VASECTOMY IN UTTAR PRADESH, INDIA: PARTICIPATORY QUALITATIVE RESEARCH INSIGHTS RELATED TO ROLE OF WOMEN

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OVERVIEW

Vasectomy rates remain extremely low in Uttar Pradesh state prevalence of vasectomy use is just one-quarter of the national average. The RESPOND Project partners EngenderHealth and Johns Hopkins Bloomberg School of Public Health Center for Communication Programs are providing technical assistance to the Government of Uttar Pradesh to expand awareness of, acceptance of, and access to no-scalpel vasectomy (NSV) services. A participatory ethnographic evaluation research (PEER) study was commissioned in 2010 to understand the reasons for the low prevalence of vasectomy and to develop an approach for increasing demand for the procedure.1

Specific study objectives included:

- Identifying levels of knowledge about and attitudes toward
- 2. Identifying how men who have undergone vasectomy and their partners are perceived by other community members
- . Understanding quality of care issues in facilities
- Assessing the nature of spousal communication around the decision to use family planning, and NSV in particular
- Gaining insight to tailor messages to promote NSV

~ METHODOLOGY

The PEER method is a qualitative anthropological approach based on the idea that building a relationship of trust with a community is essential for researching social life (Grellier et al., 2009). Community members, therefore, are trained to carry out in-depth interviews with three friends and/or other peers selected by them. Questions are asked in the third person, in terms of what others like them say or do but never about themselves directly. The method allows for information to be collected over a short period of time and provides insights into how people understand and negotiate behavior.

The study was carried out in rural Kanpur, Uttar Pradesh, India, where 23 community members (13 women and 10 men) were trained in the PEER process. Following the training, they interviewed three of their friends (conducting 68 interviews in all). Each peer researcher met with his or her peers three times to discuss:

- . Preferred family size and its rationale
- 2. Family planning methods
- 3. Male sterilization

- PREFERRED FAMILY SIZE -

Most study participants reported preferred family to consist of two parents and two children (generally one son and one daughter), usually cohabiting with the extended family. The preferred family is seen as being small and educated, with a regular income; both men and women worry about how to provide food, clothing, medicine, and education for their children if the family is too large.

- FAMILY PLANNING METHODS

Decision making around family planning appeared to be complex. The majority of the men and more than half of the women claimed that a husband and wife would decide together about what method of family planning to adopt. However, there were strong indications that in reality this is often not the case, as women are perceived as having a stronger incentive to take actions to prevent pregnancy.

Generally women prefer to use 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 aftereffects. [PRW3, F2]



Both men and women reported that while wives may bring up discussions about contraception—often suggesting a particular method to adopt— their husbands often reject such suggestions. Such rejection appeared to be driven by fears or misperceptions about potential negative side effects of contraceptives, with men more aware of their negative attributes than of their positive features.

Men's opposition to family planning use drove a number of women to take control of their fertility, choosing to adopt contraceptive use in secret. As a result, many women favored female-controlled family planning methods.

Most of the time women take the initiative, but husbands do not accept, as they fear the expenses of getting the method or complications if the method goes wrong. [PRM2, F1]

Information about family planning methods is circulated primarily by word of mouth through women discussing their experiences with different methods. Men tended to share fewer stories about family planning than did women. Community health workers were also important sources of information among women; though men reported trusting doctors the most.

~ VASECTOMY —

Both men and women reported negative attitudes toward vasectomy, sharing many stories of times when the procedure had failed or had resulted in physical weakness. Fears about weakness were main barrier to acceptance of NSV.

Mother and wife will never allow her son/husband to go for an operation. They fear he will become weak and become unable to work. [PRW4, F2]

People think it [male sterilization] causes weakness. They would not be able to carry out heavy work, so they do not go for this method. [PRM10, F3]

Worry about the impact of NSV on men's sexual performance was another barrier to use and was more frequently expressed by women. Most participants did not know that sexual performance would not be affected and feared the procedure itself, believing that only a courageous man would go for NSV. Both men and women reported that it was better and easier for a woman to undergo female sterilization even though in reality NSV is a far simpler procedure with a shorter recovery time.

Fear of failure of the procedure itself is another notable barrier

to NSV acceptance among women. NSV failure can have severe consequences for women, leading to charges of infidelity and potential eviction from the family. This finding may play a role in women's implicitly encouraging low acceptance of NSV and preferring female-controlled methods.

A wife can motivate the husband for operation, but wives fear that after the [male sterilization] operation, their husband will lose his potency and the pleasure they have before the operation will not be possible after. [PRW4, F2]

Where stories were shared

about men having undergone vasectomy more recently, the key driver appeared to be that the man's wife was seen as being too weak or sick to undergo sterilization herself. In such cases, men commonly decided to go for NSV without discussing the matter with their wife or mother, as they feared that the women would try to dissuade them from going. Sometimes when men were prepared to go for NSV, their wives argued against it in the face of fear.

> I would never allow my husband to go for an operation. I have delivered two babies so my husband said, "I can go for [male sterilization] but I said "No, we will use condoms, but you will not go..." [PRW5, F2]

RECOMMENDATIONS

- NSV should be promoted at or soon after the birth of the second or third child, when couples may have a strong desire to prevent further pregnancies and may be receptive to the benefits of NSV.
- Positive testimonials from men and their wives about recent NSV experiences should be gathered for use in social and behavior change communication messages and materials.
- NSV's ability to free a man from the risk and worry of having to provide for more children should be emphasized.
- Efforts to promote vasectomy should build upon women's notion that only very strong or courageous men go for NSV and emphasize that strength and sexual performance are not diminished.
- The procedure should be promoted as simple and permanent, avoiding use of the word "operation".
- Women need to be persuaded of the benefits of NSV. Armed with correct information, they may then be better equipped to discuss the benefits with their husbands.
- Women have a significant role to play in increasing NSV acceptance and should be included as an important audience in any social and behavioral change strategy

These and other recommendations will be used to provide technical assistance to the Government of Uttar Pradesh to expand awareness about, acceptance of, and access to NSV services.







