Increasing Male Involvement Contributes to Uptake of No-Scalpel Vasectomy in Bangladesh

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In Bangladesh, male methods represent only 5% of the total contraceptive prevalence rate (CPR) of 56%.

Male sterilization in particular is not popular (<1% of the method mix), due to many myths and misconceptions.

A review of recent national family planning (FP) data showed that some centers are starting to see increased uptake of no-scalpel vasectomy (NSV).

During March – April 2010, the Mayer Hashi project conducted a rapid assessment at some of these centers to identify and document factors that might be influencing NSV uptake.

In addition to other interventions, these centers have been using satisfied NSV clients as referrers.
A rapid assessment was conducted at four Mother and Child Welfare Centers (MCWCs) out of the total 93 of these district-level centers.

The review methodology included:
- Review of records and service statistics
- Facility observation
- Informal group discussions
- Interviews with staff, referrers, and NSV clients

Analysis of some other important aspects of male participation in contraceptive use is also based on secondary data.

Information was gathered by a team of Mayer Hashi researchers and project staff.
Key Factors that Contribute to High Performance

Managerial Factors

- Team effort at the center
- Effective involvement of satisfied vasectomy clients
- Consistent service availability and accessibility
- Systematic management of the clinic
- Efficient case management
Key Factors that Contribute to High Performance

Technical Factors
- Skilled surgeon
- Prompt and effective management of side effects
- Effective client follow-up

Environmental Factors
- Community awareness of FP
- Positive attitudes of staff and surgeon
- Supportive district leadership
- Changing male perceptions on sterilization
Role of Satisfied NSV Clients

In the community
- Establishes a good relationship with prospective NSV clients
- Provides necessary information on NSV
- Uses himself as an example to prove that he is OK after NSV
- May facilitate effective spousal communication by talking to client’s wife

At the facility
- Introduces NSV clients to the provider
- Accompanies clients during counseling session
- Accompanies the client home or arranges transportation
Scaling Up the Intervention

- Based on the rapid assessment recommendations, Mayer Hashi started supporting the Directorate General of Family Planning (DGFP) in scaling up the use of satisfied NSV clients to another 16 districts.

- As part of this scale-up, a one-day orientation for satisfied NSV clients was designed and implemented.

- Between April 2010 and July 2011, 2,300 satisfied NSV clients participated in the orientation. They received a certificate from the Government as official recognition and encouragement.

- Satisfied NSV clients have started talking to prospective clients and referring them. Once they refer clients and accompany them to a facility, they receive the government-approved referral fees.

- The DGFP included the intervention in their Operational Plan and is conducting the orientation in non-Mayer Hashi areas with government funds.
Results

- Performance statistics from the national management information system show increased NSV uptake in a number of districts.

- Each satisfied client refers on an average of 2-3 clients per month.

- Although 30 satisfied clients underwent the orientation in each sub-district, it is generally a smaller group (7–10 men) that are actively involved in motivating prospective clients.
Men usually do not feel comfortable discussing vasectomy with female fieldworkers.

Satisfied clients speak from their own experience on NSV.

Official recognition from the government encourages satisfied clients to become regular referrers.

Satisfied NSV clients could be an effective impetus for combating apprehension over NSV.

Additional coaching and supervisory support is needed to encourage all NSV clients to become more active.

Broader behavior change communication (BCC) activities contribute to increasing the overall acceptability of NSV, and satisfied NSV clients need to be linked up with local-level BCC campaign activities.

NSV uptake can be increased through increased male involvement, through satisfied NSV clients.
Thank You
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