CHAPTER - III

PROBLEM AND HYPOTHESES

The studies dealing with the after effects of tubectomy were briefly reviewed in the previous chapter. On the basis of these studies, the investigator comes to the conclusion that there are numerous weaknesses in design and methodology of these studies. Most of the studies were unscientific and uncontrolled. Psychological tests used in these studies were not standardized for the population under investigation and most of the reports were retrospective in nature and in the West data were collected through the male questionnaire which is not a very suitable method to elucidate mental and somatic symptoms.

In spite of numerous weaknesses in design and methodology, there are certain significant conclusions which can be drawn from a review of Indian studies on the psychiatric and somatic effect of tubectomy.

There is overwhelming evidence that a large number of patients after tubectomy operation (20% to 30%) do complain of various
kinds of psychological and somatic symptoms which they attribute to the operation and these symptoms may last from many months to years.

Psychiatric morbidity and tubectomy are found to be correlated. Depression has been observed in concomittance along with other emotional disturbances.

Type of personality play an important role in the manifestation of psychiatric disturbance specifically neurotic or schizoid personality contributed to the development of psychiatric disturbances after tubectomy. Besides this there is a disparity between incidence of psycho-sexual symptoms after tubectomy operation in India and Western countries and this difference has been attributed to the difference in the socio-cultural background of the subjects. Within India there are diverse demographic, socio-economic and cultural differences. Further, within states there are drastic cultural differences between the metropolitan (M) and rural (R) population. Even though the people living in a metropolitan city have different social and religious backgrounds, yet, there ideology and values are quite different from their rural counter-parts. The metropolitan population is more influenced by the western culture, are better educated, more exposed to mass-media, unorthodox, alienated and
Social-bonds are negligible. On the other hand the rural population is generally more conservative/orthodox, religious having close knit social bonds based on ideological similarities.

On the basis of all these facts the investigator felt that there might be differences in the reactions of rural and metropolitan woman to the tubectomy operation.

Within a given population, there are further variations in the characteristics of women who opt for sterilization. A number of investigators have studied the socio-demographic aspects of tubectomy acceptors. It has been reported that most of the woman who opted for tubectomy operation are uneducated, young, with low socio-economic status, non-working with mean number of children 4 + and belong to rural area. It has also been reported that age, socio-economic status literacy, work-status, mean age at marriage, mean number of children and cultural background influence the manifestation of psychosomatic disorder.

Keeping in view all these fact the present investigator decided to study the role of personality (which is a very powerful factor) in the development of psychosomatic complains. The investigator selected only four socio-demographic variables - age, literacy, work status, socio-economic status, for detailed study within the metropolitan and rural cultures.
PROBLEM

Tubectomy And Psycho-somatic Disorders - a study of Personality and Socio-cultural Correlates.

OBJECTIVE OF THE STUDY

The objective of the present investigation was to study a random sample of females at the time of referral for tubectomy operation and six month after the operation, and to study the role of personality and socio-cultural correlates of women in the manifestation of psycho-somatic disorders after tubectomy operation and compare them with a sample of women using non-permanent contraceptive methods.

In order to achieve the fore said objectives the following hypotheses were formulated -

HYPOTHESES:

I There would be a significant increase in psycho-somatic complaints in women after the tubectomy operation.

II There would be significant increase in extroversion and neurotic dimensions of personality of women after tubectomy operation.

III There would be a significant increase in psycho-somatic complaints of women with neurotic and introvert dimensions of personality after tubectomy operation.
IV There would be a significant increase in anxiety after tubal legation.

V Change in the anxiety after tubectomy would be positively correlated with post-operative change in psycho-somatic complains.

VI Incidence of psycho-somatic symptoms after tubectomy operation would be significantly higher in women belonging to rural area.

VII The effect of age, literacy, socio-economic status and work-status in the manifestation of psychosomatic complains would be significantly more pronounced in the rural population as compared to the metropolitan population.

With this background we may now pass on to the next chapter dealing with the Design and Methodology.