

GET A PERMANENT SMILE—A PILOT PROJECT TO INCREASE AWARENESS OF AND ACCESS TO NO-SCALPEL VASECTOMY SERVICES IN GHANA

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Background

Why pay attention to vasectomy in Ghana?

There is substantial unmet need for family planning (1998 DHS).

- One in five Ghanaian couples want to limit the number of children they have.
- Only half of this need is being met—>275,000 couples who do not want any more children are in need of family planning.

Vasectomy is safer, simpler, less expensive, and just as effective as female sterilization.

What are the challenges to providing vasectomy services?

Men and women are less aware of vasectomy than they are of other FP methods (1998 DHS).

- Fewer than 30% of married men know of vasectomy—much less than the 90+% who are aware of modern methods in general.

Even when men and women are aware of vasectomy, the information they have is frequently incomplete or incorrect.

- Biggest misconception is that vasectomy is castration; it is actually called by that name in local dialects.

Access to vasectomy is limited.

- No new family planning clients received information about vasectomy, even though two-fifths indicated they wanted to use contraceptives to limit further births (1996 *Situation Analysis*).

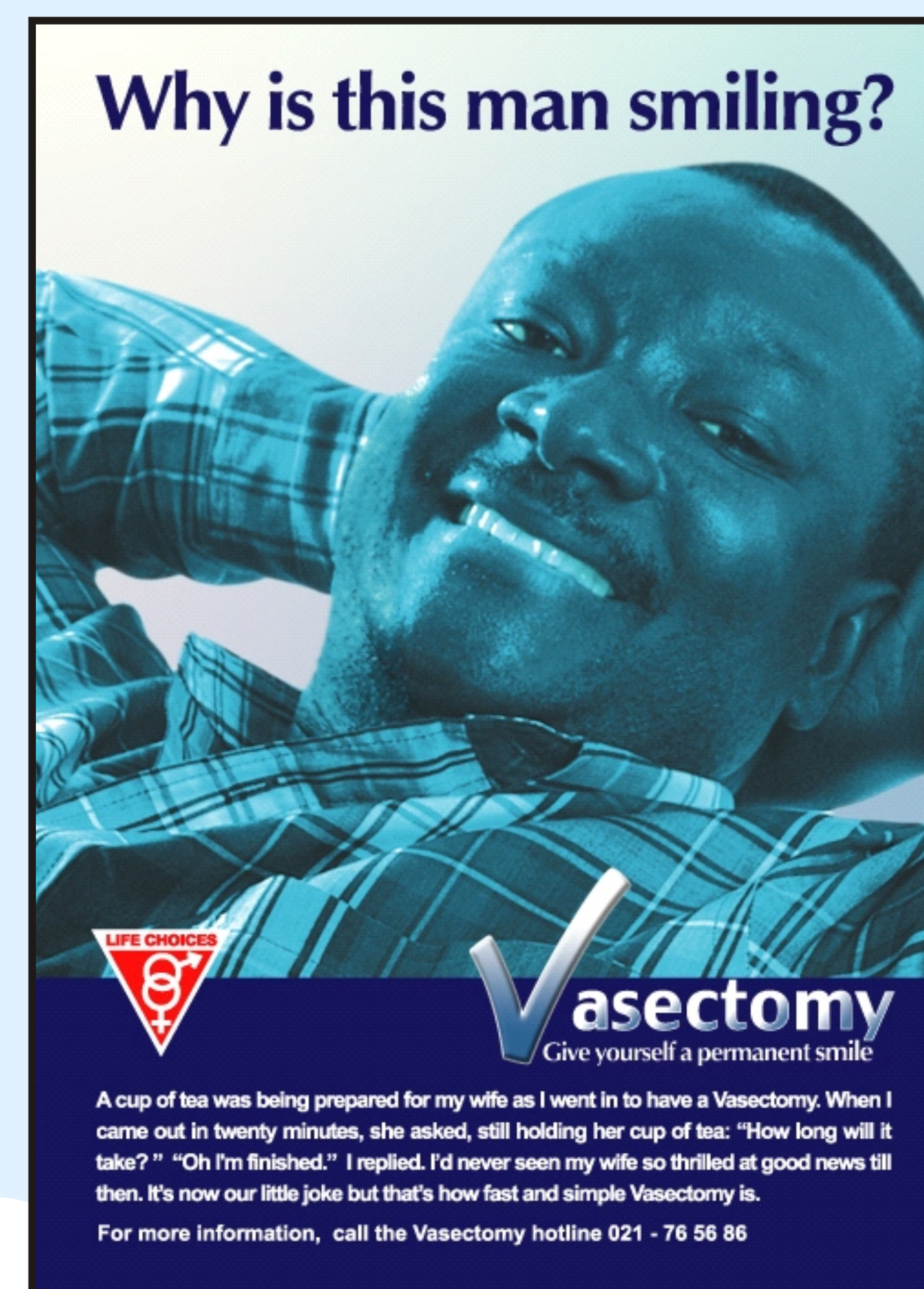
Provider **bias** is widespread.

- <5% of physicians had performed, informed, or referred a client to vasectomy in the past three months and two out of five providers would not recommend vasectomy for couples who did not want any more children (1996 *Situation Analysis*).

Providers have biases. They frequently:

- Lack knowledge, are misinformed, or have a personal dislike of the method
- Are used to working with women and may not be comfortable with or know how to talk to men or how to provide them services
- Have untested presumptions about what men think and want

Strategic Approach



Demand-side interventions

Creating awareness of and improving the image of the procedure

"Vasectomy is as much an IEC operation as a surgical operation."

Created a **positive/upbeat image**

- Vasectomy—**Get a Permanent Smile**
- Vasectomy—**Wo ye berimah!** (You're the man!)
- Key messages—
 - fast...simple
 - virility not affected

Used testimonials from satisfied clients to **inspire**.

Complemented national Life Choices Campaign.

- It's your life...it's your choice**

Campaign was linked to specific sites.

- Six public, private, and NGO sites in Accra and Kumasi

Used multiple channels to deliver message:

- Radio/TV spots—5-month campaign
- Print
- Satisfied clients
- Community outreach
- Telephone hotline

A checklist for a successful program

- ✓ Address both the demand and supply side of the equation.
- ✓ Emphasize effective promotion (IEC and advocacy).
- ✓ Be attentive to the needs of men.
- ✓ Be attentive to developing providers' skills.
- ✓ Have strong leadership (**champions**).

Supply-side Interventions

Creating and improving service capacity

Well-trained staff are critical to ensuring the quality of services.

- NSV training was conducted for surgeons in India and Bangladesh—trainees performed ~25 procedures each.
- Training focused on shifting attitudes in addition to just imparting information or skills.
- Whole-site training (WST) was conducted at each site to ensure that providers and all other clinic staff are oriented to providing **male-friendly services**.
 - The staff needed to "see one" to understand how simple the NSV procedure is.
 - WST put an emphasis on counseling and referral skills.
 - WST helped staff focus on client satisfaction.
 - WST increased the engagement and motivation of all levels of clinic staff.

Creating male-friendly services

- Engage all staff who have contact with clients.
- Special attention for **gate-keepers**—both literal (guards, receptionists) and figurative (matron, site administrator).
- Focus on client satisfaction.
- Identify **champions** and recognize that not everyone will be a champion.

Results

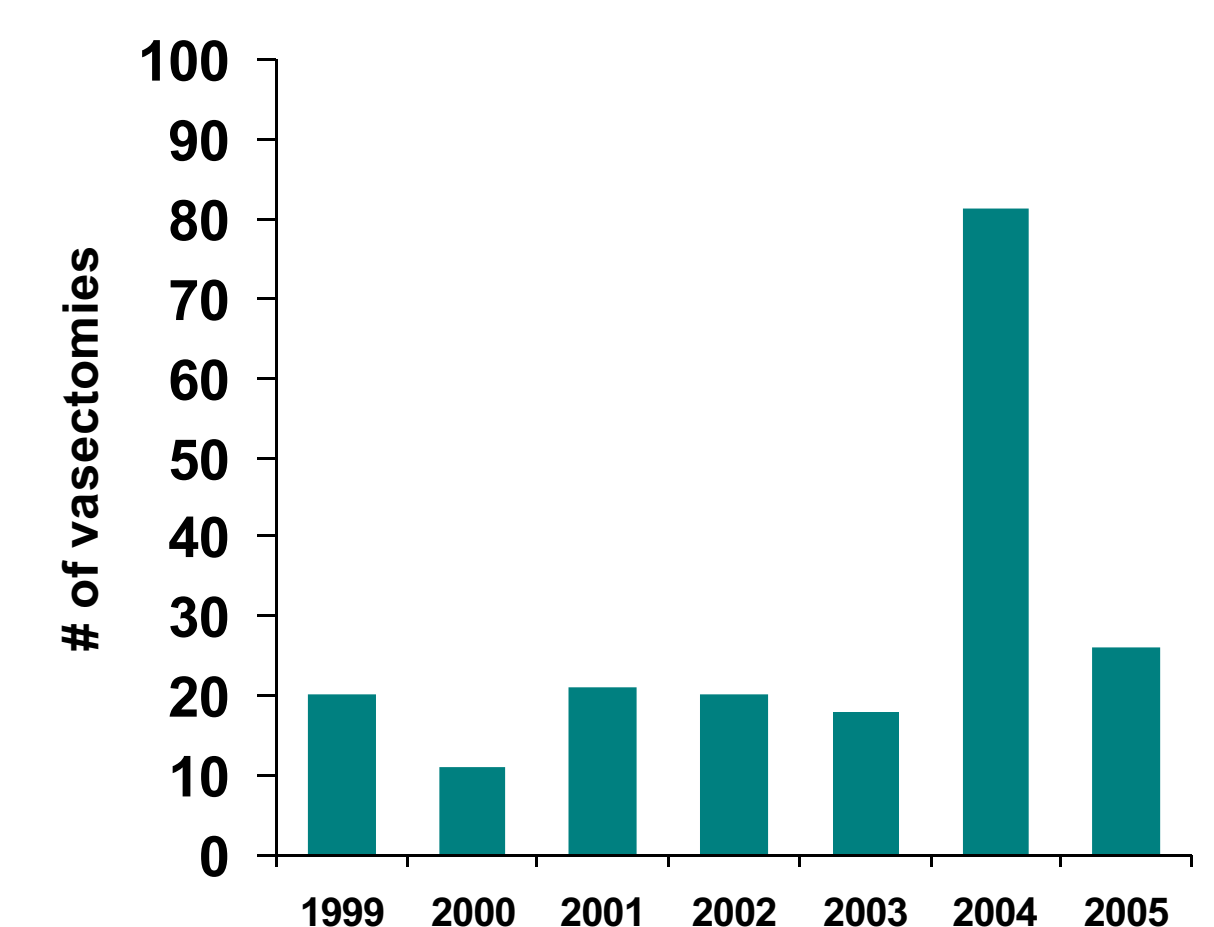
Hotlines allowed men (and women) to ask questions anonymously.

- ~30 calls were made per week.
- Calls showed a need for basic information on the procedure and to counter myths.
 - Nine out of 10 callers wanted basic information.
 - Over half raised myths/misconceptions.
- Seven out of 10 callers asked where they could go for the procedure.
- One out of six asked about the cost.



Persistence will yield results.

In the first six weeks of the campaign the number of vasectomies performed surpassed the total for the last fiscal year. In 2005 the number of procedures dropped to the pre-campaign levels. Plans are in place to repeat the media spots in early 2007 as periodic promotion is needed in settings where awareness is low and myths abound.



"The wasp says that making several regular trips to the mud pit enables it to build a house." (Ewe proverb)

There is a role for vasectomy in Africa.

Men in every part of the world and in every cultural, religious, or socioeconomic setting have demonstrated **interest in** or **acceptance of vasectomy**, despite commonly held assumptions about male attitudes or societal prohibitions.

Men care about avoiding pregnancy and **want to share the responsibility for family planning** with their partners. In Africa, one in every five couples who are using contraception use a method—vasectomy, condoms, withdrawal, or periodic abstinence—that requires the active cooperation or participation of men.

Thirty years ago, experts and providers said that men in Latin America would never accept vasectomy—and they have been proven wrong. Today, the same thing is being said about African men. This, too, will be proven wrong.

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Sources: *Family Planning Service Delivery in Ghana: Comparison Report of 1993 & 1996 Situation Analysis Study Results.* Ghana Statistical Service, Accra, 1998.
Ghana Demographic and Health Survey 1998. Ghana Statistical Service and Macro International Inc., October 1999.

