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# PERCEPTION OF WOMEN REGARDING INFORMED CONSENT BEFORE LAPAROSCOPIC STERILIZATION 

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Abstract: This descriptive study conducted to assess the perception of women regarding informed consent before laparoscopic sterilization in selected PHCs in, Mysore. Purposive sampling technique was used to select 100 women who underwent laparoscopic sterilization A Structured Interview Likert scale was developed and used to collect the data. A pilot study was conducted to find out practicability and feasibility of the study. Data from the samples were collected through interview method. Data was analyzed using SPSS-16version. Both descriptive and inferential statistics were used. The obtained perception score mean percentage was $\mathrm{M}=65.73$ ( $\mathrm{SD}=.1 .91$ ), related to 'informed consent' was $\mathrm{M}=69.13 \%$ ( $\mathrm{SD}=1.90$ ), related to 'Information' was $\mathrm{M}=60.34 \%$ ( $\mathrm{SD}=.1 .97$ ), related to 'consent taking process' was $\mathrm{M}=67.71 \%$ ( $\mathrm{SD}=1.68$ ). And related to ethical value of informed consent was $\mathrm{M}=65.75 \%$ ( $\mathrm{SD}=.1 .93$ ). results revealed that women's perception on informed consent was average.. Obtained F value regarding education ( $\mathrm{F}=9.877$ ) shows highly significant association between education and perception of women regarding informed consent. There is a need to improve the information given to patients and particularly woman with a low level of education before taking consent for any procedure.

## INTRODUCTION

The reproductive health programme phase II emphasis the importance of achieving population stabilization and attaining the goalof replacement- level fertility by 2010. To achieve this objective, it is vital to provide quality services in family planning programme. Laparoscopic sterilization services arelargely being provided through network of public and private sector. ${ }^{1}$ There has been growing concern about the quality of sterilization services being offered particularly increase in complication of failure and deaths due to sterilization as also resulted in increased litigation being faced by the providers Sterilization of women, by surgical occlusion of the Fallopian tubes, is the most commonly used modern contraceptive method in many developing countries There has been growing concern about the quality of sterilization services being offered particularly increase in complication of failure and deaths due to sterilization as also resulted in increased litigation being faced by the providers Sterilization of women, by surgical occlusion of the Fallopian tubes, is the most widely accepted of all modern family planning measures, being currently used by an estimated 140 million eligible couples worldwide (United Nations 1992), and is the most commonly used modern contraceptive method in many developing countries ${ }^{2}$.

Informed consent (written consent) is an integral part of any surgical procedure. The patient must be well informed regarding the rational, intended benefits, the risk, the alternatives, and the cost implications. Written consent and legal consideration in family planning is needed to make decisions without fear of coercion constitutes the crucial elements of reproductive rights.

## OBJECTIVES

1. To assess the perception of women regarding written consent beforeLaparoscopic sterilization.
2. To find association between the demographic variables and perception ofwomen regarding informed consent

## HYPOTHESIS

$\mathrm{H}_{1}$ : There will be a significant association between women's perceptions oninformed consent with selected demographic variables.

## RESEARCH METHODOLOGY

The research design selected for the study was descriptive survey design to assess the perception of women regarding informed consent before laparoscopic sterilization, in selected PHCs in Mysore

The samples size 100 were selected by using purposive sampling technique. The tool used for data collection was a structured interview schedule, comprising of two parts. Part I. consists of demographic data such as age, literacy, health condition occupation, type of family the family planning method adopted previously. Part II consists of 25 items Perception on informed consent information by using four point Likert scale. The responses were given scoring of ' 1 ' for "Strongly disagree", 2 for "Disagree", 3 for "agree" and 4 for: strongly agree", The high score indicates high and good perception with the informed consent before laparoscopic sterilization

## Data collection procedure

The investigator interviewed each individual to collect the necessary data from.28.12.10 to 15.01 .2010 . Interview with the sample were conducted between 9.00 amto 6 p.m. Confidentiality and ethical issues of the subjects were met individually.

Data analysis was planned by using descriptive and inferential statistics. Demographic variables of mothers were analyzed using frequency distribution. Perceptions of women are analyzed by using mean, range and standarddeviation. Association between perceptions of women regarding informed consent beforelaparoscopic sterilization was analyzed by using ANOVA'

## Ethical consideration

The research title and objectives were approved by the research committee. Formal permission was obtained from the Medical officer Kadakola PHC, Mysore. Explanation about the purpose of investigation was given to women who given consent for the surgery underwent laparoscopic sterilization and Confidentiality was ensured. An informed consent was obtained from the individual woman .The individual had rights to refuse to participate in the study.

RESULTS AND DISCUSSION

Section 1:- data on demographic variables among women

| Demographic variables | Frequency | Percentage |
| :--- | :---: | :---: |
| Age |  |  |
| $21-25$ | 90 | $90 \%$ |
| $26-30$ | 6 | $6 \%$ |
| $31-35$ | 85 | $4 \%$ |
| Religion | 10 | $85 \%$ |
| Hindu | 5 | $10 \%$ |
| Christian |  | $5 \%$ |
| Muslim | 28 | $54 \%$ |
| Education | 54 | $54 \%$ |
| No formal education | 15 | $15 \%$ |
| Primary education |  |  |
| Secondary education |  |  |


| PUC and above | 3 | 3\% |
| :---: | :---: | :---: |
| Occupation |  |  |
| Unemployed | 65 | 65\% |
| Other (Agriculture) | 35 | 35\% |
| Economic status |  |  |
| Below poverty line | 53 | 53\% |
| Above poverty line | 47 | 47\% |
| Type of family |  |  |
| Joint family | 22 | 22\% |
| Nuclear family | 78 | 78\% |
| Number of children |  |  |
| Two | 96 | 96\% |
| Three and above |  | 4\% |
| Adaptation of temporary family planning method |  |  |
| Yes | 87 | 87\% |
| No | 13 | 13\% |
| Acceptance of this surgery |  |  |
| Fully voluntary | 77 | 77\% |
| By advice of others | 23 | 23\% |

It was inferred that majority of women were between 21-25 years, wereeducated up to primary education, belongs to Below poverty line, were Hindu religion, were housewives, accepted temporary family planning method, were having2 children, and accepted the laparoscopic sterilization voluntarily

$$
\mathrm{N}=100
$$

| Perception | Maximum | Mean | Mean | S.D |
| :--- | :---: | :---: | :---: | :---: |
| percentage |  |  |  |  |
| 1. Written/Informed consent | 24 | 16.59 | 69.13 | 1.90 |
| 2. Information to be provided before consent | 24 | 14.48 | 60.34 | 1.97 |
| 3. Consent taking process | 24 | 16.25 | 67.71 | 1.68 |
| 4. Ethical value of informed consent | 28 | 18.41 | 65.75 | 1.93 |

The obtained score on perception was high ( $69.13 \%$ ) regarding informed consent. And also women's perception was average in process of consent taking ( $67.71 \%$ ) and ethical values $(65.75 \%$ ) but the perception of women was low ( $60.34 \%$ ) related to the information tobe provided by the health care provider before taking consent. It was inferred that the women had average perception regarding informed consent before laparoscopic sterilization.

ANOVA for association between the perceptions of women regardinginformed consent and demographic variables

## $\mathrm{N}=100$

| Sl. no | Variables | N | Mean | $\begin{array}{c}\text { Std. } \\ \text { Deviation }\end{array}$ | F |
| :--- | :--- | ---: | ---: | ---: | ---: |
| 1 | Age |  |  |  |  |
|  | $21-25$ | 90 | 65.7111 | 4.79289 |  |
|  | $26-30$ | 6 | 64.0000 | 2.68328 | 1.243 |
|  | $31-35$ | 4 | 68.7500 | 3.86221 | N.S |
|  | Total | Religion | 100 | 65.7300 | 4.69226 |$]$

## N.S=Not Significant, H.S= Highly Significant

The obtained F value regarding age, religion shows that there was no association between the perception score and selected demographic variables of women. The obtained F value regarding education $\mathrm{F}=9.877$ shows highly significant association between education and perception of women regarding informed consent before laparoscopic sterilization.

HYPOTHESIS: $\mathrm{H}_{1}$ is accepted as there is significant association between women's perceptions on informed consent and
selected demographic variables.

## INTERPRETATION

Women's perception on informed consent was average. Women's perception on concept of consent, Consent taking process and ethical value of informed consent was average and perception on information provided to the client before taking consent. Related to association between women's perception on informed consent and demographic variables were revealed that only education status influences the perception of women on informed consent.

## DISCUSSION

Similar study conducted by Prof .Rajalakshmi on informed consent in sterilization among women who have undergone sterilization in public and private hospital at Chennai city area In this study the obtained perception score mean percentage was $\mathrm{M}=65.73$ ( $\mathrm{SD}=.1 .91$ ), related to 'informed consent' was $\mathrm{M}=69.13 \%$ ( $\mathrm{SD}=1.90$ ), related to 'Information' was $\mathrm{M}=60.34 \%$ ( $\mathrm{SD}=.1 .97$ ), related to 'consent taking process' was $\mathrm{M}=67.71 \%(\mathrm{SD}=.1 .68)$, and related to ethical value of informed consent was $\mathrm{M}=65.75 \%$ ( $\mathrm{SD}=.1 .93$.) The finding reveals that inadequate information was provided to women to enable them to weigh their options and arrive at the decision to accept sterilization. There was highly significant association between perception of women regarding informed consent and educational status of women, but there was no significant association between perception of women regarding informed consent and other selected demographic variables. The results show a need to improve the information given to patients and particularly woman with a low level of education.

## IMPLICATIONS:

a) The women will get sufficient information regarding sterilization and enables to take proper decision regarding sterilization
b) Nurses can take a proactive role in the process of informed consent
c) Nursing professionals have a greater role in evaluating the consent takingprocess.
d) Nursing education should help the students to gain knowledge regarding ethical values and issues of informed consent.

## RECOMMENDATIONS

- A similar study can be conducted to assess the satisfaction of consent taking process in health care centers.
- A similar study can be conducted on health care providers regarding the quality maintained in consent taking process


## References

1. Jayalakshmi. Deputy Commissioner Research Studies \& StandardsDivision Ministry of Health \& Family Welfare, Available at URL http;//www.mohw.nic.in/dow\ website/quality2oassurence.
2. Rajalakshmi. Informed services in sterilization services.[ online] 2007 [Cited dec 2009]Available at http;//www.ncbi.nlm.nih.gov/pubmed42583.
3. Shripad Hebbar ,Sathish. .Ethical issues in Laparoscopic hysterectomy. Indianjournal of medical ethics. VoL III No 1 Jan to March 2006.
4. William R.Finger Choice must be informed voluntary. Poplin article, American public health association oct 1976.[cited Dec 2009] Available atURLhttp://www.google.co.in/search?clint firebox
5. Omkar singh A.K Population growth and family planning India [online 2006] [Cited Dec 2009] Available at URL http;/www.genderwar.gen.in/
6. Statistical section.District health and family welfare office Mysore districtDecember2009
7. Imam et al. Patient perception and actual practice of informed consent Available at URL http/www biomed central.com/i
8. GillianM et al Barriers to post partum sterilization and women attitude .Journal of medical association . VoLL 77 issue I p44-49 Available at URL in,pubmed .com)
9. Imam et al. Patient perception and actual practice of informed consent Available at URL http/www biomed central.com/imfo/median information.
10. Mucahit Egri, Indian journal of medical ethics.5 (1).Jan-Mar.2008. available at URL http://webcache.googleusercontent.com/search.
