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Perception of women regarding informed consent before laparoscopic sterilization in selected PHCs

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Abstract---A descriptive study to assess the perception of women regarding informed consent before laparoscopic sterilization in selected PHCs. Objectives: To assess the perception of women regarding informed consent before laparoscopic Sterilization. To test the association between selected demographic variables and perception of women regarding informed consent before laparoscopic sterilization. Methodology: In this study Descriptive approach was used. Purposive sampling technique was used to select 100 based on sample selection criteria. Data from the samples were collected through interview method. Data was analyzed using SPSS-16 version. Both descriptive and inferential statistics were used. Result: -The obtained perception score mean percentage was M=65.73 (SD=.1.91), related to 'informed consent' was M=69.13% (SD= 1.90), related to 'Information' was M=60.34% (SD=.1.97), related to 'consent taking process' was M= 67.71% (SD= .1.68), and related to ethical value of informed consent was M= 65.75%(SD=.1.93). Obtained F value regarding education shows highly significant association (F=9.877) (sig.734) and (sig.000) between education and perception of women regarding informed consent. It was inferred that all the selected demographic variables had not influenced the perception of women regarding informed consent before laparoscopic sterilization. Conclusion: Women's perception on informed consent was average. Women's perception on concept of consent, Consent taking process and ethical value of informed consent was average and perception on

information to provide to the client before taking consent was low among women.

Keywords---perception, women, consent, laparoscopic.

Introduction

The Population Policy 2000 and the reproductive health programme phase II emphasise the importance of achieving population stabilization and attaining the goal of replacement- level fertility by 2010. To achieve this objective, it is vital to provide quality services in family planning programme. Sterilization through laparoscopic services are largely distributed through network of public and private health care settings.¹ Out of world's 1 billion married couples, some 650 million plan their families. Female sterilization is the world most popular method of birth prevention.² Written consent and legal consideration in family planning is needed to make decisions without fear of coercion constitutes the crucial elements of reproductive rights. Written consent is more formal legal process in which the individual is first fully informed and then gives consent in writing, to receive a method or services.³

There has been growing concern about the quality of sterilization services being offered particularly increase in complication of failure and deaths due to sterilization as also resulted in increased litigation being faced by the providers. Sterilization of women, by surgical occlusion of the Fallopian tubes, is the most widely accepted of all modern family planning measures, being currently used by an estimated 140 million eligible couples worldwide and is the most commonly used modern contraceptive method in many developing countries⁴.

Sterilization is still the most widely used method of fertility regulation in the world. The method currently provides contraception for some 223 million couples as in the rest of India, the most prominent method of birth control in Karnataka is female sterilization, with relatively low levels of use of temporary methods. Data from the NFHS-3 (2005-06) show that about nearly half of married women of reproductive age in Karnataka are sterilized (57.4%). Almost half of all urban women (49.9%) are sterilized. Women in Karnataka tend to get sterilized at fairly young ages, with a median age at sterilization of 24 years. ⁵

There is a need to sensitize the women to the fact that as clients they have the right to seek information from health care providers, right to decide their free will whether or not to accept sterilization and the right to exercise informed dissent. There is also a need to equip women with comprehensive information before they enter the health care institution so they can make an informed choice on the method to be adopted.

Statement of the problem

A descriptive study to assess the perception of women regarding informed consent before laparoscopic sterilization in selected PHC's.

Objectives

1. To assess the perception of women regarding informed consent before laparoscopic Sterilization.
2. To test the association between selected demographic variables and perception of women regarding informed consent before laparoscopic sterilization.

Methods and Materials

Hypothesis

H1 There will be a significant association between women's perceptions on informed consent with selected demographic variables.

Research approach: A descriptive approach was adopted by the investigator for the present study.

Research design: - The research design selected for the study was descriptive survey design.

Population: - The accessible population of the present study comprised of female population posted for laparoscopic sterilization

Sample and Sample size: - The sample for the present study consisted of 100 females who planned to undergo laparoscopic sterilization at selected PHC's.

Sampling technique: - Purposive sampling also termed as judgmental sampling, is a type of non-probability sampling in which subjects are selected because they are identified as knowledgeable regarding the subject under investigation.

Method of data collection: -The investigator interviewed each individual to collect the necessary data and Confidentiality of the subjects were met individually

Tool used for the study

Part I Data on demographic variables

Part I consists of personal and demographic data such as age, literacy, health condition, religion, Occupation, type of family the family planning method adopted previously.

Part II Data on perception on informed consent

Part II consists of 25 items and divided in to Perception on informed consent information needed to provide before obtaining consent, Process of consent taking and ethical value of informed consent. The subjects were asked to give their perception on informed consent before laparoscopic sterilization by using four point Likert scale. The responses given by clients were "Strongly disagree", "Disagree", "agree", and strongly agree". These responses were given scoring of '1' for "Strongly disagree", 2 for "Disagree", 3 for "agree" and 4 for: strongly agree", The high score indicates high and good perception with the informed consent before laparoscopic sterilization.

Plan for data analysis

1. Demographic variables of mothers were analysed using frequency and percentage distribution.
2. Perception of women are analysed by using mean, range and standard deviation
3. Association between perception of women regarding informed consent before laparoscopic sterilization were analysed using ANOVA.

Results

Analysis of the study finding are categorized and presented under the following headings:

Section 1: Data on demographic variables of women

Section II: Data on women's perception on informed consent before laparoscopic sterilization

Section 111: Data on Association between selected demographic variables and the women's perception on informed consent before laparoscopic sterilization.

Section 1: Data on demographic variables of women

Table – 1 Frequency and percentage distribution of women according to demographic variables

demographic variables	Frequency	Percentage
Age		
<20	0	0
21-25	90	90%
26-30	6	6%
31-35	4	4%
>36	0	0
Religion		
Hindu	85	85%
Christian	10	10%
Muslim	5	5%
Others	0	0
Education		
No formal education	28	28%
Primary education	54	54%
Secondary education	15	15%
PUC and above	3	3%
Occupation		
Unemployed (House wife)	65	65%
Other Agriculture	35	35%
Economic status		
Below poverty line	53	53%
Above poverty line	47	47%
Type of family		
Joint family	22	22%

Nuclear family	78	78%
Number of children		
One	0	0
Two	96	96%
Three and above	4	4%
Adaptation of temporary family planning		
Yes	87	87%
No	13	13%
Acceptance of this surgery		
Fully voluntary	77	77%
By advice of others	23	23%

Section II: Data on women's perception on informed consent before laparoscopic sterilization

The obtained perception score mean percentage was $M=65.73$ ($SD=.1.91$), related to 'informed consent' was $M=69.13\%$ ($SD= 1.90$), related to 'Information' was $M=60.34\%$ ($SD=.1.97$), related to 'consent taking process' was $M= 67.71\%$ ($SD=.1.68$), and related to ethical value of informed consent was $M= 65.75\%$ ($SD=.1.93$). Perception was high 69.13% regarding informed consent. Also women's perception was high in process of consent taking (67.71%) and ethical values (65.75%) but the perception of women was low (60.34%) related to the information to be provided by the health care provider before taking consent. It was inferred that the women had average perception regarding informed consent before laparoscopic sterilization.

Section III: Data on Association between selected demographic variables and the women's perception on informed consent before laparoscopic sterilization.

The obtained 't' values regarding occupation $t'=.202$ (sig .840), economic status $t'=.353$ (sig.725), type of family $t'=.355$ (sig.723), number of children $t'=-.551$ (sig .583), Adaptation of family planning method $t'=1.827$ (sig.073), Acceptance of surgery $t'=-.973$ (sig .333) showed no significant association. It was inferred that all the selected demographic variables had not influenced the perception of women regarding informed consent before laparoscopic sterilization.

Conclusion

MHFW guidelines of consent taking process is published to maintain standard in reproductive health care services. And thereby to avoid conflicts. Supreme Court judgment is unwelcome and regressive for the women's movement, especially for reproductive rights.

References

1. Dr.Jayalakshmi Deputy Commissioner Research Studies & Standards . Division Ministry of Health & Family Welfare.

2. Omkar singh A.K Population growth and family planning India [online 2006] [Cited Dec 2009] Available at URL <http://www.genderwar.gen.in/sawg/tex/artcles/demography>.
3. Raidanti, D., Wijayanti, R., & Wahidin, W. (2021). Influence of health counseling with media leaflets on women of childbearing age (WUS): Knowledge and attitude to conduct PAP smear at midwifery poly in RSPAD Gatot Soebroto Jakarta. *International Journal of Health & Medical Sciences*, 4(3), 362-366. <https://doi.org/10.31295/ijhms.v4n3.1777>
4. Rajalakshmi. Informed services in sterilization services.[online] 2007 [Cited dec 2009]Available at <http://www.ncbi.nlm.nih.gov/pubmed/42583>
5. Shripad Hebbar ,Sathish. . Ethical issues in Laparoscopic hysterectomy. Indian journal of medical ethics.VoLL III No 1 Jan to March 2006.
6. Statistical section. District health and family welfare office. Mysore district December2009.
7. Suryasa, I. W., Rodríguez-Gámez, M., & Koldoris, T. (2021). Health and treatment of diabetes mellitus. *International Journal of Health Sciences*, 5(1), i-v. <https://doi.org/10.53730/ijhs.v5n1.2864>