

Rapid Formative Assessment on Male Engagement in Family Planning and Extension of No Scalpel Vasectomy Services in Togo

Executive Summary

Background and Context

Togo has a high unmet need for family planning (FP), at around 31% with a low CPR of 15%, according to the 2013 DHS. Unmet need for FP among married women for limiting births is among the highest in the West Africa region at almost 12 percent (DHS, Statcompiler). Uptake of FP is hampered by lack of trained health workers; lack of access to services, particularly in more remote rural areas; and persistent misconceptions about FP. In Togo, the Maternal and Child Survival Project (MCSP) is collaborating with IPPF/SIFPO to expand access to no scalpel vasectomy (NSV) services and improve social and behavior change communication (SBCC) for male engagement in family planning. The International Planned Parenthood Foundation's (IPPF) local affiliate in Togo, l'Association Togolaise Pour Le Bien-Etre Familial (ATBEF), has steadily been providing between 30-50 vasectomies per year since 2012. However, there are only five providers trained in NSV and they all operate out of the private sector ATBEF clinic in Lomé, limiting the reach of these services.

In August 2016, MCSP, a global program financed by USAID and led by Jhpiego, worked in collaboration with ATBEF and the DSMI/PF, to conduct a rapid formative assessment on male engagement in FP in Togo. The goal of this assessment was to explore men's real perceptions about male methods of family planning, and both providers' and the health system's views on offering these methods in order to develop a SBCC strategy to reinforce male engagement in reproductive health and help expand the mix of available FP methods used in Togo.

Specific objectives of the assessment included:

- To understand the perceptions and opinions of users and non-users of NSV services as well as the sociocultural factors around FP services in health facilities;
- To gather information to better understand the preoccupations/concerns of providers and the health system regarding male engagement in reproductive health, as well as the use of male methods of contraception, namely NSV; and
- To propose strategies for improved use of and engagement in FP services by men.

Methodology

A formative and qualitative process was used, including focus group discussions, in-depth interviews, and key informant interviews, with an emphasis placed on NSV services. In total, 16 FGDs and 87 interviews were conducted.

Data was collected in August 2016, simultaneously in the four study districts of Lomé D5, Golfe, Haho, and Kloto. In each location, two teams were formed and led by a supervisor who organized the work in

the field and verified the completed questionnaires before submission. At the end of each day, individual teams reviewed and synthesized data, then shared it with the MCSP co-investigators. Community mobilizers were used to mobilize FGD participants and support contact with resource people in the field. The assessment also included interviews with NSV clients about their experiences with the service, their reasons for choosing NSV, suggestions for increasing uptake of NSV services, and more, in order to explore any potential factors that may support improved male engagement across FP services, not just NSV.

Results

Many different factors were raised by participants regarding male engagement in family planning. Some of the identified themes include the perception that FP is only for women, a lack of methods available for men, services not meeting men “where they are” (i.e. not at hours or locations convenient to men’s schedules), perceived lack of male providers offering RH/FP services for men, lack of communication about FP among couples in the community, and social norms around the use of FP, among other topics.

The assessment sought to improve understanding on how to better engage men in the health of their families. Along these lines, several themes emerged related to strengthening the sensitization/counseling on FP methods in general and NSV in particular, strengthening the sensitization on the shared advantages of FP, especially the economic benefits for the couple, including for the man, and bringing FP/RH services closer to the community.

According to respondents, improved male engagement in the health of their families requires:

- Improved communication on this topic;
- Encouragement/motivation for men to better communicate and exchange with their partners on the questions, needs, and aspirations of their family in terms of : family size, birth spacing, education of their children, plans for their children’s future, and more;
- Individual awareness by men regarding their relationships with women; and
- Collective awareness from men, including through exchanges with “Papa Champions” who are men who are already strongly engaged in the health of their families and recognized in the community.

Many suggestions were shared by the diverse target groups in this rapid assessment, including:

- Organizing broadcast debates and sketch comedy over mass media with men in local languages;
- Conducting sensitization and stigma-clarifying sessions on FP and vasectomy with different groups of men in order to gradually convince them (i.e. bringing together mototaxi driver groups to discuss FP/RH);
- Bringing FP services closer to the community, as CHWs do not cover all of the zones targeted by this assessment;
- Organizing large sensitization sessions on NSV, including at local markets and with men’s groups
- Providing free FP services in health centers;
- Using positive deviants in the community by having couples who use FP discuss their choices and experiences with other couples;
- Promoting “open door days” on NSV;
- Displaying NSV posters in health centers in order to help people become more familiar with the service;
- Providing greater support for CHWs, including financial support and technical updates on FP, including NSV;

- Training more FP/NSV providers from diverse geographic locations, especially male providers, and linking potential clients to these expanded services; and
- Using trained community leaders as peer educators during sensitization activities with groups of leaders, including with a focus on FP and birth spacing.

Next Steps

The next steps in this activity will be the development of and formalization of a SBCC strategy to improve male engagement in family planning. MCSP, in collaboration with the DSMI/PF, ATBEF, and other implementing partners will gather together to develop and validate this plan to guide future work.

Although MCSP does not have the resources to fund an entire SBCC program on male engagement in FP in Togo, the hope is that this assessment can be used by partners to leverage funds across donors and projects. These projects may be able to support the cost of some SBCC activities. Where feasible, MCSP hopes to integrate efforts with other ongoing activities such as PPF expansion in Togo or mentorship of trained NSV providers from other MCSP countries to support and ensure continued quality of care after training.

Further details can be found in the full assessment report.