



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;
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Meridian Group International, Inc.; Population Council





Reasons Why You Think...

- 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.

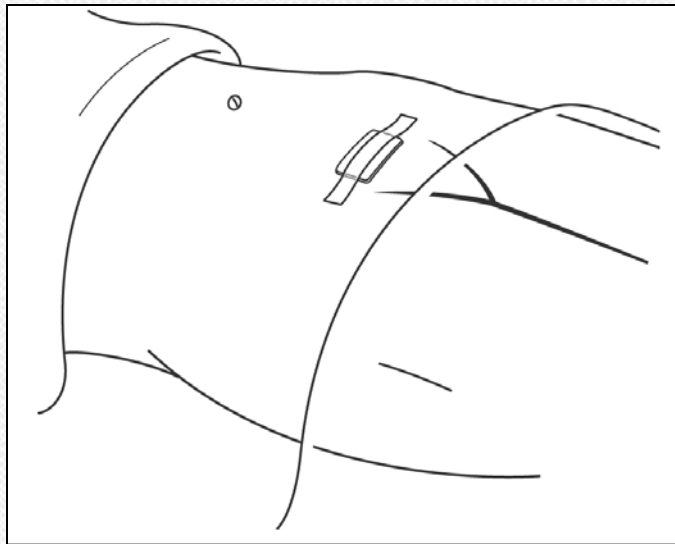


What are the state-of-the art permanent methods?

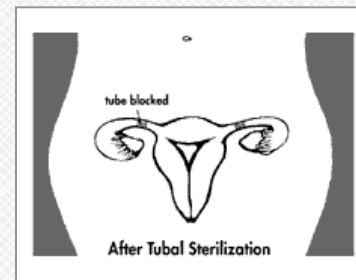




Female Sterilization Procedures

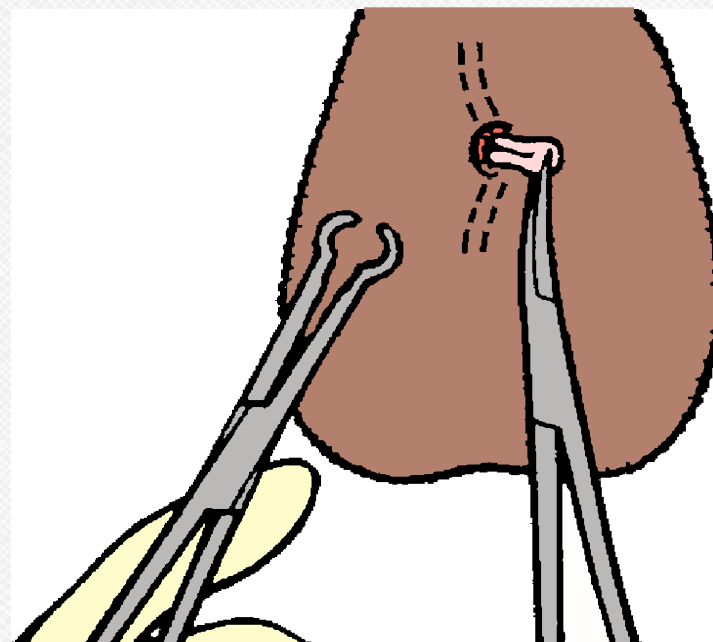


- Minilaparotomy under local anesthesia (with sedation and analgesia)
- Can be performed postpartum, post-abortion or interval
- Ambulatory procedure
- Highly effective (5.5 pregnancies/1,000 women after 1 year)
- Very safe; few restrictions



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

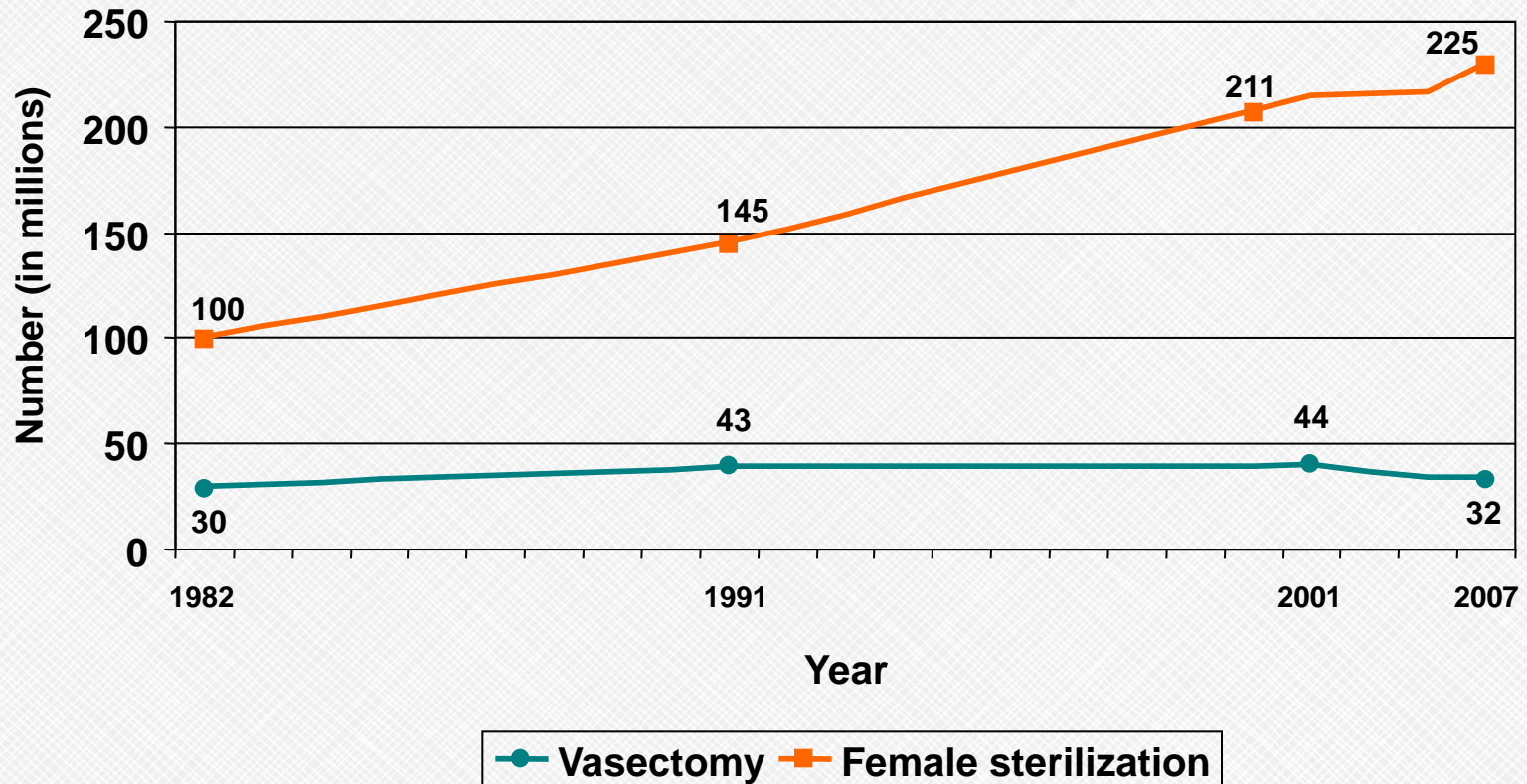


What is the status of use of permanent methods worldwide and regionally?





Worldwide Use of Sterilization: Estimated 1 in 4 Couples





Regional Use of Vasectomy

REGION	% of MWRA using	Number of users (in millions)
Africa	0.1	0.1
Asia	3.0	22.5
Latin America/Caribbean	1.3	1.3
Europe	2.9	2.8
North America	10.3	4.1
Oceania	11.8	0.5
Worldwide	2.7	~32

Source: *Urologic Clinics of North America*, Aug 2009, 38/3, "Demographics of Vasectomy—USA and International," Pile, J.M. and Barone, M.

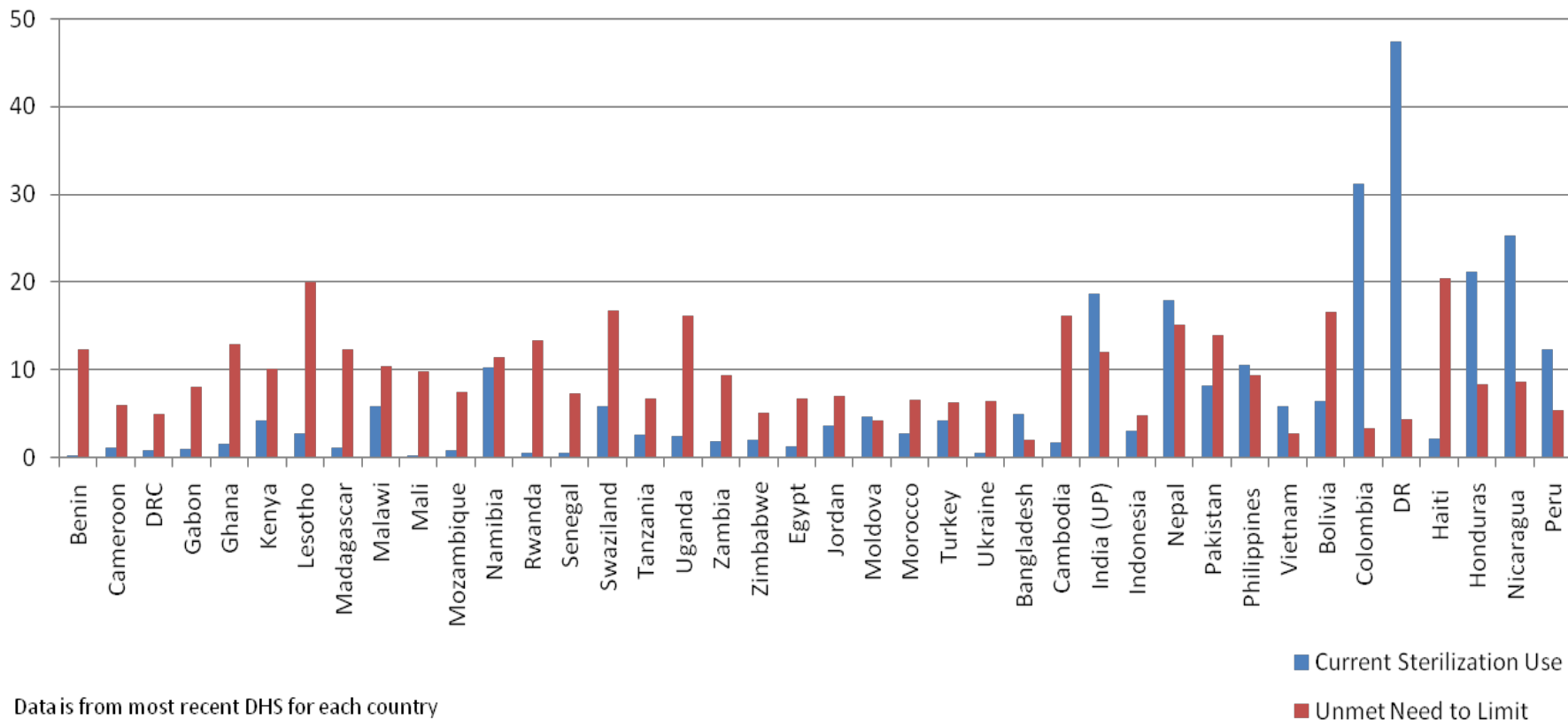


Regional Use of Female Sterilization

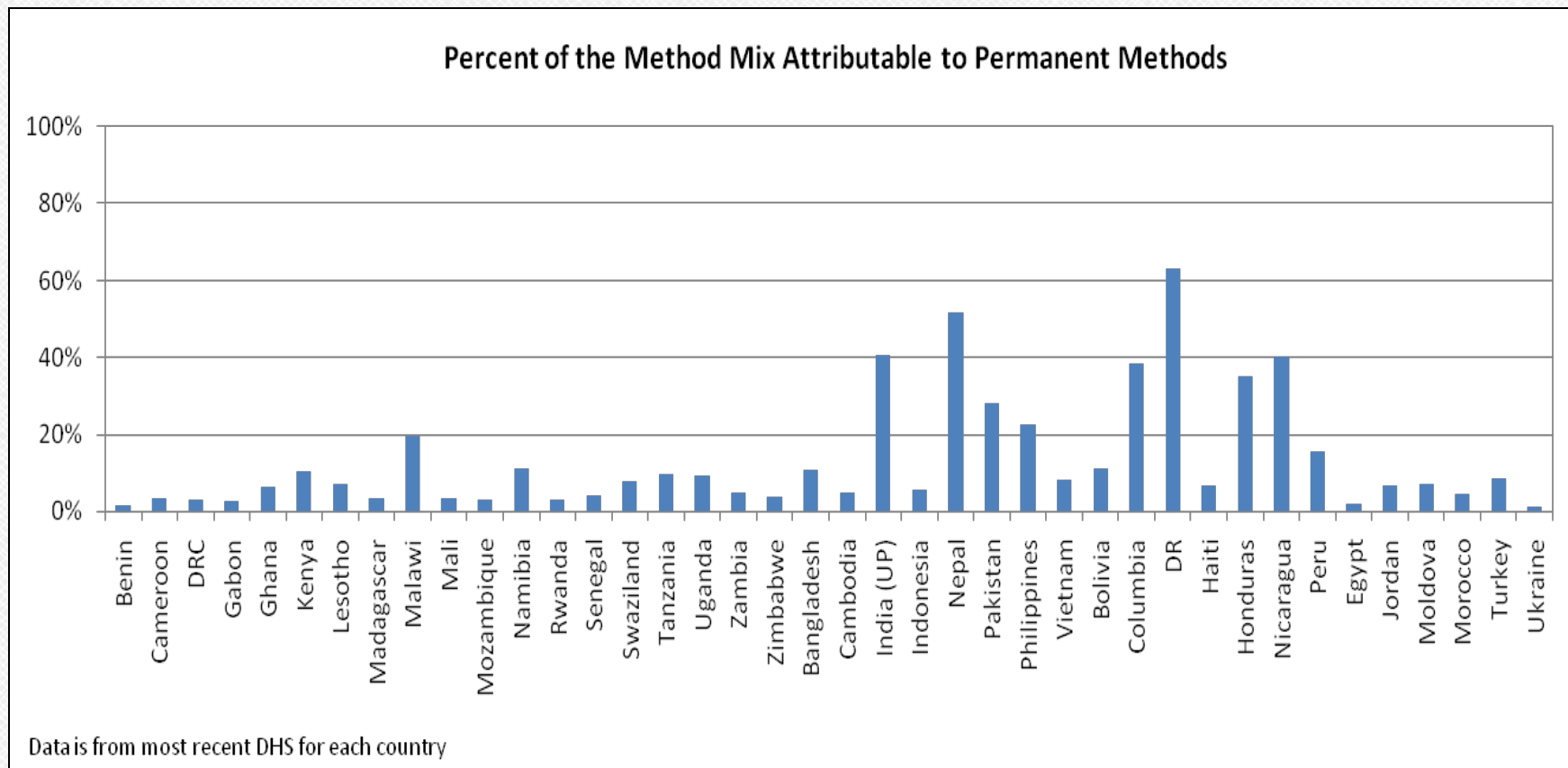
REGION	% of MWRA using	Number of users (in millions)
Africa	2.1	2.6
Asia	24.1	166.7
Latin America/Caribbean	29.5	24.7
Europe	4.8	5.1
North America	24.5	11.1
Oceania	20.8	0.9
World	20.1	211.1

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

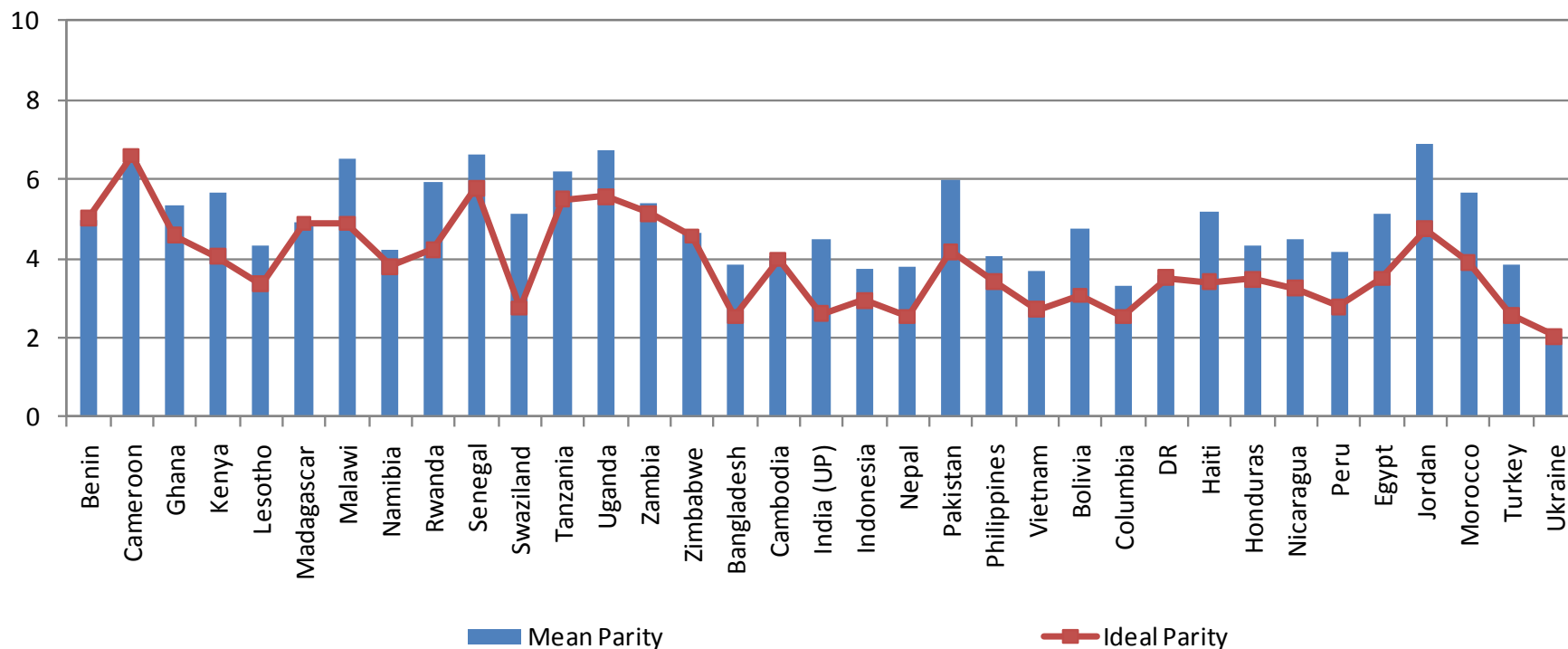


Permanent Methods' Contribution to the Method Mix

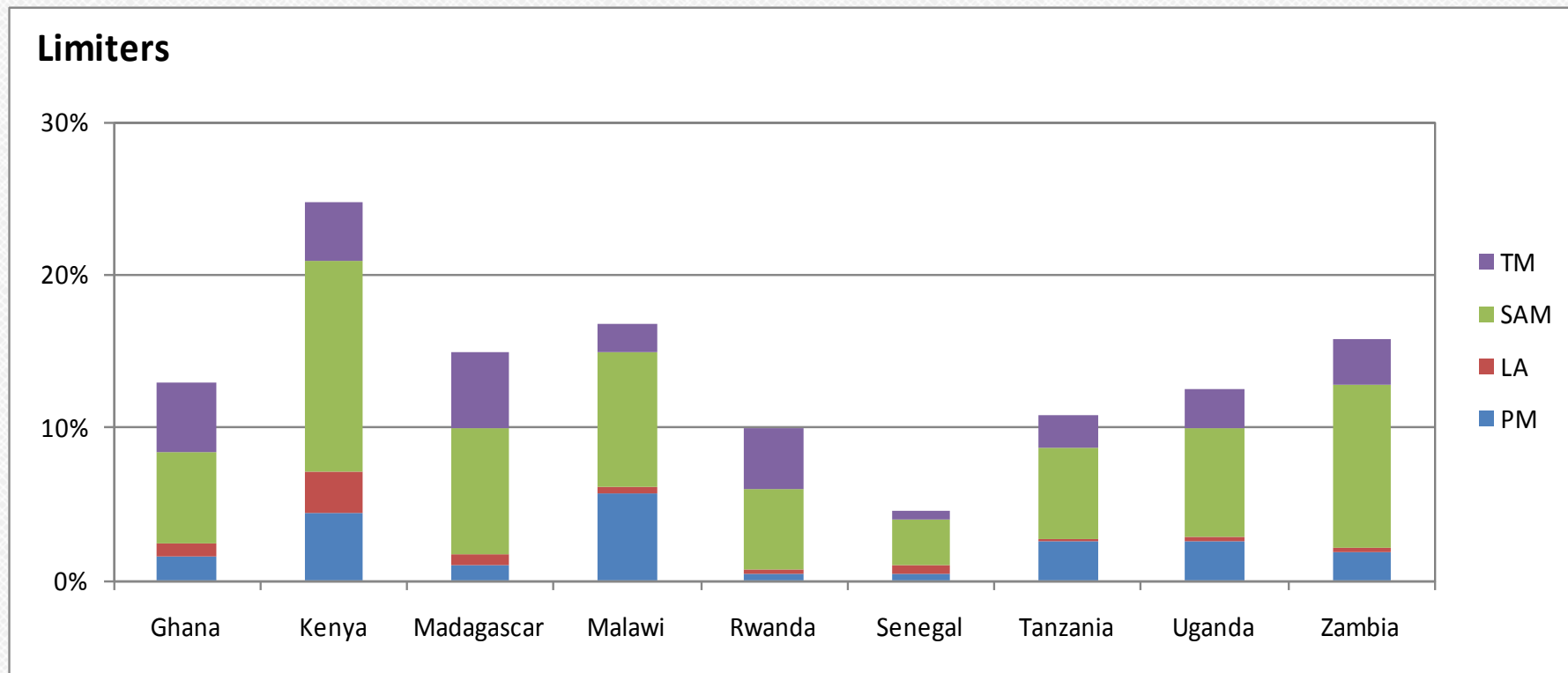


Actual Parity Exceeds Ideal Parity Among PM Users

Mean and Ideal Parity of Permanent Method Users

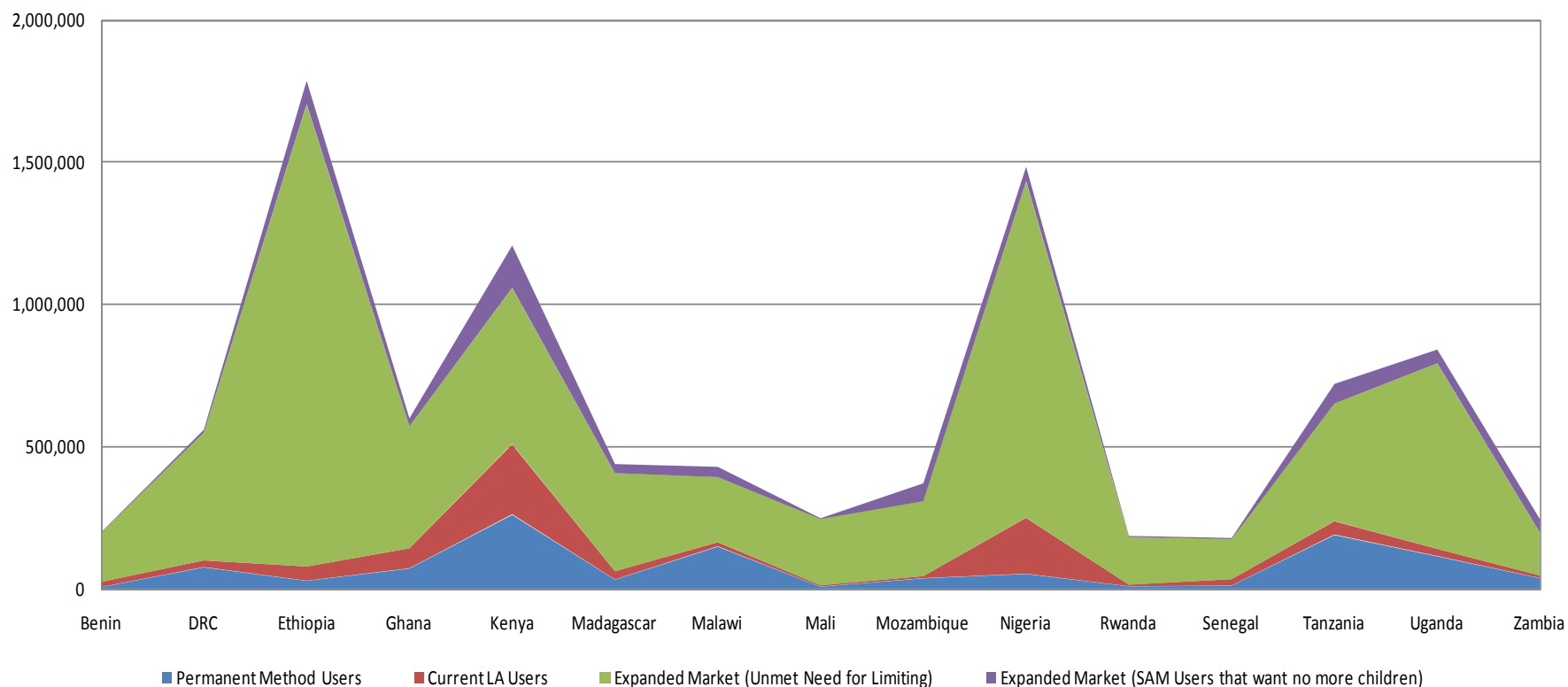


Method Mix of Limiters



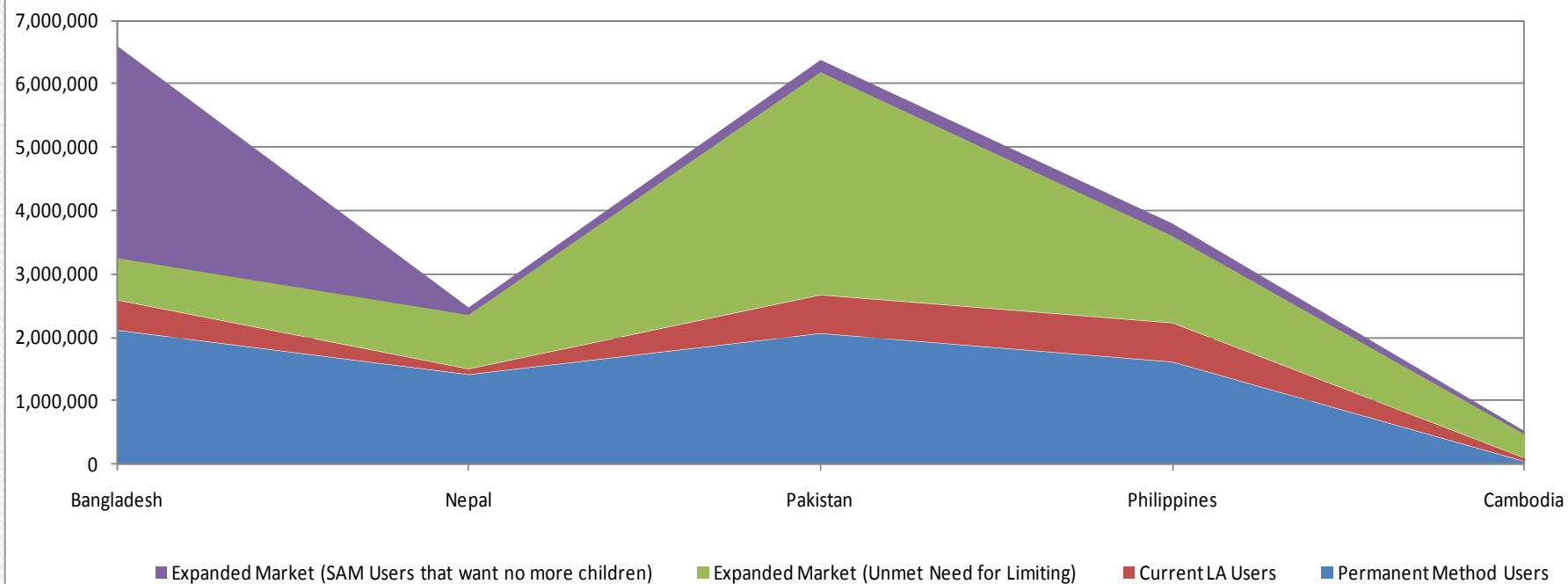
Mountains of Potential–Africa

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

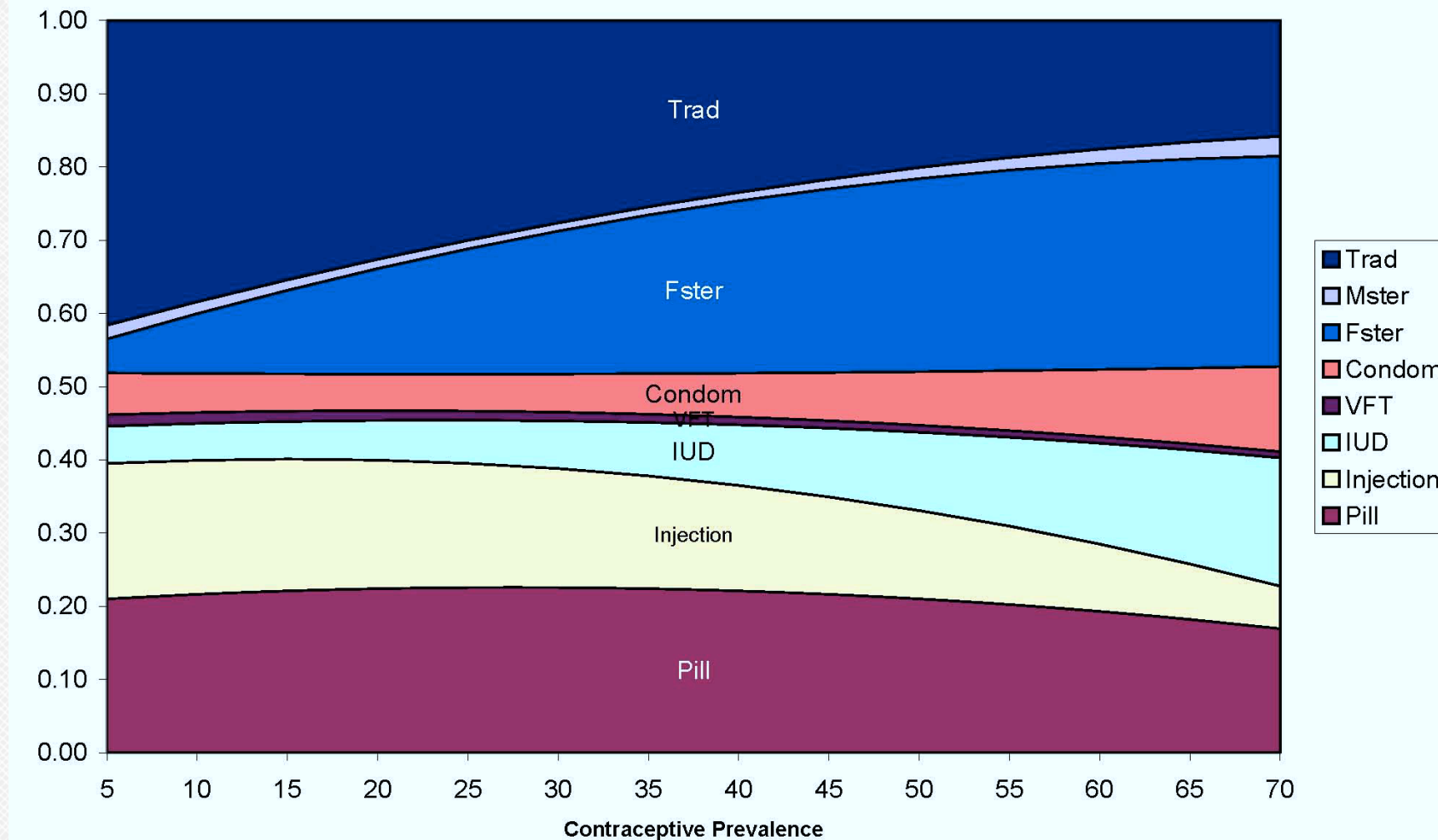


Mountains of Potential–Asia

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



Contributions of Sterilization to Method Mix as Prevalence Rises (Selected Countries)



**What are the key family planning
program considerations—
Who, where, how ?**



WHO?
WHERE?
HOW?



Barriers to effective family planning services

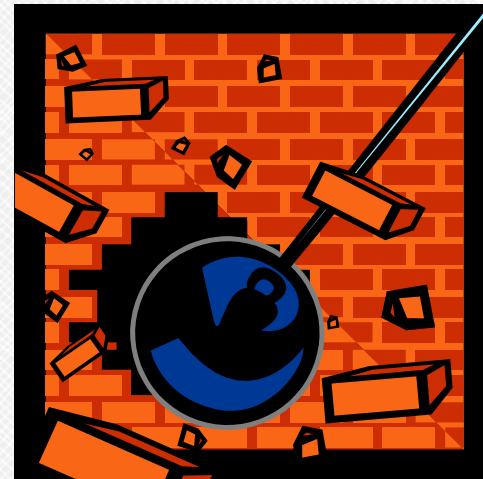
Outcomes when barriers are overcome:



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



- 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 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

- 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:

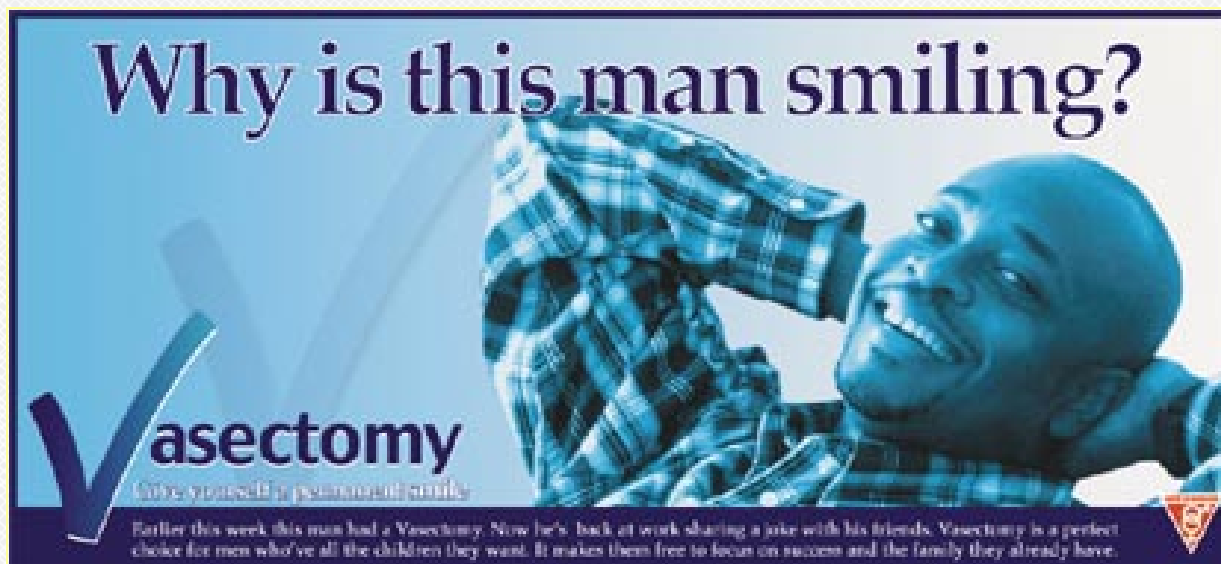
- Related to pregnancy: postpartum / postabortion
- Interval (at any other time)

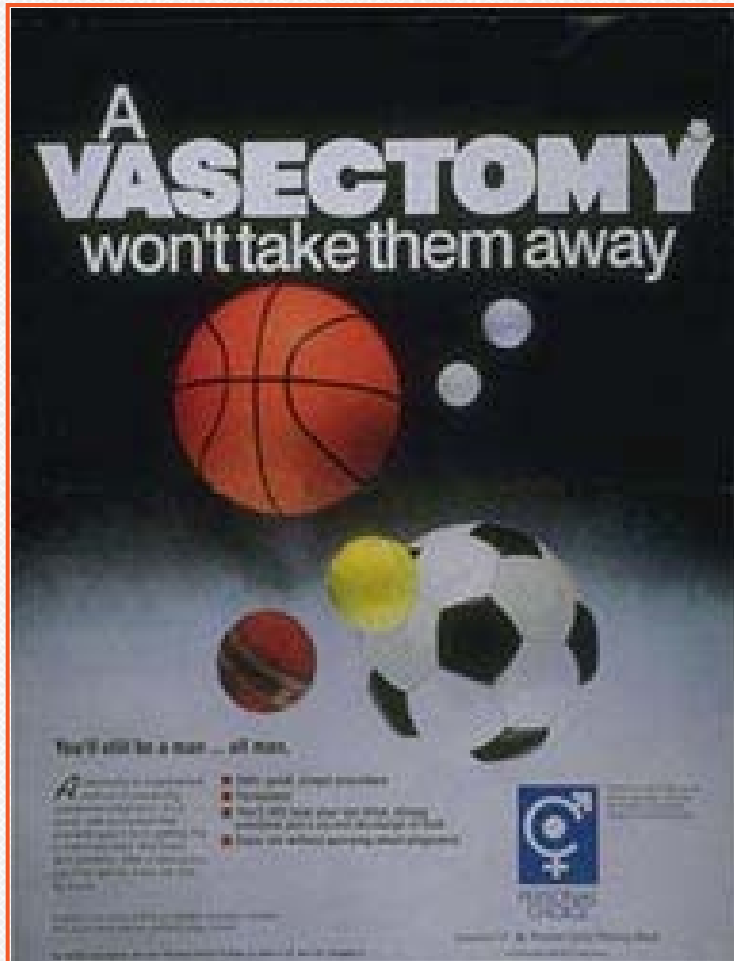


Clients waiting for Outreach Services in Tanzania

■ 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





USAID
FROM THE AMERICAN PEOPLE



Champions are Essential

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:

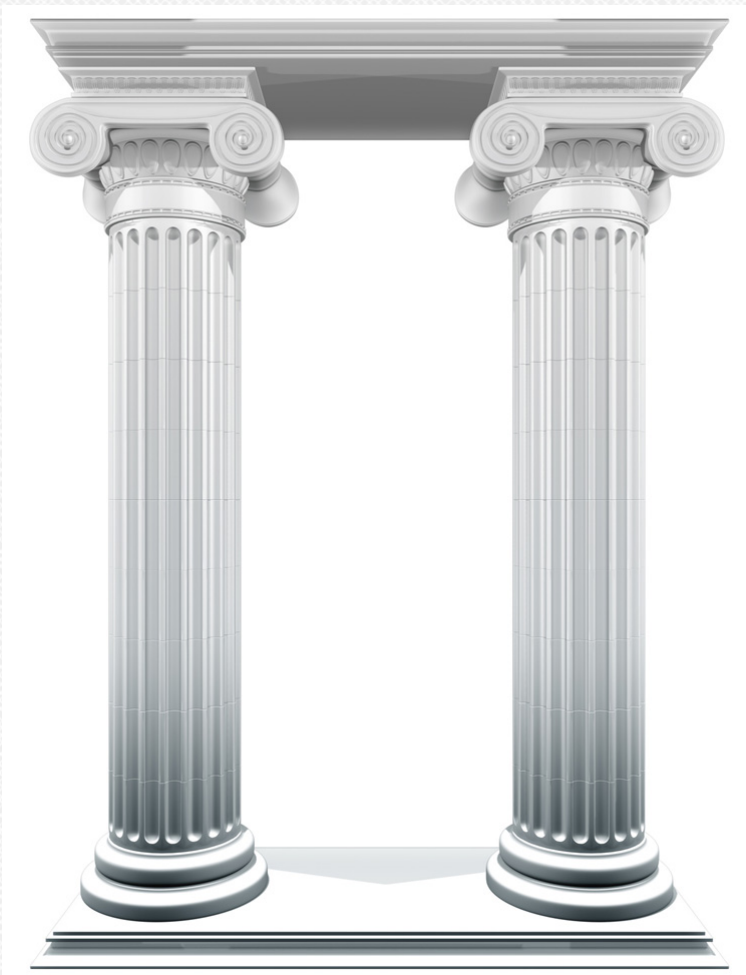
- Unintended pregnancy (with health consequences)
- Exceeding desired family size



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





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