ADVANCING PARTNERS & COMMUNITIES

Questions & Answers

Expanding Contraceptive Choice Webinar Series: Vasectomy

1) What about religious beliefs in vasectomy, how to defuse those?

Focusing on how one's religious beliefs and other social norms influence behavior is a foundation of a strategic social and behavior change program so these beliefs must absolutely be taken into consideration when developing a demand generation strategy. There are several examples of successful FP campaigns for other methods to learn from.

2) FP providers' biases against vasectomy are a significant factor in low availability and use of this method. What would the speakers recommend as top, actionable priorities to address provider bias?

Exploring provider's biases, motivators and personal beliefs about the method is essential so that they can be addressed in a constructive way. These biases don't change overnight so the importance of ongoing mentoring and coaching is essential to support provider behavior change.

3) How might thinking of vasectomy as a social norm inform our design of programming to increase access and use?

I think when the community expects contraception and family planning as a shared responsibility, male contraception including vasectomy services is not perceived as a low priority and to be offered episodically—which essentially feeds back to a vicious cycle that there is not enough case load to justify the time, resources and effort. There are other elements in the health system that ought to be strengthened to ensure accessible services.

4) In India, were NSV services provided in "camp style" on specific days similar to the camps for women? Please comment on if there were lessons learnt from the women's sterilization campaigns that were applied to NSV.

NSV services were provided both in camps as well as at fixed facilities so both were done. In terms of lessons learned from the women's sterilization campaigns, are you referring to the services or the SBCC campaign? I can't speak to the service side but in terms of the SBCC campaign, we primarily drew from our formative research with men to develop the campaign with less of a focus on women.

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5) Could the speakers indicate on what they think will be a feasible share of vasectomy in middle CPR countries. Thanks much for an interesting webinar.

6) How much incentivization of vasectomy will help in improving vasectomy uptake in long run?

It is unclear what the questioner means by "incentivization." If the question is alluding to cash or other incentives given to a client to adopt a specific or particular method or FP in general, such an approach is unacceptable and contrary to the principles of voluntarism that guide FP programs. Also, there is no "ideal" method mix or range of vasectomy prevalence to be aiming for. In countries such as India, with very high demand to limit (55% among married women) and high reliance on female sterilization, one might expect that with good counseling and good availability of services, that demand for vasectomy would rise over the next decade, and vasectomy prevalence might increase from the current 1.1% to perhaps a range of 2-5% (which given India's large population size, represents a lot of men).

There is an excellent study on incentivizing FP and when ethically providing incentives may not be tenable for permanent contraception: "Incentives to promote family planning": https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3578697/.

7) How to prioritize vasectomy among other health programs which are running parallel in the health system?

I'm not clear who would be doing the prioritizing in the questioner's mind. Ideally, a vasectomy effort would be part of the health system (whether in the public sector or in the private sector, as in Brazil). Prioritizing the programming of scarce funds is always difficult, and if the metric is method uptake, vasectomy will not do as well as most other methods. However, there is a potential market for vasectomy acceptors, if/when demand to limit increases (as it will), and gender equity increases, so that men everywhere understand and act on their own contraceptive responsibilities within the couple.

8) How to prioritize vasectomy among other health programs which are running parallel in the health system?

See related preceding question on making vasectomy a social norm and programming.

9) In countries with currently low/negligible rates of NSV, are the presenters aware of other barriers such as lack of inclusion of vasectomy in pre-service training of providers, cost of procedure, lack of consumables/equipment required for the procedure, etc.? In addition to the barriers highlighted related to demand for and knowledge of the procedure as well as socio-cultural factors.

The additional aspects mentioned by the questioner are also barriers to varying extents in different countries and settings, but the fundamental "rate-limiting" step is low demand for vasectomy (whether due to low knowledge, inaccurate knowledge, or gender dynamics that lead to FP being seen as only a woman's responsibility, to cite a few of the most salient reasons for low demand). Training will always be needed, but it is a matter of when, who, and how many need to be trained.

Here is an excellent review published in Dec 2016 which is available online: http://www.ghspjournal.org/content/4/4/647.

10) Today's experts described the increases in permanent method uptake in Africa. What I'm interested to learn more about is how can implementing partners balance out the update of vasectomy versus tubal ligation?

See the above two answers, as they would also apply to this question. Service programs that make clinical methods available should ensure that vasectomy is offered as a choice and that there are providers within their service network who can deliver the method (and systems in place to ensure effective referral if that is what is entailed). Use of tubal ligation is also low in most African countries, although some countries such as Kenya and Malawi have substantial uptake of tubal ligation.

11) Have any of the programs addressed the biological declines in sexual function as men age and timing with men who consider vasectomy likely at older ages? as a part of a BCC approach?

We did not take this into consideration, as the main focus of the social and behavior change campaigns were not targeted at much older men.

12) Why wasn't vasectomy framed as an advocacy or gender issue, and only as a technical issue?

Of course, those working on vasectomy were advocating for it. Similarly, those working primarily on gender, as well as others working on FP programs, recognized that there are only two male methods and men weren't equitably sharing the couple's reproductive responsibilities (as contraceptive users themselves). So it was never "only" a technical issue. But the predominant focus, within what were generally small overall funding levels, short project time frames, and only sporadic projects with modest program reach was on the supply side, e.g., aiming to increase knowledge and skills of providers about the virtues of no-scalpel vasectomy compared to conventional approaches; and focused on in-service training of providers.

Comments on World Vasectomy Day from Jonathan Stack:

- As part of WVD 2016 in Kenya we did 103 vasectomies. Only 35 had been done the year before. In Mexico, WVD 2017, we did 6,477 vasectomies.
- In Haiti, with FP2020 funding, and in partnership with ProFamille, we organized a month-long campaign during which we trained 3 doctors with over 30 cases each, over 200 men signed up in PaP (only 15 the previous year). We also worked with the Laval University and the MoH to create new norms regarding NSV in Haiti.
- Please note that WVD is scheduled to take place ***November 8- 15 in Rwanda***.
- Also, MCSP's presentation showing the impact of outreach is consistent with earlier vasectomy service provision in Rwanda and reflects the impact of outreach services that are provided through mobile camps in other countries. Those activities come with some pre-arrival promotion. It's the promotion, as exemplified by van Lith, that brings the men to the clinic. World Vasectomy Day's annual report reflects this impact.

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