# COMPARATIVE ANALYSIS ON DIFFERENCE IN MALE AND FEMALE STERILIZATION IN RAJASTHAN

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# INTRODUCTION

Sterilization is a permanent method of birth control. Sterilization procedures for women are called tubal sterilization or female sterilization. The procedure for men is called vasectomy. Sterilization is considered a safe procedure with few 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 across 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 thesis, I have done a secondary analysis on the relative trends of male and female sterilization in Rajasthan over the last 10 years and studied the comparison for the same from the PCTS data available to me at NHM.

# 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 793 men married to same aged women, content analysis was used for the qualitative data. | Men's primary source of reproductive health information was mass media, men understood family planning and contraception to be two separate issues. 34% of men reported that their wives had been sterilised. |
| 2 | Comparative risks and costs of male and female sterilisation.<br>Gregory L. Smith, MD, MPH, George P. Taylor, and kevin F. smith | NA | The objective of this analysis is to estimate comparable efficacy, complication, and mortality rates and short term costs associated with male and female sterilisation procedures. | No deaths were reported in any of the case series and a recent review found no reported deaths in the US attributable to vasectomy. |
| | | | | |

| | | | | |
|---|---|---|---|---|
| 3 | Male and female sterilisation : A comparative study | 709 Male 546 Female | Know the complication occurring post sterilisation | The findings that sexual dysfunction was reported only a few sterilised male and female and that an unchanged sexual life was reported by the majority. |

# RESEARCH QUESTION

1. To investigate the ratio between male and female sterilization
2. Factors that lead to difference in sterilization levels between the two sexes


STERILIZATION

# OBJECTIVE

The objectives of the study are :

1. Identifying trends between male and female sterilization from PCTS data in Rajasthan over 10 year period from 2013-2023
2. To assess the factors that contribute to the difference in trends between male and female sterilization.

# 4. Psychosocial and cultural influences around the areas of rajasthan

# METHODOLOGY

STUDY DESIGN: Descriptive study

STUDY ESTABLISHED: Rural and urban areas of Rajasthan

SAMPLE SIZE - 10 year PCTS sterilization data of Rajasthan

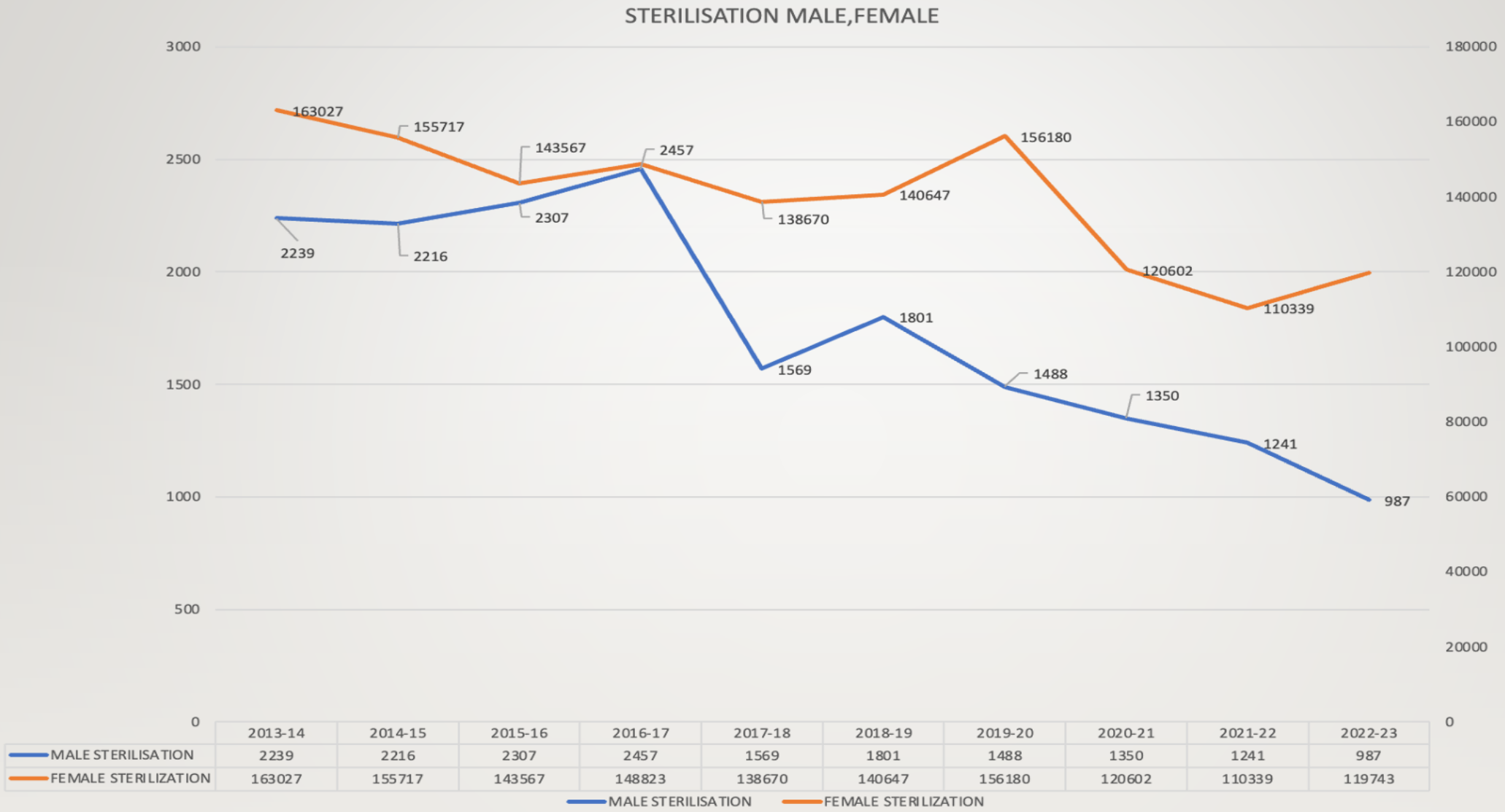
DATA COLLECTION METHOD – Secondary

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 peaks 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.


STERILISATION MALE,FEMALE
3000
2500
2000
1500
1000
500
0
180000
160000
140000
120000
100000
80000
60000
40000
20000
0
163027
155717
143567
148823
138670
140647
156180
120602
110339
119743
2239
2216
2307
2457
1569
1801
1488
1350
1241
987
2013-14
2014-15
2015-16
2016-17
2017-18
2018-19
2019-20
2020-21
2021-22
2022-23
MALE STERILISATION
FEMALE STERILIZATION

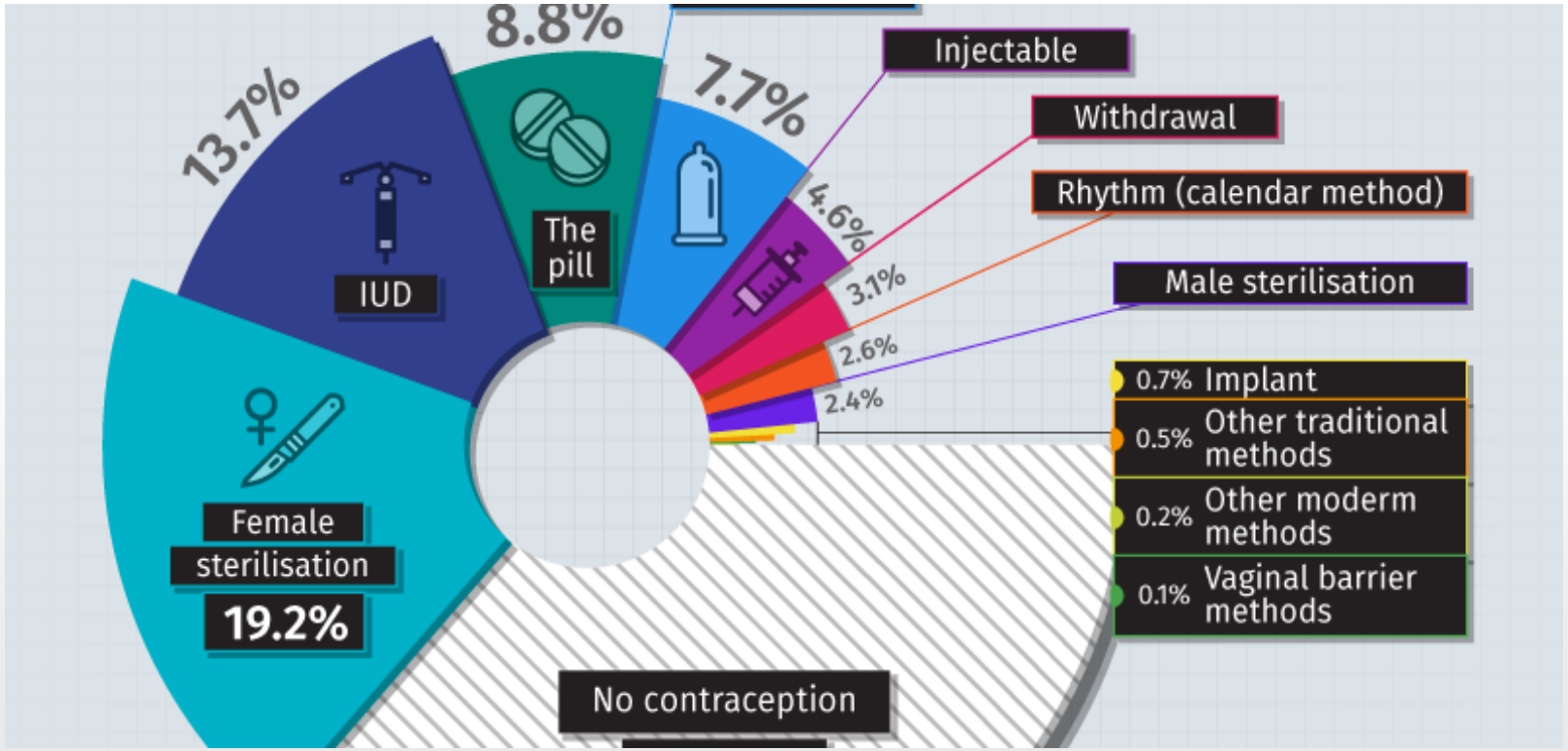
# DISCUSSION

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

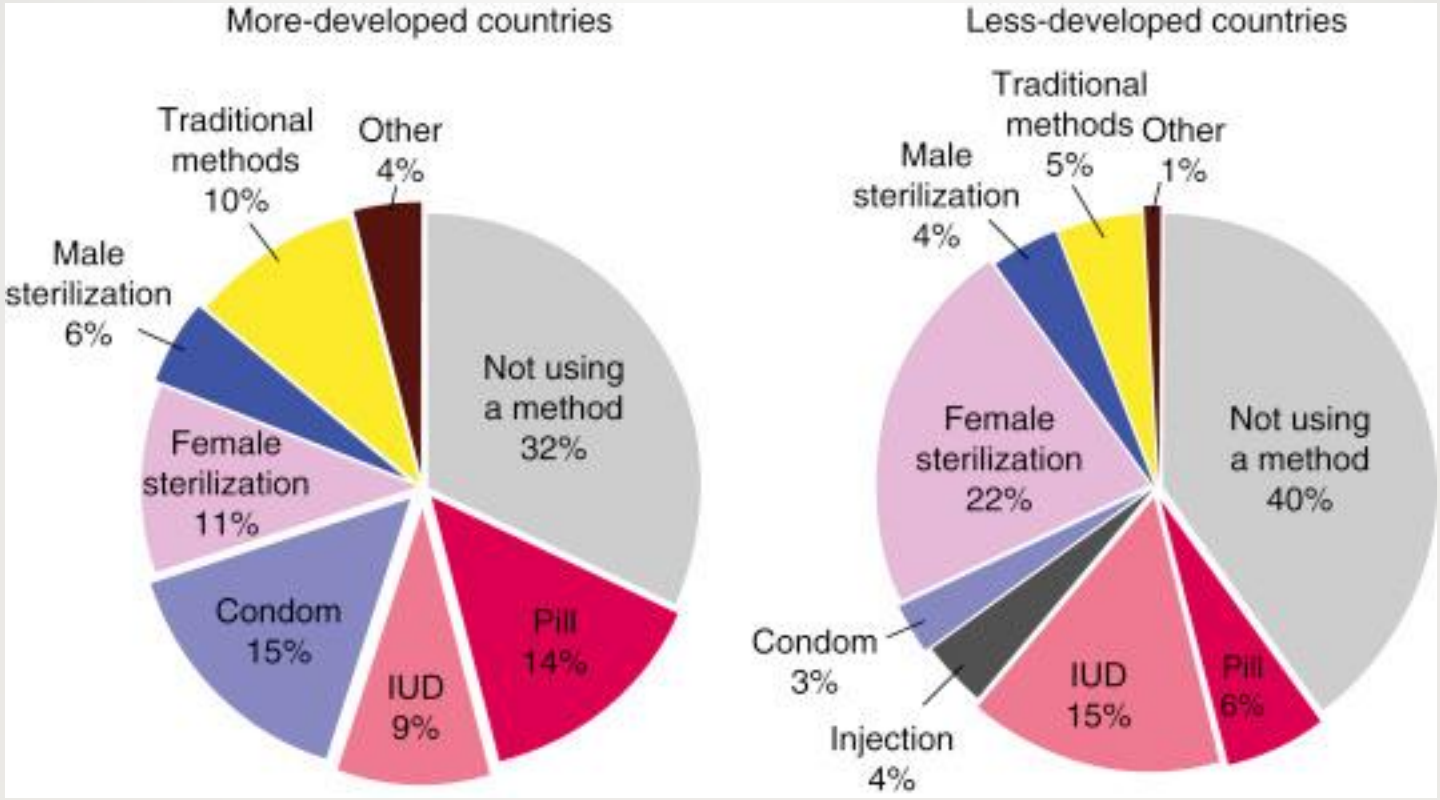
1. Socio cultural factors - because of entrenched gender roles and expectation regarding reproductive health.
2. Decision making dynamics - The decision to undergo sterilisation is influenced by individual preferences, family dynamics, and healthcare providers suggestion.
3. Education and awareness - 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.


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.


13.7%
IUD
8.8%
The pill
7.7%
Injectable
4.6%
Withdrawal
3.1%
Rhythm (calendar method)
2.6%
Male sterilisation
2.4%
0.7% Implant
0.5% Other traditional methods
0.2% Other moderm methods
0.1% Vaginal barrier methods
Female sterilisation
19.2%
No contraception

# 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.

# RECOMMENDATION

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 : To encourage male to adopt vasectomy

# THANK YOU