

COMPARATIVE ANALYSIS ON DIFFERENCE IN MALE AND FEMALE STERILIZATION IN RAJASTHAN

Dissertation Submitted to



The IIHMR University, Jaipur

for the partial fulfilment for the award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management

By

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Under the Supervision and Guidance of

Dr. Anupam Mehrotra

2024

DECLARATION BY STUDENT

I hereby declare that this dissertation titled "Comparative Analysis on difference in male and female sterilization in Rajasthan" is the genuine documentation of my initial research efforts. I was interning with organization NHM Rajashtan where I did this secondary data analysis. I certify that it has not been applied for a degree or diploma from any other university or institution. Information that was taken from other people's published or unpublished work has been properly acknowledged in the text.

Saniya Syed

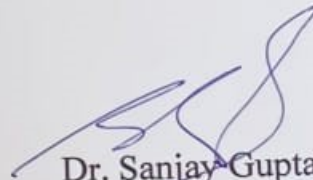


Certificate

This is to certify that dissertation titled **“Comparative Analysis on Difference in Male and Female Sterilization in Rajasthan”** is a record of the research work undertaken by **Saniya Syed** in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur under my guidance and supervision and his approach to the research study has been sincere, scientific, and analytical

A handwritten signature in blue ink, appearing to read 'Anupam'.

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Date: 10.07.2024

A handwritten signature in blue ink, appearing to read 'Sanjay Gupta'.

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INTRODUCTION

Sterilization is a permanent method of birth control. Sterilization procedures for women are called tubectomy. The procedure for men is called vasectomy. Sterilization is considered a safe procedure with very less complications. Usually only one partner in a couple gets sterilized, and a vast number of factors decide whether the male or the female gets sterilized around different demographics.

India has become the most populated country in the world surpassing China in the year 2023 with the population of 1.42 billion people which is approximately 18% of world's population. Out of the total population more than 80 crore live in rural areas and rest in urban and semi urban settings. Even after this vast difference in population demographic, more than 70% of healthcare infrastructure is available only in urban areas. All these factors affect the ease of access to different sterilization methods to the populous and consequently their penetration in the same.

In this study, a secondary analysis was conducted to understand the trends of male and female sterilization in Rajasthan over the last 10 years, and factors responsible for vast difference in prevalence of sterilization of males and females.

LITERATURE REVIEW

Sr No	TITLE	SAMPLE SIZE	OBJECTIVE	KEY FINDINGS
1	International perspectives on sexual and reproductive health- A journal of peer-reviewed research	793 men	Cross-sectional survey among 794 men married to same aged women content analysis was used for the qualitative data.	Men's primary source of reproductive health info was mass media , men understood family planning and contraception to be two different issues. 34% of men reported that their wives had been sterilised.
2	Comparative risks and cost of male	NA	NA	NA
3	Male and female	709 Male	Know the	The findings

	sterilisation : A comparative study	546 Female	complication occurring post sterilisation	that sexual dysfunction was reported only a few sterilised male and female and that an unchanged sexual life was reported by the majority.
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RESEARCH QUESTION

1. What are the sterilization rates trends of prevalence of male and female in Rajasthan.
2. What are the factors that lead to difference in sterilization levels between the two sexes



OBJECTIVE

1. To study the trends of prevalence of sterilization rates of male and female in Rajasthan.
2. Factors that lead to difference in sterilization levels between the two sexes

METHODOLOGY

STUDY DESIGN: Cross sectional study, Secondary Data.

STUDY ESTABLISHED: Rural and urban areas of Rajasthan

SAMPLE SIZE - 10 year PCTS sterilization data of Rajasthan

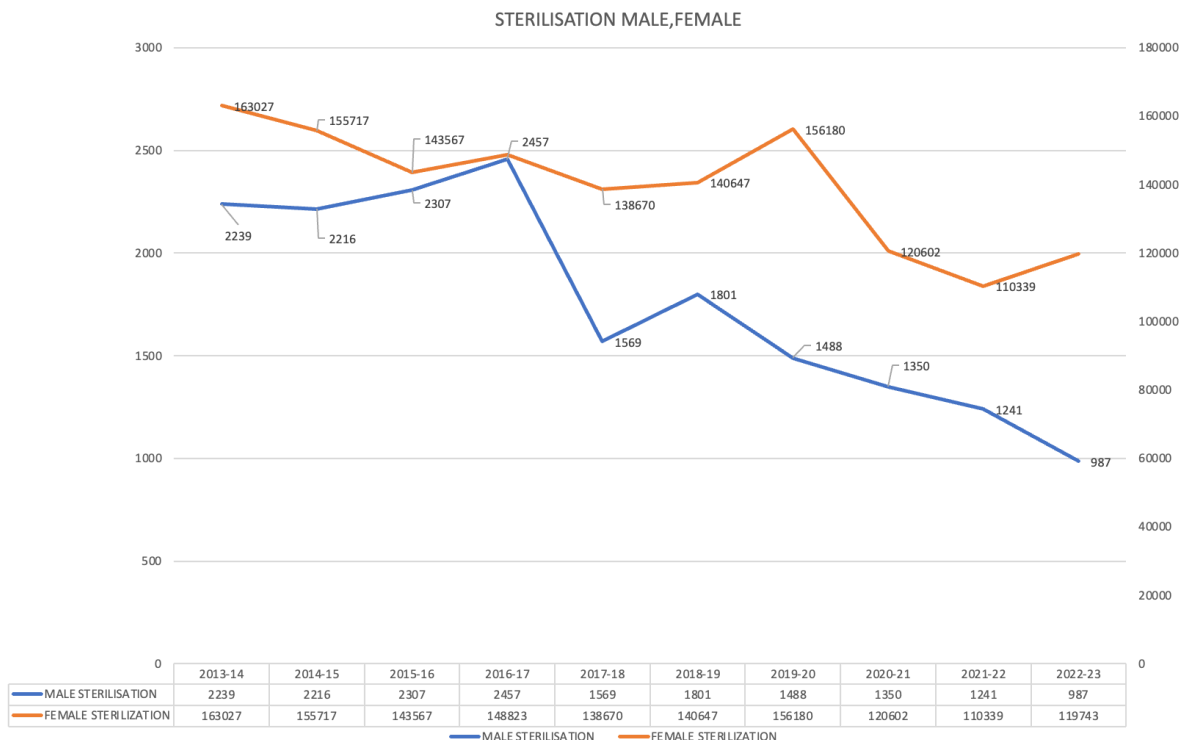
DATA COLLECTION METHOD - Secondary Data

DATA COLLECTION TOOL - spreadsheets provided by NHM data repository and PCTS software.

RESULTS

In Rajasthan, for the 10 year period (2013-2023) it is evident that numbers are very high towards female sterilization, and not so much towards the male sterilization. Whilst 1.3% of the sample males went for sterilization in 2013, this distribution pretty much remains the same with the male sterilization dropping even more down to 0.8% by the end period of 2023.

There are certain rise and drops in the chart shown below which suggests that although some awareness campaigns might have tweaked the numbers for some years, the relative slope of the curve is that of falling only which means that less number of people are going for sterilization.



RESULT

Factors affecting male and female sterilization rates.

1. Cultural Factor : It was noticed that cultural factors such as patriarchy, beliefs regarding male sterilization that it is a female's purview to look after reproduction. This was mentioned by healthcare workers while collecting primary data through interviews.
2. Preference : Female sterilization is more preferred because during delivery they were already under medical observation.
3. Myths : This is noticed that in some population it is believed that when male undergoes vasectomy it would make them sexually impotent.
4. Family preferences : families prefer that male would not undergo vasectomy
5. Accessibility : Female have more medical accessibility than males and there are more facilities which offers female sterilization than male sterilization.
6. No incentives for Males to undergo vasectomy.
7. Awareness : lack of awareness among males.
8. Loss of wages : It is believed that if males would undergo the vasectomy procedure it will result into loss of wages of that day.

DISCUSSION

The discussion on female and male sterilization disparity contributes to different factors :

1. Socio cultural factors - because of entrenched gender roles and expectation regarding reproductive health.
2. Decision making dynamics - The decision to undergo sterilization is influenced by individual preferences, family dynamics, and healthcare providers suggestion.
3. Education and awareness - Increasing education regarding vasectomy, its benefits and overcoming myths and misconceptions.
4. Policies and healthcare initiatives - This may help providing equitable distribution of medical procedures to both the genders.
5. Community outreach - involving stakeholders, family planning slogans and knowledge.

Vinodha et al studied secondary data to understand the reasons behind low male sterilization rates in country which showed that four out of ten men did not receive any incentives for the vasectomy. These factors were also mentioned by the health provider during the interviews in this study.

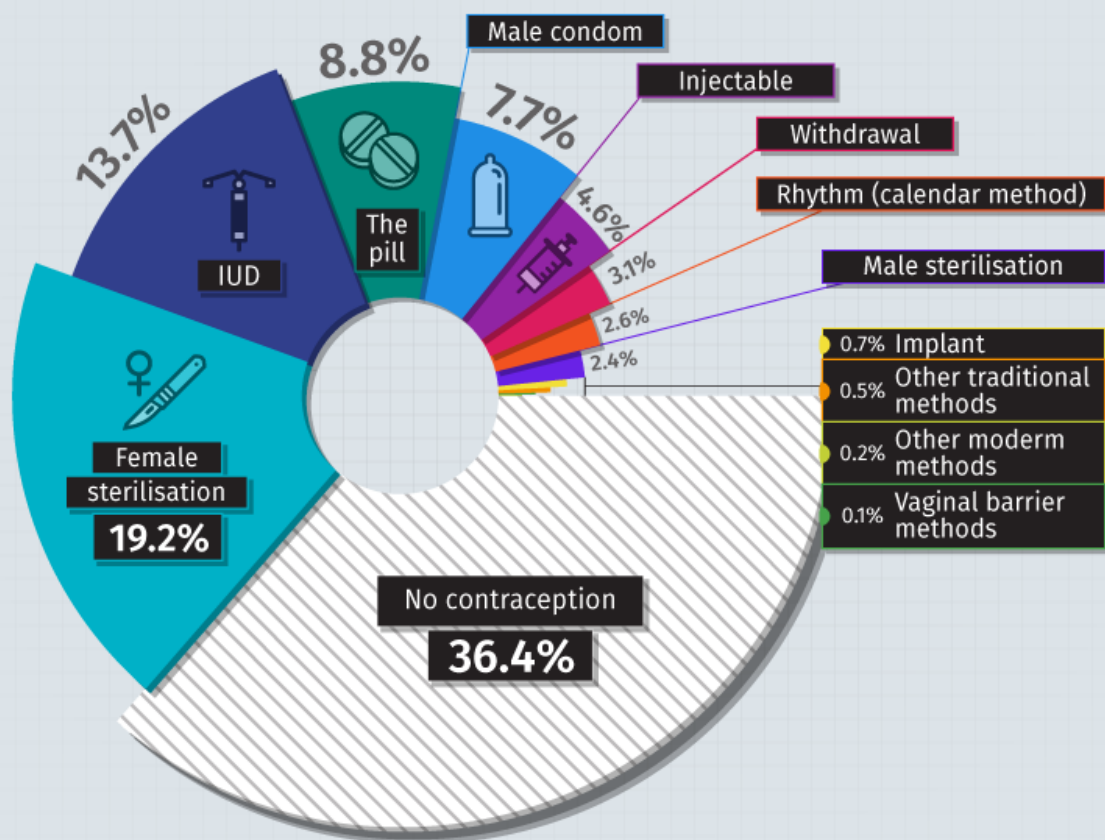
Rebecca Mcay also states about the factor i.e females are preferred for sterilization is because they are already undergoing medical facility during her delivery so that is why it is more prevalent for females to undergo tubectomy.



To collect the primary data, we would go to PHC's to know the perspective of the female and their families based out of rajasthan, the questionnaire was prepared to know the actual factor behind gap between male and female sterilisation.

Gaining information from ASHA's and other health workers like ANM's, medical officer. Checking records of various PHC's.

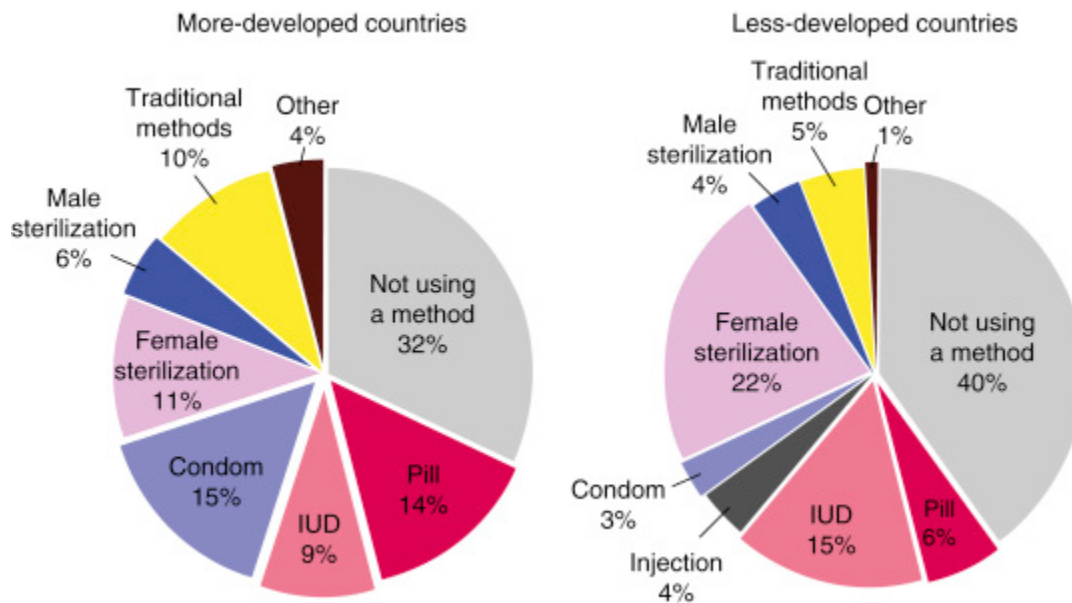
CONTRACEPTIVE USE AROUND THE WORLD



Source: United Nations, World Contraceptive Use

Female sterilisation or No contraception is preferred among the population.

COMPARATIVE PIE CHART OF MORE-DEVELOPED AND LESS-DEVELOPED COUNTRIES.



This pie-chart represent the use of female sterilization even in more developed countries. While in the less-developed countries percent is very high. Either population is preferring female sterilisation or no method at all.

In developed countries too male sterilisation is not so common. Male sterilisation stands with only 6% in developed countries and 4% in less-developed countries.

CONCLUSION

The important factors causing less male sterilization is Socio-cultural factor, Education, Lack of information, family pressure, myths and misconception, peer pressure, loss of wages.

RECOMMENDATION

1. Accessibility : Females have more accessibility to medical care. There should be more accessibility to medical care for males.
2. Awareness campaign : Awareness campaign to encourage vasectomy.
3. Couple counseling : Couples need to be educate about both sterilisation, about the myths and misconception.
4. Peer education : Education must be provided to people for male sterilisation.
5. Policy support : There should be need for various policies to encourage male sterilisation procedures.
6. Incentives : Incentives are given to males so as to encourage male sterilisation.