Involving Men in Reproductive Health and Family Planning Services: Germaine experience from international programs

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Advancing Men’s Reproductive Health in the United States: Current Status and Future Directions Meeting
CDC / Atlanta September 13, 2010
Wide, Consistent & Longstanding Recognition of Need to Involve Men to Improve RH & Gender Equality

- ICPD Platform of Action, Cairo (1994)
- Special Session of General Assembly on HIV/AIDS (2001)
Successful RH Service Programs Need: Systems thinking & holistic programming: “A chain is only as strong as its weakest link”

Increased Access, Quality and Use

Supply

- Increased availability

Demand

- Increased knowledge + acceptability

Meeting Clients’ Reproductive Intentions

- Accurate information disseminated
- Image of services enhanced
- Communities engaged and supportive of FP

Enabling Environment

- Leadership and champions fostered
- Supportive and evidence-based policies promoted
- Human and financial resources allocated

Improved policy + program environment

Fundamentals of Care

- Service sites readied
- Staff performance improved
- Training, supervision, referral increased
- Logistics systems strengthened

Data for Decision Making

- Stakeholder Participation

Gender Equity
Many Barriers to FP/RH Service Access: “The Brick Wall”

**Barriers to effective family planning services**

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

**Outcomes when barriers are overcome:**

- Access to services
- Quality of services
- Contraceptive choice and use
Domains of Male Involvement in International Family Planning and Reproductive Health Programs

Men as Clients

Men as Supportive Partners

Men as Agents of Change

RH Technical/Programmatic Areas
- FP
- Safe motherhood
- HIV/AIDS
- Gender
- Preventing violence against women

Modes and types of assistance
- Program planning and evaluation
- Training / information transfer / “best practices”
- Medical equipment & supplies
- Demand creation / behavior change comm.
- Advocacy (resources, improved policies)
- Direct service provision
Men as Clients

Men encouraged to use RH services to lessen burden of RH complications for their partners and to improve their own health.
### Worldwide Use of Vasectomy

**Estimated Use Among Women of Reproductive Age**

<table>
<thead>
<tr>
<th>REGION</th>
<th>% of MWRA using</th>
<th>Number of users (in millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>0.1</td>
<td>0.1</td>
</tr>
<tr>
<td>Asia</td>
<td>3.7</td>
<td><strong>27.2</strong></td>
</tr>
<tr>
<td>Latin America/Caribbean</td>
<td>1.6</td>
<td>1.4</td>
</tr>
<tr>
<td>Europe</td>
<td>2.8</td>
<td>3.0</td>
</tr>
<tr>
<td>North America</td>
<td><strong>13.4</strong></td>
<td>5.6</td>
</tr>
<tr>
<td>Oceania</td>
<td>8.2</td>
<td>0.4</td>
</tr>
<tr>
<td>Worldwide</td>
<td>3.4</td>
<td><strong>37.7</strong></td>
</tr>
</tbody>
</table>

**Source:** World Contraceptive Use 2005 [Wallchart] (UN 2005)
Time Trends for Couples Relying on Vasectomy and Female Sterilization Worldwide

<table>
<thead>
<tr>
<th>Year</th>
<th>Vasectomy (in millions)</th>
<th>Female sterilization (in millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1982</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>1991</td>
<td>43</td>
<td>145</td>
</tr>
<tr>
<td>2001</td>
<td>211</td>
<td>225</td>
</tr>
<tr>
<td>2005</td>
<td>38</td>
<td>250</td>
</tr>
</tbody>
</table>

- **Vasectomy**
- **Female sterilization**
Why is Vasectomy Use So Low?

- Lack of awareness (least known of the modern methods)
- Rumors / myths about masculinity & sexual function (aka “truths”; ?castration?)
- Health concerns (“will make me ‘weak’”)
- Anxiety about the procedure
- Limited access to services (FP services geared to women; FP providers mainly female; few vasectomy providers)
- Cultural and gender norms (FP a “woman’s duty”; greater # children = greater masculinity)
- Provider / program bias
Vasectomy Promotion Strategies & Messages

- Promote to clients, providers, programs
- Emphasize benefits, e.g.:
  - Provide for your family; love/concern for wife
  - Advantages over other methods (permanence; one act; simpler than FS)
  - Sexual satisfaction
- Address women as well as men
- Use multiple channels:
  - mass media; interpersonal communication; “hotlines”
- Use satisfied clients / vasectomy champions
- “Be like Coke” (repetition is key to adult learning & behavior change)
Vasectomy Is as Much a Communication “Operation” as a Surgical Operation

Why is this man smiling?

A cup of tea was being prepared for my wife as I went in to have a Vasectomy. When I came out in twenty minutes, she asked, still holding her cup of tea: “How long will it take?” “Oh, ten minutes.” I replied. I’d never seen my wife so thrilled or so excited. Then it刹那间 passed but that’s how fast and simple Vasectomy is.

For more information, call the Vasectomy hotline 021 - 76 56 86
Use Messages Relevant to Men’s Concerns

A VASECTOMY won't take them away

All you lose are your worries
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.

Produced by Delivery of Improved Services for Health II, a project of the Government of Uganda and the United States Agency for International Development

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FROM THE AMERICAN PEOPLE
Men's Vasectomy Utilization at PWD Clinics in Punjab, Pakistan

Men As Clients

NSV Cases


Lahore Faisalabad

USAID FROM THE AMERICAN PEOPLE
Men as Supportive Partners

Ethiopia and South Africa: Men’s role in PMTCT
Uganda: Men’s role in prevention & care of obstetric fistula
Nepal: Men’s role in Safer Motherhood
Turkey: Men’s support for post-abortion care & FP
### Reproductive Health Behavior:

<table>
<thead>
<tr>
<th></th>
<th>Baseline:</th>
<th>Project:</th>
<th>% increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women completing 4 Antenatal (ANC) visits</td>
<td>342</td>
<td>519</td>
<td>52</td>
</tr>
<tr>
<td>Men accompanying partners for ANC visits</td>
<td>66</td>
<td>237</td>
<td>259</td>
</tr>
<tr>
<td>Women delivering at health facility or at home with a skilled birth attendant</td>
<td>149</td>
<td>178</td>
<td>19</td>
</tr>
<tr>
<td>New female family planning users</td>
<td>191</td>
<td>235</td>
<td>23</td>
</tr>
<tr>
<td>Men accepting vasectomy</td>
<td>4</td>
<td>14</td>
<td>250</td>
</tr>
<tr>
<td>Male STI clients seeking services</td>
<td>8</td>
<td>31</td>
<td>288</td>
</tr>
<tr>
<td>Condoms distributed</td>
<td>20,620</td>
<td>56,477</td>
<td>174</td>
</tr>
</tbody>
</table>

Men as Agents of Change

I am a partner in my community... I speak out on violence against women 365 days a year.

USAID
From the American People
Advocacy: Champions Are Essential

Family Planning programs need to identify and nurture vasectomy champions at all levels – policy, program, facility, and providers themselves.

At the head of almost every energetic “vasectomy program” is a director who is personally interested in involving men in family planning and who is committed to the program’s success.

At the center of a clinic where vasectomy is provided regularly, is a trained provider who firmly believes in the method.
Any development intervention requires behavior change
Any public health intervention requires behavior change
Any medical intervention requires behavior change
I.e., We’re all change agents
Yet we often fail to factor the principles, dynamics and evidence of fostering successful change into our thinking and programming:
- Policymakers issue new policies
- Researchers publish new findings
- Experts devise new guidelines
- Programs introduce new or expanded services …

And nothing much changes
The Slow Pace of Change in Medical Settings

“The only people who like change are babies with dirty diapers”

U.S. examples:

- 500,000 unnecessary C-sections, every year!
- 80,000 unnecessary hysterectomies annually
- 11-year lag: Correct treatment of heart attacks
- Non-scalpel vasectomy (NSV):
  > 1972: invented in China
  > 1980s: proven better/main approach in programs
  > 2003: WHO still calling it a “new method”
  > 2004: 51% (only) of vasectomies in U.S. via NSV
Fostering Change in Medical Settings: Key evidence-based considerations

- **Perceived benefit**: most important variable re rate & extent of adoption of new provider (or client, facility, org unit) behavior: “What’s in it for me?”

- “Perceived” = eye of the beholder, the ”changee”

- The greater the perceived **relative advantage**, the more rapid the rate of adoption/change

- Other important variables:
  - **Simplicity** of new behavior
  - **Compatibility** with medical system’s norms, standards, practices
  - Adopter characteristics (Early adopters)
Thank You!