

MOMENTUM Safe Surgery in Family Planning and Obstetrics ICFP 2022 Abstract

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Abstract title

Vasectomy in India: Its Current Situation and Future Prospects for Wider Availability and Use

Background

The first vasectomy in India occurred in 1954. Vasectomy has been an MOH program method for many years since, with overall permanent method (PM) use very high. However, despite vasectomy being widely—if not always accurately—known, and being easier, safer, and less costly than female sterilization (FS), vasectomy has accounted for only a small proportion of PM use. In 2016, FS prevalence was 36%—three-quarters of all contraceptive use by married or in-union women, whereas vasectomy prevalence was only 0.3% (0.6% method share). This 120:1 ratio of female-to-male sterilization use, is the world's highest national gender differential in PM use. By 2016, vasectomy prevalence was only 1/12 of its 1993 peak of 3.5%.

Methods

To better understand and address declining vasectomy use, MOMENTUM conducted a rapid assessment in 2021. We reviewed research publications in PubMed, grey literature in MedRxiv, and 2012–2021 program and policy documents, using a structured search. We extracted program-specific data from India's national HMIS and national and state reports from the last three national family health surveys.

Results

In 2019–20, contraceptive use still skewed markedly: FS constituted 70% of overall contraceptive use and 98% of PM use. Only 55,000 of 3.45 million PMs performed were vasectomies, an M-F gender differential of 1:63. In the states where MOMENTUM works—Assam, Chhattisgarh, Jharkhand, Karnataka, Madhya Pradesh, and Odisha—vasectomy's method share is 0.2%-1.1%. Vasectomy remains one of the least commonly available methods, many providers lack vasectomy surgical skills, and vasectomy myths and misperceptions—e.g., that men will become “weak” or impotent—abound. In 2019-20, 1 in 20 vasectomy clients reported complications.

Conclusions

Vasectomy availability, access, and use remain low in all Indian states. Long-standing myths and service quality issues continue to be barriers, and marked gender disparities in PM uptake persist. To address these challenges, MOMENTUM is using a four-pronged approach based on EngenderHealth's holistic SEED programming model (Supply–Enabling Environment–Demand). In the aforementioned six states we are: 1) strengthening health system capacity of trainers; 2) improving service quality by addressing providers' attitudes, communication skills, and safe surgery skills; 3) helping address prevailing gender norms by engaging with frontline workers and their supervisors; and (4) reaching men at their workplaces to address norms related to FP and vasectomy. Given India's familiarity with PMs and key stakeholder engagement, we are hopeful vasectomy will become more available to Indian clients, and a more widely-chosen PM option.