

The Experience of Post Tubectomy in Women of Productive Age

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ABSTRACT

Background: Many women worry about tubectomy contraception. Tubectomy contraception is rarely sought after by the general public, even though age and high parity are the main factors in the use of this contraception. Each contraceptive has its own side effects. The purpose of this study was to determine the experience of post tubectomy of women of childbearing age. **Method:** This study used descriptive phenomenological study, with six female informants post tubectomy. Data is collected by interview. This study used Colaizzi analysis. **Result:** The results collected six themes: tubectomy reasons because of indications, responses because of indications of obstetrical and contraceptive indications, responses from husband and family gave appreciation dan emotional support, negative responses when a tubectomy action was decided, first response after tubectomy was positive and negative responses, positive reactions after conducted a tubectomy, and the impact of tubectomy on patterns of sexuality. **Conclusion:** Nurses as health professionals must be able to make a therapeutic communication approach so that the decision making for tubectomy contraceptive use provides maximum benefit for couples of childbearing age.

Keywords: *Tubectomy, Women of Productive Age, Experience*

1. INTRODUCTION

The family planning program is an effort by the government to realize and improve the quality of family life by suppressing population growth and improving the health of mothers and children. According to Law No. 52/2009 concerning population development and family development, family planning is an effort to regulate child birth, ideal birth spacing and age, regulate pregnancy, through promotion, protection and assistance in accordance with reproductive rights to create quality families [1].

Indonesia is the largest country in Southeast Asia which has 65 million Fertile Women, followed by Vietnam with 25.3 million and the Philippines with 17.9 million [2]. The target of implementing the Family Planning (KB) program is a Fertile Age Woman (WUS) who is bound in a legal marriage, a wife aged 15-49 years. Fertile Age Women (WUS) are women of reproductive age (since getting their first menstruation and cessation of menstruation) with unmarried, married or widowed status [3].

The modern method of family planning consists of the Short-Term Contraception Method and the Long-Term

Contraception Method (MKJP). Short-term contraceptive methods are known as condoms, lactation birth control pills, combined birth control pills, 3-month injections, combined injections and MAL. Whereas the long-term contraceptive method consists of a Subcutaneous Contraception (AKBK) or implant, an intrauterine device (IUD) or IUD / spiral, tubectomy and vasectomy [4]. One of the most effective and efficient long-term contraception (Metoda Kontrasepsi Jangka Panjang/MKJP) methods in preventing pregnancy is tubectomy or the Women's Surgery Method (Metoda Operasi Wanita/MOW) where contraception is only done once so it doesn't need to be repeated. Tubectomy inhibits the passage of a woman's egg so that it cannot be fertilized by sperm. Tubectomy is the most effective method of permanent contraception, where the fallopian tubes are closed by binding or cutting, so the egg cannot move towards the ampulla of the tube where fertilization is common [5].

Tubectomy is the second most common contraception in the United States with an estimated data of 10.2 million women in the United States who have undergone tubectomy operations [6]. Participants in tubectomy

family planning in Indonesia in 2015 there were 1,249,364 active tubectomy family planning participants [7]. DKI Jakarta Province in 2017 experienced an increase from 2016, according to data on the Jakarta Capital contraceptive method obtained in 2016 as many as 15,326 participants for tubectomy family planning, in 2017 as many as 19,086 participants [8].

Based on experiences and studies conducted by researchers at the hospital where the researchers worked, there were several reasons mothers are afraid after having a tubectomy one of them is feeling afraid to mobilize, with the reason that the post-tubectomy stitches will tear so that the mother after tubectomy will spend more time to lie down causing a lack of physical movement. In addition, based on when re-control post-tubectomy mothers feel that their fertility stops, so many people think that it will affect the sexual situation and the breastfeeding phase and will also affect their physical condition after menopause.

At the special conference of the association for Indonesian voluntary sterilization in Medan on 3-5 June 1976 tubectomy was recommended between the ages of 25 -40 years with the number of children aged between 25-30 years with 3 or more children, 30-35 years old with 2 or more children , and aged 35-40 years with 1 child or more. Whereas voluntary tubectomy is performed on women who are 25 years old with 4 living children, 30 years old with 3 living children and 35 years old with 2 living children [9]. The aim of this study was to determine the experience of post tubectomy of eomen of childbearing age

2. METHOD

This study uses qualitative research methods with a phenomenological approach. The population in this study were post-tubectomy mothers who had had a tubectomy at one of the private hospitals in central Jakarta as many as 19 people in one year, with a total sample of 6 informants. Data collection tools used in the study were interviews, interviews were conducted for 30-40 minutes. This study uses analysis according to Colaizzi.

The basic principles of ethics are the basis for organizing the activities of a study. This arrangement is made to reach agreement according to the rules of research between researchers and research subjects. Subjects in qualitative research are informants and researchers must follow all ethical principles of research while conducting research [10]. Ethical principles in a qualitative approach: The principle of respecting the dignity and dignity of informants, the principle of paying attention to the welfare of informants, and the principle of justice (justice) for all informants. The study has obtained ethical approval from Ethic Commision of Health Research and Development Sint Carolus School of Health Sciences No. 051/KEPPKSTIKSC/XI/2019.

3. RESULT

The informants consisted of post-tubectomy mothers who were officially married and not yet menopausal. Informants who participated in this study amounted to 6 informants and all informants are cooperative informants of productive age.

Table 1. Characteristics of Informants

Informant Code	Age (YO)	Number of Chidern	Tubectomy
I ₁	41	5	5 years
I ₂	38	4	1 year
I ₃	36	3	4 years
I ₄	48	3	5 years
I ₅	48	2	15 years
I ₆	37	3	7 years

The results of this study found six themes to describe various experiences of mothers after tubectomy. These themes were generated based on the identification of the interview as well as the notes made at the time of the interview.

The six themes are identified based on the general goals that have been made by researchers. This research focuses on the experience of mothers after tubectomy. The informants chosen were post-tubectomy mothers. Based on this research, the researcher can identify the six themes and then the researcher will discuss each theme in detail and have been identified based on the research objectives.

1. Reasons for Obstetric Indications and Contraception

Indications

According Siswosudarmo [11] there are several indications in tubectomy, namely, medical indications, obstetric indications, genetic indications, contraceptive indications and economic indications.

1.1. Obstetric Indications

The reasons stated by the informants are as

follows: "The reason I chose to be sterile is because I have got lots of children already."

(I₁)

"Because I have got more than enough and I don't want to have another child." (I₂)

"I don't want to have more than 3, I am too old to hassle this". (I₃)

"I got an advice from the doctor not to have more than 3 children. I also have age factor issues.". (I₆)

Three of the six informants revealed the reason for choosing tubectomy because they already had many children. Two of the six informants revealed that because of age, and one in six chose tubectomy because of doctor's advice.

1.2. Contraception Indications

"Already tired of giving birth, I have cesaria 3 times and my child is only 2 years apart". (I₄)

"Because I have had 2 surgeries and my child is only 1 year and 8 months apart, so I am afraid that if I have to do the third operation, I am afraid to use injection contraception or taking birth control pills." (I₅)

Two of the six informants revealed that they chose tubectomy because of indications of contraception.

2. Response from Husband and Family Giving Appreciative Support and Emotional Support

2.1. Appreciative Support

"My husband and family support me to be sterile because they feel sorry for me, I have given birth for 5 times." (I₁)

"My husband agreed to be sterile, my family is happy that I am sterile so I don't give any birth anymore." (I₂)

"Agreed and allowed me to do it, he was supportive in this case. He also told me not to consume KB (birth controlling pills)". (I₃)

"From the husband and family there is no problem they give all the decisions to me". (I₄)

Four of the six informants revealed that the response from their husbands and families was an appreciation support (can be because of feeling sorry, not to give birth anymore and not to consume KB).

2.2. Emotional Support

"My husband agreed to be sterile because I felt sorry for me, because I was sterile twice with a short distance away." (I₅)

"Initially my husband did not approve, but because the doctor had explained and I also agreed with the determination to have 3 children stated by the family, he eventually agreed". (I₆)

Two of the six informants revealed that they received emotional support from their husband and family.

3. Negative reaction from taking tubectomy decision

"At first I was afraid whether it would be painful, I was afraid of what I was afraid of, because it was the first time" (I₁)

"My feelings are standard, but at first I was nervous and excited because I have never entered a surgery room". (I₂)

"At first it was sad, right? The contents were cut, but what can I do more than I have another child?" (I₃)

"The name is also about to do deck action, there must be a sense of panic, fear but mixed with pleasure because they want to be sterile so I conclude to be

nervous". (I₄) "Initially I was afraid, afraid of the action, usually the name if you want surgery must fear the heart wants to come off". (I₅) "At first I was sad but I thought maybe this was the best way and the level of doctor's advice too". (I₆)

All informants expressed negative reactions when the tubectomy was decided. Surgical actions cause a lot of psychological responses that require mental preparation

4. The first response after doing tubectomy is both positive and negative

4.1. Positive response

"I am relieved, after the operation, I was able to smile and finally I didn't have to consume birth controlling pills anymore." (II)

"I was calm at first, and I'm relieved because I'm already sterilized, so I don't need to have more children." (I2)

"I was happy because I finally passed the operation, but I could still feel the pain until I screamed for 2 hour-long after surgery". (I3)

"After I finished, I laughed at the doctor even though it was painful." (I4)

4.2. Negative response

"At first, after having the surgery or several hours after anesthesia, I felt sore and sick." (I5)

"It's normal, only 2 hours after the operation I cried because I felt the pain and I was touched too." (I6)

Four of the six informants expressed positive reactions and two of the six informants expressed negative reactions. Affective is a response related to emotions, attitudes and assess someone against something. Affective forms related to emotions are classified as follows, anger, sadness, fear, surprise, anxiety, feelings of guilt, shame, disgust, hatred, hate, joy, pride, relief, hope, affection, love.

5. Positive reaction after having tubectomy

"It's safe, calm, I'm also not nervous anymore, I was afraid of being broken in now and I'm not worried anymore" (II)

"More comfortable with being sterile, no need to go back and forth to the puskesmas again for family planning injections". (I2)

"I'm happy, it's been 4 years, right? I don't use KB anymore". (I3)

"I feel happy, no longer anxious there is no prolonged effect too." (I4)

"Until now I feel happy because after being sterile I

don't need to use any contraception". (I5)

"I am happy and feel safe because for the past 7 years I

do not need to take birth control anymore." (I6)

All informants revealed that they experienced positive reactions after tubectomy. The informant stated that he was happy after having performed tubectomy because he did not need to use Short-Term Contraception again.

6. The impact of tubectomy on sexuality habits

6.1. There was no change in sexual habits after tubectomy

"It's fine, nothing's changed, it's still the same as 2 times a week". (I1)

"Just once a week now, but it's not certain either, anytime we want". (I2)

"A week is not organized anyway, it's up to how many times a week". (I3)

Three of the six informants revealed that there was no post-tubectomy sexual change from sexual frequency or function.

6.2. Some changes are due to age factors

"In the past, when I was young, I could do it twice a week, if now maybe 3-4 times a month, I am already old, I don't think I can do that anymore." (I4)

"For now, it's only 2-3 times a month because I am too old. It used to be 5-6 times a month". (I5)

"When I was still not pregnant of having the third child, it could be twice a week, now it's 2-3 times a month. it's also the age factor, right?" (I6)

Three of the six informants revealed that there was a change in sexual patterns due to age. Perimenopause is a climacteric period in which a woman experiences transis which is characterized by irregular menstruation and decreased ovarian (ovum) function resulting in hormones especially estrogen and progesterone.

4. DISCUSSION

Shreffler et al [20] in their study said that 28% of women in the USA after tubectomy experience regret, there are several reasons that encourage women to undergo tubectomy, namely siteional problems (economy and age), health problems (problems with female organs, the impossibility of getting pregnant again, encouragement of the spouse (do not want to have more children). Different results from the research of Djami, et al [21] with the title "Women Experience of Tubectomy in Kiarapedes Subdisctict" which shows several interesting aspects that can be explored in post-tubectomy women including the opinions of participants on the reasons for choosing tubectomy contraception and the psychological

impact of post tubectomy which concludes that tubectomy is not has a negative impact on the physical, psychological and sexual function of women.

This study produced 6 themes based on the results of interviews with 6 informants. The first theme "Reasons for tubectomy because of obstetrical indications and contraceptive indications" Three of the six informants revealed the reason for choosing tubectomy because they already have many children (Obstetric Indications). This study is in line with the Salimung study [12]. The results of the study and age have an influence on pregnancy and childbirth. The age of the mother is less than 20 years and more than 35 years have risks that may pose a threat to the health and life of the mother and fetus conceived during pregnancy, childbirth and the puerperium. Because of these risk considerations, women > 35 years old prefer tubectomy contraception with the aim of stopping pregnancy and minimizing risk. The study show that two of the six informants revealed choosing tubectomy because of indications of contraception. So this research is in line with the research of Rezqyawati [13] in her research saying that the results of the interest of mothers choose the Long-Term Contraception Method (MKJP) because they want to regulate the distance of children while controlling the number of children, fear of mothers using short Contraception and feel feelings of incompatibility with short-term contraception.

The Second Theme "The response from the husband and family provides appreciation and emotional support. Four of the six informants revealed that the response from the husband and family received support for appreciation (support for pity, support so as not to add children and support so as not to KB). According to Friedman [14], the family acts as a system of feedback, guiding, and equating problem solving. Appreciation support occurs through the expression of positive appreciation of the ideas, feelings and performance of others who are positively related. Other than that, two of the six informants revealed that the response received emotional support from husband and family. All informants received diverse support from their husbands and families. Friedman state that emotional support involves all the behaviors that encourage feelings of comfort and direct the individual to believe that he is praised, respected, and loved, and that others are willing to pay attention [14].

Theme three "Negative reactions when they decide to do a tubectomy" All informants expressed negative reactions when a tubectomy was decided. Surgical actions cause a lot of psychological responses that require mental preparation. The informant feels anxious about the action to be taken. This research is in line with Agustina's [15] which says that there is a relationship between the patient's knowledge of preoperative information with

preoperative patient anxiety evidenced by patients who will undergo surgery / surgery can experience anxiety which is a general reaction to a condition that is perceived as a threat to its role in life, bodily integrity, or even life itself. Patients who experience anxiety will feel unwell and fear and experience vague horror.

The Fourth Theme "The first response after tubectomy is positive and negative responses", four out of six informants expressed positive reactions and two of six informants expressed negative reactions. The informants assume that pain affects their emotional state. In line with research Mayangsari [16] revealed the results of research that post-operative individuals will show the affective dimension where this dimension affects emotions. The informants assume that pain affects their emotional state. When the pain appears the mood (mood) becomes unstable, cranky, sensitive to want to cry.

The Fifth Theme "Positive reaction after having a tubectomy", All informants revealed that experiencing a positive reaction after tubectomy. The informant stated that she was happy after having performed tubectomy because she did not need to use Short-Term Contraception again. This study is in line with research by Nuryati and Fitria [17], finding that the low use of Non-MJKP is caused by internal factors (Age, Education, Working Status, number of children, and the purpose of using contraception) and external factors (family including husband support, community and officers). The same thing was revealed in the study of Karla, et al [18] saying that women consider tubectomy as a better and safer way to prevent pregnancy. Almost all women who become informants do not experience side effects and they will recommend this tubectomy contraception to their friends and relatives.

Theme Six "The impact of tubectomy on habits of sexuality", Three of the six informants revealed that there was no post- tubectomy sexual change from sexual frequency or function and three out of six informants revealed there were changes in sexual patterns due to age. Each informant experienced different effects of tubectomy on their sexuality patterns. This study is in line with the study of Mega, et al [9] that there are several advantages of tubectomy: the effectiveness is almost 100%, does not affect sexual libido, does not affect the breastfeeding process, does not depend on intercourse factors, there are no long-term side effects, and no changes in sexual function (no effect on ovarian hormone production). In their study, Ardilah, et al [19] get the results that there is a significant relationship between climacteric symptoms with the needs of sexuality in perimenopausal women, this is evidenced by the results of the chi square test with p-value = 0.001 <0.05, according to the study during perimenopause women tend to avoid and do not want to have sex anymore due to hormonal changes, play an

important role as a housewife, women at the age of perimenopause tend to feel shy, insecure and afraid to disappoint their husbands for all their limitations.

5. CONCLUSION

This study provides knowledge and experience of post-tubectomy in women of childbearing age. Based on the research analysis obtained six themes, including:

1. Reasons for tubectomy because of obstetrical and contraceptive indications
2. The response from the husband and family provides rewards and emotional support
3. The negative reaction when it is about a decision to do a tubectomy
4. The first response after getting tubectomy is both positive and negative
5. Positive reaction after doing tubectomy
6. There is both no and a change in sexual habits due to age factors on post tubectomy.

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