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FINAL REPORT

Assessment of Barriers to Vasectomy in Honduras  
and Implementation of Strategies to Increase Demand  
for Voluntary Male Surgical Contraception

Phase I

ASHONPLAFA -- AVSC

Victoria M. Ward, M.A.  
Jane T. Bertrand, Ph.D.  
Lic. Margarita Suazo

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**PART ONE: ASSESSMENT OF BARRIERS TO AND POTENTIAL DEMAND FOR VASECTOMY**

**I. INTRODUCTION**

Acceptance of vasectomy lags far behind female sterilization in Honduras. While in 1987, the private family planning association of Honduras, the Asociación Hondureña de Planificación de Familia (ASHONPLAFA) performed 8,255 female sterilizations, only 34 men obtained vasectomies in this period<sup>1</sup>. Although ASHONPLAFA has offered vasectomy services since 1977, little effort has been made to specifically promote the procedure among men in Honduras.

ASHONPLAFA'S reluctance to specifically promote vasectomy has been due in part to lingering doubts among program planners with respect to its acceptability among the male population of Honduras. For a brief period, the voluntary surgical contraception (VSC) program employed two special vasectomy promoters. However, this effort was unsuccessful in increasing demand for male VSC. This may have been partially a result of the fact that the promoters were not entirely convinced of the advantages of vasectomy.

This negative experience with vasectomy promotion convinced ASHONPLAFA that, prior to implementing any wide scale strategy to increase demand for male VSC a systematic investigation of the potential barriers to vasectomy was necessary.

In neighboring Guatemala, an operations research project, financed by the Association for Voluntary Surgical Contraception demonstrated that the demand for voluntary male sterilization increased significantly in response to messages broadcast on radio and educational/promotional activities carried out by a male educator<sup>2</sup>.

While the Guatemalan results indicated that increasing demand for VSC was possible through the use of appropriate communication strategies, it was theorized that the Honduran situation was substantially different than that of Guatemala with respect to knowledge and attitudes concerning vasectomy. It

<sup>1</sup> Asociación Hondureña de Planificación de Familia (ASHONPLAFA), Informe de Labores, 1986.

<sup>2</sup> J.T. Bertrand, R. Santiso, S.H. Linder and M. A. Pineda, "Evaluation of a Communications Program to Increase Adoption of Vasectomy in Guatemala", Studies in Family Planning, Vol 18, No. 6: December 1987.

was felt that there would be a need for different types of strategies to increase demand for male VSC among men in Honduras.

The present study is the first phase of an operations research project designed to assess the potential barriers to vasectomy prior to launching a communications program directed towards increasing demand for male VSC. The study was financed by AVSC and conducted by ASHONPLAFA in collaboration with consultants from Tulane University in New Orleans.

Phase I of the OR project consisted of exploring knowledge and attitudes of men in selected areas towards vasectomy and designing strategies to augment demand for the operation. The first part of the present document reports on the results of the research activities conducted as part of Phase I and Part Two outlines the design of Phase II, the implementation and evaluation of a communications program to increase demand for voluntary surgical contraception.

## II. RESEARCH DESIGN

In order to assess the barriers to vasectomy and potential demand for the procedure, a modified knowledge, attitudes and practice (KAP) survey was conducted, as well as a series of focus group discussions (guided group interviews). The research activities were conducted in two areas of Tegucigalpa and a community in San Pedro Sula. In Phase II, communications strategies will be piloted in two of the areas and the third area will serve as a control.

The series of 13 focus groups and the survey were conducted in three low income semi-urban areas. Areas included in the study were selected on the basis of comparability in terms of: 1) socioeconomic status; 2) size; and 3) access to vasectomy services.

The focus groups were conducted in May and June of 1987, while the survey was conducted in August and September. This allowed time to analyze the results of the focus group sessions in order to modify the survey instrument.

Men between the ages of 30 and 50 were considered eligible for participation in the focus groups and were interviewed in the survey. In order to limit potential bias as a result of the focus groups, those men who had participated in the focus group sessions were not included in the survey sample. More detailed descriptions of the focus group and survey methodology are provided below.

### III. FOCUS GROUPS

Focus group discussions are guided group interviews led by a facilitator who covers a series of topics in a 1 to 1 hour period. Although the issues to be discussed are pre-determined, the moderator allows a relatively free-ranging discussion to take place.

The data obtained through focus groups is not limited to responses to direct questions. Therefore, this methodology provides information which tends to be descriptive and detailed. It is hypothesized that this type of data provides greater insight into attitudes and beliefs than do conventional quantitative methodologies.

The focus group methodology also allows participants to express concerns which may not have been foreseen by the researchers. Furthermore, the sessions take advantage of group dynamics and are felt by many practitioners to be an excellent source of attitudinal data.

In exploratory research such as the present study, focus groups are particularly useful in that they provide researchers with information concerning the ways in which the target population conceptualizes and articulates ideas relevant to the issue under investigation. Consequently, focus groups are particularly useful in aiding researchers to generate hypotheses and to develop more structured instruments with which to test these hypotheses.

In the present study the focus group sessions enabled researchers to explore the ways in which men view vasectomy and the terminology with which they discuss VSC. The open-ended discussions allowed the participants to freely express their ideas concerning VSC and related issues such as responsible parenthood, willingness to use male methods of family planning (FP) and ideal family size.

The focus groups provided the researchers with the opportunity to acquire information concerning the beliefs these men hold in their own words. This information in turn was used to modify the survey instrument.

#### A. Objectives

The principal purpose of the focus group sessions was to obtain qualitative information concerning opinions and beliefs about vasectomy, in order to determine possible barriers to voluntary surgical contraception (VSC), as well as potential demand for the operation amongst men in selected areas of Honduras.

The specific objectives of the focus groups were:

- to obtain information concerning the attitudes and beliefs of these men with respect to VSC.

- to discover the terminology used by the participants concerning responsible parenthood, family planning and other related topics, in order to use this information to modify the survey instrument.
- to ascertain whether there were issues and concerns expressed by these men which had not been addressed by the survey instrument.

## **B. Focus Group Methodology**

Twelve focus group sessions were held amongst men in the 3 selected communities. Four groups were held in each community, amongst men between 30 and 50. An additional focus group was held amongst men who had already undergone VSC.

Although random selection is not considered necessary for focus groups, men were randomly chosen using a cluster sampling method whereby a specified number of blocks were first identified. Within the selected blocks, interviewers visited every third household until they found a candidate for inclusion in the sample. A maximum of two candidates were chosen from each block, for a total of 22 men invited per session (only 8-12 were to participate). When additional invitees arrived, they were given general information on family planning methods.

The focus group sessions were held in community buildings within the selected areas. The sessions were conducted by a psychologist trained in the focus group methodology, and an observer assisted and took notes on the proceedings. A translation of the discussion guide is contained in Appendix A.

Sessions were tape-recorded and transcripts were made of the recordings. Unfortunately, the tapes of one of the sessions were not usable due to technical difficulties, thus, transcriptions from 11 sessions among non-vasectomized men were used in the analysis. The transcriptions, along with the observers reports, were then analyzed by the researchers.

## **C. Limitations**

The focus groups were conducted by a male facilitator and observer. It was felt that the results would be biased by the presence of the female researcher who later analyzed the results. The fact that the researchers did not personally observe the focus group sessions poses a potential limitation in that it is difficult to determine whether nuances of meaning or context may have been lost.

In order to minimize the effects of this limitation, one of the researchers observed the pre-test session and the researchers listened to tapes of the first sessions immediately after they were conducted in order to correct any methodological problems as early as possible.

## **D. Results**

### **1. Responsibility for family planning**

The focus group participants frequently stated that men should be equally responsible for family planning. However, they also acknowledged that it is generally the women who use a family planning method, frequently because of "machista" attitudes on the part of men.

"I think the woman should be the one to have the operation, not the man; we men are like that. Its 'machismo'".

"Yes, I've heard of the operation, but the majority of men think that the woman should be the one to have the operation. The man only has his relations and the woman has to worry about how to take care".

Some of the comments made indicated that, although women may be the ones to actually use a FP method, the perception of the participants was that it is the male who decides which partner will use a method. The opinion that women are in fact primarily responsible for using a FP method predominated, although it was frequently mentioned that men should share this responsibility.

"I live with a young woman; I sent her to get an operation".

"It should be as much the woman's as the man's responsibility, because one should tell the woman to use family planning".

The fear that women who use a FP method would then engage in extra-marital affairs freely was frequently expressed. This was mentioned as a reason for which men might tell their wives to discontinue the use of a FP method. Some of the respondents claimed that women should have the operation because the men are the ones who have to work. This was strongly related to the common belief that vasectomy would cause weakness and a consequent inability to do heavy work.

### **2. Ideal family size**

The discussion concerning ideal family size indicated that many of the participants felt that family size should be limited to 2 to 4 children. A number of the men stated that they had more than 4 children, and it was frequently mentioned that the ideal family size depended on the family income and ability to support many children

### **3. Knowledge of vasectomy**

When asked if they had heard of vasectomy the men in these groups frequently claimed never to have heard of the operation. A few had heard of it, through rumors of men who had purportedly undergone VSC. A couple of the men claimed to have heard of male methods in the context of being informed about FP methods in general, but, this was the exception.

Despite the fact that most of the men in these groups had not heard of vasectomy, they expressed their opinions concerning the nature and effects of male sterilization, and participated in the discussion of appropriate communications strategies. The facilitator was instructed to give only a minimal description of the operation in the case that no one in a group had heard of it. They explained merely that it was a simple operation which men could have in order not to have more children.

Some of the participants who described the operation gave descriptions which were correct in general terms. Several said that something was tied so that sperm could not pass and that it was similar to female sterilization. None of the men in the focus groups claimed to believe that the operation would involve castration or removal of the testicles. The following statement is illustrative of the comments made concerning the nature of the operation:

"I truly know very little; of course I don't think they would cut off the testicles; they cut something inside, I don't know what it is called but they cut it and tie the two parts, then one is sterile".

### **4. Opinions and beliefs concerning vasectomy.**

Many of the men who had not heard of the operation prior to the session felt that men who underwent VSC would "not be the same" afterwards. They assumed that they would become "less of a man".

The beliefs that vasectomized men would experience changes in weight (both gains and losses), not be able to do heavy work, and experience diminished sexual ability were frequently mentioned.

Several different reasons were given to explain the belief that vasectomy would cause weight gain or loss. Some equated vasectomy with other FP methods, for example:

"I've seen many women who take the pills, some of them get very thin and others become fat."

Others felt that potential weight gains were due to the retention of sperm or related to the characteristics of castrated animals:

"...sometimes they get a little fatter, because they no longer use so much energy and its healthier."

"...it could be like with puppies, afterwards they get fatter."

Respondents frequently expressed their belief that vasectomy would cause loss of health and strength and affect their ability to do heavy work.

"No operation for me, one does heavy work, the operation damages one so they can't do heavy work."

"One becomes vulnerable to any illness, one couldn't do anything strenuous and would have to be careful all the time."

Other commonly stated beliefs concerned vasectomy's supposed effects on sexual ability and enjoyment. The fear of impotence was expressed; as well as the idea that vasectomy would prohibit ejaculation.

"Once you have the operation the semen is retained. What pleasure would there be in making love?"

In contrast to the above statements, a couple of participants knew female sterilization carries greater risk than vasectomy and felt that the man should be the partner to undergo VSC.

#### **5. Potential disadvantages of vasectomy**

In addition to the erroneous beliefs concerning vasectomy, men expressed concerns relating to the real effects of the operation. These doubts were directly related to the permanent nature of the operation. Some of the reasons given for not desiring a permanent male method included:

"For me it seems like a good idea (I have 5 kids) but it could cause problems for others. For instance, what if a man's wife dies leaving him with only 2 kids. Then he wants to marry another woman, he would have to have a child with her so there would be more love (between them, sic)..."

The belief that having a child with a woman improves the relationship or is a necessity appeared to be quite common and was expressed in various ways.

"On one hand the operation would be good, on the other hand it would be bad, because sometimes a woman demands that a man give her a child. If he's operated she would look elsewhere."

#### **6. Attitudes Towards Vasectomized Men**

Very few of the men interviewed had ever personally known a vasectomized man or had even heard of one. Those who claimed to have heard of men who had obtained a vasectomy generally made only negative comments.

"This man was very debilitated after having the operation; he no longer wanted to have sexual relations."

"I know of a case about 8-10 years ago, some North Americans; after they had the operation they couldn't have sex and then they couldn't have kids because they couldn't have sex."

"...they say he's dumb...she's running around with other men."

"Women would laugh behind their backs"

### **7. Opinions Concerning Condoms**

The participants frequently stated that condoms were only for use during casual sexual relations outside of marriage or union. They were not for use with one's wife or long-term partner. The focus groups indicated that some of the reasons for this are that: (1) condoms are felt to be primarily for disease prevention, rather than contraception; and (2) they are believed to be harmful to women's health.

"... there are men who use condoms but, its really very bad for the health. In my case, I've used them in the street (extra-maritally). I won't use them with my wife because its primarily to avoid venereal diseases."

"I have only used them with "common women." I have never used that with my wife"

The belief that condoms are "hot" and consequently harmful to women's health was frequently expressed in many of the sessions. One possible explanation for this belief may be that some women's adverse reactions to the lubricants used on condoms are interpreted as causing "heat".

### **8. Communication of Vasectomy Information**

Participants in the sessions tended to view radio and television as the "best" means of communication for vasectomy information. Radio was mentioned the most frequently in the groups as the most appropriate means of communication.

Men in the focus group sessions often stated that physicians, or other health workers would be the most credible source of information on vasectomy. The opinion that only a health professional could provide reliable information concerning the nature of the operation was frequently expressed.

Some of the men felt that a vasectomized man would be a good source of information concerning vasectomy. It was felt that a vasectomized man would be best able to provide information about the effects of the operation and whether or not one experiences changes after obtaining a vasectomy.

## **8. Characteristics of a vasectomy clinic**

### **a. Clinic hours:**

Many of the participants suggested that the clinic should be open in the afternoons, after work hours. Saturday afternoon was frequently mentioned as the best time for the clinic to be open.

### **b. Services to be offered:**

The men in the groups were asked what services, in addition to vasectomy a clinic should offer. The most commonly mentioned service was medical care for children. This was suggested in nearly all of the groups.

### **c. Separate male clinic:**

The groups were asked if they thought that a man going to a clinic to obtain a vasectomy would be bothered, or change his mind if he had to wait in a common waiting room with women. A few of the men said that they thought some men might feel uncomfortable waiting with women who would know that they were there waiting to obtain VSC. However, quite a few stated that since a person who arrived there would have already made the decision to have the operation, they would not change their mind because they had to wait with women.

## **9. Interest in vasectomy**

Amongst the men in these groups only a few claimed to be interested in obtaining a vasectomy. Some said they might be interested if they knew more about it and many expressed interest in receiving more information concerning male voluntary sterilization.

Many of the men said that they definitely were not interested in having a vasectomy. Some of their comments included:

"I wouldn't get to that point. It would be frustrating, because afterwards one would go after men."

"My opinion is that the injection would be all right, but not the operation. Afterwards, one would be nullified."

"... not for me ... it would not be convenient to get any treatment like that. I don't know if its due to this Indian and Latino blood we have; one always has one's "machismo", that predominates in us.

#### **E. Summary and Discussion of Focus Groups**

The results of the focus group sessions indicated that there are a number of potential barriers to vasectomy among this population. However, there also seemed to be a substantial degree of interest expressed concerning the nature of the operation and many of the participants requested more information about it.

Furthermore, men in these groups indicated that they feel they play an integral role in family planning decisions and many felt that they should take greater responsibility for contraception. This information suggests that a communications campaign directed towards augmenting demand could potentially prompt men to decide to undergo VSC.

In terms of the means of communication to be used, these men felt that radio and television would be the most appropriate, given that "everyone" listens to them. In addition, they thought that a physician should provide information about the operation.

It was suggested that the clinic be open during the evenings and on Saturdays. It is of note that these men thought that whether women were present or not was of little importance since men who arrived there would have already made the decision to undergo VSC.

Some of the factors which were of particular help in making modifications to the survey instrument included:

- Although very few participants had heard of vasectomy, after learning that it was a minor operation to prevent men from having more children, they freely gave their opinions on its potential effect. This suggested to researchers that while knowledge levels might be very low amongst this population, it was still feasible to ask all respondents about their opinions and beliefs concerning male VSC.
- There had been some doubt concerning the practicality of asking men what their ideal family size was, since it was felt that they would respond that only God could say. However, in the focus groups it was found that men had definite ideas concerning what an ideal family size would be.
- The wording on many of the questions was modified upon the basis of the information derived from the focus groups.

#### **IV. SURVEY**

The survey conducted as part of the baseline study generated additional information on the opinions and beliefs of men with respect to vasectomy, the provision of vasectomy services and the appropriate means of communications for the dissemination of vasectomy information.

The survey provided data which serves to substantiate and complement the focus group results. Furthermore, the survey, with a larger, more representative sample enables researchers to provide quantitatively validated information which is more easily generalizable. Since the validity of survey research is widely accepted in the population field, program administrators can more confidently base planning decisions upon the results.

##### **A. Survey Objectives**

The specific objectives of the survey include:

- Explore attitudes towards male VSC among a larger, more representative sample than that of the focus groups.
- Assess barriers to and potential demand for VSC among men in this population.
- Examine this population's opinions concerning the way in which services should be provided and appropriate means of communication to promote VSC.

##### **B. Survey Methodology**

###### **1. Sample Size**

The baseline survey was conducted among approximately three hundred men in each of the three communities, for a total sample size of 959. This sample size (of 300 per area) provides a sampling error of .06, thus, there is a 95 percent certainty that for an estimate of 50 percent the true value would lie somewhere between 44 and 56 percent. Since this is the worst-case, confidence intervals around most estimates can be expected to be somewhat smaller.

## **2. Sampling**

The sampling framework for the study consisted of men between the ages of 30 and 50 living in the three selected communities. Detailed maps were acquired from the National Census Bureau and were used to identify individual households for inclusion in the sample. A systematic sample was taken using a sampling fraction based upon the estimated proportion of men in the eligible age range in the overall city population. There is no reason to believe that the proportion of eligible men in the selected areas differs from the total population.

Trained male interviewers visited households selected for inclusion in the sample and attempted to interview an eligible man (between the ages of 30 and 50). If there was more than one eligible man in the household, the oldest man was interviewed; if the eldest male was not at home any eligible male was included.

In the case that a man was not at home, or no one was at home at the household, the interviewers were instructed to make two call-back visits (for a maximum total of three visits before going on to the next house on the list. If an eligible male refused to answer the questionnaire, or if no eligible respondent lived at the house the interviewer took note of the case and went on to the next selected household.

## **3. Data collection**

The survey instrument used was based upon the similar research conducted in Guatemala mentioned above. Modifications were made to the survey instrument on the basis of the focus group results. In addition, the questionnaire was pre-tested in the field as part of the interviewers' training process.

## **C. Results**

The survey results are reported below. Information on most variables is reported by areas and chi-squares are calculated for selected variables. The chi-square test provides a comparison of inter-group differences. The results of the test are reported in terms of p-values. If a p-value is less than .05 there is a significant difference between the groups. However, it should be noted that a statistically significant difference is not always of a magnitude to be considered relevant.

### **1. Sociodemographic Information on Respondents**

Men between the ages of 30 and 50, were eligible to be interviewed for the study. The mean age of respondents was 39 years. Slightly more of the

respondents were in the 30 to 40 age group than in the 40 to 50 age group (58 percent to 42 percent, respectively). All of the groups were similar with respect to age (see Table 1).

Educational levels among the population were relatively low; 79 percent had not gone beyond the 6th grade of school. However, the majority (87 percent) had received some formal schooling and 59 percent had at least three years of schooling and could thus be assumed to be literate. This suggests that simply written communications need not be excluded from the educational/promotional program to be implemented in Phase II. The three areas were similar with regard to education.

Most of the men in this sample were employed at the time of the survey. There was some difference between the groups in terms of employment status with men in Area 3 being slightly less likely to hold a job (87 percent compared to 95 percent for those in Area 2 and 90 percent in Area 1).

The majority of the respondents (72 percent) were Catholic and 75 percent felt that they were "somewhat religious", with only 10 percent claiming to be "very religious". While the p-value of .0019 indicates that these groups were significantly different, it appears that this statistical difference is largely caused by the fact that fewer of the respondents in Area 3 answered this question.

The vast majority of the men (92 percent) in all three areas were married or in consensual union.

Nearly all of the men interviewed (99 percent) had children, the mean number of living children being 4.7. A relatively large number of men (42 percent) had five children or more.

While there is a significant difference between the groups with respect to employment status, this difference does not seem to be of sufficient magnitude to indicate that this group is substantially different from the other two. In general, the three groups seem to be comparable in terms of general sociodemographic indicators.

## **2. Socioeconomic Information**

Information concerning various socioeconomic indicators was also collected on the respondents, and the data are summarized in Table 14.

Data collected on the type of house the respondents live in show that the vast majority (97 percent) live in a house, rather than in a room or "rancho" (building constructed of varied scavenged materials). The three groups were similar with respect to type of home.

The most commonly used building material was wood, however, there is a significant difference between the groups with respect to this variable.

While in Tegucigalpa the majority of homes were made of wood, in the community of San Pedro Sula (Area 3) over half of the homes (53 percent) were constructed of cement block. In addition, in Tegucigalpa, one of the communities (Area 1) showed a higher percentage of homes constructed of brick (a more expensive building material), possibly indicating a higher socioeconomic status in this community.

There were also statistically significant differences between the size of the homes, and the type of sanitary facilities used by the households (see Table 14).

These data indicate that there are, in fact, significant differences with respect to socioeconomic status, as measured by the household indicators described above. On the basis of these indicators Area 1 appears to be of a slightly higher socioeconomic status, Area 3 somewhat lower and Area 2 appears to be the lowest. However, these results are not entirely conclusive, since on at least one of the variables (size of home) Area 1 appears to be of lower socioeconomic status than the other two areas.

While there do appear to be minor socioeconomic differences based upon the household indicators, it is doubtful whether they are of sufficient magnitude to impact upon these men's decision whether or not to obtain a vasectomy. In fact, the socioeconomic data, taken in conjunction with the sociodemographic variables support the assertion that the three communities are roughly comparable.

### **3. Knowledge and Use of Contraceptive Methods**

The survey results indicate that the men in this sample were quite knowledgeable concerning FP methods other than vasectomy. The mean number of FP methods known was eight and 98 percent knew of at least three FP methods. Oral contraceptives and condoms were the most widely known, while vasectomy was the least commonly known method (See Table 2).

Similarly, when asked what contraceptive methods they had used in the past, more men had used oral contraceptives and condoms than any other method. A large majority of the respondents (74 percent) had used at least one method. There were no significant differences between groups with respect to previous use of a FP method.

Most of the men in the sample (62 percent) were currently using a contraceptive method at the time the survey was conducted. This is somewhat higher than general contraceptive prevalence in Honduras which is 35 percent.<sup>3</sup> Of the men using a contraceptive method, 40 percent were using orals and 36

<sup>3</sup> Ministry of Public Health, Asociación Hondureña de Planificación de Familia (ASHONPLAFA), National Maternal Child Health Survey -- Honduras, (Tegucigalpa, 1986).

percent said that their partner had undergone female sterilization. The third most commonly used method was the IUD. There was a very slightly significant difference between groups, but it is not of a magnitude to be relevant.

In order to explore attitudes towards the other male method offered at ASHONPLAFA, additional questions concerning condoms were asked; the data are summarized in Table 3. The vast majority of the men (96 percent) had heard of condoms. A third of the men (35 percent) had at some time used condoms and 12 percent reported that they used condoms occasionally.

However, despite the relatively large number of men who reported having used them, only 4 percent claimed that they were currently using condoms. This apparently reflects the fact that men do not think that they should use condoms with their permanent partner. The principal reason given for having discontinued condom use was that they are for extra-marital use. Similarly, this was the primary reason given for never having used condoms.

#### **4. Knowledge of Vasectomy and Vasectomy Services**

A large majority of the men interviewed (67 percent) had never heard of vasectomy. This was true for all three of the areas.

Of the men who had heard of vasectomy, 38 percent did not know of any place where vasectomy services were offered. Only 15 percent of men who knew of vasectomy knew that the service was available at ASHONPLAFA, while 23 percent were aware that vasectomy is available at the social security hospital, a service site which does even fewer vasectomies than ASHONPLAFA.

The 117 men who knew of a clinic where vasectomy was available were asked what they thought of the services at the clinic. The majority (64 of the men) thought that the services were good, while 40 thought that the services were "regular", or fair. These results indicate that negative rumors or attitudes towards vasectomy services do not constitute a barrier to VSC.

#### **5. Sources of Information Concerning Vasectomy**

Respondents who knew of vasectomy were asked where they had heard of it; the most common response was that they had heard of it through friends or relatives. It is also of interest to note that nearly a third of these men (30 percent) reported that they had heard of vasectomy from movies.

Very few of the respondents (five percent) remembered having attended an event, such as a family planning talk, where vasectomy was discussed.

When asked with whom they had discussed vasectomy 43 percent reported having spoken of male VSC with a friend and 29 percent had discussed vasectomy with their spouse. Twenty-one percent had discussed vasectomy with a health professional and only seven percent had discussed male VSC with a family planning worker. Data on sources of information are summarized in Table 5.

## 5. Beliefs Concerning Vasectomy

Although 67 percent of the men interviewed had not heard of VSC, they were asked what they thought of the operation and its effects. Interviewers were instructed to provide only the information that vasectomy was an operation performed upon men in order to prevent their having more children. As in the focus groups, the respondents readily answered questions concerning the effects of vasectomy despite never having heard of it prior to the interview.

The majority of the respondents (76 percent) did not know what vasectomy consisted of (see Table 8). Not surprisingly, the percentage of respondents who did not know what vasectomy consisted of was higher among those who said that they had never heard of the operation than among those who had (88 percent to 53 percent, respectively). Among the those men who had never heard of vasectomy, only three percent correctly described what it consisted of, while among the men who had heard of it 32 percent could correctly state what the operation consisted of.

Respondents gave a variety of answers concerning the nature of the operation. Eight percent thought that vasectomy was equivalent to castration. Other beliefs concerning the nature of the operation were that, "something was taken from the testicles", "that it was like female sterilization" and that it was an "injection or drink".

In order to determine what some of the prevalent misconceptions concerning the effects of vasectomy are, respondents were asked a variety of questions concerning its potential effects. The results are summarized in Table 6. The results to these questions did not vary between the treatment groups.

A majority of the respondents (65 percent) felt that vasectomy would cause weight gain and 55 percent felt that their ability to work would be negatively affected by the operation. With respect to health status, 40 percent felt that health would become better or stay the same while 39 percent felt that it would become worse.

Concerning character, 35 percent felt that character would change for the worse, while a slightly higher percentage (43 percent) felt that it would stay the same or become better. Over half of the respondents (54 percent) felt that one's manhood would remain the same or become better. Also, somewhat surprisingly, the majority (63 percent) felt that a man who underwent male VSC would receive the same or more respect after the operation.

The results indicate that these respondents feel that vasectomy would have a negative effect on both sexual desire and sexual activity. A majority (63 percent) felt that sexual desire would lessen, while the same percentage felt that sexual activity would decrease.

Men who had not heard of vasectomy prior to the interview were more likely to attribute negative effects to the operation than those who had heard of it. For example, 60 percent of men who had not heard of male VSC, versus 46 percent of those who had heard of it thought that ability to work would be decreased. Similarly, of those men who hadn't heard of vasectomy, 66 percent thought it would have a negative effect on sexual activity while a lower percentage, (57 percent), of respondents who knew about vasectomy believed it would have a negative effect.

## 6. Who Should Undergo VSC ?

When asked whether the woman or the man (of a couple) should be the partner to undergo VSC, the vast majority (82 percent) of the respondents answered that it was the woman who should have a sterilization. Only 6 percent felt that the man should be the one to undergo VSC (see Table 7).

When asked why the woman should be the one to obtain a VSC, the reason most commonly given (by 35 percent of the respondents) was that it is the custom for women to have the sterilization. Other frequently given responses were, that women suffer more with children, and that there was a lack of information concerning vasectomy.

Amongst the few men who felt that the man should be the one to obtain VSC, the most commonly given reason (by 21 out of 60 men) was that this would prevent them from having children with many women.

Although the majority thought that the woman should be the partner to have a sterilization upon completing childbearing, over half of the respondents (58 percent) said that they thought that a man who had completed his family should have a vasectomy.

One possible explanation for this apparent contradiction is that, while the female partner has traditionally been responsible for family planning, there is some awareness among these men that the male partner should share this responsibility. This is substantiated by comments made in the focus groups, to the effect that some men felt that women had already undergone much suffering with childbearing and they would be willing to be the ones to undergo an operation to permanently end fertility.

## 7. Interest in Vasectomy

The respondents were asked if they wanted more children. Approximately two-thirds of the sample (67 percent) answered that they did not want any more

children. These men were then asked if they would be interested in obtaining a vasectomy. It is somewhat surprising that despite the fact that the men in this population knew so little about the operation (only 12 percent could accurately describe it), 19 percent of those men who had completed their families (n=665) showed interest in obtaining VSC (see Table 9).

It is also interesting to note that there were no significant differences in terms of interest in obtaining VSC between those who knew of it and those who had never heard of it prior to the interview (see Table 10).

Furthermore, 38 percent of those men who still wanted more children claimed that they would be interested in undergoing VSC after they had completed their families. These men may show more interest in the procedure because they are somewhat younger, thus presumably more open to innovative ideas.

Men who were not interested in vasectomy, either at present or in the future, were asked why they were not interested (Table 9). The answers most commonly given were:

- their partner had already undergone VSC (24 percent);
- they needed more information concerning vasectomy (11 percent); and
- they would not be able to have more children if they changed partners (10 percent).

One indicator of potential demand for the operation was whether respondents were interested in receiving more information concerning VSC. In fact, 89 percent of the respondents claimed that they would be interested in receiving more information. Of those not interested in receiving any more information, nearly half (40 out of 95) did not want to receive more information because their partner had already undergone VSC.

In order to better ascertain potential demand for the operation, men who had completed their families and whose wives had not undergone VSC were asked if they were interested in undergoing the operation (see Table 11). Of these men, 19 percent (113 men) said that they were interested in obtaining VSC; this represents 12 percent of the entire sample. Furthermore, nearly all (94 percent), of these potential acceptors were interested in receiving more information concerning the operation.

Another factor which reflects on the potential demand for vasectomy is the ratio of ideal number of children vs. actual number of children. While the mean ideal number of children was 3.4, the actual mean number of living children men had was 4.7. Thus, these men have, on the average, more children than their proclaimed ideal. Given that a large percentage of these men are using a contraceptive method, it appears that they are not practicing family planning successfully.

## **8. Provision of Vasectomy Services**

Respondents were asked a series of questions concerning their opinions with respect to potential vasectomy services to be provided. Over half of the respondents (58 percent) felt that services should be provided in the context of a male clinic, while a lower percentage (40 percent) felt that vasectomy should be provided in a clinic which is for men and women (see Table 12).

The majority (67 percent) felt that the clinic should offer other services; the most commonly suggested services were:

- general medicine (64 percent);
- treatment of sexually transmitted diseases (9 percent); and
- other contraceptive methods (8 percent).

Respondents were also asked what days of the week they thought services should be provided. There was a fairly even division between those who thought that services should be provided Monday through Friday and those who felt that they should be provided on weekends (42 percent versus 41 percent, respectively).

Those who felt that services should be provided on weekdays thought they should be provided all day (62 percent). Of those who thought that services should be provided on Saturdays, 36 percent thought that they should be provided in the afternoons and 32 percent thought services should be available all day.

Approximately half of the respondents (47 percent) felt that services should not be free of cost, while 43 percent thought that they should be free. When asked about the cost of services 37 percent felt that any charge should be dependent upon income, 21 percent felt that the service should cost under 50 Lempiras (25 US dollars), and 35 percent did not wish to state an opinion.

## **9. Communications Strategies**

An important component of the questionnaire was the respondents' opinions regarding the various types of communications strategies which could be used to disseminate information concerning vasectomy. Since vasectomy, like other topics related to sexuality and family planning is considered to be a "delicate" topic for many people, it was considered prudent to ascertain how these men felt about receiving vasectomy information through various media. The information concerning communications strategies is summarized in Table 13.

The vast majority of men (96 percent) thought that information should be provided in their community. Eighty-two percent thought that information should be provided in groups rather than individually. Those who thought that information should be provided in groups were equally divided in their opinions regarding whether the groups should be small or large.

Rather surprisingly, given the "delicate" nature of the topic, the majority (76 percent) felt that the groups receiving information concerning vasectomy should be comprised of both men and women. Since the decision to undergo vasectomy is probably taken after discussion with one's spouse, it seems logical that groups should include the female partner as well as the male.

When asked who would be the most appropriate person to provide information concerning vasectomy, well over half (63 percent) responded that a physician would be the best, while 9 percent thought that a vasectomized man would be the most appropriate.

Respondents were also asked their opinions concerning various means of communications. Table 11 shows that they considered all of the proposed means of communication appropriate. The means of communication considered most appropriate were:

- radio (34 percent);
- television (21 percent); and
- speeches (15 percent).

Due to lingering doubts about the acceptability of information concerning vasectomy being aired on the radio, respondents were specifically asked whether vasectomy information should be announced via radio. A large percentage of the respondents (90 percent) felt that vasectomy messages should be provided via radio.

#### D. Survey Conclusions

##### 1. Comparability of the Selected Areas

The three areas represented in the sample were selected on the basis of comparability in terms of size, each area had an estimated population of between 8,000 and 10,000, access to service facilities (all are between 30 and 50 minutes from an ASHONPLAFA clinic), and socioeconomic status.

These data indicate that all three communities are comparable with respect to the sociodemographic characteristics summarized in Table 1. In terms of socioeconomic status, there are significant differences between the groups, but they do not appear to be of sufficient magnitude to affect the final results.

##### 2. Knowledge of Vasectomy and other Contraceptive Methods

Knowledge of male VSC was relatively low among this population; only 33 percent reporting having heard of vasectomy. This is surprising given that 98 percent of the respondents knew of at least three other contraceptive methods and the mean number of methods these men knew of was eight.

Amongst those men who had heard of it (n=317), only 7 percent had spoken of vasectomy with a FP service provider. These data suggest that although service providers may be providing information concerning vasectomy to female clients, men are not currently being informed of the existence and availability of male VSC.

### **3. Ideal Family Size and Family Planning**

These data indicate that the men in these areas have, on the average 1.3 children more than the number they think they can support or would like to have. While these men thought that a mean family size of 3.4 children would be ideal, in fact, the respondents actually had a mean of 4.7 children.

Furthermore, 67 percent of the respondents were currently using a family planning method and 36 percent reported that their wives had undergone VSC. This is considerably higher than the overall contraceptive prevalence rate of 35 percent in Honduras.

The above findings indicate that, while these men are desirous of limiting births and a high percentage are using some form of contraception, they have not been successful in keeping their family size at the desired levels.

### **4. Beliefs and Opinions Concerning VSC**

The vast majority of the men interviewed (88 percent) did not know what vasectomy consisted of, yet, only 8 percent felt that it involved castration (a common belief in some other areas).

However, there were a variety of misconceptions concerning the potential effects of the operation among these men. Some of the beliefs which were widely held were that vasectomy would cause:

- weight gain;
- loss of ability to work; and
- diminished sexual desire and activity.

This information concerning beliefs will be useful in the planning of specific communications to be implemented in Phase II.

### **5. Potential Demand for Vasectomy**

Despite the extremely low levels of knowledge concerning vasectomy among these men, 19 percent of the 665 men who had completed their families stated that they would be interested in obtaining VSC. Furthermore, 38 percent of those men who still wanted more children expressed their interest in undergoing the operation once they had completed their families.

One may conclude that there is a relevant degree of unmet demand for VSC among men in these areas and that potential demand for the operation is considerably higher.

## VI. SUMMARY AND CONCLUSIONS

### A. Barriers to and Potential Demand for Vasectomy

The results of the baseline study, (both KAP survey and focus groups) brought to light several existing barriers to vasectomy. Amongst these, the lack of knowledge of vasectomy, of what it consists of and of its potential effects and advantages were particularly evident. Furthermore, it was apparent that, after being told of the existence of the operation, these men immediately formed opinions concerning its effects which could prohibit their choosing to obtain a vasectomy, such as the beliefs that sexual desire and activity, as well as the ability to work would be diminished.

Nevertheless, these results indicate that there does exist potential demand for male VSC among these men. Men in this sample had, on the average, approximately 1.3 kids more than they desired; felt that men should take responsibility for family planning; and were nearly all interested in receiving more information concerning the operation. Furthermore, 19 percent of those men who had completed their families claimed to be interested in obtaining VSC and 38 percent of those who still wanted more children felt that they would eventually be interested in VSC. This represents 25 percent of the total population who expressed interest in obtaining a vasectomy.

Considering that over two-thirds of the men in the sample had never heard of the operation and that the vast majority did not know what it consisted of prior to the interview, the current level of demand appears to be relatively high. This augurs well for the potential success of the communications program to be implemented in Phase II.

### B. Means of Communication and Service Provision

When asked their opinions concerning the means of communication to be utilized, the most frequently given responses were: radio, television and speeches or talks (platicas). Regarding interpersonal communications, both the survey and focus group results indicated that men would prefer to receive information about vasectomy in groups comprised of both men and women and that a physician or other health care provider would be the most appropriate person to provide this information.

The majority of the survey respondents preferred services offered in a "male-only" clinic, while in the focus groups men felt that a clinic shared

with women would not be a deterrent to men who had already made the decision to undergo VSC. These men felt that the clinic should be open on Saturdays and weekday evenings that other services, including general medicine and treatment of sexually transmitted diseases should also be available.

### **C. Recommendations**

The results presented above suggest that there is a certain degree of latent demand for male VSC, and considerable interest in the operation among men in this population. The barriers to the acceptance of VSC appear to be lack of knowledge and subsequent misconceptions, both factors which should be corrected by a carefully designed and conducted communications program. Consequently, Phase II of this project, the implementation of a communications strategy to increase demand for the operation, should be carried out as planned. A description of the proposed activities for Phase II of this project follow.

## **PART TWO: STRATEGIES TO INCREASE DEMAND FOR VASECTOMY**

### **I. INTRODUCTION**

While the first phase of the operations research (OR) project was to "Assess Barriers to Vasectomy and the Develop Strategies to Increase Demand for the Operation", the second phase involves the implementation of communication strategies designed to increase demand for voluntary surgical contraception among men in the low-income, semi-urban areas selected for inclusion in the project. The design of these strategies and the development of the communications program, based on the results of the baseline study, constitutes the final stage of Phase I.

The proposed strategies for augmenting demand for vasectomy, a timetable of activities and a proposed budget for Phase II, "The Implementation and Evaluation of Strategies to Increase Demand for Voluntary Surgical Contraception among Men in Selected Urban Areas of Tegucigalpa", follow. It is anticipated that Phase II will span a period of two years.

### **II. OBJECTIVES**

The specific objectives for Phase II include:

- Increase demand for VSC by at least 500% (current levels are extremely low) in the selected areas in a two year period.
- Determine which of the communications strategies used is most effective in increasing demand.

### **III. DESIGN AND IMPLEMENTATION**

The design of the OR project is quasi-experimental, in that the communications strategies will be piloted in two of the previously selected areas and the one of the communities will receive no communications "treatment" and thus, serve as a comparison group.

In order to minimize the risk of "spill-over" of the communications from one area to the other, the communities in Tegucigalpa will be used as the treatment areas and the community in San Pedro Sula, which is 4 hours away from Tegucigalpa, will be used as the comparison group.

In addition, since one of the means of communications to be used will reach all of Tegucigalpa, a third community can be selected and considered as another treatment area in the follow-up evaluation. This will provide 3 areas (Area I, II, and III) in which promotional strategies will be piloted and a fourth community, (Area IV), which will receive no promotional activities.

The communications activities will be developed and implemented by ASHONPLAFA's Information, Education, and Communication (IEC) Division in collaboration with the Surgical Methods Division and an outside consultant. Training of personnel involved in the project and the periodic monitoring of the communications activities will be conducted by both the IEC Division and the Division of Research and Training.

#### IV. MODIFICATION OF VSC SERVICES

##### A. Background

As described in the Introduction, vasectomy acceptance at ASHONPLAFA clinics has been extremely low in comparison with other VSC programs in the region. Due to the low demand for male VSC, the vasectomy program has been, for the most part, a relatively incidental activity within the general surgical program. Potential vasectomy acceptors have usually been counseled by the female staff trained primarily to work with female VSC clients; they receive the service in a clinic full of female FP acceptors; and the procedure is performed by a gynecologist.

An important component of the success of the proposed OR project will be the modification of ASHONPLAFA's vasectomy services to better meet the needs of the male population. In the baseline study (survey and focus groups), men were asked to give suggestions about various aspects of the clinic services. Some of the results presented above which are particularly relevant to the modification of the clinic services include:

- the majority of the men interviewed (58 percent) felt that a clinic which offered vasectomy should be for men only.
- survey respondents were fairly equally divided concerning whether the services should be provided Monday through Friday (42 percent) or on the weekends (41 percent).
- the focus groups indicated that Saturday afternoons would be the best time to offer services because most men do not have to work.
- the majority of the survey respondents (68 percent) felt that services should be provided in the afternoons.

- a slight majority (47 percent) felt that services should be charged for and 37 percent of these men felt that charges should be on sliding scale according to income.

## B. Recommendations

While practical considerations concerning cost, availability of personnel and other factors must be taken into account in designing the clinic services, the results of the survey also provide valuable information for use in developing appropriate VSC services.

As the study indicates, the ASHONPLAFA VSC services should be provided in the context of a male clinic; the services should be available Monday through Friday in the evenings and/or on Saturday, and the clinic should provide other services, including possibly general medicine and the treatment of sexually transmitted diseases (STD's). Furthermore, the services should not be free and the charge should be determined on a sliding scale, depending on income.

The extent to which the ASHONPLAFA clinic is modified in order to create the "MALE CLINIC" will depend largely upon financial considerations and the current utilization of the ASHONPLAFA facilities. However, it should be stressed that, in order to judge whether the communications strategies being implemented are effective, the availability of services in Tegucigalpa and San Pedro Sula should be comparable. Thus, it is suggested that any modifications made in Tegucigalpa be made in San Pedro Sula as well.

Since the results of the study indicate that men would rather obtain services during times when services to women are not provided, the modifications to create a MALE CLINIC would not have to be major structural changes. A new entrance, and at the very least a new sign could be sufficient to create the appearance of a separate facility.

It is recommended that the MALE CLINIC be staffed by additional personnel especially trained in vasectomy counselling and a physician (preferably a urologist) with special training in the vasectomy procedure. While ASHONPLAFA physicians have received training in VSC in the past it would be advisable to train someone who could take special responsibility for male services.

This type of MALE CLINIC, vasectomy services within an existing facility which offers services to female acceptors, has proven to be successful in other programs (i.e. Colombia, Brazil and Guatemala).

#### IV. COMMUNICATIONS STRATEGIES TO BE IMPLEMENTED

The results of the baseline study provided valuable information for use in the design of the communications program and at a later date, for the development of the specific communications to be adopted.

Some of the findings which are of particular relevance for the design of the communications program are summarized below:

- knowledge levels concerning the nature of vasectomy are very low (67 percent had never heard of male VSC) and there are a variety of misconceptions concerning male VSC (see Table 6).
- only 5 percent of the men in this sample knew that they could obtain a vasectomy at ASHONPLAFA.
- the vast majority of the men interviewed (97 percent) would like VSC information to be available in their communities.
- most of the respondents (82 percent) think that information should be provided in groups and 76 percent felt that these groups should include both men and women.
- the majority (63 percent) of the men felt that a physician would be the most appropriate person to provide VSC information.
- a vast majority (90 percent) think that vasectomy information should be provided on the radio.

The findings above suggest that, any efforts to promote VSC among these men must be directed towards increasing knowledge levels; providing education concerning the potential advantages of vasectomy and informing them of the availability of vasectomy services at ASHONPLAFA clinics.

In order to provide the information and education necessary to augment demand for VSC, radio, written communications and interpersonal communications via a physician will be implemented in varied combinations in each of the treatment areas.

The strategies will be launched as part of the campaign to promote the new MALE CLINIC and all of the services available at the new ASHONPLAFA clinic.

The specific communications strategies to be implemented include:

**Radio:**

Two different types of radio presentations will be used to increase knowledge concerning vasectomy and the availability of male VSC and other services at ASHONPLAFA.

- Traditional radio spots in which an announcer or actor tells of ASHONPLAFA's male clinic. The spots will also mention that vasectomy and other methods are available at ASHONPLAFA.
- The second type of radio presentation will be "interview" shows in which a vasectomized man is prompted to tell of the advantages and ease of vasectomy.

**Written communications:**

Various types of written communications will be implemented in two of the communities to promote the idea that vasectomy is a viable contraceptive option and announce the new MALE CLINIC.

- a flyer announcing the opening of the ASHONPLAFA MALE CLINIC. This will contain a list of the services available.
- a pamphlet on responsible fatherhood which mentions the male methods and lists the services available at ASHONPLAFA's MALE CLINIC.
- a booklet or pamphlet which contains testimonies of vasectomized men (to be extracted from statements made in the focus group interview amongst the vasectomized men).
- a booklet or pamphlet which describes what men in their own community think of responsible parenthood and vasectomy (based on the focus groups)
- a short pamphlet on AIDS and other sexually transmitted diseases.
- an informational brochure providing complete information on vasectomy, its advantages and availability.

**Interpersonal Communication --**

The interpersonal communications strategy to be implemented will consist of talks given by a physician concerning male FP methods. These talks could be held periodically in the community and cover a range of topics, from



**Table No. 1: Sociodemographic Data**

|            | <u>Area 1</u> | <u>Area 2</u> | <u>Area 3</u> | <u>Total</u> |
|------------|---------------|---------------|---------------|--------------|
|            | n=324         | n=338         | n=297         | n=959        |
| <u>Age</u> | <u>%</u>      | <u>%</u>      | <u>%</u>      | <u>%</u>     |
| 30 - 34    | 27.5          | 33.4          | 30.0          | 30.3         |
| 35 - 39    | 25.0          | 31.1          | 26.3          | 27.5         |
| 40 - 44    | 24.1          | 18.6          | 21.2          | 21.3         |
| 45 - 49    | 23.5          | 16.9          | 22.6          | 20.9         |

chi-square - Not significant

|                 | <u>N</u> | <u>N</u> | <u>N</u> | <u>N</u> |
|-----------------|----------|----------|----------|----------|
| <u>Mean Age</u> | 39       | 38       | 39       | 39       |

| <u>Education</u> | <u>%</u> | <u>%</u> | <u>%</u> | <u>%</u> |
|------------------|----------|----------|----------|----------|
| No schooling     | 17.9     | 10.9     | 10.4     | 13.1     |
| Primary          | 64.2     | 65.4     | 69.4     | 66.2     |
| Secondary        | 16.7     | 21.3     | 18.2     | 18.8     |
| University       | 1.2      | 2.4      | 2.0      | 1.9      |

chi-square - not significant

| <u>Holds a job</u> | <u>%</u> | <u>%</u> | <u>%</u> | <u>%</u> |
|--------------------|----------|----------|----------|----------|
| Yes                | 90.4     | 94.4     | 86.5     | 90.6     |
| No                 | 9.6      | 5.6      | 13.5     | 9.4      |

chi-square - Significant p = .003

Table 1 continued

|  | <u>Area 1</u> | <u>Area 2</u> | <u>Area 3</u> | <u>Total</u> |
|--|---------------|---------------|---------------|--------------|
|  | n=324         | n=338         | n=297         | n=959        |
| <u>Religion</u>                          | <u>%</u>      | <u>%</u>      | <u>%</u>      | <u>%</u>     |
| Catholic                                 | 71.6          | 73.7          | 70.7          | 72.1         |
| Protestant                               | 17.0          | 16.9          | 13.1          | 15.7         |
| No religion                              | 10.8          | 8.9           | 16.2          | 11.8         |
| Other                                    | 0.6           | 0.6           | - -           | 0.4          |
| <u>chi-square - Not significant</u>      |               |               |               |              |
| <u>Religiosity</u>                       | <u>%</u>      | <u>%</u>      | <u>%</u>      | <u>%</u>     |
| Very religious                           | 10.8          | 10.4          | 7.7           | 9.7          |
| Somewhat religious                       | 74.7          | 74.6          | 74.1          | 74.5         |
| Not religious                            | 5.6           | 8.9           | 3.7           | 6.2          |
| No response                              | 9.0           | 6.2           | 14.5          | 9.7          |
| <u>chi-square - Significant p =.0019</u> |               |               |               |              |
| <u>Marital Status</u>                    | <u>%</u>      | <u>%</u>      | <u>%</u>      | <u>%</u>     |
| Married                                  | 38.0          | 40.2          | 44.4          | 40.8         |
| Consensual union                         | 51.5          | 52.7          | 48.5          | 51.0         |
| Widowed/divorced,<br>or separated.       | 4.0           | 2.1           | 4.7           | 3.5          |
| Unmarried                                | 6.4           | 5.0           | 2.4           | 4.7          |
| <u>chi-square - Not significant</u>      |               |               |               |              |
| <u>Number of living children</u>         | <u>%</u>      | <u>%</u>      | <u>%</u>      | <u>%</u>     |
| None                                     | 6.2           | 4.4           | 2.4           | 4.4          |
| 1 - 2                                    | 21.3          | 18.3          | 19.2          | 19.6         |
| 3 - 4                                    | 27.5          | 36.1          | 37.4          | 33.6         |
| 5 - 6                                    | 27.5          | 21.9          | 26.3          | 25.1         |
| 7 - 10                                   | 14.2          | 11.5          | 11.8          | 12.5         |
| 10 or more                               | 3.1           | 5.9           | 2.4           | 3.9          |
| No information                           | 0.3           | 1.8           | 0.7           | 0.9          |
| Mean number of living<br>children        | 4.7           | 4.9           | 4.4           | 4.7          |

**Table No. 2: Knowledge and Use of Family Planning Methods**

|  | <u>Area 1</u> | <u>Area 2</u> | <u>Area 3</u> | <u>Total</u> |
|--|---------------|---------------|---------------|--------------|
|  | n=324         | n=338         | n=297         | n=959        |
| <u>Knowledge</u>                                     | <u>%</u>      | <u>%</u>      | <u>%</u>      | <u>%</u>     |
| Female sterilization                                 | 92.9          | 93.2          | 95.3          | 93.7         |
| Orales   | 99.7          | 98.2          | 99.0          | 99.0         |
| IUD  | 88.3          | 91.1          | 90.9          | 90.1         |
| Condoms  | 95.4          | 95.3          | 97.0          | 95.8         |
| Foam, creams   | 42.3          | 51.2          | 40.1          | 44.7         |
| Injection  | 74.4          | 82.2          | 78.1          | 78.3         |
| Rhythm   | 52.5          | 61.5          | 43.1          | 52.8         |
| Withdrawal   | 43.2          | 48.8          | 29.0          | 40.8         |
| Vaginal Douches                                      | 44.1          | 51.8          | 38.0          | 44.9         |
| Vasectomy  | 30.1          | 34.8          | 34.2          | 33.2         |
| Other  | 6.5           | 19.5          | 26.6          | 21.9         |
| <br>   |               |               |               |              |
| <u>Mean number of methods known<sup>1</sup></u>      | 7.7           | 7.9           | 7.6           | 7.8          |
| <br>   |               |               |               |              |
| <u>Total who know at least 3 methods<sup>2</sup></u> | 98.8          | 95.8          | 96.7          | 97.5         |

<sup>1</sup> This includes only methods other than vasectomy.

<sup>2</sup> This includes only methods other than vasectomy.

Table No.2 continued

| <u>USE</u>                                       | <u>Area 1</u> | <u>Area 2</u> | <u>Area 3</u> | <u>Total</u> |                |
|--|---------------|---------------|---------------|--------------|----------------|
|  | <u>n=324</u>  | <u>n=338</u>  | <u>n=297</u>  | <u>n=959</u> |                |
| <u>Methods ever used</u>                         | <u>%</u>      | <u>%</u>      | <u>%</u>      | <u>%</u>     | <u>p-value</u> |
| Female sterilization                             | 20.1          | 19.5          | 26.3          | 41.2         | .0612          |
| Oral contraceptives                              | 41.1          | 35.8          | 47.5          | 34.4         | .0117          |
| IUD  | 13.3          | 9.8           | 15.8          | 21.9         | .0713          |
| Condoms  | 38.3          | 29.9          | 35.4          | 12.8         | .0696          |
| Foam or creams                                   | 2.5           | 3.3           | 2.4           | 6.7          | .7440          |
| Injection  | 1.5           | 1.5           | 2.7           | 3.3          | .4580          |
| Rhythm   | 6.8           | 5.6           | 7.7           | 2.7          | .5614          |
| Withdrawal                                       | 3.1           | 2.1           | 5.1           | 1.9          | .1083          |
| Vaginal Douches                                  | 1.5           | 1.2           | 1.7           | 1.5          | .8614          |
| Other  | 0.6           | 0.9           | 0.0           | 0.5          | .3483          |
| <u>Total who have used<br/>at least 1 method</u> | 75.6          | 67.8          | 78.5          | 73.          |                |
| <u>Total currently using<br/>a FP method</u>     | 60.5          | 62.6          | 61.7          | .61.7        |                |
| <u>Method currently using<sup>1</sup></u>        |               |               |               |              |                |
| Oral Contraceptive                               | 42.3          | 40.7          | 33.5          | 39.0         |                |
| Female Sterilization                             | 33.2          | 33.0          | 41.6          | 35.8         |                |
| IUD  | 12.2          | 8.6           | 15.7          | 12.0         |                |
| Rhythm   | 7.7           | 4.8           | 3.2           | 5.3          |                |
| Condoms  | 1.5           | 7.7           | 3.8           | 4.4          |                |
| Withdrawal                                       | 1.5           | 1.4           | 1.6           | 1.5          |                |
| Injections                                       | 1.0           | 1.0           | 0.0           | 0.7          |                |
| Creams, foam, etc.                               | 0.0           | 0.5           | 0.0           | 0.2          |                |
| Other  | 0.5           | 1.9           | 0.5           | 1.0          |                |

Chi-square significant: valor de p = .0440

<sup>1</sup> Includes only those men who are currently using a contraceptive method.

**Table No. 3: Knowledge, Use and Beliefs Concerning Condoms**

|   | <u>Area 1</u> | <u>Area 2</u> | <u>Area 3</u> | <u>Total</u> |
|---|---------------|---------------|---------------|--------------|
|   | n=326         | n=339         | n=301         | n=966        |
| <b><u>Knowledge and Use of Condoms</u></b>          |               |               |               |              |
|   | <u>%</u>      | <u>%</u>      | <u>%</u>      | <u>%</u>     |
| Has heard of condoms                                | 95.4          | 95.3          | 97.0          | 95.9         |
| Has used condoms                                    | 38.7          | 29.8          | 35.5          | 34.6         |
| Occasional use of condoms                           | 14.1          | 9.4           | 13.3          | 12.2         |
| Presently uses condoms                              | 1.5           | 7.7           | 3.8           | 4.4          |
| <u>chi-square - Not significant</u>                 |               |               |               |              |
| <br>  |               |               |               |              |
| <b><u>Reasons for Discontinuing Condom Use.</u></b> |               |               |               |              |
|   | n=103         | n=119         | n=80          | n=302        |
|   | <u>%</u>      | <u>%</u>      | <u>%</u>      | <u>%</u>     |
| They are for extra-marital use                      | 47.6          | 24.4          | 22.5          | 31.8         |
| Use other methods                                   | 6.8           | 18.5          | 18.8          | 14.6         |
| Use female sterilization                            | 8.7           | 11.8          | 15.0          | 11.6         |
| Did not like them                                   | 7.8           | 16.0          | 6.3           | 10.6         |
| Bad for health                                      | 5.8           | 5.0           | 12.5          | 7.3          |
| Others  | 23.3          | 24.4          | 25.0          | 24.2         |
| <br>  |               |               |               |              |
| <b><u>Reasons for Never Having Used Condoms</u></b> |               |               |               |              |
|   | n=174         | n=172         | n=174         | n=520        |
|   | <u>%</u>      | <u>%</u>      | <u>%</u>      | <u>%</u>     |
| Do not like them                                    | 16.1          | 20.3          | 7.5           | 14.6         |
| They are for extra-marital use                      | 43.1          | 37.8          | 36.8          | 39.2         |
| They aren't necessary                               | 12.1          | 6.4           | 18.4          | 12.3         |
| Bad for health                                      | 7.5           | 11.0          | 14.4          | 11.0         |
| Others  | 21.3          | 20.4          | 22.8          | 21.1         |

**Table No.4: Sources of knowledge of Vasectomy Services**

|                                | <u>Area 1</u> | <u>Area 2</u> | <u>Area 3</u> | <u>Total</u> |
|--------------------------------|---------------|---------------|---------------|--------------|
|                                | n=326         | n=339         | n=301         | n=966        |
| <u>Ever heard of vasectomy</u> | <u>%</u>      | <u>%</u>      | <u>%</u>      | <u>%</u>     |
| Yes                            | 30.1          | 34.8          | 34.2          | 33.2         |
| No                             | 69.9          | 65.2          | 65.8          | 67.0         |

chi-square - Not significant

**Knowledge of Vasectomy Services cont.**

|  | n=98                 | n=118                | n=101                | n=317                |
|--|----------------------|----------------------|----------------------|----------------------|
| <u>Where can one obtain<sup>1</sup><br/>a vasectomy<br/>of vasectomy</u> | <u>%</u><br><u>%</u> | <u>%</u><br><u>%</u> | <u>%</u><br><u>%</u> | <u>%</u><br><u>%</u> |
| ASHONPLAFA   | 15.3                 | 16.1                 | 12.9                 | 14.8                 |
| Government Hospital  | 16.3                 | 19.5                 | 12.9                 | 18.3                 |
| Social Security Hospital   | 16.3                 | 25.4                 | 25.7                 | 22.7                 |
| Private doctor/clinic  | 9.2                  | 6.8                  | 13.9                 | 9.8                  |
| Private hospital   | 11.2                 | 16.1                 | 10.8                 | 14.8                 |
| Other  | 1.0                  | 0.8                  | 1.0                  | 0.9                  |
| Does not know of any place   | 31.6                 | 46.6                 | 32.7                 | 37.5                 |
|  | n=31                 | n=53                 | n=32                 | n=117                |

**How are services at this  
vasectomy clinic<sup>2</sup>**

|                |    |    |    |    |
|----------------|----|----|----|----|
| Good           | 19 | 20 | 25 | 64 |
| Fair (regular) | 9  | 28 | 9  | 40 |
| Poor           | 0  | 3  | 6  | 5  |
| Don't know     | 3  | 2  | 9  | 8  |

**Table No.5: Sources of Information Concerning Vasectomy**

|  | <u>Area 1</u> | <u>Area 2</u> | <u>Area 3</u> | <u>Total</u> |
|--|---------------|---------------|---------------|--------------|
|  | n=98          | n=118         | n=101         | n=317        |
| <u>Ever heard of vasectomy from :</u>                                      | <u>%</u>      | <u>%</u>      | <u>%</u>      | <u>%</u>     |
| Physician  | 6.1           | 6.8           | 7.8           | 6.9          |
| Friends, neighbors, relatives  | 29.6          | 39.0          | 49.5          | 39.5         |
| Movies   | 41.8          | 33.1          | 14.6          | 29.8         |
| Others   | 12.1          | 22.7          | 17.9          | 18.2         |
| Don't know   | 6.1           | 1.7           | 1.0           | 2.8          |
| <u>chi-square - Significant p =.03</u>                                     |               |               |               |              |
|  | n=326         | n=118         | n=103         | n=319        |
| <u>Total who have attended a meeting where they talked about vasectomy</u> | <u>%</u>      | <u>%</u>      | <u>%</u>      | <u>%</u>     |
|  | 3.7           | 7.1           | 5.0           | 5.3          |
| <u>Have spoken about Vasectomy with <sup>1</sup>:</u>                      | <u>%</u>      | <u>%</u>      | <u>%</u>      | <u>%</u>     |
| Vasectomized man   | 9.2           | 22.9          | 17.8          | 43.2         |
| Spouse   | 25.8          | 37.6          | 23.0          | 29.4         |
| Relative   | 11.2          | 24.6          | 12.8          | 16.7         |
| Friend   | 32.7          | 43.2          | 53.5          | 17.0         |
| Physician  | 12.2          | 16.9          | 20.8          | 16.7         |
| Social worker  | 6.1           | 4.2           | 2.0           | 5.7          |
| Nurser   | 4.1           | 7.6           | 5.0           | 4.1          |
| Promoter   | 3.1           | 5.1           | 4.0           | 4.1          |
| Pharmacy attendant   | 0.0           | 2.5           | 2.0           | 2.5          |
| Priest or preacher   | 0.0           | 1.7           | 0.0           | 1.6          |
| FP Distributor   | 1.0           | 5.1           | 1.0           | 0.0          |
| Other  | 8.2           | 3.4           | 5.0           | 5.4          |

<sup>1</sup> Does not total 100% because multiple responses were possible.

**Table No. 6: Beliefs Concerning Vasectomy**

|   | <u>Area 1</u>   | <u>Area 2</u>                           | <u>Area 3</u>   | <u>Total</u>    |
|---|-----------------|---|-----------------|-----------------|
|   | n=326           | n=339                                   | n=301           | n=966           |
| <b><u>Change in health</u></b>          | <b><u>%</u></b> | <b><u>%</u></b>                         | <b><u>%</u></b> | <b><u>%</u></b> |
| Becomes better                          | 23.3            | 20.1                                    | 22.3            | 21.8            |
| Stays the same                          | 18.4            | 22.4                                    | 17.6            | 19.6            |
| Becomes worse                           | 40.8            | 36.6                                    | 40.2            | 39.1            |
| No opinion                              | 17.5            | 21.0                                    | 19.9            | 18.9            |
|   |                 | <u>chi-square - Not significant</u>     |                 |                 |
| <b><u>Change in character</u></b>       | <b><u>%</u></b> | <b><u>%</u></b>                         | <b><u>%</u></b> | <b><u>%</u></b> |
| Better character                        | 27.0            | 28.9                                    | 27.6            | 27.8            |
| Stays the same                          | 13.3            | 16.2                                    | 15.0            | 14.8            |
| Worse character                         | 33.7            | 34.8                                    | 35.5            | 34.7            |
| No opinion                              | 26.1            | 20.1                                    | 21.9            | 22.7            |
|   |                 | <u>chi-square - Not significant</u>     |                 |                 |
| <b><u>Change in weight</u></b>          | <b><u>%</u></b> | <b><u>%</u></b>                         | <b><u>%</u></b> | <b><u>%</u></b> |
| Gains weight                            | 65.5            | 63.4                                    | 64.5            | 64.5            |
| Stays the same                          | 9.8             | 11.5                                    | 6.6             | 9.4             |
| Loses weight                            | 15.3            | 13.3                                    | 21.6            | 16.6            |
| No opinion                              | 9.2             | 11.8                                    | 7.3             | 9.5             |
|   |                 | <u>chi-square - Significant p=.0143</u> |                 |                 |
| <b><u>Change in sexual activity</u></b> | <b><u>%</u></b> | <b><u>%</u></b>                         | <b><u>%</u></b> | <b><u>%</u></b> |
| Increases                               | 7.4             | 8.3                                     | 7.0             | 7.6             |
| Stays the same                          | 14.4            | 17.4                                    | 15.0            | 15.6            |
| Decreases                               | 65.6            | 59.9                                    | 63.8            | 63.0            |
| No opinion                              | 12.6            | 14.5                                    | 14.3            | 13.8            |
|   |                 | <u>chi-square - Not significant</u>     |                 |                 |

Table No. 6 continued

|                                  | <u>Area 1</u> | <u>Area 2</u>                       | <u>Area 3</u> | <u>Total</u> |
|----------------------------------|---------------|-------------------------------------|---------------|--------------|
|                                  | n=326         | n=339                               | n=301         | n=966        |
| <u>Change in ability to work</u> | <u>%</u>      | <u>%</u>                            | <u>%</u>      | <u>%</u>     |
| Ability increases                | 5.8           | 6.2                                 | 7.0           | 6.5          |
| Stays the same                   | 29.8          | 31.9                                | 32.9          | 31.5         |
| Ability decreases                | 58.0          | 53.7                                | 53.8          | 55.2         |
| No opinion                       | 6.4           | 8.3                                 | 6.3           | 7.0          |
|                                  |               | <u>chi-square - Not significant</u> |               |              |
| <u>Change in "manhood"</u>       | <u>%</u>      | <u>%</u>                            | <u>%</u>      | <u>%</u>     |
| Becomes more manly               | 3.7           | 2.4                                 | 1.0           | 2.4          |
| Stays the same                   | 53.7          | 49.0                                | 53.2          | 51.9         |
| Becomes less manly               | 36.5          | 41.6                                | 39.9          | 39.3         |
| No opinion                       | 6.1           | 7.1                                 | 6.0           | 6.4          |
|                                  |               | <u>chi-square - Not significant</u> |               |              |
| <u>Change in sexual desire</u>   | <u>%</u>      | <u>%</u>                            | <u>%</u>      | <u>%</u>     |
| Increases                        | 4.6           | 8.0                                 | 5.6           | 6.1          |
| Stays the same                   | 16.3          | 17.1                                | 16.9          | 16.8         |
| Decreases                        | 66.0          | 60.5                                | 62.1          | 62.8         |
| No opinion                       | 13.2          | 13.9                                | 15.3          | 14.1         |
|                                  |               | <u>chi-square - Not significant</u> |               |              |
| <u>Change in respect</u>         | <u>%</u>      | <u>%</u>                            | <u>%</u>      | <u>%</u>     |
| Increases                        | 12.6          | 15.3                                | 8.3           | 12.2         |
| Stays the same                   | 55.1          | 50.1                                | 48.2          | 50.5         |
| Decreases                        | 28.5          | 26.5                                | 38.9          | 31.1         |
| No opinion                       | 5.8           | 8.0                                 | 4.7           | 6.2          |

p=.0042

**Table No.7: Who should undergo VSC ?**

|  | <u>Area 1</u>      | <u>Area 2</u>      | <u>Area 3</u>      | <u>Total</u>       |
|--|--------------------|--------------------|--------------------|--------------------|
|  | n=326              | n=339              | n=301              | n=966              |
| <b><u>Who should have operation ?</u></b>                                  | <b><u>%</u></b>    | <b><u>%</u></b>    | <b><u>%</u></b>    | <b><u>%</u></b>    |
| Man  | 4.0                | 4.4                | 9.0                | 5.7                |
| Woman  | 82.2               | 85.3               | 72.7               | 81.9               |
| Neither  | 9.2                | 7.7                | 12.0               | 9.5                |
| No opinion   | 4.6                | 2.7                | 1.3                | 3.3                |
| <b><u>Why the woman ?</u></b>  | <b><u>%</u></b>    | <b><u>%</u></b>    | <b><u>%</u></b>    | <b><u>%</u></b>    |
| It's customary   | 41.0               | 34.6               | 28.7               | 35.0               |
| Women suffer more  | 12.7               | 7.6                | 11.8               | 10.6               |
| Lack of information  | 8.6                | 7.6                | 7.6                | 7.9                |
| Machismo   | 5.2                | 5.9                | 6.8                | 5.9                |
| Female sterilization is more effective                                     | 8.2                | 6.6                | 8.9                | 3.5                |
| Others   |                    |                    |                    |                    |
| <b><u>Why the man ?<sup>1</sup></u></b>                                    | <b><u>n=15</u></b> | <b><u>n=16</u></b> | <b><u>n=28</u></b> | <b><u>n=60</u></b> |
| Wouldn't have kids with many women   | 3                  | 7                  | 11                 | 21                 |
| The man creates the baby   | 6                  | 1                  | 8                  | 15                 |
| Wife wouldn't have to  | 2                  | 4                  | 4                  | 10                 |
| Lack of trust in the wife  | 2                  | 2                  | 2                  | 6                  |
| Operation is more simple   |                    | 2                  | 1                  | 3                  |
| Others   | 2                  | 1                  | 2                  | 5                  |
| <b><u>Should a man who has completed his family have a vasectomy ?</u></b> | <b><u>%</u></b>    | <b><u>%</u></b>    | <b><u>%</u></b>    | <b><u>%</u></b>    |
| Yes  | 59.5               | 53.1               | 61.1               | 57.8               |
| No   | 37.1               | 41.6               | 35.3               | 38.2               |
| No opinion   | 3.4                | 5.3                | 3.3                | 3.6                |

chi-square - Not significant

<sup>1</sup> No percentages are shown since n is small.

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**Table No. 8: Opinions of Vasectomy by Knowledge of Vasectomy**

|   | <u>Had heard of<br/>Vasectomy</u> | <u>Had never heard<br/>of Vasectomy</u> | <u>Total</u> |
|---|-----------------------------------|---|--------------|
| <u>Man who has completed<br/>family should have VSC</u> | n=317<br>%                        | n=642<br>%                              | n=959<br>%   |
| Yes   | 55.5                              | 58.6                                    | 57.6         |
| No  | 39.4                              | 31.9                                    | 38.4         |
| Doesn't know  | 5.0                               | 3.6                                     | 4.0          |

Chi square - Not significant

| <u>What does the operation<br/>consist of ?</u> | <u>%</u> | <u>%</u> | <u>%</u> |
|---|----------|----------|----------|
| Cut the ducts through which<br>sperm pass       | 31.5     | 2.8      | 12.3     |
| Castration                                      | 9.8      | 7.0      | 7.9      |
| Its like female sterilization                   | 0.6      | 1.2      | 1.0      |
| Take something from testicle                    | 1.9      | 0.5      | 0.9      |
| Don't know                                      | 52.7     | 87.6     | 76.0     |
| Other   | 3.5      | 0.9      | 1.8      |

| <u>Vasectomy has Advantages</u> | <u>%</u> | <u>%</u> | <u>%</u> |
|---------------------------------|----------|----------|----------|
| Yes                             | 60.9     | 52.2     | 55.1     |
| No                              | 30.9     | 32.9     | 32.2     |
| Doesn't know                    | 8.2      | 14.9     | 12.7     |

**Table No. 9: Interest in Vasectomy**

|                                   | <u>Area 1</u> | <u>Area 2</u> | <u>Area 3</u> | <u>Total</u> |
|-----------------------------------|---------------|---------------|---------------|--------------|
| <b><u>Wants more children</u></b> | n=324<br>%    | n=338<br>%    | n=297<br>%    | n=959<br>%   |
| Yes                               | 32.7          | 38.0          | 28.6          | 33.3         |
| No                                | 67.3          | 62.0          | 71.4          | 66.7         |
| Don't know                        | 5.5           | 4.1           | 2.3           | 4.0          |

Chi-square: p-value = .0477

|   | <u>Area 1</u> | <u>Area 2</u> | <u>Area 3</u> | <u>Total</u> |
|---|---------------|---------------|---------------|--------------|
| <b><u>Interested in having vasectomy after completing family.<sup>1</sup></u></b> | n=106<br>%    | n=116<br>%    | n=72<br>%     | n=294<br>%   |
| Yes   | 41.5          | 36.2          | 21.4          | 37.8         |
| No  | 56.6          | 63.7          | 42.7          | 62.6         |
| Don't know  | 2.8           | 8.6           | 0.8           | 4.8          |

Chi-square: p-value = .0069

|   | <u>Area 1</u> | <u>Area 2</u> | <u>Area 3</u> | <u>Total</u> |
|---|---------------|---------------|---------------|--------------|
| <b><u>Interest in vasectomy<sup>2</sup></u></b> | n=218<br>%    | n=222<br>%    | n=225<br>%    | n=665<br>%   |
| Yes   | 19.7          | 22.5          | 15.1          | 19.1         |
| No  | 77.5          | 74.8          | 84.4          | 79.0         |
| Don't know                                      | 2.8           | 2.7           | 0.4           | 1.7          |

Chi-square: p-value = .0059

<sup>1</sup>Includes only men who have not completed their family.

<sup>2</sup>Includes only those men who do not want more children.

**Table No. 9 continued**

|   | <u>Area 1</u> | <u>Area 2</u> | <u>Area 3</u> | <u>Total</u> |
|---|---------------|---------------|---------------|--------------|
|   | n=229         | n=236         | n=236         | n=701        |
| <b><u>Why not interested in vasectomy</u></b> |               |               |               |              |
|   | <u>%</u>      | <u>%</u>      | <u>%</u>      | <u>%</u>     |
| Loses sexual potential                        | 7.9           | 10.6          | 6.7           | 8.5          |
| Wife has had VSC                              | 22.1          | 17.4          | 32.1          | 23.9         |
| No more children with new wife                | 9.2           | 12.7          | 7.9           | 9.9          |
| Rather use other methods                      | 21.0          | 4.8           | 15.4          | 17.1         |
| Age (too old and too young)                   | 8.7           | 8.1           | 6.3           | 7.6          |
| Need more information                         | 7.9           | 13.1          | 11.3          | 10.7         |
| Bad for health                                | 6.1           | 6.8           | 6.8           | 6.6          |
| Religion prohibits it                         | 7.0           | 3.0           | 5.5           | 5.1          |
| Doesn't believe in vasectomy                  | 5.2           | 3.0           | 3.4           | 3.9          |
| Others  | 2.6           | 3.8           | 3.0           | 3.1          |
| Don't know                                    | 2.4           | 6.3           | 2.1           | 3.4          |

Chi-square: p-value = .0225

| <b><u>Interested in receiving more information</u></b> | <b>n=324</b> | <b>n=339</b> | <b>n=297</b> | <b>n=959</b> |
|--|--------------|--------------|--------------|--------------|
|  | <b>%</b>     | <b>%</b>     | <b>%</b>     | <b>%</b>     |
| Yes  | 91.0         | 87.3         | 89.6         | 89.3         |
| No   | 4.9          | 7.7          | 6.1          | 6.3          |
| Don't know   | 4.0          | 5.0          | 4.4          | 4.5          |

Chi-square: p-value = .4471

|   | <b>n=27</b>     | <b>n=37</b>     | <b>n=31</b>     | <b>n=95</b>     |
|---|-----------------|-----------------|-----------------|-----------------|
| <b><u>Why do you think you do not need any more information<sup>3</sup></u></b> | <b><u>N</u></b> | <b><u>N</u></b> | <b><u>N</u></b> | <b><u>N</u></b> |
| Wife operated/Don't need  | 11              | 15              | 14              | 40              |
| Don't like vasectomy  | 3               | 5               | 4               | 12              |
| Not interested  | 8               | 12              | 5               | 25              |
| Other   | 5               | 5               | 8               | 18              |

<sup>3</sup>No percentages are shown since n is small.

4/2'

**Table No. 10: Interest by Knowledge of Vasectomy**

| <u>Interest in Vasectomy<sup>1</sup></u> | n=211<br><u>%</u> | n=454<br><u>%</u> | n=665<br><u>%</u> |
|--|-------------------|-------------------|-------------------|
| Yes                                      | 17.1              | 20.0              | 19.1              |
| No                                       | 80.6              | 78.2              | 78.9              |
| Doesn't know                             | 2.4               | 1.7               | 2.0               |

Chi<sup>2</sup> - Not significant

| <u>Interest in receiving more information</u> | n=317<br><u>%</u> | n=642<br><u>%</u> | n=959<br><u>%</u> |
|---|-------------------|-------------------|-------------------|
| Yes   | 87.7              | 90.0              | 89.3              |
| No  | 6.6               | 6.1               | 6.3               |
| Don't know                                    | 5.7               | 3.9               | 4.5               |

Chi<sup>2</sup> - Not significant

<sup>1</sup>Includes only those respondents who said they did not want more children.

**Table No. 11: Potential Demand for Vasectomy Provision**

|   | <u>Area 1</u>   | <u>Area 2</u>   | <u>Area 3</u>   | <u>Total</u>    |
|---|-----------------|-----------------|-----------------|-----------------|
|   | n=206           | n=201           | n=207           | n=614           |
| <b><u>Potential Demand for VSC<sup>1</sup></u></b>                  | <b><u>%</u></b> | <b><u>%</u></b> | <b><u>%</u></b> | <b><u>%</u></b> |
| Yes   | 20.4            | 21.0            | 14.6            | 18.6            |
| No  | 76.6            | 76.5            | 85.0            | 79.4            |
| Don't know  | 3.0             | 2.5             | 0.5             | 2.0             |
| <br>  |                 |                 |                 |                 |
| <b><u>Interest in Information among potential VSC acceptors</u></b> | <b><u>%</u></b> | <b><u>%</u></b> | <b><u>%</u></b> | <b><u>%</u></b> |
| Yes   | 94.7            | 93.5            | 93.7            | 94.0            |
| No  | 4.4             | 5.5             | 6.3             | 5.4             |
| Don't know  | 1.0             | 1.0             | 0.0             | 0.7             |

<sup>1</sup>Includes only men who have completed their families, and whose wives have not undergone VSC.

**Table No. 12: Suggestions Concerning Service Provision**

|   | <u>Area 1</u>             | <u>Area 2</u>             | <u>Area 3</u>  | <u>Total</u>              |
|---|---------------------------|---------------------------|----------------|---------------------------|
|   | n=324                     | n=336                     | n=297          | n=959                     |
| <u>Type of clinic</u>                                   | <u>%</u>                  | <u>%</u>                  | <u>%</u>       | <u>%</u>                  |
| For both women and men                                  | 43.5                      | 34.0                      | 40.4           | 39.2                      |
| Men only  | 55.2                      | 60.7                      | 57.6           | 57.9                      |
| Don't know/No opinion                                   | 1.2                       | 5.4                       | 2.0            | 2.9                       |
| <u>Best day(s) of the week for services<sup>1</sup></u> | n=324                     | n=338                     | n=297          | n=959                     |
|   | <u>%</u>                  | <u>%</u>                  | <u>%</u>       | <u>%</u>                  |
| Monday thru Friday                                      | 47.9                      | 42.8                      | 34.2           | 41.8                      |
| Weekends  | 36.5                      | 42.2                      | 44.5           | 41.0                      |
| A specific weekday-<br>Mon. thru Thurs.                 | 7.0                       | 9.4                       | 12.3           | 9.5                       |
| Fridays   | 4.3                       | 3.2                       | 7.3            | 4.9                       |
| <u>Should offer other services?</u>                     | n=324                     | n=338                     | n=297          | n=959                     |
|   | <u>%</u>                  | <u>%</u>                  | <u>%</u>       | <u>%</u>                  |
| Yes   | 63.9                      | 65.1                      | 72.1           | 66.8                      |
| No  | 35.2                      | 32.0                      | 25.9           | 31.2                      |
| No opinion  | 0.9                       | 2.1                       | 1.3            | 1.5                       |
| <u>Time of day of services by best days?</u>            | <u>Monday thru Friday</u> | <u>Saturday or Sunday</u> | <u>Fridays</u> | <u>A Specific Weekday</u> |
|   | n=402                     | n=393                     | n=45           | n=92                      |
|   | <u>%</u>                  | <u>%</u>                  | <u>%</u>       | <u>%</u>                  |
| All day   | 62.2                      | 31.8                      | 31.8           | 27.8                      |
| In the morning  | 22.1                      | 23.9                      | 28.9           | 36.7                      |
| In the afternoons                                       | 8.5                       | 36.1                      | 28.9           | 22.9                      |
| At night  | 6.7                       | 7.6                       | 6.7            | 12.4                      |
| Don't know/No opinion                                   | 0.5                       | 0.5                       | 0.5            | 0.1                       |

<sup>1</sup>A specific weekday indicates that they responded 1 day- Monday thru Thursday.

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Table 12 continued

|   | <u>Area 1</u> | <u>Area 2</u> | <u>Area 3</u> | <u>Total</u> |
|---|---------------|---------------|---------------|--------------|
|   | n=207         | n=226         | n=217         | n=650        |
| <u>Other services which should be offered</u>     | <u>%</u>      | <u>%</u>      | <u>%</u>      | <u>%</u>     |
| General medicine                                  | 65.2          | 63.3          | 64.1          | 64.2         |
| Treatment of sexually transmitted diseases        | 11.6          | 9.7           | 5.1           | 8.8          |
| Other FP methods                                  | 5.8           | 10.2          | 8.3           | 8.2          |
| Pediatric medicine                                | 3.4           | 5.3           | 10.6          | 6.5          |
| Women's Medicine-FP                               | 4.3           | 4.0           | 3.2           | 3.8          |
| Others  | 7.2           | 3.1           | 8.3           | 6.2          |
|   | n=324         | n=338         | n=297         | n=959        |
| <u>Services should cost money</u>                 | <u>%</u>      | <u>%</u>      | <u>%</u>      | <u>%</u>     |
| Yes   | 48.5          | 49.7          | 44.4          | 47.7         |
| No  | 40.7          | 42.0          | 48.5          | 43.6         |
| Don't know/No opinion                             | 10.9          | 8.3           | 7.1           | 8.8          |
|   | n=168         | n=181         | n=133         | n=482        |
| <u>How much should vasectomy cost<sup>1</sup></u> | <u>%</u>      | <u>%</u>      | <u>%</u>      | <u>%</u>     |
| 1 - 5 lempiras                                    | 1.8           | 2.2           | 1.5           | 1.9          |
| 10 - 20 lempiras                                  | 4.2           | 11.6          | 8.3           | 8.1          |
| 25 - 49 lempiras                                  | 7.7           | 17.1          | 7.5           | 11.2         |
| 50 - 75 lempiras                                  | 4.2           | 9.4           | 6.8           | 6.8          |
| Depends on income                                 | 48.2          | 26.0          | 37.6          | 36.9         |
| Should be free                                    | 0.0           | 0.6           | 0.0           | 0.2          |
| No opinion  | 33.9          | 33.1          | 38.3          | 34.9         |

<sup>1</sup>One lempira = US \$0.50. None of the respondents suggested costs of 6 to 9 or 21 to 24 lempiras.

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**Table No. 13: Communications Strategies**

|   | <u>Area 1</u>                                  | <u>Area 2</u> | <u>Area 3</u> | <u>Total</u> |
|---|--|---------------|---------------|--------------|
|   | n=326  | n=339         | n=301         | n=966        |
| <u>Think information concerning vasectomy should be provided in their community</u> | 96.9   | 95.0          | 47.0          | 96.3         |
|   | <u>Chi<sup>2</sup> - Not significant</u>       |               |               |              |
| <u>Information should be provided:</u>  | <u>%</u>                                       | <u>%</u>      | <u>%</u>      | <u>%</u>     |
| In small groups   | 41.3   | 36.3          | 44.9          | 40.7         |
| In large groups   | 40.7   | 45.8          | 35.3          | 40.8         |
| Person to person  | 16.1   | 16.9          | 19.9          | 17.6         |
| No opinion  | 1.9  | .9            | 0.0           | 1.0          |
|   | <u>Chi<sup>2</sup> - Significant - p= .029</u> |               |               |              |
| <u>Most appropriate person to provide information?</u>                              | <u>%</u>                                       | <u>%</u>      | <u>%</u>      | <u>%</u>     |
| Physician   | 67.2   | 66.1          | 55.5          | 63.1         |
| Vasectomized man  | 6.4  | 10.3          | 10.3          | 9.0          |
| ASHONPLAFA promotor   | 6.7  | 6.2           | 11.6          | 8.1          |
| Health promotor   | 7.4  | 4.1           | 4.7           | 5.4          |
| Others  | 9.1  | 7.8           | 15.0          | 9.4          |
| <u>Groups should consist of:</u>  | <u>%</u>                                       | <u>%</u>      | <u>%</u>      | <u>%</u>     |
| Men only  | 17.2   | 23.2          | 19.6          | 20.0         |
| Men and Women   | 80.1   | 71.1          | 77.4          | 76.1         |
| No opinion  | 2.8  | 5.9           | 3.0           | 3.9          |

Table 13 continued

|   | <u>Area 1</u> | <u>Area 2</u> | <u>Area 3</u> | <u>Total</u> |
|---|---------------|---------------|---------------|--------------|
| <u>Which means of communication are appropriate for vasectomy information<sup>1</sup></u> | n=326         | n=334         | n=301         | n=966        |
|   | %             | %             | %             | %            |
| Brochure  | 94.2          | 91.2          | 95.0          | 93.4         |
| Poster  | 92.6          | 86.7          | 90.4          | 89.9         |
| Radio   | 91.1          | 87.9          | 91.7          | 90.2         |
| Television  | 90.2          | 88.2          | 91.4          | 89.9         |
| Newspaper   | 93.6          | 87.6          | 93.0          | 91.3         |
| Magazine  | 94.5          | 89.1          | 91.7          | 91.7         |
| Speeches  | 96.3          | 93.2          | 95.3          | 94.9         |
| Person to person  | 96.3          | 92.9          | 95.7          | 94.9         |
| Vasectomized man  | 96.0          | 92.0          | 95.3          | 94.4         |
| <br>  |               |               |               |              |
| <u>Most appropriate means of communication for vasectomy information?</u>                 | n=326         | n=334         | n=301         | n=966        |
|   | %             | %             | %             | %            |
| Radio   | 36.5          | 38.3          | 27.2          | 34.3         |
| Television  | 19.9          | 16.5          | 26.2          | 20.7         |
| Speeches  | 1.5           | 10.3          | 21.6          | 15.4         |
| Person to person  | 6.7           | 11.5          | 4.0           | 7.6          |
| Brochure  | 7.7           | 5.6           | 9.3           | 7.5          |
| Newspaper   | 4.3           | 4.1           | 5.3           | 4.6          |
| Magazine  | 3.4           | 1.8           | 1.3           | 2.2          |
| Poster  | 0.3           | 1.2           | 0.0           | 0.5          |
| Others  | 4.0           | 7.0           | 3.0           | 5.0          |
| No opinion  | 2.0           | 4.0           | 2.0           | 3.0          |
| <br>  |               |               |               |              |
| <u>Think information should be provided by radio?</u>                                     | n=316         | n=321         | n=296         | n=933        |
|   | %             | %             | %             | %            |
| Yes   | 90.5          | 86.3          | 96.6          | 89.7         |
| No  | 8.5           | 11.8          | 6.8           | 9.1          |
| Indifferent   | 0.6           | 1.2           | 0.7           | 0.9          |

<sup>1</sup> Does not total 100% because multiple responses were possible.

**Table No. 14: Socioeconomic Data**

|                      | <u>Area 1</u> | <u>Area 2</u> | <u>Area 3</u> | <u>Total</u> |
|----------------------|---------------|---------------|---------------|--------------|
|                      | n=324         | n=338         | n=297         | n=959        |
| <u>Type of house</u> | %             | %             | %             | %            |
| House                | 96.9          | 97.7          | 97.8          | 96.9         |
| Room                 | 4.0           | 2.4           | 2.7           | 3.0          |
| Ranch                | 0.0           | 0.0           | 0.3           | 0.1          |

Chi - square - Not significant

| <u>Construction material</u> | n=168 | n=181 | n=133 | n=482 |
|------------------------------|-------|-------|-------|-------|
|                              | %     | %     | %     | %     |
| Brick                        | 43.5  | 24.3  | 20.9  | 49.8  |
| Wood                         | 52.5  | 69.8  | 24.2  | 29.7  |
| Adobe o bajareque            | 0.3   | 0.9   | 1.3   | 19.4  |
| Block                        | 3.7   | 5.0   | 52.9  | 1.5   |

Chi - square - p = value .0000

| <u>Number of rooms</u> | %    | %    | %    | %    |
|------------------------|------|------|------|------|
| 1                      | 30.6 | 25.7 | 15.5 | 24.2 |
| 2                      | 37.0 | 39.6 | 35.7 | 37.5 |
| 3                      | 21.6 | 23.1 | 33.0 | 25.7 |
| 4                      | 8.3  | 9.2  | 10.8 | 9.4  |
| 5 or more              | 2.4  | 2.4  | 5.0  | 3.2  |

Chi - square --p value = .0002

**Type of sanitary facilities**

|                         |      |      |      |      |
|-------------------------|------|------|------|------|
| Toilet in house         | 88.9 | 3.3  | 30.6 | 40.7 |
| Multiple family toilet  | 2.5  | 0.9  | 1.3  | 1.3  |
| Letrine                 | 7.7  | 79.3 | 64.6 | 64.6 |
| Multiple family letrine | 0.3  | 10.1 | 2.4  | 2.4  |
| None                    | 0.6  | 6.5  | 1.0  | 1.0  |

Chi - square -- p value = .0000

## Appendix A

### Assessment of Barriers to Vasectomy and Potential Demand for the Operation Among Men in Honduras

#### DISCUSSION GUIDE

##### Part I -- Introduction

- A. - Introduction of moderator and observor.  
- Introduction to ASHONPLAFA, with explanation that the association is interested in serving the community better and thus wishes to meet with men in the community.  
- Show the tape-recorder and explain that although everything is recorded their names would not appear in any documents concerning the session.
- B. ICEBREAKER

##### Part II -- Discussion

- Do you feel that both men and women should be responsible for the well-being of their children ?
- Why is it that some men think that they need not be responsible for the well-being of their children ?
- How could one convince men that they should be more responsible fathers?
- Which member of a couple is responsible for using a family planning method ? Why ?
- Why do some men not like women to use contraceptives ?
- Do they know or have they heard of the operation for men not to have more children (vasectomy) ?
- What do people think of vasectomy ?
- What does vasectomy consist of ?
- What do people think of vasectomized men ?
- Do they think that there are physical changes in vasectomized men ?
- How many children should a family have before they decide to have a sterilization ?

- Why is it that many men do not want to undergo sterilization, although they already have all of the children they want ?
- Do they know of any places where one can obtain VSC ?
- What do they think of those places ?
- Have they ever thought in having a vasectomy ?
- Why is it that some women prefer having sterilization, rather than having their husbands undergo the operation ?
- Would radio, television, newspapers or speeches be the best way to provide information concerning vasectomy ?
- Do they think that a man would be upset or change his mind if he had to wait with women in order to obtain a vasectomy ?
- What times of the day would be most appropriate to have a vasectomy clinic open ?
- What other services should this clinic offer ?
- Have they ever heard of condoms ?
- Why do some people not like condoms ?

Appendix B

ASHONPLAFA - AVSC

ASSESSMENT OF BARRIERS TO VASECTOMY

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Household Data

1. Questionnaire number
2. Household number
3. Treatment group:
  1. Group I:COLONIA TRES DE MAYO
  2. Group II:COLONIA FLOR DEL CAMPO
  3. Group III:COLONIAS SAN-ANTONIO/SUYAPA/PANTING
4. Outcome of the interview:
  1. Completed interview
  2. Partially completed
  3. Subjects absent at the time of the visit
  4. No eligible male
  5. Eligible male was absent
  6. Interview refused by family of the interviewee
  7. Interview refused by the eligible male
  8. Unoccupied household
  9. Other (specify) \_\_\_\_\_  
\_\_\_\_\_
5. Name of interviewer \_\_\_\_\_
6. Date of interview:  
Day \_\_\_\_\_ Month \_\_\_\_\_

OBSERVACIONES: \_\_\_\_\_

52'

Socio-Demographic Information

7. How old are you? \_\_\_\_\_

8. What was the last year of school which you completed?

- 1. \_\_\_\_\_ None
- 2. \_\_\_\_\_ 1 a 3 primary
- 3. \_\_\_\_\_ 4 a 6 primary
- 4. \_\_\_\_\_ 1 a 3 secondary
- 5. \_\_\_\_\_ 4 a 6 diversified
- 6. \_\_\_\_\_ University

9. Are you presently involved in any activity which provides income?

- 1. \_\_\_\_\_ Yes (Go to # 13)
- 2. \_\_\_\_\_ No (Go to # 19)

10. What is this activity? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. What is your religion?

- 1. \_\_\_\_\_ Catholic
- 3. \_\_\_\_\_ Evangelical
- 3. \_\_\_\_\_ No religion
- 4. \_\_\_\_\_ Other

12. Do you consider yourself (Read alternatives):

- 1. \_\_\_\_\_ Very religious
- 2. \_\_\_\_\_ Somewhat religious
- 3. \_\_\_\_\_ Not religious
- 8. \_\_\_\_\_ Not applicable (Has no religion)

13. What is your present marital status?

- 1. \_\_\_\_\_ Married
- 2. \_\_\_\_\_ In union
- 3. \_\_\_\_\_ Widowed
- 4. \_\_\_\_\_ Separated or divorced
- 5. \_\_\_\_\_ Single

Use and Knowledge of Family Planning Methods

What methods to limit or space births do you know?

1. DON'T READ METHODS. NOTE ALL METHODS MENTIONED IN THE FIRST COLUMN THEN ASK:

Do you know any other methods?

[BE CAREFUL NOT TO MENTION ANY METHODS YET. NOTE THE ADDITIONAL METHODS MENTIONED IN THE FIRST COLUMN].

2. AFTER MARKING THE METHODS MENTIONED SPONTANEOUSLY BY THE RESPONDENT IN THE FIRST COLUMN ASK IF THEY KNOW OF OR HAVE HEARD OF THE METHODS NOT MENTIONED IN THE FIRST COLUMN.

READ THE METHODS NOT MARKED IN COLUMN 1 AND MARK A NO. 2 IN COLUMN 2 IF THEY HAVE HEARD OF THE METHOD.

3. HAVE YOU EVER USED ANY OF THESE METHODS?

|                           | <u>Un-</u><br><u>Prompted</u> | <u>Prompted</u> | <u>Used</u><br><u>Prev.</u> |
|---------------------------|-------------------------------|-----------------|-----------------------------|
| 14. Female sterilization  | 1                             | 2               | 3                           |
| 15. Oral contraceptives   | 1                             | 2               | 3                           |
| 16. IUD                   | 1                             | 2               | 3                           |
| 17. Condom                | 1                             | 2               | 3                           |
| 18. Creams, jelly or foam | 1                             | 2               | 3                           |
| 19. Injection             | 1                             | 2               | 3                           |
| 20. Rhythm                | 1                             | 2               | 3                           |
| 21. Withdrawal            | 1                             | 2               | 3                           |
| 22. Vaginal douches       | 1                             | 2               | 3                           |
| 23. Other _____ (specify) | 1                             | 2               | 3                           |

24. Are you or your partner currently using a method to space or prevent births ?

1. Yes [GO TO # 25 ]
2. No [GO TO # 26 ]
3. Do not have a partner

25. What method are you currently using?

1. Oral contraceptives
2. IUD
3. Condoms [Go TO # 29]
4. Creams, jellies
5. Neosampoon
6. Injection
7. Female sterilization
8. Rhythm
9. Withdrawal
10. Other \_\_\_\_\_

26. Have you ever used condoms?

1. Yes [GO TO #27]
2. No [GO TO #28]

27. Why do you no longer use condoms ?

\_\_\_\_\_

88. No applicable

28. Why have you never used condoms ?

\_\_\_\_\_

88. Not applicable

#### Beliefs Regarding Ideal Family Size

29. What is the ideal number of children a family should have ?

\_\_\_\_\_

30. What is the total number of children you would personally would like to have ?

\_\_\_\_\_ Daughters                      \_\_\_\_\_ Sons

31. If a couple has all the children they want and have decided that one of them should have an operation to prevent having more children, which of them should have the operation?

1. \_\_\_\_\_ Man [GO TO 32]
2. \_\_\_\_\_ Woman [GO TO 33]
8. \_\_\_\_\_ Not applicable (Hasn't heard of the operation)
9. \_\_\_\_\_ Don't know

32. Why the man?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

33. Why the woman?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

34. Have you ever heard of the operation for men so they will not have more children (vasectomy)?

1. Yes \_\_\_\_\_
2. No \_\_\_\_\_ [Go to # 42]

35. Where or from whom did you first hear of the operation (vasectomy)?

01. \_\_\_\_\_ Radio
02. \_\_\_\_\_ Newspaper
03. \_\_\_\_\_ Pamphlet
04. \_\_\_\_\_ Poster
05. \_\_\_\_\_ Doctor
06. \_\_\_\_\_ Nurse
07. \_\_\_\_\_ Health promoter
08. \_\_\_\_\_ Distributor
09. \_\_\_\_\_ Social worker
10. \_\_\_\_\_ Vasectomized man
11. \_\_\_\_\_ Friends, neighbors or relatives
12. \_\_\_\_\_ Other (specify) \_\_\_\_\_
88. \_\_\_\_\_ Not applicable (Hasn't heard of the operation)
99. \_\_\_\_\_ Does not know, can't remember

36. Where can a man be operated on so that he will not have more children (vasectomy)? (Note all responses)

1. \_\_\_\_\_ Family Planning Association (ASHONPLAFA)
2. \_\_\_\_\_ National or regional hospital (government)
3. \_\_\_\_\_ Social Security Hospital
4. \_\_\_\_\_ Private doctor (clinic)
5. \_\_\_\_\_ Private hospital
6. \_\_\_\_\_ Other \_\_\_\_\_ (specify)

37. Which of the places you mentioned is the nearest?

01. Family Planning Association
02. National or regional hospital (government)
03. Social security hospital
04. Private doctor (clinic)
05. Private hospital
06. Other \_\_\_\_\_ (specify)

38. How far from your home is this place?

- a. \_\_\_\_\_ In kilometers (Don't know = 99)
- b. \_\_\_\_\_ In hours (Don't know = 99)
- c. \_\_\_\_\_ In minutes (Don't know = 99)

39. Do you have to pay to have the operation at this place or is it free?

1. \_\_\_\_\_ One has to pay (Go to #40)
2. \_\_\_\_\_ It is free (Go to #41)
8. \_\_\_\_\_ Not applicable (Hasn't heard of the operation)
9. \_\_\_\_\_ Don't know (Go to #41)

40. How much does the operation cost ?

\_\_\_\_\_ Lempiras

41. Do you think that the service this clinic provides is:

(READ THE ALTERNATIVES)

1. \_\_\_\_\_ Good
2. \_\_\_\_\_ Average (Sp.: "regular")
3. \_\_\_\_\_ Bad
8. \_\_\_\_\_ Not applicable (knows of no clinics)
9. \_\_\_\_\_ Don't know

#### Knowledge of Vasectomy

42. After a man has all the children he wants do you think he should or shouldn't have an operation to prevent having more children?

1. \_\_\_\_\_ Should [Go to #45]
2. \_\_\_\_\_ Shouldn't [Go to # 44]
3. \_\_\_\_\_ Indifferent [Go to #45]
8. \_\_\_\_\_ Not applicable (Hasn't heard of the operation)
9. \_\_\_\_\_ Don't know, no opinion

43. Why shouldn't he? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

88. Not applicable

44. What does the operation (vasectomy) consist of?  
[If they answer that, "it is a small operation" or another vague response probe to obtain a more concrete response. Do not read the alternatives!]

01. They cut the ducts through which the man's seed passes.
02. Castration; removal of testicles
03. Other \_\_\_\_\_ (specify)
88. Not applicable (hasn't heard of the operation)
99. Don't know

45. In your opinion does vasectomy have any benefit(s)?

- 01.  yes [GO TO #46]
- 02.  No benefit(s) [Go to #47]

46. What is the most important benefit?

\_\_\_\_\_  
\_\_\_\_\_

- 88.  Not applicable
- 99.  Don't know

47. In your opinion does vasectomy have any disadvantages?

- 01.  yes [GO TO 48]
- 02.  No [GO TO 49]

48. What is the biggest disadvantage of the vasectomy operation?

\_\_\_\_\_  
\_\_\_\_\_

- 88.  Not applicable (Hasn't heard of the operation)
- 99.  Don't know

49. Why do some women prefer to have the operation themselves instead of their husbands or partners having the operation for men (vasectomy)?

\_\_\_\_\_  
\_\_\_\_\_

- 88.  Not applicable (Hasn't heard of the operation)
- 99.  Don't know

50. Do you think that the man who has an operation to prevent having more children (vasectomy) is in the same, better or worse health than before?

- 1.  Better
- 2.  Same
- 3.  Worse
- 8.  Not applicable (Hasn't heard of the operation)
- 9.  Don't know

51. Do you think that the man who has had an operation (vasectomy) changes in character? [IF ANSWER IS YES ASK HOW?]

- 1.  No change (remains the same)
- 2.  Changes for the better
- 3.  Changes for the worse
- 8.  Not applicable (Hasn't heard of operation)
- 9.  Don't know

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52. Do you think that the man who has had an operation (vasectomy) gains weight, remains the same or loses weight?
1. \_\_\_\_\_ Gains
  2. \_\_\_\_\_ Remains the same
  3. \_\_\_\_\_ Loses
  8. \_\_\_\_\_ Not applicable (Hasn't heard of operation)
  9. \_\_\_\_\_ Don't know
53. Do you think that the man who has had an operation (vasectomy) has more, the same or less sexual desire?
1. \_\_\_\_\_ More
  2. \_\_\_\_\_ Same
  3. \_\_\_\_\_ Less
  8. \_\_\_\_\_ Not applicable (hasn't heard of operation)
  9. \_\_\_\_\_ Don't know
54. Do you think that the man who has had an operation (vasectomy) is more active, remains the same or is less active sexually?
1. \_\_\_\_\_ More
  2. \_\_\_\_\_ Same
  3. \_\_\_\_\_ Less
  8. \_\_\_\_\_ Not applicable (Hasn't heard of operation)
  9. \_\_\_\_\_ Don't know
55. Do you think that the man who has had an operation (vasectomy) is more, the same or less respected by the people of his community?
1. \_\_\_\_\_ More respected
  2. \_\_\_\_\_ Receives the same respect
  3. \_\_\_\_\_ Less respected
  8. \_\_\_\_\_ Not applicable (Hasn't heard of operation)
  9. \_\_\_\_\_ Don't know
56. Do you think that the man who has had an operation (vasectomy) is more capable, the same or less capable of doing hard work?
1. \_\_\_\_\_ More capable
  2. \_\_\_\_\_ As capable
  3. \_\_\_\_\_ Less capable
  8. \_\_\_\_\_ Not applicable (Hasn't heard of the operation)
  9. \_\_\_\_\_ Don't know
57. Do you think that the man who has had an operation (vasectomy) is more, the same or less of a man?
1. \_\_\_\_\_ More
  2. \_\_\_\_\_ Same
  3. \_\_\_\_\_ Less
  8. \_\_\_\_\_ Not applicable (Hasn't heard of operation)
  9. \_\_\_\_\_ Don't know

Sources of Information Regarding Vasectomy

58. Have you ever spoken with a man who has had an operation to prevent having children (vasectomy) about his operation?

- 1. \_\_\_\_\_ Yes
- 2. \_\_\_\_\_ No
- 8. \_\_\_\_\_ Not applicable (Hasn't heard of operation)
- 9. \_\_\_\_\_ Don't know, don't remember

59. Have you ever talked about vasectomy with:

READ THE ALTERNATIVES

|   | 1   | 2  | 8    | 9         |
|---|-----|----|------|-----------|
|   | YES | NO | N.A. | No Recall |
| a. Your wife                                | 1   | 2  | 8    | 9         |
| b. A relative                               | 1   | 2  | 8    | 9         |
| c. A friend                                 | 1   | 2  | 8    | 9         |
| d. A doctor                                 | 1   | 2  | 8    | 9         |
| e. A social worker                          | 1   | 2  | 8    | 9         |
| f. A nurse                                  | 1   | 2  | 8    | 9         |
| g. A health promoter                        | 1   | 2  | 8    | 9         |
| h. In the pharmacy                          | 1   | 2  | 8    | 9         |
| i. A priest or preacher                     | 1   | 2  | 8    | 9         |
| j. A distributor of family planning methods | 1   | 2  | 8    | 9         |
| k. Other _____ (specify)                    | 1   | 2  | 8    | 9         |

60. Have you ever been to a meeting where they talked about the operation for men (vasectomy)?

- 1. \_\_\_\_\_ Yes
- 2. \_\_\_\_\_ No
- 8. \_\_\_\_\_ Not applicable (Hasn't heard of operation)
- 9. \_\_\_\_\_ Don't know

61. Have you ever heard a radio announcement about the operation for men (vasectomy)?

- 1. \_\_\_\_\_ Yes
- 2. \_\_\_\_\_ No
- 8. \_\_\_\_\_ Not applicable (Hasn't heard of the operation)
- 9. \_\_\_\_\_ Don't know

62. Do you think that radio announcements about the operation for men (vasectomy) should or shouldn't be used to tell men about the operation?

1. \_\_\_\_\_ Should be used
2. \_\_\_\_\_ Shouldn't be used
3. \_\_\_\_\_ Indifferent
8. \_\_\_\_\_ Not applicable (Hasn't heard of operation)
9. \_\_\_\_\_ No opinion

63. Do you think that information about the operation for men (vasectomy) should be given by : READ THE ALTERNATIVES

|                          | 1  | 2  | 8    | 9          |
|--------------------------|----|----|------|------------|
|                          | SI | NO | N.A. | No Opinion |
| a. Pamphlet              | 1  | 2  | 8    | 9          |
| b. Poster                | 1  | 2  | 8    | 9          |
| c. Radio                 | 1  | 2  | 8    | 9          |
| d. Television            | 1  | 2  | 8    | 9          |
| e. Newspaper             | 1  | 2  | 8    | 9          |
| f. Magazines             | 1  | 2  | 8    | 9          |
| g. Speeches, talks       | 1  | 2  | 8    | 9          |
| h. Person to Person      | 1  | 2  | 8    | 9          |
| i. Other _____ (specify) | 1  | 2  | 8    | 9          |
| j. Other _____ (specify) | 1  | 2  | 8    | 9          |
| k. Other _____ (specify) | 1  | 2  | 8    | 9          |

64. Of the means of communication previously mentioned which is the most appropriate (best) for giving information about the operation for men (vasectomy)?

1. \_\_\_\_\_ Pamphlet
2. \_\_\_\_\_ Poster
3. \_\_\_\_\_ Radio
4. \_\_\_\_\_ Television
5. \_\_\_\_\_ Newspaper
6. \_\_\_\_\_ Magazines
7. \_\_\_\_\_ Speeches or talks
8. \_\_\_\_\_ Person to Person
9. \_\_\_\_\_ Other \_\_\_\_\_ (specify)
10. \_\_\_\_\_ Other \_\_\_\_\_ (specify)
11. \_\_\_\_\_ Other \_\_\_\_\_ (specify)
88. \_\_\_\_\_ Not applicable (Hasn't heard of operation)
99. \_\_\_\_\_ No opinion

65. Are there people in your community who provide information about vasectomy?

1. \_\_\_\_\_ yes [GO TO 66]
2. \_\_\_\_\_ no [GO TO 67]

66. Who?

- |                        |                              |
|------------------------|------------------------------|
| 01. Teacher            | 09. Distributor              |
| 02. Doctor             | 10. Pharmacist               |
| 03. Health promoter    | 11. Promoter from the F.P.A. |
| 04. Midwife            | 12. Other(Guatemala)         |
| 05. Priest or preacher | 13. Other(Honduras)          |
| 06. Nurse              | 14. Other(El Salvador)       |
| 07. Social worker      |                              |
| 08. Mayor              |                              |

67. Which people do you consider to be the most appropriate to give information about vasectomy?

- |                        |                            |
|------------------------|----------------------------|
| 01. Teacher            | 13. Promoter of the F.P.A. |
| 04. Midwife            | 14. Other _____ (specify)  |
| 05. Priest or preacher | 88. Not applicable         |
| 06. Nurse              | 99. Don't know             |
| 07. Social worker      |                            |
| 08. Mayor              |                            |
| 09. Distributor        |                            |
| 10. Doctor             |                            |
| 11. Health promoter    |                            |
| 12. Pharmacist         |                            |

68. Do you think that information regarding vasectomy should be given in your community?

1. \_\_\_\_\_ Yes [GO TO 66]
2. \_\_\_\_\_ No [GO TO 67]

69. In what form should this information be given? READ ALTERNATIVES

1. \_\_\_\_\_ Person to person
2. \_\_\_\_\_ In small groups
3. \_\_\_\_\_ In large groups
9. \_\_\_\_\_ No opinion

70. Should these groups be mixed or men only ?

1. \_\_\_\_\_ Mixed
2. \_\_\_\_\_ Men only
3. \_\_\_\_\_ NA
4. \_\_\_\_\_ DK

71. Do you think that information about vasectomy should or shouldn't be given to young people in your community?

1. Should
2. Shouldn't
3. Not applicable (Hasn't heard of operation)
9. No opinion

Characteristics of the Services

72. Do you think they should charge for the operation?  
1. \_\_\_\_\_ yes  
2. \_\_\_\_\_ no  
8. \_\_\_\_\_ not applicable (hasn't heard of operation)  
9. \_\_\_\_\_ no opinion
73. How much does the operation cost? \_\_\_\_\_  
9999 \_\_\_\_\_ Don't know
74. How much should they charge?  
77 \_\_\_\_\_ floating rate  
88 \_\_\_\_\_ NA  
99 \_\_\_\_\_ Don't know
75. Should there be a clinic which is only for men?  
1. \_\_\_\_\_ yes  
2. \_\_\_\_\_ no  
88. \_\_\_\_\_ NA  
99. \_\_\_\_\_ DK
76. Should a clinic which offers vasectomy also provide other services?  
1. \_\_\_\_\_ yes  
2. \_\_\_\_\_ no  
88. \_\_\_\_\_ NA  
99. \_\_\_\_\_ DK
77. Which day or days of the week should services be offered for men who want to have the operation?  
1. \_\_\_\_\_ Monday through Friday  
2. \_\_\_\_\_ Monday  
3. \_\_\_\_\_ Tuesday  
4. \_\_\_\_\_ Wednesday  
5. \_\_\_\_\_ Thursday  
6. \_\_\_\_\_ Friday  
7. \_\_\_\_\_ Saturday/Sunday  
8. \_\_\_\_\_ Not applicable (hasn't heard of the operation)  
9. \_\_\_\_\_ Don't know
78. At what time of day should services be offered?  
01. \_\_\_\_\_ Morning  
02. \_\_\_\_\_ Afternoon  
03. \_\_\_\_\_ Evening  
08. \_\_\_\_\_ Not applicable (hasn't heard of the operation)  
09. \_\_\_\_\_ Don't know

Interest in Family Planning

79. How many live children do you have?

\_\_\_\_\_ children

99. \_\_\_\_\_ No children (Go to #83)

80. Do you want to have more children?

1. \_\_\_\_\_ Yes (Go to #85)

2. \_\_\_\_\_ No (Go to #83)

8. \_\_\_\_\_ Not applicable

81. Once you have all the children you want, would you be interested in having the operation to prevent having more?

1. \_\_\_\_\_ Yes (Go to #5)

2. \_\_\_\_\_ No (Go to #84)

8. \_\_\_\_\_ Not applicable (Hasn't heard of operation)

9. \_\_\_\_\_ Don't know

82. Why aren't you interested in having the operation?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

83. Are you interested in receiving more information concerning VSC ?

1. Yes

2. No

9. Don't know

84. Why do you think you do not need any more information ?

\_\_\_\_\_

Socio-economic Information

85. Type of household:

- |              |                |
|--------------|----------------|
| 1. House     | 4. Rancho      |
| 2. Room      | 5. Choza       |
| 3. Apartment | 6. Other _____ |

(specify)

86. Number of rooms:

How many rooms does the house have? \_\_\_\_\_  
(exclude kitchen and bath if they are independent)

87. Where do you get water from?

1. Inside the house
2. Well
3. River
4. Public tap
5. Otro \_\_\_\_\_

88. What type of sanitation facilities does your family use?

1. Toilet inside the house
2. Communal toilet
3. Letrine inside the house
4. Communal letrine
5. None

89. What kind of drainage facilities does your community have?

1. Plumbing
2. Blind well
3. None
4. Other \_\_\_\_\_