Promoting Family Planning with Men

Insights and Impact Based on Client Perspectives





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





India: Spotlight on NSV



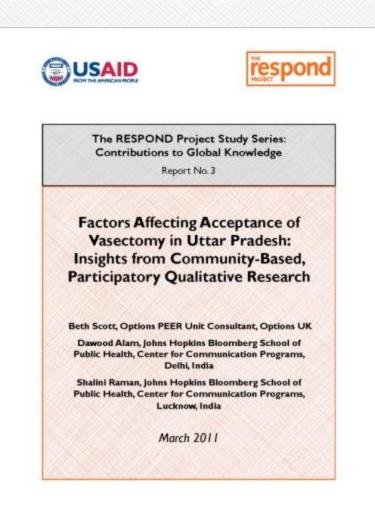




respond

PEER Approach to NSV in Uttar Pradesh, India

- 1. Identify:
 - Knowledge, attitudes, and perceptions of NSV
 - How best to support positive attitudes and acceptability
 - How those with vasectomy are perceived by community members
- 2. Understand quality of care issues
- 3. Assess nature of spousal communication around FP
- 4. Identify best ways to frame benefits and tailor messages to promote NSV







- Wife is initiator, but husbands often reject FP
- Common belief that FP is concern of women; men are actively uninterested
- Resistance to NSV is ↑ among men <u>and</u> <u>women</u>
- 5 Main Barriers
 - 1. Extreme fear of weakness (biggest factor)
 - 2. Impact on sexual performance
 - 3. Fear of procedure
 - 4. Fear of failure: severe consequences for woman, charges of infidelity and eviction
 - 5. Availability of other methods





respond Project

- 1. Focus primarily on couples who have completed their family size
- 2. Promote NSV at or soon after birth of 2nd and/or 3rd child (PPFP)
- 3. ASHAs are key link
- 4. Address barriers in messages
 - Powerful testimonials with simple assurances from qualified doctors
- 5. Share positive testimonials:
 - Emphasize permanence of NSV with man's continued ability to work and provide for family
 - Build on perception that only strong/courageous men undergo NSV reposition as "manly"
 - Promote simple, painless, and stitch-free nature—avoid use of "operation"
- 6. Focus on men directly



respond Project

Demand-Side Approaches

- Supported NRHM, Governments of Uttar Pradesh and Jharkhand in improving messaging
- Held skills-building on interpersonal counseling in sessions with ASHAs and satisfied acceptors
- Conducted ongoing coaching of ASHAs and satisfied acceptors
- Developed NSV movie
- Distributed posters and brochures on NSV
- Aired radio spots to increase awareness and acceptance of NSV



एव एक दी पुरुषों के लिए सबसी पैनियों प्रातींत प्रातांव
एव एक दी प्रविधा जलबार 20 लिया में प्राप्त पूरी
एव एक दी प्रविधा में पर्य जलबार में बायवा
लावारी प्रायान एक गई में बाद प्राप्त प्रायंत प्राप्त प्राप्त है
एक एक दी में बाद में पुरुषों की लिए प्रातीनक क बीचे स्वायल प्राप्ते जेला दी भाषाया
लावारी एव एक दी में बाद भी जोई भी भारी करू प्राप्त जेला ही कर सामय है

ter en die gelinde is be geliefe die en anwerdert is an it wit







Key Messages

- NSV does not cause physical weakness:
 - Explain it is not surgery; no major blood loss involved
 - No incision, hence no suture; confirm with doctor before accepting NSV
- NSV is a simple procedure, completed in 10–20 minutes:
 - Client can go home on his own in an hour after NSV
- NSV does not cause sexual weakness
 - NSV does not affect sexual performance
 - Man can talk with satisfied acceptor







Impact

- Uttar Pradesh (UP): 44 facilities supported in nine intervention districts
- Jharkhand: 19 facilities supported in three districts
- Three-fold increase in NSV acceptance (2% to 11%) in nine UP project districts
- Jharkhand: significant increases in West Singhbhoom, Bokaro, and Ranchi
- No cases of complications reported in 2012 from project districts





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



www.respond-project.org

Photo credits:

Slide 1, C. Svingen/EngenderHealth; Slide 4, Staff/EngenderHealth; Slide 6, Staff/EngenderHealth; Slide 11, M. Wahome/EngenderHealth; Slide 23, Staff/EngenderHealth; Slide 28, B. Jones/EngenderHealth; Slide 30, E. Uphoff/EngenderHealth.











