



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

Roy Jacobstein, MD, MPH, EngenderHealth

Advancing Men's Reproductive Health in the United States: Current Status and Future Directions Meeting
CDC / Atlanta September 13, 2010



Managing Partner: EngenderHealth; Associated Partners: Cicatelli Associates Inc; Family Health International; Futures Institute; John Hopkins Bloomberg School of Public Health Center for Communication Programs; Meridian Group International, Inc; Population Council



- ICPD Platform of Action, Cairo (1994)
- Beijing Declaration – Fourth World Conference on Women (1995)
- Special Session of General Assembly on HIV/AIDS (2001)
- United Nations Commission on the Status of Women (2004)
- United Nations Secretary-General's Campaign: Unite to End Violence Against Women (2008-2015)



Increased Access, Quality and Use

Supply

Increased availability

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

Quality Client-Provider Interaction

Demand

Increased knowledge + acceptability

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

Meeting Clients' Reproductive Intentions

Enabling Environment

Improved policy + program environment

- 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



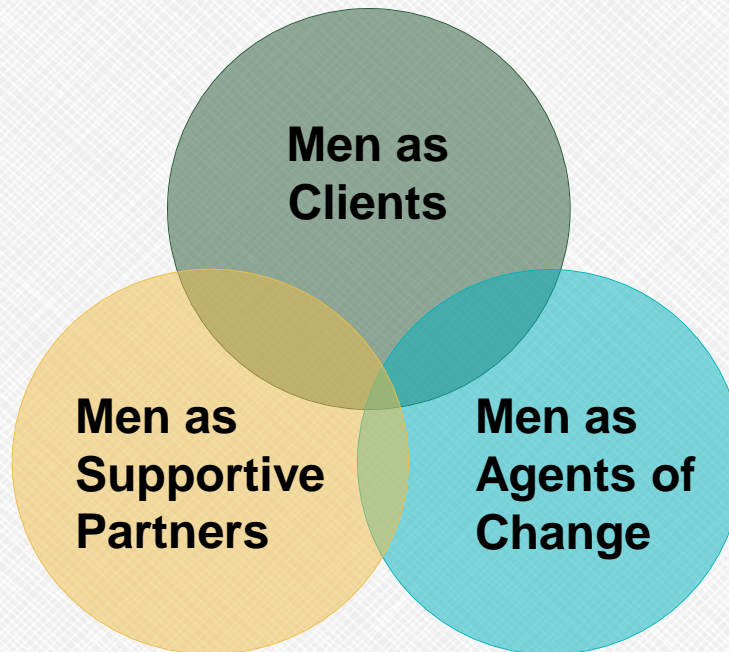
Many Barriers to FP/RH Service Access: “The Brick Wall”

Barriers to effective family planning services



Outcomes when barriers are overcome:

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



RH Technical/Programmatic Areas

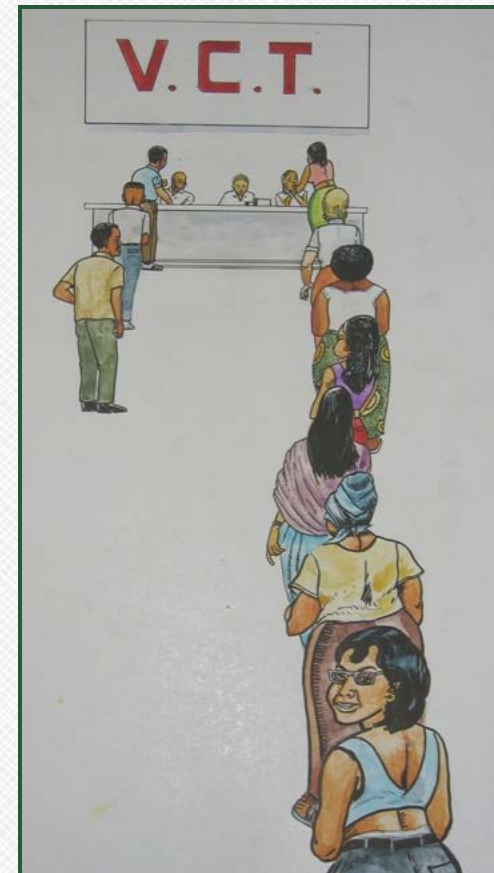
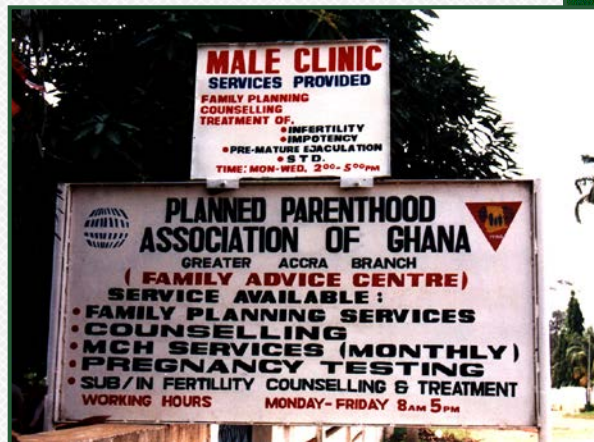
- FP
- Safe motherhood
- HIV/AIDS
- Gender
- Preventing violence against women

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





Worldwide Use of Vasectomy

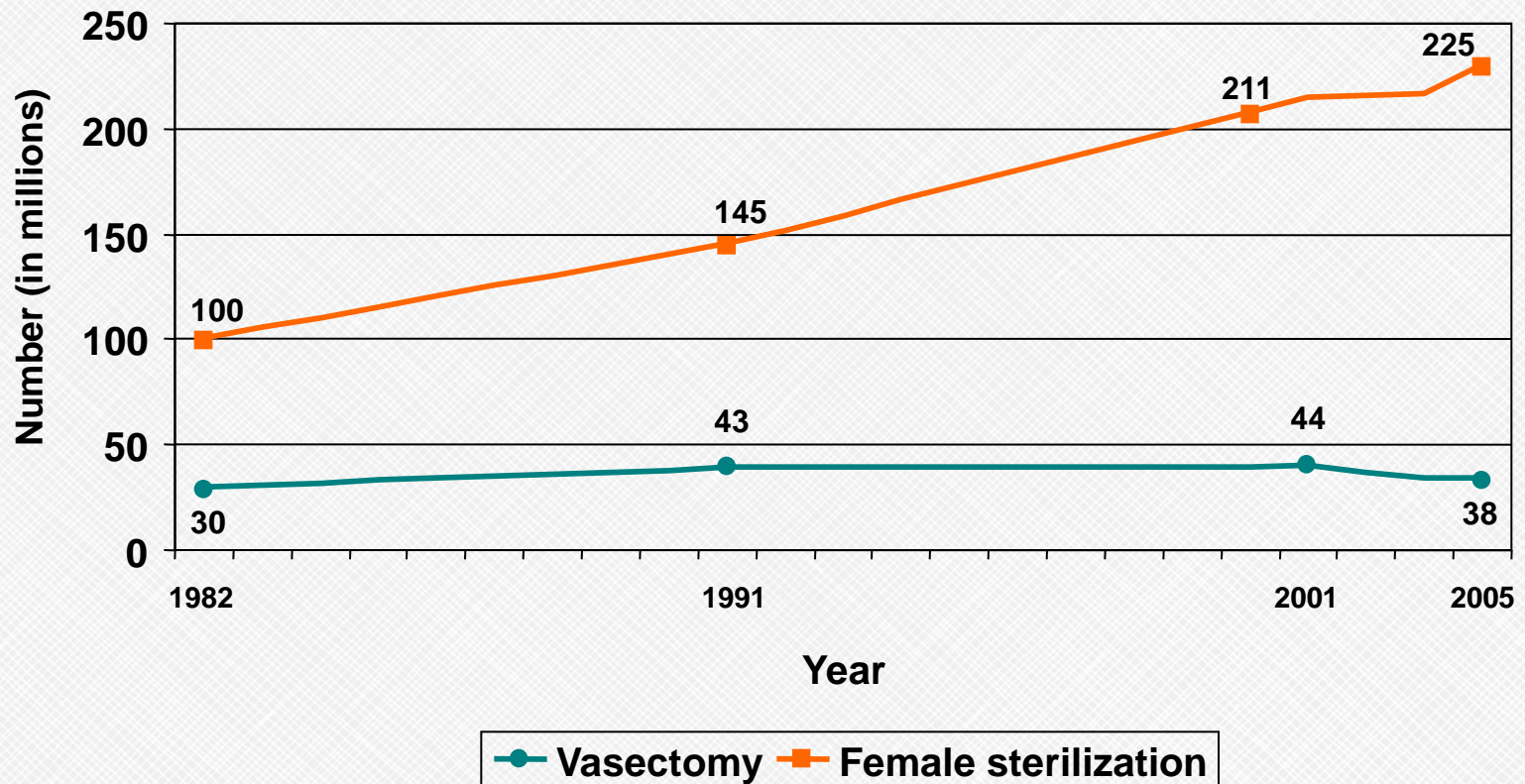
Estimated Use Among Women of Reproductive Age

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

Source: World Contraceptive Use 2005 [Wallchart] (UN 2005)



Time Trends for Couples Relying on Vasectomy and Female Sterilization Worldwide





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



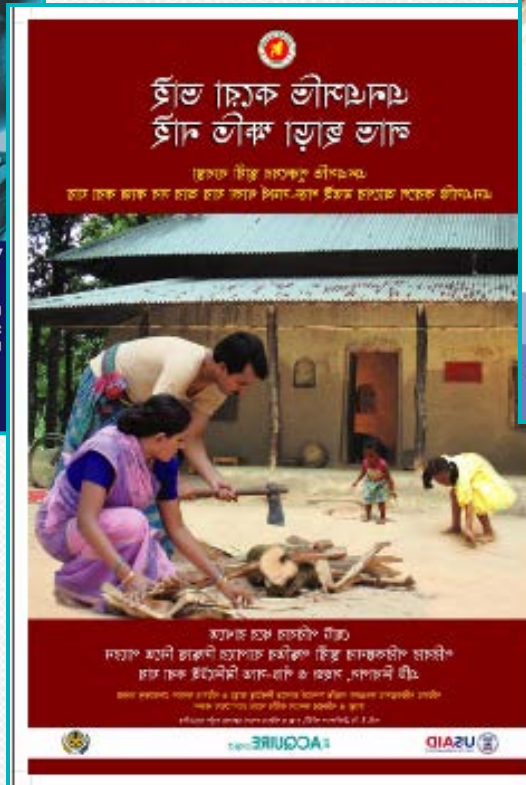
- Promote to clients, providers, programs
- Emphasize benefits, e.g.:
 - Provide for your family; love/concern for wife
 - Advantages over other methods (permanence; one act; simpler than FS)
 - Sexual satisfaction
- Address women as well as men
- Use multiple channels:
 - mass media; interpersonal communication;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



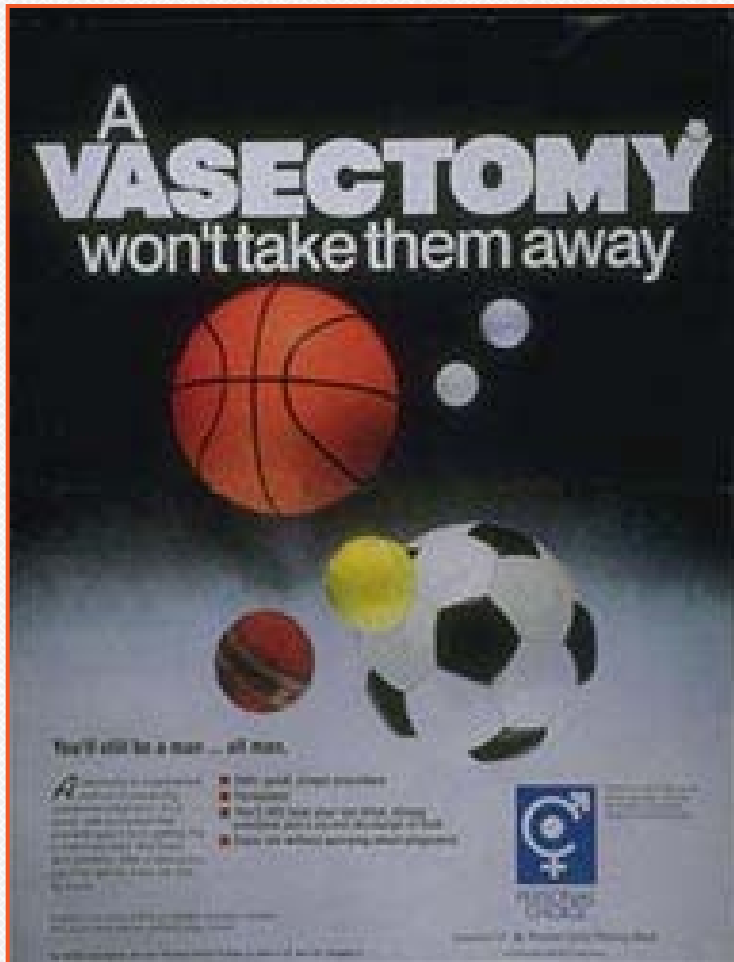
Why is this man smiling?



For more information, call the Vasectomy hotline 021 - 76 56 86



USAID
FROM THE AMERICAN PEOPLE



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FROM THE AMERICAN PEOPLE

Vasectomy



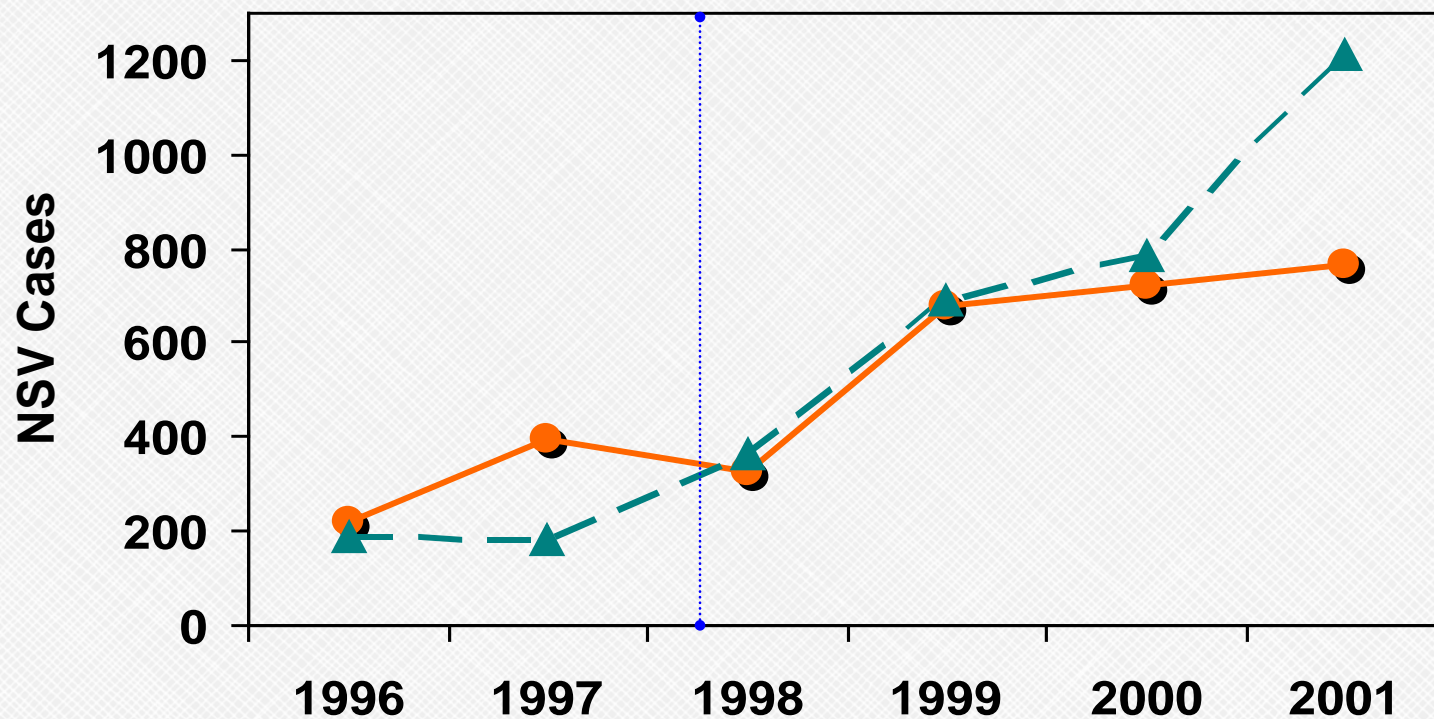
All you lose are your worries

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



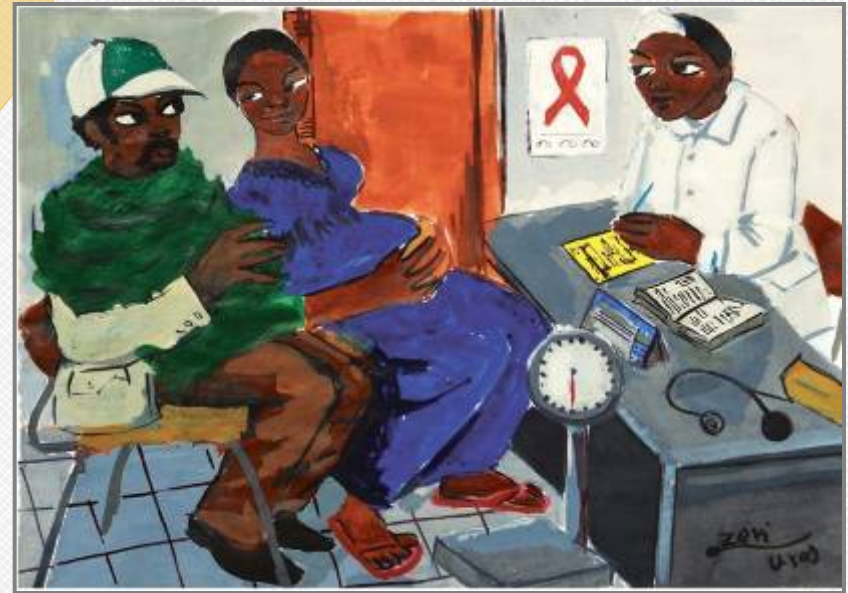
Men's Vasectomy Utilization at PWD Clinics in Punjab, Pakistan



—●— Lahore —▲— Faisalabad



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



Improving the Role of Men As Supportive Partners: MAP Project in Nawalparasi, Nepal

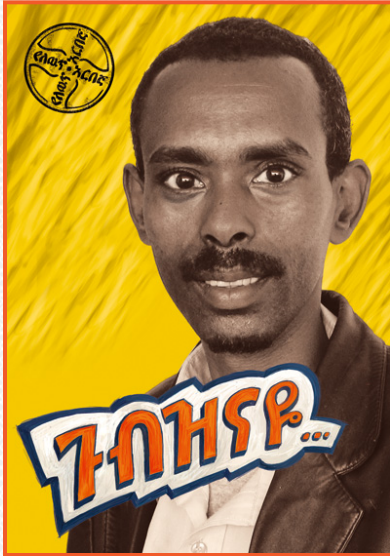
Reproductive Health Behavior:	Baseline:	Project:	% increase
Women completing 4 Antenatal (ANC) visits	342	519	52
Men accompanying partners for ANC visits	66	237	259
Women delivering at health facility or at home with a skilled birth attendant	149	178	19
New female family planning users	191	235	23
Men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



Source: Nepal Family Health Program, MAP Evaluation Report, 2004.



Men as Agents of Change





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 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*



- **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!

