Is that a vasectomy in your pocket?
Making the case for vasectomy in sub-Saharan Africa

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Why give attention to vasectomy?

• There is a demand for limiting
  – 23 million couples in SSA want to limit the number of children they have
  – 12 million couples have an unmet need to limit

• This demand will grow
  – 30% increase in number of women reproductive age (15-49) by 2020
  – Demand to limit—30 to 50 million couples

• A safe, effective, and accessible method
  – Vasectomy can be offered in a wide variety of settings

• African men are interested in family planning and accepting of vasectomy
Why is vasectomy underutilized?

- Men and women are less aware of vasectomy than other FP methods.
- Even when men and women are aware of vasectomy, the information they have is frequently incomplete or incorrect.

Men and Women’s Misconceptions about Vasectomy

- Vasectomy is castration.
- A man cannot have sex or ejaculate after vasectomy.
- A man becomes fat after the operation.
- Vasectomy makes men weak and less productive.

Mean knowledge of contraceptive methods, Sub-Saharan Africa countries

Source: Select DHS Country Reports

After having gone for vasectomy, people initially started saying that they now learnt to make use of my wife because [I] am now castrated.

—48 year old Kenyan
Why is vasectomy underutilized? (cont’d)

Program and Provider indifference; Failure to make information and services available and accessible to men

– Providers
  • May lack knowledge/skills or have personal dislike of vasectomy
  • May hold certain assumptions about men as clients
– Services
  • May not mention vasectomy to female clients
  • May not welcome men as clients
  • Quality of counseling for men inconsistent

I think I was even late to get the service ‘til my children went up to five. Remember I said the ideas came when I had three children; that means had the service been there earlier, the number of children wouldn’t have gone up to five!

—Vasectomy client, Kibondo, Tanzania
Makings of a successful vasectomy program

Increased Access, Quality and Use

**Supply**
- Increased availability

**Demand**
- Increased knowledge + acceptability

**Advocacy**
- Improved policy + program environment

**Meeting Reproductive Intentions**
- Service sites readied
- Staff performance improved
- Training, supervision, referral increased
- Logistics systems strengthened
- Accurate information disseminated
- Image of services enhanced
- Communities engaged and supportive of FP
- Leadership and champions fostered
- Supportive and evidence-based policies promoted
- Human and financial resources allocated

**Fundamentals of Care**

**Data for Decision Making**

**Gender Equity**

**Stakeholder Participation**
Supply: Take a whole-site, whole-system approach

- Engage all staff with contact with clients, including “gatekeepers”
- Consider provider perspectives; foster positive attitudes
- Vasectomy services must be available, affordable and accessible
  - Create Male-Friendly services
  - Focus on client satisfaction
Demand: Use integrated communications strategies

- Develop messages that are relevant to men’s concerns
- Use integrated communication strategies
  - Print, radio, interpersonal
  - “Hotlines” provide privacy
- Use satisfied vasectomy clients to recruit new clients
- Repeat campaigns
- Target messages to women as well
Vasectomy is as much a BCC 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 I’m finished.” I replied. I’d never seen my wife so thrilled at good news till then. It’s now our little joke but that’s how fast and simple Vasectomy is.

For more information, call the Vasectomy hotline 021 - 76 56 86
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.
A Call to Action

• Investments in vasectomy are warranted on both programmatic and equity grounds

• Thirty years ago, “experts” said men in Latin America would never accept vasectomy….Vasectomy in Latin America has increased four-fold in the past 10 years.

• African men do care about family planning and want to share in the responsibility; vasectomy as a safe, effective, low-cost option should be available to them

• Sustained and evidence-based interventions to increase vasectomy uptake do work
Persistence yields results

The wasp says that several regular trips to a mud pit enables it to build a house.

(Ewe proverb)
Intro on Isaiah Ndong and EngenderHealth

- He holds an MD from the University of Yaounde, Cameroon, and an MPH from the University of Washington, USA.
- Dr. Ndong has over 28 years of extensive experience as a clinician, team leader, innovative program developer, technical advisor, and manager of family planning, reproductive health, and other health programs. He started his career as a clinician, and spent several years working for the Ministry of Health in Cameroon. For the past 12 years he has been with EngenderHealth, most recently working in West Africa as Director of the USAID-funded AWARE-RH Project, and now Dr. Ndong is working at the global level as EngenderHealth’s Vice President of Programs.
- EngenderHealth is a US-based international NGO with 65+ years experience in family planning, especially long-acting and permanent methods.