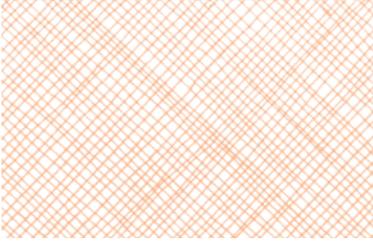
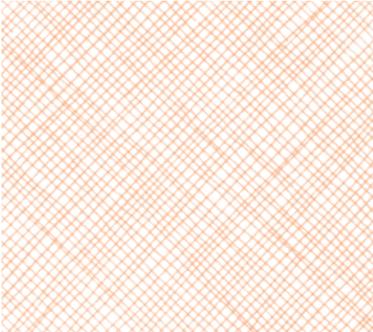


# Factors Affecting Acceptance of Vasectomy in Uttar Pradesh:

## *Insights from Community-Based, Participatory Qualitative Research*



### OVERVIEW

While vasectomy was common in India from the 1950s through the early 1970s, by the late 1970s rates began to decline, concurrent with increases in rates of female sterilisation (EngenderHealth, 2002). In recent years, India's central government has renewed its focus on vasectomy and intends to increase the uptake of this family planning method. The increased attention to vasectomy reflects the government's interest in shifting responsibility for family planning from women to men, in redressing gender inequity, and in attaining population stabilisation in a short period of time. While there has been a perceptible shift in focus on male sterilisation in recent years in a number of Indian states, vasectomy rates remain extremely low in Uttar Pradesh—the prevalence of vasectomy use is just 0.2%, one-quarter of the national average prevalence of 0.8%.

The RESPOND Project partners EngenderHealth and Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (JHU•CCP) are providing technical assistance to the Government of Uttar Pradesh to expand awareness of, acceptance of, and access to no-scalpel vasectomy (NSV) services.<sup>1</sup> A participatory ethnographic evaluation research (PEER) study was commissioned to understand the reasons for the low prevalence of vasectomy in Uttar Pradesh and to contribute to developing an approach for increasing demand for the procedure. Specific study objectives included:

1. Identifying levels of knowledge about, attitudes toward, and perceptions of NSV
2. Identifying how men who have undergone vasectomy and their partners are perceived by other community members
3. Understanding quality of care issues in private and public facilities
4. Assessing the nature of spousal communication around the decision to use family planning, and NSV in particular
5. Providing information that will enable the project to tailor messages to promote NSV in terms of the benefits of the method and the ways in which it can improve couples' lives

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

<sup>1</sup> NSV is a refined approach for isolating and delivering the vas for male sterilisation. The technique uses vasal block anesthesia and specially developed instruments to access the vas without the need for either a scalpel to incise the scrotum or sutures to close an incision. NSV results in fewer complications, causes less pain than conventional vasectomy approaches, and allows quicker return to sexual activity.

(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. All 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 behaviour. The method tends to reveal contradictions between social norms and actual experiences, providing crucial insights into how people understand and negotiate behaviour (Price & Hawkins, 2002).

The study was carried out in rural Kanpur, Uttar Pradesh, India, where 25 community members (13 women and 12 men) were trained in the PEER process. Following the training, they returned to their villages, and all 13 women and 10 of the men interviewed three of their friends (conducting 68 interviews in all), using interview guidelines developed during the training. Each peer researcher was expected to meet with his or her peers three times to discuss:

1. Preferred family size and its rationale
2. Family planning in general, and specific family planning methods
3. Male sterilisation

### PREFERRED FAMILY SIZE

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

In the preferred family, all family members, not just the father and/or the children, are educated. An educated husband can make good decisions, get a job with a regular income, and thus provide for his family. An educated mother can take good decisions in running the household and also can encourage and support the children's schooling. And educated children will eventually be able to find good jobs themselves.

### FAMILY PLANNING AND FAMILY PLANNING METHODS

Decision making around family planning appeared to be complex, as a range of players are involved, and stories often presented a different reality from that

reported when respondents gave theoretical answers to questions. For example, many claimed that such decisions are taken by husbands and wives together, without the involvement of others. Examples, however, provided a contrasting view, one in which husbands or husbands and mothers-in-law made family planning decisions without much involvement of the wife. In a joint household, the parents-in-law at least try to influence such decisions, while in a nuclear household, the husband or couple decide more independently.

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. Again, however, there were strong indications that in reality this is often not the case, with both men and women reporting that while wives may bring up discussions about contraception—often suggesting a particular method to adopt—their husbands often reject such suggestions. Such rejection by men appeared to be particularly driven by fears or misperceptions about the potential negative side effects of contraceptives, with men tending to be much more aware of their negative attributes than of their positive features.

Such decision making drove a number of women to take control of their fertility, choosing to adopt contraceptive use in secret. As a result, many women favoured female-controlled family planning methods. This practice was driven by a commonly held belief that pregnancy and family planning are primarily the concern of women, not of men.

A range of family planning methods were reportedly used, including oral contraceptives; condoms; intrauterine devices (IUDs), especially the Copper-T; injectables; and female sterilisation. Male sterilisation was reported to be the least commonly adopted contraceptive method.

Information about family planning methods is circulated primarily by word of mouth—women discussing with each other their experiences with different methods. Men seemed to discuss such matters with their friends much less frequently: Men never referred to “word of mouth” when asked about forms of communication, and they tended to share fewer stories and examples about family planning decision making and methods than did women.

**Close friends who have already undergone male sterilisation will be helpful to motivate others. He can share his experiences after the male sterilisation. [PRM4, F2]**

Accredited social health activists (ASHAs) 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 not worked or had resulted in physical weakness, thus limiting a man's ability to provide for his family. Fears about weakness resulting from the procedure were common among both men and women and served as one of the main barriers to acceptance of NSV. Most of these stories appeared to come from the experiences of men in previous generations, though this did not stop them from acting as powerful deterrents to the adoption of NSV. (Female sterilisation, on the other hand, was widely accepted and common, with people reporting that women are happy to go for the procedure. Moreover, many believe that it matters less if women become weak afterward, as their place is in the home, not undertaking heavy work outside the house.)

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 sterilisation 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 for the procedure. In some areas, men clearly were adopting NSV after hearing of other men who had undergone the procedure recently with no problems.

Worry about the impact of NSV on men's sexual performance served as another barrier to use of the method and was more frequently expressed by women. Most participants did not know that sexual performance would not be affected and feared the procedure, believing that only a courageous man would go for NSV.

While some positive stories about vasectomy were shared, it was also noted that men would not tell other people if they had been sterilised, fearing being shamed and taunted by community members, who might refer to them using such words as *namard* (meaning infertile). Women also worried that a sterilised man would be thought of as a "slave to his wife."

Fear of failure of the procedure itself is another notable barrier to NSV acceptance. Overall, respondents were much more likely to report failed vasectomy cases than failed female sterilisation procedures. Failure of vasc-

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

tomy cases 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.

Most considered that it would be difficult to persuade a man to opt to undergo NSV, even if he were offered a financial reimbursement. However, when given more information about the procedure, many people thought that it might be possible to persuade a man to go for NSV, particularly if those who had experienced a successful sterilisation procedure spoke with them and if doctors (the most trusted information source) provided such men with accurate information about sterilisation. It was thought that most men would prefer to go to government rather than private services, given that they would receive a financial reimbursement at the former but not at the latter.

While more people spoke about the negative perceptions of vasectomy, some also provided insights into the potential benefits of or drivers for NSV uptake. Vasectomy was a desirable choice when a family is considered complete, since it is a permanent method. While female sterilisation was often adopted instead, vasectomy might be considered when this and another factor exists. These other factors include worry over the health of the mother when a woman was considered too weak to undergo sterilisation herself—often after a cesarean delivery.

The idea that NSV is a simple and painless procedure was most appealing to men as they reconsider NSV as a viable family planning method. Further to that, positive stories and examples of successful NSV cases were among the most powerful drivers for NSV uptake. After hearing such testimonials, many women were encouraged, and men were more open to go for the procedure.

Notably, many men and women were unable to say where vasectomy services were offered, though most knew they could obtain this information from an ASHA. Government services were almost unanimously preferred, as they were considered of good quality, they were free, and if complications were to occur, one could seek compensation. With that said, complaints over long waiting times and decreasing quality of doctors at government facilities were also mentioned.

## RECOMMENDATIONS

The words and experiences of the peer researchers and their friends suggest a number of meaningful actions that might be taken in Uttar Pradesh to increase demand for and uptake of NSV services in rural Kanpur. These include the following:

- Efforts to promote NSV should focus on couples who have completed their families.
- NSV should be promoted at or soon after the birth of a couple's second or third child, when they may have a strong desire to prevent further pregnancies and when men may be receptive to the benefits of NSV.
- Since men see doctors' opinions as credible and value them greatly, it is important to build on doctors as a trusted source of information in promoting NSV.
- Shopkeepers at medical stores and ASHAs can be trained to promote NSV and distribute informational materials when clients come to them for family planning methods.
- Positive testimonials about recent NSV experiences should be gathered for use in social and behaviour change communication messages and materials.
- The permanent nature of sterilisation needs to be emphasised, alongside a man's continued ability to provide for his family following an NSV.
- NSV's ability to free a man from the risk and worry of having to provide for more children should be promoted.
- Efforts to promote vasectomy should build upon women's notion that only very strong or courageous men go for NSV.
- The procedure should be promoted as simple and painless, avoiding use of the word "operation" in conjunction with NSV.
- Postprocedure fertility tests by service providers should be promoted, to enhance men's confidence in NSV.

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- Programs not only should promote the benefits of NSV, but should also more widely disseminate information about NSV service providers and male sterilisation camps (Male sterilization camps are organized by the Government of Uttar Pradesh to meet the family planning needs of male clients; these camps provide counseling in an environment of informed choice, and they give the few trained NSV providers in the state an opportunity to provide better access to this method).

These recommendations will be used by the RESPOND Project in providing technical assistance to the Government of Uttar Pradesh to expand awareness about, acceptance of, and access to NSV services. RESPOND's technical assistance is supportive of and synergistic with the state's planned interventions and activities and sets the stage for expansion and scale-up of NSV interventions across the state. The insights gleaned from this study are intended to help the Government of India, as well as private-sector partners, address unmet need for limiting future births in Uttar Pradesh, in an environment of informed choice.

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