

# Improving Uptake of Vasectomy in Uttar Pradesh: Insights from Community Based Participatory, Qualitative Research



**Managing Partner: EngenderHealth;** Associated Partners: FHI; Futures Institute; Johns Hopkins Bloomberg School of Public Health Center for Communication Programs; Meridian Group International, Inc.; Population Council



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1. Study objectives
2. PEER methodology & sample
3. Key insights
4. Recommendations



**The RESPOND Project Study Series:  
Contributions to Global Knowledge**

Report No. 3

**Increasing the Uptake of  
Vasectomy in Kanpur Region,  
Uttar Pradesh:  
Insights from Community-Based,  
Participatory Qualitative Research**

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1. Identify:
  - Knowledge, attitudes, & perceptions of NSV
  - What influences these perceptions
  - How we can support positive attitudes & acceptability towards NSV
  - How men who have undergone vasectomy are perceived by other community members
2. Understand quality of care issues as barrier/trigger in both private & public facilities
3. Assess nature of spousal communication around decision to use FP, & NSV in particular
4. Identify best ways to frame benefits & tailor messages to promote NSV



- Qualitative anthropological approach: relationship of trust with community essential for researching social life
- Train community members to carry out in-depth interviews with peers selected by them
  - Trust
  - Short period of time
  - Carried out in third person
    - > *what “other people like them” do/say—never about themselves directly*
    - > *enables people to speak freely about sensitive issues*
- Stories provide insights into how meaning is given to experiences & behaviour of “others” in social network
  - Reveals contradictions between social norms & actual experiences
  - Crucial insights into how people understand & negotiate behaviour
- Rich social commentary in peer narratives

- Developed Survey Protocol
- Subcontracted Options UK
- IRB Approval in India & NY
- Selection of Peer Researchers
- 18 days total
  - 4 days of training
  - 12 days of data collection
  - 2 days for debrief and analysis
- Peer researchers used interview guidelines developed during their training
- Interviewees discussed their peers' (not their own) opinions and experiences with NSV
- No names taken to ensure confidentiality; no taping



# Kanpur District, Uttar Pradesh, INDIA



### Study area

- Kanpur District in Uttar Pradesh
- Recruited around 3 clusters of villages surrounding three identified CHCs/PHCs

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### Study population & process

- 23 peer researchers (10 married men and 13 married women)
  - Few criteria for selection; need not be educated, should not be community educators
- Respondents
  - 68 (29 men & 39 women)
  - married men & women aged 25-45
  - represent various sub-groups within population that are “peers” and friends of respondents
- Verbal consent obtained by peer researcher prior to each interview
  - no financial incentives for participation
- Met at designated time & place for each interview (3 desired in total)



**Table 1: Characteristics of peer researchers and interviewees**

	<b>Women (n=52)</b>	<b>Men (n=40)</b>
<b>No. of participants</b>	<ul style="list-style-type: none"> <li>13 peer researchers</li> <li>39 interviewees (all women)</li> </ul>	<ul style="list-style-type: none"> <li>11 peer researchers</li> <li>29 interviewees (all men)</li> </ul>
<b>Age</b>	<ul style="list-style-type: none"> <li>Peer researchers: 22–45 years</li> <li>Interviewees: 21–48 years</li> </ul>	<ul style="list-style-type: none"> <li>Peer researchers: 28–45 years</li> <li>Interviewees: 25–70 years</li> </ul>
<b>No. of children</b>	<ul style="list-style-type: none"> <li>Peer researchers: 0–3</li> <li>Interviewees: 1–6</li> </ul>	<ul style="list-style-type: none"> <li>Peer researchers: 0–4</li> <li>Interviewees: 0–4</li> </ul>
<b>Education</b>	<p>Peer researchers</p> <ul style="list-style-type: none"> <li>Illiterate: 3</li> <li>Primary: 0</li> <li>Secondary: 8</li> <li>Graduate: 1</li> <li>No information: 1</li> </ul> <p>Interviewees</p> <ul style="list-style-type: none"> <li>Illiterate: 8</li> <li>Primary: 5</li> <li>Secondary: 19</li> <li>Graduate: 4</li> <li>No information: 3</li> </ul>	<p>Peer researchers</p> <ul style="list-style-type: none"> <li>Illiterate: 2</li> <li>Primary: 2</li> <li>Secondary: 5</li> <li>Graduate: 2</li> <li>No information: 0</li> </ul> <p>Interviewees</p> <ul style="list-style-type: none"> <li>Illiterate: 7</li> <li>Primary: 6</li> <li>Secondary: 9</li> <li>Graduate: 6</li> <li>No information: 1</li> </ul>

Note: Complete information was not obtained for all peer researchers and/or their friends.

## Key Insights



### 1. Good family

- explore attitudes about choice on NSV--likely linked to perceptions of masculinity
  - > *are 'real' men virile & able to father lots of children?*
  - > *do 'real' men look after their family?*
- explore what husbands & wives worry about in everyday lives

### 2. Family planning

- explore why couples use FP & how they make decisions (communication, power, influence of others)
- explore gendered perceptions of responsibility, impact on household economics, well-being (physical and emotional)

### 3. Vasectomy

- information, perceptions on quality of care, financial incentives, anxieties

## What is a Good Family?

- Good family → small & educated family w/ regular income
- Men & women viewed importance of small family differently
  - Men → to provide good food, better education, clothing, medication if needed
  - Women → to fulfill everyone's needs; have peaceful, loving, happy family
- Men & women differed on role of incomes
  - Men think regular income helps in buying material things: car or motorcycle
  - Women emphasized meeting basic needs: food, clothing & education
- All respondents valued need for education for both husband and wife
  - helps in making good decisions
  - educated mother helps children's learning
- Disagreement regarding composition of ideal household
  - Some valued presence of parents-in-law, others looked more towards nuclear family
  - Personal experiences of tension or differences with in-laws



### Good Husband

- Income to provide for family → reducing worry & fighting in household
- Women report one w/ understanding, love & affection; not restricting or beating his wife; takes her for outings

### Good Wife

- Most women & few men considered wife as 'Laxmi (goddess of prosperity) of the home'; keeps peace & calm
- Always polite—helps her maintain order in household
- Obedient & listens to husband
- Good mother-in-law, critical in maintaining a balance & guides daughter-in-law; supports in child care
  - However good one hard to find
  - If son has little educ. or poor income, greater MIL influence

- 3 key trends prevail
  1. Most believe family size a joint decision between husband & wife
  2. Mother-in-law also influences decisions if:
    - > *Family is a joint family*
    - > *Husband not educated*
    - > *Strong relationship of son with mother*
  3. Where the husband earns well, independent & free to make decisions
- Most report FP choice as joint decision by husband & wife; however, in reality not always the case
- Wife is initiator but husbands often reject FP
  - Men particularly driven by fear of side effects
  - Men show higher awareness of negative attributes of methods than positive ones
- FP decision-making complex
  - Big difference in “ideal” and “actual”
  - Stories & examples tended to contradict answers to questions



*“If we discuss with our mother-in-law, then generally mother-in-law said that “some lady faced this problem, then you will become weak so don’t do this.” If you ask the mother-in-law, she generally responds the negative, don’t use this or this...”*

PRW3, F1

- Common belief that FP is concern of women
- Women said men actively uninterested in FP
- Women more willing to discuss FP than men who had lower levels of awareness
- Appears men & MIL key decision makers on when & which FP method to use yet more women using FP w/out families knowing

*“Generally, men have least interest in consequences of [sex], they just are interested in the intercourse...they have no interest in the consequences. That’s why **generally women prefer use the family planning, not husbands—all the methods are for women because they worry [about] the consequences of intercourse; men [are] only interested in the intercourse, not the after effects.**”*

PRW3, F2



- Women (not men) reported unplanned pregnancy w/ some frequency
- Lack of awareness about FP, negative male attitudes towards methods & women's fear of discussing FP with husbands
- Trigger for use of FP
- Abortion most common response for women; not men
- Joint decision making for unplanned pregnancy; men involved

- Health professionals
  - ASHAs most trusted source
  - ASHAs reported to support women & accompany them for services
  - Men also trusted doctors believing them educated & informed
- Mass media: TV & radio cited most; however difficulties recalling messages
- Word of mouth: Strong reliance on experiences of friends & family
  - True for women in particular
  - Men speak about such matters infrequently & emphasized FP as woman's business

*“The woman has a very close friend or close relative...they tell of experiences or if they are using any methods, then women do same thing... the first method a wife uses, [is] generally whatever her close friend or relatives use.”*

[PRW3, F1]



### ■ Sources of services

- Men more likely to access services from hospitals
- Women access pills & condoms from ASHAs; LA/PMs from primary care centers/hospitals
- ASHAs accompany clients for LA/PMs—most important health personnel cited
- Government services preferred over private hospital services
  - > *Government services free & covered by warranty (in case sterilization fails)*
- For abortion services, respondents prefer private clinics to ensure confidentiality

*“We have more trust on ASHA because she gives information as well as goes with us to health centre when we need, and if we will face again any problem then again ASHA goes with us. That’s why we always take ASHA’s support and we don’t do anything without informing her. If we go health centre alone, then we wasted most of our time to find out the doctor’s services—where is doctor, where is this, where is that?”*

[PRW2, F1]

- Strong preference for female-centered methods (men & women) as they have control over using
- Men preferred female methods
  - FP is responsibility of women
  - Potential failure of condoms & male sterilization; pain & risks with NSV
- Women: greater awareness of FP
- Women discuss FP w/ close relatives/friends—instrumental in selection
  - Clustering observed (IUD in 1 area, fem. sterilization in another)
- Method switching common; after talking with friends
- Condoms & NSV least favored
  - Hear of failed NSV cases
  - Physical & sexual weakness





Method	Triggers	Barriers
<b>IUD</b>	<ul style="list-style-type: none"><li>- Easy availability</li><li>- Protection for longer period</li><li>- Women can conceive after removal</li></ul>	<ul style="list-style-type: none"><li>- Heavy bleeding after insertion, nausea and weakness, fear expulsion or moving in body, spoiling uterus, inability to conceive</li><li>- Start w/ IUD then switch to other methods; popularity ↓</li></ul>
<b>Oral pills</b>	<ul style="list-style-type: none"><li>- Easily available &amp; free</li><li>- Can take it secretly</li></ul>	<ul style="list-style-type: none"><li>- Forget to take esp. when travelling</li><li>- Increasing blood pressure, nausea</li><li>- fear prolonged use results in lumps in uterus</li></ul>
<b>Female sterilization</b>	<ul style="list-style-type: none"><li>- Default choice when family size reached</li><li>- Believe safer than NSV</li><li>- Women remain at home</li><li>- Few stories or gossip about any negatives</li></ul>	<ul style="list-style-type: none"><li>- Fear of undergoing surgery</li><li>- Weakness after surgery</li><li>- Availability of alternate methods</li></ul>

- Resistance to NSV ↑ among men & women
- 5 Main Barriers
  1. Extreme fear of weakness (biggest factor)
    - > Men support family & do heavy work so less impact for women
    - > Sometimes when husband will go for sterilization, women argue against the decision





## 1. Fear of weakness

*“Men do heavy work related to agriculture, male sterilisation causes weakness, so [this] mean [they] will not be able to do heavy work. They should not go for it. We have seen men in the villages who are sterilised and become weak.”*

[PRM6, F3]

*“I never allow my husband to go for operation. I have delivered two babies so my husband said “I can go for [male sterilisation] operation,” but I said “No, we will use condom but you will not go for operation.” He works in a factory, there he works hard from morning to evening, that’s why I will not allow my husband to go for operation.”*

[PRW5, F2]

### 2. Impact on sexual performance

- *More frequently talked about by women*
- *Men reported sterilized man is ‘namard’ (without masculinity); of no use in society*
- *Women worried people think sterilized man was ‘slave of his wife’*
- *Significant minority, however, did report positive descriptions of sterilized men*

*“...even husband and wife think that after the operation they will not enjoy their sex life. I asked why couple will not enjoy their sex life, then my friend laughed and said “because the tightness of the penis reduces after the operation so they will not enjoy.”*

[PRW5, F2]



## 2. Concern over sexual performance

*“My friend said “who would be willing to cut his private parts?” People who are sterilised are called barren. Nobody wants to call himself as barren or eunuch. Manliness is an identity.”*  
*[PRM2, F2]*

*“...his friend said that people laugh and make fun of the men who accept sterilisation. Some of them say “now [you] will not be able to satisfy your wife sexually...” People think he’s not a man now, he’s sexually dysfunctional. People in a village know about them, somebody would disclose their status while quarrelling, in a village people taunt them. Then entire village knew about their status.”*  
*[PRM4, F1]*

### 3. Fear the procedure

*Only a very courageous man can take the decision about male sterilisation.*

[PRW2, F3]

*Men who go for operation? Only a strong man can go.*

[PRW3, F1]

### 4. Fear of failure: severe consequences for woman, charges of infidelity & eviction from family

- May play role in women implicitly encouraging low acceptance of NSV

### 5. Availability of other methods



1. Completed family size + another reason
2. Health of mother
  - Woman considered too weak (often after cesarean)
3. Changing work patterns: less heavy work so NSV is ok
4. Simple & painless procedure (most appealing)
5. Positive experiences of NSV acceptors, though rare, powerful driver
  - Further reinforced during analysis workshop
  - Men: power of hearing good experiences persuading them to go for NSV
6. Financial reimbursements
  - Most respondents felt amount was little—would not motivate
  - Government hospitals (Rs.1,100) preferred over private sites

*“A man operated himself because his wife was sick. She became pregnant many times and every time she aborted her child. Then her husband decided for operation. Other member did not allow him, they said “use the condom or other methods, no need of operation,” but husband said “pills and other methods not suit my wife,” so he went for operation. They have never face any problem.”*

[PRW7, F2]

*“In my locality, a woman always got sick, so this husband went for operation without asking anyone in his family. When wife came to know, she said, “My husband did not tell anything to me because if he asked me then I would never allow for operation. That’s why he did not inform me.” Husband went to ASHA for operation so his mother and father shouted so much on ASHA. Now everything is fine. Husband and wife have no problem, even their sex life is normal.”*

[PRW5, F2]



*“His friend said this is a painless and there is no blood loss. It is good. People will like these things. If the doctor also guarantees nothing is going to happen [no failure], then man will accept this method.” [PRM3, F1]*

*“Yes, if women have this information about male sterilisation, that there is no pain, no stitches, then surely they will convince their husbands for operation [male sterilisation].” [PRW3, F3]*

**However...**

*[Laughing] “Without a cut, without stitches sterilisation is possible? I do not believe. Then how is it called an operation? It is not possible.” [PRW10, F1]*

*“I do not believe that without cut and stitches this operation is possible.”  
[PRW10, F2]*

*“In my village, a man went for operation and he has not faced any problem after the operation, he said the operation was very simple...”*

[PRW8, F1]

*“Friends who have already accepted male sterilisation can persuade easily. He can share his experience and clarify doubts... People will believe more those who have already accepted.”*

[PRM5, F2]

*“In my opinion, the best person who can persuade a man would be an acceptor from his village. He can tell him his experiences after NSV. He can clarify his doubts.”*

[PRM3]



- Majority of men believe they can't be influenced by others
  - As sole earner, wouldn't be willing to take a chance
  - Fear what other community members think
- Some men don't discuss & just go for NSV
  - Aware wife and family members may resist the decision
- Many believe wife can influence husband's decision when
  - wife is weak/unhealthy; and
  - experiencing problems with other FP methods

*“A wife can motivate, but only in one condition—when they complete their family and she is not well.”*

[PRW10, F1]

- Men frequently cited lack of campaigning around NSV & action needed

*“Extensive communication campaigns the way polio did will be helpful to generate awareness among people.” [PRM10, F2]*

*“I am not very happy the way they do communication related to the [male sterilisation] camps. They just put few banners; very few people come to know about the camps that are being organized.” [PRM4, F2]*

- Doctors can be best influencers (men); however

*“Doctor can motivate but later on. First friends will help him to take the decisions. People do not go to the doctor before they decide. First they take the decision.” [PRM9, F1]*

- Testimonials from acceptors considered most powerful communication tool
- ASHAs rarely cited by men; though inform about camps & accompany



- Significant # of men (esp. women) don't know where to get NSV (ASHA was resource)
- Know NSV services at block level & private hospitals; camps
- Government services almost unanimously preferred service provider
  - Considered good & free
  - Can ask for compensation in case of complications
- However, complaints:
  - long waiting times
  - decreasing quality of Dr's leading to negligence
- Few could give details on camps—good but don't hear about them

*“Government hospital, his friend mention that now people do not like to go to these hospitals, as many negligence cases has been reported in these hospitals. Doctors do not take care of the patients.”*  
[PRM8, F1]

*“If they get good doctor, then males may think of going for male sterilisation. Now the quality of the doctor is not good, people are losing faith in them. This is because of increasing negligence cases, many in all sorts of treatment.”*  
[PRM9, F2]



## Recommendations

1. Focus primarily on couples who have completed their family size
  - Ability to better educate children
  - Reduce burden of unwanted pregnancy
  - Does not compromise sex
2. Promote NSV at or soon after birth of 2<sup>nd</sup> and/or 3<sup>rd</sup> child (PPFP)
  - Women perceived too weak to undergo fem. sterilization
  - Couple have strong desire to prevent further pregnancies
  - Men most receptive to info on benefits of NSV at this time
  - Men & women both present at services &, for facility births, doctors present (communication channel men most trust)





### 3. ASHAs key link

- Most trusted by women—key in supporting & accompanying for services
- Develop materials for ASHAs to share when women and/or couples discuss FP methods
- Encourage ASHAs (women themselves) to discuss NSV with all clients using simple messages; accompany men

### 4. Address barriers in messages

- Include powerful testimonials from adopters alongside simple assurances about procedure from qualified doctors
  - ✓ *Fear of side effects (primarily physical & sexual weakness) and/or method failure*
  - ✓ *Address stigma attached to sterilised men*
  - ✓ *Tendency towards female-controlled methods & clear pattern of men adopting NSV as last resort*
  - ✓ *Low awareness of where to access NSV services*



### 5. Sharing positive testimonials

- Emphasize permanence of NSV alongside man's continued ability to work & provide for family
- Build on some women's perception that only strong/courageous men undergo NSV to reposition as manly
- Promote simple, painless, & stitch-free nature—avoid use of “operation”

### 6. Target men directly

- Critical to identify sterilized men to speak out
- Encourage doctors who perform NSV (most trusted by men) to conduct outreach to men's workplaces, etc.
- Emphasise absence of physical side effects & NSV enabling a man to fulfil role as “good” husband ; sexual performance



### 7. Target women

- Once persuaded of benefits, wives better equipped to discuss with husbands
- Focus messages on NSV providing freedom from worry at time of intercourse, few/no side effects
- May not be worthy of time & limited resources to dev. materials targeting mothers-in-law

### 8. Focus demand generation around camps

- Advertise location and dates of camps at lower-level health centers
- May make NSV appear as a minor procedure since done outside hospital

Questions or Comments?





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