of India shows that a number of elements could be improved in the place of sterilization. Stringent guidelines must come up along with rigorous monitoring. This will secure a minimal level of quality while delivering sterilization services to the community.

Keywords: ANM, ASHA, National Family Planning (NFP) Programme, Post-operative counseling, Sterilization.

INTRODUCTION

India is one of the first countries to include family planning within health program in its First Five Year plan. National Family Planning (NFP) program was initiated in 1952. Family planning program has evolved and the program is currently being repositioned to not only achieve population stabilization but also to promote reproductive health and reduce maternal, infant and child mortality and morbidity. For achieving goals and objectives of any program, quality of care provided is one of the vital elements. To enhance the acceptance of family planning services, a critical aspect is the quality of services provided. In India, the most widespread and preferred family planning method is sterilization. As per National Family Health Survey-3 (2005-06), female sterilization (37.3%) is the most preferred family planning method and acceptance of male sterilization is only one percent at national

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level. Corresponding figures for the state of Punjab are 30.8 and 1.2 percent respectively. The unmet need for sterilization services in India and Punjab are 6.6 and 4.7 percent respectively (NFHS-3).

Quality assurance in family planning services is the decisive factor in acceptance and continuation of contraceptive methods and services. To ensure quality care in family planning services, Quality Assurance Committees had been established at state and district levels after the directions of the Hon'ble Supreme Court of India for ensuring enforcement of Union Government's Guidelines for conducting sterilization.

Further, to ensure strengthening of monitoring system for quality care in family planning, Research studies & Standard Division of Ministry of Health and Family Welfare, New Delhi had come out with Manuals namely '*Quality Assurance Manual for Sterilization Services*' and '*Standards for Female and Male Sterilization Services*'. Family Planning Division of Ministry of Health and Family Welfare, New Delhi had also come out with Manual of '*Standard Operating Procedures for Sterilization Services in Camps*'.

In the current era of development and globalization, mere provision of family planning services in public health sector is not enough. A general growing concern is the quality of sterilization services being offered. The present paper endeavors into quality of female sterilization services offered as per the client's needs and wants.

OBJECTIVES

The main objectives of the present study are to gain insight into the women's experience and understanding of the female sterilization before and after accepting it; to understand women's experiences of quality of care and informed choice in the process of receiving sterilization services; and to examine whether standard operating procedures as prescribed by the *Manual of Female Sterilizations* are being followed in providing sterilization facilities.

METHODOLOGY

To carry out the empirical study in Punjab, primary data was collected from four districts namely Hoshiarpur, Tarn Taran, Ludhiana and Rupnagar. A list of women who had undergone female sterilization during the last three years prior to the survey was prepared with the help of the paramedical staff posted at health facilities selected randomly. From each district, 25 female sterilization acceptors were to be interviewed by canvassing a pre-designed and pre-tested questionnaire. The sample constituted of 30 acceptors from Rupnagar district; 25 each from Hoshiarpur and Ludhiana districts; and 27 women from Tarn Taran district. In all, 107 female sterilization acceptors were interviewed.

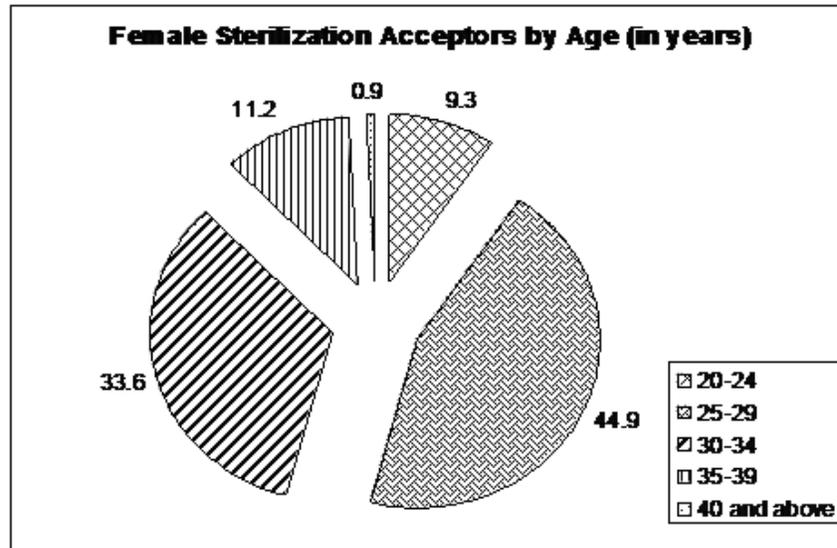
RESULTS AND DISCUSSION

Respondent's Background

Majority (78.5%) of acceptors were in the age group of 25-34 years. The noteworthy point was that 9.3 percent of the acceptors were only 20-24 years old (Figure 1). The proportion was high in Hoshiarpur district (16%) and Rupnagar district (13.3%). Utmost care needs to be taken since female sterilization is a permanent method. These young women accept sterilization

services immediately after completing the family size. There are almost no spacing methods received by them and in most cases female sterilization is the first and only family planning method used by them.

Figure 1



(Source: Field Survey, 2015.)

A glimpse of the basic characteristics of the respondents reveals that 55.1 percent of them were Sikh followed by 43 percent Hindu and only 1.9 percent was Muslim. Punjab has the highest percentage of Scheduled Caste population amongst all the states of the country (Census, 2011). 82.2 percent of the sample belonged to Scheduled Caste category, 12.1 percent were from general caste and 5.6 percent from the backward caste.

Education of women raises their conscious level about the effective and timely utilization of family planning methods. Among the acceptors, about one-third were illiterate and one percent had studied higher than matriculation. When educational level of the spouse of the women was seen, 22.4 percent were illiterate and 8.4 percent had studied above matriculation. Majority of the respondents were housewives (78.5%) followed by labourers (15%) and self-employed (6.5%). Main occupation of the spouse of the women was labourer (72.9%).

A very important and significant aspect of the family planning acceptance is the number of living children of the couple before accepting a contraceptive especially the terminal methods. Table 1 provides a glimpse of the child composition of female sterilization acceptors. The classification is done on the basis of the sex of the living children.

Table 1: Child Composition of Living Children, Punjab

(Percent)

District	2 children		3 children			4 or more children			All	Total (N)
	2S	1S, 1D	3S	2S, 1D	1S, 2D	1S	2S	2+S		
Rupnagar	26.7	3.3	6.7	20.0	23.3	3.3	13.3	3.3	100.0	30
Hoshiarpur	24.0	20.0	4.0	16.0	12.0	8.0	4.0	12.0	100.0	25
Ludhiana	20.0	36.0	0.0	20.0	12.0	8.0	4.0	0.0	100.0	25
Tarn Taran	11.1	11.1	3.7	33.3	11.1	0.0	11.1	18.5	100.0	27
Punjab	20.6	16.8	3.7	22.4	15.0	4.7	8.4	8.4	100.0	107

(Source: Field Survey, 2015.) Note: 'S'- son and 'D'- daughter.

Those women who had opted for female sterilization had at least two living children (Table 1). Among the female sterilization acceptors, maximum of them had three living children (41.1%) followed by two living children (37.4%) and four or more living children (21.5%). Data reveals that son preference is deep embedded in our patriarchal society. Predominance of sons over daughters influences the decision to stop child bearing and opt for terminal methods. Due to cultural circumstances all families wanted at least one son. Sample covered confirmed it as all the female sterilization acceptors had at least one living son at the time of accepting sterilization.

Information and Decision making about Female Sterilization Services

Sterilization services are largely being provided through a network of public sector health facilities. In this sector, female sterilization is provided on either fixed days in a week in a health facility or in a sterilization camp. All the female sterilization acceptors were enquired about the personnel who had informed them about the sterilization day. For this query multiple responses were allowed. About 73 percent of them were given this first-hand information by the Accredited Social Health Activist-ASHA (Table 2). ASHA is a basic information provider, guide and counselor for the women. Information about sterilization day provided by ASHA's was quite high in Rupnagar district (90%).

Table 2: Source of Information about the Female Sterilization Day, Punjab

(Percent)

District	Source of information				Total (N)
	ANM	ASHA	Other health staff	All	
Rupnagar	26.7	90.0	0.0	100.0	30
Hoshiarpur	68.0	32.0	8.0	100.0	25
Ludhiana	16.0	76.0	12.0	100.0	25
Tarn Taran	48.1	88.9	0.0	100.0	27
Punjab	39.3	72.9	4.7	100.0	107

(Source: Field Survey, 2015.)

Note: Multiple responses, hence total may exceed 100.0 percent.

Auxiliary Nurse Midwife (ANM) who are the grassroot worker of public health set-up had given information in 39.3 percent cases. She was found to be more active in Hoshiarpur district (68%) and less in Ludhiana district (16%). Other health staff had become source of information in about five percent of cases and these included nurses posted at Community Health Centre (CHCs) or Primary Health Centres (PHCs).

The information about the sterilization day was received at least one month in advance by 49.5 percent acceptors, at least fortnight advance by 36.4 percent women, at least one week advance by 13.1 percent, and only one-two day advance in 0.9 percent of the cases. Information about the sterilization day given in advance gives sufficient time to take appropriate decision instead of regretting later on over a hastened decision. Cases of decision taken mainly by husband (3.7%) and women (17.8%) were very less. In most of the cases decision to accept sterilization was taken jointly either by the family (41.1%) or the couple (37.4%).

Counseling by Health Staff

Counseling is the process of helping clients to make informed and voluntary decisions about fertility. General counseling should be done whenever a client has a doubt or is unable to take a decision regarding the type of contraceptive method to be used. However, in all cases, method-specific counseling must be done (*Standards for Female and Male Sterilization Services*, 2006). For counseling, public health staff has visited all the respondents in Rupnagar district; 92 percent each in Hoshiarpur and Ludhiana districts and 85.2 percent in Tarn Taran district (Table 3).

Table 3: Visits and Counseling by Health Staff, Punjab (Percent)

District	Health staff visited them		Visiting health staff		Total	
	%	(N)	ANM	ASHA	All	(N)
Rupnagar	100.0	30	16.7	83.3	100.0	30
Hoshiarpur	92.0	23	60.9	39.1	100.0	25
Ludhiana	92.0	23	8.7	91.3	100.0	25
Tarn Taran	85.2	23	13.0	87.0	100.0	27
Punjab	92.5	99	24.2	75.8	100.0	107

(Source: Field Survey, 2015.)

Visits and counseling by ANM was more in Hoshiarpur district. ASHA has counseled more respondents in Ludhiana, Tarn Taran and Rupnagar districts. Among those counseled, three out of every four were visited by ASHA. Visits by health staff varied from one-two visits (52.5%) to three-four visits (40.4%) and five or more visits (7.1%). However, there was scope for improvement since there were still some respondents who were not visited and counseled

by the public health staff.

As per Standards for female sterilization set by the Government of India, while counseling client must be made to understand what will happen before, during and after the surgery, its side effects, and potential complications. Among those counseled, about 91 percent claimed that they were informed about these aspects of female sterilization. Those with a negative response were highest in Hoshiarpur district (21.7%).

Accompanying the Sterilization Acceptor

If health staff accompanies the women to the place of sterilization, she feels safer and more confident. Among the respondents, 73.8 percent were accompanied by the health staff on the sterilization day (Table 4). These figures were little less for Hoshiarpur and Ludhiana districts (60% each). Those accompanying the women were mostly ASHA (84.8%) workers. ASHA workers get honorarium per sterilization case motivated by them and to get it they accompany the acceptors to place of sterilization.

Table 4: Health Staff Accompanying for Sterilization, Punjab

(Percent)

District	Respondents who were accompanied by the health staff		Health staff who accompanied the respondent		
	%	(N)	ANM	ASHA	All
Rupnagar	86.7	26	3.8	96.2	100.0
Hoshiarpur	60.0	15	60.0	40.0	100.0
Ludhiana	60.0	15	0.0	100.0	100.0
Tarn Taran	85.2	23	8.7	91.3	100.0
Punjab	73.8	79	15.2	84.8	100.0

(Source: Field Survey, 2015.)

26.2 percent respondents revealed that health staff had not accompanied them to the sterilization place. Among them 71.4 percent informed that ANM/ASHA had come directly to the place of sterilization and stayed there with them. Remaining women revealed that only family members had gone with them to the place of sterilization.

Mode of Transport and Fare Paid

While going for getting herself sterilized, about three-fourths of women had gone by auto or bus (Table 5). In Rupnagar district, most of the women had used this mode of transport to reach the health facility. About nine percent women had walked down to the health facility for female sterilization. Facility of ambulance was availed by very few women (1.9%).

Table 5: Mode of Transportation Used and Fare Paid to go for Sterilization

(Percent)

District	Mode of transportation						Had to pay fare
	Auto/bus	Ambulance	Private vehicle*	Walking	All	(N)	
Rupnagar	93.4	0.0	3.3	3.3	100.0	30	96.7
Hoshiarpur	48.0	4.0	32.0	16.0	100.0	25	72.0
Ludhiana	48.0	0.0	32.0	20.0	100.0	25	80.0
Tarn Taran	48.1	3.7	48.1	0.0	100.0	27	88.9
Punjab	60.8	1.9	28.0	9.3	100.0	107	85.0

(Source: Field Survey, 2015.),

Note: '*' includes ANM's vehicle and rickshaw.

Women were enquired whether they had to pay for the fare or not. This is an important aspect since they are availing services from public health facility and most of them are persuaded by health personnel to accept female sterilization. If they had to pay from their own pocket then this goes as a negative component of family planning program. Maximum (85%) of them had paid the money for transport from their pocket.

Table 6: Mode of Transportation Used and Fare Paid to Come Back after Sterilization

(Percent)

District	Mode of transportation						Had to pay fare
	Auto/bus	Ambulance	Camp vehicle	Private vehicle*	All	(N)	
Rupnagar	10.0	0.0	13.3	76.7	100.0	30	100.0
Hoshiarpur	16.0	52.0	0.0	32.0	100.0	25	56.0
Ludhiana	8.0	4.0	0.0	88.0	100.0	25	96.0
Tarn Taran	48.1	7.4	0.0	44.4	100.0	27	85.2
Punjab	20.6	15.0	3.7	60.7	100.0	107	85.0

(Source: Field Survey, 2015.), Note:- '*' includes rickshaw.

After getting herself sterilized, most of the women are not fully awake as they are still under the influence of sedatives administered to them. In this condition, they have to come back. As a consequence three out of every five had opted for a private vehicle to come back (Table 6). This mode was used by more women in Rupnagar and Ludhiana districts. In Rupnagar district while coming back women were sharing the private vehicle with other women who had also

gone for female sterilization and had to come back to the same place. About 21 percent of them had come back by auto or bus. Facility of ambulance and camp vehicle was also used by 15 and 3.7 percent, respectively.

However, when charges paid for vehicle used for transportation were enquired, only 15 percent replied that they had not paid for it. Facility of ambulance was maximum utilized in Hoshiarpur district (52%) but some claimed that they had paid for using the ambulance service. For getting sterilized, women get a fixed amount from Government of India as a compensation of wage loss incurred by them. The amount received was spent for travelling expenditure. Almost all the acceptors who had paid the fare amount were little disappointed as some part of money received gets spent on travelling.

Place of Sterilization

Sterilization must be conducted only at established health care facilities as laid down in the standards by Government of India. Under no circumstances sterilization place could be a school building/Panchayat ghar etc. The sample reported that 72.9 percent went to a CHC or PHC, 21.5 percent to a Civil Hospital and 5.6 percent to District Hospital or Sub Divisional Hospital. In Rupnagar district, 90 percent of the visited cases had gone to Nalagarh in Himachal Pradesh and only 10 percent came to Civil Hospital Rupnagar. They found going to Nalagarh better option since 'one stitch' surgery (i.e. laparoscopic) was conducted there, and less formalities were involved and incentive money was given before discharge to the beneficiary.

Pre-operative Examination and Laboratory Tests

The health staff is supposed to counsel females opting for sterilization again before sterilization at the health facility/camp. They have the option to decide against the procedure at any time. About 55 percent of women replied that they were counseled by health staff before sterilization. This percentage was highest in Rupnagar district (90%) and lowest in Ludhiana district (24%).

Before conducting the surgery, health staff has to clinically assess the women and take her history especially medical history (history of illness, current medication, last contraceptive used, menstrual history, obstetrics history and immunization status of women for tetanus). All the women were clinically assessed and history was taken from them in Rupnagar district. However, this figure was quite low for Ludhiana (56%) and Tarn Taran (51.9%) districts. Medical tests like blood pressure, haemoglobin, urine analysis for sugar and albumin and other laboratory examination as indicated are to be conducted before sterilization. In Ludhiana and Tarn Taran districts, these medical tests were conducted for all the respondents. However one woman in Rupnagar district and two in Hoshiarpur district claimed that no medical tests was conducted on them.

Informed consent

It is instructed that before performing sterilization, a written consent is to be taken from the client. Women must sign the consent form for sterilization before surgery. It should not be obtained under coercion or when the client is under sedation.

Table 7: Written Consent Taken before Sterilization, Punjab

(Percent)

District	Written consent was taken from women				Total (N)
	Yes, with description	No	Taken without explaining	All	
Rupnagar	6.7	0.0	93.3	100.0	30
Hoshiarpur	0.0	20.0	80.0	100.0	25
Ludhiana	0.0	0.0	100.0	100.0	25
Tarn Taran	0.0	0.0	100.0	100.0	27
Punjab	1.9	4.7	93.5	100.0	107

(Source: Field Survey, 2015.)

Only 1.9 percent of the women were explained what is written in consent form before taking their approval (Table 7). The consent was taken without explaining anything from majority of the respondents (93.5%). Such consent defeats the purpose for which it is taken. Women even if illiterate should be explained everything instead of following formality.

Surgical Procedure and Logistics

To adhere with the standards for sterilization procedure, it is important to address areas like logistics and manpower provision, infection prevention measures and monitoring quality of services provided to the women accepting sterilization. To get a quick assessment of the quality of female sterilization services provided from the perspective of the women acceptors they were probed about services received by them on the sterilization day and later on.

As per laid down standards, sterilization procedure is not to be carried out in open verandah or any other place. Instead it is to be conducted in a fully equipped Operation Theatre (OT). Women were asked the place where these sterilization surgery was conducted. All of them replied that it was conducted in an OT or room. Most of respondents were illiterate and could not differentiate much in OT, delivery room and room. Overall, no women claimed that her surgery was performed in verandah, terrace or open place.

Table 8: Place of Sterilization and Person Conducting Sterilization, Punjab

(Percent)

District	Place of conducting sterilization	Personnel conducting sterilization				Total (N)
		OT/Room	Doctor	Health Staff	Don't know	
Rupnagar	100.0	83.3	6.7	10.0	100.0	30
Hoshiarpur	100.0	96.0	0.0	4.0	100.0	25
Ludhiana	100.0	88.0	8.0	4.0	100.0	25
Tarn Taran	100.0	70.4	18.5	11.1	100.0	27
Punjab	100.0	84.1	8.4	7.5	100.0	107

(Source: Field Survey, 2015.)

The person conducting sterilization should be the authorized doctor and not anyone else. About 84 percent of the women replied that the doctor had performed the surgery on them and 7.5 percent said that they were on sedation and not aware that who was performing the operation (Table 8). The aspect to be looked into was that 8.4 percent women claimed that health staff had conducted their sterilization. It includes nine cases; five from Tarn Taran district and two each from Rupnagar and Ludhiana districts. These responses need to be probed further.

Women were asked about the attitude and behaviour of the doctor and health staff available at that time. They were enquired if they felt that doctor seemed in a hurry/rush to sterilize maximum number of women. In this regard, only 30 percent clients in Rupnagar district gave an affirmative response (Table 9). Cordial behaviour of doctor was reported by 86 percent women. Cordial behaviour of doctor was not reported by about one out of four women in Ludhiana and Tarn Taran districts. Comparatively, un-cordial behaviour of health staff was reported by 24.3 percent of women in Punjab.

Table 9:Attitude and Behaviour of Doctor and Health Staff, Punjab

(Percent)

District	Doctor seemed in a hurry/ rush to sterilize maximum women	Behaviour of doctor cordial with you	Behaviour of health staff cordial with you	All	(N)
	Yes	Yes	Yes		
Rupnagar	30.0	96.7	90.0	100.0	30
Hoshiarpur	0.0	92.0	80.0	100.0	25
Ludhiana	0.0	76.0	60.0	100.0	25
Tarn Taran	0.0	77.8	70.4	100.0	27
Punjab	8.4	86.0	75.7	100.0	107

(Source: Field Survey, 2015.)

Cleanliness and Privacy

It is mandatory to practice appropriate infection-prevention procedures at all times with all clients to decrease the risk of transmission of infection. If the place of sterilization and surrounding area is not neat and clean then chances of infection and related complications increase many times. All respondents were asked if they found the health facility where they went for sterilization and place of performing procedure neat and clean. About 71 percent found both the places to be neat and clean. This percentage was highest in Rupnagar district (93.3%) and lowest in Tarn Taran district (55.6%). These observations reveal that health facility visited for accepting sterilization and place of performing procedure were not so clean in many cases. When privacy was evaluated, about 89 percent women responded that privacy was maintained at the time of performing procedure.

Post-operative Care

Post-operative care and follow-up form an important component of quality of services provided during female sterilization at a health facility. After the surgery, women requires care and attention for some duration; when her vital signs are stable and the client is fully awake, has passed urine, and can walk, drink or talk then she is sent back home with a responsible adult accompanying her.

Immediately after surgery, women are supposed to be shifted to a recovery room. As per standards for female sterilization, physical requirements include a spacious and well ventilated recovery room adjacent to the operation theatre. In this concern, only 54.2 percent women were shifted to a room for post-operative care after surgery (Table 10). These included cent percent cases in Hoshiarpur district. In other three districts, more women were kept in verandah than a room for post-operative care. In Rupnagar district, 56.7 percent were kept in verandah and 40 percent in a room. Corresponding figures for Ludhiana district were 52 and 48 percent respectively. In Tarn Taran district only 33.3 percent were kept in a room and 63 percent were in a verandah.

Table 10: Place of Post-operative Care, Punjab (Percent)

District	Place where the respondent was kept for post-operative care				Total (N)
	Room	Verandah	Discharged immediately	All	
Rupnagar	40.0	56.7	3.3	100.0	30
Hoshiarpur	100.0	0.0	0.0	100.0	25
Ludhiana	48.0	52.0	0.0	100.0	25
Tarn Taran	33.3	63.0	3.7	100.0	27
Punjab	54.2	43.9	1.9	100.0	107

(Source: Field Survey, 2015.)

Two women; one each in Rupnagar and Tarn Taran districts claimed that they were discharged immediately after the surgery and were not kept at any place for post-operative care. During post-operative care, physical requirements include number of beds in the place where women are supposed to be kept. Out of 107, two women had replied that they were not given post-operative care. Out of 105 clients who received post-operative care after the surgery, 52.4 percent had got a bed to lie down in the recovery room/verandah (Table 11). In Hoshiarpur district, all the acceptors had got a bed and in Tarn Taran district 65.4 percent of women had got a bed. These figures were as low as 28 and 20.7 percent in Ludhiana and Rupnagar districts respectively. Those who got a bed to lie down were further probed about sharing of bed with other women acceptors and availability of a mattress on the bed.

Almost one-third had shared bed with other women. The percentage was maximum in Tarn Taran district (52.9%) and minimum in Hoshiarpur district (20%). As per standards laid

down for recovery room after female sterilization, patient's cot should be with mattress, sheet, pillow, pillow cover and blankets. In Tarn Taran district, bed with a mattress was available to 82.4 percent of acceptors who got a bed to lie down.

Table 11: Availability of Bed during Post-operative Care, Punjab (Percent)

District	Given bed to lie down	(N)	Bed was shared	Bed has mattress on it	(N)
	Yes		Yes	Yes	
Rupnagar	20.7	29	33.3	100.0	6
Hoshiarpur	100.0	25	20.0	100.0	25
Ludhiana	28.0	25	28.6	100.0	7
Tarn Taran	65.4	26	52.9	82.4	17
Punjab	52.4	105	32.7	94.5	55

(Source: Field Survey, 2015.)

Those female sterilization acceptors, who were given post-operative care but were not given a bed to lie down, were queried about place where the respondent lied down in absence of bed. Most of them had lied down on a dari/mattress (96%) on the floor in different rooms and corridors. Other response that came up was trolley/stretchers or sofa (2% each). This response was given only in Tarn Taran district. Most of the patients felt that the place was really crowded with patients laying everywhere and accompanying personnel and other patients walking around.

Post-operative Counseling, Checkup and Medication

All the women accepting female sterilization must be given post-operative counseling and checkup before discharge from the health facility. Government of India documents mention that both written and verbal post-operative instructions must be provided to the women in local language. Further the women must be seen and evaluated by a doctor. Whenever necessary, she should be kept overnight at the health facility.

Table 12: Post-operative Counseling and Checkup after Procedure, Punjab (Percent)

District	Post-operative counseling and checkup done after procedure			Total (N)
	Yes	No	All	
Rupnagar	23.3	76.7	100.0	30
Hoshiarpur	16.0	84.0	100.0	25
Ludhiana	12.0	88.0	100.0	25
Tarn Taran	25.9	74.1	100.0	27
Punjab	19.6	80.4	100.0	107

(Source: Field Survey, 2015.)

Only one in every five of the acceptor women replied that they were given post-operative counseling and checkup was done after procedure and before discharge (Table 12). This percentage was very low. Most of women said that when discharged they were not fully vigilant and were under the effect of sedatives administered to them. At that time they were in pain and do not remember much. So they were not given post-operative counseling by the health staff.

Table 13: Medicines given after Procedure, Punjab (Percent)

District	Respondents were given medicines after procedure				Total (N)
	Yes	No	Partially	All	
Rupnagar	93.3	3.3	3.3	100.0	30
Hoshiarpur	100.0	0.0	0.0	100.0	25
Ludhiana	96.0	4.0	0.0	100.0	25
Tarn Taran	88.9	7.4	3.7	100.0	27
Punjab	94.4	3.7	1.9	100.0	107

(Source: Field Survey, 2015.)

Required medications to be consumed after female sterilization procedure by the women are usually given to them from public health facility before discharging them. More than 94 percent of the respondents were given medicines completely (Table 13). About two percent were given medicines partially and had to buy the remaining medications from the market. Those who were not given any medicines after procedure comprised 7.4 percent in Tarn Taran district, 4 percent in Ludhiana district and 3.3 percent in Rupnagar district.

Cash Benefit Received

Under the compensation scheme for sterilization acceptors of Ministry of Health and Family Welfare, sterilization acceptors are paid a fixed amount in lieu of loss of wage for the day on which he/ she attended the medical facility for undergoing sterilization. Under it, amounts paid depend upon whether it is male or female sterilization and varies with the state of residence. This acts as a motivator for acceptors and families. While persuading women to get sterilized in the public health facility, health staff links it with the money they will receive after getting sterilized.

All the respondents were queried whether they had received the money after getting sterilized or not. Except four women all others had got the cash after sterilization. Those who had not got money included two women from Rupnagar district and one each from Hoshiarpur and Tarn Taran districts. Among them one woman had got sterilized at parental place and came back. She said that may be village ANM had given money later on at her parent's place but she was not aware about it. Other three women had got sterilized in the recent past and were waiting for the compensation money. All the respondents were probed about the amount of

money received by them. Among them, 95.2 percent claimed to have received Rs. 600 after sterilization. Other responses were Rs. 400 and Rs. 650.

No respondent had faced any problem in getting the money after sterilization. Further they were enquired about the place of receiving money. Responses received were on the sterilization day at the time of discharge (73.1%), later on at home (24%) and later on in health facility (2.9%). At the time of discharge, cash benefit was given to 89.7, 68, 66.7 and 65.4 percent of women in Rupnagar, Ludhiana, Hoshiarpur and Tarn Taran districts, respectively. Women who had to visit the health facility to get the incentive money felt that money should be given immediately after surgery or at home as in process of visiting health facility again they incur loss of time and money.

Follow-up and Complications Faced

Post-operative instructions given to women after sterilization specifies that they should come for follow-up after 48 hours for checkup; on seventh day for stitch removal; after one month or after first menstrual period, whichever is earlier; and in case of any emergency as and when required.

Table 14: Follow-up and Visits after Sterilization, Punjab (Percent)

District	Respondent went for a follow-up	Health staff visited respondent after sterilization	All	(N)
	Yes	Yes		
Rupnagar	13.3	100.0	100.0	30
Hoshiarpur	16.0	100.0	100.0	25
Ludhiana	24.0	100.0	100.0	25
Tarn Taran	7.4	92.6	100.0	27
Punjab	15.0	98.1	100.0	107

(Source: Field Survey, 2015.)

Visits by women to the health facility where they accepted sterilization for follow-up later on were very less. Only 15 percent had gone to that public health facility to receive follow-up services (Table 14). It was 24 percent in Ludhiana district, 16 percent in Hoshiarpur district, 13.3 percent in Rupnagar district and 7.4 percent in Tarn Taran district. When enquired about the reason of not availing follow-up services from the health facility they replied that they went only in case of some problem. Otherwise, ANM or ASHA visited their place and provided them follow-up services at home. Health staff had visited cent percent women in Rupnagar, Hoshiarpur and Ludhiana districts. The percentage was little less in Tarn Taran district (92.6%). Many studies have concluded that women who receive low-quality follow-up services after sterilization are more likely to report regret than those who receive better follow-up services (Ramanathan and Mishra, 2000; Loaiza, 1995; Zavier and Nair, 1998; Zavier and Padmadas, 2000).

With time, procedure of conducting female sterilization has undergone tremendous improvements resulting in lower complications after sterilization. Still, many women report different types of complications. All the respondents were questioned if they had faced post-operative side-effects. If the reply was affirmative then they were probed about the type of side-effects faced. Seventy-one percent had replied in negative about facing any problems. This was not an encouraging aspect since it reflects the stature of quality of female sterilization services provided in public health facilities. Less post-operative side-effects help in building trust of community on the public health set-up. These figures of women experiencing no problems after undergoing surgery were lowest in Hoshiarpur district (52%) and highest in Ludhiana district (80%).

Among the side-effects faced by women foremost were weight gain (9.3%), headache/body ache/backache (8.4%) and abdominal pain (7.5%). Other side-effects reported by surveyed women included irregular periods, weakness, white discharge, fever, weight loss, excessive bleeding and nausea/vomiting.

SUMMING UP

To enhance the acceptance of family planning services, a critical aspect is the quality of services provided. Poor quality of services leads to unsatisfied clients resulting in underutilization of services. In the current era of development and globalization, mere provision of family planning services in public health sector are not enough. The noteworthy point was that 9.3 percent of the acceptors were only 20-24 years old. As a word of caution, these women should be counseled about the permanency of sterilization and the availability of alternative, long-term, highly effective methods. Background characteristics of respondents revealed that Scheduled Caste and landless households opted more for female sterilization. Women opting for female sterilization had at least two living children. Son preference was deeply embedded in our patriarchal society as all the acceptors had at least one living son. ASHA was the foremost information provider regarding family planning methods and sterilization day. In most cases, decision to accept sterilization was taken jointly with family or husband.

ASHA counseled more women than ANM. Health staff is acting as a link between public health system and community. However, there was scope for improvement since there were still some female sterilization acceptors who were not visited and counseled by the public health staff. Health staff accompanied 74 percent of women on the sterilization day. In most cases, ASHA had accompanied women as ASHA gets honorarium per sterilization case motivated by them. Maximum women had paid the money for transport while going to place of sterilization and coming back home. It caused disappointment as some part of cash benefit received gets spent on travelling.

No female sterilization was performed in verandah, terrace or open place. Almost half of the respondents were counseled by health staff presents on the sterilization day. Health staff should encourage women to clarify their doubts and guide them in right direction. Few women claimed that they were not clinically assessed and medical history was not taken from them before surgery. This is a crucial element with regard to welfare of the acceptor and should not be missed while performing surgery. From most of the women, the consent was taken

without explaining anything to them. Such consent defeats the purpose for which they are taken. Information given to clients should be given under more standardized environments so that women could give a real informed consent as woman have the right to make decisions about their own health.

Post-operative care was observed in bad condition particularly in case of providing beds, separate beds and beds with mattress. Emphasis needs to be given on providing better post-operative care to sterilization acceptors. Percentage receiving post-operative counseling and checkup after procedure and before discharge was also very low. Most of them were discharged when they were under the effect of sedatives and not fully vigilant.

Role played by health staff presents on the sterilization day regarding explaining the medications and precautions to be taken after surgery was not so impressive. Instead ANM/ASHA of their area who was accompanying them in most of the cases had done the needful. Almost all the women had received the compensation money after sterilization and had faced no problem in getting the money. Follow-up visits by women to the health facility were very less. ANM or ASHA visited their place and provided them follow-up services.

About one third women faced post-operative side-effects and this was not an encouraging aspect since it reflects the stature of quality of female sterilization services provided. Foremost side-effects faced were weight gain, headache/body ache/backache and abdominal pain. Need of the hour is to take utmost care and provide good quality services to the clients so that minimum post-operative side-effects are faced.

To get the standardized health services is the basic right of a human being. To provide quality services in public health system can be challenging, but presents tremendous opportunity for improvement. A comparison with the mandatory guidelines from the Government of India suggests that a number of elements could be improved in the place of sterilization. In many aspects, sterilization is a better, cheap and effective method of contraception that can be used to limit the family size. However it is important to ensure that quality maintenance is at an acceptable level and ethical aspects are confirmed. In this regard, stringent guidelines must come up and be followed with rigorous monitoring. These guidelines are necessary to prevent any untoward incident and to secure a minimal level of quality while delivering sterilization services to the community.

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