

# ACQUIRING KNOWLEDGE

Applying Lessons Learned to Strengthen FP/RH Services

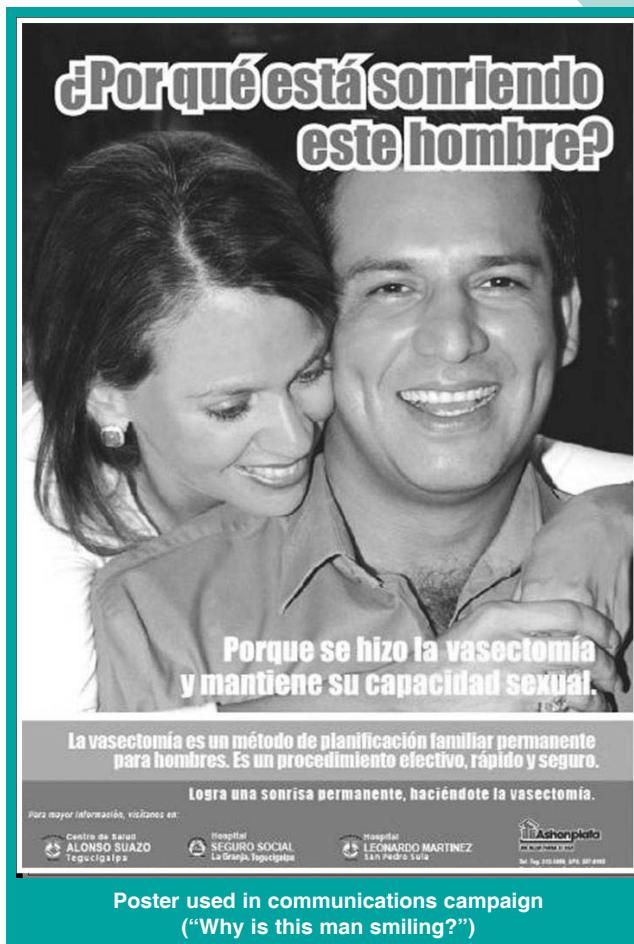
2008, No. 10

## Revitalizing Underutilized Family Planning Methods Using Communications and Community Engagement to Stimulate Demand for Vasectomy in Honduras

### Background

Honduras has the second highest fertility rate in Central America. Compared with other countries in the region, contraceptive use there is low: In 2001, overall contraceptive prevalence was 51%. Female sterilization was the most widely used method (15%), followed by the pill (13%), injectables (11%), and the IUD (9%) (Corrales et al., 2002). At the time, ASHONPLAFA, the International Planned Parenthood Federation (IPPF) affiliate in Honduras, was the primary vasectomy service provider; use of vasectomy was extremely low, estimated at 0.1%. Widespread myths and misinformation gave vasectomy a negative image. The method was generally not considered a viable family planning (FP) alternative.

From 2003 to 2007, the ACQUIRE Project provided technical assistance to the Honduran Ministry of Health (MOH) to strengthen its FP program. ACQUIRE supported activities throughout Honduras, focusing on increasing the use of long-acting and permanent methods, on integrating FP with postabortion care and with male services, and on strengthening male reproductive health (RH) programs. In 2003, ACQUIRE began a collaboration with the MOH to develop public-sector capacity in no-scalpel vasectomy (NSV) service delivery and, ultimately, to increase NSV service use and prevalence. As vasectomy services were virtually nonexistent in the public sector, their introduction was a significant advance in FP efforts. The project focused on Honduras's two major cities, Tegucigalpa and San Pedro Sula,



where public-sector staff had been trained in NSV and where it was believed that most "early acceptors" of vasectomy would be located. The Honduras NSV project was jointly funded by core and field support from the U.S. Agency for International Development (USAID).

The ACQUIRE Project introduced its Supply-Demand-Advocacy (SDA) Program Model for FP/RH Service Delivery to coordinate and syn-



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chronize mutually reinforcing components—supply, demand, and advocacy—that affect the acceptance of FP services. This publication addresses ACQUIRE’s country-level work on SDA in promoting NSV in Honduras, focusing particularly on communications for demand creation and advocacy.

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

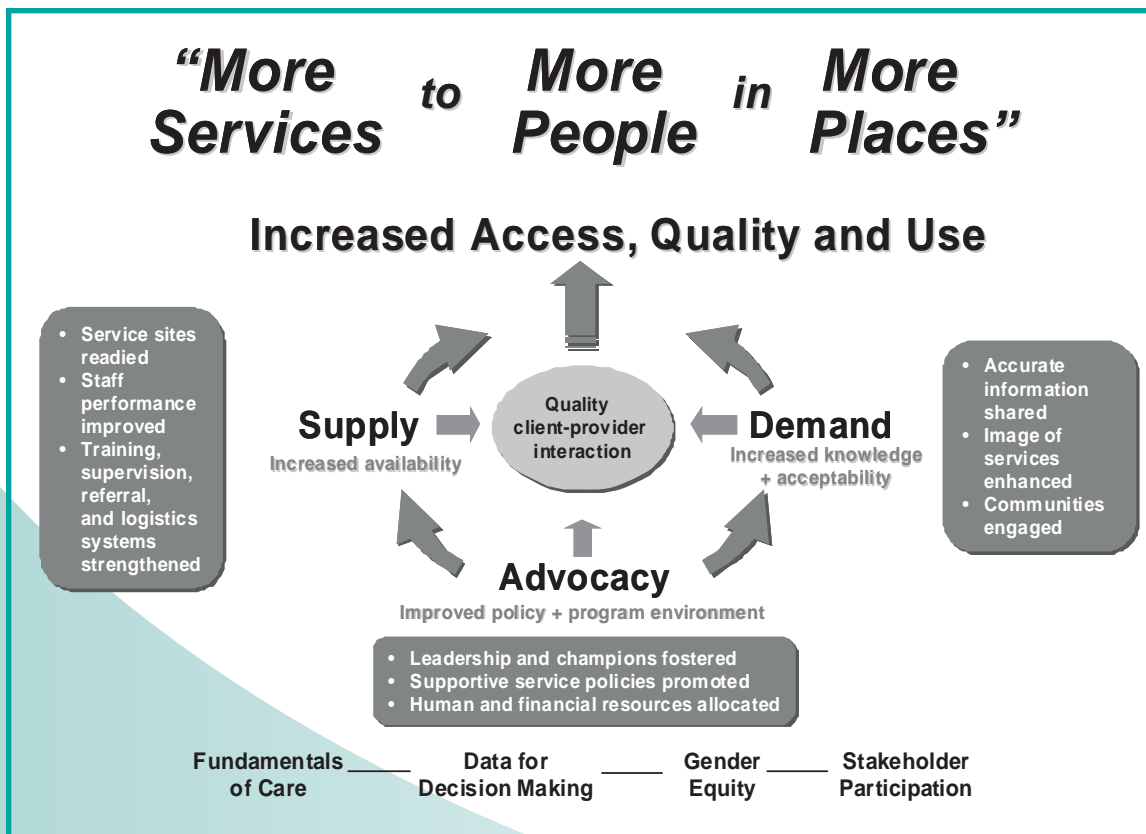
ACQUIRE’s SDA Program Model (see below) for FP/RH Service Delivery envisions ready supply (an equipped facility, proficient staff), demand for services, and a supportive policy environment as prerequisites for an effective FP client-provider interaction. In this framework, skilled, motivated providers work with knowledgeable, empowered clients at the service site to address clients’ FP/RH needs. In Honduras, the deliberate SDA strengthening and coordination of all components ensured that NSV services were successfully introduced into public-sector facilities and accepted by their clients.

For the purpose of this project, supply-side inputs included provider training, service quality improvement, and the development and application of tools and standards. Demand-side inputs include a variety of communications activities to understand the views of key stakeholders and potential clients on NSV; to provide information on how the method works, its benefits, and its contraindications; and to inform audiences about where services can be obtained. Advocacy refers to efforts to ensure support for and acceptance of NSV services.

### Addressing Supply-Side Needs

ACQUIRE/Honduras collaborated with the MOH’s newly created Department for Men’s Health on the clinical training of service providers, the development of NSV protocols, and the training of support staff on service provision for men. Specifically, two gynecologists who were previously trained in the NSV technique in Mexico City assisted with its rollout in

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



Honduras to other key physicians. The project also trained the nursing staff, social workers, and psychologists in interpersonal skills and in the introduction of RH services for men, and provided NSV kits to public and private partners to support NSV service provision.

### **Creating Demand through Communications**

Demand-side interventions were initiated in late 2004, with Meridian Group International, Inc., an ACQUIRE partner, providing technical support for design, development, and implementation.

Demand-side interventions aimed to reposition vasectomy as a simple and effective male method of FP. Specific communication objectives were as follows:

1. Provide correct information about vasectomy, dispel common myths, and educate men, women, and providers on its benefits.
2. Create a positive image of the method by highlighting its benefits and users' satisfaction.
3. Encourage open debate and discussion to popularize the method.
4. Encourage interested men to seek more information through informational brochures and/or through conversations with trained health care providers at the project sites.
5. Provide names and addresses of NSV service and information sites, to help increase service use and referrals.

Several basic steps were followed in defining and implementing these objectives.

#### **1. Understanding the Target Audience—Formative Research via Focus Groups**

Participants from among the target audience (i.e., men from middle-income and low-income socioeconomic groups between the ages of 25 and 45 with at least two children) were recruited for focus group discussions, which were conducted in downtown Tegucigalpa. Specific objectives for the discussions were to determine the participants' knowledge and awareness of vasectomy services; the myths and misperceptions they held about

vasectomy; their reactions to and thoughts about key facts about vasectomy; and their perceptions of service-delivery sites.

In general, most participants were aware of the availability of a surgical FP method for men. However, method knowledge was low and inaccurate and was associated with myths and misperceptions. The most pervasive and unsettling myth was that vasectomy affects virility and can even cause men to change their sexual orientation. In general, younger men tended to be more aware of their partners' use of and experiences with contraceptives, were more open to discussing vasectomy, and were most interested in learning more about the procedure (albeit for future consideration). Once concerns about side effects were discussed and addressed, participants focused more on responsibility and partnership issues in the decision-making process. These key findings guided development of the communications campaign. The campaign also informed its audience where services and information were available and encouraged referrals to service sites. All campaign activities were designed to encourage interested men to seek additional information from the listed service-delivery sites.

#### **2. Developing the Creative Concept**

Based on formative research results, a creative brief outlined the overall objectives and guidelines for the campaign. A request for proposals was issued, and the job was subsequently awarded to DDB Honduras. DDB developed two creative concepts: One highlighted the lack of correlation between vasectomy and a man's sexual performance, and was titled "El Hombre Sigue Siendo Hombre" ["A Man Is Still a Man"] after a vasectomy; the other emphasized that "Este Hombre es un Excelente Amante" ["This Man Is an Excellent Lover"], playing on the double meaning that he loved his wife and family and continued to be a good lover.

A third concept, a "localized" version of an international vasectomy campaign developed previously by ACQUIRE and Meridian Group



Some of the posters developed for but not used in the Honduras campaign.

International (“Porque esta Sonriendo este Hombre?” or “Why Is This Man Smiling?”) engaged the target audience’s interest and reassured men that vasectomy does not affect their relationship with their partner. The tagline, “Get Yourself a Permanent Smile,” communicates satisfaction with a permanent method.

The three concepts and campaign materials were pretested and were positively received in focus groups in both Tegucigalpa and San Pedro Sula. The “Permanent Smile” campaign appealed most to men—and was most often rated by participants

as the preferred campaign concept. Its appeal included its emphasis on couple communication and its assurance that vasectomy would not affect a couple’s relationship.

### 3. Implementing the Campaign

The final “Permanent Smile” communication materials included a 30-second radio spot (see text box), a vasectomy poster, a brochure, and billboards. Radio was selected as the primary communication vehicle, given 97% access to radio among the Honduran population and its cost-effectiveness compared with television. The radio campaign aired frequently (14–20 times per day) for three months (July–September 2005). A total of 1,120 spots ran during male-targeted programming (i.e., news and sports). Approximately 2,000 posters and more than 10,000 brochures were printed and distributed. Two billboards were situated at major crossroads in both Tegucigalpa and San Pedro Sula for four months. The total cost of the campaign (mass media, print, and public relations) was US\$25,026, excluding outside technical assistance.

#### Radio Script for the "Permanent Smile Campaign"

**Man:** Why am I smiling? It's for a very personal reason. I had a vasectomy—and it hasn't affected my sexual performance. Vasectomy is a permanent method of family planning for men. It is quick, safe, and effective.

**Announcer:** Get a permanent smile by having a vasectomy. Visit us for more information at Alonso Suazo Health Center and La Granja Social Security Hospital in Tegucigalpa, Leonardo Martínez Hospital in San Pedro Sula, and ASHONPLAFA in Tegucigalpa and San Pedro Sula.

#### Advocating for NSV Support and Acceptance

The project developed and implemented an integrated public relations and advocacy strategy to

create additional venues for the discussion of vasectomy and to address myths and misinformation. Vasectomy as a topic was addressed on major television and radio stations, in editorials, and in trainings for vasectomy spokespersons. For the latter, the public relations firm Porter Novelli provided media training to a select group of MOH and ASHONPLAFA physicians and to a satisfied user who was a volunteer spokesperson.

The NSV public relations and advocacy efforts targeted both the medical community (to inform members about the program and to present up-to-date technical information on NSV) and the media. Top MOH officials presided over a launch for media representatives that resulted in more than 10 articles and editorials related to vasectomy—an estimated advertising value of US\$12,000. Subsequently, given the positive results from the initial three-month campaign, the *Honduras Herald* (*El Heraldo*) agreed to publish a series of articles about NSV in its health section. The *Herald* also printed images of the cam-

paigned poster in their health guide as additional advertisements.

In anticipation of negative reactions or objections from conservative and/or religious groups to this first large-scale vasectomy promotion in Honduras, the project set up a crisis communication plan, including key spokespersons and lines of action. Significantly, there were no negative reactions to the campaign.

**La Prensa, miércoles 29 de junio de 2005**

**GUÍA MÉDICA**

**ANTICONCEPTIVO**

**Vasectomía, una opción masculina**

**San Pedro Sula.** El Hospital Leonardo Martínez promueve la vasectomía como método anticonceptivo a los diferentes hombres que asisten a Expo-centro en la semana de la Feria Juniana. El personal de enfermería estará ofreciendo información sobre los beneficios y consecuencias de la utilización de este método como planificación familiar. El hospital está atendiendo las personas desde las siete de la mañana a las cinco de la tarde sin cerrar al mediodía. La vasectomía es un método de planificación familiar permanente para hombres. En la actualidad hay diferentes formas de practicar entre ellas está la innovadora que es sin bisturí. El nuevo procedi-

**ACCIÓN** La educación es una de las bases para que los hombres tomen conciencia de la importancia de planificar. miento es sencillo y conlleva menos complicaciones para que los hombres puedan reanudar su actividad sexual rápidamente, dice la enfermera Esther Flores. Las ventajas de la utilización es que es un método fácil de realizar, no causará más embarazos, su vida sexual seguirá siendo normal, es confiable y de recuperación rápida. Los cuidados que debe tomar en cuenta el hombre en su vida sexual es utilizar condón o planificar con su pareja por los siguientes tres meses hasta que los resultados sean efectivos. 777

**La Prensa, June 29, 2005: Vasectomy, an Option for Men**

**8 SAN PEDRO**

**La Prensa, martes 23 de agosto de 2005**

**SALUS** A diario en el hospital Leonardo Martínez se brinda orientación sobre esta operación

**Hombres no se practican vasectomía por desinformación**

**Información** El doctor Angel Anibal Hernández explica a Jorge Paz, en que consiste la operación.

**CIFRA** **100 LEMPÍNAS** Es el costo de la operación en el hospital Leonardo Martínez.

**DATO** La vasectomía sin bisturí consiste en la oclusión bilateral de los conductos deferentes con el fin de evitar el paso de los espermatozoides.

**Campana** Las autoridades de la Asociación Hondureña de Planificación de Familia, Ashonplafa, junto a las del hospital Leonardo Martínez efectúan una campaña de concientización con el fin de que los hombres asimilen la práctica de la operación como un método de planificación familiar. "Nosotros les brindamos la información necesaria, aclara-

**Importante** La vasectomía sin bisturí dura sólo 30 minutos, ocasiona menos complicaciones y menos dolor que la vasectomía con bisturí. Se efectúa con anestesia local y no requiere hospitalización. Es considerado el método de planificación más seguro para el hombre. La operación sólo se practica en esta ciudad los días jueves y viernes. Todos los días se brinda orientación sobre el caso. "La operación puede realizarse a cualquier edad, siempre que la pareja esté consciente de no procrear más hijos", concluyó Hernández. 4

**La Prensa, August 23, 2005: Men Do Not Choose Vasectomy Because of Misinformation**

## Results: Vasectomy Services in Public-Sector Facilities

ACQUIRE's approach of addressing supply, demand, and advocacy in an integrated manner significantly increased the availability and acceptance of NSV in public-sector service facilities. The number of NSV procedures provided by public-sector facilities grew from zero in 2002 to 14 in 2004 (when providers were initially trained in NSV) and to 92 in 2005, when the integrated SDA strategy was fully implemented. In 2006 and 2007, the overall demand for vasectomies decreased slightly, but remained relatively high (Figure 1).

## Assessing the Effect of Demand-Strategy Activities on Service Provision

Monthly service statistics were tracked against communication activities to determine their impact on service use (Figure 2). These show a 152% increase in services during the launch period of the campaign (July to October 2005) compared with

the preceding four months. Later, during the period January to May 2006, when there was no promotional support, the average monthly number of NSV procedures decreased by 43% compared with the campaign launch period.

From September to November 2007, ACQUIRE supported reruns of the original "Permanent Smile" radio spots, but at half-effort (i.e., approximately 500 spots for the three-month period vs. 1,120 spots in 2005). The support was provided as part of a global initiative to determine whether small, incremental investments in mass media can continue to increase demand for services. The repeat seems to have renewed demand for vasectomy services. Unfortunately, supply-side issues inhibited uptake of the method in the public sector: At the time that the "Permanent Smile" spots were rebroadcast in late 2007, for example, one government hospital in Tegucigalpa had ended its contract with its only trained NSV provider—with the result that approximately 20 men had to be wait-listed for

Figure 1: Annual Number of Vasectomies Performed in Honduran Ministry of Health and Social Security Institute Facilities: 2002–2007

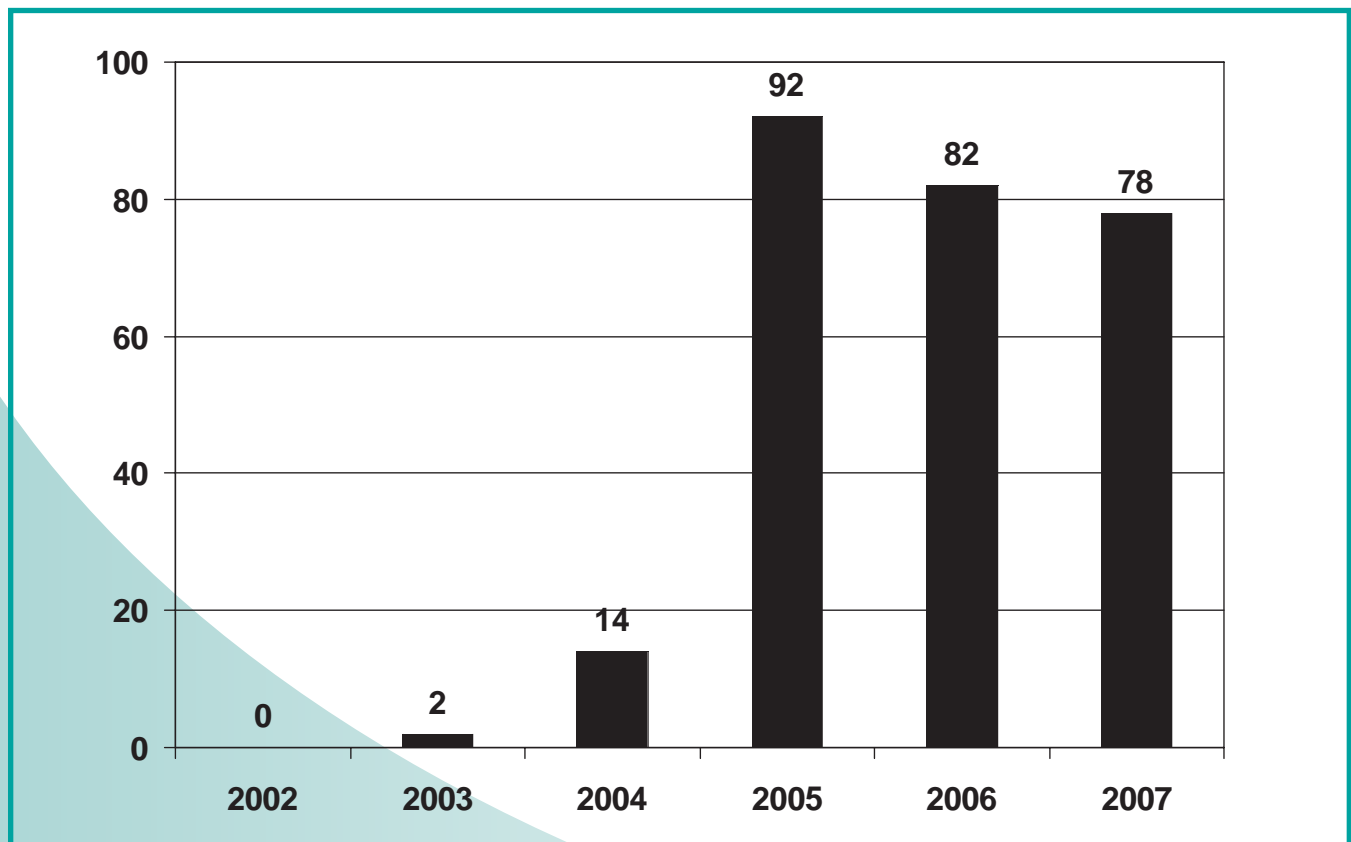
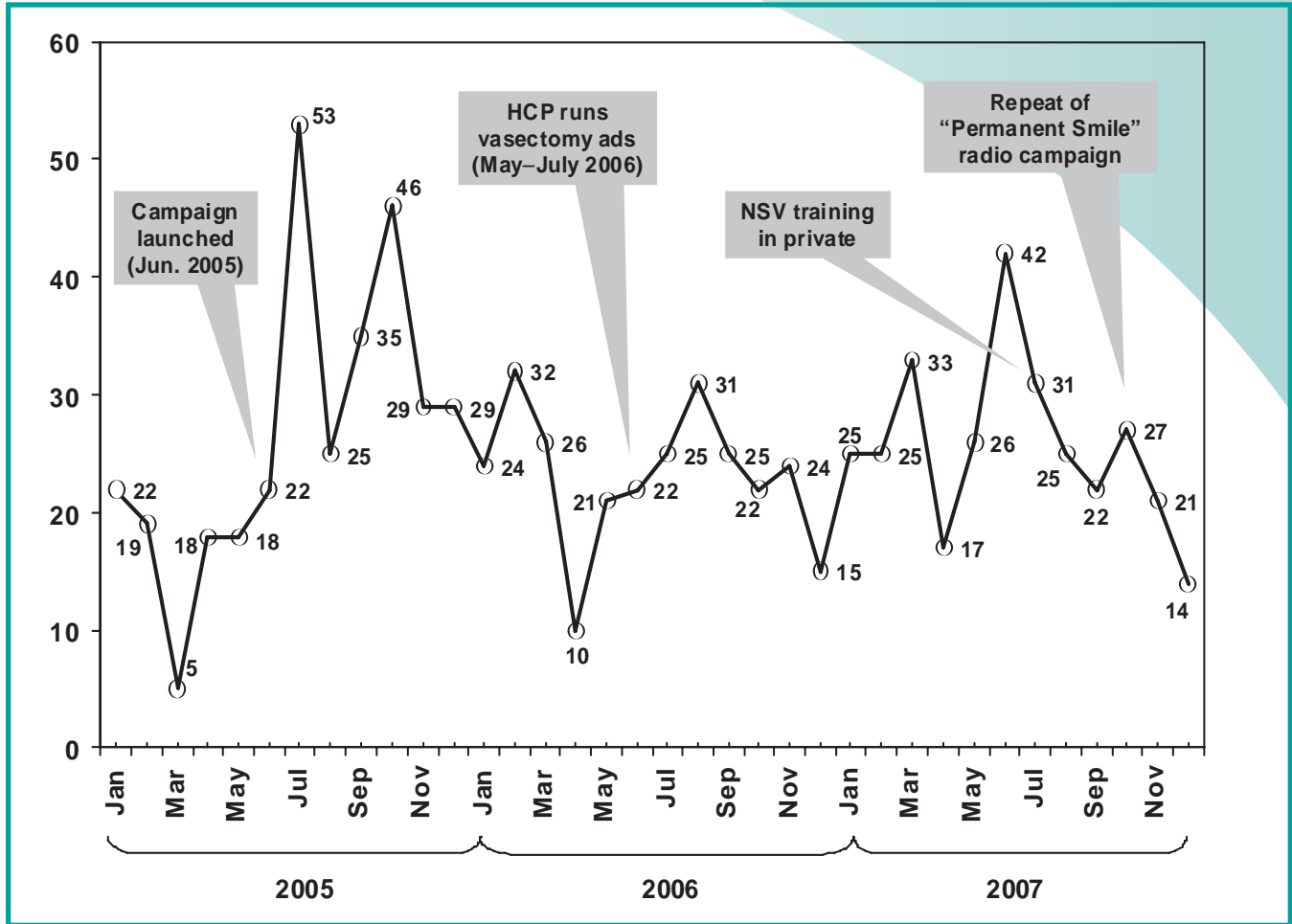


Figure 2: Monthly Number of Public-Sector and Private-Sector Vasectomies, 2005–2007



vasectomy services; another public hospital in San Pedro Sula was undergoing renovations during the campaign, limiting its capacity to provide vasectomy services.

### Lessons Learned

ACQUIRE’s NSV project was highly successful in achieving its objectives: NSV services were strengthened and expanded, allowing for vasectomy’s future role in a more balanced method mix. The project also contributed to making vasectomy a less-sensitive topic and repositioning NSV as a safe and effective FP method for men. Despite major barriers to NSV use in Honduras, the project demonstrated that a well-designed, comprehensive communications strategy can create significant demand for the method, and that this demand can be sustained with minimal, periodic investment. Its success signals a ripe oppor-

tunity to follow up and build on the foundation of interest generated. The following lessons learned from this experience in Honduras can guide any future revitalization or demand stimulation initiatives.

- Most significant increases in demand for vasectomy correspond to campaign periods where multiple communication channels are used.** The monitoring of service statistics over time and in relation to other supply- and demand-side activities suggested that the period of highest impact was during the initial launch of the campaign, when there was a fully “integrated” communications strategy through multiple communication channels. Demand for NSV increased by more than 152% during the first four months of the “Permanent Smile” campaign, which used

mass media radio and outdoor advertising, posters and brochures and benefited from additional, concurrent coverage in the media as a result of a sustained public relations initiative. Follow-on communications initiatives were somewhat isolated (i.e., newspaper coverage in the form of editorials about vasectomy, or the reprinting of the vasectomy poster in newspapers) and showed little direct impact on demand—although perhaps they helped to sustain the demand at lower levels.

- **Supply-side readiness determines whether demand can be met.** Unaddressed supply-side issues or constraints leave clients with unmet demand for services and can jeopardize a program's credibility and service uptake. Examples include the government hospital in Tegucigalpa that no longer had access to a trained NSV provider (and thus had to wait-list approximately 20 men) and the public hospital in San Pedro Sula that was undergoing renovations at the time the campaign was rebroadcast. As a result, the follow-on campaign created demand for services that could not be met.
- **Communications efforts need to be sustained over time. Minimal investment and periodic media bursts should be considered to maintain demand for services.** The Honduras vasectomy experience demonstrates that the demand for vasectomy services was highest during the initial campaign launch. After that, demand for vasectomy services decreased significantly. In late 2007, ACQUIRE supported an additional three-month period of mass media advertising—designed to test the hypothesis that a “maintenance”-level media buy could stimulate demand for vasectomy services. This initiative appears to have generated some demand for vasectomy services in the public sector and provides some support for the theory that minimal investments in mass media can help sustain demand.

## References

Corrales, G. et al. 2002. *Honduras: Encuesta Nacional de Epidemiología y Salud Familiar—2001 (ENESF-01), Informe Final*, Tegucigalpa, Honduras: ASHONPLAFA; and Atlanta: U.S. Centers for Disease Control and Prevention.

For further information, contact:  
info@acquireproject.org

Writer: Joan Taylor  
Editor: Michael Klitsch  
Design/Layout: Elkin Konuk

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c/o EngenderHealth  
440 Ninth Avenue  
New York, NY 10001 U.S.A.  
Telephone: 212-561-8000  
www.acquireproject.org

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