

Is Quality of Care a matter of sterilization regret? Evidence from NFHS-I, NFHS-III and NFHS-IV

Introduction

According to latest round of NFHS, India is on the verge of achieving the target for the use of modern contraceptive, but the pressure lies only on the use of sterilization method while just a small of a percentage of users adopt spacing methods of family planning (IIPS & ICF, 2017). In India, during 2013-2014, more than 4 million sterilizations have taken place; out of which only 1 lakh were performed on men (Biswas, 2014) and more than 700 deaths have taken place due to botched surgeries. The botched surgeries and care provided during the sterilization operations marks a significant question mark to the health facility in the country.

Quality of care in the public hospitals is always a matter of concern in the family planning operations primarily in the case of India. One high-profile event that took place in Chhattisgarh, 2014 has revealed the darkest situation of India in terms of quality of care in sterilization operation in “**public hospitals**”, in which almost 83 women were gone under the knife and the procedures were done in less than 6 hours, which led to the death of 13 women in the sterilization camp in Bilaspur (“Robbed of choice and dignity: Indian women dead after mass sterilization,” 2014). From the emergency time, there has been the shift to the female sterilization, mainly because of side effects related to vasectomy, loss of sexual desire and developmental of more women-centric programmes (Singh et al., 2012). Due to this demand for sterilization in India, it many times results in regret among the users. Several studies in India have found out that the quality of care in the services provided in family planning programmes are abysmal (Gupta, 1993; Ramanathan et al., 1995) and incomplete information is provided to people about the side effects (Ramanathan and Mishra, 2000) which correlates with the regret. This study tries to capture the changing trend in sterilization regret from NFHS—I (1992-1993), NFHS-III (2005-2006) to NFHS-IV (2015-2016), and we also hypothesized that quality of care in the public hospitals correlates with the sterilization regret.

Data and Methods

The present study uses the data from three rounds of National Family Health Survey (NFHS), first was conducted in 1992-1993, the third was in 2005-2006 and the latest in 2015-2016. NFHS is a nationally representative cross-sectional survey which includes representatives’ samples of household throughout India. The survey provides state, national and district level estimates of demographic and health parameters as well as data on various socioeconomic and program dimensions. Stratified, multistage cluster sampling method is used in NFHS to obtain the representative sample of households. Probability proportional to size (PPS) is used to select the households from all states and Union Territories.

Cross-tabulations are used to understand the trends of sterilization regret regarding different covariates at two time periods. The z-score is also calculated to see the significant change in the sterilization regret from NFHS-III to NFHS-IV.

The estimates of the different rounds of NFHS are comparable because of its sampling design (Mishra, Roy, & Retherford, 2004; Ram & Roy, 2004). Many studies in the past have pooled different DHS/NFHS rounds to observe the trend over the time (Kandala, Fahrmeir, Klasen, & Priebe, 2009; Pathak & Singh, 2011).

In this study we have pooled the three rounds of NFHS, NFHS-I (1992-1993), NFHS-III (2005-2006) and NFHS-IV (2015-2016) and 8 dummy variables are created, i.e. very good, good, poor and bad representing quality of care received during and post-operation, and public and private health facility serving type of health facility for sterilization operation interact with the set of dummy variable representing the time period of the survey. To measure the sterilization regret among the sterilized women, we have fitted a pooled binary logistic regression analysis while adjusting for socio-demographic, region of residence, age at sterilization, the year since sterilization parity at sterilization, child loss, life cycle and economic factors.

Discussion and Conclusion

The general picture that emerges from the analysis is that over time, the public facilities have seriously strayed from improving the health and well-being of women in providing the family planning methods. Although the use of family planning methods increases from NFHS-I to NFHS-IV, the dominance of sterilization can be easily visible among the couples. In this paper we tried to show the trend of sterilization regret from 1992 to 2016 and also the role of quality of care during and post-sterilization and type of health facility contributes to the regret. The results indicate an increase in the regret of 1.92 percent points from NFHS-I to NFHS-IV. The preceding analysis also confirms our hypothesis that women who experience a lousy quality of care at the time of sterilization and operated in the public facility are more regretting about their decision of sterilization.

The quality of care provided in the family planning is still a concern in Healthcare in India. The predicted probabilities presented, suggest that the likelihood of sterilization regret among women because of the bad quality of care during and post-sterilization increased from 1992-1993 to 2015-2016. Also, the probability of regret raises more in the public health facility from NFHS-I to NFHS-IV. The regression analysis indicates that the disparity in the care provided in the public health facility compared to the private facility which contributes to the sterilization regret among sterilized women.

Most of the women are encouraged to adopt various family planning methods after the birth of a child or also before marriage to take late motherhood, but the quality provided for the same is not up to the standards, which should be maintained according to the Government norms. In a discussion that took place in parliament around 1,434 deaths occur due to sterilization in the

country during the years 2003 to 2012, with maximum number in 2009, which crosses the mark of 247 deaths (Sourjya, 2014). Due to the high rates of deaths in the sterilization camps, in 2005, Supreme Court issued guidelines for mass vasectomy in the country (Supreme Court of India. Laws (SC)-2005-3-159, 2015). The Supreme Court of India also passed a rule that ensures the standard quality of care during these operations and compensation for families who died due to the botched operations (Pulla, 2014), but still, a substantial number of reports are publishing addressing the same issue. The situation has become worse in a decade, which led to the ban on the sterilization camp in the country by Supreme court in 2016 (Kundan, 2016; Sandhya, 2016) and the supreme court asked different states that within three years the sterilization camps should be discontinued. The condition of public health facilities has also been in a serious situation now, where a study conducted in Bihar indicates an inferior quality of services provided to the women, correlates with the disappointment among them because of the sterilization operation (Achyut et al., 2014). It was found that the women were not checked before getting discharged, nor they were given necessary information on rest, bath, and follow-up visits. The females were not even informed about the side effects associated with the process, nor were told about the other methods of family planning methods (Andrew, 2013). In spite the ban by Supreme court on sterilization camps, in Rajasthan still camps are held, and massive compensations are offered to both women and men (“Despite SC ban, sterilization camps to be held in Rajasthan?” 2017), this lucrative inducement makes the women undergo sterilization which eventually results in a situation of grief.

The sterilization camps should be banned with the strict implementation in each state by the Government which will allow the women and men to do the sterilization out of their wish and not because of the incentives offered for this operation. Government hospitals should also standardize their infrastructure according to the norms step up by National Health Mission (NHM) to strengthen the public health system in the country (Indian Public Health Standards (IPHS) Guidelines for Sub-Centres Revised 2012, 2012). The government should more focus on the spacing method of family planning, at least among those couples those who have no child or 1 child and more should be targeted towards the male sterilization as it is less complicated and can be recovered quickly as compared to female sterilization.

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