To Tie the Knot or Not: A Case for Permanent Family Planning Methods

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Managing Partner: EngenderHealth; Associated Partners: Family Health International; Futures Institute; Johns Hopkins Bloomberg School of Public Health Center for Communication Programs; Meridian Group International, Inc.; Population Council
it is important to include female sterilization and vasectomy in family planning programs.

that family planning programs do not give priority to female sterilization and vasectomy.
What are the state-of-the art permanent methods?
Female Sterilization Procedures

- Minilaparotomy under local anesthesia (with sedation and analgesia)
- Can be performed postpartum, post-abortion or interval
- Ambulatory procedure
- Highly effective (5.5 pregnancies/1,000 women after 1 year)
- Very safe; few restrictions
No-Scalpel Vasectomy (NSV):

- Small puncture; *vas deferens* pulled through skin, & ligated or cauterized
- Effectiveness comparable to other LA/PMs (effective after 3 months)
- Failure (pregnancy) rate 0.2-0.4%, but depends on skill of operator & compliance of client
- Very safe; few restrictions
- Fewer complications with NSV than with incisional technique
Five Important Characteristics

Permanent: Need to ensure counseling and informed consent

Require suitable service delivery settings and systems

Provider-dependent

Need medical equipment, instruments & expendable medical supplies

Do not protect against STI/HIV infections
What is the status of use of permanent methods worldwide and regionally?
Worldwide Use of Sterilization: Estimated 1 in 4 Couples

<table>
<thead>
<tr>
<th>Year</th>
<th>Female sterilization</th>
<th>Vasectomy</th>
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<tbody>
<tr>
<td>1982</td>
<td>100</td>
<td>30</td>
</tr>
<tr>
<td>1991</td>
<td>145</td>
<td>43</td>
</tr>
<tr>
<td>2001</td>
<td>211</td>
<td>44</td>
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<td>2007</td>
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## Regional Use of Vasectomy

<table>
<thead>
<tr>
<th>REGION</th>
<th>% of MWRA using</th>
<th>Number of users (in millions)</th>
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</thead>
<tbody>
<tr>
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<td>0.1</td>
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<tr>
<td>Asia</td>
<td>3.0</td>
<td><strong>22.5</strong></td>
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<td>1.3</td>
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<td>Europe</td>
<td>2.9</td>
<td>2.8</td>
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<tr>
<td>North America</td>
<td><strong>10.3</strong></td>
<td>4.1</td>
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<tr>
<td>Oceania</td>
<td>11.8</td>
<td>0.5</td>
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<tr>
<td>Worldwide</td>
<td>2.7</td>
<td>~32</td>
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## Regional Use of Female Sterilization

<table>
<thead>
<tr>
<th>REGION</th>
<th>% of MWRA using</th>
<th>Number of users (in millions)</th>
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<tr>
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<td>5.1</td>
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<tr>
<td>North America</td>
<td>24.5</td>
<td>11.1</td>
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<tr>
<td>Oceania</td>
<td>20.8</td>
<td>0.9</td>
</tr>
<tr>
<td>World</td>
<td>20.1</td>
<td>211.1</td>
</tr>
</tbody>
</table>
Unmet Need to Limit and Permanent Method Use

Percentage of Married Women Using Sterilization and Percentage of Married Women with an Unmet Need to Limit

Data is from most recent DHS for each country
Permanent Methods’ Contribution to the Method Mix

Percent of the Method Mix Attributable to Permanent Methods

Data is from most recent DHS for each country
Actual Parity Exceeds Ideal Parity Among PM Users

Mean and Ideal Parity of Permanent Method Users

<table>
<thead>
<tr>
<th>Country</th>
<th>Mean Parity</th>
<th>Ideal Parity</th>
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<td>Benin</td>
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<td>4.0</td>
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<tr>
<td>Cameroon</td>
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<tr>
<td>Ghana</td>
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<td>3.0</td>
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<tr>
<td>Kenya</td>
<td>4.0</td>
<td>2.0</td>
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<tr>
<td>Lesotho</td>
<td>3.0</td>
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<tr>
<td>Madagascar</td>
<td>2.0</td>
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<tr>
<td>Malawi</td>
<td>1.0</td>
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<tr>
<td>Namibia</td>
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<td>Rwanda</td>
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<td>Swaziland</td>
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<td>Tanzania</td>
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<td>Uganda</td>
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<td>Pakistan</td>
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<tr>
<td>Philippines</td>
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<td>Vietnam</td>
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<td>Bolivia</td>
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<td>Egypt</td>
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<td>Jordan</td>
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<td>Morocco</td>
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<td>Turkey</td>
<td>0.0</td>
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<tr>
<td>Ukraine</td>
<td>0.0</td>
<td>0.0</td>
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</table>
Mountains of Potential–Africa

Current and Potential Market for LA/PM in 15 African Countries

- Permanent Method Users
- Current LA Users
- Expanded Market (Unmet Need for Limiting)
- Expanded Market (SAM Users that want no more children)
Mountains of Potential–Asia

Current and Potential Market for LA/PM in 5 Asian Countries

- Bangladesh
- Nepal
- Pakistan
- Philippines
- Cambodia

- Expanded Market (SAM Users that want no more children)
- Expanded Market (Unmet Need for Limiting)
- Current LA Users
- Permanent Method Users

The graph shows the current and potential market for LA/PM in the following countries:

- **Bangladesh**: A significant number of current and potential users, with a large expanded market.
- **Nepal**: Moderate number of current and potential users, with a smaller expanded market compared to Bangladesh.
- **Pakistan**: A substantial number of users, with a larger expanded market.
- **Philippines**: Relatively lower number of users, with a smaller expanded market.
- **Cambodia**: The lowest number of current users, with a modest expanded market.

The USAID logo is visible at the bottom of the image, indicating the source of the information.
Contributions of Sterilization to Method Mix as Prevalence Rises (Selected Countries)
What are the key family planning program considerations—Who, where, how?
Barriers to effective family planning services

Outcomes when barriers are overcome:

- Access to services
- Quality of services
- Contraceptive choice and use

- Physical Location
- Cost Knowledge
- Inappropriate Process
- eligibility criteria Gender
- Regulatory Socio-cultural norms
- Time Legal
- Poor CPI Provider bias
Breaking Through the Wall

- Intrinsic characteristics

- How these characteristics are perceived by system actors (clients, potential clients, providers, policymakers, program leaders):
  - Beneficial? In what way? “Prove it (in our setting)!”
  - Comparative advantage?
  - Compatible (with “our world,” & “the way we do things”?)
  - Simple?: easy to introduce, adopt, scale-up?
  - Can I try it out?
WHO?

Who accepts: clients and potential clients
- Reproductive intention: Limiters
- (Accurate) knowledge of LA / PMs
- Other variables with programmatic implications:
  > Age and parity / Marital status / Urban – rural / Income level
- Costs and other barriers they face

Who provides: level (cadre), gender, skills, motivation of providers
- Need to factor in what makes providers behave,
  or change behavior in their given service setting and situation

Who allows, facilitates, advocates
- Sociocultural and community factors
- Site and program factors and dynamics
- Focus on early adopters

Clients outside clinic in Bangladesh
WHERE?

- Level of facility
- Nature and dynamics of medical(ized) settings
- Rules, norms, guidelines, standards, receptivity
- Provider-level factors
  - Workforce complement (composition, readiness)
  - Workload
  - Deployment
  - Remuneration & “reward”

Clinic staff in Tanzania
Service modalities and approaches
- Fixed sites, daily; fixed sites, special days
- Mobile outreach (many models)
- Social marketing
- Vouchers
- Referral (to higher levels of facility)
- Integration with other services (MCH, HIV)

Timing of service delivery:
- Related to pregnancy: postpartum / postabortion
- Interval (at any other time)
Demand Creation:
- Creating a positive image
- Providing information on when and where to get services
- Timing of information: decision-making takes time!
- Dispelling myths and misconceptions
Communicate Messages Relevant to Men’s Concerns

A VASECTOMY won't take them away

Vasectomy is a permanent family planning method for men. It won't affect your sexual appetite or performance. Ask about this method at a health facility displaying this symbol.
FP programs need to identify and nurture FP & vasectomy champions at all levels – policy, program, facility, provider and community.
Sterilization and Regret

Regret:
- Age at sterilization
- Family size
- Changed family circumstances
- Number of male offspring
- Timing of sterilization

Lack of choice (of service) = different kind of regret:
- Unintended pregnancy (with health consequences)
- Exceeding desired family size
Twin Pillars of Quality Sterilization Services

Informed Choice  Medical Safety
Conclusion: Improving Contraceptive Choice Saves Lives

- 215 Million women have an unmet need for family planning
- Addressing this need would prevent 53 million unintended pregnancies
  - 25 million fewer abortions
  - 150,000 fewer maternal deaths
  - 600,000 children would not lose their mothers

Source, PAI, The Key to Achieving the MDGs: Universal Access to FP and RH, Sept. 2010
Managing Partner: EngenderHealth; Associated Partners: Family Health International; Futures Institute; Johns Hopkins Bloomberg School of Public Health Center for Communication Programs; Meridian Group International, Inc.; Population Council