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

synopsis Submitted to

**The IIHMR University, Jaipur**

for the partial fulfillment for the award of the degree of

Master of Business Administration (MBA)

In

Health Management by

**Dr. Saniya Syed**

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 Information that was taken from other people's published or unpublished work has been properly acknowledged in the text.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**

**Internship Completion Certificate**

This is to certify that Dr 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 has successfully completed her internship at National Health Mission, Jaipur. March 18 June 18, 2024.

Place: Jaipur, Rajasthan

Date: 20/06/2024

Head of the Organization

Name of the organization

# Contents

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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-sectio nal 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 contraceptio n to be two separate issues. 34% of men reported that their wives had been sterilised. |
| 2 | Comparative risks and costs of male | NA | The objective of | No deaths were |

| | | | | |
|---|---|---|---|---|
| | and female sterilisation. Gregory L. Smith, MD, MPH, George P. Taylor, and kevin F. smith | | this analysis is to estimate comparable efficacy, complication, and mortality rates and short term costs associated with male and female sterilisation procedures. | 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<br>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


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.
3. Understanding usage disparities : uptake of vasectomy versus tubal ligation
4. Examining health outcomes
5. Psychosocial and cultural influences around the areas of rajasthan
6. Decision making for government policies.

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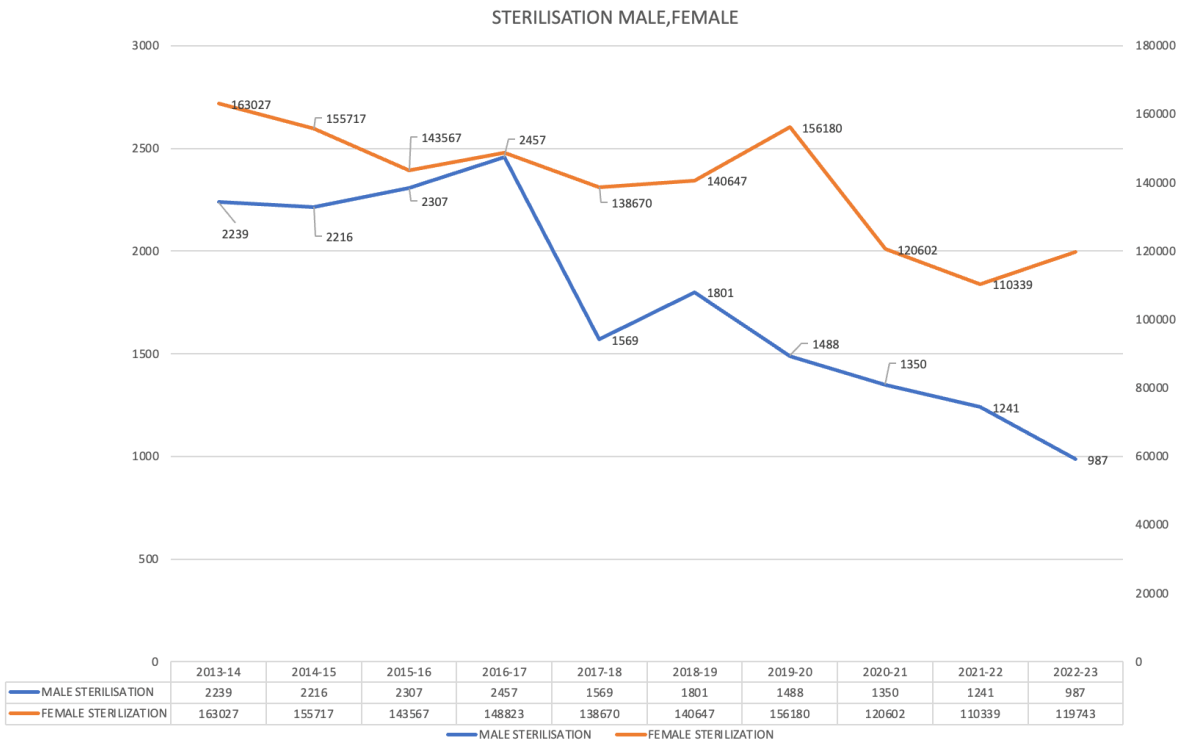
METHODOLOGY

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.

The data repository used contains rural and urban demographic information which is being used to identify the educational or access to information or healthcare factors in getting the sterilization done. Pregnancy and child delivery information is also available which helps in establishing if any correlation exists between the quantity, method of birth and the sterilization. To comprehend the societal causes and financial factors for both urban and rural sterilization.

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.




| | 2013-14 | 2014-15 | 2015-16 | 2016-17 | 2017-18 | 2018-19 | 2019-20 | 2020-21 | 2021-22 | 2022-23 |
|---|---|---|---|---|---|---|---|---|---|---|
| MALE STERILISATION | 2239 | 2216 | 2307 | 2457 | 1569 | 1801 | 1488 | 1350 | 1241 | 987 |
| FEMALE STERILIZATION | 163027 | 155717 | 143567 | 148823 | 138670 | 140647 | 156180 | 120602 | 110339 | 119743 |

MALE STERILISATION FEMALE STERILIZATION

DISCUSSION

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


राजस्थान सरकार
राष्ट्रीय शहरी स्वास्थ्य मिशन
शहरी प्राथमिक स्वास्थ्य केन्द्र
महेश नगर, जयपुर
शहरी प्राथमिक स्वास्थ्य चिकित्सा केन्द्र
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क स्वास्थ्य केन्द्र, महेश नगर, जयपुर–1
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बिना मास्क अस्पताल
में प्रवेश वर्जित हैं
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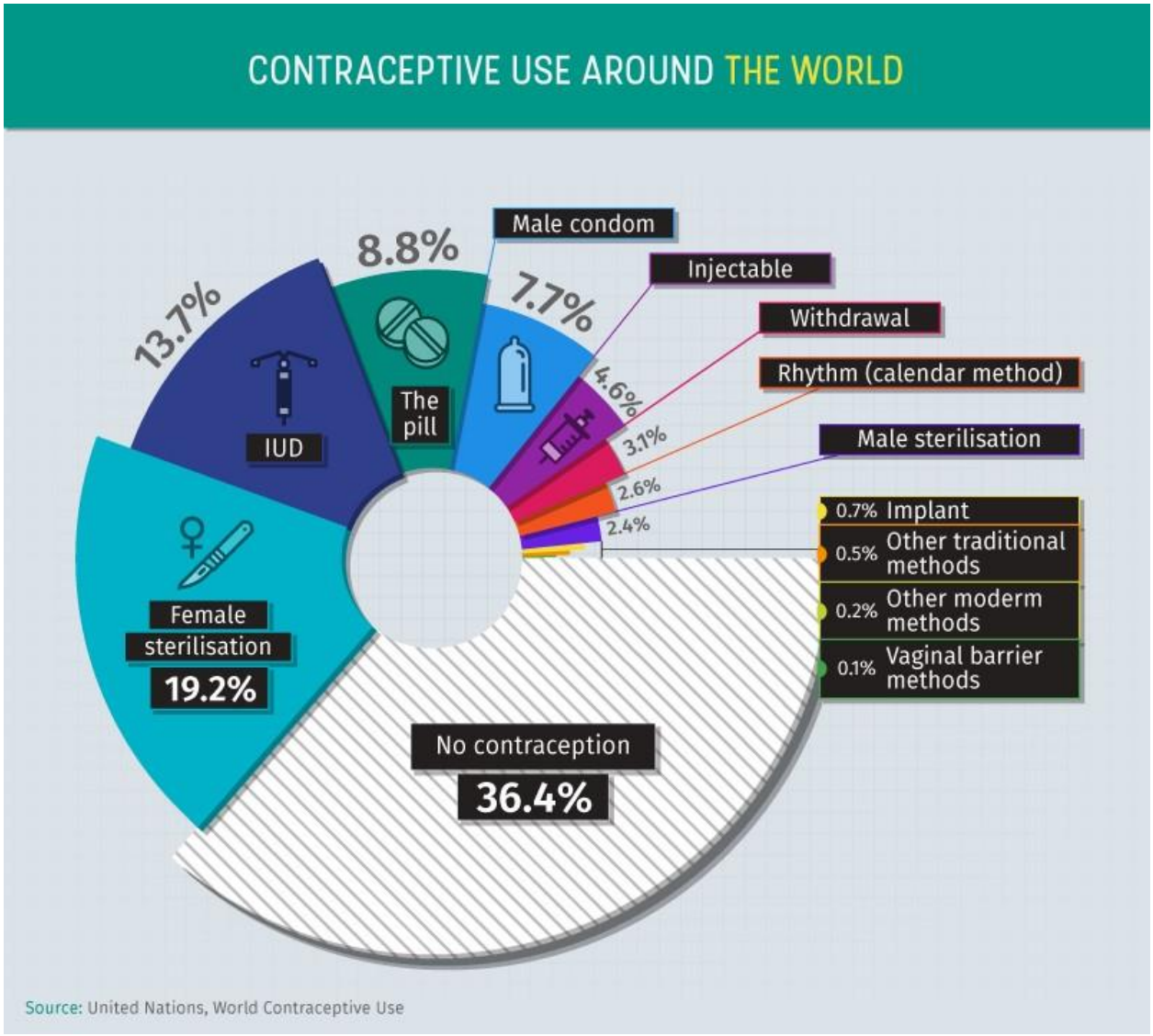
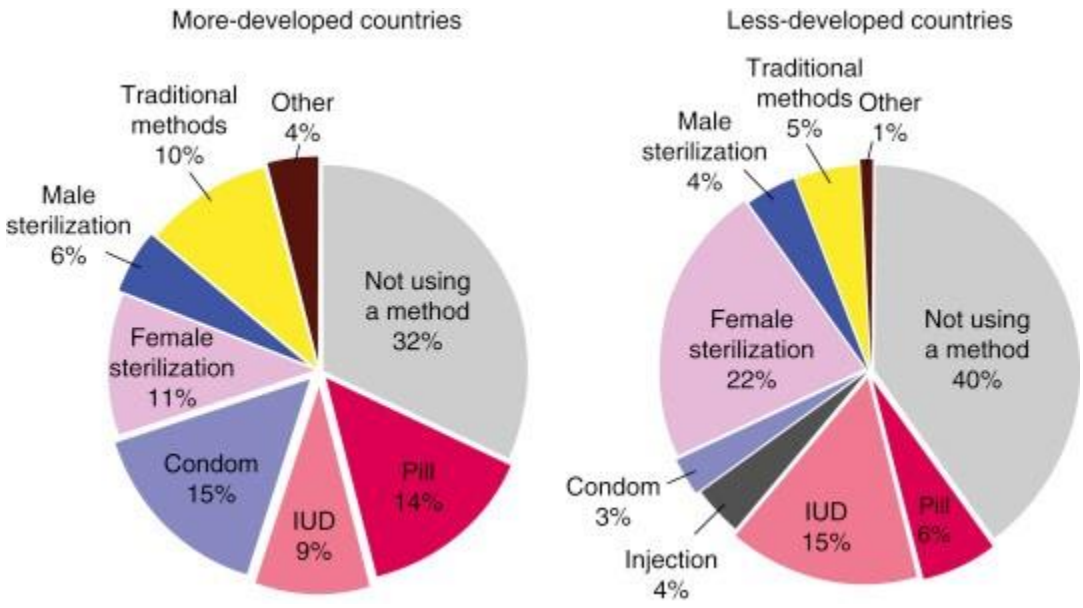
To collect the primary data, we would go to PHC's to know the perspective of the female and their families based out of rajasthan, the questionnaire was prepared to know the actual factor behind gap between male and female sterilisation.

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




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.

RECOMMENDATION Accessibility

1. Awareness campaign
2. Couple counselling
3. Peer education
4. Policy support
5. Incentives