# VOLUNTARY SURGICAL CONTRACEPTION (VSC) IN THE PHILIPPINES[1]

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## ABSTRACT

**This study is a follow-up survey of 400 tubal ligation and 400 vasectomy acceptors since January 1985 serviced by either public or private clinics or hospitals. Conducted with the end view of improving the provision of voluntary surgical contraception (VSC) services in the Philippines, the study looked at the VSC acceptors' demographic socioeconomic and characteristics; pregnancy and children ever born; contraceptive knowledge and use; sources of knowledge about VSC and services received in relation to the operation; and satisfaction with VSC. Based on its findings, the study presents several recommendations for accelerating and sustaining VSC acceptance in the country.**

## INTRODUCTION

The number of acceptors of voluntary surgical contraception (VSC) in the Philippines has been increasing steadily during the past years, outstripping the levels of use of other family planning methods. By 1986, VSC acceptors (tubal ligation and vasectomy) comprised 11.4 per cent of all couples with the wife in the reproductive ages of 15-44 years. The corresponding figure for 1983 was 9.5 per cent (Cabigon, 1985; Feranil and de Guzman, 1988). In contrast, the corresponding figures for pill, calendar rhythm and withdrawal, the other popular methods among Filipinos, were 5.5 per cent, 5.4 per cent, and 4.3 per cent, respectively in 1983 and 6.5 per cent, 8.9 per cent, and 9.4 per cent, respectively, three years later. In 1986, VSC acceptors represented 25 per cent of all users of family planning methods. These increases in VSC adherence have been due to the rising popularity as well as to the permanent nature of sterilization.

This development is some sort of a "shot in the arm" for the national population program which recently has

[1] *This research was undertaken for the Philippine Association for Voluntary Surgical Contraception (PAVSC) with financial assistance from the Association for Voluntary Surgical Contraception (AVSC).*

been experiencing a slackening in the use of the more efficient methods such as the pill and the IUD, accompanied by an increasing dependence on the less efficient or traditional methods like the condom or withdrawal.

The emergence of VSC as a leading family planning method in the Philippine is, in fact, not an isolated case. Around the world, recent information indicates a large percentage of couples turning to VSC for protection. In 1983, around 18 per cent of couples in which the women were in the reproductive ages relied on this permanent method (United Nations, 1989).

This study is one of the series of follow-up surveys among VSC acceptors, particularly female sterilization, being conducted by the AVSC in different countries. These surveys focus on important issues related to the clients' acceptance of voluntary surgical contraception, e.g., whether information, counseling and services were effectively given and whether clients made decisions that were fully informed and fully voluntary (Landry and Huber, 1987).

## METHODOLOGY

The study involved a follow-up survey of tubal ligation and vasectomy acceptors since January 1985 serviced by either public or private clinics or hospitals.

The primary sampling unit for the study was the clinic. The clinics were chosen on the basis of the volume of voluntary surgical contraception (VSC) procedures (ligations and vasectomy taken apparently) between 1985 and 1987 for which data could be made readily available by relevant offices. A total of 400 ligation cases and 400 vasectomy cases were interviewed. These cases were distributed by geographic strata (Metro Manila, other Luzon, Visayas and Mindanao), according to the percentages of ligation or vasectomy acceptors in the strata.

The clinics in each stratum were listed by the number of acceptors for the years 1985, 1986 and 1987. The first clinics which have a combined caseload of ligation or vasectomy acceptors equal to or greater than 3 times the sample size for the stratum were chosen as the sample clinics. The respondents for the stratum were then chosen from the sample clinics proportionate to size. The sample respondents included acceptors of VSC since 1985 with a cutoff of 3 months before the date of interview.

The sufficiently large number of tubal ligation acceptors allowed comparison across four major geographic strata, namely: Metro Manila, Other Luzon, Visayas, and Mindanao. The relatively much fewer number of procedures and the need to save on costs limited the comparison of vasectomy interviewees to only two areas (Visayas and Metro Manila).

The sample size by geographic

stratum was determined based on the percentage distribution of ligation or vasectomy acceptors in the four areas during the 1985-1987 period. The stratum sample was then drawn from the five leading clinics in terms of the volume of sterilization procedures undertaken during the same period. The number of cases per clinic was based on the percentage share of each clinic of the total caseloads of the leading clinics within the stratum.

The questionnaire covered the following:

1. socio-economic and demographic characteristics
2. pregnancy and children ever born
3. contraceptive knowledge and use
4. sources of knowledge about voluntary surgical contraception and the decision making process
5. education, counseling and services received in relation to the operation
6. satisfaction with the method
7. other topics such as breastfeeding and menstruation.

Some questions in the interview schedule were rephrased for clearer interpretation. Additional precoded responses were incorporated in some questions following several field pretests. The English version was translated into Filipino and the local dialects which became the language of interview when use of English or Filipino was not feasible.

# RESULTS

## PROFILE OF VSC RESPONDENTS

**Year of Operation.** Four out of 11 female VSC acceptors covered by the survey were operated on in 1986 (Table 1). Less than a quarter (23 per cent) had their operation in 1987. A little over a fifth (21 per cent) opted to have theirs in 1985 and an equal number did the same in 1988. A look at the different geographic disaggregations shows that more women in Other Luzon (Metro Manila excluded) accepted VSC in 1986. A greater proportion of the Visayas respondents appeared to be more prompt, with over a third of them accepting in 1985. More women in the Metro Manila area preferred to act relatively a bit later. The nationwide trend seems to indicate a deceleration in female VSC acceptance since 1986.

The trend is even sharper among the male VSC acceptors. Half of them had their operation in 1985 and the remainder accepted during the following years in greatly diminishing proportions. The same trend is manifested by the acceptors in the Visayan area where three-fourths of the respondents resided. Most of the vasectomies in Metro Manila were done before 1987.

**Demographic Characteristics.** Two of five female respondents were

in their early thirties (30-34 years) and about a third (32.2 per cent) were in their twenties. The survey data reveal that of the 28 per cent aged 35 years and over, very few were actually in their forties (only 4.5 per cent). As expected, only a handful (5 per cent) were in their early twenties (20-24 years). Overall, the average age of female VSC acceptors was 31.7 years. The Visayan respondents comprised the oldest group with an average age of 32.4 years. The figures for the other areas did not vary much from the national average. Comparing the present data with earlier ones (see e.g. Tiotuico, 1981), it can be gleaned that over time, Filipinos are accepting VSC at an earlier age. This is in keeping with findings worldwide pointing to women's acceptance of the method at increasingly younger ages. Nevertheless, the Philippine average remains higher than those reported in most countries covered by the AVSC study (Landry and Huber, 1987). Among the vasectomy acceptors, the Metro Manila sample's average age was 36 years while the typical Visayan vasectomized respondent was 35 years old. More males in the Visayas (30 per cent) than in Metro Manila (16 per cent) accepted VSC at a younger age (less than 30 years). Overall, more than half (54 per cent) of the males were less than 35 years old. The data suggest that VSC has an increasing appeal among women with advancing age, implying the value of the method in family limitation at high-parity situations. The reverse was true among the men, indicating a stronger attempt at suppressing family size at lower parities.

Among female VSC acceptors, two out of five had three or fewer living

**TABLE 1. PERCENTAGE DISTRIBUTION OF RESPONDENTS BY YEAR OF OPERATION: 1989 PHILIPPINE VSC SURVEY**

| YEAR OF OPERATION | TUBAL LIGATION | | | | | VASECTOMY | | |
|---|---|---|---|---|---|---|---|---|
| | Metro Manila | Other Luzon | Visayas | Mindanao | Total | Metro Manila | Visayas | Total |
| 1985 | 12.9 | 19.3 | 34.3 | 18.0 | 20.7 (83) | 22.0 | 59.0 | 49.8 (199) |
| 1986 | 23.4 | 45.2 | 27.6 | 30.0 | 35.8 (143) | 40.0 | 25.0 | 28.7 (115) |
| 1987 | 36.4 | 18.8 | 18.4 | 26.0 | 23.0 ( 92) | 23.0 | 11.0 | 14.0 ( 56) |
| 1988 | 27.3 | 16.7 | 19.7 | 26.0 | 20.5 ( 82) | 15.0 | 5.0 | 7.5 ( 30) |
| TOTAL | 100.0 ( 77) | 100.0 (197) | 100.0 ( 76) | 100.0 ( 50) | 100.0 (400) | 100.0 (100) | 100.0 (300) | 100.0 (400) |

children while among the male VSC acceptors, three out of five had the same number of living children. The average female VSC acceptor had 4.1 living children while a male VSC acceptor had 3.6 children. The Metro Manila and Other Luzon women tended to terminate childbearing more promptly in relation to their number of living children than the rest of the country. This may be a reflection of the relative accessibility and availability of facilities and service providers as well as better self-motivation in the more developed Luzon areas. Among the vasectomized men, more respondents in the Visayas than in Metro Manila accepted the sterilization at lower parities. This may be partly explained by the stronger attraction of the incentives component of the program (in the form of cash bonuses) to service providers in the more economically hard-pressed areas of the country. While the program does not explicitly include cash incentives for acceptors, reports and isolated cases from the survey indicate that there are such incentives, although this practice is not officially known.

The incidence of large families (5+ children) was higher in Visayas and Mindanao (34 per cent) among the females. Among the males, there were more large-sized families in the Metro Manila area than in the Visayas (29 per cent vs. 22 per cent).

The greater appeal of the male VSC among the younger and lower parity couples holds some promise. A strengthening of the male VSC program will help accelerate the achievement of lower fertility levels nationwide in a relatively shorter time frame even as female sterilization continues to be popular among relatively higher parity women.

Overall, the acceptors' youngest living child was about two and a half years old on the average when the female respondents had their operation. Their last living child was about two years old when the Metro Manila and Mindanao women were ligated while among the Other Luzon and Visayas women, the last living birth was a year older. Among male VSC acceptors, the interval between the birth of the youngest living child and the date of vasectomy operation was even wider, five years on the average.

The risk of unwanted pregnancy during this protracted interval was quite tremendous considering the fact that use of contraceptives at the time of operation was quite limited. Among the female acceptors, only 14 per cent were using contraceptives while among vasectomy acceptors, about a third (35 per cent) of the couples were protected. Thus there is a need to shorten the gap between the birth of the last living child and the time the couple finally accepts VSC. In the interim that the decision whether to accept or not to accept is being made, VSC couples must be encouraged to use some other methods of

family planning to protect them from unwanted pregnancies.

**Socioeconomic Characteristics.** More than half of the women respondents (55 per cent) have gone through high school while half of the male sample attained the same level of education. The Metro Manila and Mindanao women obtained better schooling than the rest of the female sample, with more than three-quarters of their members reaching at least the secondary level of education. Sterilization seemed more appealing to the women with college education in the Mindanao area than the rest of the country. The Other Luzon group was the least educated with three out of five not going beyond the elementary grades. As expected, more vasectomies (three quarters) were performed among the high school and college educated in Metro Manila compared to only two out of five among the Visayan males. In contrast to earlier trends, VSC is gaining an increasing number of adherents among the more highly educated clientele.

The data for tubal ligation acceptors basically depict the extent of female participation in economic activity. Most women do not participate in the labor force and consequently these women constitute a relatively large share of our sample (52 per cent overall). The Mindanao sample was extremely lopsided in favor of the nonworking women (63 per cent). Disregarding the economically inactive acceptors, female VSC was a bit popular among the sales workers, but seemed quite unacceptable among the other white collar workers and among the farm workers. Most of the male VSC acceptors were production process or transport workers (55 per cent). As in the case of the females, vasectomy has gained some headway among the sales workers but was also shunned by the other white collar workers and the farmers. The same pattern appears in other studies conducted locally, although this is not highlighted. While the resistance of the relatively low fertility group of white collar workers can be tolerated, the data imply the need to improve VSC acceptance among the clerical and service workers, manual workers (in the case of females) and farmers.

Majority of the female VSC clients (3 out of 5) had husbands who attained at least secondary education among whom almost a third managed to reach college. As noted earlier, there is a trend toward better acceptance of VSC among the more highly educated. While this is a favorable development, it should not lead to a neglect of the more deserving target beneficiaries, the less educated members of the population, who after all constitute the largest segment and contribute more to the country's high population growth rate because of their high fertility.

Less than half of the female respondents classified themselves as Taga-

logs. Cebuanas composed about 16 per cent of the sample and Ilocanas, 9 per cent. About 20 per cent came from the other ethnic groups. The Tagalogs proliferated in the Luzon areas while the Cebuanos dominated in the remaining areas. Expectedly, almost three-fourths of the male interviewees were Cebuanos while 16 percent considered themselves as Tagalogs.

## FAMILY PLANNING KNOWLEDGE AND USE

**Knowledge and Use of FP Methods**. The level of contraceptive knowledge among the respondents was high, especially of the more effective methods like the pill, IUD and sterilization (Table 2). In general, the female VSC acceptors were able to mention spontaneously or, when described, recognize more methods than the male VSC acceptors. About a quarter of the females and 70 percent of the males failed to mention or recognize injectables, a relatively new method. The foam, jelly or cream and abstinence, which are relatively unimportant, were unknown to many. Calendar rhythm and withdrawal, which are popular in the country, were understandably known to most of the VSC acceptors. Vasectomy was unknown to only a handful of the females; in contrast, 15 per cent of the males were not familiar with tubal ligation or female sterilization.

Among the couples whose wife was ligated, more than seven out of 10 have tried using some other form of family planning method beforehand and the pill was tried the most (40 per cent) followed by withdrawal (30 per cent). Among the couples where the husband was vasectomized, about 67 per cent used other methods prior to sterilization and the most popular methods ever tried were the condom and withdrawal (37 per cent). Reliance on the more effective methods (pill, IUD, and injectables) was more evident among those who accepted the female VSC (5 out of 9 couples) than among those who accepted the male VSC (2 out of 5).

**First and Last Methods Used**. Data on the first contraceptive methods used by VSC acceptors were taken from the 1986 Contraceptive Prevalence Survey (CPS) and are displayed in Tables 3 and 4. It can be gleaned from these tables that many of the VSC acceptors in the Philippines as of 1986 were first-timers, meaning they have never used any other family planning before accepting VSC (37 per cent for female VSC and 35 per cent for male VSC acceptors). The pill provided the very first protection to about 30 per cent of the female VSC acceptors and only half as much of the male VSC acceptors (15 per cent). The other couples relied on the other reversible clinical methods of IUD and probably injection (18 per cent) and on the non-program methods (20 per cent), particularly withdrawal.

By geographic area, the couples who had female VSC as their first family planning method reached as high as three out of seven couples (43 per cent) in the Other Luzon area (Metro Manila area excluded). The corresponding proportion among the male VSC acceptors was a little higher at 44 per cent, also in the Other Luzon area. The Visayan couples followed closely with about two out of five taking the male VSC as their first method. The number of such first-timers was lowest in Metro Manila (27 per cent and 22 per cent for female VSC and male VSC acceptors, respectively).

**TABLE 2. PERCENTAGE OF RESPONDENTS KNOWING AND PREVIOUSLY USING CONTRACEPTIVE METHODS: 1989 PHILIPPINE VSC SURVEY**

| METHOD | TUBAL LIGATION | | VASECTOMY | | TOTAL | |
|---|---|---|---|---|---|---|
| | Not Recognized | Tried | Not Recognized | Tried | Not Recognized | Tried |
| Pill | 0.2 | 40.5 | 4.7 | 25.5 | 2.5 | 33.0 |
| IUD | 0.7 | 12.5 | 8.0 | 13.5 | 4.4 | 13.0 |
| Injectables | 26.0 | 2.5 | 69.3 | 1.7 | 47.6 | 2.1 |
| Condom | 1.0 | 24.5 | 2.5 | 37.3 | 1.8 | 30.9 |
| Vasectomy | 4.2 | - | - | - | 2.1 | - |
| Tubal ligation | - | - | 14.7 | 3.5 | 7.4 | 1.8 |
| Foam/Jelly/ Cream | 55.8 | 1.5 | 81.0 | 0.7 | 68.4 | 1.1 |
| Calendar rhythm | 9.0 | 18.0 | 20.2 | 24.5 | 14.6 | 21.1 |
| Abstinence | 58.3 | 2.2 | 68.0 | 7.5 | 63.1 | 4.9 |
| Withdrawal | 4.7 | 30.0 | 13.5 | 36.8 | 9.1 | 33.4 |
| At least one method | 71.2 | 71.5 | 90.0 | 66.7 | 80.6 | 69.1 |
| Sample Size (N) | (400) | | (400) | | (800) | |
| Mean Number of Methods | 1.6 | 1.3 | 2.8 | 1.5 | 2.2 | 1.4 |

**TABLE 3. DISTRIBUTION OF FEMALE VSC ACCEPTORS BY FIRST METHOD ACCEPTED, PHILIPPINES: 1986 CPS**

| FIRST METHOD | GEOGRAPHIC AREA | | | | |
|---|---|---|---|---|---|
| | Metro Manila | Other Luzon | Visayas | Mindanao | TOTAL |
| Pill | 31.1 | 29.9 | 30.9 | 27.8 | 29.9 |
| Other reversible clinical methods | 14.4 | 9.1 | 13.4 | 11.0 | 11.1 |
| Sterilization | 27.4 | 43.1 | 32.7 | 35.2 | 37.1 |
| Other program methods | 9.7 | 6.0 | 12.6 | 11.6 | 8.6 |
| Non-program methods | 17.4 | 11.9 | 10.4 | 14.4 | 13.3 |
| TOTAL | 100.0<br>(467) | 100.0<br>(1088) | 100.0<br>(291) | 100.0<br>(394) | 100.0<br>(2240) |

**TABLE 4. DISTRIBUTION OF MALE VSC ACCEPTORS BY FIRST METHOD ACCEPTED, PHILIPPINES: 1986 CPS**

| FIRST METHOD | GEOGRAPHIC AREA | | | | |
|---|---|---|---|---|---|
| | Metro Manila | Other Luzon | Visayas | Mindanao | TOTAL |
| Pill | - | 16.3 | 16.4 | 19.9 | 15.1 |
| Other reversible clinical methods | 55.6 | 3.6 | 22.8 | 10.8 | 18.4 |
| Sterilization | 22.2 | 44.5 | 41.2 | 29.3 | 35.4 |
| Other program methods | 11.1 | 25.0 | 3.4 | 5.3 | 11.2 |
| Non-program methods | 11.1 | 10.6 | 16.2 | 34.7 | 19.9 |
| TOTAL | 100.0<br>( 15) | 100.0<br>( 29) | 100.0<br>( 25) | 100.0<br>( 33) | 100.0<br>(102) |

Other reversible clinical methods: IUD, injection; Other program methods: condom, rhythm, foam, aerosol; non-program methods: withdrawal, abstinence, others

Table 5 contains the information on the last method used by those who have tried some form of family planning other than VSC. Among couples where the woman was ligated, 36 per cent were dependent on the pill and 28 per cent on withdrawal. In contrast, withdrawal (28 per cent) and condom (21 per cent) were more appealing to the acceptors of male VSC. Among these couples, former users of the more efficient methods (pill, IUD, injectables) consisted of only 28 per cent as against 46 per cent among the female VSC acceptors. In general, majority of the acceptors interviewed during the VSC survey were dependent on the less efficient methods, especially withdrawal, condom and rhythm. While more than two-thirds of the VSC couples (69 per cent) were protected by a family planning method before their VSC acceptance, only about 36 per cent of these ever-users of other methods were actually using their very last method at the time of the operation of the spouse (Table 6). In general, the level of current use of the last method was lower for the relatively more efficient methods (29 per cent for all reversible clinical methods and 40

**TABLE 5. DISTRIBUTION OF RESPONDENTS BY LAST METHOD EVER USED BEFORE VSC ACCEPTANCE: 1989 PHILIPPINE VSC SURVEY**

| LAST METHOD | Tubal Ligation | N | Vasectomy | N | TOTAL | N |
|---|---|---|---|---|---|---|
| Pill | 35.6 | 102 | 17.8 | 48 | 27.1 | 150 |
| IUD | 8.7 | 25 | 9.4 | 25 | 9.0 | 50 |
| Injectables | 2.1 | 6 | 0.7 | 2 | 1.4 | 8 |
| Condom | 10.1 | 29 | 21.1 | 56 | 15.3 | 85 |
| Rhythm | 11.1 | 32 | 13.1 | 35 | 12.1 | 67 |
| Abstinence | 1.4 | 4 | 4.5 | 12 | 2.9 | 16 |
| Withdrawal | 27.6 | 79 | 27.8 | 74 | 27.7 | 153 |
| Combinations | 3.1 | 9 | 0.4 | 1 | 1.8 | 10 |
| Tubal ligation | - | - | 5.2 | 14 | 2.5 | 14 |
| Others | 0.3 | 1 | - | - | 0.2 | 1 |
| TOTAL | 100.0 | 287 | 100.0 | 267 | 100.0 | 554 |

per cent for the other program methods). Current use of the last method among the female VSC acceptors was much lower (20 per cent) than among the male VSC acceptors (52 per cent). It can be noted that among those who received vasectomy, 14 had spouses who had been ligated earlier.

**Duration of Use of Last Method.** The data on the duration of use of the last method demonstrate the relatively longer use of the more efficient methods (pill and other reversible clinical methods). The mean length of use varied overall from 16 to 22 months for the more efficient family planning methods as against nine to 12 months for the other methods. Additionally, among the acceptors of the more efficient methods, those who were currently using their last method at the time of VSC acceptance reported longer durations of use than those who stopped before their sterilization operation.

Overall, there was no difference in the duration of use of last method between the female VSC couple acceptors and the male VSC couple acceptors. However, it appears that among those who were currently using their last method at time of operation, the male VSC acceptors received protection from their method for a longer time. The reverse was true among those who have ceased using their last method before their operation. In to-

TABLE 6. PERCENTAGE OF RESPONDENTS USING THEIR LAST METHOD AT TIME OF VSC ACCEPTANCE: 1989 PHILIPPINE VSC SURVEY

| LAST METHOD | VSC METHOD | | |
|---|---|---|---|
| | Tubal Ligation | Vasectomy | Total |
| Pill | 15.7 (102) | 39.6 ( 48) | 23.3(150) |
| Other reversible clinical methods | 45.2 ( 31) | 48.1 ( 27) | 46.6 ( 58) |
| Other program methods | 22.6 ( 62) | 51.6 ( 91) | 39.9 (153) |
| Non-program methods | 22.8 ( 92) | 54.0 ( 87) | 38.0 (179) |
| Sterilization | - | 100.0 ( 14) | 100.0 ( 14) |
| TOTAL | 19.9 | 52.4 | 35.6 |
| N CASES | 287 | 267 | 554 |

tality, the duration of use of the pill exceeded the duration for the other methods, with the exception of the other reversible methods (IUD and injectables) and sterilization among the male VSC recipients. With respect to the couples where both the husband and wife have been sterilized, the data indicate that the women have been ligated for about five years before their spouses also underwent vasectomy.

Of the 554 respondents (female VSC -- 287; male VSC -- 267) who used some form of family planning before submitting themselves to sterilization, 65 per cent or 359 (female VSC -- 230; male VSC -- 129) have already stopped using their methods at the time of their operation. These couples remained subject to the risk of unwanted pregnancy, with the exclusion of a handful who discontinued using their method because of want for more children. The period of risk-taking was 17 months on the average among the couples for whom data were available. The tubal ligation couples were unprotected for a much longer period ( about two years) than the vasectomy couples (only six months). Overall, use of the pill was abandoned about 23 months, on the average, before VSC acceptance (27 months for female VSC acceptors and 12 months for male VSC acceptors), making the pill users exposed to pregnancy risks the longest.

**Reasons for Stopping Use of Last Method**. Large proportions (30 per cent among the female VSC acceptors and 60 per cent among the male VSC acceptors) of the interviewees stopped using their last method because they have decided to accept VSC. Apparently, they felt some security and confidence that the moment they have accepted sterilization, they would be permanently freed from childbearing, ignoring the fact that during the interim the risks were still there. The ever-user female VSC couples citing this reason discontinued use of their last method 22 months before their actual operation. Likewise, just because they were already scheduled for the operation, 21 female VSC acceptors and three male VSC acceptors dropped their family planning methods.

The other important reasons cited by the female VSC respondents were experience of side effects of the last method (18 per cent) and getting pregnant accidentally (13 per cent). About four per cent (8 couples) discontinued their last method because they desired another child. The remaining reasons were mostly method-related such as: fear of side effects (3 per cent), other methods were inconvenient (3 per cent), got tired of using other methods (3 per cent), and the IUD was expelled (2 per cent). Five women said they had little chance for sexual contact because of work arrangements. One woman claimed she thought she was menopausal and another revealed the inter-

vals between her births were naturally long. Still another stressed that she ran out of supplies.

The remaining vasectomy respondents set their last method aside because the wife accidentally got pregnant (10 per cent) or side effects were experienced (6 per cent). Dissatisfaction with the method because of the absence of sexual pleasure was stressed by five per cent. The other minor reasons were related to the characteristics of the methods (fear of side effects, inconvenience of other methods, ran out of supplies, expulsion of IUD, ineffectiveness of other method, only vasectomy was safe and convenient), but nevertheless altogether consisted about 12 per cent of the total number of vasectomy couples.

Relatively longer unprotected intervals were demonstrated by the female VSC couples who dropped their last method before their operation because of experience of side effects, inconvenience of the method or expulsion of the IUD (33-35 months). As expected, those who wanted more children exhibited the longest unprotected period (40 months). Even those who were scheduled for the operation appeared daring by shedding their FP protection 16 months, on the average, before their VSC operation.

**Reasons for Non-Use of Family Planning Method**. About 30 per cent of all acceptors interviewed or 237 respondents (109 female VSC and 128 male VSC acceptors) have previously never tried using any family planning method. About seven out of every 10 female VSC acceptors underscored their fear of the possible side effects of other methods as the maireason for their hesitation to use any family planning method prior to their VSC operation. The ineffectiveness of other methods (9 per cent) and desire for children (8 per cent) were the secondary reasons mentioned.

Fear of side effects of other methods was also the most important reason cited by about 38 per cent of the vasectomy couples for their disinterest in other family planning methods. A good number (29 per cent) wanted more children while 19 per cent lacked knowledge about other methods. Ten respondents (8 per cent) complained about the ineffectiveness, inconvenience or the cost of other methods.

Compared to the other respondents, those who stressed their want for children might have been able to operationalize their family size desires better. Evidently, once they have achieved a sufficient number of children, they opted for a permanent and consequently more effective method of family planning.

## ANTECEDENTS TO VSC ACCEPTANCE

The 1989 Philippine VSC includes certain questions which provide additional information for the analysis of

various influences on VSC acceptance. The first source of information about VSC can have a great impact on the client especially if it is authoritative or the information given is accurate and thorough. The manner of exchange of ideas during interpersonal communication can also have a lasting effect on the potential acceptor and encourage him or her to eventually accept the method. In addition to the sources of basic information, other persons may be consulted about the plan to accept. The number of consultations can vary depending on the type of information given, the type of person consulted and the type of information sought.

The actual operation may take place soon after the decision is made. It may occur after some time or it may never occur at all. A woman who delivers in a hospital may be prevailed upon to receive VSC especially if the delivery is by Caesarean method, thus sparing her another operation session. The reasons underlying acceptance may be compelling enough to warrant immediate acceptance.

The subsequent subsections will attempt to examine these antecedents to VSC acceptance.

## Information Sources

When asked about their first source of information about VSC, 30 per cent of the female VSC or tubal ligation acceptors mentioned another sterilized person (Table 7). The social or health worker was reported by 23 per cent and relatives or in-laws, by 12 per cent. About 10 per cent of the women acceptors named the traditional midwife as the source. It must be noted that many of traditional midwives in the Philippines have been trained by the Department of Health in the delivery of maternal and child care and family planning services. Medical persons were mentioned by a combined 10 per cent of the respondents. Relatively unimportant sources were friends and neighbors (6 per cent), formal instruction in school or seminar (5 per cent), and mass media (3 per cent).

By geographic region, the same chief source (another sterilized person) was cited by the women except in Metro Manila where respondents stressed the relatives and in-laws (25 per cent). More than a tenth of Metro Manila and Visayas respondents mentioned the doctor. The traditional midwife figured more prominently in the Other Luzon area (15 per cent). Among the male VSC or vasectomy acceptors, the leading source of first information were friends or neighbors (36 per cent) followed by another sterilized person (about 1 out of 5). The secondary sources included the social or health worker (18 per cent) and mass media (10 per cent). Among the Visayan male acceptors, about 43 per cent intimated that their first sources of information about sterilization were friends or neighbors. In Metro Manila, the social or health worker and the mass

media were the most important sources of VSC information (24 per cent and 22 per cent, respectively).

In general, the interpersonal means of communication constituted the most important source of first information about sterilization. Formal instruction in school or seminars was relatively unimportant while the mass media emerged as a leading source only in Metro Manila.

Although the mass media were not considered a primary source of first information about VSC, as many as seven out of 10 respondents benefited from the dissemination of VSC information through this means, particularly the radio. Printed materials (brochures, pamphlets) appear to have been more accessible to the female acceptors. While more than half of the females got hold of the free brochures

**TABLE 7. DISTRIBUTION OF RESPONDENTS BY SOURCE OF FIRST INFORMATION ABOUT VSC AND BY GEOGRAPHIC AREA: 1989 PHILIPPINE VSC SURVEY**

| SOURCE OF FIRST INFORMATION | TUBAL LIGATION | | | | | VASECTOMY | | |
|---|---|---|---|---|---|---|---|---|
| | Metro Manila | Other Luzon | Visayas | Mindanao | Total | Metro Manila | Visayas | Total |
| Husband/Wife | - | - | 1.3 | - | 0.2 | 1.0 | 3.0 | 2.5 |
| In-laws/relatives | 24.7 | 9.1 | 10.5 | 8.0 | 12.3 | 3.0 | 4.3 | 4.0 |
| Friends/neighbors | 11.7 | 6.1 | 3.9 | 4.0 | 6.5 | 15.0 | 42.8 | 35.8 |
| Another sterilized person | 15.6 | 33.5 | 35.6 | 32.1 | 30.3 | 13.0 | 22.0 | 19.8 |
| Doctor | 11.7 | 5.1 | 10.5 | 4.0 | 7.3 | 2.0 | 4.7 | 4.0 |
| Nurse | 2.6 | 2.0 | 1.3 | 6.0 | 2.5 | 2.0 | - | 0.4 |
| Social worker/ health worker | 23.4 | 20.8 | 23.7 | 30.0 | 23.0 | 24.0 | 16.3 | 18.3 |
| Mass media | 2.6 | 4.1 | 1.3 | 4.0 | 3.2 | 22.0 | 6.0 | 10.0 |
| Traditional midwife | 2.6 | 15.2 | 5.3 | 3.9 | 9.5 | 7.0 | 0.3 | 2.0 |
| School/seminar | 5.1 | 3.6 | 6.6 | 8.0 | 5.0 | 8.0 | - | 2.0 |
| Co-worker | - | 0.5 | - | - | 0.2 | 3.0 | 0.6 | 1.2 |
| TOTAL | 100.0 (77) | 100.0 (197) | 100.0 (76) | 100.0 (50) | 100.0 (400) | 100.0 (100) | 100.0 (300) | 100.0 (400) |

and pamphlets given by service outlets and providers, relatively fewer males ever saw these materials (about 30 per cent).

Before deciding to undergo sterilization, majority of the respondents consulted another sterilized person (72 per cent) or their friends, relatives or neighbors (59 per cent). In general, the women made more consultations than the males. For example, while planning whether to accept female VSC or not, five out of six women discussed tubal ligation with another ligated woman, while three out of five males had discussions about vasectomy with another sterilized man. More males tended to talk with a doctor about the operation than females (56 per cent vs. 37 per cent).

### Decision Influentials

Only six female respondents (2 per cent) did not discuss their plan to accept female VSC with their husbands; in contrast, a large number of the males (136 per cent) never consulted their wives about their plan to be vasectomized (Table 8). Of those who discussed with their husbands their plan to be ligated, more than half (52 per cent) disclosed that their spouses were initially supportive while more than a quarter (27 per cent) said that their husbands were hesitant at the beginning but later relented. Some said their husbands were non-committal (16 percent) and only a few husbands were against (5 per cent). More husbands than wives were supportive of their spouse's plan to be sterilized (79 per cent and 69 per cent, respectively).

When queried whether certain individuals have influenced their decision to accept VSC, most ligated respondents identified their spouses (65 per cent) and another sterilized person (58 per cent) as having affected their decision. More males were swayed by another sterilized

TABLE 8. DISTRIBUTION OF RESPONDENTS BY REACTION OF SPOUSE WHEN PLAN TO ACCEPT VSC WAS DISCUSSED: PHILIPPINE VSC SURVEY

| SPOUSE'S REACTION | Tubal Ligation | Vasectomy | Total |
|---|---|---|---|
| Supportive | 25.0 | 24.2 | 54.8 |
| Hesitant at first, then supportive | 26.9 | 10.1 | 20.3 |
| Neutral | 15.7 | 28.8 | 20.9 |
| Opposed | 5.4 | 1.9 | 4.0 |
| TOTAL | 100.0 (394) | 100.0 (257) | 100.0 (651) |

person (60 per cent) and a doctor (56 per cent). Friends, neighbors or relatives, the paramedical personnel and the field workers were also influential but to a lesser degree.

In terms of the number of persons influencing the decision to accept VSC, less numbers were reported by acceptors who were relatively less educated, younger of age, and Tagalog or Cebuano of origin.

Among respondents reporting more than one influential person, many claimed that another sterilized person exerted the most influence on their decision to accept VSC. The female VSC acceptors consulted an average of four ligated women while the males had discussions with about two vasectomized husbands. Overall, friends, neighbors, relatives and spouses had almost the same degree of influence. The spouse was identified as the leading influential among acceptors declaring only one person affecting the decision, with the health or family planning field worker in second place.

**Timing of the Operation**

There are certain important events in the life of the VSC acceptor with which the actual date of VSC operation can be reckoned. For instance it would be interesting to determine how long after getting the first information about VSC was the method actually accepted by the client. Likewise, it would be worthwhile to find out how long it took the respondents to actually go through the operation from the time the decision to get the operation was made or after the termination of the last pregnancy of the acceptor or the acceptor's wife.

The mean intervals for male acceptors, when compared with those for the females, were shorter when taken in relation to timing of first information or when the decision to accept was made. The pattern is reversed with respect to the date of the last pregnancy which of course is closer an event to the woman than to the man.

Among the females, the four events can be sequenced as follows:

(1) Received first information about VSC (R)
(2) Made decision to accept VSC (M)
(3) Terminated last pregnancy (T)
(4) Accepted tubal ligation (A)

For males, the events occurred as enumerated:

(1) Received first information about VSC (R)
(2) Wife terminated last pregnancy (T)
(3) Made decision to accept VSC (M)
(4) Accepted vasectomy (A)

The intervals between these events can now then be reconstructed based on the data:

For females:

69.3 months 3.1 months 3.1 months
(R) <———>(M) <———>(T) <———>(A)

For males:

| 6 months | 28.3 months | 2.7 months |
|---|---|---|

(R) $\longleftrightarrow$ (T) $\longleftrightarrow$ (M) $\longleftrightarrow$ (A)

The women seemed to have arrived at the decision to be ligated even while they were heavy with their last pregnancy and then submitted themselves to the operation about eight months after this pregnancy was terminated. The decision making process appeared to be faster among the males, since they were vasectomized about three months after they made the decision to be sterilized.

In general, shorter intervals tend to be associated with residence in Metro Manila, less education, another sterilized person or friends and relatives as the most influential persons in the decision to accept, and mention of health and sufficient number of children as the chief reasons for the acceptance of VSC. An examination of the period between the time the decision to accept was made and the time of the actual operation shows that the Metro Manila female VSC acceptors had an interval of nine months compared to 12 and 16 months in areas outside of Luzon. The time lag between decision and actual operation was two months among males with primary or intermediate education compared to about three and a half months among those who had at least some secondary education. Achieving a different level of sophistication, these more educated acceptors demonstrated the propensity to consult more people and seek more information.

Only 30 female acceptors (8 per cent) had their ligation while they were in the hospital for their delivery. Almost three quarters (73 per cent) of the women had a normal delivery while the remainder had a Caesarean operation. Fifteen women had their ligation on the day of their delivery while the rest waited for about two days more, on the average.

More than seven out of 10 males went under the knife for their vasectomy shortly (one month of less) after making the decision to accept VSC. In contrast, only three out of 10 women did as promptly as the males.

The women referred to their being still pregnant at the time their decision was made (28 per cent) as the major reason for postponing their VSC operation. Seventeen per cent had to wait for the appropriate schedule and 15 per cent stressed their initial fears about VSC such as possible side effects, its inconvenience, and other rumors. Want for more children delayed the operation for more than a month among 13 per cent of the females.

Majority of the males pushed their schedules later because of the need for more information (51 per cent). Nevertheless, it can be seen from data presented earlier that such postponement by the males has not been as protracted as the females. About 20 per cent cited personal reasons like waiting for someone to accompany them to the hospi-

tal, being busy, and taking some rest first before submitting for the operation. Fears about the method (7 per cent) were less intense than the females and the same number revealed their wives were still pregnant.

### Reasons for Acceptance

When asked why they chose VSC rather than a temporary family planning method, greater numbers of the acceptors highlighted the favorable characteristics of sterilization such as its proven effectiveness, being better for the health, convenience, simplicity, and less cost. These were almost universal in the Visayan and Mindanao areas where at least nine out of 10 women stressed these advantages of tubal ligation over other available contraceptives. The Metro Manila females exhibited a greater propensity to advance the side effects of other FP methods and economic difficulties as having prodded them towards VSC. To a certain extent, the recommendations of health personnel, another sterilized person, and relatives made the difference in the choice of the method (as much as 19 per cent among the males). Data from the VSC survey also show that users of the less effective methods tended to mention more frequently the beneficial aspects of VSC.

Some possible reasons for deciding to have sterilization were read to the respondents to determine whether each was important. The economic reasons were considered important by almost all, irrespective of the VSC method received. The other leading reasons among the women were: they had all the children wanted (95 per cent), sterilization was the only method available (78 per cent), other methods were not effective (72 per cent), and they were not able to use other methods because of side effects (56 per cent). The males appeared less dispersed with respect to the reasons underlying their action. Aside from the economic reasons, majority of the males referred to having all the children wanted (84 per cent) and the ineffectiveness of other methods (52 per cent).

## PRE- AND POST-OPERATION SERVICES AND EXPERIENCES

The previous section examined the sources of information about VSC and the influences involved in the decision-making process. There are specific indications that the VSC clients' decision to accept sterilization was voluntary and informed.

The present section attempts to pursue further the issue of how well-informed the acceptors have been by scrutinizing the extent to which they were told, particularly during the pre-operation counseling, of the availability of other family planning methods, the permanent nature of the procedures, and the risks, pains, or complications involved in the VSC opera-

tion. While certain norms with respect to the provision of various VSC services are prescribed by Commission on Population (POPCOM) and the PAVSC, it would be beneficial to determine how well the established procedures are being observed in actual practice by service providers. Since the VSC acceptors subsequently become crucial influentials themselves, as shown earlier, it would also be useful to determine their levels of satisfaction with their decision to be sterilized and their willingness to recommend the method to other eligible clients.

## Education and Counseling

About three quarters of the females and five out of eight males got their information about the VSC operation from medical personnel (Table 9). It is surprising that many claimed they got their information about the operation from other sources such as friends, relatives, FP worker or the traditional midwife. This suggests that these clients were not given pre-operation counseling by the right persons and if at all, the counselor was not thorough or failed to make an impact on the acceptor.

While very few believed they could still have children at the time of the interview or in the future (5-6 per cent, overall) as much as 12 per cent among the males and 22 per cent among the

TABLE 9. PERCENTAGE DISTRIBUTION OF RESPONDENTS BY PERSON WHO EXPLAINED THE VSC PROCEDURE: 1989 PHILIPPINE VSC SURVEY

| PERSON WHO EXPLAINED VSC OPERATION | Tubal Ligation | Vasectomy | Total |
|---|---|---|---|
| No one | 3.5 | 0.7 | 2.1 |
| Doctor | 26.3 | 51.0 | 38.7 |
| Nurse | 15.5 | 9.8 | 12.6 |
| Midwife | 34.3 | 2.2 | 18.3 |
| Friends/relatives/ co-worker/spouse | 12.2 | 14.3 | 13.3 |
| Another sterilized person | 1.0 | 7.5 | 4.2 |
| FP worker/traditional midwife/other workers | 7.0 | 14.2 | 10.6 |
| No information | 0.2 | 0.3 | 0.2 |
| TOTAL | 100.0 (400) | 100.0 (400) | 100.0 (800) |

females were unsure whether they could still have more children in the future (Table 10). This finding suggests that the acceptors were given insufficient information on the permanency of the VSC methods by the supposedly knowledgeable sources.

Lamentably, only 46 per cent of the tubal ligation acceptors were informed before their operation that other family planning methods were available to them. A larger proportion among the males (58 per cent) was relayed the same information. Although knowledge of family planning methods may be almost universal among the cli-

**TABLE 10. PERCENTAGE OF RESPONDENTS BY SELECTED VSC KNOWLEDGE MEASURES: 1989 PHILIPPINE VSC SURVEY**

| KNOWLEDGE MEASURE | Tubal Ligation | Vasectomy | Total |
|---|---|---|---|
| Believe can have children now | 5.8 | 4.8 | 5.2 |
| Believe can have more children in the future | 5.5 | 6.8 | 6.1 |
| Unsure can have children now | 14.5 | 7.8 | 11.1 |
| Unsure can have children in the future | 21.8 | 12.5 | 17.1 |
| Informed about other family planning methods prior to the procedure | 45.5 | 57.8 | 51.6 |
| Received information about pains or discomfort associated with VSC | 51.5 | 16.5 | 34.0 |
| Given reading materials on VSC | 29.8 | 42.0 | 35.9 |
| Have some unanswered questions about VSC at present | 13.0 | 9.0 | 11.0 |
| Made suggestions to improve the giving of VSC information to clients | 10.5 | 11.2 | 10.9 |
| N Cases | 400 | 400 | 800 |

ents, they must still be advised of other alternatives and be properly informed as to the availability and accessibility of such other FP methods because of the permanency of the VSC methods.

Likewise, a sizable number were not apprised of the possible risks or complaints associated with the procedures. Only a little over a half (52 per cent) of the women and a measly 16 per cent of the men benefited from this type of information.

The distribution of reading materials about VSC was very limited. Only 30 per cent of the women and 42 per cent of the men claimed having received such materials.

Despite the above limitations, only 10 per cent of the respondents remained having unanswered questions about sterilization and expressed the need to improve the manner in which VSC information was given to the prospective clients. The most important unanswered questions were connected with the women's menstruation and why some women get pregnant in spite of the ligation. The men were worried about the possible regeneration of the severed vas deferens. The women also underscored the need for a clearer explanation of the possible side effects of tubal ligation.

Even the medical personnel failed to inform many of the tubal ligation and vasectomy acceptors, to whom they explained the VSC operation, of the possible pains, discomforts or risks of the procedures. The same medical people seemed to have performed below expectations concerning the giving of information about other FP methods except perhaps to the vasectomy acceptors. There was relatively free exchange of information between the client and the medical personnel, but a lot could have been gained if the counselees were given enough assurance by authoritative sources, particularly by the doctors who talked to many of the women.

As expected, those who got information about the VSC procedure from the medical people harbored relatively less unanswered questions than those who talked to somebody else like friends, relatives, another sterilized person or the field workers.

Overall, the data above imply the need to strengthen various aspects of the information, education and counseling component of the VSC program in the country.

## Medical Attention Received and Physical Complaints

The acceptors were almost entirely satisfied with the services of the medical staff who attended to them during their operation. Although the males expressed greater discontentment with the services they received, about nine out of 10 rated the doctor's or nurse's services as either excellent or good, overall.

More complaints related to the operation were experienced by the

women than the men (65 per cent as against 14 per cent). This may be partly due to the fact that the female VSC operation is more complex than the male VSC operation. Secondly, the males consulted the doctor more frequently in terms of information about VSC in general and the procedure of the operation in particular and had a freer exchange of ideas than the females, thereby getting more information about the possible pains and discomforts. Having been forewarned, the men consequently were less prone to report ailments or problems unless these were quite bothersome.

Among the women with complaints, pain in the abdominal area (76 per cent) was the most cited. Likewise, the men complained of pain in the area of their operation (50 per cent). To a much lesser degree, the women also mentioned nausea or vomiting and pain in the pelvic region. The men were disturbed by pain or abnormal growth in the testicles, general feeling of weakness, and abdominal pain.

Three quarters of those who reported having experienced physical problems associated with their operation sought medical attention and most of them returned to the same facility where they got operated on. Virtually all of them expressed complete satisfaction with the treatment or services received.

**Choice of Facility**

The choice of facility affects not only the timing of the actual operation but also the level of satisfaction with the sterilization. If there is no appropriate clinic or hospital, the operationalization of the decision to accept sterilization may be postponed or altogether abandoned.

The latitude of choice among the female respondents was larger: around 74 per cent of the women knew of other places where they could have their VSC operation compared to only 28 per cent among their male counterparts.

The acceptors who identified other possible venues for the sterilization operation were asked of their reason for their choice of the clinic or hospital. Many of the acceptors had their operation scheduled according to the arrangement or recommendation of the field workers and other knowledgeable individuals like doctors, nurses or midwives (37 per cent among the women and 29 per cent among the men), and hence exercised little or no choice over the facility. For the others, the accessibility of the facility was given premium (21 per cent and 24 per cent for females and males, respectively). Obtaining the operation free of charge was the underlying reason for the choice of 19 per cent of the women and 13 per cent of the men.

More females than males stressed the importance of the quality of services (65 per cent vs. 23 per cent) and the quality of the clinic/hospital staff (64 per cent vs. 22 per cent) in their

selection of the facility wherein to undergo the VSC procedure. The women were more inclined to go to a facility which maintained complete and clean equipment and whose staff was caring and cordial. Surprisingly not much weight was placed on expertise or familiarity with the staff.

### Attitudes and Other Perceptions and Experiences

Practically all the respondents expressed satisfaction with their decision to be sterilized (97 per cent for the females and 96 per cent for the males). Among the very few women who conveyed their dissatisfaction, three got pregnant and four experienced side effects. The men echoed the same reasons (five intimated their wives got pregnant and four felt side effects).

In consonance with the very high level of satisfaction with their sterilization, the acceptors likewise essentially declared having no regrets about their operation. Most of the repenting women (12) were troubled by side effects while another eight wanted to have another child. Among the regretting males, the most important cause was their inability to have more children (12).

Nine out of 10 acceptors signified their willingness to recommend sterilization to a friend or to a relative. The rest refused to recommend the VSC methods to other people because they did not want to be blamed in case of side effects or dissatisfaction later on.

In the main, the favorable effects of the VSC methods far exceeded the adverse effects (see Table 11). The number of women and men who believed their health became better after their operation was four times the number of those who claimed their health worsened. Improvements in their marital life were noted by more than a quarter as against a few whose situation worsened (3-4 per cent). A large number of the women experienced changes in their menstrual cycle. About 26 per cent experienced more frequent cycles while 15 per cent had less frequent cycles. Weight gain became evident to eight out of 17 women while 17 per cent suffered weight loss. Generally, greater changes occurred among the women than among the men.

Seven ligated women and 38 wives of the vasectomized men got pregnant after their VSC operation. Of the total number (45), eleven got pregnant less than two months after the VSC procedure. On the average, the women discovered they were pregnant eight and a half months after they were ligated and the wives, 17 months after their husbands had their vasectomy. While the pregnancies occurring immediately after the operation may be due to the carelessness of the couples themselves, by not adhering to specific instructions or precautions on how to avoid pregnancy during the initial sterilized period, the rest of the cases of failures

are worth looking into.

## SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

### Summary and Conclusions

The 1989 Philippine VSC Survey, a follow-up survey of 400 tubal ligation and 400 vasectomy acceptors, was conducted with the end view of improving the provision of voluntary surgical contraception (VSC) services in the country. The contraceptive prevalence rate in the Philippines has increased tremendously since 1983, rising to a level of 45 per cent in 1986. Though sterilization emerged as the leading method, a large proportion of the users were using the less efficient program methods such as condoms and rhythm and the non-program methods like withdrawal. The rising popularity of sterilization in the country holds some promise in producing more dividends to the population program. Improvements in the VSC program itself are envisioned to enhance the levels of knowledge about male and female sterilization, reduce related fears and misconceptions, and maintain if not increase the levels of satisfaction with the procedure and the method itself in the short and long run.

The data, which cover VSC acceptors since 1985, disclose a deceleration in the acceptance of female sterilization after 1986 and of male sterilization after 1985. The year immediately before and the years following the 1986 revolution were periods of uncertainty for the population program.

TABLE 11. PERCENTAGE OF RESPONDENTS ACCORDING TO PERCEIVED OUTCOME OF VSC OPERATION: 1989 PHILIPPINE VSC SURVEY

| CHARACTERISTICS | Tubal Ligation | | Vasectomy | |
|---|---|---|---|---|
| | Positive Outcome | Negative Outcome | Positive Outcome | Negative Outcome |
| Ability to work | 11.2 | 29.5 | 12.5 | 8.3 |
| Health status | 38.0 | 9.2 | 16.0 | 3.5 |
| Marital life | 25.2 | 4.5 | 26.5 | 3.3 |
| (Wife's) Menstrual cycle | 25.5 | 15.0 | 5.5 | 6.3 |
| Weight change | 47.5 | 17.2 | 31.3 | 12.8 |
| Sexual relations | 17.2 | 15.5 | 21.3 | 7.8 |
| N Cases | 400 | | 400 | |

The new leadership, both of the government and the program, demonstrated vacillation or lack of support. The slow flow of funds and the lack of logistics forced the program into a slump. The declining proportions of VSC acceptors in recent years therefore were mostly due to the difficulties of the population program rather than to the waning popularity of sterilization.

Philippine women are accepting VSC at increasingly younger ages, implying the willingness of a growing number of low-parity women to adopt the permanent method. On the average, the female and male acceptors had moderate-sized families (3-4 children). Data from complementary sources indicate that many of the VSC acceptors have exceeded their desired number of children before they submitted themselves to the operation.

The females waited two and a half years after the birth of their youngest living child before they had the VSC and the males, twice that long. This protracted interval exposed the couples to a very high risk of unwanted pregnancy as many of them never used any family planning method before VSC. Likewise, a very limited current use of FP was evident among the ever-users at the time of operation.

While the data point to the acceptability of the VSC methods regardless of education and an expanding acceptance among the better educated, the same methods appeared to be adopted at varying degrees by the different occupational subgroups. VSC acceptance remained low among the professionals, clerical and service workers, manual workers (among females) and farmers. The outreach of service providers among these more deserving high-fertility population sub-groups remains much to be desired.

The average female VSC acceptor is a Roman Catholic, a non-working housewife, at least high-school educated and aged 32 years. She has about four living children, had her first born at age 21 and her youngest child was about two and a half years old when she had her sterilization operation. On the other hand, the typical male VSC acceptor is a Roman Catholic, a production process or transport worker, had at least secondary education, with his youngest child about five years old when he was vasectomized and has 3-4 living children.

The VSC acceptors had a high level of contraceptive knowledge, especially of the more efficient methods. About seven out of 10 couples where the wife was ligated have tried another method before, compared to two out of three couples where the husband was vasectomized. Majority of the acceptors were dependent on the less efficient methods, particularly withdrawal, condom, and rhythm as a last method. A comparison of the data on first method and last method manifests a shift from the more effective methods to less effective methods before finally

accepting the permanent and most effective method of sterilization.

Deplorably, while more than two-thirds of the couples used a family planning method before accepting VSC, only a third of such ever-users of other methods were using their method at time of operation. Moreover, among these current users, relatively more were using the less efficient methods.

Many of the interviewees stopped using family planning methods simply because they have decided to accept VSC or have been scheduled to be operated on. This raised the problem of the possibility of unwanted pregnancy in the interim.

Among the never-users, fear of side effects was the overriding reason for their hesitation to use any family planning method. Specifically, the males intimated their want for more children and lack of knowledge about other methods.

The doctor, the midwife, and the population outreach worker were mentioned not only as the most important sources of first information about family planning but also as the most instrumental in the acceptance of family planning the first time around. The spouses, relatives and colleagues were relatively insignificant as sources of information but nonetheless emerged relatively crucial in the decision to use a family planning method.

The results underscore the importance of interpersonal communication in the dissemination of information about VSC. The female acceptors identified another sterilized woman as the main source of their first information about VSC while the males specified friends or neighbors. The mass media and other printed materials on VSC served as important sources of additional information. Compared with the females, the males were greatly disadvantaged in the access to more information about VSC.

Before deciding to accept VSC, more respondents discussed their plan with another sterilized person. The latter also turned out to have exerted the most influence in the decision to take up sterilization. All in all, the male acceptors exhibited more contacts with the doctor than their female counterparts.

The males demonstrated greater autonomy than the females with respect to discussing the plan to be sterilized with their spouses. Nevertheless, respondents who were influenced by only one person in their decision to practice VSC named their spouse as the leading influential.

The women received their first information about VSC seven years before they were ligated and the men, two and a half years before they underwent vasectomy. In relation to other two events, i.e., the termination of the last pregnancy and the time the decision was made, the intervals were shorter for the males than the females. This suggests a faster decision making pro-

cess and more prompt action on the decision among the males.

Overall, the intervals were shorter among the residents of Metro Manila, the less educated, those who reported another sterilized person or friends and relatives as the most influential in the decision to accept, and those who mentioned health and had enough children as the principal reasons for acceptance.

The foremost reason why the women had delayed their operation was that they were either pregnant or had to wait for their schedule. The males had to seek more information about the method before going to the operating table.

VSC acceptance was primarily motivated by economic reasons and secondly by having all the children wanted. Many of the women accepted VSC because sterilization was the only method available to them or because they feared the side effects of other methods.

Much needs to be done to improve the provision of counseling services to the clientele. A quarter of the women and more than a third of the men got information on the VSC procedure from non-medical sources. This implies that this topic was not discussed with the clinic staff before the operation, or there was no pre-operation orientation at all. This is supported by the fact that many felt unsure whether they could still have more children in the future. Likewise, a large number of the acceptors were not informed about other family planning methods prior to the procedure nor received information about the possible pains, discomforts or risks involved.

The women enumerated more complaints relative to their operation than the men. This may be partly due to the more complex nature of the tubal ligation procedure than vasectomy. Moreover, the men had more contacts with authoritative persons, particularly the doctor, thereby gaining more and better information. The most important complaint was pain in the abdominal area among the women and pain in the area of operation among the men. More ailments were reported by the younger acceptors and the primary or high school educated. Most of these clients sought medical attention and reported complete satisfaction with the treatment received.

The level of physical complaints currently experienced at the time of interview was fortunately low. The women mostly complained of pain or discomfort in the abdominal region while the men bewailed their loss of weight.

Almost three quarters of the women knew of other venues where they could have their operation; in contrast, only a little over a quarter of the men were aware of other facilities where they could go for vasectomy. With the exception of the acceptors who exercised no choice over the facility because their schedules were arranged by other persons, the accessi-

bility of the facility was an important consideration in the selection of the place of operation. Many of the acceptors were also attracted by the free operation offered by the facility.

Practically all the respondents were satisfied with their decision to be sterilized. Only a handful expressed their regrets because of side effects and want for more children. As a result, nine out of 10 said that they would recommend the VSC methods to their friends or relatives.

In general, the favorable effects of the VSC methods outweighed the negative effects. More acceptors believed their health got better after the operation than those who thought their health worsened. There were also more cases of improvements in marital life and in sexual life. Nevertheless, a large number of the women experienced changes in their menstrual cycle. Gaining or losing weight was reported by both men and women. Overall, the women experienced greater changes than the men.

## Recommendations

On the basis of the results of the 1989 Philippine VSC Survey, the following recommendations are being made:

1. The government must continue its usual support to the VSC program and ensure the unimpeded flow of subsidy funds to enable the participating agencies to pursue their goals. In the absence of governmental action, participating agencies especially the private ones may have to turn to local or foreign NGOs for the needed financial assistance to sustain activities connected with their VSC service delivery. Much has been done to raise interest in and acceptance of VSC and it is indeed unfortunate that barriers are now imposed to frustrate meeting present demands for the service.

2. An increasing number of young low-parity couples are opting for sterilization. These couples must be thoroughly informed of the irreversibility of the VSC methods and made certain that they do not want any more children.

3. While there is no direct evidence, the propensity of Metro Manila and Luzon couples to terminate childbearing by accepting VSC more promptly than those from the other regions reflects the relative accessibility and availability of facilities and service providers in Metro Manila and Luzon. It may also be due to better knowledge of service outlets. Thus while there may not be a need to have more service outlets or service providers, locations of existing facilities must be public knowledge. In the event that new outlets are established, their locational advantage in relation to their clientele must be seriously considered.

4. There is a need to improve the levels of acceptance among the professionals, clerical and service workers, manual workers, and farmers.

Many of these population subgroups are characterized by high fertility and therefore are more deserving of services than those currently being served by the VSC program. A more vigorous information campaign must be directed towards the manual workers and farmers who constitute a greater segment of the underserved. The information must include not only the features of the VSC method but also the availability and accessibility of service providers. These special groups may not be averse to VSC, as sterilization has been found to be acceptable to all education subgroups.

5. The data suggest that there are many eligible couples who are afraid of the side effects of other methods or dislike the other FP methods for various reasons. They unnecessarily expose themselves to the risk of unwanted pregnancy by not using any contraceptive before their VSC operation. If ultimately these couples will accept VSC, then there is a need to catch them earlier. Under a cafeteria system of providing FP methods, FP information systems at clinic and non-clinic levels should be equipped with thorough knowledge about all methods of family planning, sterilization included. If certain information needs cannot be met at certain levels, the necessary referral mechanisms will have to be devised.

6. It is deplorable that many users stopped using family planning methods simply because they have been referred for VSC service, have been scheduled for the operation, or have decided to take up sterilization. Such couples are exposed to the risks of unwanted pregnancy in the interim. They should be advised to continue using their method or if possible shift to a more efficient method for better protection. Those who are not using any should be advised to use an acceptable method. But the best move is to avoid any further delay in the operation.

7. VSC acceptors are the main sources of first information about VSC and are an important influential in the decision to accept VSC. The information they imbibed and their experiences with VSC form the basis for the information that they themselves disseminate. It is thus critical that acceptors be given sufficient and correct information about VSC and provided with satisfactory services. The provision of satisfactory service implies that service providers must be equipped with the necessary and latest knowledge, skills, and facilities. There may be a need to harness VSC acceptors as motivators. Along with social and health workers who have also been identified as important sources of VSC information, they should be given training on the proper and latest information about sterilization as well as FP motivational strategies.

8. The mass media must be tapped further as a first and secondary

source of information about VSC. The distribution of printed materials should be made more extensive, giving special attention to the males who have hitherto been disadvantaged in access to such materials.

9. Prospective VSC acceptors must be encouraged to discuss their plans with their spouses and authoritative persons such as the doctor, nurse or midwife. The information about VSC must be relayed not only to the client but also to the spouse. This is necessary because the spouse is an important influential in the decision to accept VSC.

10. The females took a longer time than the males to actually undergo operation after they had decided to accept VSC. A look at their reasons reveals that for majority of them the delay was unnecessary. More consultations with the clinic staff and discussions with family members would prevent further delays in the females' acceptance of VSC. On the other hand, referrals to authoritative persons would satisfy the need of the males for more information and consequently encourage them to undergo vasectomy more promptly.

11. Aside from economic reasons, the couples resorted to VSC because they already had all the children they wanted. With the downward shifts in desired family size, the provision of VSC services will have to be strengthened to meet increasing demands for effective family size limitation methods and help couples operationalize such desires more efficiently. Programs that accelerate changes in desired family size will have bearing on the provision of VSC services.

12. In addition to a revitalized information dissemination on VSC, it is necessary for service providers to adhere to existing regulations with respect to pre-operation counseling. The survey shows that many of the acceptors were doubtful whether they could still have more children and were not informed about the availability of other FP methods and about pains, discomforts, and risks involved in the VSC operation.

13. There are indications that where acceptors learn more about the VSC, particularly about pains or physical complaints involved in the operation, the less frequently they report such ailments. It would be very useful for the medical staff to apprise clients about the short term or long term sequelae of sterilization. Special attention may have to be given to the younger and less educated acceptors who demonstrate greater tendency to report such complaints.

14. While the favorable effects of VSC seem to outweigh the adverse effects, the prospective clients must be informed of all possible effects of sterilization. There is a need for continuing studies on the effects of VSC to discern the bases of various complaints and thereby enable service providers to cope with them.

15. The number of vasectomy acceptors pales in comparison to the number of tubal ligation acceptors. While the machismo complex may be strong in certain areas, particularly the less developed sections of the country, many men express concern for their wives' welfare and for various reasons are willing to undergo the male procedure. A stronger promotional and motivational campaign directed at males is therefore being recommended. This must be able to combat the misconceptions and rumors which discourage many males from even considering the male VSC as a family planning method. Since the males manifest the greater tendency to postpone acceptance because of the need for more information, VSC information must be packaged to cater to their specific needs. Such specific needs may have to be identified by further research.

16. There is need to conduct a study on the occurrence of pregnancies among acceptors, though limited their number may be, particularly those failures that happen months after the VSC operation.

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