

# **NSV Evaluation Report**

**For**

**RCH/ NRHM, Rajasthan**

**By:**



**State Institute of Health and Family Welfare, Jaipur**

**(An ISO 9001: 2008 Certified Institution)**



## **Preface**

Family Planning programs have for the most part concentrated on women, due to their direct involvement in child bearing, leading to an attitude of indifference in males towards adopting family planning methods. Under RCH programs, the male partaking in FP activities has been increased through NSV (Non-Scalpel Vasectomy) programs.

Non Scalpel Vasectomy had been a neglected method of permanent contraception since long. In the year 2000, NSV was started in Rajasthan, but for 2-3 years very few couples adopted NSV as a method of choice. A lot of social and economical reasons have been attributed to and the most important was that the couples do not want to take the risk on the bread earner of the family.

However, with the paradigm shift in view of the policy priorities, the NSV has been put at the fore front and it is expected that the male participation shall substantially benefit the program.

After 2003, with extensive media publicity couples have started adopting NSV as a method of contraception.

A concurrent evaluation of NSV program was carried out by SIHFW to assess the strengths and weaknesses of the program.

It was carried out in 14 districts encompassing Medical Officers, motivators, beneficiaries and non- beneficiaries making it 1494 respondents in all.

SIHFW is thankful to RCH-NRHM for providing an opportunity to carry out the assessment of this male focused family planning method.

We are also thankful to the district authorities, respondents and those involved directly and indirectly in the assessment for their support and precious time.



## INDEX

1. Background.....	1
2. Approach and Methodology.....	3
3. Observations.....	7
4. Summary and Conclusion.....	47
5. Recommendations.....	51



## Chapter 1

### Background

The Program of Action adopted by consensus at the 1994 International Conference On Population and Development (ICPD) stresses the importance of reproductive rights and reproductive health for both men and women.

Emphasizing the need for equity in gender relations and responsible sexual behavior, the Program of Action notes that males as well as females must have access to appropriate information and services to achieve good sexual health and exercise their reproductive rights and responsibilities. **(Technical Report 28, Male involvement in reproductive health, including family planning and sexual health).**

Approximately one third of the world's couples are using a male-dependent contraceptive method -- condom, vasectomy, withdrawal or periodic abstinence or traditional family planning methods. Yet, the program spends a meager amount of the budget to reach Male counterparts- a major untapped populace for family planning program.

Family planning programs have focused primarily on women because of their direct involvement in child-bearing and the predominance of effective female methods. By and large, for no rhyme or reason, the female sterilization continues to be the most popular terminal method amongst the reproductive age group.

Under RCH Program, Government of India has stressed upon programs to promote male involvement in different activities of RCH including male sterilization technique of NSV.

However, with the paradigm shift in view of the policy priorities, the NSV (Non-Scalpel Vasectomy) has been put at the fore front and it is expected that the male participation shall substantially benefit the program.



Vasectomy is a simple, safe and effective method of permanent surgical contraception for men. It is much safer and less expensive than tubal ligation for women.

The NSV was developed in China by Dr. Shunqiang Li in 1974. Dr Ram Chander Murty Kaza, Professor, Microsurgery, Maulana Azad Medical College, New Delhi, pioneered non-scalpel vasectomy (NSV) in India in 1992 and carried out more than 70,000 vasectomy operations.

Non Scalpel Vasectomy was started way back in 2000 in Rajasthan but had gained momentum since 2003 on account of extensive educational and promotional campaigns and availability of trained service providers.

All the 33 districts today have the facilities for NSV.

The NSV services had the following objectives:

- To promote male participation in family planning;
- To promote NSV as methods of contraception for male;
- To promote small family norms;
- To create awareness regarding male sterilization as simple method;
- To address unmet needs and
- To strengthen FP services.

A concurrent evaluation of NSV programme was undertaken by the SIHFW- Rajasthan, to find out the strength and weakness of the on-going NSV Program in the state. This evaluation was conducted in selected 14 districts of the State. The key objectives of the study were:-

1. To assess the perspectives of the community as well as of the service providers regarding male sterilisation/NSV.
2. To identify the strengths and weaknesses of the programme.

An appropriate research design was evolved and both the qualitative methodologies, such as, in-depth interviews, and the quantitative techniques were utilised for the study.



## Chapter 2

### Approach & Methodology

#### 2.1 Scope of Work

The Scope of work included:

1. Assessment of impact of promotional services for NSV;
2. Exploring the reasons for non participation of male in sterilization;
3. Getting feel of the perception of personnel associated with NSV;
4. Assessment of the knowledge, attitude and practice prevailing in the community for NSV.

#### 2.2 Target group

1. Beneficiary.
2. Non Beneficiary (Target).
3. Service provider/Officials.
4. Key informants/Opinion leaders.

#### 2.3 Selection of the Districts

The study was carried out in 14 districts of Rajasthan on the basis of two districts per zone. The selection criteria for districts was to take one high and one low coverage district from the Zone in consultation with Demographer and Evaluation Officer DM & HS, Jaipur. The district which had more than State average (3%) during the year 2007 - 2008 was selected as high coverage district whereas districts with less than State average were selected as low coverage districts.



Zone	District	
	High coverage	Low coverage
Ajmer	Bhilwara	Nagaur
Jaipur	Alwar	Dausa
Bikaner	Churu	Ganganagar
Jodhpur	Jodhpur	Jalore
Kota	Kota	Jhalawar
Udaipur	Rajsamand	Dungarpur
Bharatpur	Dholpur	Karauli

## 2.4 Selection of the Unit

From each district, two blocks were selected.

From each block two PHCs were selected randomly-one nearest and the other remotest.

From each PHC, 2 SCs were selected- one nearest and the other remotest.

All the villages in these SCs were covered during the study.

### For 14 district

District	1	1 x 14 = 14
Block	2	2 x 14 = 28
PHC	4	4 x 14 = 56
SC	8	8 x 14 = 112
Villages	All	Villages 36-40 x 14

## 2.5 Sample Size

From high coverage district, 10 beneficiaries from each SC were selected while from low coverage district, 5 beneficiaries from each SC were selected for detailed survey. Similarly 5 non beneficiaries (target) each were selected from high and low coverage districts. The sample taken was as under:



Area	Beneficiary	Non beneficiary (Target)
High coverage	10	05
Low Coverage	05	05

To assess the impact from high coverage district, 10 beneficiaries who had undergone NSV from each SC were interviewed while 5 non beneficiaries (target) who intended to undergo NSV in near future, from each SC were selected for interview.

Similarly from low coverage district 5 beneficiaries who had undergone NSV from each SC were interviewed while 5 non beneficiaries (target) who intended to undergo NSV in near future, from each SC were selected for interview. The list of beneficiaries was obtained from the respective PHC in-charge.

The estimation of sample was done as under;

	Beneficiary	Non beneficiary (Target)
High coverage	10 X 8 SC x 7 dist = 560	5x8 SC x 7 dist = 280
Low Coverage	5x 8 SC x 7 dist = 280	5x8 SC x 7dist = 280

Total beneficiaries to be interviewed from 14 districts were **840** but due to the non availability of beneficiaries at the time of survey only **818** could be contacted. Similarly non beneficiaries to be interviewed from 14 districts were **560** but only **549** could be contacted.

## 2.6 Data Collection

The data was collected through in-depth interviews and structured questionnaire.





## **2.7 Duration**

The field work was carried out from 10th April to 24th May 2008 in all the 14 districts.

## **2.8 Information Areas**

Information was collected on Social profile, Awareness/Knowledge, Attitude/Perception, and Practices/ Behaviors of the functionaries/target group.

## **2.9 Training to Field Staff**

Supervisors and investigators were oriented in the field work e.g. data collection, compilation etc. at SIHFW for one day.

The data entry work was outsourced to competent agency.

Initially a team of one supervisor and eight investigators visited the field during first phase (10<sup>th</sup> April to 5<sup>th</sup> May 2008) of field work. Thereafter, one supervisor and five investigators visited the selected beneficiaries to document their responses about adoption of NSV.

The list of beneficiaries who had undergone NSV was collected from the respective CHCs/PHCs. According to the list, sub-center wise categorizations were made and than required beneficiaries were picked up randomly. House to house contact was made to obtain information on predefined formats. Similar pattern was used to get information from other informants.

Three such teams were formed for entire duration of survey. Internal staff of SIHFW was assigned the task to monitor quality of data collected by each team in the selected districts. Medical Officer of the selected CHC/PHC was also contacted to gather secondary data related to PHC activities.



## Chapter 3

### Observations

#### 3.1 Observation from Service Providers

##### A. Medical Officer

It was proposed to have interaction with 4 Medical Officers per district. Accordingly 60 Medical Officers were supposed to be contacted from all the 15 selected districts. Despite the repeated visits only 54 Medical Officers could be contacted during the entire course of field work. 6 Medical Officers could not be contacted despite repeated visits.

**Table 1: Duration of working on PHC**

S.No	Districts	Duration				Total
		Less than a year	1 – 2 years	2 – 3 years	More than 3 years	
1.	Dungarpur	0	0	1	2	3
2.	Nagaur	1	1	2	0	4
3.	Dausa	0	2	0	2	4
4.	Karauli	1	1	2	0	4
5.	Jhalawar	1	2	1	0	4
6.	Churu	1	1	1	0	3
7.	Kota	1	0	1	2	4
8.	Bhilwara	1	2	0	1	4
9.	Jodhpur	0	1	2	1	4
10.	Alwar	0	1	2	1	4
11.	Dholpur	0	3	1	0	4
12.	Rajsamand	1	1	2	0	4
13.	Ganganagar	1	1	0	2	4
14.	Jalore	0	0	2	2	4
	<b>Total</b>	<b>8(14.8)</b>	<b>16(29.6)</b>	<b>17(31.5)</b>	<b>13(24.1)</b>	<b>54 (100.0)</b>

Average time period a Medical Officer spent on a PHC was around 3 years. It was observed from the table that majority of the Medical Officers stayed at PHC for around three years. That indicates that Medical Officer was fully aware of the program and procedure adopted at respective PHCs.

##### **Skill building of Medical Officers for NSV**

Aptly trained staff is crucial to male-involvement program. Training is especially helpful in integrating male services and counseling into female-oriented settings. Many health workers



lack the requisite skills and information to assist male clients effectively, and other staff members -- even high-level managers -- may be ill-informed.

To compensate for the shortcomings of staff training, health agencies should strive to include relevant information on male reproductive health in pre-service, in-service and on-the-job training. Such information may cover : male reproductive physiology; male sexuality; male contraceptive methods; STD prevention and treatment; HIV prevention; causes and diagnosis of male infertility; the importance of joint decision-making on reproduction; values clarification regarding gender (male) roles, sexuality, adolescent sexual activity and contraceptive methods; and techniques for counseling, outreach and communication with men.

On-the-job training should include information relevant to each person's role. Clinical staff and outreach workers need information on male contraceptive methods and service sites. Service providers need training in NSV, correct condom use and other technical topics as well as sensitization regarding biases against male contraceptive methods. Staffs that are regularly in contact with clients need training to ensure that they are gender-sensitive and that they welcome men and couples for consultations and encourage communication between partners. Training in interpersonal communication skills is especially important for male-involvement programs. Staff needs to learn how to interact with individuals, give talks to groups and lead discussions. Key interpersonal skills include: treating the client with sensitivity and compassion; eliciting information on individual or group needs and interests; speaking effectively before small and large groups; and using visual aids, songs and other devices to reinforce information.

As per the guidelines of Government of India provision of 5 days specialized skill training on NSV has been made under RCH-I and also continued in RCH-II.

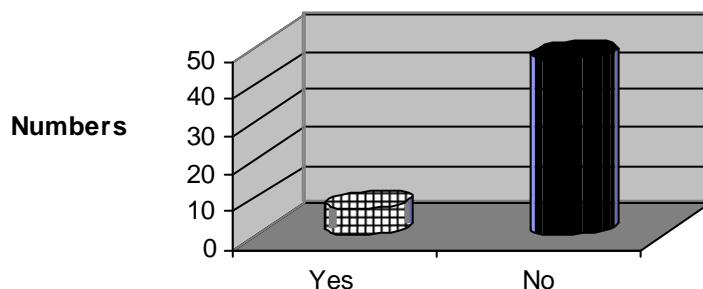
Only trained Medical Officer is competent to provide the services to the beneficiaries. To assess the availability of trained health service providers in the district Medical Officer Representatives were interrogated whether they have received any training. Out of total 54 respondents only 7 had received the training. Medical Officers who received training were, mainly from Sri Ganganagar, Dungarpur, Jhalawar, Kota, Alwar, Nagaur and Churu districts. Medical Officers from all 4 PHCs each of Dausa, Karauli, Bhilwara, Jodhpur, Dholpur, Rajsamand did not receive training regarding NSV, while Medical Officers of three PHCs each of Nagaur, Jhalawar, Kota, Alwar and Ganganagar did not report any training.



**Table 2: Training about NSV**

S.No	District	Training		Total
		Yes	No	
1.	Dungarpur	1	2	3
2.	Nagaur	1	3	4
3.	Dausa	0	4	4
4.	Karauli	0	4	4
5.	Jhalawar	1	3	4
6.	Churu	1	2	3
7.	Kota	1	3	4
8.	Bhilwara	0	4	4
9.	Jodhpur	0	4	4
10.	Alwar	1	3	4
11.	Dholpur	0	4	4
12.	Rajsamand	0	4	4
13.	Ganganagar	1	3	4
14.	Jalore	0	4	4
	<b>Total</b>	<b>7 (13.0)</b>	<b>47 (87.0)</b>	<b>54 (100.0)</b>

**Status of training regarding NSV**



Out of total Medical Officer sample interviewed in the study only 13% had undergone training regarding NSV.

It is worthwhile to mention here that the Health Institutions of the state are not equipped to provide the NSV services to the clients on the demand. Only camp based services are available. Medical Officer's who received training, were mainly from Sri Ganganagar, Rajsamand, Churu, Bhilwara, Alwar, Nagaur and Jalore districts.

Medical Officers from Jodhpur, Dausa, Dholpur, Karauli, Jhalawar, Dungarpur and Kota did not receive training regarding NSV. *This adds up to the training load of the system and needs to be addressed in future.*



The Medical Officers received the training in the respective Medical Colleges/District hospitals for 5 days. Some of the Medical Officers were not clear about the duration of training.

Medical Officers were asked about the availability of trained man power in the district to provide the NSV services but only 35% were aware of the availability of services in the districts.

**Table 3: Availability of trained Medical Officers for NSV**

S.No	District	Trained Staff		Total
		Yes	No	
1.	Dungarpur	1	2	3
2.	Nagaur	3	1	4
3.	Dausa	0	4	4
4.	Karauli	0	4	4
5.	Jhalawar	3	1	4
6.	Churu	0	3	3
7.	Kota	1	3	4
8.	Bhilwara	1	3	4
9.	Jodhpur	4	0	4
10.	Alwar	1	3	4
11.	Dholpur	2	2	4
12.	Rajsamand	2	2	4
13.	Ganganagar	1	3	4
14.	Jalore	0	4	4
	<b>Total</b>	<b>19 (35.2)</b>	<b>35 (64.8)</b>	<b>54 (100.0)</b>

Non availability of trained Medical Staff in NSV is one of the reasons of poor performance.

**Table 4: Alternative arrangement for Medical Officers**

S.No	District	Alternate Arrangement		Total
		Yes	No	
1.	Dungarpur	1	1	2
2.	Nagaur	0	1	1
3.	Dausa	2	2	4
4.	Karauli	4	0	4
5.	Jhalawar	0	1	1
6.	Churu	2	1	3
7.	Kota	0	3	3
8.	Bhilwara	1	2	3
9.	Jodhpur	0	0	0
10.	Alwar	1	2	3
11.	Dholpur	2	0	2
12.	Rajsamand	0	2	2
13.	Ganganagar	1	2	3
14.	Jalore	4	0	4
	<b>Total</b>	<b>18 (51.4)</b>	<b>17 (48.6)</b>	<b>35 (100.0)</b>

As trained staff is not available at health institutions, so for filling this gap, alternate arrangements have been made by district administration for conducting the NSVs.



### Awareness on payment of incentives

Out of total respondents only 9.3% Medical Officers were not aware about the payment of incentives to the clients for adopting the NSV as sterilization method. Rest 91%, were acquainted with the provision of payments to the beneficiaries for adopting NSV. This trend was similar among all the districts surveyed.

**Table 5: Payment to acceptors of NSV**

S.No	District	Payment		Total
		Yes	No	
1.	Dungarpur	3	0	3
2.	Nagaur	3	1	4
3.	Dausa	3	1	4
4.	Karauli	4	0	4
5.	Jhalawar	4	0	4
6.	Churu	3	0	3
7.	Kota	2	2	4
8.	Bhilwara	4	0	4
9.	Jodhpur	4	0	4
10.	Alwar	4	0	4
11.	Dholpur	4	0	4
12.	Rajsamand	4	0	4
13.	Ganganagar	3	1	4
14.	Jalore	4	0	4
	<b>Total</b>	<b>49 (90.7)</b>	<b>5 (9.3)</b>	<b>54 (100.0)</b>

9.3% Medical Officers were unaware about incentive for acceptors of NSV. The understanding that, as per norm, Rs. 1100 is given as incentive to acceptor of NSV is clear to 73.5% of Medical Officers.

**Table 6: Incentive Amount to acceptors of NSV**

S.No	Districts	Amount				Total
		Rs. 1100	Rs. 1300	Rs.1600	Not Specify	
1.	Dungarpur	3	0	0	0	3
2.	Nagaur	3	0	0	0	3
3.	Dausa	2	0	0	1	3
4.	Karauli	3	1	0	0	4
5.	Jhalawar	1	0	0	3	4
6.	Churu	2	0	1	0	3
7.	Kota	0	0	0	2	2
8.	Bhilwara	1	3	0	0	4
9.	Jodhpur	4	0	0	0	4
10.	Alwar	4	0	0	0	4
11.	Dholpur	4	0	0	0	4
12.	Rajsamand	4	0	0	0	4
13.	Ganganagar	2	0	1	0	3
14.	Jalore	3	0	0	1	4
	<b>Total</b>	<b>36 (73.5)</b>	<b>4(8.2)</b>	<b>2(4.1)</b>	<b>7 (14.2)</b>	<b>49 (100.0)</b>



However, the amount varied from place to place. It was observed from the data that in 73.5% cases amount given to the beneficiaries was Rs 1100. For 12.3% of Medical Officers, the cash incentive to acceptors of NSV exceeded the norm which is a little surprising and perplexing to note that how come and from where this extra incentive is sought particularly so in Churu and Jalore districts. In Jhalawar and Kota the Medical Officers did not have any idea about the cash incentive amount.

**Table 7: Instrument of incentive disbursal**

S.No	District	Instrument		Total
		Cash	Kind	
1.	Dungarpur	3	0	3
2.	Nagaur	3	0	3
3.	Dausa	3	0	3
4.	Karauli	4	0	4
5.	Jhalawar	3	1	4
6.	Churu	3	0	3
7.	Kota	0	2	2
8.	Bhilwara	3	1	4
9.	Jodhpur	1	3	4
10.	Alwar	4	0	4
11.	Dholpur	4	0	4
12.	Rajsamand	2	2	4
13.	Ganganagar	3	0	3
14.	Jalore	4	0	4
	<b>Total</b>	<b>40 (81.6)</b>	<b>9 (18.4)</b>	<b>49 (100.0)</b>

Amount was given in form of cash in majority of cases. This practice was uniform in almost all the 14 districts surveyed and needs to be addressed as the cash disbursement was picked up as the root of financial irregularities in JSY whereby the payment mode was subsequently shifted to the instrument of cheque.



**Table 8: Case history asked**

S.No	District	Case history		Total
		Yes	No	
1.	Dungarpur	3	0	3
2.	Nagaur	3	1	4
3.	Dausa	3	1	4
4.	Karauli	4	0	4
5.	Jhalawar	4	0	4
6.	Churu	3	0	3
7.	Kota	4	0	4
8.	Bhilwara	3	1	4
9.	Jodhpur	4	0	4
10.	Alwar	4	0	4
11.	Dholpur	4	0	4
12.	Rajsamand	4	0	4
13.	Ganganagar	3	1	4
14.	Jalore	4	0	4
	<b>Total</b>	<b>50 (92.6)</b>	<b>4 (7.4)</b>	<b>54 (100.0)</b>

The observations reflect that 92.6% of Medical Officers asked for Medical History of acceptor of NSV before actually proceeding with procedure, which is a healthy sign as the outrage to simply perform dictated by Targets can harm the program.

**Table 9: Perception regarding Number of children at the time of NSV**

S.No	Districts	Number				Total
		One	Two	3 or More	Not related/NA	
1.	Dungarpur	0	3	0	0	3
2.	Nagaur	1	3	0	0	4
3.	Dausa	0	4	0	0	4
4.	Karauli	0	4	0	0	4
5.	Jhalawar	0	3	0	1	4
6.	Churu	0	3	0	0	3
7.	Kota	0	4	0	0	4
8.	Bhilwara	1	3	0	0	4
9.	Jodhpur	0	4	0	0	4
10.	Alwar	0	4	0	0	4
11.	Dholpur	0	4	0	0	4
12.	Rajsamand	0	4	0	0	4
13.	Ganganagar	3	1	0	0	4
14.	Jalore	0	3	0	1	4
	<b>Total</b>	<b>5 (9.2)</b>	<b>47 (87.0)</b>	<b>0(0.0)</b>	<b>2(3.8)</b>	<b>54 (100.0)</b>

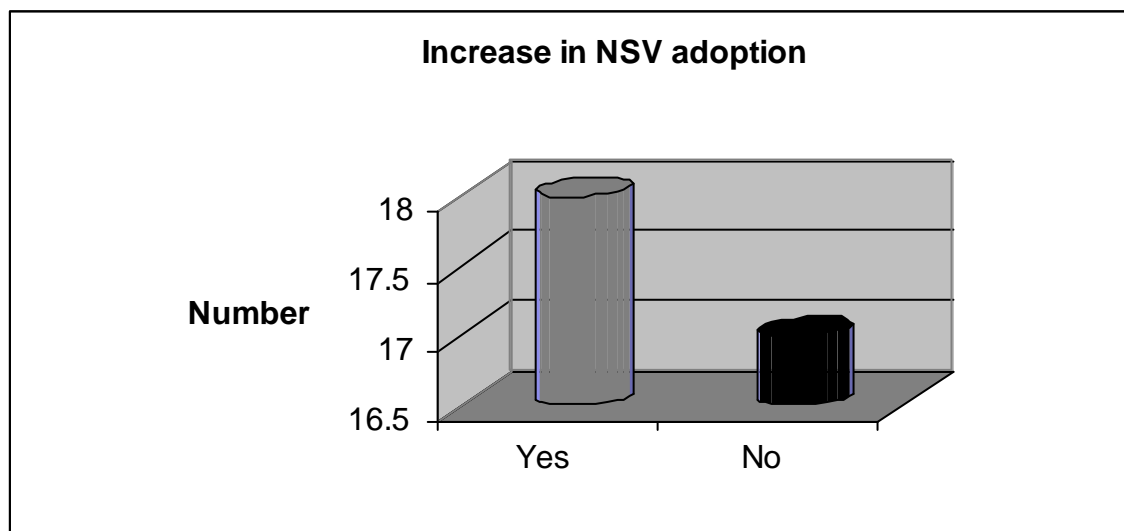
Most of the Medical Officers (87%) felt that at the time of adopting NSV, a person should have at least two children. On the other side 9.2% respondents were in favor of undergoing the NSV after having one child. One child norm can be more helpful in population stabilization.





**Table 10: Increase in number of adoption of NSV**

S.No	District	Increase		Total
		Yes	No	
1.	Dungarpur	2	1	3
2.	Nagaur	1	3	4
3.	Dausa	2	2	4
4.	Karauli	2	2	4
5.	Jhalawar	2	2	4
6.	Churu	3	0	3
7.	Kota	4	0	4
8.	Bhilwara	3	1	4
9.	Jodhpur	4	0	4
10.	Alwar	4	0	4
11.	Dholpur	2	2	4
12.	Rajsamand	4	0	4
13.	Ganganagar	3	1	4
14.	Jalore	2	2	4
	<b>Total</b>	<b>38 (70.4)</b>	<b>16 (29.6)</b>	<b>54 (100.0)</b>

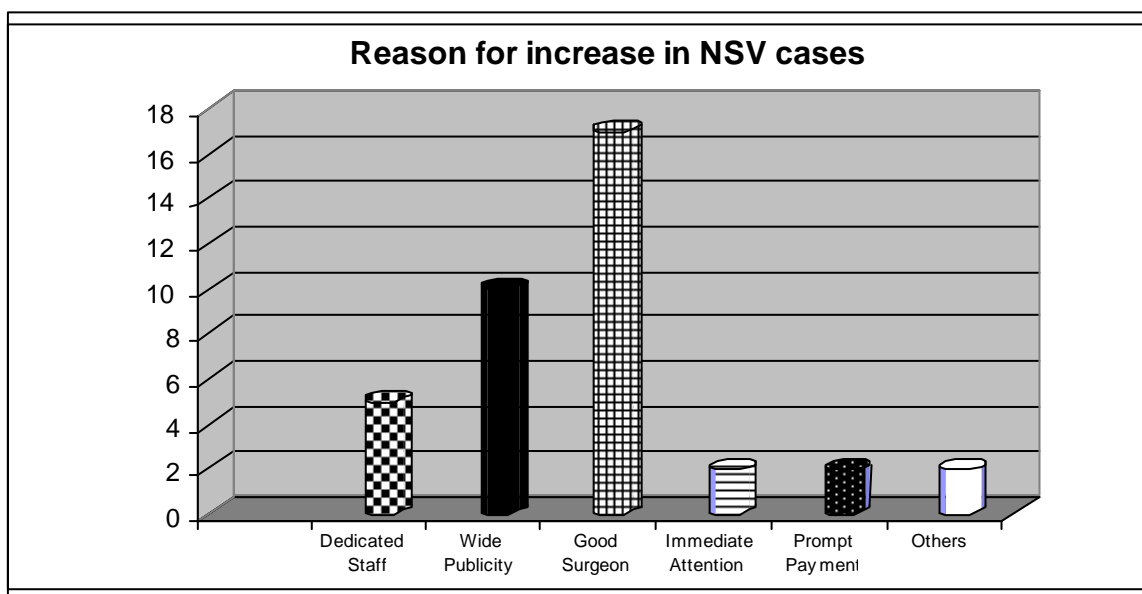


Majority of Medical Officers felt that NSV adoption is on rise as compared to earlier years but failed to quantify it in absolute numbers or relative percent points.



**Table 11: Reason for increase in NSV cases**

S.No	Districts	Reason for increase						Total
		Dedicated staff	Publicity	Surgeon	Immediate attention	Prompt payment	Others	
1.	Dungarpur	1	1	0	0	0	0	2
2.	Nagaur	0	1	0	0	0	0	1
3.	Dausa	0	0	2	0	0	0	2
4.	Karauli	0	1	1	0	0	0	2
5.	Jhalawar	0	0	0	1	1	0	2
6.	Churu	0	0	0	0	1	2	3
7.	Kota	0	3	1	0	0	0	4
8.	Bhilwara	0	0	2	1	0	0	3
9.	Jodhpur	0	1	3	0	0	0	4
10.	Alwar	0	0	4	0	0	0	4
11.	Dholpur	1	0	1	0	0	0	2
12.	Rajsamand	1	1	2	0	0	0	4
13.	Ganganagar	0	2	1	0	0	0	3
14.	Jalore	2	0	0	0	0	0	2
	<b>Total</b>	<b>5 (13.1)</b>	<b>10(26.3)</b>	<b>17(44.7)</b>	<b>2(5.3)</b>	<b>2(5.3)</b>	<b>2(5.3)</b>	<b>38(100.0)</b>



The factor identified by majority of Medical Officers (44.7%) for increase in NSV was availability of good surgeon and wide publicity of the program. The IEC efforts and media publicity of the program also provided a reasonable thrust to the program.



**Table 12: Reason for decrease in NSV cases**

S.No	Districts	Reason for decrease			Total
		Non interest of MO	Non cooperation of staff	Others	
1.	Dungarpur	0	1	0	1
2.	Nagaur	1	2	0	3
3.	Dausa	2	0	0	2
4.	Karauli	0	0	2	2
5.	Jhalawar	1	1	0	2
6.	Churu	0	0	0	0
7.	Kota	0	0	0	0
8.	Bhilwara	0	0	1	1
9.	Jodhpur	0	0	0	0
10.	Alwar	0	0	0	0
11.	Dholpur	1	1	0	2
12.	Rajsamand	0	0	0	0
13.	Ganganagar	0	1	0	1
14.	Jalore	0	0	2	2
	<b>Total</b>	<b>5 (31.3)</b>	<b>6 (37.4)</b>	<b>5 (31.3)</b>	<b>16 (100.0)</b>

Similarly, factors behind decrease in NSV adoption were narrated as non cooperation of staff (37.4%) followed by no interest shown by the Medical Officers.

The decrease in NSV adoption was reported mainly by the Medical Officers of Nagaur, Dausa, Jhalawar, Dholpur and Jalore districts.

**Table 13: Frequency of availability of surgery at CHC/PHC**

S.No	Districts	Facility duration				Total
		Daily	Weekly	Monthly	As per need	
1.	Dungarpur	3	0	0	0	3
2.	Nagaur	2	0	1	1	4
3.	Dausa	0	1	1	2	4
4.	Karauli	0	0	1	3	4
5.	Jhalawar	1	2	1	0	4
6.	Churu	0	0	1	2	3
7.	Kota	3	0	1	0	4
8.	Bhilwara	1	0	0	3	4
9.	Jodhpur	4	0	0	0	4
10.	Alwar	1	1	0	2	4
11.	Dholpur	0	0	2	2	4
12.	Rajsamand	4	0	0	0	4
13.	Ganganagar	1	0	0	3	4
14.	Jalore	2	0	0	2	4
	<b>Total</b>	<b>22 (40.7)</b>	<b>4(7.4)</b>	<b>8(14.8)</b>	<b>20(37.1)</b>	<b>54 (100.0)</b>

In most of the CHC/PHC (40.7%), supportive facilities of doing NSV were available daily followed by the camp. This trend was similar among the districts surveyed except Dausa, Karauli, Churu, Dholpur and Bhilwara districts where these facilities were mostly available during the camp.



**Table 14: Place of facility for NSV**

S.No	Districts	Place					Total
		CHC	PHC	Hospital	Pvt. Hosp.	Camp	
1.	Dungarpur	1	0	1	1	0	3
2.	Nagaur	2	1	0	0	1	4
3.	Dausa	1	0	0	0	3	4
4.	Karauli	3	1	0	0	0	4
5.	Jhalawar	3	0	1	0	0	4
6.	Churu	1	1	0	0	1	3
7.	Kota	0	4	0	0	0	4
8.	Bhilwara	3	0	0	0	1	4
9.	Jodhpur	2	0	2	0	0	4
10.	Alwar	3	0	0	0	1	4
11.	Dholpur	4	0	0	0	0	4
12.	Rajsamand	3	1	0	0	0	4
13.	Ganganagar	0	1	0	0	3	4
14.	Jalore	4	0	0	0	0	4
	<b>Total</b>	<b>30(55.6)</b>	<b>9(16.6)</b>	<b>4(7.4)</b>	<b>1(1.8)</b>	<b>10(18.6)</b>	<b>54(100.0)</b>

The NSV was mainly done at CHC where the entire necessary requirements for conducting NSV were available followed by camp.

### B. Motivator

An interaction with 4 Motivators per district was made. Therefore, 56 Motivators were supposed to be contacted from all the 14 selected districts. 73 Motivators were interrogated during the entire course of field work.

**Table 1: Age of respondents**

S.No	Districts	Age			Total
		18 – 25 years	26 – 44 years	More than 44	
1.	Dungarpur	0	3	0	3
2.	Nagaur	0	2	2	4
3.	Dausa	1	6	1	8
4.	Karauli	1	7	0	8
5.	Jhalawar	0	3	1	4
6.	Churu	1	5	0	6
7.	Kota	0	6	2	8
8.	Bhilwara	2	1	0	3
9.	Jodhpur	0	4	0	4
10.	Alwar	1	7	0	8
11.	Dholpur	0	8	0	8
12.	Rajsamand	0	3	1	4
13.	Ganganagar	2	1	0	3
14.	Jalore	0	2	0	2
	<b>Total</b>	<b>8(10.9)</b>	<b>58(79.5)</b>	<b>7(9.6)</b>	<b>73(100.0)</b>



Age of motivator was between 26 - 44 years in majority of cases. It indicates that those who were in the age group of eligible couples had better motivation than the other group as they were practicing the family planning methods or were very well aware about them. This trend was similar among the district surveyed.

**Table 2: Education of respondents**

S.No	Districts	Education				Total
		Primary	Middle	Hg. Sec	Graduate	
1.	Dungarpur	0	1	0	2	3
2.	Nagaur	1	0	2	1	4
3.	Dausa	0	3	2	3	8
4.	Karauli	0	2	2	4	8
5.	Jhalawar	0	2	0	2	4
6.	Churu	0	2	4	0	6
7.	Kota	4	1	1	2	8
8.	Bhilwara	0	1	1	1	3
9.	Jodhpur	0	0	2	2	4
10.	Alwar	1	2	1	4	8
11.	Dholpur	0	1	5	2	8
12.	Rajsamand	0	1	3	0	4
13.	Ganganagar	0	2	1	0	3
14.	Jalore	0	0	2	0	2
	<b>Total</b>	<b>6(8.2)</b>	<b>18(24.7)</b>	<b>26(35.6)</b>	<b>23(31.5)</b>	<b>73(100.0)</b>

Majority of the motivators were educated over the primary level. Undergraduate motivators perform well as compared to those graduates. It shows that personal interest, dedication and involvement in any program has created more difference result rather than education qualification. Personal relationship, trust and commitment for follow up are the key issues for motivating the person.

**Table 3: Caste of respondents**

S.No	Districts	Caste				Total
		General	SC	ST	OBC	
1.	Dungarpur	0	1	2	0	3
2.	Nagaur	1	0	0	3	4
3.	Dausa	4	1	1	2	8
4.	Karauli	4	2	0	2	8
5.	Jhalawar	1	1	1	1	4
6.	Churu	0	1	0	5	6
7.	Kota	3	4	0	1	8
8.	Bhilwara	1	0	1	1	3
9.	Jodhpur	2	0	1	1	4
10.	Alwar	5	1	0	2	8
11.	Dholpur	4	2	0	2	8
12.	Rajsamand	2	0	2	0	4
13.	Ganganagar	0	1	0	2	3
14.	Jalore	0	0	1	1	2
	<b>Total</b>	<b>27 (36.9)</b>	<b>14(19.2)</b>	<b>9(12.3)</b>	<b>23(31.6)</b>	<b>73(100.0)</b>



Respondents did not belong to any single caste. They represented various groups of society. Majority of them were from General caste followed by Other Backward Caste. People from SC and ST were also performing as motivator in promotion of sterilization particularly the NSV.

**Table 4: Marital status of respondents**

S.No	Districts	Marital Status				Total
		Married	Unmarried	Divorcee	Other	
1.	Dungarpur	3	0	0	0	3
2.	Nagaur	4	0	0	0	4
3.	Dausa	7	1	0	0	8
4.	Karauli	8	0	0	0	8
5.	Jhalawar	3	1	0	0	4
6.	Churu	3	2	1	0	6
7.	Kota	7	1	0	0	8
8.	Bhilwara	2	1	0	0	3
9.	Jodhpur	4	0	0	0	4
10.	Alwar	8	0	0	0	8
11.	Dholpur	8	0	0	0	8
12.	Rajsamand	4	0	0	0	4
13.	Ganganagar	3	0	0	0	3
14.	Jalore	2	0	0	0	2
	<b>Total</b>	<b>66 (90.4)</b>	<b>6 (8.2)</b>	<b>1 (1.4)</b>	<b>0 (0.0)</b>	<b>73(100.0)</b>

Marital status plays an important role in motivating a person for similar cause. It was observed that around 90% married people were good motivators for NSV adoption. It was also observed from the data that around 10% of the motivators were either unmarried or divorcee.

**Table 5: Distribution of NSV Motivators**

S.No	Districts	Person					Total
		Doctor	LHV	Other HW	Private Doctor	Self Motivation	
1.	Dungarpur	3	0	0	0	0	3
2.	Nagaur	2	2	0	0	0	4
3.	Dausa	1	0	0	0	7	8
4.	Karauli	6	0	1	0	1	8
5.	Jhalawar	3	0	0	0	1	4
6.	Churu	4	0	0	0	2	6
7.	Kota	4	1	0	0	3	8
8.	Bhilwara	1	1	0	0	1	3
9.	Jodhpur	3	1	0	0	0	4
10.	Alwar	2	0	0	0	6	8
11.	Dholpur	7	0	0	0	1	8
12.	Rajsamand	1	1	0	0	2	4
13.	Ganganagar	1	0	1	0	1	3
14.	Jalore	0	0	1	0	1	2
	<b>Total</b>	<b>38 (52.1)</b>	<b>6 (8.2)</b>	<b>3 (4.1)</b>	<b>0 (0.0)</b>	<b>26 (35.5)</b>	<b>73(100.0)</b>



In majority of cases motivators were insisted by Doctors for the motivation. Self motivation contributed 35.6% only. LHV and other health staff contributed 12.3% only and that reflects on the concern of staff for NSV. This process was similar among the districts surveyed except Dausa and Alwar districts where they were reported as self motivated. No private doctor has contributed in motivation of people to work for promotion of NSV.

**Table 6: Motivator himself adopted NSV**

S.No	District	Adopted		Total
		Yes	No	
1.	Dungarpur	1	2	3
2.	Nagaur	2	2	4
3.	Dausa	0	8	8
4.	Karauli	4	4	8
5.	Jhalawar	2	2	4
6.	Churu	0	6	6
7.	Kota	2	6	8
8.	Bhilwara	1	2	3
9.	Jodhpur	1	3	4
10.	Alwar	0	8	8
11.	Dholpur	0	8	8
12.	Rajsamand	1	3	4
13.	Ganganagar	0	3	3
14.	Jalore	0	2	2
	<b>Total</b>	<b>14 (19.2)</b>	<b>59 (80.8)</b>	<b>73(100.0)</b>

It was noticed from the data that only 19.2% motivators who motivated for adoption of NSV had undergone NSV themselves. It was also pointed out here that almost 81% motivators had not adopted NSV. The motivators who had adopted NSV were mainly from Nagaur, Karauli, Jhalawar, Bhilwara, Jodhpur and Rajsamand. Looking in to this finding, the call is to take necessary action for utilizing the NSV acceptors as resource pool for motivation.



**Table 7: Distribution according to period they are motivating**

S.No	Districts	Duration			Total
		Last one year	1 – 2 years	More than 2 years	
1.	Dungarpur	0	3	0	3
2.	Nagaur	0	2	2	4
3.	Dausa	5	2	1	8
4.	Karauli	3	3	2	8
5.	Jhalawar	0	3	1	4
6.	Churu	3	1	2	6
7.	Kota	2	4	2	8
8.	Bhilwara	1	2	0	3
9.	Jodhpur	0	2	2	4
10.	Alwar	4	1	3	8
11.	Dholpur	0	4	4	8
12.	Rajsamand	0	4	0	4
13.	Ganganagar	1	1	1	3
14.	Jalore	1	0	1	2
	<b>Total</b>	<b>20 (27.4)</b>	<b>32 (43.8)</b>	<b>21 (28.8)</b>	<b>73(100.0)</b>

Majority (43.8%) of them were working as motivator since last two years. This trend was similar in all the districts surveyed.

**Table 8: Number of persons motivated**

S.No	Districts	Number				Total
		Less than 10	11 - 25	26 - 50	More than 50	
1.	Dungarpur	0	3	0	0	3
2.	Nagaur	1	3	0	0	4
3.	Dausa	8	0	0	0	8
4.	Karauli	6	2	0	0	8
5.	Jhalawar	0	3	1	0	4
6.	Churu	6	0	0	0	6
7.	Kota	2	6	0	1	8
8.	Bhilwara	1	1	0	1	3
9.	Jodhpur	2	2	0	0	4
10.	Alwar	8	0	0	0	8
11.	Dholpur	7	1	0	0	8
12.	Rajsamand	3	1	0	0	4
13.	Ganganagar	3	0	0	0	3
14.	Jalore	3	0	0	0	2
	<b>Total</b>	<b>49 (67.1)</b>	<b>21 (28.8)</b>	<b>1 (1.4)</b>	<b>2 (2.7)</b>	<b>73(100.0)</b>

It was important to note that every motivator had motivated at least a person for adoption of NSV. About 67.1% had motivated less than 10 persons. They were mainly from Dausa, Karauli, Churu, Alwar and Dholpur districts 32.9% of motivators motivated more than 10 persons.





**Table 9: Place of motivation**

S.No	District	Place		Total
		Government	Private	
1.	Dungarpur	3	0	3
2.	Nagaur	4	0	4
3.	Dausa	8	0	8
4.	Karauli	8	0	8
5.	Jhalawar	4	0	4
6.	Churu	6	0	6
7.	Kota	8	0	8
8.	Bhilwara	3	0	3
9.	Jodhpur	4	0	4
10.	Alwar	8	0	8
11.	Dholpur	8	0	8
12.	Rajsamand	4	0	4
13.	Ganganagar	3	0	3
14.	Jalore	2	0	2
	<b>Total</b>	<b>73(100.0)</b>	<b>0 (0.0)</b>	<b>73(100.0)</b>

In all cases the place of motivation was government centre irrespective of the districts surveyed. Role of private sector in this field is negligible.

**Table 10: Person motivated for Government centers**

Number	Number	Percentage
Not motivated	10	13.7
Less than 10	50	68.5
11 - 20	10	13.7
21 - 30	3	4.1
<b>Total</b>	<b>73</b>	<b>100.00</b>

When asked about the number of persons motivated during last one year, 13.7 % motivators did not motivate any person, while about 68.5% had motivated less than 10 members.

**Table 11: Received incentive for motivation**

S.No	District	Incentive		Total
		Yes	No	
1.	Dungarpur	3	0	3
2.	Nagaur	3	1	4
3.	Dausa	7	1	8
4.	Karauli	8	0	8
5.	Jhalawar	1	3	4
6.	Churu	6	0	6
7.	Kota	3	5	8
8.	Bhilwara	3	0	3
9.	Jodhpur	4	0	4
10.	Alwar	8	0	8
11.	Dholpur	8	0	8
12.	Rajsamand	4	0	4
13.	Ganganagar	3	0	3
14.	Jalore	1	1	2
	<b>Total</b>	<b>62 (84.9)</b>	<b>11 (15.1)</b>	<b>73(100.0)</b>



There was a provision for financial incentive for motivation to the extent of Rs. 200 peoples for NSV adoption. 84.9% of motivators had received motivation incentive for their work.

**Table 12: Amount received for motivation**

S.No	District	Amount		Total
		Rs. 150	Rs. 200	
1.	Dungarpur	0	3	3
2.	Nagaur	0	3	3
3.	Dausa	0	7	7
4.	Karauli	0	8	8
5.	Jhalawar	0	1	1
6.	Churu	0	6	6
7.	Kota	0	3	3
8.	Bhilwara	1	2	3
9.	Jodhpur	0	4	4
10.	Alwar	0	8	8
11.	Dholpur	0	8	8
12.	Rajsamand	0	4	4
13.	Ganganagar	1	2	3
14.	Jalore	1	0	1
	<b>Total</b>	<b>3 (4.8)</b>	<b>59 (95.2)</b>	<b>62 (100.0)</b>

Those who received incentive got Rs. 200 for their work. In three cases, the motivators received Rs. 150 as their motivation incentive. They were from Bhilwara and Jalore districts. Somehow such deviations are not welcome to the health of a program.

**Table 13: Opinion of Motivators on Myths related to NSV**

S.No	District	Myths		Total
		Yes	No	
1.	Dungarpur	0	3	3
2.	Nagaur	2	2	4
3.	Dausa	7	1	8
4.	Karauli	5	3	8
5.	Jhalawar	1	3	4
6.	Churu	3	3	6
7.	Kota	1	7	8
8.	Bhilwara	1	2	3
9.	Jodhpur	0	4	4
10.	Alwar	7	1	8
11.	Dholpur	5	3	8
12.	Rajsamand	1	3	4
13.	Ganganagar	0	3	3
14.	Jalore	1	1	2
	<b>Total</b>	<b>34 (46.6)</b>	<b>39 (53.4)</b>	<b>73(100.0)</b>

Motivators were asked about the non acceptance of NSV. As per the finding, there seem to be certain myths regarding not choosing NSV as sterilization method. Numbers of myths are prevalent in the working area of people. 46.6% of them reported existence of due to which it



was difficult to motivate a person to adopt NSV. Myths were mainly reported from Nagaur, Dausa, Karauli, Churu Alwar and Dholpur districts.

**Table 14: Type of Myths**

S.No	Districts	Type of Myths					Total
		Impotence	Cant work	Fall sick	Health problem	Others	
1.	Dungarpur	0	0	0	0	0	0
2.	Nagaur	1	1	0	0	0	2
3.	Dausa	7	0	0	0	0	7
4.	Karauli	2	0	2	1	0	5
5.	Jhalawar	0	0	1	0	0	1
6.	Churu	1	1	0	0	1	3
7.	Kota	1	0	0	0	0	1
8.	Bhilwara	1	0	0	0	0	1
9.	Jodhpur	0	0	0	0	0	0
10.	Alwar	3	1	1	0	2	7
11.	Dholpur	3	1	0	0	1	5
12.	Rajsamand	1	0	0	0	0	1
13.	Ganganagar	0	0	0	0	0	0
14.	Jalore	0	1	0	0	0	1
	<b>Total</b>	20 (58.8)	5 (14.7)	4 (11.8)	1 (2.9)	4 (11.8)	<b>34</b>

As per findings, there are number of myths prevalent in the field. Most common is impotency (58.8%) after undergoing the NSV. Other health problems contributed 2.9% only. The myth related to impotence was reported mainly from Dausa, Alwar and Dholpur districts. "Men do not come forward due to attitude/gender issues, misconceptions, and fears of complications and pain. Other obstacles include: the absence of male-oriented information, education, and communication (IEC), absence of an effort to approach men; provider and spousal resistance, and poor services." (Dr.SS Bodh, Senior Consultant Engender, New Delhi.



**Table 15: Problem faced in motivation due to myths**

S.No	District	Problem faced		Total
		Yes	No	
1.	Dungarpur	0	3	3
2.	Nagaur	2	2	4
3.	Dausa	7	1	8
4.	Karauli	4	4	8
5.	Jhalawar	0	4	4
6.	Churu	3	3	6
7.	Kota	0	8	8
8.	Bhilwara	1	2	3
9.	Jodhpur	0	4	4
10.	Alwar	6	2	8
11.	Dholpur	4	4	8
12.	Rajsamand	1	3	4
13.	Ganganagar	0	3	3
14.	Jalore	1	1	2
	<b>Total</b>	<b>29 (39.7)</b>	<b>44 (60.3)</b>	<b>73(100.0)</b>

39.7% of the motivators accepted that there was a problem in motivation due to myths. They further added that due to myths, extra efforts were made by them to motivate a person for NSV adoption.



### 3.2 Observation from service users/non users

#### C. Beneficiary

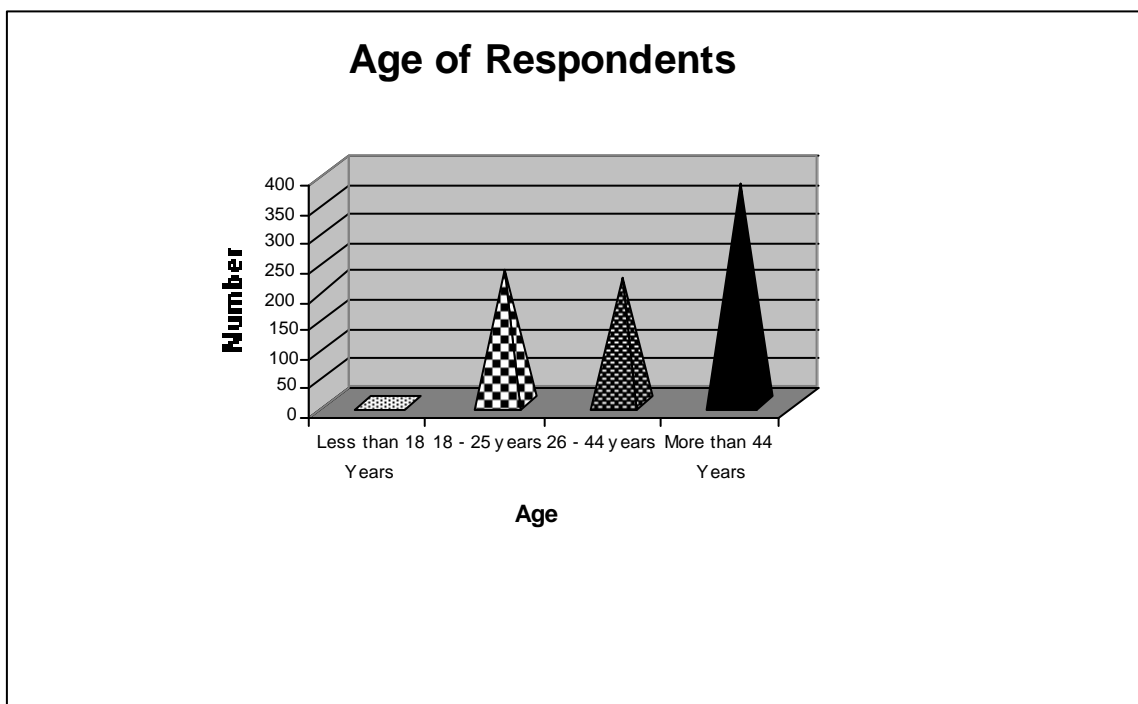
Men who had adopted NSV were interrogated to get information regarding their knowledge, attitude and practice related to NSV, quality of services available to them during and after NSV and problems faced, if any.

In all, **818** beneficiaries were contacted from the 14 selected districts in place of **840**. Remaining **22** could not be contacted even after repeated visits.

**Table 1: Age of respondents**

S.No	Districts	Age			Total
		18 – 25 years	26 – 44 years	More than 44	
1.	Ganganagar	27	6	23	56
2.	Churu	10	46	23	79
3.	Kota	4	17	59	80
4.	Jodhpur	11	23	47	81
5.	Jalore	2	4	6	12
6.	Nagaur	3	19	20	42
7.	Alwar	5	30	45	80
8.	Dungarpur	30	3	7	40
9.	Karauli	4	12	24	40
10.	Bhilwara	2	17	50	69
11.	Jhalawar	35	0	0	35
12.	Dausa	0	10	32	42
13.	Rajsamand	82	0	0	82
14.	Dholpur	7	29	44	80
	<b>Total</b>	<b>222 (27.2)</b>	<b>216 (26.4)</b>	<b>380 (46.4)</b>	<b>818 (100.0)</b>

An ideal age of accepting the sterilization method is not established. It depends on the attainment of desired family size. The trend in Rajasthan is that an average couple completes his/ her family by the age of 30 or 35 and they accept the terminal methods only after this age. 46.4% cases who adopted NSV were in the age group of more than 44 years. Only 27.2% of beneficiaries were from the age group of 18-25 but this observation is questionable and by no means has any justification.



**Table 2: Distribution of respondent according to Educational level**

S.No	Districts	Education					Total
		Illiterate	Primary	Middle	Hg. Sec	Graduate	
1.	Ganganagar	20	20	11	3	2	56
2.	Churu	15	19	30	12	3	79
3.	Kota	38	28	8	4	2	80
4.	Jodhpur	15	25	20	15	6	81
5.	Jalore	3	3	3	2	1	12
6.	Nagaur	17	3	15	6	1	42
7.	Alwar	18	9	19	27	7	80
8.	Dungarpur	7	28	2	3	0	40
9.	Karauli	7	4	9	12	8	40
10.	Bhilwara	36	21	4	5	3	69
11.	Jhalawar	2	30	0	2	1	35
12.	Dausa	0	3	12	24	3	42
13.	Rajsamand	17	63	0	1	1	82
14.	Dholpur	9	14	27	21	9	80
	<b>Total</b>	<b>204 (24.9)</b>	<b>270 (33.0)</b>	<b>160 (19.7)</b>	<b>137 (16.7)</b>	<b>47 (5.7)</b>	<b>818(100.0)</b>

Around 58% of respondents were educated up to primary and 24.9% were illiterate. Only 5.7% of the respondents were educated up to graduation or above.



**Table 3: Distribution of Respondents according to Caste**

S.No	Districts	Caste				Total
		General	SC	ST	OBC	
1.	Ganganagar	20	5	9	22	56
2.	Churu	10	27	0	42	79
3.	Kota	17	34	11	18	80
4.	Jodhpur	29	18	14	20	81
5.	Jalore	7	1	1	3	12
6.	Nagaur	9	8	4	21	42
7.	Alwar	22	30	4	24	80
8.	Dungarpur	21	1	17	1	40
9.	Karauli	10	9	11	10	40
10.	Bhilwara	8	29	15	17	69
11.	Jhalawar	26	3	6	0	35
12.	Dausa	7	8	11	16	42
13.	Rajsamand	38	4	17	23	82
14.	Dholpur	20	19	2	39	80
	<b>Total</b>	<b>244 (29.8)</b>	<b>196 (24.0)</b>	<b>122 (14.9)</b>	<b>256 (31.3)</b>	<b>818 (100.0)</b>

It appears that the Caste does not dictate the acceptance of Sterilization as a method of families planning. Majority of acceptors of NSV were from Other Backward Caste followed by General Caste. In Dungarpur majority of them were from Scheduled Tribe.

**Table 4: Distribution of Respondents according to Income**

S.No	Districts	Annual Income				Total
		Less than 6000	6001 - 10000	10001 - 20000	More than 20000	
1.	Ganganagar	10	8	12	26	56
2.	Churu	4	0	73	2	79
3.	Kota	5	2	36	37	80
4.	Jodhpur	2	5	48	26	81
5.	Jalore	2	1	5	4	12
6.	Nagaur	3	1	14	24	42
7.	Alwar	2	0	73	5	80
8.	Dungarpur	10	6	17	7	40
9.	Karauli	0	1	37	2	40
10.	Bhilwara	19	15	18	17	69
11.	Jhalawar	10	18	2	5	35
12.	Dausa	0	0	42	0	42
13.	Rajsamand	24	14	38	6	82
14.	Dholpur	0	0	80	0	80
	<b>Total</b>	<b>91 (11.2)</b>	<b>71 (8.7)</b>	<b>495 (60.5)</b>	<b>160 (19.6)</b>	<b>818 (100.0)</b>

The economic status of family, it appears, has a significant say in the acceptance of a terminal method. Families of poor income group are more reluctant to accept the family planning method, specially the NSV rather than higher income group families. As per the findings of this study only 11.2% of the respondents came under the purview of BPL. They



were mainly from Rajsamand district. Highest numbers of acceptors were from middle income group.

**Table 5: Visit to nearby SC for advice**

S.No	Districts	Visited		Total
		Yes	No	
1.	Ganganagar	55	1	56
2.	Churu	79	0	79
3.	Kota	77	3	80
4.	Jodhpur	81	0	81
5.	Jalore	11	1	12
6.	Nagaur	41	1	42
7.	Alwar	47	33	80
8.	Dungarpur	40	0	40
9.	Karauli	40	0	40
10.	Bhilwara	37	32	69
11.	Jhalawar	34	1	35
12.	Dausa	31	11	42
13.	Rajsamand	82	0	82
14.	Dholpur	79	1	80
	<b>Total</b>	<b>734 (89.7)</b>	<b>84 (10.3)</b>	<b>818 (100.0)</b>

Beneficiaries were asked during the interview about information they received on NSV or other contraceptive methods, about 90 % of the respondents visited nearby PHC to seek information or advice on NSV.

**Table 6: FP methods advised during visit to centre**

S.No	Districts	Advice on FP Methods		Total
		Yes	No	
1.	Ganganagar	51	4	55
2.	Churu	79	0	79
3.	Kota	72	5	77
4.	Jodhpur	75	6	81
5.	Jalore	6	5	11
6.	Nagaur	39	2	41
7.	Alwar	47	0	47
8.	Dungarpur	40	0	40
9.	Karauli	40	0	40
10.	Bhilwara	36	1	37
11.	Jhalawar	34	0	34
12.	Dausa	30	1	31
13.	Rajsamand	81	1	82
14.	Dholpur	78	1	79
	<b>Total</b>	<b>708 (96.5)</b>	<b>26 (3.5)</b>	<b>734 (100.0)</b>

96.5% of the respondents who visited nearby sub centre were advised about the family planning methods.





**Table 7: Type of methods advised**

S.No	Districts	Type of methods				Total
		Nirodh	NSV	Female Sterilization	Others	
1.	Ganganagar	42	49	14	7	51
2.	Churu	63	78	52	6	79
3.	Kota	72	72	53	4	72
4.	Jodhpur	75	75	59	2	75
5.	Jalore	6	6	4	0	6
6.	Nagaur	33	38	26	4	39
7.	Alwar	36	47	34	10	47
8.	Dungarpur	35	40	12	0	40
9.	Karauli	39	40	31	12	40
10.	Bhilwara	31	36	13	2	36
11.	Jhalawar	34	34	4	1	34
12.	Dausa	24	30	10	2	30
13.	Rajsamand	81	81	13	2	81
14.	Dholpur	78	78	58	29	78
	<b>Total</b>	<b>649 (91.7)</b>	<b>704 (99.4)</b>	<b>383 (54.1)</b>	<b>81 (11.4)</b>	<b>708 (100.0)</b>

(Multiple answer)

In majority of cases, NSV adoption was advised to the beneficiary respondents followed by Nirodh during their visit to centre. Other methods were advised to 11.4% respondents only. This process was similar among the districts surveyed.

**Table 8: Place where NSV was done**

S.No	Districts	Place					Total
		CHC	PHC	DH	Prv. Hos.	Camp	
1.	Ganganagar	2	15	0	3	36	56
2.	Churu	34	44	1	0	0	79
3.	Kota	66	13	1	0	0	80
4.	Jodhpur	18	46	15	1	1	81
5.	Jalore	7	4	0	1	0	12
6.	Nagaur	28	12	1	1	0	42
7.	Alwar	78	1	0	0	1	80
8.	Dungarpur	7	0	5	0	28	40
9.	Karauli	32	8	0	0	0	40
10.	Bhilwara	58	5	3	0	3	69
11.	Jhalawar	1	3	0	0	31	35
12.	Dausa	37	4	1	0	0	42
13.	Rajsamand	5	3	0	2	72	82
14.	Dholpur	78	0	2	0	0	80
	<b>Total</b>	<b>451(55.2)</b>	<b>158 (19.3)</b>	<b>29(3.5)</b>	<b>8(1.0)</b>	<b>172 (21.0)</b>	<b>818(100.0)</b>

55.2% of the total NSV was done at CHC, 21% in NSV camps while PHC contributed 19.3% only. In Ganganagar, Dungarpur, Jhalawar and Rajsamand, NSV was done mainly in the camps.



**Table 9: Persons conducted NSV**

S.No	Districts	Place					Total
		Team from DH	Team from CHC	MO CHC	MO PHC	Others	
1.	Ganganagar	39	8	1	8	0	56
2.	Churu	1	46	32	0	0	79
3.	Kota	40	15	19	5	1	80
4.	Jodhpur	19	5	13	44	0	81
5.	Jalore	5	6	1	0	0	12
6.	Nagaur	4	6	26	5	1	42
7.	Alwar	6	5	69	0	0	80
8.	Dungarpur	38	2	0	0	0	40
9.	Karauli	26	1	11	2	0	40
10.	Bhilwara	10	5	49	5	0	69
11.	Jhalawar	34	0	0	1	0	35
12.	Dausa	2	16	24	0	0	42
13.	Rajsamand	79	2	0	1	0	82
14.	Dholpur	61	0	19	0	0	80
	<b>Total</b>	<b>364(44.5)</b>	<b>117 (14.3)</b>	<b>264 (32.3)</b>	<b>71(8.7)</b>	<b>2(0.2)</b>	<b>818(100.0)</b>

In 44.5% cases, NSV was conducted by the team of doctors from district hospital. Medical Officer of CHC conducted 32.3% NSV followed by the team of doctors from CHC. Medical Officer of PHC conducted 8.7% NSV.

**Table 10: Position of the person motivated**

By	Number	Percentage
ANM	602	73.6
ASHA Sahyogini	49	6.0
Jan Mangal Couple	18	2.2
PRI members	4	0.5
Friend/Relatives	32	3.9
Self Motivated	42	5.1
Others	71	8.7
<b>Total</b>	<b>818</b>	<b>100.00</b>

In 73.6% cases respondents were motivated by the ANM for NSV. Self motivation contributed only 5.1%. Role of ASHA Sahyogini and Jan Mangal Couples were also observed in motivation. They together motivated 8.2% of respondents. This trend was similar among the districts surveyed.



**Table 11: Source of information on NSV**

S.No	Districts	Source of information				Total
		Friends/ Relatives	AWW	Health Staff	Others	
1.	Ganganagar	14	29	3	10	56
2.	Churu	1	0	78	0	79
3.	Kota	46	18	10	6	80
4.	Jodhpur	4	2	75	0	81
5.	Jalore	1	2	8	1	12
6.	Nagaur	11	8	16	7	42
7.	Alwar	8	41	14	17	80
8.	Dungarpur	26	6	8	0	40
9.	Karauli	2	1	37	0	40
10.	Bhilwara	11	14	44	0	69
11.	Jhalawar	21	13	0	1	35
12.	Dausa	0	0	41	1	42
13.	Rajsamand	39	43	0	0	82
14.	Dholpur	4	6	69	1	80
	<b>Total</b>	<b>188 (23.0)</b>	<b>183 (22.4)</b>	<b>403 (49.2)</b>	<b>44 (5.4)</b>	<b>818 (100.0)</b>

About half of the respondents received information regarding NSV from health staff posted at health centres. Anganwadi workers were also played an important role in motivating respondents for NSV 22.4% of the respondents reported that they had received information about NSV through Anganwadi workers. Friends and relatives contributed 23%.

**Table 12: Told about positive/negative aspects of NSV**

S.No	Districts	Told		Total
		Yes	No	
1.	Ganganagar	36	20	56
2.	Churu	65	14	79
3.	Kota	37	43	80
4.	Jodhpur	59	22	81
5.	Jalore	6	6	12
6.	Nagaur	30	12	42
7.	Alwar	46	34	80
8.	Dungarpur	34	6	40
9.	Karauli	34	6	40
10.	Bhilwara	34	35	69
11.	Jhalawar	31	4	35
12.	Dausa	28	14	42
13.	Rajsamand	67	15	82
14.	Dholpur	68	12	80
	<b>Total</b>	<b>575 (70.3)</b>	<b>243 (29.7)</b>	<b>818 (100.0)</b>

In 70.3% cases, respondents were told about the positive and negative aspects of the NSV. The positive aspects made known to respondents includes-a person can work after NSV, no cut on body and no side effects on body.



**Table 13: Positive aspects explained to beneficiaries**

S.No	Districts	Positive aspects				Total
		Can work	Simple process	No side effect	others	
1.	Ganganagar	4	22	0	10	36
2.	Churu	57	5	2	2	65
3.	Kota	33	0	0	0	37
4.	Jodhpur	17	26	0	15	59
5.	Jalore	1	1	2	0	6
6.	Nagaur	12	0.	13	1	30
7.	Alwar	5	32	5	0	46
8.	Dungarpur	7	24	0	3	34
9.	Karauli	8	24	1	0	34
10.	Bhilwara	24	10	1	0	34
11.	Jhalawar	1	31	0	2	31
12.	Dausa	8	17	1	2	28
13.	Rajsamand	23	53	0	2	67
14.	Dholpur	37	28	1	1	68
	<b>Total</b>	<b>237 (41.2)</b>	<b>273 (47.5)</b>	<b>26 (4.5)</b>	<b>39 (6.8)</b>	<b>575 (100.0)</b>

**Table 14: Negative aspects explained**

S.No	Districts	Negative aspects				Total
		Pus formation	Pain	Other problems	Not told	
1.	Ganganagar	3	1	0	32	36
2.	Churu	0	1	0	64	65
3.	Kota	1	4	2	30	37
4.	Jodhpur	2	0	0	57	59
5.	Jalore	1	0	0	5	6
6.	Nagaur	0	0	4	26	30
7.	Alwar	2	0	0	44	46
8.	Dungarpur	0	0	0	34	34
9.	Karauli	0	0	0	34	34
10.	Bhilwara	2	0	1	31	34
11.	Jhalawar	0	0	0	31	31
12.	Dausa	0	0	0	28	28
13.	Rajsamand	2	1	1	63	67
14.	Dholpur	1	0	1	66	68
	<b>Total</b>	<b>14 (2.4)</b>	<b>7 (1.2)</b>	<b>9 (1.6)</b>	<b>545 (94.8)</b>	<b>575 (100.0)</b>

In 94.8% cases, negative aspects were not told to the respondents that defies the whole approach of informed decision making



**Table 15: Counseling done before NSV**

S.No	Districts	Counselling done		Total
		Yes	No	
1.	Ganganagar	50	6	56
2.	Churu	69	10	79
3.	Kota	70	10	80
4.	Jodhpur	81	0	81
5.	Jalore	12	0	12
6.	Nagaur	37	5	42
7.	Alwar	71	9	80
8.	Dungarpur	40	0	40
9.	Karauli	39	1	40
10.	Bhilwara	59	10	69
11.	Jhalawar	34	1	35
12.	Dausa	40	2	42
13.	Rajsamand	80	2	82
14.	Dholpur	79	1	80
	<b>Total</b>	<b>761 (93.0)</b>	<b>57 (7.0)</b>	<b>818 (100.0)</b>

In 93% cases, counselling of the respondents were done before NSV. This trend was uniform among the districts surveyed.

**Table 16: Case history asked**

S.No	Districts	Case history asked		Total
		Yes	No	
1.	Ganganagar	47	9	56
2.	Churu	78	1	79
3.	Kota	76	4	80
4.	Jodhpur	79	2	81
5.	Jalore	12	0	12
6.	Nagaur	40	2	42
7.	Alwar	79	1	80
8.	Dungarpur	40	0	40
9.	Karauli	40	0	40
10.	Bhilwara	50	19	69
11.	Jhalawar	35	0	35
12.	Dausa	41	1	42
13.	Rajsamand	80	2	82
14.	Dholpur	79	1	80
	<b>Total</b>	<b>776 (94.9)</b>	<b>42 (5.1)</b>	<b>818 (100.0)</b>

In high majority (94.9%) cases, case history from the respondents was sought before NSV. This trend was similar among the district surveyed.



**Table 17: Physical examination done**

S.No	Districts	Physical examination		Total
		Yes	No	
1.	Ganganagar	50	6	56
2.	Churu	75	4	79
3.	Kota	77	3	80
4.	Jodhpur	75	6	81
5.	Jalore	11	1	12
6.	Nagaur	39	3	42
7.	Alwar	74	6	80
8.	Dungarpur	38	2	40
9.	Karauli	40	0	40
10.	Bhilwara	61	8	69
11.	Jhalawar	35	0	35
12.	Dausa	33	9	42
13.	Rajsamand	79	3	82
14.	Dholpur	70	10	80
	<b>Total</b>	<b>757 (92.5)</b>	<b>61 (7.5)</b>	<b>818 (100.0)</b>

In 92.5% cases, physical examination of the respondents was done before NSV.

**Table 18: Discussed about place of NSV**

S.No	Districts	Discussed place of NSV		Total
		Yes	No	
1.	Ganganagar	11	45	56
2.	Churu	4	75	79
3.	Kota	25	55	80
4.	Jodhpur	9	72	81
5.	Jalore	3	9	12
6.	Nagaur	10	32	42
7.	Alwar	9	71	80
8.	Dungarpur	4	36	40
9.	Karauli	0	40	40
10.	Bhilwara	14	55	69
11.	Jhalawar	0	35	35
12.	Dausa	1	41	42
13.	Rajsamand	3	79	82
14.	Dholpur	1	79	80
	<b>Total</b>	<b>94 (11.5)</b>	<b>724 (88.5)</b>	<b>818 (100.0)</b>

In only 11.5% cases, respondents were told about places where NSV was conducted. This practice was mainly done in Kota, Nagaur and Bhilwara districts.



**Table 19: Information on time for NSV at Health facility**

S.No	Districts	Information regarding time of NSV		Total
		Yes	No	
1.	Ganganagar	4	52	56
2.	Churu	1	78	79
3.	Kota	21	59	80
4.	Jodhpur	6	75	81
5.	Jalore	1	11	12
6.	Nagaur	5	37	42
7.	Alwar	2	78	80
8.	Dungarpur	1	39	40
9.	Karauli	0	40	40
10.	Bhilwara	14	55	69
11.	Jhalawar	0	35	35
12.	Dausa	4	38	42
13.	Rajsamand	4	78	82
14.	Dholpur	1	79	80
	<b>Total</b>	<b>64 (7.8)</b>	<b>754 (92.2)</b>	<b>818 (100.0)</b>

In only 7.8% cases, respondents were told about the time when NSV was conducted. This was mainly done in Kota and Bhilwara districts.

**Table 20: Status of Follow up after NSV**

S.No	Districts	Follow up done after NSV		Total
		Yes	No	
1.	Ganganagar	38	18	56
2.	Churu	43	36	79
3.	Kota	43	37	80
4.	Jodhpur	72	9	81
5.	Jalore	10	2	12
6.	Nagaur	30	12	42
7.	Alwar	29	51	80
8.	Dungarpur	35	5	40
9.	Karauli	34	6	40
10.	Bhilwara	37	32	69
11.	Jhalawar	34	1	35
12.	Dausa	19	23	42
13.	Rajsamand	76	6	82
14.	Dholpur	45	35	80
	<b>Total</b>	<b>545 (66.6)</b>	<b>273 (33.4)</b>	<b>818 (100.0)</b>

It was reported by the respondents that in 66.6% cases, follow up was done after NSV. Follow up was not done in majority of cases in Alwar district.



**Table 21: Follow up card prepared**

S.No	Districts	Follow up card prepared		Total
		Yes	No	
1.	Ganganagar	9	47	56
2.	Churu	60	19	79
3.	Kota	62	18	80
4.	Jodhpur	72	9	81
5.	Jalore	6	6	12
6.	Nagaur	30	12	42
7.	Alwar	66	14	80
8.	Dungarpur	9	31	40
9.	Karauli	31	9	40
10.	Bhilwara	54	15	69
11.	Jhalawar	0	35	35
12.	Dausa	41	1	42
13.	Rajsamand	3	79	82
14.	Dholpur	77	3	80
	<b>Total</b>	<b>520 (63.6)</b>	<b>298 (36.4)</b>	<b>818 (100.0)</b>

Follow up cards were prepared of 63.6% respondents. Follow up card was not prepared in majority of cases in Ganganagar, Dungarpur, Jhalawar and Rajsamand districts.

**Table 22: Problem after NSV**

S.No	Districts	Problem after NSV		Total
		Yes	No	
1.	Ganganagar	6	50	56
2.	Churu	14	65	79
3.	Kota	17	63	80
4.	Jodhpur	7	74	81
5.	Jalore	3	9	12
6.	Nagaur	7	35	42
7.	Alwar	21	59	80
8.	Dungarpur	0	40	40
9.	Karauli	5	35	40
10.	Bhilwara	6	63	69
11.	Jhalawar	0	35	35
12.	Dausa	0	42	42
13.	Rajsamand	2	80	82
14.	Dholpur	17	63	80
	<b>Total</b>	<b>105 (12.8)</b>	<b>713 (87.2)</b>	<b>818 (100.0)</b>

Only 12.8 % respondents experienced problem after NSV operation. In 44.8% cases respondents reported that they did not receive any services for the problem. Only 36.2 % respondents reported that they received services immediately. Those who had problems were mainly from Churu, Kota, Alwar and Dholpur districts.

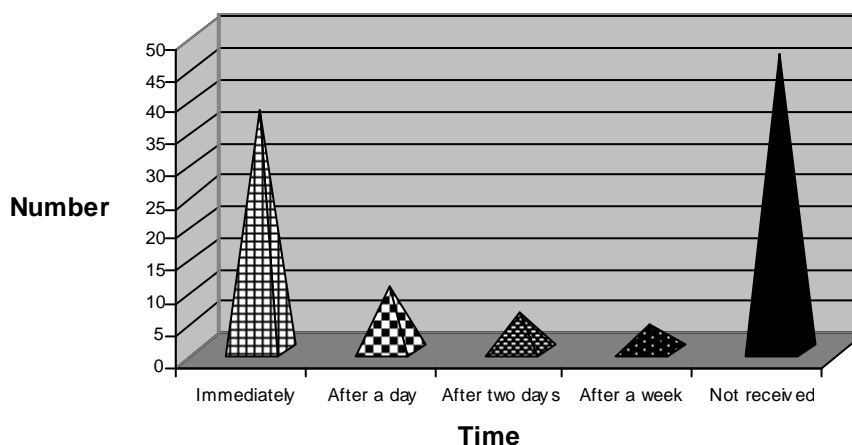




**Table 23: Time lag in addressing to problem**

Services received	Number	Percentage
Immediately	38	36.2
After a day	10	9.5
After two days	6	5.7
After a week	4	3.8
Not received	47	44.8
<b>Total</b>	<b>105</b>	<b>100.00</b>

**Services received after problem**



Majority of the respondents reported that they did not receive services after problems that were encountered after NSV. Those who received services received it immediately in 36.2% cases.

**Table 24: Received advice/Medicine after NSV**

S.No	Districts	Received		Total
		Yes	No	
1.	Ganganagar	52	4	56
2.	Churu	74	5	79
3.	Kota	66	14	80
4.	Jodhpur	74	7	81
5.	Jalore	11	1	12
6.	Nagaur	35	7	42
7.	Alwar	69	11	80
8.	Dungarpur	34	6	40
9.	Karauli	39	1	40
10.	Bhilwara	66	3	69
11.	Jhalawar	35	0	35
12.	Dausa	39	3	42
13.	Rajsamand	80	2	82
14.	Dholpur	79	1	80
	<b>Total</b>	<b>753 (92.1)</b>	<b>65 (7.9)</b>	<b>818 (100.0)</b>



In 92.1% cases, advise or medicine was given to the respondents. This process was similar among the districts surveyed.

**Table 25: Payment for advice/Medicine after NSV**

S.No	Districts	Payment done		Total
		Yes	No	
1.	Ganganagar	6	46	52
2.	Churu	0	74	74
3.	Kota	3	63	66
4.	Jodhpur	1	73	74
5.	Jalore	0	11	11
6.	Nagaur	1	34	35
7.	Alwar	3	66	69
8.	Dungarpur	0	34	34
9.	Karauli	0	39	39
10.	Bhilwara	1	65	66
11.	Jhalawar	0	35	35
12.	Dausa	0	39	39
13.	Rajsamand	3	77	80
14.	Dholpur	0	79	79
	<b>Total</b>	<b>18 (2.4)</b>	<b>735 (97.6)</b>	<b>753 (100.0)</b>

2.4% of the respondents reported that they had to pay for services rendered to them after NSV. They were mainly from Kota, Alwar and Rajsamand districts.

**Table 26: Satisfaction Level of Beneficiaries after NSV**

S.No	Districts	Satisfied		Total
		Yes	No	
1.	Ganganagar	46	10	56
2.	Churu	74	5	79
3.	Kota	74	6	80
4.	Jodhpur	76	5	81
5.	Jalore	11	1	12
6.	Nagaur	42	0	42
7.	Alwar	61	19	80
8.	Dungarpur	31	9	40
9.	Karauli	40	0	40
10.	Bhilwara	68	1	69
11.	Jhalawar	29	6	35
12.	Dausa	40	2	42
13.	Rajsamand	75	7	82
14.	Dholpur	74	6	80
	<b>Total</b>	<b>741 (90.6)</b>	<b>77 (9.4)</b>	<b>818 (100.0)</b>

Around 91% of the respondents were satisfied with the NSV operation. Those who were not satisfied were mainly from Alwar district.



**Table 27: Distribution of Beneficiaries who recommended NSV to others**

S.No	Districts	Suggested other persons		Total
		Yes	No	
1.	Ganganagar	35	21	56
2.	Churu	6	73	79
3.	Kota	53	27	80
4.	Jodhpur	67	14	81
5.	Jalore	5	7	12
6.	Nagaur	24	18	42
7.	Alwar	29	51	80
8.	Dungarpur	17	23	40
9.	Karauli	26	14	40
10.	Bhilwara	45	24	69
11.	Jhalawar	22	13	35
12.	Dausa	20	22	42
13.	Rajsamand	50	32	82
14.	Dholpur	35	45	80
	<b>Total</b>	<b>434 (53.0)</b>	<b>384 (47.0)</b>	<b>818 (100.0)</b>

Out of the total respondents, 53% recommended NSV to others.

**Table 28: Beneficiaries who were explained of Semen Test and Use of CC**

S.No	Districts	About semen test & use of CC		Total
		Yes	No	
1.	Ganganagar	13	43	56
2.	Churu	77	2	79
3.	Kota	45	35	80
4.	Jodhpur	80	1	81
5.	Jalore	6	6	12
6.	Nagaur	40	2	42
7.	Alwar	75	5	80
8.	Dungarpur	12	28	40
9.	Karauli	30	10	40
10.	Bhilwara	66	3	69
11.	Jhalawar	5	30	35
12.	Dausa	38	4	42
13.	Rajsamand	3	79	82
14.	Dholpur	78	2	80
	<b>Total</b>	<b>568 (69.4)</b>	<b>250 (30.6)</b>	<b>818 (100.0)</b>

In 69.4% cases respondents were told to go for semen test after three months of NSV and use the Condoms till then. In Majority of cases of Ganganagar, Kota, Dungarpur, Jhalawar and Rajsamand respondents were not told to go for semen test. 73.4% respondents were told to go for Semen Test.



**Table 29: Semen test done**

S.No	Districts	Semen Test		Total
		Yes	No	
1.	Ganganagar	10	3	13
2.	Churu	73	4	77
3.	Kota	41	4	45
4.	Jodhpur	70	10	80
5.	Jalore	4	2	6
6.	Nagaur	37	3	40
7.	Alwar	44	31	75
8.	Dungarpur	12	0	12
9.	Karauli	21	9	30
10.	Bhilwara	15	51	66
11.	Jhalawar	5	0	5
12.	Dausa	23	15	38
13.	Rajsamand	3	0	3
14.	Dholpur	59	19	78
	<b>Total</b>	<b>417 (73.4)</b>	<b>151 (26.6)</b>	<b>568 (100.0)</b>

**Table 30: Use of condom after NSV**

S.No	Districts	Use of Condom		Total
		Yes	No	
1.	Ganganagar	10	46	56
2.	Churu	71	8	79
3.	Kota	47	33	80
4.	Jodhpur	79	2	81
5.	Jalore	6	6	12
6.	Nagaur	33	9	42
7.	Alwar	66	14	80
8.	Dungarpur	12	28	40
9.	Karauli	27	13	40
10.	Bhilwara	55	14	69
11.	Jhalawar	10	25	35
12.	Dausa	39	3	42
13.	Rajsamand	8	74	82
14.	Dholpur	64	16	80
	<b>Total</b>	<b>527 (64.4)</b>	<b>291 (35.6)</b>	<b>818 (100.0)</b>

Condom was used by 64.4 % respondents during three months after NSV. In majority of cases of Ganganagar, Kota, Dungarpur, Jhalawar and Rajsamand respondents were not told to use condom during three month after NSV.

#### **D. Non Beneficiary**

Persons who had not adopted NSV were also interrogated to get information regarding their knowledge and attitude for NSV, reason for not adopting NSV. In all, **549** non beneficiaries



were contacted from the 14 selected districts in place of **560**. Remaining **11** could not be contacted even after repeated visits.

**Table 1: Age Distribution of Non-Beneficiary respondents**

S.No	Districts	Age				Total
		Less than 18	18 – 25 years	26 – 44 years	More than 44	
1.	Ganganagar	0	9	29	15	53
2.	Churu	0	8	16	16	40
3.	Kota	0	3	19	18	40
4.	Jodhpur	1	16	17	11	45
5.	Jalore	1	0	3	14	18
6.	Nagaur	0	6	13	22	41
7.	Alwar	0	2	15	23	40
8.	Dungarpur	2	11	16	11	40
9.	Karauli	0	10	21	9	40
10.	Bhilwara	0	5	9	17	31
11.	Jhalawar	0	13	21	7	41
12.	Dausa	0	10	15	15	40
13.	Rajsamand	1	10	14	16	41
14.	Dholpur	1	37	1	0	39
	Total	6 (1.1)	140 (25.5)	209(38.1)	194 (35.3)	549 (100.0)

Majority of the respondents (93.4%) were more than 26 years of age. This trend was almost equal among the district surveyed except Dholpur where majority of the respondents were in the age group of 18 - 25 years.

**Table 2: Distribution of Non-Beneficiary respondents according to Educational level**

Education	Number	Percentage
Illiterate	82	14.9
Primary	126	23.0
Middle	142	25.9
Higher Secondary	143	26.0
Graduate and above	56	10.2
<b>Total</b>	<b>549</b>	<b>100.00</b>

Only 14.9% respondents were illiterate while 10.2% were graduate and above. Similar trend were observed among all districts except Dholpur where Medical Officerst of the respondents had education up to primary level.

**Table 3: Distribution of Non-Beneficiary respondents according to Caste**

Caste	Number	Percentage
General	109	19.8
SC	125	22.8
ST	128	23.3
OBC	187	34.1
<b>Total</b>	<b>549</b>	<b>100.00</b>



Majority of the respondents belonged to other backward castes followed by schedule caste and tribe. It some how indicates that SC and ST had hesitation in adoption of NSV.

**Table 4: Family income of respondents**

Income	Number	Percentage
Less than 6000	53	9.7
6001 - 10000	59	10.7
10001 - 20000	310	56.4
More than 20000	127	23.2
<b>Total</b>	<b>549</b>	<b>100.00</b>

Majority of them were in the income category of Rs. 10,001 to 20,000 per year.

**Table 5: Visited nearby SC for advice**

S.No	Districts	Visited SC		Total
		Yes	No	
1.	Ganganagar	48	5	53
2.	Churu	27	13	40
3.	Kota	39	1	40
4.	Jodhpur	40	5	45
5.	Jalore	17	1	18
6.	Nagaur	39	2	41
7.	Alwar	14	28	40
8.	Dungarpur	40	0	40
9.	Karauli	35	5	40
10.	Bhilwara	28	3	31
11.	Jhalawar	39	2	41
12.	Dausa	30	10	40
13.	Rajsamand	37	4	41
14.	Dholpur	39	0	39
	<b>Total</b>	<b>472 (86.0)</b>	<b>77 (14.0)</b>	<b>549 (100.0)</b>

86% of the respondents visited nearby sub centre for seeking treatment or information regarding spacing their family. This trend was similar among all districts surveyed except Alwar where 57.5% did not visit SC for Family Planning methods.

**Table 6: Type of methods advised**

Type	Number	Percentage
Male Sterilization	430	91.1
Female Sterilization	380	80.5
Other methods	337	71.4
Not advised	34	7.2
<b>Total</b>	<b>472</b>	<b>100.00</b>

(Multiple answers)

Those who visited SC were mainly told about the male sterilization followed by female sterilization and other methods.



**Table 7: Adoption motivated by advice from Health centre for any one method**

Adopted	Number	Percentage
Yes	412	87.3
No	60	12.7
<b>Total</b>	<b>472</b>	<b>100.00</b>

87.3% of the respondents adopted any one method suggested to them during their visit to sub centre except Alwar where respondents did not adopt the method advised to them.

**Table 8: Reason for choosing a particular method**

Reasons	Number	Percentage
Easy to use	274	49.9
Easily available	245	44.6
Not feel by husband	21	3.8
Any one can get	58	10.6
Other	52	9.5
<b>Total</b>	<b>549</b>	<b>100.00</b>

When asked about the preference of a particular method, it was reported by the respondents that the method was easy to use in 49.9% cases, easily available in 44.6% cases.

**Table 9: Reason for not adopting NSV**

Reasons	Number	Percentage
Fear	160	29.1
Need more child	212	38.6
Health Problem	149	27.1
Fear of impotence	144	26.2
Religious binding	73	13.3
Other	91	16.6
<b>Total</b>	<b>549</b>	<b>100.00</b>

(Multiple answers)

Out of those who had not adopted NSV, 38.6% stated that they need more children followed by fear and health problem. Religious taboos dictated 13.3% of the total respondents.



**Table 10: Prevalence of Myths related to NSV**

S.No	Districts	Myth Prevalence		Total
		Yes	No	
1.	Ganganagar	6	47	53
2.	Churu	15	25	40
3.	Kota	3	37	40
4.	Jodhpur	15	30	45
5.	Jalore	0	18	18
6.	Nagaur	3	38	41
7.	Alwar	3	37	40
8.	Dungarpur	3	37	40
9.	Karauli	13	27	40
10.	Bhilwara	10	21	31
11.	Jhalawar	6	35	41
12.	Dausa	11	29	40
13.	Rajsamand	1	40	41
14.	Dholpur	9	30	39
	<b>Total</b>	<b>98 (17.9)</b>	<b>451 (82.1)</b>	<b>549 (100.0)</b>

17.9 % of the respondents stated that there were some myths existing in the area regarding NSV.

**Table 11: Reasons of Myths**

Myths	Number	Percentage
Lack of education	14	14.3
Lack of IEC	79	80.6
Rumors	3	3.1
Experience by relative or friends	2	2.0
Other	1	1.0
<b>Total</b>	<b>98</b>	<b>100.00</b>

Reasons behind myths were also asked from the respondents. It was observed that lack of IEC activity was the major factor followed by lack of education. This trend was similar among districts surveyed except Jodhpur.

**Table 12: Distribution of respondents according to perception of best method**

Method	Number	Percentage
Male/Female Sterilization	37	6.7
Oral Pills	59	10.7
Condom	388	70.7
Cu T	43	7.8
Other method	22	4.1
<b>Total</b>	<b>549</b>	<b>100.00</b>

Condom (70.7%) was the main choice of the respondents in all the districts surveyed.





**Table 13: Source of Information about NSV**

Source	Number	Percentage
MO	42	14.8
LHV	80	28.4
ANM	139	49.3
AWW	20	7.1
Others	1	0.4
<b>Total</b>	<b>282</b>	<b>100.00</b>

The main source of information was ANM followed by LHV and Medical Officers. ANM informed about 50% of the respondents while LHV informed 28.4 % only.

**Table 14: Opinion regarding NSV adoption in future**

Adopt	Number	Percentage
Yes	177	32.2
No	372	67.8
<b>Total</b>	<b>549</b>	<b>100.00</b>

The respondents were enquired that whether they were ready to adopt NSV in future. 32.2 % of the respondents gave positive response. The respondents were mainly from the Jodhpur and Dholpur districts.

**Table 15: Adoption of NSV in future**

When	Number	Percentage
With in a year	97	54.8
In 2 year	42	23.7
In 3 year	4	2.3
In 4 year	9	5.1
In 5 year	14	7.9
Not decided	11	6.2
<b>Total</b>	<b>177</b>	<b>100.00</b>

54.8 % of them were ready to adopt NSV within a year followed by another 23.7% who expressed to go for NSV within two years. It indicates that around 78.5 % of the respondents were ready to adopt NSV within 2 years.



## Chapter 4

### Summary and Conclusion

The study was carried out in 14 districts of Rajasthan which were picked up on the basis of two districts per zone. The selection of districts was done on the basis of State average regarding NSV and accordingly districts were categorized as high performance and low performance districts, in consultation with Demographer and Evaluation Officer DM & HS, Jaipur.

The district which had more than state average (3%) during the year 2007 - 2008 was selected as high coverage district whereas district less than state average was selected as low coverage districts.

To assess the impact from high coverage district, 10 beneficiaries who had undergone NSV from each SC were interviewed while 5 non beneficiaries (Target) who have plan to undergo NSV from each SC were selected for interview. Similarly, from low coverage district 5 beneficiaries who had undergone NSV from each SC were interviewed while 5 non beneficiaries (Target) who have not undergone NSV from each SC were selected for interview. The lists of beneficiaries were obtained from the respective PHC in-charge. Total 818 beneficiaries and 568 non beneficiaries were interrogated.

Three teams were formed for entire duration of survey. Internal staff of SIHFW was assigned the task to monitor quality of data collected by the each team in the selected districts. Medical Officer of the selected CHC/PHC was also contacted to gather secondary data related to PHC activities

A Medical Officers stays at PHC for around three years. Out of total 54 MO interviewed only 13 % Medical Officers had undergone training regarding NSV. It is worthwhile to mention here that the person who was the in-charge of the activity was not trained regarding NSV. In majority of cases, alternate arrangements like posting of trained workers from other PHC were made.



In 73.5 % cases amount given to the beneficiaries was Rs 1100. However in 12.3% the prescribed norms were defied.

There was an increase in NSV adoption as compared to previous years. It was observed in 70.4% cases, where Medical Officers reported that there was an increase in NSV adoption as compared to previous years. The factor behind increase in NSV adoption was reported to be availability of good surgeon and wide publicity of the programme.

The myth related to impotence was reported mainly from Dausa, Alwar and Dholpur districts. 39.7 % of the motivator accepted that there was a problem in motivation due to myths. They further added that due to myths, extra efforts were made to motivate a person for NSV adoption.

In 69.4% cases respondents were told to go for semen test after three months of NSV and till then condom was advised. Semen test was done in 73.4% respondents.

54.8% of them were ready to adopt within a year followed by within two years. It indicates that around 78.5 % of the respondents were ready to adopt with in 2 years.

Out of total 73 motivators, majority of them were educated till the primary level. Undergraduate motivators performed well as compare to motivators educated above this level. It shows that personal interest, dedication and involvement in any program has created more difference result rather than education qualification. Personal relationship, trust and commitment for follow up are the key issues for motivating the person.

Motivators were mainly insisted by doctors for the motivation. Self motivation contributed 35.6% only. LHV and other health staff contributed 12.3 % only and that reflects on the concern of staff for NSV. No private doctor has contributed in motivation of people to work for promotion of NSV.



In 19.2 % motivators who motivated for adoption of NSV had undergone NSV themselves. In all cases the place of motivation was government centre irrespective of the districts surveyed. Role of private sector in this field is negligible.

There was a provision for financial incentive for motivation to the extent of Rs. 200 peoples for NSV adoption. 84.9 % of motivators had received motivation incentive for their work.

It appears that the economic status of family plays an important role in the acceptance of a terminal method. Families of poor income group are more reluctant to accept the family planning method specially the NSV rather than higher income group families. Highest numbers of acceptors are from middle income group.

96.5% of the beneficiaries who visited nearby sub centre were advised about the family planning methods. In majority of cases, NSV adoption was advised to the beneficiary respondents followed by Nirodh during their visit to centre.

Majority of the NSVs were done at the CHC level, 21% in camps while PHC contributed 19.3% only.

In 44.5% cases, NSV was conducted by the team of doctors from district hospital. Medical Officer of CHC conducted 32.3 % NSV followed by the team of doctors from CHC.

About 50% respondents received information regarding NSV from health staff posted at health centres. Anganwadi workers were also played an important role in motivating respondents for NSV. Friend and relatives also contributed.

In 70.3% cases, respondents were told about the positive and negative aspects of the NSV. The positive aspects told to respondents includes, a person can work after NSV, no cut on body and no side effects on body.



It was reported by the respondents that in 66.6% cases, follow up was done after NSV. Follow up were not done in majority of cases in Alwar district. Follow up cards were prepared of 63.6% respondents.

12.8 % of the total respondents experienced problem after NSV operation and of these a large number did not receive any services for the problem. Only 36.2 % respondents reported that they have received services immediately. 2.4 % of the respondents reported that they had to pay for services rendered to them after NSV. They were mainly from Kota, Alwar and Rajsamand districts.

In 69.4 % cases respondents were advised to go for semen test after three months of NSV and use the condoms till then. In Majority of cases of Ganganagar, Kota, Dungarpur, Jhalawar and Rajsamand respondents were not told to go for semen test.

Out of total 568 respondent contacted those who had not adopted NSV stated that they need more children in 38.6 % cases followed by fear and health problem. Religious taboos dictated 13.3 % of the total respondents.

Condom (70.7%) was the main choice of the respondents who did not adopt NSV in all the districts surveyed. The main source of information was the ANM followed by LHV and Medical Officers.

The respondents were enquired about whether they were ready to adopt NSV in future. About 32.2 % of the respondents told that they were ready to adopt NSV in future. Majority (78.5%) of them were ready to adopt within 2 years.



## Chapter 5

### Recommendations

Based on the findings following recommendations were made:

- Male participation in FP services and adoption of SFN in general and adoption of NSV in specific is to be increased through BCC, availability of services for male while realizing the role of men in decision making in a patriarchal society and addressing to the prevalent myths with male sterilization.
- Provider bias towards Males needs to be addressed.  
Many providers are poorly informed regarding male contraceptive methods and may share the same misconceptions as their clients. Common signs of provider bias against male involvement include the following: providers may not offer male methods or may provide inadequate information about them and may make men feel uncomfortable visiting clinics and asking questions about family planning.
- Static Centres be made functional in each CHC area to ensure the availability of services in the near by periphery.
- Training regarding NSV should be imparted to every Medical Officers posted at PHC.
- Focus be given to the IPC and counselling of clients. Services providers may be equipped with IPC and counselling skills.
- NSV acceptors may be used as one of the counsellors for the purpose. Case study of users be documented and displayed in the villages at least once a month before the camp days.
- Follow up services after operation be strictly monitored. Immediate attention should be given by the PHC in-charge to the cases reported problem.
- Support of the Jan Mangal Couples should be sought for educating men about NSV.
- The amount for motivation should be increased to Rs. 500 and paid immediately after NSV is done.