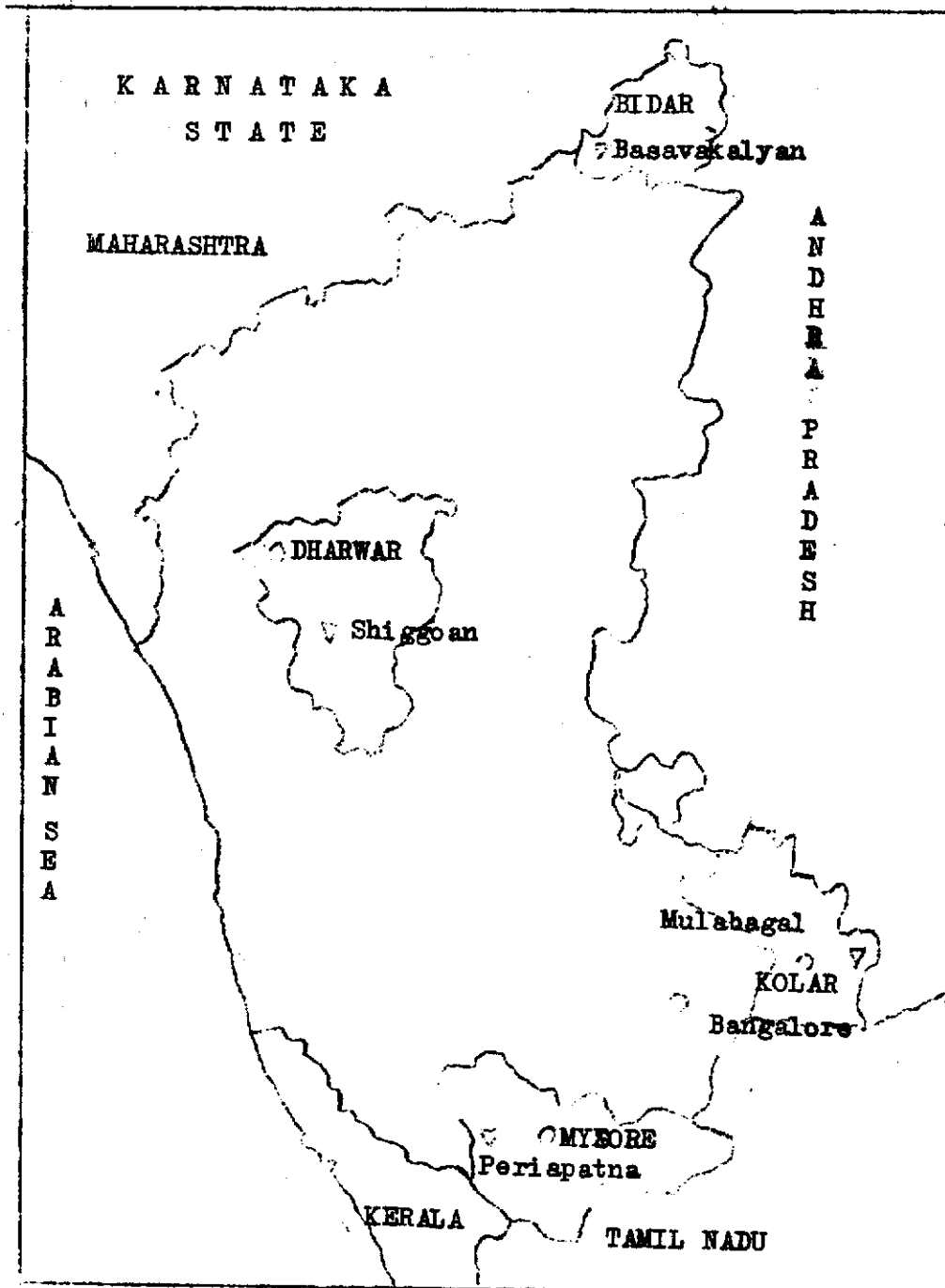


A STUDY OF MASS VASECTOMY CAMPS
IN
KARNATAKA STATE.

REGIONAL HEALTH OFFICE,
SOUTHERN REGION,
GOVERNMENT OF INDIA,
BANGALORE-51.

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KARNATAKA
STATE

MAHARASHTRA

ANDHRA
PRADESH

ARABIAN
SEA

DHARWAR

Shiggoan

Mulabagal

KOLAR

Bangalore

MYSORE

Periapatna

KERALA

TAMIL NADU

I. INTRODUCTION:

The State Government are experiencing that the facilities offered at hospitals and clinics under Family Planning Programme are not being fully utilised and thereby leaving the targets unfilled especially under sterilisation. Hence, a different strategy has been adopted by them. Every year Family Planning Fortnights are celebrated, so that the attention of the people is focussed on the problem. Mass camps for Tubectomy and Vasectomy are being organised either as a part of this fortnight or independently.

It is but right for the people to ask some pertinent questions about the cases sterilised in Mass Camps. Their main concern is to know how far cases operated in Mass Camps would be completely free from complication because of the way in which things move in camps. Apart from the clinic approach and the extension approach in the community for motivation for Family Planning, Mass Camps for sterilisation and IUD were conceived a few years back as an effective strategy. A beginning had been made even in 1962 at Ramanagaram by erstwhile Government of India Family Planning Training Centre and State Health Training Centre in Karnataka to organise a Mass Vasectomy camp. An intensive educational campaign followed by a camp approach to bring cases to the Health Centre within the course of two days resulted in 80 cases being sterilised (Vasectomy); no extra cash compensation was made available to those acceptors; food, entertainment and transport were provided to the cases.

A Mass Vasectomy Campaign approach on a large scale in a District was attempted with great success at Ernakulam (Kerala) in 1971. This blazed the trail and similar camps were advocated district by district in all the States; learning from the wide acceptance of sterilisation at Ernakulam where, in addition to the educational efforts high cash compensation was paid to the acceptors, the Government of India permitted the payment of Rs100/- per case of Vasectomy in such camps during 1972-73. Mass Camps have become a common feature nowadays. Therefore, a systematic investigation of

various issues involved in Campaign approach was entrusted to the Central Family Planning Field Units working under its jurisdiction in Karnataka, Tamil Nadu and Kerala. The present study was undertaken by the Central Family Planning Field Unit of Karnataka, regarding the Mass Camps organised during the first quarter of '73 at Kolar Mysore, Dharwar and Bidar Districts by the Karnataka Government

*Some Salient Features of such Camps were:-

In addition to getting a large number of cases within a short Period of time and keeping to reach the target, a mass camp has an important role to play in our national programme.

- a) It involves staff of other departments and agencies, leaders & others thus becoming everybody's programme.
- b) It facilitates concentrated efforts by multiple approach on all sides,
- c) Participation of villagers in group provides Psychological support to every individual, allays his fears and reinforces his convictions,
- d) The presence of friends and acquaintances reinforces the individual's decision that what he was doing is socially acceptable,
- e) It provides an alternative setting to hospitals and health centres and attracts people because of festive atmosphere, and
- f) It provides extensive publicity highlighting the programme. Such camps also help;

1. to create awareness among the community.
2. to overcome shyness
3. to remove misconception & fears
4. to reduce resistance
5. to make them to feel that the method is simple and harmless
6. to help the reluctant people to decide and hasten acceptance.

Though the results of the mass camps were by and large encouraging as far as the figures or number of sterilisations were concerned, there was no clear information available as to whether the camps fulfilled their purpose completely by creating greater

* Wide page No. 53 'work manual for Health Inspectors (Family Planning), The Gandhigram Institute of Health & Family Planning.

awareness and assurance in the minds of the people in general for further participation and a proper demographic impact on the populations concerned. In other words one is not sure at this stage whether the mass campaign approach has distinct advantages over the routine extension methods of contacts individually or in groups by the peripheral Family Planning workers and whether the follow-up of cases is effective even when a large number of cases are done in a very short period of time and consequently whether the acceptors have had the benefit of the necessary education and assurance for resuming normal sex behaviour after the operation. The reference and behaviour of the vasectomised person, it will be understood, has its influence favourably or otherwise on persons yet to undergo the experience.

To ascertain the opinion and feelings of persons vasectomised in the Mass Camps and from there to infer whether it is advisable to persevere with the camp approach or not, a study was undertaken by the Regional Health Office, Southern Region, Bangalore.

II. OBJECTIVES:

The following were listed as objectives of the study:-

1. To know the Socio-Economic background of the sterilised cases.
2. To find out the reaction of the cases before and during operation.
3. To verify whether all the cases were kept for observation in the camp.
4. To assess the follow-up and attending complaints made by the vasectomised persons.
5. To study the participation of Local Leaders in planning and running the camps, and
6. To determine the difficulties experienced by the camp authorities.

III. METHODOLOGY:

1. Sample:-

The sample has been selected in the following manner. The first step initiated was to divide the State of Karnataka into

two parts, viz., North and South. Indeed there are significant variations between these two parts in the field of Socio-Economic conditions like income, literacy etc. Out of each part, two districts were retained. Ultimately, four Primary Health Centres which exhibited good performance in terms of results were ear-marked from each district. Thus, the Primary Health Centres of Mulabagal in Kolar District and Periapatna in Mysore District coming under southern Karnataka were selected and under Northern Karnataka the Primary Health Centre of Shiggoan in Dharwar district and Basavakalyan in Bidar district were chosen for the study.

The size of the sample varied according to its different components. The first component consisted of 400 sterilised cases, drawn at the rate of 100 from each Primary Health Centre. The second was confined to 100 Community Leaders interviewed at the rate of 25 from each Primary Health Centre. Camp authorities came under the third component and numbered only four. It was considered that these three components would be helpful in giving a comprehensive picture about the broader issues associated with the current study. Hence, it could be said that method adopted was simple stratified sampling.

2. Field Work:-

The study from the time of getting preliminary information and working out the design to the completion of field work, analysis and reporting took 8 months. The respondents, viz., sterilised cases, community leaders and camp authorities came out with spontaneous answers and hence little opposition was felt. The study team comprising of Health Educator, Social Worker and Junior Health Educator carried the entire work in consultation with the Regional Director (FP&MCH), Bangalore. In the concerned office of the District Health & Family Planning Officers, some time was devoted (about two days) to study the relevant records with respect to individual Primary Health Centres and working out further details. The above officers extended co-operation and instructed the Primary Health Centre Medical Officers to comply with our requests. The Primary Health Centre Medical Officers came forward in providing

required facilities for the work. The Block Extension Educators along with the Family Planning Health Assistants and Health Staff accompanied the team and assisted in tracing the cases in villages. At the same time they refrained from influencing the respondents. The field work continued for about 4 months.

IV. FINDINGS:-

STERILISED CASES:

A. SOCIO ECONOMIC BACKGROUND:

a) Age Composition: The total sample of 400 persons was from rural areas. Therefore, the distinction between rural and urban was of no use. On the other hand, their age composition was really interesting. 75% of them came under the age group of 31-50 years, while the same under 21-30 years and above 50 years formed negligible portion. The difference noticed between the total number of wives and husbands in the following table were due to the fact that there were 8 widowers and 2 with 2 wives.

1. The table showing the number of husbands sterilized and their wives in different age groups:

Age group	Husbands	Wives	Remarks
20 Years & less	-	6	The difference between the total number of husbands and wives was due to the fact that there were 8 widowers and 2 males with 2 wives.
21-30 Yrs.	37	159	
31-40 Yrs.	175	185	
41-50 Yrs.	141	40	
51-60 Yrs.	39	5	
61 + Yrs.	8	-	
Total:	400	395	

b) The distance covered by the cases to reach the camp:- An analysis of the cases regarding the distance they covered to reach the camp is encouraging. It is seen that the distance upto 10 miles from the camp spot was found to be having same effect, because cases hailing from a distance of 5 miles were almost the same as those of coming

from more than 5 miles but less than 10 miles. The rest i.e. 25% were from more than 10 miles. By and large, this is true of all the age groups. The table given below explains these features.

2. Table showing the distance covered by the cases according to their age group:

Age group	Less than 5 Miles	6-10 Miles	11+ Miles	Total
21-30	12	15	10	37
31-40	58	68	49	175
41-50	57	63	21	141
51-60	18	10	11	39
61 +	3	3	2	8
Total:	148	159	93	400

c) Religion and sterilised cases:- The Hindus constitute 89% of the total. This is nothing strange since Hinduism is the major religious group of Karnataka. Muslims have come forward to the extent of 10% which sounds reasonable as they form almost the same percentage in the population of Karnataka. In the case of Christians, the number is not encouraging as far as the present study^{is} concerned. As regards age composition, Hindus are more prominent above 50 years with the exception of 1 Muslim.

3. The Table showing the religious composition of cases:

Age group	Hindu	Muslim	Christian	Total
21-30	33	4	1	37
31-40	155	19	-	175
41-50	122	19	-	141
51-60	38	1	-	39
61 +	8	-	-	8
Total:	356	43	1	400

d) Literacy Status:- It is in the first age group i.e. 21-30 years, we come across the biggest number of literates i.e. slightly more

than 50%. The second age group namely 31-40 has 31%, while the third age group i.e. 41-50 years had 32%. Few were literates in 51-60 years and none above 60 years. The literary composition of the sterilised cases with respect to the different age groups is in consonance with the improvement of literacy of our country along with the passage of time. Now, the literacy rate of Karnataka is 33%. The overall literates accounted for 31% of the sample. As expected with female illiteracy, it is discovered that only 10% of the wives of the sterilised know how to read and write.

4 The Table showing the literacy status:

Age group	Illiterate	Literate	Higher Literate	Total
21-30	18	19	-	37
31-40	121	51	3	175
41-50	96	43	2	141
51-60	33	6	-	39
61 +	8	-	-	8
Total:	276	119	5	400

e) Occupation and Income:- Labourers predominate over persons who follow agriculture. The third position is claimed by Artisans such as potters, tailors, goldsmiths etc. Government employees stand fourth, where as business people appear in the bottom. This picture holds good even in case of age groups except 41-50 years, where agriculturists occupy the first position. Half of the Government employees are concentrated in the age group of 31-40 years. On the income side it is noticed that 90% of the cases come under the low income bracket i.e. 150/- rupees and below. *Few months.*

5. Table showing the occupation and income:

Age group	Agri.	Lab.	Busi.	Govt.	Rs. 150 &		Total	
				Service	Others	Less		Rs151 +
21-30	12	21	2	-	2	35	2	37
31-40	51	104	3	10	7	158	17	175
41-50	63	58	2	7	11	124	17	141
51-60	11	26	1	1	-	36	3	39
61 +	3	4	-	-	1	8	-	8
Total:	140	213	8	18	21	361	39	400

(f) Living Children:— The persons with 5 and above children account for 40% of the total sterilised. Those with 4 and 3 children form 21 and 22% respectively, while the persons with 2 children are 13%, the persons with 1 child compose 3% and no children 1%. It is found that average number of children living in case of a sterilised person stands at 4.5 in contrast to 5.5 children born. On the whole, a sterilised person has lost one child in his life.

6. Table showing number of persons having living children:

No. of living children	No. of persons	Percentage
0	4	1
1	11	3
2	54	13
3	83	21
4	87	22
5 +	161	40
Total:	400	100

(g) Age of the youngest living children of the sterilised persons:-

About 61% of the sterilised persons are having their youngest children within 3 years of age. Again, it is seen that 1/3rd of the above category are having their youngest children within 1 year of age.

7 Table showing number of persons with their youngest children in different age groups.

Age of the last child	No. of persons	Percentage.
Less than 1 year	92	23
1-3 years	176	44
4-6 "	67	17
7 +	61	15
Persons with no children	4	1
Total:		400
		100

(h) Sex of the youngest children of sterilized cases:- Among the total sterilised 54% or 215 persons possess males as their youngest children and the rest female children. The difference in the sex of the last child is not known for any variation, in case of persons in the age group of 21-30 years. The persons in the remaining age groups perhaps wanted males as their last issues as could be seen from the following table.

8. Table showing number of persons with their youngest children according to sex:

Age	Males	Female	No. children	Total.
21-30	18	18	1	37
31-40	97	77	1	175
41-50	73	67	1	141
51-60	22	17	-	39
61 +	5	2	1	8
Total:	215	181	4	400

B PRIOR TO OPERATION:

An attempt has been made to find out the knowledge of sterilized cases and Family Planning, their preference for sterilization and the influence to which they were subjected in decision making etc. In this connection, the respondents have been questioned to the effect whether they would have undergone operation in the absence of incentive. This procedure was considered to be essential as it would facilitate finding out the causes with respect to the later reaction of the sterilised persons. In all, 11 questions were put to the respondents highlighting the above objective.

(a) The knowledge of the sterilized persons on Family Planning:- The knowledge possessed by the sterilised cases on Family Planning has been conditioned by many factors. For instance, the geographical factor, viz., distance has something to do with it. 93% of the cases with knowledge on Family Planning were residing within 10 miles limits of the camp area (as per Table 9(a)). Out of them, half were literates including 5 persons with higher education. On the profession side, only a lesser number were labourers. The prominent category was agriculturists and government employees. So also is the case with the income, because quite a considerable number of them are to be seen in the better income group. It is interesting to see among the sterilised persons with knowledge on Family Planning

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2/3 had their youngest children with an age of 3 years and less. Another finding is that more number of them had daughters as their youngest children (as per Table 9 (b)).

A big chunk of the sample i.e. 339 out of 400 ^{are} conspicuous for having no knowledge on Family Planning. Nearly, 1/4 of them hail from more than 11 miles. So far as literacy is concerned 248 or 73% out of 339 are illiterates. In addition, labourers have occupied foremost position in this category. Income was equally low i.e. Rs150/- and below per month. Further, ^{to say something} about living children these cases have more children. For, 60% of them (out of 339) are seen with more than 3 living children. Nor the age of the last child is younger. They have also shown a slight preference for males as their youngest children.

9(a) Table showing the knowledge of sterilized cases on Family Planning according to distance.

No.	Distance In miles	Literacy	Profession					Income In Rs.							
			Agri.	Lab.	Busi.	G. S.	Ors.	100	101-150	151+					
	1-5	6-10	11+	Ill.	Li.	Hi.	L.								
Yes	61	25	32	4	30	26	5	20	27	2	10	2	39	14	8
No	339	122	127	90	316	19	-	107	196	6	12	18	247	62	30

9(b)

No. of living children	Age of the last living children					Sex of the last living child					
	1	2	3	4	5 +	-1Yr.	1-3	4-6	7 +	M	F
2	8	15	10	25		23	21	13	3	27	33
11	53	67	69	136		69	155	54	58	184	15

(b) Preference for sterilisation: When the cases with knowledge of Family Planning were questioned as to why did they prefer sterilisation for other methods, 1/3 of them said they did so for the sake of

permanent relief. 7 persons out of 61 gave other reasons such as cumbersome nature of remaining Family Planning methods, ~~other than sterilisation etc.~~ The rest i.e. 34 were unable to say anything.

(c) The role of other's influence in decision making:- The influence wielded by Family Planning personnel like ANM, FPHA. and Extension Educator has yielded results even in the distant areas surrounding the Primary Health Centre. Not only they have succeeded in convincing more number of illiterates i.e. 73 but also attracted big number of labourers with low income. It is appropriate they bestowed equal care upon those with less number of living children. The sex of the last child has not come in the way of cases influenced by them. One widower has been sterilised but for reasons of disgust in life. The professional motivators have gone beyond limits in prevailing over widowers. Because 3 widowers and one person with no children have come under the deep spell of their influence. Almost all the cases referred by them were illiterates except two and working for low wages in the capacity of labourers. None of them had last children with younger age. The motivators have touched the distant areas. Ten out of 25 cases recommended by them came from more than 11 miles.

Friends are also on par with motivators in winning over widowers and childless cases. Three widowers and a person with no children stand supreme in the cases referred by them. Here, a word of caution is necessary. It is difficult to draw a border line between friends and motivators in the rural set up where the inter-relationships are of enduring nature.

The role played by the leaders in steering the cases towards the sterilisation camp is not much impressive. Only 14 out of 400 have mentioned leaders as the source of influence. The redeeming feature about them is that they have avoided persons with only one issue but one widower has been referred by them. The mass media except literature was not touched by the cases. As many as 24 including 6 literates did say that literature was responsible for

their acceptance. Nobody mentioned about films, drama or any other *media* having influenced them. The Doctors have paid attention on the clients of the nearby areas with different profession.

10. Table showing the number of persons influenced by different people and sources:

Personnel/Source	Number	Percentage
1. Doctor	46	10
2. F.P. personnel (ANM, FPFA and Extension Educator).	101	25
3. Health Personnel (B.H.W., H.Is. and Vaccinators etc.)	59	15
4. Other departmental personnel (Gramsevaks and Sevikas, teachers etc.)	24	6
5. Motivators	25	6
6. Friends	84	21
7. Leaders	14	4
8. Self	23	6
9. Literature	24	6
Total:	400	100

(d) Motivating factors for decision:- The awareness of economic conditions has driven many individuals to get sterilised. 72% of them have named this factor as the motive. They have felt the serious repercussion of having a large family particularly in the present economic circumstances. Literacy has contributed for understanding the grave implications of economic difficulties faced in life since 109 out of 290 who mentioned the above motive were literates.

The people in whose case the incentive has acted as the driving force were cent percent illiterates and a big number were wage earners. It is not surprising that 7 out of 8 widowers opted for sterilisation for the sake of incentive. One person with no children also falls into this category. It is encouraging to hear that 24 have given health conditions as the motivating factors. In this context, it is interesting

to note the reply given by one individual. He said that he was advised by his friends to do so in order to get rid of an ailment viz., anaemia from which he was suffering. 50% of those who agreed on health grounds were literates and following various occupations. The number of living children they had was small since 14 out of 24 were found to be the parents of 3 and less issues. Apart from health grounds, disgust in life, which has been already referred, has proved to be a deciding factor in one case. Another individual stated that he got sterilised simply because others were also going to the camp and operated. It is incidental to see that these two cases had no issues.

(e) Reasons given by cases for not getting operated earlier:- 47% of the cases i.e. 180 kept silent when they were questioned about their not undergoing sterilisation earlier. The remaining 220 have advanced a number of reasons of which the lack of knowledge accounts for 58%. It points out about the impending necessity of continuing the educational efforts started at the beginning of the programme. 66 people have given curious reasons such as wife's opposition, fear of losing sexual potency and lack of opportunity. One person said that he waited till now for higher incentive, while another was afraid of criticism.

(f) Briefing prior to the operations:- For the question whether the cases were explained in detail about the procedure of operation, 50% have said that they were told. Those who needed to ~~be~~^{be} explained regarding procedure are little more in the first and the last but one i.e. 51-60 age groups. Persons above 61 years of age numbering 8 were not briefed for reasons unknown. About the advantages of the operation, 61% answered in the affirmative. When pressed to detail the advantages, they could mention nothing but the permanent nature of conception control. Further, they were enquired as to what all other things communicated. The term other things included getting rid of fear of losing strength, sexual potency etc. Only 10% gave the answers for this question.

11. Table showing the number of cases being briefed prior to the operation:

Age group	Procedure		Advantages		Other things	
	Yes	No	Yes	No	Yes	No
21-30	17	20	22	15	2	35
31-40	100	75	119	56	23	152
41-50	73	68	77	64	15	126
51-60	8	31	11	28	-	39
61 +	-	8	-	8	-	8
Total:	198	202	229	171	40	360

(g) Discussion with their nearest and dearest before operation:- 90% of the cases have taken the trouble of discussing the pros and cons of vasectomy operation with their life partners before proceeding to the camp. This spirit is not much displayed by them with regard to their friends and relatives. Again, out of friends and relatives, they had confidence in the former. It is pretty clear that in our country, matters relating to Family Planning are not still freely discussed with whomsoever they come in contact in their day to day life, except with their wives.

12. Table showing respondents discussion with wives, relatives and friends before proceeding to the camp:

Age group	Wife		Relatives		Friends	
	Yes	No	Yes	No	Yes	No
21-30	24	13	1	36	4	33
31-40	118	57	13	162	14	161
41-50	102	39	11	130	16	125
51-60	26	13	4	35	3	36
61 +	5	3	-	8	-	8
Total:	275	125	29	371	37	363

(h) Persons accompanying the cases to the Camp:- The departmental personnel have accompanied 147 out of 400 to the camp. Next, friends have been favoured, since they have taken 28% of the cases; 15% or 61 have gone alone. Another 12% went in the company of village Panchayat Members, Gramasevaks etc. A small portion i.e. 9% liked to go with motivators and thereby pointing out the minor role the professional motivators have played. The relatives came last in the ladder; because they formed 4% in this matter.

13. Table showing the personnel who accompanied the cases to the camp:

Sl No	Persons who accompanied	Number	Percentage
1.	Departmental personnel.	147	37
2.	Friends	92	23
3.	Self	61	15
4.	Others (Such as Village Panchayat Members, Grama Sevaks etc.)	48	12
5.	Motivators	36	9
6.	Relatives	16	4
Total:		400	100

(i) Reasons for going alone:- Those who preferred to go alone to the camp were questioned as to why they did so. Out of 15% or 61 people who went alone, 30 said they were familiar with camp set up and knew the departmental people very well. The remaining have given reasons such as not informing their wives, non-availability of friends at that time etc. Hardly 2 persons mentioned that they were afraid of the criticism. As many as 14 declined to answer this question.

(j) Mode of conveyance used for reaching the camp:- Maximum number of cases i.e. 51% or 204 resorted to travel in private vehicles. 128 or 32% preferred to walk. The departmental vehicles have transported 16% of the cases. 16 has utilised bullock carts, horse etc.

14. Table showing the mode of conveyance utilised by cases to reach the camp:

P.H.C.	Private vehicle	Walking	Govt. conveyance	Other conveyance	Total
Mulabagal	74	14	12	-	100
Pariapatna	63	16	20	1	100
Shiggoan	47	31	20	2	100
Basavakalyan	20	67	11	2	100
Total:	204	128	63	5	400

(k) Incentive and the sterilised cases:-- The sterilised cases were asked whether they would have consented to undergo vasectomy without incentive. About 56% of them have replied that they were ready to undergo sterilisation without any incentive. Among these, 45% had some education and were following varying occupations, even though the labourers formed slightly a bigger number. When the distribution of persons according to income in the above category is examined, 1/9 of them were found to be having more than 150 rupees of income per month. Their eagerness to get sterilised without incentive is further heightened by the fact that 64% of them were the parents of 3 and more children. Added to it, age of the last children was less than 4 years. With regard to distance, ~~they covered to reach the camp~~ it was traced that 83% belonged to the nearby areas i.e. below 10 miles. As against this category among those who got sterilised for the sake of money, 68% came from the same distance. The remaining i.e. 32 in the above group have reached the camp from more than 10 miles, for the sake of money.

So far as the number of living children of persons with willingness to get sterilised in the absence of incentive is concerned, it is revealed that 64% or 145 were the fathers of more than 3 children and thereby forming a higher percentage when compared to the persons who opted only on the basis of money. Because, only 54% among them had more than 3 children. Along with the number of living children, the age of youngest children of the cases who would have been willing to be

operated without incentive, the age of their youngest children indicates that their wives were still active in child bearing. For, 79% of them had youngest children whose age was just 3 years and less.

The study of the group which agreed for sterilisation for monetary emoluments brings forth further interesting points. All the 8 widowers and 4 cases with no issues have made no secret of the fact that they wanted only money. Even those with two wives have toed the above line.

C. DURING OPERATION:

The main objective in eliciting the opinion with regard to the cases reaction during the operation is to know things like proper preparation before they are taken to the operation table, experience of pain during the operation etc. These things will enable to think of causes for the effects felt later by the respondents.

For the question whether they were cordially received at the camp and made comfortable, all of them said it was so. To the question how many hours before the operation they arrived in the camp and consequently waited, 3 out of 4 (319) had the occasion to wait for more than 3 hours. 79 persons had no choice except to wait between 4 and 12 hours. It is difficult to explain why such a thing occurred. Perhaps the arrangements made in terms of posting personnel like Auxiliary Nurse Midwives and surgical attendants, supplying adequate drugs providing enough furniture, surgical instruments and even accommodation were not sufficient. There are two solitary cases which have waited for more than a day.

Prior to the taking of cases to the operation table, they needed some assurance so that the anxiety from which they generally suffer could be removed. 84% of the cases were given enough assurance either by the doctor or other Family Planning personnel. As regards shaving of private parts which has to precede the operation, a disturbing picture arises, notwithstanding the fact that all the cases had this

prior to the operation. It is a pity that many were handed over blades on the spot and asked to shave themselves. They got inflicted with scratches in a hurry. When antiseptics like iodine were applied, it is natural that they felt burning sensation. On the other hand, those who had the shave at their residences in leisure with privacy were free from this discomfort. Bath is also insisted before the operation for the sake of cleanliness. Barring those few who took bath in their houses, majority did not have this facility at the camp premises. ~~Neither there were arrangements to have it in the camp.~~ Nearly, 63% were subjected for urine and other tests. While Kolar and Bidar were able to conduct these tests to the extent of 90%, Mysore and Dharwar do not seem to have insisted upon it.

15. Table showing assurance given by departmental personnel, shaving bathing, tests etc.:

Name of the District	Assurance by Deptt. personnel	Shaving	Bath	Urine & other tests
Kolar	92	100	13	95
Mysore	91	100	23	44
Dharwar	92	100	34	24
Bidar	61	100	9	89
Total:	336	400	79	252

The cases were asked how they felt as soon as they entered the operation theatre. It is interesting to observe that 50% of them said it was fine. The answers given by 160 persons (40%) out of 400 mentioned that they were afraid. As regards pain experienced during operation 16 persons have expressed that they felt severe pain. Like wise, soon after the operation, 180 out of 400 were tired and 22 said that they felt exhausted. This means that a considerable number of cases could not withstand the strain of the operation.

16. Table showing the reaction of the cases during and after the operation:

Name of the District	Pain during operatin			Pain after operation		
	Slight	Severe	No	Alright	Tired	Exhausted
Kolar	97	3	-	55	39	6
Mysore	91	9	-	43	54	3
Dharwar	92	2	6	61	31	8
Bidar	98	2	-	39	56	5
Total:	378	16	6	198	180	22

Added to the above, 19% of the total cases i.e. 75 informed that they were not attended immediately after the operation. Of them, the cases belonging to age group of 21-30 and above 61 years are prominent. More or less the same picture is presented in the age groups of 41-50 and 51-60 years. It is the age group of 31-40 which seems to have been satisfied.

17. Table showing the number of persons attended soon after the operation:

Age group	Yes	No	No opinion
21-30 Yrs.	28	9	-
31-40	157	15	3
41-50	112	29	-
51-60	23	14	2
61 +	5	3	-
Total:	325	70	5

Regarding arrangements for stay, 84% i.e. 335 opined that the facilities were available for the same. With respect to period of stay 117 or 29% said that they were advised to halt for 3 days. 28% (112) gave the period of stay as one or 2 days. The persons who

advised the cases were mostly ANM's, F.P.H.As and Extension Educators and others. In spite of tendering advice for staying in the camp, more than half of them i.e. 209 persons returned to their residences the very same day. The reasons given by them for their non-stay are, 'no information by the department', 'domestic circumstances', 'proximity of their residences', 'feeling alright' and 'not informed their people'. Taking into consideration the individual camps under study, it is in Basavakalyan (Bidar Dist.) followed by Shiggaon (Dharwar Dist.) that we come across highest number of non-stay cases. In Shiggaon, the cases who have given domestic circumstances as a reason predominate. The same holds good in respect of reason viz., feeling alright in case of Shiggaon.

18. Table showing the reasons given for non-stay:

District	Domestic cir- cumstances	Proxi- mity	Not in- formed his people	Not asked to stay by the Deptt.	Feeling alright	Others	To- tal
Kolar (Mulabagal)	9	4	1	2	-	-	16
Mysore (Periapatna)	32	1	5	12	1	1	52
Dharwar (Shiggaon)	27	23	1	31	11	-	93
Bidar (Basavakalyan)	6	4	2	34	1	1	48
Total:	74	32	9	79	13	2	209

D. IN THE CAMP:

Out of 400 persons sterilised, 191 i.e. slightly less than half stayed in the camp as against 209 who did not for reasons discussed above. All those who stayed in the camp i.e. 191 said that the resting place was within the walkable limits of the patients from the

operation theatre. Hence, except 12 the entire cases were able to walk from the operation theatre without any body's assistance. They also said that the place for resting was sufficient. Further, they were enquired with regard to other conveniences like light, privacy, bathroom facility water supply bedding etc. The opinions expressed about these conveniences were not bad. As far as the provision of food is concerned Mulubagal (Kolar Dist) has taken a lot of pains. Because 80 out of 84 camp stayed cases said that the food served was adequate and tasty. Mysore (Periapatna PHC) stands second.

In the event of a surgical operation, nothing is unusual for a patient to suffer from some pain, as soon as the effect of anaesthesia disappears. So, 77 out of 191 have stated that they did suffer from some pain. This number might be little more due to the fact that some of others might not have come out freely with their experiences. At the other extreme, it is distressing to see that one out of 9 (21 people) have complained that they underwent severe pain and thereby signifying that some-thing might have gone wrong during operation. The doctors were able to see 140 out of 191 while the nursing staff could pay attention to 140 out of the above total i.e. 191 camp stayed cases. The other staff namely Extension Educators, F.P.H.As could enquire only 17 cases. It is rather unfortunate that 26 cases have not received attention from the staff.

The clients have avoided with the exception of a few the trouble of bringing either their friends or relatives to the camp. About the duration of stay at the camp 37% i.e. 70 have preferred to stay in the camp between 12 and 24 hours whereas about 55% i.e. 105 remained between 25 and 48 hours. 8% stayed 48 hours. Mulubagal (Kolar Dist) managed to keep the majority of the cases for a longer duration.

Basavakalyan (Bidar Dist.) has not paid more than 61 rupees as incentive money. However, Mulubagal (Kolar), Periapatna (Mysore) and Shiggaon (Dharwar) have disbursed at the rate of 61, 71 and even 81 rupees per head. Again it is Mulubagal which has distinction of

having paid 81 for few cases. On enquiry, it is learnt 81 rupees included motivators fee also, since these cases said to authorities that they were self motivated. Incentive has been paid only in the form of money and not in any kind. The payment is made to all the cases.

Both the stayed and non-stayed cases i.e. 400 were given instructions before discharge was effected from the camp. 94 persons were briefed regarding the use of Nirodh, 63 about resumption of sex, 50 about avoiding hard work and 106 with respect to suture removal. When the cases were asked specifically about the resumption of sex and the use of Nirodh, 245 out of 400 said that they were told. But when they were further asked as to why they should use Nirodh even after undergoing operation, only 109 came out with appropriate answers. It is strange that quite a large number of them were not instructed to see that their semen is to be examined after two or three months of the operation. Therefore, it could be said that the instructions extended at the time of discharge, were incomplete. Along with instructions, drugs viz., multivitamin tablets, APC and Nirodh packets were handed over to the clients. While all the people got some drugs, 336 received Nirodh packets.

The cases were asked as to how many days after the operation, and by whom, their sutures were removed. The purpose in putting this question was to know whether they had any opportunity of being examined atleast once by the departmental people preferably Doctor. In case of 74%, doctors have removed the sutures and other staff 9% 12% of the cases have resorted to self removal followed by 4% who refused to answer. Then in the case of 1% sutures have fallen on their own accord. The issue of identity cards, so that they could get relief at the nearest hospital or clinic in the event of any complication, was not complete. 50% of them have received it. When this matter was further probed, it was discovered that Basavakalyan and Shiggaon had not made any arrangements for issuing the same.

During return trip from the camp, the authorities could provide transport for only 58 persons. 255 persons have used the public conveyance and 87 persons have walked. Among those who have walked the distance, 51 belong to Basavakalyan camp and 21 to Shiggason. So far as the persons accompanied the sterilised cases are concerned, 289 persons did not like to be accompanied by others and hence returned alone. 68 persons went back with Family Planning personnel and 43 with others. Out of those accompanied the cases the Family Planning personnel are prominent.

B. REST AT RESIDENCE:

It is curious to come across 30 persons who have not cared to take rest in their residences. 23% i.e. 91 have availed of the suggestion of taking good rest between 2-3 days. But, the remaining 70% i.e. 279 were under rest for more than a week. In this period, they were either idling or doing some light job.

(a) After effects suffered by 45 cases:- To the question 'did you suffer ^{any} pain or other discomfort after you went home', views expressed by the cases are worth hearing. 11% came out with the opinion that they experienced severe pain. This means 1 out of 9 operated persons suffered from unbearable pain and swelling. When a distinction was made between those who stayed in the camp and those who left soon after the operation for reasons already discussed, it is found out that camp stayed cases were not subjected to much suffering. That is to say, only a lesser number of camp stayed cases (12 out of 191) had serious pain and other adverse effects viz., swelling. In contrast to this phenomenon, 33 out of those 209 who did not stay in the camp have complained of severe pain. This evidence is in favour of the fact that it is necessary for the cases to remain in the camp atleast for a day. It may be mentioned here that this was one of the objectives of the study.

19. Table showing the after effects suffered by the cases at their residence:

	Total	No pain	Slight pain	Severe pain & swelling
Total No. operated	400	234	121	45
Percentage	100	59	30	11

Non stayed cases numbering 33 who suffered were asked to give reasons for their immediate exit from the camp, half of them i.e. 17 told that they were not informed about the necessity to stay in the camp. Had these 17 cases were made to halt in the camp, there would have been relief to that extent notwithstanding the fact that those cases who stayed in the camp i.e. 12 have also not received enough attention.

20 Table showing the after effects suffered by cases according to their stay and non stay in the camp:

Type of cases	No	No pain	Slight pain	Severe pain & swelling
Camp stayed	191	102	77	12
Non-stayed cases	209	132	44	33
Total:	400	234	121	45

Among the ailments suffered by the operated cases, i.e. 45, are two, viz., severe pain and swelling. 39 were the victims of severe pain around the operated area and 7 from swelling (hematoma). Not all these 45 suffering cases have attempted to bring their plight for the notice of the authorities. Only about half of them i.e. 22 made some efforts. Out of these 22, 16 were attended. Neither adequate trouble has been taken by the medical officers to see the suffering cases personally. Their assistants viz., Family Planning Health Assistants Auxiliary Nurse Midwives and others could check up only 2 out

of 5 affected cases. So, it is clear that required amount of follow up particularly of the needy cases was not extensively undertaken. Any way, a study of these cases was done by the team to confirm whether these after effects had anything to do with their sex life. 14 out of 18 who resumed sex life among this category confirmed that there was no difference, while 2 said they felt a sensation of pain during sex life. Out of the remaining 2, one pointed that his sexual pleasure increased and the other replied that the same has decreased.

(b) General observations: Coming back to all the 400 cases under study, it is observed 59% of them i.e. 234 did not experience pain at all, at the time of taking rest in their houses. Another 30% i.e. 121 were subjected to slight pain during this period. The rest i.e. 11% (45 persons) about whom already discussion followed had severe pain. In all, 84 persons with slight and severe pain sought the relief from the authorities and 69 of them said that they were attended.

The question of follow-up of the cases was examined. It was revealed that 7 out of 10 were followed up. The persons who visited the residence of clients for this purpose are doctors (14%), nursing staff i.e. Auxiliary Nurse Midwives including Health Visitors (31%), Family Planning Health Assistants (35%), Extension Educators (6%) and others such as hospital attenders, pharmacists etc (14%). 27 persons have intimated to the authorities about the absence of visits to their residences from the departmental personnel.

21. Table showing cases followed up:

No. of sterili- sed persons covered by the study	Followed by (at the time of study)					
	Doctors	Nursing staff	FPHA	Extension Educators	Hospital attender, Pharma- cist etc.	
Total No	400	37	83	93	17	35
Percentage	100	14	31	35	6	14

As far as the resumption of sex is concerned, it was learnt that about 40% of them i.e. 158 had not resumed it. In case of those who had sex most of them with the exception of 7 preferred to have it after the second week. For the question whether Nirodh was used during that period more than half said 'Yes'.

22. Table showing comments on sex life:

Total persons operated	Persons resumed sex	Comments on sex life				
		Alright	Decreasing pleasure	Increasing pleasure	Pain	No pain
400	158	124	16	6	9	3

The above table illustrates the details regarding those who had sex after operation. About 3/4 i.e. 124 out of 158 did not feel any difference. 16 people i.e. 1/8 of the total endorsed the view that sexual pleasure had decreased on the other side, 6 people expressed that sexual pleasure has actually increased. Apart from these, 9 have confessed that they sensed some pain during intercourse. This means one out of every 18 operated people were subjected to pain during sex.

271 people i.e. 68% volunteered to recommend sterilisation as a family limitation method to their friends and relatives. 21% were definite that they were not willing to do so. When they were asked to advance reasons, more than half of them listed shyness and criticisms. This denotes that people in our country, especially in rural areas are hesitant to have a frank discussion on the topic of Family Planning.

On the question of camp stays necessity, 84% or 335 were for it. 2 out of 5 among them recommended between one and two days of stay. More than half of them i.e. 200 out of 335 advocated 3 and 4 days of stay. The remaining 16% or 65 were not in favour of halting.

2. LEADERS:

Out of the 100 leaders interviewed 69 were formal and 31 informal. The former category included persons occupying positions in village panchayats, Taluk Development Boards, Co-operative Organisations, Youth Associations, Religious Bodies and others. Informal consisted of private medical practitioners, hereditary vairs and other influential persons of the locality. The majority of both formal and informal came under the age group of 36-50 years. The number of leaders, coming from 21-35 years was also impressive. Nor, those above 50 years were unduely less.

23. Table showing the age composition of leaders:

Sl No	Age Group	Number	Formal	Informal
1.	21 35 Yrs	27	18	9
2.	36-50 "	55	38	17
3.	51 +	18	13	5
Total:		100	69	31

Almost all the leaders were quite aware about the holding of camps in their villages. Some of them confessed that they have not visited the camp spot, but heard from others. To the question whether the camp was a success in their area, 90 out of 100 said it was. The answer for the next question, whether arrangements were satisfactory, 84 mentioned that they were alright. This means that the camps conducted were successful and the arrangements made satisfactory, in the eyes of majority.

With regard to the special features which they observed in the camps, it is the sizable incentive that has attracted their maximum attention. Next feature noticed by them is the facilities extended in the camps. One out of 4 has stressed about this point. It might be said here that the term better facilities sounds rather

vague. When asked to clarify, they could not come out with any concrete suggestions. Public enthusiasm and food arrangements have received their appreciation. One out of 10 did say that adequate medical care was provided. The rest of the features included publicity transport arrangement and education. The last feature viz education is touched by only one leader out of 100. There were 7 persons who straightaway said that nothing special was seen.

Of the three age group leaders, it could be said that the middle age group leaders have taken trouble to see many features, as could be judged from the following table:

24. Table showing the special features observed by the leaders:

Age group	Higher incentive	Better facilities	Public enthusiasm	Better food arrangement	Medi- cal care	Nothing special	Impre- ssive publicity	Trans- port arrangement	Pre& post edu- ca- tion	T o t a l
21-35 Yrs.	9	7	2	3	2	1	3	-	-	27
36-50	12	14	9	3	5	5	3	3	1	55
51 +	4	3	1	5	3	1	1	-	-	18
Total:	25	24	12	11	10	7	7	3	1	100

Based upon the above observations the leaders have thrown valuable suggestions. Of the suggestions, those that have come from the age group of 36-50 years are balanced. For instance, they have pleaded for better medical care extra incentive, tasty food, proper education before and after the operation, timely transport and sustained followup. The younger age group leaders were particular about medical care, food and incentive. The aged group have accorded the first preference for incentive followed by food and medical care.

For the question whether stay in the camp is essential for the cases, the entire lot except two answered in the affirmative. The two persons who opined that the stay was not warranted belonged to the middle aged category. At the same time, they could not say as to why it should be so. With respect to the query as to how many days of stay is justified 6 out of 10 were in favour of 3 days. Only a few recommended one day's of stay. As against this, another 25 leaders have expressed that two days would be enough.

25. Table showing the number of leaders who have expressed opinion about the stay of cases in the camp.

Age group	Necessary to stay		Days of stay recommended		
	Yes	No	1 Day	2 Days	3 + Days
21-35 Yrs.	27	-	2	6	19
36-50	53	2	4	14	35
51 +	18	-	1	5	12
Total:	98	2	7	25	66

The final question that was put to the leaders pertained to their participation in planning and running of camps. Quite a good number of them said that they have helped the authorities and advised the known males to undergo sterilisation. A handful of them have taken an active part in the meetings conducted prior to the launching of camps.

3 CAMP AUTHORITIES:

It must be said at the outset that the conduct of the Mass Camps went on smoothly in spite of the fact that a few difficulties with regard to transport, water facilities, accommodation etc., were encountered. They were able to reach the targets. The achievement of Periapatna (Mysore Dist.), Mulubagal (Kolar Dist.) and Shiggaon (Dharwar Dist.) camp officers ranged between 69% and 89% notwithstanding

the fact that the targets fixed by their superiors i.e. District Health and Family Planning Officers varied from one Primary Health Centre to other Primary Health Centre. The camp officer of Basavakalyan (Bidar Dist.) exceeded the targets about 2 times. This might be due to some advantages he enjoyed such as maximum number of cases being directed by neighbouring district of Gulbarga and prevailing drought conditions.

26. The following table furnishes information relating to targets fixed and achieved by the Camp Officers.

Targets	KOLAR		MYSORE		DHARWAR		BIDAR	
	Mulabagal		Periapatna		Shiggaon		Basavakalyan	
	No.	%age	No.	%age	No.	%age	No.	%age
Fixed	1500	100	1200	100	500	100	2000	100
Achieved	1029	69	1066	88	448	89	6002	300

The camp authorities mentioned that they noticed some shortfalls which they attributed to inadequate transport, lack of support from sister departments poor participation of community leaders and anti propoganda carried by one or two communal organisations. All the 4 Officers have realised the necessity to keep the cases for observation in the camp. The minimum period they suggested was one day and the maximum two days. They kept 50% of the cases for one day. The reasons furnished by them for not keeping the remaining in the camp are many. But a few could be listed as important. The clients' anxiety to get back as soon as possible due to domestic circumstances, proximity of their residences, availability of medical aid at short notice in their places and not hearing of complaints are important.

V. A BRIEF SUMMARY OF FINDINGS:

1. Three fourth of the sterilised cases belong to age category of 31-50 years (There are 8 widowers and 4 with no children).
2. The majority of them are Hindus.
3. The Muslims are propoortinate to their total number in the population of Karnataka.
4. Illiterates form 69%.
5. Labourers predominate followed by Agriculturists.
6. 90% of the sterilised cases belong to lower income group.
7. 51.5% are influenced by Health and Family Planning personnel in the acceptance of sterilisation. Mass Media except literature has made no impact.
8. Economic reasons account for the maximum for prompting the cases towards sterilisation.
9. As many as 270 out of 400 had discussions with their life partners before agreeing for vasectomy.
10. 56% have said that they would have undergone sterilisation without incentive.
11. 4% of the cases experienced severe pain during operation.
12. None have been paid less than the amount announced i.e. Rs61/- as incentive money.
13. 80% of the cases were issued Nirodh after operation.
14. Five out of eight persons were told about the necessity of using Nirodh during sex.
15. Only one out of 4 answered as to why they should use Nirodh.
16. With the solitary exception of one, no case was advised about semen test.
17. In case of 83% of sterilised, sutures were removed by the doctors and other staff.
18. The sutures of 1/3 were removed within one week and 1/2 within 2 weeks.
19. 39 out of 400 suffered from severe pain and 6 from swelling.
20. Out of 166 with slight and severe pain, 84 brought this to the notice of authorities.
21. Out of 39 persons with severe pain and 6 with swelling, 26 informed the authorities and 16 got relief.
22. Seven out of ten sterilised cases were followed up-
23. 84% of those who resumed sex after operation found no change.

VI. ADVANTAGES AND DISADVANTAGES OF MASS CAMPAIGN APPROACH FOR STERILISATION (VASECTOMY):

It is well known that every approach adopted in a programme of the magnitude of Family Planning has its own advantages and disadvantages. In the light of the current study, some advantages could be specified. For instance, it is possible to show number oriented results by means of mass campaign approach in a minimum time. Side by side, a sort of a festive atmosphere is created so that people would not be conscious of a purely hospital set up which is associated with fear and other things. Further, a large number of economically weaker sections without much literacy like labourers could be brought under the purview of Family Planning measures. In this connection, the higher incentive is certainly effective. Not only the required personnel, drug etc., can be made available to the advantage of the programme at a given time, but also the staff can penetrate interior areas.

Disadvantages are equally weighty as noticed during the course of this study. Pre and post education has failed to receive proper attention. Medical care and follow-up were inadequate. Very poor participation of leaders and other departmental personnel was noticed. Sufficient care has not been taken in examining the eligibility of cases by age, marital status, health etc., which has resulted in dissatisfied acceptors. The extent of participation of the formal and informal leaders was not in keeping with a mass approach; even the participation of the other few departments was limited only to the Revenue Department.

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- ii) Why did you prefer this operation to that method?
- iii) Who influenced you most in getting operated?
- iv) What was it actually that made you decide for the operation?
- v) When you decided to get operated, why you did not do it in nearby hospital or Primary Health Centre?
- vi) Were you explained in detail about the operation? such as,
 - a) Procedure
 - b) Advantages
 - c) Other things.
- vii) Did you have sufficient discussion before the operation?
 - a) With husband/wife
 - b) Nearest relatives (specify)
 - c) Friends
- viii) Who took you to the camp?
 - a) Yourself
 - b) Friends
 - c) Relatives
 - d) Motivators
 - e) Deptt. Personnel
 - f) Others (specify).
- ix) If went alone, why?
- x) What conveyance was provided to you for reaching the camp from the residence?
- xi) Would you have undergone the operation even if there were no incentives? Yes/No

B. DURING THE OPERATION:

- 1. Were you received properly and made comfortable as soon as you arrived in the camp? Yes/No
- 2. How many hours/days before the operation you were brought to the camp.
- 3. Were you prepared before you went to operation theatre.
 - a) assurance by the Doctor/ANM/FPHA/EE.
 - b) shaving
 - c) bath
 - d) Urine and other tests.

4. What was your reaction as soon as you entered the operation theatre.

- | | |
|--------------|---------------------|
| a) fine | e) dark |
| b) bad | f) no opinion |
| c) afraid | g) others (specify) |
| d) confusing | |

5. Did you experience any pain/discomfort during the operation?

6. How did you feel after the operation?

7. Were you attended immediately after the operation?

8. Was there any arrangement for your stay after the operation? Yes/No

9. If Yes, how many days you were asked to stay?

10. By whom you were told to stay?

11. If you did not stay in the camp, why?

C. IN THE CAMP:

1. How far was the resting place (Ward) from the operation theatre?

2. Were you able to reach that place without any difficulty or did you face any trouble in reaching that place?

3. Was the space provided sufficient?

4. Did you have other convenience like:

- | | |
|-----------------------|---------------------|
| a) light | e) bedding |
| b) privacy | f) others (specify) |
| c) bath room facility | |
| d) water supply. | |

5. Was the food upto your requirement and taste?

6. What recreational facilities were provided to you and others in the ward?

7. Did you experience any pain/trouble during the rest?

8. How many times a day were you attended by:

- | |
|---------------------|
| a) Doctor |
| b) Nurse |
| c) Others (specify) |

9. Were your people allowed to stay with you and provided with accommodation, food etc.

10. How long did you stay in the camp?

11. How much money did you receive?

Cash Rs.

In kind: Name of the article
(approx. cost).

12. What instructions were you given before being discharged?

13. Any medicines given to you?

14. Were you given contraceptives? How many?

15. What were you told?

- a) About the use of Nirodh & resumption of sexual intercourse.
- b) About why you have to use Nirodh even after vasectomy operation.
- c) About the semen test.

16. After how many days were your sutures removed by whom and where?

17. Any identity card given to you for treatment in future?

18. Were you given transport to reach your home?

19. Who accompanied you to your residence?

D. REST AT RESIDENCE:

1. How many days did you stay away from your normal work after the operation?

2. How did you spend your time at home before going to work?

3. Did you experience any pain or other discomfort after you went home?

4. If yes, whom did you contact for treatment (with identity card).

5. Were you attended properly?

6. How many days after your return to the house were you seen by the departmental personnel?

- | | |
|--------------------------------------|--|
| a) Doctor | d) Extension Educator |
| b) Health Visitor/Aux. Nurse Midwife | e) Others (specify) or were asked to visit the hospital. Were you attended properly and by whom? |
| c) F.P. Health Assistant | |

7. If none visited you, did you bring this to the notice of the health authorities? Yes/No
8. If yes, whom did you inform and what action was taken?
9. When did you resume sexual relations after the operation? Days/Weeks
10. If yes, did you use any contraceptive?
11. Anything you want to mention about the sex life?
12. Would you recommend this method to your friend or relatives? Yes/No/No opinion.
13. If no, why?

E. SUGGESTIONS:

1. What suggestions you would like to offer for the improvement of the camp?
- a) Pre and post operative education.
 - b) Transport facilities.
 - c) Incentive
 - d) Food arrangements.
 - e) Lodging.
 - f) Recreation.
 - g) Supply of Medicines.
 - h) Treatment by the staff.
 - i) Others (specify).
2. In the light of your experience, do you feel the necessity for a case to stay in the camp for few days.

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SCHEDULE II

SCHEDULE FOR LEADERS:

Name:

Age:

Address:

Position in the
Community.

1. Are you aware of the Mass Vasectomy camp that was held in the district recently?
2. How many such camps were held in this district so far?
3. What was the special feature of the camp as against the vasectomy operation done in the hospital or health centre or other units of this year.
4. Was the camp a success in so far as getting the response of the public was concerned.
5. Did you visit the camp?
6. Were the arrangements satisfactory?
7. Have you any suggestions for making these camps more beneficial to the people?
8. In your opinion is it necessary for the cases to stay in the camp after operation? or not necessary?
9. If not necessary, why?
10. If necessary, how long do you think that the cases should be kept.
11. Why do many cases not stay in the camp?
12. How much was your involvement in the camp?

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SCHEDULE III

SCHEDULE FOR CAMP AUTHORITIES - DH & FPO/PEC-MOH/BDO/
OTHERS (Specify).

1. Name of the Institution where the Camp is organised?
2. Name and Designation of the Organiser of the camp.
3. Camp Officer-in-charge.
4. Date of the commencement of the camp.
5. Duration of the camp.
6. Target fixed for Vasectomy/Tubectomy.
7. Achievement
8. Are there any shortfall Yes/No.
9. If yes Reasons
 - a. Pre Education
 - b. Facilities for the prior preparation of the case such as shaving, bath etc.
 - c. Sterilisation facilities.
 - d. Adequate surgical instruments-glouse.
 - e. Accommodation, cots and beds and other essential furnitures.
 - f. Medicines, linen, categets, bandage materials.
 - g. Water and washing facilities.
 - h. Nirodh.
 - i. Post education.
 - j. Transport.
 - k. Required No. of assistants (Medical & Para Medical)
 - l. Funds for providing amanities such as food, milk etc.

Contd....2

- m. Facilities for the disbursement of incentive money for the cases/motivators.
 - n. Co-ordination from other Depts.
 - o. Support by prominent leaders.
 - p. Others (specify).
10. What is your opinion about the stay of the acceptors in the camp or health resort after operation?

Necessary/Not necessary.

If not necessary - Why?

If necessary - how long do you recommend?
(minimum period
maximum period)

11. Were you able to keep all the acceptors under observation for 48 hours?
12. What percentage of cases stayed?
13. What were the reasons for cases not staying in the camp.

Ah/-