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Getting From Awareness to Use Lessons Learned from SOMARC III about Marketing Vasectomy Services in Jamaica

SOMARC III
Special Study 8

The Futures Group International

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EXECUTIVE SUMMARY

In 1994, the Personal Choice Programme was established to assist Jamaica's National Family Planning Board (NFPB) in achieving its goal of switching to private sources of contraceptive supply The program, implemented by the Social Marketing for Change (SOMARC) project, offers two low-dose oral contraceptives, an injectable, two brands of condoms, and vasectomies The strategy behind including vasectomies in the program was to include a long-term method, given that long-term methods are appropriate for some Jamaican couples and that donor support for contraceptive commodities was being phased out

The marketing of long-term methods in Jamaica has proven quite challenging Concerns exist about the safety of these methods, both by users and providers, there is a lack of access to long-term methods, partially related to a lack of provider training, there is weak patient counseling about these methods, and there are cultural factors such as unstable unions and concerns about male virility There is, in particular, a huge bias against vasectomies in Jamaica as a permanent contraceptive method

In response to these challenges, SOMARC developed a comprehensive social marketing program to promote the no-scalpel vasectomy (NSV), a relatively simple procedure that does not involve surgery and has a higher efficacy rate than the tubal ligation As part of the program, SOMARC has facilitated training for clinicians (mostly in urban areas) interested in offering the NSV to their clients For consumers who have completed childbearing, the advantages of the procedure, in addition to high efficacy, are convenience, lack of long-term complications and relative cost-effectiveness The disadvantages include the lack of reversibility and the fact that, as a method, it does not protect against sexually transmitted infections, including HIV/AIDS transmission

Establishing an "affordable" price has been essential in expanding use of NSV Under the Personal Choice Programme, SOMARC established a target range of JA$3,000-JA$5,000 for NSV procedures offered by affiliated providers The lower-end price of JA$3,000 translates to a monthly cost of JA$25, which is well under 2 percent of the monthly minimum government wage The higher price of JA$5,000 is still far below the fully commercial price of approximately JA$30,000 Credit constraints experienced by consumers may have more of an effect for vasectomies, since it must be paid for in full at the time of the procedure The tubal ligation is generally less expensive than the NSV in Jamaica, which is in stark contrast to the price relationship in the United States, where vasectomies are usually one-quarter the price of tubal ligations Clearly, incorrect price signals are being sent

Promotion has been another important part of the NSV program, although the advertising budget for this method has been limited (approximately 10 percent of the initial Personal Choice advertising budget was spent on vasectomies, the percentage is now about 20 percent) Early public relations activities included talk shows and radio call-in programs, where participants were men who had undergone the NSV procedure Training was provided for speakers in a "Speakers' Bureau," used to address the media and small

groups Other public relations activities included buying into a locally produced television soap opera, one of two on the island SOMARC also used non-paid media, such as coverage by newspapers, magazines, and radio and television programs, to provide general information about NSV

During the course of the NSV program, SOMARC learned valuable lessons about marketing vasectomy services

Lessons Learned

- ***Biases against vasectomy within the local government can substantially slow the progress of vasectomy promotion and acceptance*** The Jamaican Ministry of Health delayed the launch of the NSV portion of the Personal Choice Programme, and the NFPB further hindered its operation because of initial distrust of and biases against the vasectomy procedure

- ***Male-only clinics or male-only hours at clinics are necessary*** Research and field experience suggest that an all-male atmosphere is important when trying to reach male clients Even male-only hours at clinics would be a positive step to encourage vasectomy procedures

- ***The price needs to be appropriate relative to other contraceptive alternatives*** In clinics affiliated with the International Planned Parenthood Federation, the price of the socially marketed NSV is twice as expensive as a tubal ligation As mentioned above, in the United States a vasectomy is one-quarter the price of a tubal ligation Thus, the relative price of a vasectomy to a tubal ligation in Jamaica is eight times higher than in the United States, even though the NSV procedure is simpler than the tubal ligation operation

- ***Mass media promotion is not enough, one-to-one counseling is crucial*** Mass media activity is not sufficient to motivate men to have a permanent and sensitive procedure like a vasectomy SOMARC has involved men who have undergone the NSV procedure in its media campaigns to make mass media messages personal and meaningful to the target audience While these campaigns were successful at raising awareness of vasectomies as a viable contraceptive option, they did not translate to increased use of vasectomy services Current research suggests that face-to-face communication with men satisfied with the NSV procedure is likely to be more effective at moving a potential candidate from awareness to use

I INTRODUCTION

Jamaica has a longstanding and successful family planning program, achieving a contraceptive prevalence rate (CPR) of 61 3 percent for modern methods in 1997, and a total fertility rate (TFR) of 2 8 The number of children desired by women aged 15-49 remained at 2 8 between 1993 and 1997[1] Despite having high prevalence rates for modern contraceptives, many challenges still exist for the National Family Planning Board (NFPB) in Jamaica In the 1993 Contraceptive Prevalence Survey (CPS), only 29 percent of women reported that their last birth was planned There is also a relatively low percentage of long-term method use In particular, the prevalence of vasectomies in Jamaica in 1997 was 0 2 percent[2] In addition to these challenges, international donor support is being phased out, requiring domestic financial self-sufficiency In response, two major goals of the NFPB are to shift the method mix to long-term or permanent methods, and to increase private sector sources of supply for contraceptives[3]

There are many reasons why a shift to long-term methods has not taken place in Jamaica Concerns exist about the safety of methods, both by users and providers, there is a lack of access to methods, partially related to a lack of provider training, there is weak patient counseling about the various long-term methods, and there are cultural factors such as unstable unions and concerns about male virility[4] There is, in particular, a huge bias against vasectomies in Jamaica as a permanent contraceptive method, neither men nor women think that vasectomies are a good choice In fact, in one set of focus group interviews, after the participants had ruled out vasectomies for themselves, the facilitator asked, "Who would be a good candidate for a vasectomy?" The participants replied, " the insane, or very poor people who are promiscuous "[5]

This paper examines the lessons learned from the no-scalpel vasectomy (NSV) portion of the Personal Choice Programme in Jamaica, the social marketing program designed by the Social Marketing for Change (SOMARC) project

II BACKGROUND

Contraception Culture

Although vasectomies are not a popular contraceptive option in Jamaica, this fact should be placed in a global perspective on the role vasectomies play in providing contraception worldwide In general, the ratio of female to male sterilizations for couples of reproductive age is a little over 3-to-1 worldwide, including both developed and

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[1] Comparable statistics for males are not available for 1997, although desired number of children is available for men in 1993 by age group This number averages roughly 0 5 children more than the number of children desired by women for comparable age groups
[2] McFarlane et al , 1994
[3] Wright et al , 1995, Scott and Kocher, 1992, p iii, Bailey et al , 1994, p i
[4] The Futures Group, 1992, pp 108-109
[5] Chambers and Branche, 1994, p 46

developing countries, the worldwide average is 17 percent for female sterilization and 5 percent for males In Africa and Latin America, the use of vasectomies is basically non-existent, except in a few countries such as Puerto Rico and Brazil, which have rates of 4 percent and 2 5 percent, respectively [6] Thus, it is not unusual for a developing country such as Jamaica, located in Latin America and with an African heritage, to have a low frequency of vasectomy use

Sterilization in general is not popular in Jamaica The 1993 CPS shows that, although 35 percent of non-sterilized, fecund women say they are interested in female sterilization, only 10 percent of men say they are interested in their *partners* being sterilized, the same question regarding male sterilization was not asked [7] This bias in individuals is reinforced by advice from providers, a 1994 survey of physicians in Jamaica found that 80 percent advocated female sterilization for limiting childbearing, with another 11 percent advocating injectables, and 9 percent advising "other methods" In no place in this well-designed 1994 survey is vasectomy even mentioned [8]

There are numerous cultural factors that bias potential users against permanent contraceptive methods in Jamaica, either female or male sterilization First, there are large numbers of impermanent relationships in Jamaica, one paper states that the word "tenuous" has been used to best describe relationships there [9] There are three different types of unions in Jamaica married, where the union is legally sanctioned, common-law, where the partners have a common household but are not married, and visiting, where the partners do not live together In the 1997 Reproductive Health Survey (RHS), of the 68 percent of all women aged 15-49 "in union," 24 percent were married, 35 percent were in a common-law union, and 42 percent had a visiting partner [10] There is an early onset of sexual activity with a series of "visiting" relationships, many women will have children by different fathers before marriage A series of focus groups showed that men perceive themselves as beginning new relationships throughout their lives, and want the ability to have children within each relationship [11]

Another aspect of cultural life in Jamaica is that having children is seen as an example of male potency Sexuality is linked with having children, it is proof of sexual potency to have many children [12] In one survey, men say they have relationships other than the current visiting, common-law or marital relationship because the number of children is

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[6] Ross, 1992, p 190, United Nations, 1994 The percentage of male sterilizations is heavily weighted by China and India, where vasectomy rates are 10 percent and 11 percent, respectively Other countries with high vasectomy rates include South Korea (10%), the United States (12%), Canada (13%) and the United Kingdom (14%)

[7] McFarlane et al , 1994, pp 12 and 18

[8] Bailey et al , 1994

[9] Bailey et al , 1994, p 46

[10] McFarlane et al , 1998

[11] Bailey et al , 1994, p 46

[12] MacCormack and Draper, 1987, p 146

seen as a measure of virility [13] The combination of unstable unions and the perception of children as an indicator of manhood discourages the use of vasectomies

SOMARC III

In 1994, the Personal Choice Programme was established to assist the NFPB in achieving its goal of switching to private sources of contraceptive supply The social marketing program supplies two low-dose oral contraceptives, an injectable, two brands of condoms, and vasectomies All products are advertised under one umbrella logo, the Personal Choice logo, and are commercially sourced Condoms graduated from the program in 1995 SOMARC also provides technical assistance to the NFPB in the areas of market research, advertising, public relations, promotion and the training of a network of private providers Overall sales numbers are shown in Table 1 [14]

TABLE 1

Personal Choice Programme Sales
(Units)

Year	Condoms	Orals	Injectables	Vasectomies
1994	1,595,304	490,402	424	4
1995	1,705,248	390,571	3,569	12
1996		451,772	5,989	9
1997		437,445	6,935	16

As can be seen in this table, vasectomies represent an infinitesimal proportion of total sales in Jamaica, even if they were translated into couple years of protection (CYPs) The strategy behind including vasectomies in the Personal Choice Programme was to include a long-term method, supporting the goals of the NFPB Tubal ligation (TL) has been available for some time in Jamaica, both in the public and private sectors, but vasectomies were not widely used or available SOMARC viewed this as an opportunity to promote the image of the vasectomy in order to increase the incidence of long-term method use At the beginning of the program, the activities were very low-key because of anticipated negative reaction to the procedure The main purpose was to desensitize the vasectomy issue, given the cultural biases that exist [15]

[13] Lampart, 1986
[14] Stover and Heaton, 1997, O'Neil, 1998
[15] Cisek, 1997, McClure, 1998

The Four P's (1) Product

The no-scalpel vasectomy (NSV) was developed in China in 1974, and has been used since in millions of vasectomies worldwide The procedure does not involve surgery, and thus no stitches are required, the procedure can be performed in a doctor's office [16] The absence of the scalpel reduces fears of potential clients and increases the chances of acceptance [17] A vasectomy is preferred medically over a TL because it has a higher efficacy rate, with a first-year failure rate of only 0 15%, greater safety, as TLs consist of surgery, and have the usual surgical risks attached, less procedural complexity, and a lower cost [18] Although there is a fear of possible sexual dysfunction on the part of males, the most common finding from various studies is that there is no change or else a positive change in the quality of the overall sexual relationship after vasectomy [19]

Both vasectomies and TLs are permanent methods of contraception, although reversals can be attempted, their success is limited, and clients must view these procedures as permanent For those who have completed childbearing, this is an advantage of sterilization, along with its high efficacy rates, convenience, lack of long-term complications, and relative cost-effectiveness The disadvantages include the lack of reversibility, and the fact that, as a method, it does not protect against sexually transmitted infections (STIs), including HIV/AIDS transmission [20]

The Four P's (2) Price

The second major element of a social marketing program is price Currently, the social marketing price for a vasectomy for most of the providers is JA$3,000 Two of the providers, who are associated with International Planned Parenthood Federation (IPPF) clinics on the island, recently raised their price to JA$5,000 (about US$145) This still contrasts favorably with the private sector price of approximately JA$30,000

The pricing of a product can be viewed along two dimensions first, as a percentage of overall income, and second, relative to other possible methods Assuming 10 years of protection and no discounting, JA$3,000 translates to a monthly cost of JA$25, well within JA$40, which is 2 percent of the monthly minimum government wage The higher price of JA$5,000 translates to JA$41 67 monthly, which is higher yet still approximately equal the "affordable" cost, as defined Credit constraints experienced by consumers may have more of an effect for the vasectomy, since it must be paid for in full at the time of the procedure

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[16] Liskin et al , 1992, INTRAH, 1993, Chapter 11, Hatcher et al , 1997, Chapter 10, Davis and Stockton, 1997

[17] Liskin et al , 1992, Manautao et al , 1991

[18] Burkman, 1997 Except in Jamaica, as will be seen, vasectomies actually cost more there than TLs

[19] Phillіber and Philliber, 1985, pp 8-10, Liskin et al , 1992

[20] INTRAH, 1993, Chapter 11, Hatcher et al , 1997, Chapter 10

Although the social marketing price of a vasectomy in Jamaica is "affordable," as defined above, it is not competitive against TLs If one views the decision to have a vasectomy as a two-stage process, where the first decision is to use a permanent method of contraception, and the second is to decide between a vasectomy and a TL, then the relevant comparable price is that of TLs The price of TLs provided at the IPPF clinic is JA$2,500—half that of the vasectomy price of JA$5,000 The price for a TL at the University Hospital Family Planning clinic is JA$1,000, while the vasectomy price is three times that level, JA$3,000 The price for a TL in the private sector is approximately the same as a vasectomy at JA$30,000 [21] These differences are in stark contrast to the typical price relationship in the United States, where vasectomies are usually about one-quarter the price of TLs [22] Clearly, incorrect price signals are being sent

The Four P's (3) Place

There are seven providers associated with the Personal Choice vasectomy program, most in a clinic setting Providers have the logos and other materials in their offices, SOMARC keeps in touch with them to see how many procedures are performed The IPPF clinic in St Ann's Bay is a male-only clinic Training is quite recent for the majority of the providers, the others were trained in the NSV technique by the Association for Voluntary Surgical Contraception (AVSC) within the last few years The number of sites where the procedure is offered, however, is somewhat limited, and the sites are concentrated in urban areas

The Four P's Promotion

Finally, promotion is an important part of a social marketing program, particularly when awareness and knowledge about the product is so low, as is the case in Jamaica There has been little advertising performed for the NSV procedure, approximately 10 percent of the initial advertising budget was spent on vasectomies, although the percentage is now about 20 percent [23] Early public relations activities included talk shows and radio call-in programs, where participants were men who had undergone the NSV procedure [24] Training was provided as well for speakers in a "Speakers' Bureau," used to address the media and small groups

Other public relations activities included buying into a locally produced television soap opera, one of two on the island The show, *Royal Palm Estate*, is a very successful and popular show One of the characters, over the last year, began contemplating having a vasectomy, in December 1997, he finally had the procedure The public relations activities associated with this are news features on the informational aspects of

[21] McClure, 1998
[22] Cappasso, 1997 On average, vasectomies cost about US$600 and TLs between US$2,000-2,500 in the private market in the United States
[23] McClure, 1998
[24] Note that one of these men was Don Levy, a vasectomized Jamaican man who is the current head of SOMARC for The Futures Group International

vasectomies—to use the soap opera episodes as learning experiences SOMARC also used non-paid media, such as coverage by newspapers, magazines, and radio and television programs, to provide general information about vasectomies, both general and technical information Note that, throughout, resistance to the campaign was encountered [25]

III LESSONS LEARNED

1 The cooperation and commitment of local government agencies is crucial to the success of a program.

There are two main local government agencies involved with family planning in Jamaica the NFPB and the Ministry of Health (MOH) The Personal Choice Programme has had difficulties with each of these agencies in trying to implement the vasectomy program For example, the Personal Choice campaign was launched for all other products except vasectomy in February 1995, NSVs were not included because the MOH had not, at that time, approved the vasectomy advertisements Personal biases against vasectomies appear to have played a role in the delay Even after the launch of the NSV was approved, four months later, the activities planned were scaled back due to the resistance met in the agency [26]

In addition to the difficulties with the MOH in early 1995, the NFPB was reluctant to promote the vasectomy program After the program began, a series of strip advertisements about NSV was run in local newspapers The telephone contact number and post office box address were both associated with the NFPB The SOMARC office in Kingston received very few responses from these advertisements, via the NFPB The information they did receive was usually not complete, such as incomplete addresses for mailing brochures Finally, another advertisement was placed in January 1998, with the SOMARC telephone number, after the *Royal Palm Estate* character underwent his vasectomy The day after running the new ad, they received 12 calls for further information, two of the callers subsequently scheduled vasectomies

In 1991, before the social marketing program was introduced, the NFPB was decertified due to a discovery of fraud, making them ineligible to receive funds from USAID until a recertification was applied for and granted Thus, the beginning of the Personal Choice Programme took place during a time when the NFPB was in a process of reorganizing The decertification of the NFPB may have led to its reluctance to work with various cooperating agencies (e g , The Futures Group International), who instead of contracting with the NFPB have direct contracts with USAID [27] Anecdotal evidence suggests that it is partly because of conflicts that another cooperating agency, AVSC, has had with the

[25] Cisek, 1997, McClure, 1998
[26] McClure, 1998
[27] Wright et al , 1995, p 1

NFPB that it has withdrawn from activity in Jamaica, in spite of citing Jamaica as one of its "priority countries" in its 1992 strategic plan [28]

2 The use of the umbrella logo, Personal Choice, is highly effective

Using one logo allows for the "halo effect," where the good reputation of one product under the logo shines on the reputation of another product This is a cost-effective strategy to promote awareness and use

An independent mid-term evaluation of the family planning program in Jamaica, undertaken in 1995, singled out the Personal Choice Programme and its logo as a successful program The report stated that the products under this umbrella logo were perceived as affordable and of high quality It recommended that further support be given to the social marketing program, because of its success [29]

3 Current research suggests that successful vasectomy mass media campaigns are in the print media, are targeted to upper-middle-class males, are long-term, and the messages emphasize concerns for wife's health and responsible family planning

According to current research, the most cost-effective methods of reaching vasectomy acceptors are via the print media newspapers, magazines and billboards These techniques were effective in countries such as Guatemala, Brazil, Mexico, Colombia, Zimbabwe and Kenya [30] Billboards were especially effective in Mexico, particularly the billboard right above the male-only clinic two-thirds of men surveyed reported that billboards were their major source of information Research showed that print was 27 percent more efficient than radio in attracting vasectomy clients in Mexico [31] Direct promotional talks in factory settings were not successful in Colombia, Brazil or Mexico, it is suggested, however, that the failure of promoters' talks was due to poorly targeted or segmented audiences [32]

The issue of how to segment the market, and whom to target, is important for vasectomies In general, promotions target men of the middle- and upper-income groups who want no more children The hypothesis is that it is the upper-middle class that first adopts new products or services, and that they are followed by lower socioeconomic groups [33] In Jamaica, a recent pre-test of vasectomy advertisements showed that potential vasectomy candidates were more likely to be in the upper-middle class (class B), with only 40 percent of these men reporting a vasectomy as "not likely/not at all likely," compared with 63 percent reporting this in the middle class (class C), and 73 percent

[28] AVSC Strategic Plan, 1992, Cisek, 1997
[29] Wright et al , 1995
[30] de la Macorra, 1985, p 59, Macorra et al , 1989, p 1, 9, Wilkinson et al , 1993, Foreit, 1991, p 222, Kim and Marangwanda, 1997
[31] de la Macorra, 1989, pp 2, 9
[32] Vernon, 1996, p 29
[33] de la Macorra, 1989 pp 2 14

answering this way in the lower-middle class (class D) Unfortunately, women who were more likely to encourage the procedure came from the lower-income classes (classes D and E) Thus, advertisements cannot be targeted to the upper-middle classes only, instead, either upper-middle class males should be targeted, or lower-income females [34] Note that the interest in vasectomy among upper-middle-class males in Jamaica confirms the adoption hypothesis that it is this class that first adopts a new product or service for themselves, followed by others

Consistent, long-term advertising efforts are also important The decision to have a vasectomy can take anywhere from two to 10 years, as discussed by Mumford (1983) and confirmed empirically This is due partly to the permanent nature of the procedure, as well as other considerations Because of this long-term decision-making process, the literature has found that mass media need to be used consistently and for a long time period, at least longer than a year, in order for the efforts to be successful [35] If advertisements last only a short time, men can become suspicious and begin to believe that a vasectomy is not a good choice

Finally, what is the message to be sent to these targeted markets? In Latin America as well as in Rwanda, Bangladesh, Kenya, Sri Lanka and the United States, surveys show that the main motivation for having a vasectomy was concern for women's health [36] Thus, the greater safety of a vasectomy compared to a TL was the most important message to convey Other messages that are effective are for men to take responsibility for family planning, and that NSV does not require surgery, meaning that it is simpler, easier and quicker than a TL [37] Although Jamaica's cultural context may change some of these messages, these are the reasons cited by men in various countries as to why they have had vasectomies

Note that pre-testing the advertising material in these countries was found to be extremely useful, because of the sensitivity of the subject In Mexico, the most important lesson learned by staff of the early male-only clinic was that it was easier than expected to do an open publicity campaign regarding vasectomy in a middle-class suburb of Mexico City, after the pre-testing was done [38]

4 A low-key approach to sponsorship of media programs is more effective than overt sponsorship in a country not used to the concept of merchandising

Although SOMARC paid a certain amount as a sponsorship fee for the television program *Royal Palm Estate*, the project did not pay a product placement charge, and so was not a "paying sponsor" of this program The fee meant that they would be mentioned

[34] Pretest, 1997
[35] Finger 1997, p 14, Liskin et al , p 2, Kincaid et al , 1996, pp 171-172
[36] Foreit, 1991, pp 222-223 Landry and Ward, 1997, pp 58-67 (Finger fn 5), Vernon, 1996, pp 28,30
[37] Vernon, 1996, p 28, Landry and Ward, 1997, pp 58-67
[38] de la Macorra, 1989, pp 7, 13

in eight of the 13 episodes, but no more than that The project had no influence or input into the script or the plot of the show

This low-key approach provides the validity and credibility to the information presented in the episodes that would have been lacking had the sponsorship been more overt A high level of sponsorship may have led viewers to believe that SOMARC was pushing vasectomies Although merchandising is a common concept in the United States, it is still new in Jamaica, and people view it as hypocritical

5 The use of vasectomized men as role models in public relations activities is effective Further one-to-one contact of vasectomized men with potential acceptors, perhaps in the clinic setting, should be provided

Extensive research has shown that people consulted by potential vasectomy acceptors about their decision include spouses, clinic staff and another vasectomized male Male role models have been used in the programs in Brazil, Colombia and Mexico [39] In Colombia, men said that a discussion with a vasectomized friend was the deciding factor in choosing to adopt a vasectomy [40] In Guatemala, men talk to vasectomy acceptors at organized information sessions, the conversation with the acceptor is reported to be the greatest help in deciding to have the vasectomy there [41] Finally, the success of vasectomy in China is attributed to the endorsement of the procedure by party members and information focused on the specific needs of men [42]

The Personal Choice Programme has used this strategy in general public relations activities, but not at the interpersonal level The program has utilized vasectomized men as part of the Speakers' Bureau, in talk shows and on radio call-in programs Perhaps the most effective role model has been the fictional vasectomy acceptor on the locally produced television soap opera

These activities will continue, however, other activities could be added In particular, it may be productive to have vasectomized men available at certain times at the clinics, to speak with potential acceptors on a one-to-one basis Since this conversation is found to be crucial to the vasectomy decision-making process, it should be made available This is important only until a large enough base of vasectomized men is built up in the population, after a certain point, men will be able to talk with a friend who is vasectomized Now, however, it is estimated that there are only about 200 vasectomized males on the island

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[39] Vernon, 1996
[40] Vernon, 1996, p 27
[41] Roca, 1985 p 40-42
[42] Kincaid et al , 1996 p 169

6 The public relations activities undertaken by the Personal Choice Programme have been effective in raising awareness of and knowledge about vasectomies, but not in changing behavior

Between 1995 and 1997, the Personal Choice Programme undertook various public relations activities for vasectomies, as described above Survey results indicate that the level of knowledge has increased substantially regarding vasectomies in Jamaica, although misconceptions still exist (See Table 2) The percentage of women who understand that vasectomy is a simple, permanent method of contraception for men increased by 12 percentage points or more between 1995 and 1997 Fewer women believe the myth that vasectomies cause impotence, and more understand that men are not sterile right after the operation, and that contraceptives still need to be used because of this Note that the table below consists of those women who either agree or strongly agree with the statements or messages communicated [43]

TABLE 2
Percentage of Women of Reproductive Age
Who Agree with Selected Statements about Vasectomy

	1995	1997
Vasectomy is a contraceptive for men	54 5	70 1
Vasectomy makes men impotent	22 5	11 3
Vasectomy is a permanent method	47 6	59 3
Vasectomy is a simple operation	40 7	56 7
Men are sterile immediately after a vasectomy	36 7	27 4
It is wise to use another contraceptive immediately after a vasectomy	26 9	32 9

The increase in knowledge is due primarily to the efforts of the Personal Choice Programme, as it is now the only program performing public relations activities regarding vasectomies, since AVSC is no longer involved in Jamaica It is interesting to note that there is a high percentage of respondents who say they do not know if the statement is correct or incorrect, and so neither agree nor disagree The percentage of respondents responding "Don't know" for these statements about vasectomies varies between 27 percent and 35 percent, averaging about 30 percent This suggests that uncertainty and ignorance about vasectomy still exist in Jamaica, and that further education efforts are important

[43] Hope Enterprises, 1997, Market Research Services, 1997

7 Male-only clinics or hours are crucial in the success of a vasectomy program.

Successful vasectomy programs in Latin America have had various elements in common male-only clinics or clinics with male-only hours, a strong vasectomy training program in the latest surgical techniques, offering other health services for males at the clinic, such as STI treatment, and intensive education campaign efforts When the program is specifically designed for men, with well-trained staff operating in a male-oriented setting, clients are satisfied [44] Currently in Jamaica, the NSV program is part of the overall family planning program, and does not offer male-only clinics or hours

There are many specific examples where this strategy has been effective In Colombia, clinics with a separate male family planning service and specially trained staff for males had more than twice as many vasectomy acceptors as clinics that did not [45] In Brazil, the strategy of the vasectomy clinic was to focus on providing vasectomy in a male-oriented environment, and to treat the patient as a client [46] Although Guatemala added vasectomy to an already-existing program, the success rate is attributed to the staff treating patients as clients [47] In Honduras, a pilot study recommended that male-only clinics be instituted and that they include general health and STI treatment [48] Finally, according to anecdotal evidence, the initial success of a vasectomy clinic in Mexico City declined after the lease on the smaller, male-only clinic expired, and operations were shifted to a larger, pre-existing general family planning clinic [49] Even if there are not enough clients to warrant a male-only clinic, or not enough funds, then the clinic could run male-only hours, or male-only days, to facilitate its use

8 Although SOMARC training goals have been met, access is key Physicians need more training in long-term methods, and more providers are needed who are trained in the NSV technique, in particular

According to a 1992 report, only 2 percent of Jamaica's population had access to male sterilization [50] One of the key findings of a 1994 Mapping Survey of providers on the island is that, given the current goal of switching to long-term methods, they are not available at affordable prices to rural residents, who form about 50 percent of the population There are 34 service delivery points for vasectomies throughout the island, compared with 84 points for TLs, 10 points for Norplant, and 256 points for the IUD Most providers are in urban areas, and are quite expensive if they are in private practice Most are not trained in the NSV technique [51] Four of the seven Personal Choice providers are located in Kingston, the other three are in urban areas

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[44] Vernon, 1996, p 29, Huber, 1985, de la Macorra et al , 1989, Foreit, 1991, p 217
[45] Foreit, 1991, p 217
[46] de la Macorra, 1985, p 47
[47] Huber, 1985, pp 71-78
[48] AVSC, 1994, p 4
[49] Cisek, 1997
[50] Ross et al , 1992
[51] Bailey et al , 1994, p vii

Although the 1994 Mapping Survey found that private physicians are interested in increasing their involvement in family planning,[52] another survey finds that private physicians feel family planning takes too much time Although a typical family planning appointment should be about 45 minutes, the physicians spent between 10-15 minutes for each appointment It is suggested that this may be part of the reason for the high discontinuation rates observed in Jamaica [53]

Not only are appointments with private physicians shorter, but the information provided by them is sometimes wrong An independent evaluation found that physicians are a major source of misinformation, and that this adds to the general state of misconceptions regarding long-term methods It is suggested that information be sent to general practitioners, internists and obstetricians/gynecologists through specialty journals and newsletters [54] Private physicians themselves see a need for training in family planning practices, a continuing education program for providers is suggested by them [55]

9 Choose carefully the providers to train, if they relocate, the effectiveness of the distribution strategy may be affected

The Jamaican physicians trained by SOMARC and AVSC in the NSV technique were carefully selected based on the geographic location of their clinics One of the doctors, a junior partner in one of the Kingston clinics, left the clinic and began a practice elsewhere soon after he had completed his training The Kingston clinic had been carefully chosen because of its strategic geographic location Although the doctor will most likely continue to offer NSVs through the Personal Choice Programme at his new location, the original location is no longer being served by an NSV provider McClure states that, given the choice again, she would train a partner in a practice rather than a junior person, as a partner has a higher probability of remaining at the particular location that was initially selected [56]

IV DISCUSSION

The Personal Choice/SOMARC experience with the promotion of vasectomy marked the first open and orchestrated effort to actively inform and influence males to consider and accept the method as an option for fertility control The current and potential acceptance and success of vasectomy services must be considered in the context of deep-seated male attitudes and cultural norms A significant percentage of males in the C and D socio-economic classes have tenuous cohabiting/marital relationships, and these relationships are often plural or serial or both and are subject to change throughout the life cycle Such men therefore seldom consider themselves at a point in life where they want no more

[52] Bailey et al , 1994, p viii
[53] Adrian, 1993, p 23
[54] Wright et al , 1995, p 6
[55] Bailey et al , 1994, p ix
[56] McClure, 1998

children, since having children is relative to any given relationship Vasectomy is not much of a consideration for this group On the other hand, literate, educated, mature, middle- and upper-income males in stable relationships who have made deliberate decisions not to have any more children are the more likely targets for this service at this time The widespread concern among men that a vasectomy may/would reduce sexual abilities can and has been successfully addressed through appropriate communication and counseling channels Again, more educated and self-confident males tend to take a more reasoned and reasonable attitude to the perceived impact of a vasectomy, especially after having the facts

The expansion of the vasectomy program in Jamaica would need to consider the following factors First, confidentiality is of the utmost importance, not only to the (potential) client but also for the spouse or partner as well Such services should be provided in an atmosphere of trust and discretion, suggesting that private doctors and private clinics offer the best opportunity for service delivery and service expansion Secondly, the decision-making process is protracted, studies show that men arrive at a final decision after considering the option for at least two years Thirdly, the wife or female partner is an integral part of the information and decision- making process Women by and large make the decision alone to be sterilized, men considering a vasectomy rely very much on the attitude and opinion of his partner Finally, the process of information dissemination, discussion and counseling needs to be sustained if vasectomy services are to make a significant contribution to prevalence

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