



Vasectomy Message Framework

A Tool to Help Advocates Prepare for Conversations with Key Stakeholders





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Introduction

About this resource

This resource helps advocates make the case for the inclusion of vasectomy in family planning and reproductive health (FP/RH) programs with key stakeholders in government, donor organizations and coordinating bodies. It includes concrete talking points, supporting evidence, and guidance on selecting the key message most likely to influence a particular stakeholder.

After developing a tailored message framework, advocates can use this [suite of web-based presentation materials](#) to persuade their stakeholder.

This resource is not meant to help health programs design messages to increase social support or generate demand for vasectomy at the user-level.*

How this resource was developed

In 2020, Breakthrough ACTION, with support from the United States Agency for International Development (USAID), reviewed publicly available information on vasectomy programs; interviewed key individuals in FP/RH community who have worked on vasectomy initiatives; and synthesized information on vasectomy use, programming, and investment. Key insights from the review and interviews were validated with experts in FP/RH and gender and used to develop this resource.

*For guidance on developing an integrated social and behavior change communication (SBCC) strategy, see the [SBCC Implementation Kit](#)

Essential Elements of Advocating for Vasectomy

The following slides outline the essential elements of advocating for vasectomy with various stakeholders.

- 1 Pick a target audience
- 2 Identify the organization type
- 3 Understand historical experience
- 4 Determine the stakeholder segment
- 5 Identify your key message
- 6 Putting it all together: Create a stakeholder profile

Pick a Target Audience

Who is your target audience?

Coordinating bodies and decision makers at the donor- and country-level are the **highest priority stakeholders**; they make critical decisions about investments in family planning and reproductive health (FP/RH) and have a strong influence over priorities at the national and sub-national levels.

Other actors, such as implementing partners, can play a pivotal role in influencing the decisions of the donors and countries but have limited ability to change investment.

Each stakeholder will have their own drivers, barriers, and attitudes about vasectomy programming based on their organization type, historical experience with vasectomy programming, social context (i.e., social and gender norms) and individual knowledge and attitudes.

It's critical to know your audience so you can develop a messaging strategy that speaks to their unique objectives and concerns.

Identify the Organization Type

How might your stakeholder's organization type influence their support for vasectomy programming?

Use the following pages and your knowledge of your stakeholder's organization to identify:

- The organization's main role(s) and objective(s)
- Key drivers and barriers that may influence their support for vasectomy in FP/RH
- The organization's key opportunity to increase attention to vasectomy in FP/RH

Organization Types

1

Coordinating
bodies &
conveners

2

Donors

3

Country
decision makers

4

Program
planners and
implementers

Organization Type

Coordinating Bodies & Conveners

Roles	<ul style="list-style-type: none"> • Set goals for the global FP/RH community • Endorse interventions and share best practices • Convene and coordinate constituents/members
Objective	<ul style="list-style-type: none"> • Gather and disseminate best practices and evidence-based tools
Potential drivers	<ul style="list-style-type: none"> • Knowledge of the relationship between vasectomy and expanding method choice, gender equality, and improving FP/RH outcomes* • Recognition of the connection between vasectomy and women's and men's RH outcomes • Success stories (e.g., vasectomy programs resulting in increased uptake) • Changing social, cultural, and gender norms that are more supportive of male involvement in FP/RH
Potential barriers	<ul style="list-style-type: none"> • Concern that vasectomy programming is a distraction from core business • Belief that there is little demand for vasectomy from men or government decision makers • Misinformation • Global pressure to make quick gains • Do not implement programs themselves • Social, cultural, and gender norms among users, providers, and policymakers
Advocacy opportunities	<ul style="list-style-type: none"> • Well recognized as leaders • Able to bring stakeholders together • Able to influence country CIPs and global donors

*See the appendix for notes on the connections between vasectomy, gender equality, method choice, and FP/RH outcomes.

Organization Type

Donors

Roles	<ul style="list-style-type: none"> • Fund programming and coordinate with country stakeholders • Coordinate, align, and influence the global FP/RH community
Objectives	<ul style="list-style-type: none"> • Identify and invest in cost-effective, scalable solutions to increase modern contraceptive prevalence rate (mCPR) and access to FP • Demonstrate results quickly for continued funding and support from higher-ups
Potential drivers	<ul style="list-style-type: none"> • Knowledge of the relationship between vasectomy and expanding method choice, gender equality, and improving FP/RH outcomes* • Cost-effectiveness • Available funding • Success stories (e.g., vasectomy programs resulting in increased uptake) • Country decision maker or implementer support • Changing social, cultural, and gender norms that are more supportive of male involvement in FP/RH
Potential barriers	<ul style="list-style-type: none"> • See vasectomy as outside of their strategy or mandate • Limited funding & short project cycles • Belief that investment in male methods detracts from women's needs • Belief that there is little demand for vasectomy from men or country decision makers • Pressure to demonstrate quick increases in contraceptive prevalence • Belief that focusing on individual methods—even those that are broadly underutilized and inaccessible—undermines the philosophy behind method choice • Social, cultural, and gender norms among users, providers, and policymakers
Advocacy opportunities	<ul style="list-style-type: none"> • Able to influence global FP/RH agenda and country stakeholders • Sets goals and objectives for FP/RH funding; grantees (implementers)

*See the appendix for notes on the connections between vasectomy, gender equality, method choice, and FP/RH outcomes.

Organization Type

Country Decision Makers

Roles	<ul style="list-style-type: none"> • Develop and oversee national plans, programming, and policy • influence donors and implementing partners
Objective	<ul style="list-style-type: none"> • Improve FP/RH outcomes in their country
Potential drivers	<ul style="list-style-type: none"> • Cost-effectiveness • Knowledge of the relationship between vasectomy and expanding method choice, gender equality, and improving FP/RH outcomes* • Success stories • Availability of funding • Changing social, cultural, and gender norms that are more supportive of male involvement in FP/RH
Potential barriers	<ul style="list-style-type: none"> • Restrictive gender norms and gender inequality • Misperceptions about vasectomy (e.g., acceptability, demand, cost, side effects, procedure itself) • Belief that there is little demand for vasectomy; vasectomy will not be accepted • Limited funding; training costs • Lack of evidence-based costing for introduction, maintenance, and scale up • Potential opposition from professional organizations, medical schools, religious leaders, or women's groups • Social, cultural, and gender norms among users, providers, and policymakers
Advocacy opportunities	<ul style="list-style-type: none"> • Able to influence global donors and coordinating bodies • Determines country funding priorities; responsible for national health policies and implementation plans • Can influence local organizations, such as health professionals, religious leaders, women's groups

*See the appendix for notes on the connections between vasectomy, gender equality, method choice, and FP/RH outcomes.

Organization Type

Program Planners and Implementers (secondary audience)

Roles	<ul style="list-style-type: none"> • Implement high-quality FP interventions and programs • Influence design of key policies and plans
Objectives	<ul style="list-style-type: none"> • Effectively design and implement FP interventions and programs to improve FP/RH and support increases in contraceptive prevalence to support expanded method choice
Potential drivers	<ul style="list-style-type: none"> • Knowledge of the relationship between vasectomy and expanding method choice, gender equality, and improving FP/RH outcomes* • Funding focused on male methods • Supportive government policies • Changing social, cultural, and gender norms that are more supportive of male involvement in FP/RH
Potential barriers	<ul style="list-style-type: none"> • Need to show quick increases in mCPR • Belief that there is little demand for vasectomy • Reliance on funding tied to specific donor and country goals and outcomes, a specific method, or method mix • Social, cultural, and gender norms among users, providers, and policymakers
Opportunities for advocates	<ul style="list-style-type: none"> • Can influence donors, country governments, health professional schools, professional associations • Can promote positive vasectomy messaging, increase others' knowledge about vasectomy • Opportunity to make the case for a male-focused method through strong relationships with donors and governments

*See the appendix for notes on the connections between vasectomy, gender equality, method choice, and FP/RH outcomes.

Understand Historical Experience

How might historical experience influence stakeholder support for vasectomy programming?

Use this page and your knowledge of your stakeholder's organization or country context to identify the historical factors that may influence their support for vasectomy programming today.

1

Organizations or countries that have never had a vasectomy program

- May think men or their partners will not accept vasectomy
- May think their focus should be on expanding access to female methods
- May be interested but unable to convince donors or higher-ups that vasectomy programming is worth the time and resources
- May have few or no providers trained; may not have providers to serve as master trainers
- May be unaware of the link between vasectomy, method choice, gender equality, and improving FP/RH outcomes

2

Organizations or countries that had a vasectomy program(s) in the past

- May be discouraged due to collapse of the program after donor funding/support ended
- May have providers who are out of practice and need refresher training; new providers not being trained
- May have competing priorities that make it difficult to justify investing in vasectomy
- May be unaware of increasing demand for limiting or how access to vasectomy improves their FP/RH programs
- May have had a change in leadership or government and new representatives are no longer supportive of vasectomy (or FP overall)

3

Organizations or countries with current or emerging vasectomy programs

- May be willing to share successes and challenges with other countries
- Can be used as positive deviant examples for their region/neighboring countries
- Conversely, lack of initial success could negatively influence neighboring countries
- May need a plan and/or funding to scale-up the program over time
- May need a sustainability plan to continue vasectomy service delivery after the project ends

Understand Historical Experience

Illustrative country landscapes

Niger

Never had a Vasectomy Program

Niger is a FP2020 commitment maker and member of the Ouagadougou Partnership and the Sahel Women's Empowerment and Demographic Dividend Project. Niger aimed to reach 50% contraceptive prevalence by 2020 but was unable to meet this goal.^{1,2}

- Method mix: tubal ligation: 0.7%; vasectomy: 0.0%; pill: 34.9%; injectable: 30.1%; implant: 23.3%; IUD: 0.7%; male condom: 0.7%³
- Donors and coalitions: USAID, Ouagadougou Partnership, BMGF

Potential advocacy goal

Create interest; secure funding and buy in; recruit champions and influencers who can influence gatekeepers

Brazil

Past Vasectomy Programs

Since 1970, Brazil has had one of the the largest FP programs in Latin America, leading to an increase in mCPR among married women from 34% in 1970 to 75% in 2015.⁴ Past vasectomy programs were largely successful,^{5,6} but the momentum was not sustained.

- Method mix: tubal ligation 21.4%; vasectomy: 4.0%; pill: 45.5%; injectable: 7.5%; implant: 0.0%; IUD: 2.1%; male condom: 15.3%³
- Donors and coalitions: UNPFA, USAID

Potential advocacy goal

Reinvigorate interest; secure funding and buy in

Uganda

Current/Emerging Vasectomy Programs

The Ugandan government is working to expand the method mix to include long-acting, reversible, and permanent methods. Several partners have been working on vasectomy and have identified “champion men” to talk about FP and vasectomy with their peers.^{7,8}

- Method mix: tubal ligation: 6.1%; vasectomy: 0.3%; pill: 7.1%; injectable: 44.5%; implant: 17.2%; IUD: 2.1%; male condom: 10.7%³
- Donors and coalitions: USAID, BMGF

Potential advocacy goal:

Maintain interest and secure further investment; enable task-shifting

Determine the Stakeholder Segment

Which segment most closely matches the opinions and attitudes of your stakeholder?

Whether you want to influence country decision makers, coordinating bodies, or donors, it is essential to respond to the unique mindset and motivations of each stakeholder, which may differ from others within the organization or country government. Opinions and attitudes towards vasectomy may cut across organizational affiliations; therefore, this message framework divides stakeholders into four different segments: supportive, skeptical, unaware, and not supportive.

	Supportive	Unaware	Skeptical	Not supportive
Description	Stakeholders are interested in vasectomy and may have a few internal champions	Stakeholders are unaware of the benefits of vasectomy for individuals and its importance to FP/RH	Stakeholders are skeptical of whether vasectomy is worth the time and investment in training or if it is within their mandate	Stakeholders do not believe that vasectomy programs are worth the investment or that it is outside their current mandate
Sample Stakeholder Quote	“We’re considering whether vasectomy would be a worthwhile investment/area of focus”	“I don’t understand how vasectomy programming will help us quickly improve FP/RH outcomes”	“Vasectomy programs haven’t had much success in the past and we are uncomfortable shifting any funding from women’s FP/RH programming to vasectomy”	“Vasectomy isn’t widely acceptable in [LMICs/country X] and our priority is ensuring that women have access to FP/RH services”

Identify Your Key Message

Consider the key factors influencing your stakeholder's support for vasectomy. Which of the following six key messages is most likely to address their objectives and concerns?

Key message	Supporting points	Supporting Assets
Vasectomy is highly cost-effective	<p>Vasectomy is one of the most cost-effective methods of contraception.</p> <p>Vasectomy has a very low service delivery cost per couple years of protection.</p>	<p>Costs and Net Health Effects of Contraceptive Methods</p> <p>Service Delivery Costs per CYP in Kenya</p> <p>Cost-Effectiveness of Contraceptives in the United States</p> <p>Cost-Effectiveness of Vasectomy Methods in India, Kenya, and Mexico</p>
Increasing access to vasectomy is critical to method choice	<p>Method choice is limited when vasectomy is inaccessible.</p> <ul style="list-style-type: none"> <i>In 2/3 of FP2030 countries, less than 30% of the population has access to vasectomy.</i> <p>Modern contraceptive use increases when more methods become available.</p>	<p>Availability of Methods (Track 20)</p> <p>Contraceptive Use Increases When More Methods Are Available</p> <p>Method Choice and Contraceptive Use in Haiti</p> <p>How FP Supply and the Service Environment Affect Contraceptive Use</p>
Demand for limiting births is high in LMICs and likely to rise	<p>Use of contraception continues to increase worldwide in all major geographic regions.</p> <p>Demographic trends indicate that demand for permanent methods is likely to grow.</p> <ul style="list-style-type: none"> <i>Demand to limit exceeds demand to space among people of reproductive age in every region except West and Central Africa.</i> <i>The average age at which the demand to limit exceeds the demand to space is falling to as low as 23 or 24 in some countries.</i> 	<p>World Fertility and Family Planning 2020</p> <p>Women's Growing Desire to Limit Births in sub-Saharan Africa</p> <p>Contraceptive Use by Method (2019)</p> <p>Global Fertility Projected to Decline</p> <p>Trends in Use of Permanent Methods</p>

Identify Your Key Message

Continued...

Key message	Supporting points	Supporting Assets	Supporting Assets
Vasectomy preserves women's health and promotes gender equality	<p>Vasectomy is safer and less expensive than tubal ligation.</p> <p>Vasectomy protects against unintended pregnancy and maternal morbidity and mortality.</p> <p>Increasing access to vasectomy would improve gender equality in family planning.</p> <p>Increasing vasectomy uptake would improve the public health impact of the method mix.*</p>	<p>AUA Guidelines 2012 Sterilization Outcomes & Costs</p> <p>Maternal Deaths Averted by Contraceptive Use</p> <p>Safe Motherhood: Dream or Reality? Impact of Unintended Pregnancy on Quality of Life</p> <p>Contraception and Health</p> <p>Mass Media Vasectomy Campaign in Brazil</p> <p>TCI Male Engagement in India</p>	<p>Men, Boys, and Sex: Gender Transformative Policies & Programs</p> <p>Gender Perspectives Improve Reproductive Health Outcomes</p> <p>Contraceptive Justice</p> <p>*Promoting Vasectomy Services in Uganda, Ethiopia, the Philippines, and Rwanda</p> <p>Review of 10 Years of Vasectomy Programming</p>
Evidence shows we can increase demand for vasectomy	<p>Past programs in places like Brazil, India, Philippines, Ghana, and Rwanda have generated demand for vasectomy and delivered high-quality vasectomy services.</p> <p>Program designers and implementers can draw from existing evidence and materials to create effective vasectomy programs.</p>	<p>Group FP Counseling in the Philippines</p> <p>Vasectomy Campaign in Ghana</p> <p>The Capacity Project and PROGRESS in Rwanda</p> <p>Lessons Learned in Vasectomy Programming</p>	<p>Vasectomy: A Long, Slow Haul to Successful Takeoff</p> <p>Men as Contraceptive Users (working paper)</p> <p>No-Scalpel Vasectomy Video</p> <p>No-Scalpel Vasectomy Materials for India</p>
Expanding access to vasectomy sets the stage for future male method introduction	<p>New male contraceptives are in development, including an injection, implant, and more.</p> <p>Expanding access to vasectomy now will enable the FP community to effectively support voluntary use of new male methods in the future.</p>	<p>New Male Methods in Development</p>	

Putting it all Together: Create a Stakeholder Profile

Stakeholder profile template

You can use the stakeholder profile template to build your own applied messaging strategy for vasectomy.

The **General Overview** section describes who your stakeholder is—their organization’s role, objectives, barriers, drivers, and historical experience with vasectomy.

The **Conversation Goal** section describes your goal for the conversation regarding your stakeholder’s engagement with vasectomy programming.

The **Supporting Points and Evidence** section considers the inputs in the previous two sections and includes supporting points from the appropriate key messages to strengthen the case for prioritization of vasectomy based on your stakeholder’s drivers and barriers. This section helps you to home in on the right supporting points and provides additional key evidence to strengthen your main message.

Finally, the **Ask** section provides space for you to create a specific request of your stakeholder.

	Organization Type: <i>Enter organization type here</i>		Organization: <i>Enter organization name here</i>	
General Overview	Organization Role	Organization Barriers/Drivers	Historical Experience with Vasectomy	
	Stakeholder Segment			
Conversation Goal	Goals			
Key Message	Key Message			
Applied Messaging Framework	Prioritized Supporting Points			
	Additional Key Evidence			
	Ask			

Putting it all Together: Create a Stakeholder Profile

General Overview	Organization Type: <i>Enter organization type here</i>	Organization: <i>Enter organization name here</i>		
	Organization Role <i>Information on the organization's role and main objective(s)</i>	Organization Barriers/Drivers <i>Select the most relevant drivers and barriers for your stakeholder based on the organization type</i>	Historical Experience with Vasectomy <i>Information on how historical experience might impact your stakeholder's views on vasectomy</i>	
	Stakeholder Segment: <i>Based on the information above, select your stakeholder segment: Supportive, Unaware, Skeptical, Not Supportive.</i>			
Conversation Goal	Goal: <i>What is your goal for this conversation?</i>			
Key Message	Choose One Key Message <ol style="list-style-type: none"> Vasectomy is highly cost-effective Increasing access to vasectomy is critical to method choice Demand for limiting births is high in LMICs and likely to rise Vasectomy preserves women's health and promotes gender equality Evidence shows we can increase demand for vasectomy Expanding access to vasectomy sets the stage for future male method introduction 			
Applied Messaging Framework	Prioritized Supporting Points	<i>Enter first supporting point here</i>	<i>Enter second supporting point here</i>	<i>Enter third supporting point here</i>
	Additional Key Evidence	<i>Identify key evidence points to keep in mind for the stakeholders</i>	<i>Identify key evidence points to keep in mind for the stakeholders</i>	<i>Identify key evidence points to keep in mind for the stakeholders</i>
Ask: <i>What will you ask the stakeholder to do?</i>				



Additional Resources





Additional Advocacy Resources

- Underfunded and Underutilized: An Argument for Vasectomy Advocacy to Improve Method Choice ([link](#))
- Engaging Men as Contraceptive Users: Web-Based Presentation Materials for Vasectomy Advocates ([link](#))
- Promoting Evidence-Based Vasectomy Programming ([link](#))
 - Includes briefs on advocating for vasectomy in Burundi, Ethiopia, Haiti, Kenya, Malawi, Philippines, Rwanda, and Uganda
- Revitalizing Access to Permanent Methods: Lessons Learned from MCSP Country Programs ([link](#))
- Family Planning Advocacy Toolkit ([link](#))
- A Matter of Fact, A. Matter of Choice: The Case for Investing in Permanent Contraceptive Methods ([link](#))
- A Guide to Quick Wins—Build Consensus, Focus Efforts, Achieve Change ([link](#))



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Appendix



The Benefits of Vasectomy for Global Health Programming

Promotes Gender Equality	Enables Method Choice	Improves FP/RH Outcomes
<p>Vasectomy can increase gender equality and empower broader male participation in FP/RH.</p> <p>Increasing access to vasectomy would allow men to share more responsibility for reproduction.</p>	<p>Vasectomy is critical to method choice.</p> <p>In 2/3 of FP2030 countries, less than 30% of the population has access to vasectomy, limiting the possibility for male participation.⁹</p>	<p>Vasectomy improves FP/RH outcomes.</p> <p>Increasing access to vasectomy will reduce²</p> <ul style="list-style-type: none">• Unintended pregnancy¹⁰• Maternal morbidity and mortality¹⁰• Unmet need for limiting• The number of women who experience undesirable side effects from other forms of contraception

Beyond its contraceptive benefit, increasing access to vasectomy can improve method choice, gender equality, and FP/RH outcomes.