

ACQUIRING KNOWLEDGE

Applying Lessons Learned to Strengthen FP/RH Services

2006, No.3

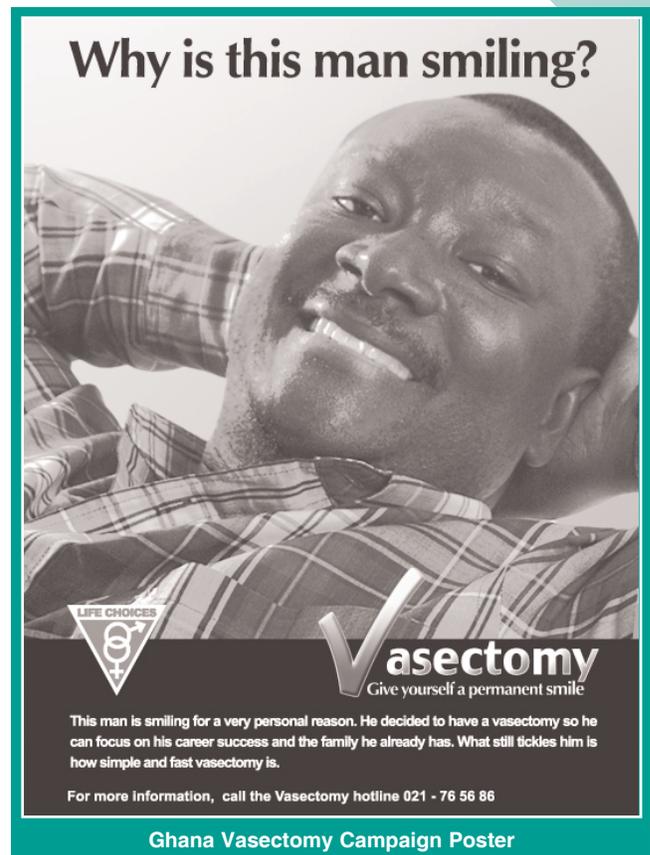
‘Get a Permanent Smile’—Increasing Awareness of, Access to, and Utilization of Vasectomy Services in Ghana

Background

Vasectomy is a highly underutilized contraceptive method. It is safer, simpler, and less expensive than female sterilization, and is just as effective a contraceptive method. Yet in many countries, it remains one of the least-known and least-used methods. Worldwide, an estimated 42 million couples rely on vasectomy; by comparison, nearly 210 million women rely on female sterilization. In Africa, barely 100,000 couples rely on vasectomy to prevent unwanted pregnancy, whereas 2.3 million couples rely on female sterilization (UN, 2003).

Why is vasectomy so underutilized in Africa? For many years, the root cause has been attributed to men—that they do not want to take responsibility for family planning. Yet research suggests otherwise: Evidence from the past two decades has demonstrated that when program managers and providers take an active role in addressing men’s needs—rather than simply making vasectomy services available—men will respond, and more vasectomies will be requested. Researchers and program managers have suggested that vasectomy is unacceptable to most African men and will probably remain so (Caldwell & Caldwell, 2002). However, similar predictions in the late 1980s that female sterilization would never be an acceptable method proved unfounded (Dwyer & Haws, 1990; EngenderHealth, 2002). And, 30 years ago, “experts” and providers said that men in Latin America would never accept vasectomy—and they have been proven wrong: Vasectomy prevalence in Latin America increased nearly four-fold, from 400,000 users in 1991 to 1.3 million in 2000 (Liskin, Benoit and Blackburn, 1992; Liskin, Pile and Quillan, 1983; UN 2003).

As in many other countries, in Ghana vasectomy has been a relatively “invisible” contraceptive method, with prevalence less than 0.1%. A review of research on vasectomy services and perceptions of the method by both providers and potential vasectomy users in Ghana



identified four main barriers to vasectomy utilization: inadequate access to and quality of services; bias against the method on the part of providers and clinic staff; low awareness of the method among the general public; and the prevalence of myths and misinformation about the method, among both men and women.

In 2003, the Ghana Health Service, the U.S. Agency for International Development (USAID) Mission in Ghana, and EngenderHealth (under its former cooperative agreement) collaborated on a pilot program in Accra and Kumasi metropolitan areas to explore whether vasectomy is a viable contraceptive choice when site interventions that focus on issues of quality and access are coupled with effective and strategic interventions aimed at public awareness. The aim was

to make this method available and put the choice into the hands of Ghanaian couples. The ACQUIRE Project later joined the initiative by providing technical assistance to design and carry out the communications campaign and community outreach and to evaluate the results of the project and the supply-demand approach.

Approach and Strategies

The project sought to provide a comprehensive approach to closing the gaps in both supply and demand. On the supply side, the project aimed to challenge provider biases and increase availability of services; on the demand side, the project sought to raise the level of knowledge about vasectomy and tackle prevalent myths and misconceptions. Interventions were focused on two major metropolitan areas—Accra and Kumasi.

To improve the supply and quality of vasectomy services, strategies included conducting clinical training of providers in no-scalpel vasectomy (NSV) and whole-site training of clinic staff to prepare them to better provide services to male clients.¹ The whole-site approach taken here involved personnel at all levels at each project site in the provision of quality information, counseling, and NSV services. Four-day workshops were designed to ensure health workers' active participation in and sustained commitment to serving existing clients and conducting outreach to new clients. The workshop included all levels of clinic staff that can either facilitate or hinder client access to services, the “gatekeepers” for vasectomy services—doctors, nurses, midwives, health educators, receptionists, cleaning staff, and guards. The objectives of the training were to improve providers' knowledge of men's reproductive health issues in general (and of NSV, specifically) and to raise their awareness of how their attitudes toward

“Vasectomy is as much an IEC operation as a surgical operation.”

—R.C.M. Kaza

¹ Whole-site training treats the local service-delivery site as a system and the personnel as members of a team who make the system function. The goal of whole-site training is not simply to transfer knowledge and develop critical skills, but also to forge an effective, smoothly functioning service-delivery system and promote effective local teamwork within the family planning unit. Whole-site training includes training in inreach (staff orientations, referrals, linkages between departments, and adequate signage) to ensure that clients do not miss opportunities to access information and services for male clients.

men's reproductive health and family planning could affect men's access to services. Nurses and family planning counselors were also oriented to data collection forms, which were used to collect basic data about clients.

To stimulate demand for services, marketing/communications approaches were combined with community mobilization activities. A communications strategy was developed, based on results from qualitative research conducted by EngenderHealth in 2001 on clients' perceptions of vasectomy. Among the key findings from the assessment were:

- Users of vasectomy were very satisfied with the method.
- Nonusers had very negative attitudes toward vasectomy.
- Men who were aware of vasectomy frequently had incomplete or incorrect information about the procedure.
- The primary misconception was that vasectomy is “castration.”

Based on these findings, a campaign was designed to:

- Create awareness of and a positive image for vasectomy
- Provide correct information on vasectomy—NSV in particular—and educate both men and women about its benefits
- Increase awareness of the names and locations of sites where NSV services are available
- Encourage acceptance of vasectomy by using testimonials from satisfied clients

In Action

The project introduced and expanded vasectomy services in a range of public- and private-sector health facilities. Seven providers were trained in NSV, and facility staff at seven sites were oriented to vasectomy and trained in male-friendly services, to increase their ability to work with men and their comfort level in doing so. After the training, each site developed a detailed action plan for the provision of vasectomy services, which included community outreach work to be conducted by staff to raise awareness of the availability of vasectomy services in their local communities. One key component of this outreach was a campaign “minilaunch” in each facility catchment area, which featured speeches by providers, public health officials, and satisfied clients. Volunteer satisfied

Gaps in the Supply and Demand of Vasectomy Services and Interventions for Closing the Gaps

Gaps	Interventions
Supply <ul style="list-style-type: none"> • Low availability • Provider bias 	Supply <ul style="list-style-type: none"> • Clinical training in no-scalpel vasectomy • Creation of “male-friendly” services
Demand <ul style="list-style-type: none"> • Low knowledge • Misinformation 	Demand <ul style="list-style-type: none"> • Community outreach • Media campaign • Telephone hotline

clients were identified to speak to communities about their personal experiences with vasectomy.

The communications initiative raised awareness of vasectomy as a contraception option and dispelled rumors, serving as a catalyst for men considering vasectomy to take that final step and access services. With technical assistance from Meridian Group International, Inc. (an ACQUIRE Project partner), a local professional advertising agency, Lintas-Ghana Ltd., designed a campaign, anchored in the slogan: “Vasectomy...Get a Permanent Smile.”

The campaign used the profile of current users as the target audience: men who are 35 years of age or older, have three or more children, and do not want any more children. A satisfied user of vasectomy was identified to be the “face” of the campaign; his smiling image was featured in all campaign materials. A wide range of communications media were used, including television and radio ads, a television documentary about NSV, printed IEC and promotional materials, as well as public relations efforts.

The project also established a hotline service to provide men and women interested in more information about vasectomy with a convenient, anonymous, and reliable means of addressing their initial questions about the method. Virtually all of the communications materials encouraged men and women to call the hotline if they were interested in more information about vasectomy. Male and female operators were trained to answer questions, provide information about vasectomy, and refer callers to vasectomy service sites.

Results

During the project year, vasectomies increased by 350% over the number provided in the previous year. This service volume was 6.6 times higher than the

average number of procedures provided in the 10 years prior to the project (1994–2003).

The ACQUIRE Project evaluated the quality of vasectomy services provided through pre- and post- assessments. Following the clinical training, providers were found to have a more positive attitude toward vasectomy and a clearer understanding of the procedure and its outcomes. Following the orientation to male-friendly services, facility staff:

- Were more receptive to offering men’s health services
- Had a better understanding of male anatomy
- Had fewer misconceptions about vasectomy
- Expressed more comfort in talking to men about vasectomy

In addition, mystery-client² visits found that staff did not try to persuade the client either to have or not to have a vasectomy. In all instances, the mystery clients were told that the procedure is permanent and that they should discuss it with their spouse. The vasectomy clients appeared to be treated no differently than any other family planning client, and the waits encountered by the mystery clients were typical of what any family planning client experiences.

To evaluate the effects of the communications campaign, the ACQUIRE Project implemented a panel study among more than 200 men in metropolitan Accra, collecting data prior to and just following the initial phase of the campaign. Overall awareness of vasectomy essentially doubled from the baseline to the follow-up. At baseline, 31% of respondents were aware of vasectomy, while at follow-up, 59% were aware of the method. There was also significant change in men’s attitudes toward vasectomy, with a threefold increase in the proportion of men who spontaneously described vasectomy as “allowing a man to take better care of his family”—a key campaign message. Among men who were aware of vasectomy, the proportion who said they would consider vasectomy in the future nearly doubled from baseline to follow-up—increasing from one in 10 before the campaign to nearly one in five men after the campaign. Overall, a high percentage of respondents who reported being exposed to different elements of the campaign were motivated to take action by discussing the method with their colleagues, friends, and partners.

² Trained individuals posing as clients seeking vasectomy services/information.

The Way Forward

Several lessons emerged from the project. One was that television is a vital medium for reaching men: the results of the campaign support the effectiveness of television in reaching urban audiences. Additionally, interpersonal channels (hotlines, counseling opportunities, community outreach) should be utilized and timed to be available in conjunction with the media campaign burst. A telephone hotline is helpful as an anonymous source of information about vasectomy where men can get further information and services. Ghanaian men are still calling the vasectomy hotline for information on the method, the cost, and where they can access services.

The project sites with the greatest success shared three characteristics: a vasectomy champion, team effort, and active community outreach/mobilization. Champions, who will promote the method with sustained energy and commitment, are important. At the same time, supportive nursing staff and gatekeepers are also essential in making sure clients can access services. For effective outreach, male community workers should be trained; research has shown that men prefer to speak with male providers about men's issues.

This project demonstrates that with a relatively small investment and a six-month intervention period, a strategically designed program that addresses both supply and demand barriers to vasectomy can have a significant impact. Viable, quality vasectomy services are now available in Ghana's two largest metropolitan areas. More men have become interested in the method and know where to seek further information and services. Providers' attitudes have also been improved; doctors and nurses themselves conduct outreach to potential clients. And most importantly, services increased to a meaningful degree for the first time in 10 years.

If this positive momentum is to be sustained, follow-up activities on both the supply and demand side are needed. In 2005, the year following the campaign, vasectomy use at many sites dropped to levels above, but closer to, pre-campaign levels. However, at the sites with vasectomy champions, team effort, and active community mobilization and outreach, the case load remained at twice the pre-campaign levels. In early 2007, the ACQUIRE Project will collaborate with the Ghana Health Service to support the expansion of the Permanent Smile initiative by rebroadcasting the television and radio spots. The campaign will be refreshed to

test how resources can be used cost-effectively on a periodic basis to increase awareness, sustain promotion of services, and support men who might now be considering vasectomy to take action.

References

- Caldwell, J. C., and Caldwell, P. 1987. The cultural context of high fertility in sub-Saharan Africa. *Population and Development Review* 13(3):409–437.
- Caldwell, J. C., and Caldwell, P. 2002. Africa: The new family planning frontier. *Studies in Family Planning* 33(1):76–86.
- Dwyer, J. C., and Haws, J. M. 1990. Is permanent contraception acceptable in sub-Saharan Africa? *Studies in Family Planning* 21(6):322–326.
- EngenderHealth. 2002. *Contraceptive sterilization: Global issues and trends*. New York.
- Liskin, L., Benoit, E., and Blackburn, R. 1992. Vasectomy: New opportunities. *Population Reports*, series D, no. 5. Baltimore: Johns Hopkins University, Population Information Program.
- Liskin, L., Pile, J. M., and Quillan, W. F. 1983. Vasectomy—safe and simple. *Population Reports*, series D, no. 4. Baltimore: Johns Hopkins University, Population Information Program.
- UN. 2003. *World contraceptive use, 2003* (wall chart). New York: Department of Economic and Social Affairs, Population Division.

For further information, contact:
info@acquireproject.org

Writer: Nicole Rajani
Editor: Michael Klitsch
Design/Layout: Elkin Konuk

© 2006 The ACQUIRE Project/EngenderHealth

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

The ACQUIRE Project (Access, Quality, and Use in Reproductive Health) is a global initiative supported by the U.S. Agency for International Development (USAID) and managed by EngenderHealth in partnership with the Adventist Development and Relief Agency International (ADRA), CARE, IntraHealth International, Inc., Meridian Group International, Inc., and the Society for Women and AIDS in Africa (SWAA).

This publication was made possible through support provided by the Office of Population and Reproductive Health, USAID, under the terms of cooperative agreement GPO-A-00-03-00006-00. The opinions expressed herein are those of the publisher and do not necessarily reflect those of USAID.

Printed on recycled paper.



the **ACQUIRE** project