SUMMARY

Sterilization is a permanent and effective method of birth control in which the male or female partner is rendered unable to procreate. In males the operation is known as vasectomy and in female as tubectomy. Though the female sterilization is increasingly becoming popular and acceptable, there are a number of misconceptions about this operation. Since the operation is a traumatic experience the woman associate all the subsequent physical and mental symptoms with the surgical procedure.

It has been observed that the post-operative somatic complaints are generally psychological in origin. However, these psycho-somatic complaints are not universal, indicating that individual differences in personality or environmental factors may play an important role in the manifestation of psychiatric and menstrual disorders after tubectomy.

The present investigation was conducted to study the role of personality and socio-cultural factors in the manifestation
of psycho-somatic complains in women undergoing tubal legation. On the basis of earlier researches the following hypotheses were formulated

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

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

III There would be a significant increase in psycho-somatic complaints in women with neurotic and introvert dimensions of personality.

IV There would be a significant increase in anxiety after tubal legation.

V The change in anxiety after tubectomy would be positively correlated with post-operative change in psycho-somatic complain.

VI Incidence of psychosomatic complains after tubectomy operation would be significantly higher in women belonging to rural area.
The effect of age, literacy, socio-economic status and work status in the manifestation of psychosomatic disorders would be significantly more pronounced in the rural population as compared to the metropolitan population.

In order to test these hypothesis a quasi nonequivalent comparable group before/after design was employed.

The sample for the present investigation was taken from the metropolitan city of Delhi and rural areas of Haryana. For the experimental group, one hundreded women, mean age 30.5 years, undergoing tubal legation at different hospitals in Delhi and surrounding areas of Haryana during a period of about two years i.e. Jan 1989 to Jan 1991, were selected for the present study. The comparable group consisted of 50 subjects, of mean age 30.3 years, who were using non-permanent methods of contraception.

Each case presented for tubectomy operation was tested individually in a single session. The detailed verbatim record of the subjects symptoms both physical and mental and relevent history including personal background, menstrual status, previous contraceptive practice, marital and sexual relations along with demographic characteristics was obtained with the help of semi structured interview schedule especially prepared for this purpose. Besides this three tests viz. Hindi translation of
Hypochondriasis Scale (HS) of MMPI, Sinha's Comprehensive Anxiety Test by Sinha and Sinha and Eysenck's Maudsley Personality Inventory were also administered. All the cases were again followed up six months after the operation. During the post test all the tests were administered again. The order of presentation of test was kept the same for all the subjects to maintain uniformity in the procedure.

Comparable group subjects were contracted at their home. All the three tests along with semi-structured Interview schedule was administered and re-administered after six months.

Scoring was done with the help of the scoring keys provided by the authors.

Initially, in order to determine whether tubectomy operation has any significant effect on hypochondriasis anxiety and personality dimensions, the difference between the pre and post test mean scores on HS, anxiety and personality dimensions of the two group subjects were analysed by using t-test for correlated sample. The significance of difference between the pre and post scores of the two groups was tested by applying t-test for uncorrelated sample. Further, relationship between pre and post test score was analysed by computing pearson's product - moment correlation. Lastly the difference scores (Post minus pre) of
all the subjects on HS, anxiety and personality dimensions were computed. Then the relationship between personality/anxiety and hypochondriasis was analysed by computing Pearson's product moment correlation between difference scores of personality/anxiety and hypochondriasis. Lastly, the differential effect of the four socio-demographic factors (i.e. age, literacy, work status, socio-economic status each of which was further dichotomised into two) in the two cultures was analysed by applying three way ANOVA (2x2x2, i.e. culture x nature of contraceptives socio-cultural variable) to the different hypochondriasis scores.

Results indicated that there was a significant increase in the psychosomatic symptoms after tubectomy. Although there was an increase in the scores of both extroversion/introversion and neurotic/stability and anxiety after tubectomy only anxiety was found to contribute in the manifestation of these disorders.

Further comparisons between the metropolitan and rural population indicated that the rural women were more susceptible to these symptoms after tubectomy. Even though the incidence of these psychosomatic symptoms was significantly higher in the older working, literate and MIG women belonging to the rural
area, but none of the sociodemographic factor appeared to be responsible for the increase in psychosomatic symptoms after tubectomy.