ACQUIRING KNOWLEDGE

Applying Lessons Learned to Strengthen FP/RH Services

2008, No. 9

Revitalizing Underutilized Family Planning Methods

Using Communications and Community Engagement to Stimulate Demand for Vasectomy in Bangladesh

Background

Family planning (FP) has been promoted in Bangladesh since 1953, and Bangladesh is considered to have one of the most successful FP programs in the world. The contraceptive prevalence rate (CPR) for married women of reproductive age has risen from 8% in 1975 to its current level of nearly 56% (NIPORT, Mitra and Associates, & ORC Macro, 2005). As the country's population grows, however, contraceptive needs will increase as well, with an expected doubling of need for modern contraception by 2015.

The Bangladesh government and its public- and private-sector partners recognize that the program's success depends both on the continued availability of short-acting contraceptive methods and on increased use of long-acting and permanent methods of contraception (LAPMs). In 2002, stakeholders recommended that a nationwide campaign be undertaken to educate the public on the desirability and importance of LAPMs and to renew interest in their use.

Since October 2003, when the ACQUIRE Project assumed leadership of the Strengthening Sterilization and Other Clinical FP Methods Project, efforts have been underway to improve public-sector LAPM service-delivery capacity and increase acceptance of LAPMs. No-scalpel vasectomy (NSV) was promoted to help provide a wide range of FP choices in the overall effort to revitalize LAPMs in Bangladesh. Four districts were selected for program intervention: Dinajpur in Rajshahi Division, in northern Bangladesh; and Chandpur, Cox's Bazar, and Chittagong, all in Chittagong Division in the south.

A Bangladeshi man, immediately after having a no-scalpel vasectomy procedure.

The ACQUIRE Project introduced its Supply-Demand-Advocacy (SDA) Program Model for Family Planning/Reproductive Health (FP/RH) Service Delivery to coordinate and synchronize mutually reinforcing components—supply, demand, and advocacy—that affect the acceptance of FP services. This publication addresses ACQUIRE's country-level work on SDA components in promoting NSV in Bangladesh, focusing particularly on communications for demand and advocacy.

Supply-Demand-Advocacy Program Model for FP/RH Service Delivery

ACQUIRE's SDA Program Model for FP/RH Service Delivery (see page 2) envisions ready supply (equipped facility, proficient staff), demand for

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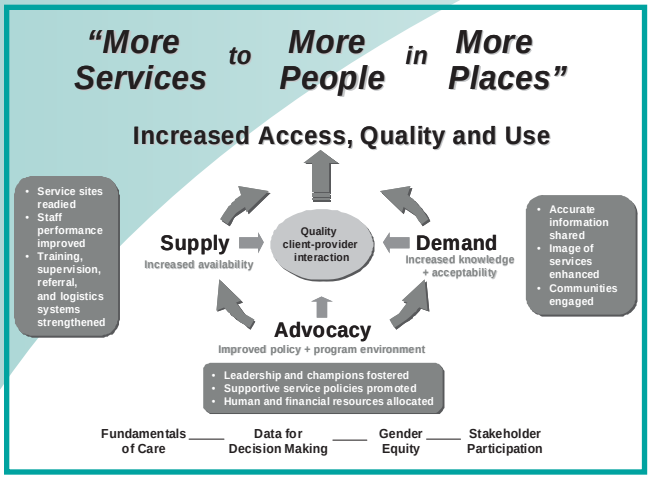
The ACQUIRE Project Supply-Demand-Advocacy (SDA) Program Model for Family Planning and Reproductive Health Service Delivery



services, and a supportive policy environment as prerequisites to an effectual FP client-provider interaction. In this framework, skilled, motivated providers work with knowledgeable, empowered clients at the service site to address the clients' FP/RH needs. In Bangladesh, the deliberate strengthening and coordination of each SDA component with the other(s) ensured that NSV services were strengthened in public-sector facilities and increasingly accepted by their clients.

For this project in Bangladesh, supply-side inputs included provider training, service quality improvement, logistics management, and development and application of tools and standards. Demand-side inputs included the following: efforts to understand key stakeholders' and potential clients' views on NSV; activities to provide information on how the method works and on its benefits and contraindications; and efforts to engage men in FP decision making. Advocacy refers to activities to ensure support for and acceptance of NSV services.

During 2004, ACQUIRE collaborated with the Bangladesh Directorate General of FP on a performance needs assessment (PNA) in several districts, including two where ACQUIRE was supporting a vasectomy program: Chandpur and Dinajpur. The PNA clarified stakeholders' goals and expectations for facility-based FP service delivery, highlighted performance problems and their root causes, and identified appropriate interventions. Other relevant sources of information were also reviewed for insights on SDA issues regarding LAPMs and NSV.

Addressing Supply-Side Needs

The PNA baseline data indicated that providers had limited ability either to counsel about or provide NSV (The ACQUIRE Project, 2004). Approximately 40% of the 21 medical officers interviewed had been trained to perform NSV. Few (only 9%) reported having been trained in FP counseling. When providers were observed while conducting counseling, fewer than half informed clients about the initial side effects of modern contraceptives, and only 14% even mentioned that NSV is a permanent method requiring a surgical procedure. Also, facilities frequently experienced stock-outs of necessary materials and tools.

In the health facilities, literature and information about service availability were lacking. Fewer than half (45%, or 13) of the Mother and Child Health Clinics/Union Health Centers (MCWC/UHC) had visible FP signs or posters, and only 23% (or 21) of Family Welfare Centers (FWCs) displayed FP posters.

ACQUIRE's technical assistance included meeting with upazilla- and district-level managers and providers; orienting health care field workers; organizing special service days on LAPMs, including on-site coaching of service providers; holding skills-based refresher training of family welfare visitors; and providing skills-based training on management of complications related to LAPM services. Training topics included:

- Provider updates on FP methods, infection prevention, and FP counseling, including side effects
- Refresher training for service providers in the NSV procedure
- Orientation for providers on clients' rights and providers' needs, emphasizing attention to quality issues during client-provider interactions

- Orientation for providers and supervisors on compliance with privacy guidelines and informed consent forms
- Revisions of and updates to job aids
- Technical assistance for resolving logistics problems and strengthening management information systems, to prevent stock-outs of necessary materials and tools at facilities

Creating Demand through Communications

While FP communication campaigns have been ongoing in Bangladesh since the 1970s, they had heretofore promoted FP services in general. The NSV campaign was a new approach, developed to promote NSV as a choice for families' FP needs. Meridian Group International, Inc., an ACQUIRE partner, provided technical support for the design, development, and implementation of communication activities. The objectives of the NSV campaign follow:

1. To dispel the myths associated with vasectomy
2. To eliminate the stigma associated with the procedure
3. To improve male involvement (especially men's interest in, knowledge of, and participation and role in family planning)
4. To encourage dialogue between potential clients and providers

1. Understanding the Target Audience

Historically, in Bangladesh, FP clients with two or more children have been the most likely candidates to consider using LAPMs. During the PNA, however, LAPMs were the methods least mentioned by providers to this group. Awareness of NSV was low compared with other FP methods: Only 41–49% of women and men in Cox's Bazar knew of vasectomy (NIPORT, Mitra and Associates, & ORC Macro, 2005).

Several social factors contributed to the lack of use of vasectomy. First, it carries a social stigma driven by myths and misperceptions on the part of the community and of providers. Focus group discussions among men and women in two of the four target districts revealed that couples had limited understanding of vasectomy's safety, effectiveness, and unique benefits. Indeed, few knew anything about vasectomy beyond its name. Cognitive mapping research conducted in Chittagong by the International Centre for Diarrheal Disease Research–Bangladesh (ICDDR-B) reported that men held negative views on NSV ("You would face problems working"; "The body weakens") and equated it with castration. Few NSV clients publicly endorse their satisfaction with the method. Moreover, the 2004 Demographic and Health Survey showed that overall interspousal communication about FP is low, at 34% (NIPORT, Mitra and Associates, & ORC Macro, 2005).

Respondents noted that health care providers rarely or never discussed vasectomy with them, which confirms the need to encourage greater dialogue about and interest among men in FP.

The PNA found that information about FP and LAPMs was not easily obtainable: Health facilities did not have literature available for clients, and fewer than half (45%) of the MCWCs or UHCs had visible FP signs or posters, and only 23% of FWCs had posters.

2. Developing the Creative Concept

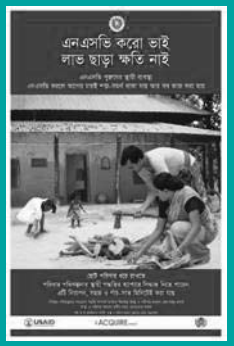
Married men aged 25–45 who had two or more children were defined as the primary target audience for NSV communications activities; women (wives of the primary target group) were secondary targets. Influential community leaders, religious leaders, in-laws, and health service providers were included as tertiary targets, although no special messages or communication efforts were directed to this group. After a competitive search, Unisocial, the social marketing division of the advertising agency McCann-Erickson Bangladesh, was selected to develop and execute the campaign. Unisocial developed four concepts (see page 4), which were pretested to determine which would resonate the best with the target groups. To help select the final campaign concept, project staff showed the concepts to 82 people in eight focus group sessions conducted in two of the districts.

Focus group–tested concepts

Of the four concepts, the focus group participants preferred "My Husband Is Best." Men were able to understand their role in FP and liked the notion that the wife valued the husband's involvement in FP decisions; women identified with the pride expressed by the wife in the creative material. The image of a happy family tested strongly because it placed the husband with his family and not alone, as was the case in the other creative concepts. Participants also felt that the image of a small family implied that members were close and intimate—sharing and communicating well.

To maximize the visibility of the effort and to reinforce messaging, all creative materials (television commercials and posters) contained the same key communication points and visuals that addressed "barriers to acceptance": misperception of vasectomy; stigma of vasectomy; lack of male involvement in FP; and engagement with health workers.

1. ***Dispelling myths/building correct knowledge.*** Frequently cited concerns about FP (particularly vasectomy) were challenged in all creative messages: Vasectomy does not affect a man's strength; NSV is a fast and easy procedure; and NSV is a uniquely permanent and effective FP method.
2. ***Addressing vasectomy's stigma.*** A satisfied user talking with his neighbor was featured in the television commercial to encourage discussion and end the "silence" that may surround vasectomy.
3. ***Promoting male engagement.*** Couples learning about FP methods and talking with each other about joint FP decisions were included in the creative material.
4. ***Prompting discussion with health workers.*** Scenes featuring couples discussing FP methods with health workers were featured in the story line.



"My Husband Is Best" Poster

Headline: My husband is the best.

Line 1: My husband, not only does he take responsibility for our family, but he also helps with my responsibilities, too.

Line 2: To keep our family size small, he has decided to get the family planning method NSV.

Bottom line: NSV is a permanent family planning method for men. It is a safe and easy procedure that takes little time to do.

To learn about all methods of family planning, contact your nearest health center or family planning worker.

3. Implementing the Campaign

A total of US$101,000 was allocated for the communications effort for local expenses to cover production, agency fees, and media. Given the limited budget, the strategy focused on utilizing efficient mass media with high reach potential. The strategy would meet the plan's objectives at generating rapid high awareness and correct knowledge of vasectomy.

Prior to selection of communication vehicles, project staff considered many forms of contact points (including mobile cinema, radio, customized songs about vasectomy, and mobile theater performers). Based on syndicated research conducted by AC Nielsen Bangladesh, television was selected as the communication plan's foundation, given its strong capability to reach the target audience and its cost efficiency (i.e., its ability to maximize the target audience reached on a per-dollar basis).

Television activity for the NSV campaign was launched on July 11, 2007, in support of the Bangladesh Directorate General of Family Planning's World Population Day program. Commercials were broadcast for 10 consecutive days, but then were stopped during typhoon season (July–September), as floods and related factors can easily take precedence over FP during this period. Television advertising resumed on October 23 and continued until December 15 (although a late-season typhoon that devastated Bangladesh in November 2007 likely affected the number of procedures provided during this period and into 2008). A final television burst ran from February 14 to February 28, 2008.

The first 10 days of NSV television commercials in July were broadcast on privately owned cable and satellite channels (ATN and Channel I), which have a limited reach. Bangladesh TV (BTV) was the preferred channel to use for the NSV campaign, due to it large audience; however, value-added tax (VAT) payment exemption arrangements with BTV were pending, and the privately owned channels served as a temporary replacement. By October 2007, the VAT issue was resolved, and all remaining commercials were broadcast on BTV, the national channel. While the NSV program was to occur only in the four defined districts, a national television campaign was deemed acceptable to stakeholders, given that BTV was the strongest medium, that no local television channels were available, and that NSV services were offered through the country.

To lend support to health service facilities and to achieve an additional layer of visibility, 100,000 posters were printed and distributed to health service facilities and at areas heavily frequented by the target audience (tea shops, barber shops, and marketplace centers):

- A total of 98,000 posters were distributed to the four districts and their 55 upazillas:
  - Each upazilla received 1,663 NSV posters.
  - The FP office of each of the four districts received 1,660 posters.
  - Each contact that received posters also received distribution instructions providing guidelines for the placement and maintenance of the posters.
- As many as 2,000 posters were distributed during the campaign's inaugural ceremony on World Population Day in Dhaka, on July 11, 2007.

Health service providers complemented the mass media campaign with interpersonal communications and community outreach by discussing vasectomy during their regular community visits.

Advocating for NSV Uptake in Bangladesh

In Bangladesh, religious and other leaders (politicians, teachers, businessmen, etc.) are cultural influences who can readily affect the community's views on FP, including myths and misperceptions. In the past, imams (Muslim religions leaders) have tacitly accepted FP but had not advocated for LAPMs. The ACQUIRE Project developed and produced a book entitled *Family Planning in the Eyes of Islam* to engage imams in encouraging FP, with a focus on LAPMs. In addition, ACQUIRE

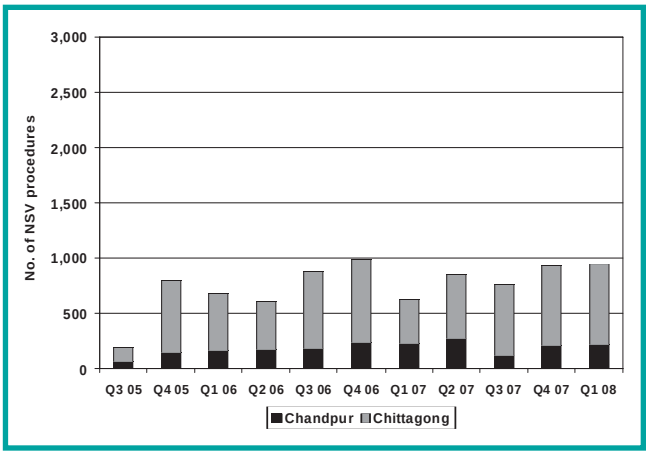
sponsored interactive community forums with imams, teachers, businessmen, and local politicians and local FP service providers. The advocacy-oriented meetings were mostly held in rural areas of Bangladesh, where 80% of the population lives. More than 18,000 community leaders have attended these advocacy meetings since they began in August 2005.

Results

In March 2008, following the campaign, a multistage cluster survey was conducted among the primary target audience to better understand the campaign's impact on awareness, knowledge, and acceptance of vasectomy. A total of 320 men were interviewed in two of the four supported districts (Chandpur and Chittagong). These districts were selected based on market homogeneity, literacy levels, and access to and use of FP services. Results suggested that the campaign was successful at generating vasectomy awareness and knowledge among the target respondents. Seventy-four percent of respondents (n= 238) reported being aware of vasectomy, of which 95% (226 respondents) had heard information on or seen a message about NSV in the past year. With the increase in awareness came a 15% increase in NSV demand during the first full month of television support: During November 2007, 431 vasectomies were performed in Chandpur and Chittagong, versus 374 vasectomies in November 2006. Nevertheless, the number of procedures conducted during the last quarter of 2007 was not notably increased over of the number performed in 2006 (935 procedures). This was likely due to the effects of two typhoons and of decreased funding of the region's largest vasectomy provider, the Bangladesh Association of Voluntary Sterilization. In the period January–March 2008, however, the number of vasectomies increased dramatically, rising 52% (949 vasectomies) from the same period in the previous year (Figure 1).

Service statistics were less robust on a combined four-district evaluation (Figure 2). The lack of uptake was primarily driven by a lack of providers

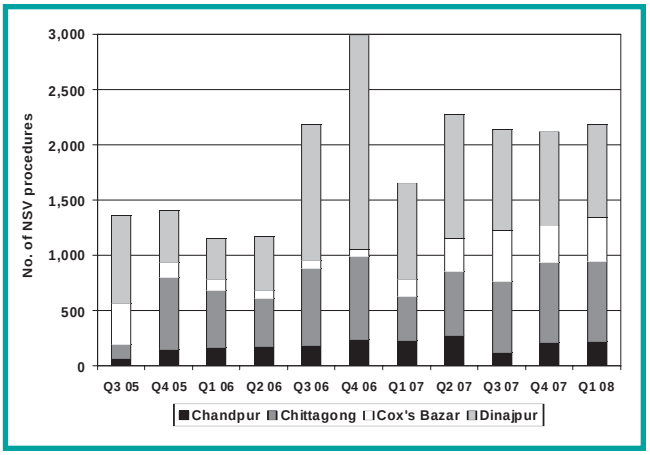
Figure 1: Number of vasectomies performed in Chandpur and Chittagong, by quarter, July 2005–March 2008



and the impact of typhoons. During November 2007, the first full month of television advertising, the number of vasectomy procedures decreased slightly (by 9%) from the number provided in November 2006 (935 vs. 1,045); vasectomies also declined by 30% in the last quarter of 2007, compared with 2006 (2,993 vs. 2,122). First-quarter 2008 service statistics across the four districts showed a 32% increase over the number of vasectomies provided in the same time period the previous year; the increases were not consistent across all districts, however, with Dinajpur showing a continued decrease in vasectomy services due to a lack of providers.

Nevertheless, Cox's Bazar, a district that usually underperforms in the provision of vasectomy

Figure 2: Number of vasectomies performed in four districts of Bangladesh, by quarter, July 2005–March 2008



when compared with the other three, demonstrated significantly increased demand following the onset of the television campaign: Vasectomies increased fivefold, from 65 in the last quarter of 2006 to 264 in the same quarter of 2007. This trend continued in first quarter of 2008. Anecdotal feedback indicates that the integrated SDA approach was a main force behind these increases: While the number of providers remained constant, enhanced competence levels among medical officers strengthened the supply side; communications activities (demand side) increased potential clients' knowledge and acceptance; and outreach to leaders (advocacy) fostered support from influential groups.

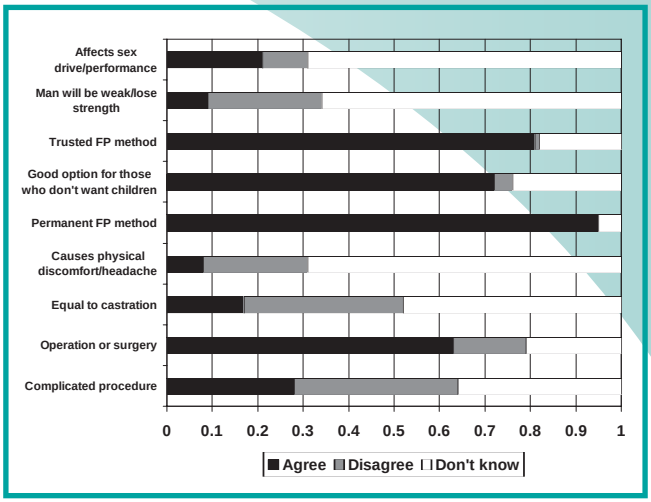
Awareness and Acceptance: Assessing Successes and Missed Opportunities

Eighty percent of respondents saw or heard information about vasectomy through television (n=180), and virtually all (99%) reported liking the television commercial because it was informative and clear. Only 25% of respondents who saw information on vasectomy reported posters as their source, mostly at government health facilities (71%) and marketplaces (29%). Low awareness of posters may be due to poor condition or placement, or because posters had been removed since being distributed eight months previously. Among those exposed to the posters, however, virtually all (95%) reported that they liked the poster because of the information it provided and the attractive image that it featured.

Respondents recalled several beneficial attributes of vasectomy (Figure 3): Ninety-five percent of those who were aware of vasectomy could correctly report that it is a permanent FP method; 81% agreed that vasectomy is a trusted form of FP; 72% agreed that vasectomy is a good option for those who do not want any more children; and 63% knew that vasectomy was performed through an operation or surgery.

The high percentage of respondents citing trust and permanence suggests that the campaign had a positive impact on people's perceptions of NSV.

Figure 3: Among participants who were aware of vasectomy, percentage distribution by agreement or disagreement with various vasectomy-related attitudes



Nevertheless, continued support will help maintain momentum and make more inroads in educating people about other factors, such as the facts that vasectomy results in no loss of strength and no physical discomfort.

Eight percent of respondents aware of vasectomy stated that they would consider NSV in the future (n=20), as it is a permanent method (85%) and highly effective (15%). Only 13% said they would not consider getting a vasectomy in the future (n=30), largely because they were satisfied with their current method (73%). Most respondents, however, were undecided (79%), which signals an opportunity for continued activities to communicate with a "hesitator" segment.

Lessons Learned

ACQUIRE's NSV project was successful at achieving its objectives in districts where the SDA model was operationalized. In Chittagong and Cox's Bazar, awareness of vasectomy became very strong, and demand for vasectomy services increased sharply during and after the communications effort. For a market such as Dinajpur, where service provision was limited, supply could not meet demand. Dinajpur clearly shows the need for all components to be in place and fully integrated to leverage the full potential of the SDA model.

During the initiative to stimulate demand for vasectomy, the following useful lessons emerged:

- **The potential for vasectomy acceptance is strong; an integrated SDA approach has a positive impact on acceptance and use.** Formative research indicated that there were many barriers to vasectomy acceptance, yet survey data and postcampaign statistics indicate that acceptance is strong once potential clients, influential individuals, and providers are educated to the "truths" about a specific FP method and quality services are available. The activities should be continued and expanded to reach more target segments, including those who are undecided about FP but want no more children.
- **Advocacy among government stakeholders can help overcome provider problems.** Service statistics showed that use of NSV services increases when communications activities are introduced. Dinajpur experienced a decline in procedures because service providers were lacking or were temporarily transferred to other districts. Advocacy aimed at government stakeholders can help gain support and greater commitment of resources, including adequate numbers of service providers.
- **Advocacy can remove social barriers to acceptance.** While Bangladesh is considered a conservative country, only one out of 320 respondents to the consumer survey felt that the topic of vasectomy was inappropriate for television. This public openness suggests that past advocacy work with religious and community leaders has helped to remove an additional barrier to FP acceptance.
- **Resources are needed to monitor and manage activities on a continuous basis.** The full effect of an integrated program may become diluted if all of the elements are not present to build off each other. In the case of communications for NSV in Bangladesh, for example, recall might have been stronger had resources been available to monitor and/or replace posters throughout the campaign.
- **More partner discussion is needed.** Only 13% of 180 respondents reported having had a discussion on FP or NSV with their partner. To help engage partners in dialogue, other communications elements, which proved successful at generating discussion in other countries where ACQUIRE has worked, should be considered to help strengthen previous communication activities. One example is interpersonal outlets, such as peer educators.

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