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PAPER No. 89

**DEMOGRAPHIC RESEARCH CENTRE**  
**BUREAU OF ECONOMICS AND STATISTICS**

A FOLLOW-UP STUDY OF THE FAMILY PLANNING  
ACCEPTORS IN THE MASS VASECTOMY CAMP,  
TRIVANDRUM

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## P R E F A C E

This report contains the results of the follow up study of vasectomy acceptors in the mass camp, Trivandrum. The study sheds light on some of the demographic and socio-economic characteristics of acceptors and of the problems faced in implementing the programme. It is hoped that the findings of this study will be of use to the planners and programmers engaged and interested in the family planning activities to assess the impact of the programme and the peoples' reaction to it.

This report has been prepared by Sri O.Ayyappan, Research Officer, Demographic Research Centre, Bureau of Economics and Statistics, Kerala State.

Bureau of Economics  
and Statistics,  
Trivandrum, 23-12-75

(N.Gopalakrishnan Nair)  
DIRECTOR

REPORT

This report covers the period from the beginning of the year to the end of the year. It contains a summary of the work done and a list of the results obtained. The work was done in the laboratory of the Department of Chemistry, University of California, Berkeley, California.

The work was done under the supervision of Professor J. H. Duerksen. The results obtained are given in the following tables. The first table shows the results of the experiments on the reaction of the metal with the acid. The second table shows the results of the experiments on the reaction of the metal with the base.

The results of the experiments on the reaction of the metal with the acid are given in Table I. The results of the experiments on the reaction of the metal with the base are given in Table II. The results of the experiments on the reaction of the metal with the acid are given in Table III. The results of the experiments on the reaction of the metal with the base are given in Table IV.

Prepared by J. H. Duerksen (Author)  
Checked by J. H. Duerksen (Editor)



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A FOLLOW UP STUDY OF THE FAMILY PLANNING ACCEPTORS  
IN THE MASS CAMP, TRIVANDRUM

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## 1. Introduction

The introduction of the Mass Vasectomy camps in Kerala has opened up a new chapter in the history of family planning programme in India. The mass camp was concerned with the psychology of a mass movement and mass participation in the programme. Arrangements for bringing people together to the camp in large groups that dispelled the stigma and taboos about the acceptance of birth control methods were really the magic of the mass camp.

### History of the Mass Camps

The mass vasectomy camp, as an experiment, was organised first in Ernakulam in November 1970 and subsequently in July 1971. In the first camp 15005 and in the second camp 62902 operations had been performed. An incentive valuing about Rs.75/- was given to every acceptor for undergoing vasectomy.

The demographic and some socio-economic characteristics of the acceptors in the two Ernakulam camps were published in the Demographic Research Centre reports numbered 66 and 73 of the Demographic Research Centre of the Bureau during the year 1971 and 1972 respectively.

Another mass camp of similar nature was organised for 15 days in Trivandrum from 16-1-1972. In this camp 15582 persons had accepted vasectomy. The demographic characteristics of these acceptors were published under the title "A Report on the Family Planning Festival, Trivandrum" as Demographic Research Centre report No.74 of the Demographic Research Centre during the year 1972.

The findings in the above reports were based on the data collected from the acceptors at the camp site just before they proceeded to the operation theatre for sterilisation. These data represent the particulars of persons who have already taken a decision and are ready for sterilisation at the camp. This study could not cover several important factors like, the after-effects of sterilisation, the real cause of motivation opinion about camp arrangements, suggestions for improvements to be made in the future camps, etc.

This report contains the results of the follow-up study conducted in respect of the vasectomy acceptors in the Trivandrum camp. It may be mentioned in this context that no follow-up studies of this nature was undertaken about the vasectomy acceptors in the two earlier camps organised at Ernakulam. The present study is the first attempt in this direction by the Demographic Research Centre.

## 2. Scope of the study

The main objectives of the study are to know  
(1) the socio-economic and demographic particulars of sterilised persons



- (2) their opinions and impressions about the camp arrangements
- (3) the role of incentives to motivate the acceptors
- (4) source of knowledge of the acceptors about the birth control methods
- (5) reasons for preference for the camp and
- (6) the after-effects of sterilisation

### 3(a) Method of Data collection

The data for the study were collected on a sampling basis by two trained Investigators of the Bureau of Economics and Statistics under the supervision of the District Statistical Officer, Trivandrum. The respondents were selected randomly from among the persons sterilised at the mass camp, Trivandrum. The selected persons were interviewed in their households by the field Investigators. The answers to the questions embodied in the schedules were carefully recorded. Certain questions that are of a subjective nature were explained and clarified to the respondents so as to avoid ambiguity of information.

### (b) Sample size and coverage

Out of a total of 15582 persons sterilised in the mass camp, 312 persons were selected representing 2% of the total acceptors. But only 256 persons could be actually interviewed. The sample was drawn randomly.

### (c) Period of the survey

The survey started in July 1972 i.e. five months after the camp. The field survey continued for six months i.e. upto the end of December 1972.

## 4. Demographic characteristics of the acceptors

### 4.1 Religious distribution

Religious distribution of the persons interviewed is given in Table I. This shows that 73.83% of the total sterilised persons are Hindus, 19.53% Christians and only 6.64% Muslims. The lower percentages of Christians and Muslims may be accounted for by their reluctance to accept family planning methods especially vasectomy.

Among the various Hindu communities, Nairs account for the largest number followed by Ezhavas and Nadars respectively. Pulayas and Asari communities rank fourth and fifth respectively.

Among Christians largest number is reported from among Nadar.

### 4.2 Age Distribution

Age distribution of acceptors is given in Table II. This table shows that 23.05% of the acceptors belong to the age group 40-44, 21.09% to 35-39 and 19.92% to 30-34 age groups respectively.



The age distribution of the wives of vasectomy acceptors given in Table III shows that more than 63% of the acceptors have their wives belonging to the age-group of 19-34. In more than 5% of the cases, the wives belonged to 45-49 age group which is normally considered to be outside the reproductive span. The wives of some of the acceptors are above the age of 50 even though their proportion is very small.

#### 4.3 Educational status of acceptors

Educational status of acceptors is given in Table IV. This table shows that 67.19% of the husbands have formal schooling. The corresponding figures for the wives is 57.81%. The percentage of acceptors who can "read only" is 6.25 and read and write 1.56. As compared to the husbands the percentage of wives who can read and write is very low as 0.39. It is clear from Table IV that only 25% of the acceptors have no formal schooling.

Table V shows the distribution of acceptors by education and religion. According to this table, no illiterate from any of the three religious groups have accepted vasectomy. 20.11% of the Hindu acceptors are literate but below primary level while the corresponding figures for Christians and Muslims are 8% and 41.18% respectively. As compared to the other two religious groups, the Muslims have the highest percentage of below primary. One of the notable points is that there is no Christian acceptor whose educational level is above that of middle standard. 42% of the Christians belong to the educational groups primary but below middle. All the Muslim acceptors are below matric level.

#### 4.4 Occupational status

According to Table VI, 46.10% of the acceptors are agricultural labourers, 26.56% unskilled workers and 12.89 are businessmen and merchants. Cultivators among the acceptors form only 4.30%. It is seen that unskilled workers and agricultural labourers together form 72.66% of the total acceptors. Skilled workers form only 1.53% of the total acceptors.

Occupational status of the wives of the acceptors is shown in Table VII. As much as 84.77% of the wives are household workers, 6.64% agricultural labourers and 5.08% unskilled workers.

Occupational status of the acceptors and their wives as shown in Table VI and VII shows that most of the acceptors belong to the lower occupational groups like unskilled workers and agricultural labourers.

### 5. Socio-economic conditions and family size of the acceptors

#### 5.1 Expenditure groups

The distribution of acceptors according to their monthly expenditure is given in Table VIII. Table VIII shows that 49.22% of the acceptors belong to the monthly



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expenditure group of Rs.150-199, 20.31% above Rs.200/- Only 1.95% belong to the monthly expenditure below Rs. 100. It is seen from this table that 69.53% of the total acceptors belong to the monthly expenditure of Rs.150/- and above.

### 5.2 Type of Houses:

Table IX shows the type of houses of the vasectomy acceptors. Houses are categorised into three groups, namely (1) Hut, (2) Kutchha and (3) Pucca. A hut is defined as one with a thatched roof but with no wall, while kutchha is one with a thatched roof and walls. A pucca house is one with tiled or concrete roof and with walls. Among the three types 69.92% of the acceptors reside in kutchha. 24.61% in hut and 3.91% in pucca and in the remaining 1.56% cases the type of house is not recorded.

Types of houses of acceptors may be taken as indicators of their (1) economic conditions and (2) convenience for practising temporary birth control methods i.e. use of contraceptives in their own houses. 94.53% of the total acceptors coming from kutchha houses and huts can be accounted for by their economic backwardness.

### 5.3 Number of children born

Table X shows the distribution of acceptors by the number of children born. It is seen that nearly 2/3 of the acceptors have 4 or more children born. About 3% of the acceptors have no child and about 30% have 3 or less children. Percentage of acceptors having one or two children is less than 15. The average number of children born to each acceptor is 4.5.

The distribution of acceptors according to the number of living children is given in Table XI. About 5.9% of the acceptors have no living children and 21.1% of the acceptors have only one or two living children. About 44.9% of the acceptors have 3 or less living children including the acceptors having no living children. Average number of living children for an acceptor is 3.8 as against 4.5 born children.

### 5.4 Occupation and number of children

Occupation of the acceptors and the number of living children to them is presented in Table XII. According to this table about 50% of the acceptors are agricultural labourers, 27% are unskilled labourers and 12% are businessmen and merchants. As 90% of the acceptors belong to the above three categories their number of children is relevant to indicate the relation if any between occupation and the number of children at the time of acceptance. Occupational groups other than the above three are not of much significance here.

There is not much significance regarding the average number of children at the time of acceptance among these three occupational groups. Average number of children for the acceptors belonging to agricultural labourers



is 3.9 while the corresponding figures for unskilled workers and businessmen and merchants are 3 and 3.8 respectively.

Greater percentage of acceptors among the agricultural labourers and unskilled labourers have 3 children. But larger percentages of cultivators and businessmen have only 2 children. Table XII does not show any marked difference between occupation groups and the number of children at the time of acceptance of the occupational groups shown in Table XII.

Occupations of the wives of acceptors and the number of children are given in Table XIII. This table shows that 227 out of 256 wives are household workers. 24.43% of the household workers have 3 children, 18.39% have 4 children and 19.36% have only 2 children. Average number of children for a household worker is 3.8.

### 5.5 Education and number of children living

Table XIV shows the educational standard and the number of living children of the acceptors. The acceptors are classified into (1)literate below primary, (2)primary below middle, (3)below matric, (4)matric and above matric and (5)illiterates. It is seen in Table XIV that there is an inverse relation between educational standard and average number of children. In other words acceptors with higher educational level have lesser number of children on an average.

Average number of children for the acceptors who are literate but below primary is 4.6 which is decreasing to 3.3 for acceptors below middle, 3.2 for those who are below matric and 2.7 for matric and above. The average number of children for the illiterate acceptors is 4.6 which is exactly equal to that of literate below primary revealing thereby that the educational difference between the two groups is not in any way significant in their average number of children.

Educational standard of the wives of the acceptors and the number of children is given in Table XV to study the impact if any of wife's education, on the number of children. It is seen from this table also that there is a negative relationship between education and the number of children; the number of children is decreasing with the increase in educational standard. Average number of children for both the illiterates and the literates below primary standard is 4. Education below primary level has no impact in reducing the number of children as compared to the illiterates. Average number of children for the wives primary below middle is 3.6 as against 3.3 for those below matric and 2.5 above matric.

### 5.6 Age at marriage and number of children

The relationship between age at marriage of wife and number of children will generally show the impact of the variation in age at marriage on the number of children



born. It is particularly important at a time when the official view is to increase the marriage age of girls to reduce fertility. Age at marriage of the wives of vasectomy acceptors and their number of children is given in Table XVI.

No clear inference is possible from this table due to the very small sample size in the different categories considered.

## 6. Knowledge of Family Planning

6.1 Table XVII shows the percentage of acceptors who had knowledge of family planning before accepting vasectomy in the mass camp. It is seen from this table that 87.49% of the total acceptors had knowledge of family planning before coming to the camp.

The reason for the postponement of their acceptance of vasectomy until the mass camp are classified in Table XVIII. The major reasons why these acceptors had not accepted sterilisation earlier are (1) desire for more children and (2) fear of after effect. About 50% of the acceptors feared adverse after-effects of vasectomy performed in the traditional health centres. 19.20% were reluctant to undergo vasectomy operation due to the insufficiency of incentives. A fairly large amount of monetary incentive in the camp was their attraction. Unfavourable health condition prevented 9.82% of the acceptors from undergoing operation earlier. Only negligible proportion of cases are reported under other reasons.

Table XIX shows the percentage of acceptors who know the various family planning methods. According to this table 87.50% knew vasectomy, 6.24% Niroda, 3.13% P.P.S. and 3.13% IUCD and other methods. It appears from this table that knowledge of methods other than vasectomy was not known to many of the acceptors. Only 3.13% of the acceptors knew about P.P.S.

## 6.2 Prior use of Family Planning Methods

Table XX A shows the number of persons who had used family planning methods before the camp. Out of 256 acceptors only 23 persons had used family planning methods before the camp. Average number of children for those acceptors who had used family planning methods before the camp is 4.5. Nearly 34% of them have only 2 children. Nearly 35% of the users of family planning method used them for 1 to 3 years duration, 17.19% for more than 5 years as is seen in Table XX B.



Distribution of acceptors according to the age of the youngest child is given in Table XVI. It is seen from this Table that the age of the youngest child of 27.34% of the total acceptors is 1-2 years, of 24.61% 2-3 years, 15.63% below one year. Age of the youngest child of 11.72% of the acceptors 3-4 years.

Table XXII shows, that the wives of 16.39% of the acceptors were pregnant at the time of sterilisation.

### 7. Reasons for preference for the camp

Table XXIII shows the distribution of acceptors by reason for preferring the mass camp to other health centres for vasectomy operation. Only 224 persons had preference for the camp and 32 persons had no preference even though they accepted vasectomy in the camp. Their acceptance was an accidental coincidence.

Out of 224 persons who preferred the camp, the reasons for the preference for 14.29% was that they did not know vasectomy until the camp was organised. 32.14% preferred the camp for getting more remuneration, while 20.09% for the services of expert doctors. It is significant to note that 17.86% preferred the camp because of mass influence. Proximity to the camp prompted 8.02% of the persons to accept vasectomy operation in the camp.

It is clear from Table XXIII that as much as 70.09% of the people preferred the camp on account of such major reasons as the services of expert doctors, more remuneration and mass influence. Remuneration is seen to be all the more important from the fact that as much as 32.14% of the acceptors preferred the camp only for more remuneration without any other consideration. Other reasons are of minor importance.

### 8. Discussion with wives

Table XXIV shows the distribution of acceptors on the basis of their discussion with their wives about operation. It is seen that 66.83% of the acceptors had discussed with their wives before they underwent vasectomy while 32.44% had no discussion at all.



## 9. Source of influence

9.1 The distribution of acceptors on the basis of their knowledge or lack of knowledge of acceptance of vasectomy operation by their relatives, before the camp are shown in Table XXV. Nearly 68% of the acceptors had knowledge of their relatives having undergone vasectomy prior to the camp. About 31% of the acceptors had no such knowledge. That the persons having had previous knowledge of their relatives' acceptance constituting 68% of the total acceptors shows that such knowledge might have induced them to undergo vasectomy operation. Propaganda about harmless acceptance of vasectomy will have impact upon the friends and relatives. This fact should not be lost sight of in the programming of family planning.

9.2 Distribution of acceptors by the source of influence for undergoing vasectomy is given in Table XXVI. According to this table 47.66% of the persons accepted vasectomy without any external influence. Their acceptance was their own decision. But 25.39% of the respondents accepted vasectomy by the influence of their friends belonging to different professional categories as shown in the table. Out of all the persons who influenced the acceptors, Health Assistants constitute 31.63%, Midwives 15.31% and Nurses 5.10%. The fact that as much as 47.66% of the total respondents accepted vasectomy with self decision shows their knowledge and need of birth control and the absence of fear or apprehension about the adverse after effects of sterilisation.



## 10. Source of knowledge of the Camp:

Table XXVII shows the various sources of knowledge about the camp. It is seen that 57% of the total acceptors came to know about the mass vasectomy camp from publicity which includes such audio visual media as radio, drama, kathaprasanga etc. Newspaper accounts for only 5.90% of the acceptors who have undergone vasectomy with external influence and 20% from friends and relatives. All other source are of minor importance.

It is interesting to note that the role of professional promoters in spreading the knowledge of mass vasectomy camp is insignificant. Only 5.47% of the acceptors came to know of the mass vasectomy camp from the promoters. It is reasonable to conclude from this table that to spread the knowledge of the camp publicity machinery should be improved and utilised. This is the most effective source of knowledge as is seen from the above table.

## 11. Role of Remuneration:

Acceptors preference for cash remuneration is displayed in table XXVIII. About 94% of the total acceptors preferred cash and only 5.47% expressed their willingness to receive each with other things. It is significant to note that the overwhelming importance given to cash remuneration shows that persons are undergoing vasectomy as if only for cash. A clear question was put to the acceptors to ascertain their willingness to accept Rs.21/-, the amount of cash remuneration prevailing in the family planning health centres for a vasectomy operation. Their answers are classified and embodied in table XXIX.

It is seen from the above table that 75.76% of the acceptors are not willing to receive Rs.21/- as remuneration. This means that they want to get more remuneration in cash as is seen in table XXVIII. Only 23.07% of the total acceptors are prepared to receive Rs.21/- as remuneration. And most of the acceptors, in the course of their interview, expressed their views that substantial enhancement of remuneration alone could attract people to the vasectomy centres.

Incentives in kind include food articles, free entertainment, free transport, free food, clothings, etc.

## 12. Period of convalescence:

Distribution of persons according to the length of convalescence to resume their normal work is given in table XXX. Nearly 40% of the acceptors took 30-40 days to become fit for their normal work, 19% took more than 50 days and only 5.86% could do their work within 10 days.

Usually persons undergoing vasectomy operation, can resume their normal work after a week excepting certain hazardous work like climbing trees, cycling, swaing etc. The period of convalescence is usually a week for the acceptors. But here about 64% of the acceptors took more than 30 days to become fit for their normal work. The hazardous nature of work as well as the seriousness of complaints may be the reasons for this unusual length of time that 64% of the acceptors took to resume their



normal work. If this simple operation, results in the loss of several working days and thereby the wages for the poor labourers, an unwillingness among them, to undergo the operation is likely to develop. Hence, special attention may be bestowed upon the performance of operation in such a way as to reduce the period of convalescence to the maximum extent possible.

### 13. Precautions observed:

Table XXXI shows that 98.83% of the acceptors have got advice for precaution after the operation. The percentage of acceptors who have observed various precautions advised for, are given in table XXXII. It is seen from this table that all the acceptors have abstained from sexual relation and taken rest. Some of them used condom, some were free from alcoholic drinks, 25.30% did not take alcohol in addition to rest for a few days.

The length of period during which the acceptors observed precaution is given in table XXXIII. This table shows that 36.71% of the acceptors did not assume normal work for 7 days, 10.94% for 5 days and 21.87% for 9 days. Vasectomy acceptors are usually advised to take rest for 7 days. Therefore, most of the persons assumed their normal work only after 7 days. Only 8.60% went to their normal work before 5 days.

Table XXXIV shows that 93.75% of the acceptors removed their bandage by themselves. Only 6.25% went to hospitals and health centres for removing bandage.

It is seen from table XXXV that, only 37.50% of the total acceptors used condoms after operation. Use of condoms is one of the precautions usually suggested by doctors in the mass camp. But according to the figures in the table most of the persons have not paid any importance to this suggestion.

### 14. Reasons for the preference of vasectomy:

Distribution of acceptors by reasons for preferring vasectomy to other known methods is given in table XXXVI. It is seen that 35.16% prefer vasectomy as a less dangerous method while 27.73% prefer it due to the unhealthy condition of their wives to accept permanent birth control methods. It is interesting to note that 12.89% of the persons prefer vasectomy for remuneration. Since vasectomy fetches greater amount of monetary remuneration as compared to other methods, it is preferred by 12.11% as a permanent method and by 8.98% as more effective birth control method.

It is clear that 35.16% who prefer it as less dangerous method, might have understood the after effects of vasectomy as compared to that of other methods. Permanency and effectiveness of this method was also appreciated by some of the acceptors. In short, table XXXVI reveals that the acceptors of vasectomy knew the various aspects and after effects of this method.

### 15. After effects of sterilisation:

15.1. Table XXXVII shows that 33.20% of the acceptors have complaints due to vasectomy in spite of the services of expert doctors with proper care and attention in the camp. There will be a tendency to attribute all complaints to sterilisation of acceptors happen to have any complaints after operation. The



fear of adverse effects of sterilisation may affect the easier acceptance of this method on a wider scale. Therefore, this aspect should be seriously taken into account in sterilisation centres. Lack of follow up and the negligence of precautions advised may be the reasons for complaints.

15.2. The various complaints of the acceptors are given in table XXXVIII. Out of 256 acceptors 85 persons have complaints. As much as 23.24% of 85 persons have pain at the operation site. This is the major complaints. Pain on the back of stomach is another complaint which is suffered by 13% of those who have complaint. Pus formation at the operation site is also a complaint which attacked 9.4%; 10.58% have swelling at the operation site, 8.23% have physical weakness and 3.53% became impotent. Only 2.36% had bleeding after two days of operation and only 1% suffered from loss of appetite.

It is clear from table XXXVIII that pain at the operation site is a common complaint suffered by a large number of acceptors.

According to table XXXIX all these 85 persons had no complaints before the operation and hence all the complaints are attributable to vasectomy operation.

The number of persons who having complaints, contacted family planning staff is shown in table XXXX. This table shows that only 50% of these persons contacted family planning staff for cure. The lack of such contact is one of the reasons for the non-cure and fear of adverse after-effects of sterilisation.

Table XXXXI shows that diseases of only 20 persons out of 35 who contacted family planning staff have been cured.

It is seen from table XXXXII that 99.22% of the acceptors could resume their normal work without any difficulty after the period of convalescence. This operation did not render them unable to do their normal work.

#### 16. Role of Family Planning Staff in follow-up:

Table XXXXIII shows that 81.64% of the total acceptors have not contacted any family planning staff after the operation. Family planning staff visited only 11.72% of the acceptors. This seems to be a serious omission on the part of the family planning staff especially Health Assistants. If there is no follow up of any kind it would not be possible to locate acceptors with complaints and give necessary medical advice to them.

#### 17. Recommendation to friends & relatives:

The percentage of acceptors who recommended vasectomy to their friends and relatives as a permanent birth control method is given in table XXXXIV. This table shows that 93.36% of the acceptors recommended vasectomy to their friends and relatives. This means that whatever be the complaints some of them are suffering from, they strongly favour vasectomy and recommend its adoption as an ideal method of birth control.



18. Suggestions for changes:

18.1. Table XXXXV shows the distribution of persons by their opinion for changes in the existing family planning programme. Out of 256 acceptors only 239 expressed opinions. 84% of these persons suggested that top priority should be given to vasectomy among the various birth control methods in the family planning programme; 16% said that the services of expert doctors should be made available for performing vasectomy operation.

According to table XXXXVI only 15 persons have expressed opinion for making vasectomy more acceptable. Out of these 15 persons 6 have suggested that vasectomy operation should be conducted by expert doctors, 8 persons said that greater monetary remuneration would make vasectomy more attractive and acceptable. Only one person suggested for improvement on the publicity machinery to make it attractive.

18.2. Suggestions of the acceptors for the type of publicity to be arranged in subsequent camps are given in table XXXXVII. This table shows that arrangement of mike in the camp is favoured by about 29% of the acceptors.

Next to mike comes radio in the order of importance. 24.22% of the acceptors suggested radio as the medium for publicity. Illiterate persons can understand the message conveyed through mike and radios. Thus 53.13% of the total acceptors together preferred mike and radios.

Other types of publicity like newspaper, notice, banner etc. require some educational standard to read and understand with the result that most of the acceptors are not sensitive to those types of publicity. It is seen from table XXXXVII that 20.70% of the acceptors prefer newspaper, 17.19% banner, 5.47% picture and 1.17% notice. Thus it is clear that more of the acceptors like audio publicity rather than visual ones. Their preference for publicity may be a reflection of their educational standard about the comprehension of the message of family planning conveyed through various communication apparatus or publicity media.

Table XXXXVIII shows the opinion of acceptors about the adequacy of publicity arranged in the camp. Almost all the acceptors are satisfied with the publicity arrangements and no inadequacy of publicity was pointed out.

18.3. Suggestions for Improvement of the camp:

Opinions of the acceptors for improvement of similar camps are embodied in table XXXXIX. Out of 256 acceptors only 9 have comments for improvement of the camp. Of the 9 acceptors 4 suggested more monetary incentive to the acceptors. Better transport facilities to and from the camp was suggested by two acceptors. One of the 8 acceptors suggested that remuneration should be given only in cash.

Other 247 acceptors seem to have been satisfied with the existing arrangements of the camp and hence they have no comments at all.



19. Summary:

1. About 74% of the acceptors are Hindus, 19.53% Christians and only less than 7% muslims. Among the castes who follow Hindus Nairs rank first followed by Ezhavas.
2. About 21.09% of the acceptors belong to 35-39, 23.05% to 40-44 and 19.92% to 30-34 age groups. Nearly 50% of the wives of the acceptors belong to 25-34 age group and 5.08% to 45-49 age-group.
3. Regarding educational status 67.19% of the acceptors have formal schooling while the corresponding figures for the wives is 57.81%. There is a positive relationship between education and percentage of acceptance.
4. Most of the acceptors belong to the lower occupational groups like unskilled work and agricultural labour.
5. About 50% of the acceptors belong to the expenditure group of Rs.150-199 and 20.31% Rs.200 and above.
6. Nearly 70% of the acceptors reside in Kutchra, 24.61% in huts and only 3.91% in pukka.
7. Another notable point is that 3.13% of the acceptors have no children at all. Average number of children born to each acceptor is 4.5 and living children 4.
8. Occupational differences have no impact on the number of children at the time of acceptance.
9. There is a negative relationship between educational standard of the acceptors and their wives and the number of children. Average number of living children for the acceptors who are literate but below primary is 4.6 while the corresponding figures for acceptors below middle, below metric and metric and above are 3.5, 3.2 and 2.7 respectively. This trend is seen in the case of their wives also.
10. Increase in the age at marriage of wives of acceptors does not seem to have any impact on the number of children.
11. Of the total acceptors 87.49% had knowledge of family planning before the camp was arranged. Fear of after effects, non-attainment of target number of children, insufficiency of incentives, etc. prevented them from accepting vasectomy before the camp.
12. 9% had used family planning methods before the camp.
13. Of the 224 acceptors who had preference for the camp 32.14% preferred it for getting more remuneration 17.86% due to mass influence and 20.09% for the services of expert doctors.
14. Nearly 48% of the acceptors underwent vasectomy operation without any external influence and 25.39% accepted it with the influences of friends and relatives belonging to different professional categories.



15. About 57% of the acceptors came to know about the camp from publicity while 20.31% from friends and relatives. The role of professional promoters in spreading the knowledge of mass camp is negligible.

16. About 94% of the acceptors preferred cash remuneration; 76% of the acceptors are not willing to accept Rs.21/- as remuneration prevalent in vasectomy centres other than camps. This means that they want to get more remuneration.

17. Of the total acceptors 40% took 30-40 days to become fit for their normal work and 19% took more than 50 days.

18. Almost all the acceptors observed precautions advised by doctors.

19. A large number of acceptors preferred vasectomy as a less dangerous method of birth control while 27.73% preferred it due to the unhealthy conditions of their wives to accept permanent birth control methods. Nearly 13% preferred it for more monetary incentives.

20. About 33% of the acceptors have complaints; 28.24% of them have pain at the operation site, 13% have pain at the back of stomach, 9.41% suffered from pus formation, 10.58% have swelling at the operation site and 2.38% have bleeding.

21. Nearly 82% of the acceptors have not been visited by any family planning staff after the operation.

22. About 93% of the acceptors recommended vasectomy to their friends and relatives as a method for permanent birth control.

23. Only 15 persons out of 256 have suggestions for making vasectomy more acceptable. Services of expert doctors, more monetary remunerations, etc. have been suggested for making vasectomy more popular.

24. About 53% of the acceptors preferred publicity through mike and radio to other media.

25. Only 9 persons out of 256 have suggestion for improvement of similar camp. Enhancement of remuneration and arrangement of conveyance are the suggested improvements of such camps.

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Table I: Distribution of sterilised persons by religion and caste

Religion	Cheramar	Malen Kaman	Assari	Nadar	Manner	Chetty	Mukkuva	Velam	Genakan	Muslim	Parava	Nair	Pulayan	Panan	Velutheda- thu Nair	Exhava	Chakkil- yan	Sambava	Kollan	Yohsett	Total	Per- cent- age
Hindu	5	1	9	24	3	3		3	3		2	60	14	2	2	48	5	2	2	1	189	73.83
Christ- ian	13			20		1	12						3					1			50	19.53
Muslim										17											17	6.64
TOTAL	18	1	9	44	3	4	12	3	3	17	2	60	17	2	2	48	5	3	2	1	256	100.00



Table II: Distribution of sterilised persons according to age

Age group	Sterilised persons	
	Number	Percentage
15-19	..	..
20-24	..	..
25-29	22	8.59
30-34	51	19.92
35-39	54	21.09
40-44	59	23.05
45-49	46	17.98
50-54	14	5.47
55	8	3.12
Not Reported	2	0.78
TOTAL	256	100.00

Table III: Distribution of wives of acceptors according to age group

Age group	Wives	
	Number	Percentage
15-19	2	0.78
20-24	35	13.67
25-29	62	24.22
30-34	63	24.61
35-39	51	19.92
40-44	26	10.16
45-49	13	5.08
50-54	2	0.78
55	..	..
Not Reported	2	0.78
TOTAL	256	100.00



Table IV: Distribution of sterilised persons according to education

1	Educational level									
	Formal schooling		Number of female schooling							
	No.	%	Can read only		Can read and write		None		Total	
			No.	%	No.	%	No.	%	No.	%
2	3	4	5	6	7	8	9	10	11	
Husband	172	67.19	16	6.25	4	1.56	64	25.00	256	100.00
Wife	148	57.81	10	3.91	1	0.39	97	37.89	256	100.00

Table V: Distribution of acceptors according to education

; 1	Hindu		Christian		Muslim		Total	
	No.	%	No.	%	No.	%	No.	%
	2	3	4	5	6	7	8	9
Illiterate	..	..	..	..	..	..	..	..
Literate below primary	38	20.11	4	8.00	7	41.18	49	256 100.00
Primary below middle	70	37.03	21	42.00	5	29.41	96	256 100.00
Below Matric	18	9.52	..	..	2	11.76	20	
Matric & above	4	2.12	..	..	..	..	4	
Not reported	59	31.22	25	50.00	3	17.65	87	
TOTAL	189	100.00	50	100.00	17	100.00	256	100.00



**Table VI: Distribution of acceptors according to occupation**

	Husband	
	Number	Percentage
Skilled work	4	1.56
Unskilled work	68	26.56
Agriculture labour	118	46.10
Cultivators	11	4.30
Business & merchants	33	12.89
Clerk	2	0.78
Professional	18	7.03
No occupation	..	..
Not reported	2	0.78
TOTAL	256	100.00

**Table VII: Distribution of wives of acceptors according to occupation**

	Wife	
	Number	Percentage
Unskilled work	13	5.08
Agriculture labour	17	6.64
Business & merchants	5	1.95
Household	217	84.77
Not reported	4	1.56
TOTAL	256	100.00



Table VIII: Distribution of acceptors according to monthly expenditure

Monthly Expenditure	Persons	
	Number	Percentage
50	5	1.95
50-99	28	10.94
100-149	41	16.02
150-199	126	49.22
200 & above	52	20.31
Not reported	4	1.56
TOTAL	256	100.00

Table IX: Distribution of acceptors according to the type of house

Type of houses	No. of persons	Percentage
Hut	63	24.61
Kutchha	179	69.92
Pucca	10	3.91
Not reported	4	1.56
TOTAL	256	100.00



**Table X: Distribution of acceptors according to number of children born**

Number of children	Born		Total No. of children
	Number	Percentage	
0	8	3.13	20
1	20	7.81	34
2	17	6.64	120
3	40	15.62	176
4	44	17.19	245
5	49	19.14	156
6	26	10.16	133
7	19	7.42	136
8	17	6.64	90
9	10	3.91	10
10	1	0.39	33
11	3	1.17	..
N.R.	2	0.78	
<b>TOTAL</b>	<b>256</b>	<b>100.00</b>	<b>1153</b>

Average 4.5

**Table XI: Distribution of acceptors according to number of children living**

No. of children	Living		Total No. of children
	Number	Percentage	
0	15	5.86	..
1	22	8.59	22
2	32	12.50	64
3	46	17.98	138
4	48	18.76	192
5	39	15.23	138
6	23	8.98	105
7	15	5.86	72
8	9	3.51	36
9	4	1.56	..
10	..	..	11
11	1	0.39	..
N.R.	2	0.78	
<b>TOTAL</b>	<b>256</b>	<b>100.00</b>	<b>973</b>



Table XII - Occupation of acceptors by number of living children ~~at~~ the time of acceptance.

No. of Child.	A.L.		S.K.		U.S.K.		Cultivator		E & M		Clerk		Prof-ssional		N.R.		Total	
	N	P	N	P	N	P	N	P	N	P	N	P	N	P	N	P		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	
1	8	6.78	1	25.00	4	5.88	4	36.37	1	3.03	..	..	4	22.22	..	..	14	
2	17	14.41	..	..	12	17.65	..	27.27	9	27.28	..	..	..	33.33	..	..	46	
3	30	25.42	1	25.00	16	23.53	3	18.18	8	24.24	..	..	2	11.11	..	..	64	
4	26	22.03	..	..	10	14.71	2	13.18	6	18.18	1	50.00	3	16.67	..	..	47	
5	20	10.95	1	25.00	5	7.35	2	13.18	5	15.15	..	..	1	5.56	..	..	36	
6	9	7.63	..	..	11	16.18	..	..	2	6.06	1	50.00	..	..	..	..	21	
7	4	3.39	1	25.00	5	7.35	..	..	1	3.03	..	..	..	..	..	..	13	
8	3	2.54	..	..	4	5.88	..	..	1	3.03	..	..	..	..	..	..	7	
9	1	0.95	..	..	1	1.47	..	..	1	3.03	..	..	..	..	..	..	3	
10	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
10	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
N.R.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Total	118	100.00	4	100.00	68	100.00	11	100.00	33	100.00	2	100.00	18	100.00	2	100.00	2	100.00



Table XIII. - Occupation of wives and number of children.

Age of children	A.L.		U.S.K.		B & M		Household		N.R.		Total
	No.	P.	No.	P.	No.	P.	No.	P.	No.	P.	
1	..	..	2	15.33	..	..	12	5.54	..	..	14
2	2	11.76	1	7.69	..	..	42	19.36	1	25.00	46
3	2	11.76	7	53.86	2	40.00	53	24.43	..	..	64
4	5	35.30	..	..	..	..	41	18.89	..	..	47
5	1	5.88	2	15.38	2	40.00	31	14.27	..	..	36
6	4	23.54	..	..	..	..	17	7.83	..	..	21
7	..	..	1	7.69	1	20.00	11	5.07	..	..	13
8	..	..	..	..	..	..	7	3.23	..	..	7
9	2	11.76	..	..	..	..	..	..	1	25.00	3
10	..	..	..	..	..	..	..	..	..	..	..
10	..	..	..	..	..	..	..	0.46	..	..	1
N.R.	..	..	..	..	..	..	2	0.92	2	50.00	4
Total	17	100.00	13	100.00	5	100.00	217	100.00	4	100.00	256







Table XV - Educational Standard of wives and number of children.

No. of children	Literate below primary		Primary below middle		Below metric		Metric and above		Illiterate		N.R.		Total
	N	P	N	P	N	P	N	P	N	P	N	P	
1	..	..	3	6.12	1	3.23	..	..	9	8.49	1	25.00	14
2	10	15.62	10	20.41	9	29.03	1	50.00	16	15.09	..	..	46
3	19	29.68	11	22.45	9	29.03	1	50.00	24	22.65	..	..	64
4	18	28.12	11	22.45	4	12.90	..	..	14	13.20	..	..	47
5	6	9.38	7	14.29	4	12.90	..	..	18	16.93	1	25.00	36
6	6	9.38	3	6.12	3	9.68	..	..	9	8.49	..	..	21
7	2	3.13	3	6.12	..	..	..	..	8	7.55	..	..	13
8	..	..	1	2.04	1	3.23	..	..	5	4.72	..	..	7
9	2	3.13	..	..	..	..	..	..	1	0.94	..	..	3
10	..	..	..	..	..	..	..	..	..	..	..	..	..
10	1	1.56	..	..	..	..	..	..	..	..	..	..	..
N.R.	..	..	..	..	..	..	..	..	2	..	2	50.00	1
Total	64	100.00	49	100.00	31	100.00	2	100.00	106	100.00	4	100.00	256



Table XVI - Age at marriage of wives and the number of children living.

No. of children	14		15-19		20-24		25-29		30-34		35-39		N.R.		Total
	N	P	N	P	N	P	N	P	N	P	N	P	N	P	
1	1	9.09	9	6.00	3	3.57	1	33.33	..	..	..	..	..	..	14
2	2	18.18	24	16.00	19	22.62	..	..	1	50.00	..	..	..	..	46
3	5	45.46	37	24.66	22	26.19	..	..	..	..	..	..	..	..	64
4	2	18.18	27	18.00	17	20.24	1	33.33	..	..	..	..	..	..	47
5	1	9.09	22	14.67	13	15.48	..	..	..	50.00	..	..	..	..	36
6	..	..	13	8.67	6	7.14	..	..	..	..	1	50.00	..	..	21
7	..	..	10	6.63	3	3.57	..	..	..	..	..	..	..	..	13
8	..	..	5	3.33	..	..	1	33.34	..	..	1	50.00	..	..	7
9	..	..	3	2.00	..	..	..	..	..	..	..	..	..	..	3
10	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
10	..	..	..	..	1	1.19	..	..	..	..	..	..	..	..	1
N.R.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	11	100.00	150	100.00	84	100.00	3	100.00	2	100.00	2	100.00	4	100.00	256



**TABLE XVII**

**Distribution of acceptors who had knowledge of Vasectomy before the Camp**

Yes		No		Not Reported		Total	
Number	Per-centage	Number	Per-centage	Number	Per-centage	Number	Per-centage
224	87.49	12	4.69	20	7.82	256	100.00

**TABLE XVIII**

**Distribution of acceptors who had knowledge of Vasectomy before the Camp by reasons for not having undergone operation before the Camp**

	Number	Percentage
Use of contraceptive	1	0.45
Unfavourable health	22	9.82
Disliked operation	2	0.80
Need for more children	76	33.92
Insufficient incentives	43	19.20
Fear of after effects	74	33.04
Objection from wife	5	2.23
Objection from relatives	1	0.45
TOTAL:	224	100.00



**TABLE XIX**

**Distribution of acceptors by the knowledge of some other Family Planning Methods**

	Number	Percentage
1. Vasectomy	224	87.50
2. Nirodh	16	6.24
3. P.P.S.	8	3.13
4. IUCD & others	8	3.13
5. Total	256	100.00

**TABLE XXA**

**Distribution of acceptors who had used Family Planning method before the Camp and the number of children**

Nirodh		IUCD		Use of Condom		Total	Average No. of children
No.	Percentage	No.	Percentage	No.	Percentage	No.	Percentage
1.	..	..	..	2	100.00	8	..
2.	6	..	..	..	..	4	..
3.	4	..	..	..	..	5	..
4.	4	1	33.33	..	..	1	..
5.	1	..	..	..	..	..	..
6.	..	..	..	..	..	5	..
7.	3	2	66.67	..	..	..	..
8.	..	..	..	..	..	..	..
9.	..	..	..	..	..	..	..
10.	..	..	..	..	..	..	..
>10.	..	..	..	..	..	..	..
NR.	..	3	100.00	2	100.00	23	..
Total:	18	100.00	3	100.00	2	100.00	23



**TABLE XXB**

**Distribution of acceptors who used contraceptives by duration of use**

	Number	Percentage
Below 1 Year	1	4.35
1 - 2	4	17.39
2 - 3	8	34.78
3 - 4	1	4.35
4 - 5	2	8.70
5 & above	4	17.39
N.R.	3	13.04
TOTAL:	23	100.00

**Distribution of acceptors by the age of youngest child**

Age of youngest child	Number	Percentage
1	40	15.63
1 - 2	70	27.34
2 - 3	63	24.61
3 - 4	30	11.72
4 - 5	7	2.73
5 - 6	8	3.13
6 & above	32	12.50
N.R.	6	2.34
TOTAL:	256	100.99



TABLE XXII

Distribution of acceptors according to percentage of wife at the time of sterilization

Yes		No		N.R.		Total	
No.	Perce- tage	No.	Perce- tage	No.	Perce- tage	No.	Perce- tage
42	16.39	211	82.43	3	1.18	256	100.00

TABLE XXIII

Distribution of persons by reasons for preferring the camp

Reasons	Number	Percentage
1. Did not know vasectomy before the camp	32	14.29
2. Services of expert Doctors	45	20.09
3. More remuneration	72	32.14
4. Mass influence	40	17.83
5. Proximity to the camp	18	8.03
6. Others	17	7.59
7. TOTAL:	224	100.00



TABLE XXIV

Distribution of acceptors according to their discussion  
with wives

Yes		No		N.R.		Total	
No.	Percent- tage.	No.	Percent- tage	No.	Percent- tage	No.	Percent- tage
171	66.80	83	32.42	2	0.78	256	100.00

TABLE XXV

Distribution of acceptors by their knowledge about relatives  
having undergone sterilisation before their acceptance Yes/No

Yes		No		N.R.		Total	
No.	Percent- tage	No.	Percent- tage	No.	Percent- tage	No.	Percent- tage
174	67.97	79	30.86	3	1.17	256	100.00



Table: XXVI. Distribution of acceptors according to the type of persons who influenced them for accepting vasectomy.

	Family Planning		Voluntary Worker		Midwife		No profession		Newspaper agent		Health Assistant		Nurse		Compounder		Teacher		Gramasevak		Clerks		Family Planning Social Worker		Business man		Total			
	N	P	N	P	N	P	N	P	N	P	N	P	N	P	N	P	N	P	N	P	N	P	N	P	N	P	N	P	N	P
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27				
Friends	6	..	14	..	10	..	1	..	16	..	1	..	2	..	..	..	8	..	4	..	..	..	3	..	..	..	65	25.39		
Sister-in law	..	..	1	..	..	..	..	..	..	..	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5	1.95		
Brother-in law	..	..	..	..	1	..	..	..	9	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	12	4.69				
Neighbour	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	4	..	4	..	..	..	11	4.30				
Cousin	..	..	..	..	..	..	..	..	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	1.56				
Brother	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0.39				
Newspaper	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	18	7.03				
Self	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	122	47.66				
Others	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	10	3.91				
N.R.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8	3.12				
Total	6	..	15	..	12	..	1	..	31	..	5	..	2	..	2	..	8	..	9	..	4	..	3	..	256	100.00				



Table: XXVII. Distribution of acceptors by various source of knowledge of the camp.

Publi- city X	Friends & relatives		Panchayat member		Professional promoter		Newspaper per agent		Health staff		F.P.field worker		News paper		N.R.		Total		
	N	P	N	P	N	P	N	P	N	P	N	P	N	P	N	P			
146	57.00	52	20.31	7	2.73	14	5.47	15	5.86	2	0.78	1	0.39	15	5.90	4	1.50	256	100.00

X Publicity includes such media as radio, mike, kathaprasanga, drama, cinema etc.

Table: XXVIII. Distribution of sterilised persons according to their willingness to undergo sterilisation for cash and kind remuneration.

Cash	Cash & kind		Not recorded		Total		
	Number	Percentage	Number	Percentage			
240	93.75	14	5.47	2	0.78	256	100.00



Table: XXIX. Distribution of sterilised persons according to their willingness to accept Rs.21/- on remuneration for undergoing sterilisation.

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Not willing		Willing		Not Recorded		Total	
Number	Percentage	No.	Percentage	No.	Percentage	No.	Percentage
202	75.76	51	23.07	3	1.7	256	100.00

Table: XXX. Distribution of acceptors according to length of period of absence for work (days).

.....

Days	Persons	
	Number	Percentage
1 - 9	15	5.86
10 - 19	49	19.14
20 - 29	28	10.94
30 - 39	79	30.86
40 - 49	33	12.89
50 & above	50	19.53
N.R.	2	0.78
Total	256	100.00



Table: XXXI. Distribution of acceptors on the basis of advice received for precautions. Yes/No

.....

Yes		No		N.R.		Total	
No.	P	No.	P	No.	P	No.	P
253	98.83	1	0.39	2	0.78	256	100.00

Table: XXXII. Distribution of acceptors by the nature of precautions observed.

.....

	No.	Percent
Nature of precautions	6	2.37
Absence for a period	9	3.56
Use of condom	12	4.74
Rest and avoiding of cycling	60	23.71
Rest of some days	5	1.98
Use of condom and rest for some days	64	25.30
Avoiding & Alchohole and rest for some days.	29	11.46
Rest & avoiding of hard work observe instruction.	65	25.69
N.R.	3	1.19
Total:	253	100.00



Table: XXXIII. Distribution of acceptors according to the length of period before normal work.

.....

Length of period	Persons	
	Number	Percentage
1 day	..	..
2	..	..
3	12	4.69
4	10	3.91
5	28	10.94
6	10	3.91
7	94	36.71
8	10	3.91
9	56	21.87
10	16	6.25
Above 10	17	6.64
N.R.	3	1.17
Total	256	100.00

Table: XXXIV. Distribution of acceptors according to the place of removed of bandage.

.....

Place	Persons	
	Number	Percentage
Self	240	93.75
Hospital	9	3.52
Private centre	3	1.17
Primary Health Centre	2	0.78
N.R.	2	0.78
Total:	256	100.00



Table: XXXV. Distribution of acceptors who have used and not used condoms after the operation.

.....

Yes/No

Yes		No		N.R.		Total	
No.	P	No.	P	No.	P	No.	P
96	37.50	158	61.72	2	0.78	256	100.00

Table: XXXVI. Distribution of acceptors by reason for preferring vasectomy.

.....

	Number	Percentage
1. More effective birth control	23	8.98
2. Permanent method	31	12.11
3. Unhealthy condition of wife	71	27.73
4. Less dangerous method	90	35.16
5. For remuneration	33	12.89
6. Others	8	3.13
N.R.	..	..
Total:	256	100.00



Table: XXXVII. Distribution of acceptors by complaints.  
 ....  
 Yes/No

Yes		No		N.R.		Total	
N	P	N	P	N	P	N	P
85	33.20	169	66.02	2	0.78	256	100.00

Table: XXXVIII. Distribution of acceptors by the nature of complaints.  
 .....

	Number	Percentage
Pain	4	4.70
Pain at the operation part	24	28.24
pus formation	8	9.41
Impotency	3	3.33
Occasional pain on both side of the lower most part of my stomach.	11	12.94
Swelling on the operation site	9	10.58
Occasional feeling of weakness for both legs and hands.	7	8.23
Skin effect.	1	1.18
Bleeding was happened after the 2nd day of the operation.	2	2.33
I cannot take food with I took before the operation.	1	1.18
Others	15	17.65
Total:	85	100.00



Table: XXXIX. Distribution of complaints according to their relation with operation.

.....

	Acceptors
After this operation	84
Before the operation	1
Total:	85

Table: XXXX. Distribution of acceptors who consulted and not consulted for remedy.

.....

Consulted		Not consulted		Total	
N	P	N	P	N	P
35	40.48	50	59.52	84	100.00



Table XXXXI: Distribution of acceptors according to the nature of results of a consultation.

Cared		Not cared		Total
Number	Percentage	Number	Percentage	
20	57.00	15	43.00	100.00

Table XXXXI: Distribution of acceptors according to the nature of results of a consultation.

Table XXXXII: Distribution of acceptors who could and could not work as a result of operation Yes/No

Yes		Not Reported		Total	
Number	Percentage	Number	Percentage	Number	Percentage
20	57.00	15	43.00	100.00	
254	99.22	2	0.78	256	100.00

Table XXXXII: Distribution of acceptors who could and could not work as a result of operation Yes/No

Number Percentage Number Percentage



**Table XXXIII: Distribution of acceptors who were visited and not visited by F.P. Staff Yes/No**

Yes		No		NR		Total	
Number	Percentage	N	P	N	P	N	P
30	11.72	209	81.64	17	6.64	256	100.00

**Table XXXIV: Distribution of acceptors who recommended vasectomy to friends relatives Yes/No**

Yes		No		Not Reported		Total	
Number	Percentage	Number	Per.	Number	Percentage	Number	Per.
239	93.36	15	5.86	2	0.78	256	



**Table XXXXV: Distribution of acceptors by their suggestions for changes that government should make in the Family Planning programme.**

Changes	Number	Percentage
Top Priority to Vasectomy	210	84
Services of expert doctors	29	16
Total	239	100

**Table XXXXVI: Distribution of acceptors according to their suggestion for changes to make vasectomy more acceptable.**

	No.	Percentage
Operation to be conducted by expert doctor	6	40.00
More financial help	8	53.33
The method of publicity has to be developed	1	6.67
Total	15	100.00



Table XXXXVII:

Distribution of acceptors by their suggestion for the type of publicity to be arranged in the camp.

	New paper		Radio		Banner		Mike		Picture		Notice		N R		Total
	P	N	P	N	P	N	P	N	P	N	P	N	P	N	
53	20.70	62	24.22	44	17.19	74	28.91	14	5.47	3	1.17	6	2.34	256	100



Table XXXXVIII: Distribution of acceptors by their opinion about the adequacy of publicity in the camp.

Yes		Not Reported		Total	
Number	Percentage	Number	Percentage	Number	Percentage
247	96.48	9	3.52	256	100.00

Table XXXXIX: Distribution of acceptors according to their suggestions for changes in the arrangements of the camp.

	Yes	Yes Number	Percentage	No
More incentive		4	44.45	7
Incentive should be given in cash		1	11.11	
bus or cares		2	22.22	
Attend in the camp should be careful in their duties		1	11.11	
Quee system arranged in the camp was no so.		1	11.11	
Total		9	100.00	



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