Now is the Time to Advocate



Tools to Support Advocates for the Inclusion of Vasectomy in Family Planning Programs

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BACKGROUND

Access to vasectomy expands method choice and promotes gender equity by enabling men to share responsibility for reproduction.

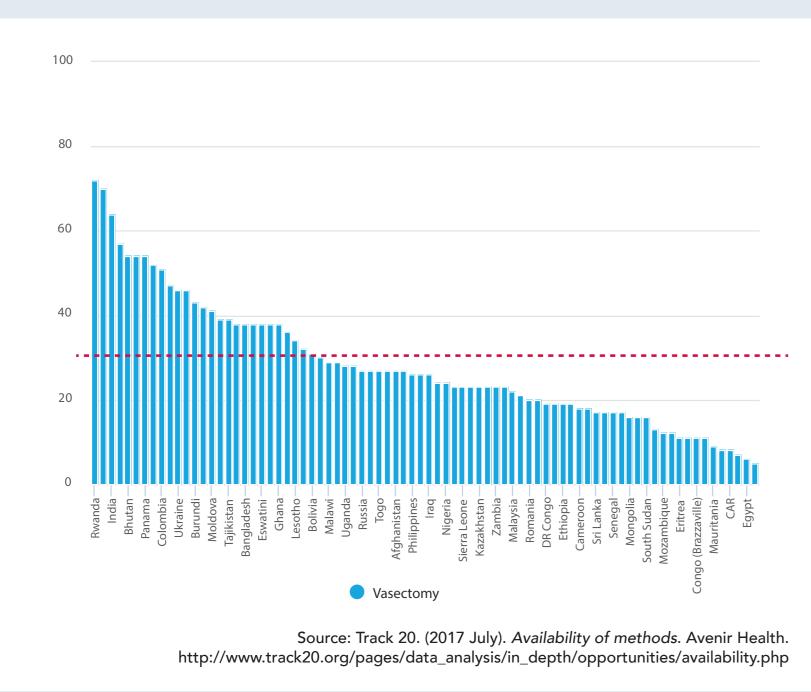
Though vasectomy offers multiple benefits to individuals and couples, it is widely unavailable, underutilized, and underfunded within the field of reproductive health.

Vasectomy service benefits

- Is very safe and effective. 1,2
- Promotes the role of men as caring partners.
- Does not require an extra step before having sex, like putting on a condom.
- Is inexpensive compared to the cumulative cost of shorter-term methods.²
- Is a faster procedure with less recovery time compared to tubal ligation.^{1,2}

Vasectomy is unavailable

Percent of the population with access to vasectomy in Family Planning 2030 countries



Vasectomy is underutilized

Percent of contraceptive users using a permanent method

		Tubal ligation	Vasectomy
_	Latin America and the Caribbean	27.6%	2.2%
	East and Southeast Asia	16.7%	1.5%
	Central and South Asia	52.2%	1.0%
	Sub-Saharan Africa	3.9%	<0.1%

Source: United Nations, Department of Economic and Social Affairs, Population Division. (2019).

Contraceptive use by method 2019 [Data Booklet]. https://digitallibrary.un.org/record/3849735?ln=en

Vasectomy is underfunded

A review of articles and program materials published between 2005 and 2015 found that these five cooperative agreements funded by the United States Agency for International Development had vasectomy components and only a small number of vasectomy initiatives tied to other funders.³



OBJECTIVES

- Assess the state of vasectomy programming and identify examples of demand-side achievements
- Develop a tool to support advocacy for the inclusion of vasectomy in family planning and reproductive health programming

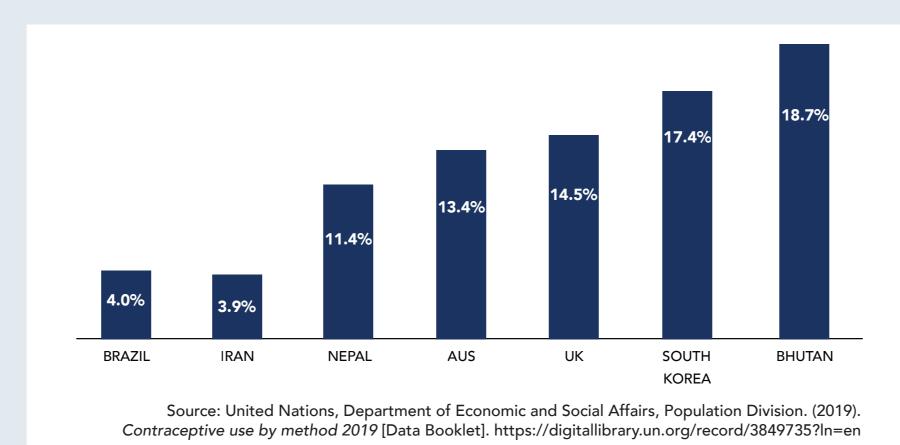
METHODOLOGY

- Conducted a narrative review of relevant global survey data and reports, peer-reviewed articles, and grey literature published after 1990.
- Interviewed 19 individuals who have worked on vasectomy initiatives from various donor, multilateral, and implementing organizations.
- Developed a customizable message framework and suite of presentation materials to support advocacy for increased programmatic attention to vasectomy in family planning.

FINDINGS

- 1. Vasectomy is rarely included in family planning programs
- 2. Past demand-side programming indicates vasectomy knowledge and uptake can increase with sustained investment

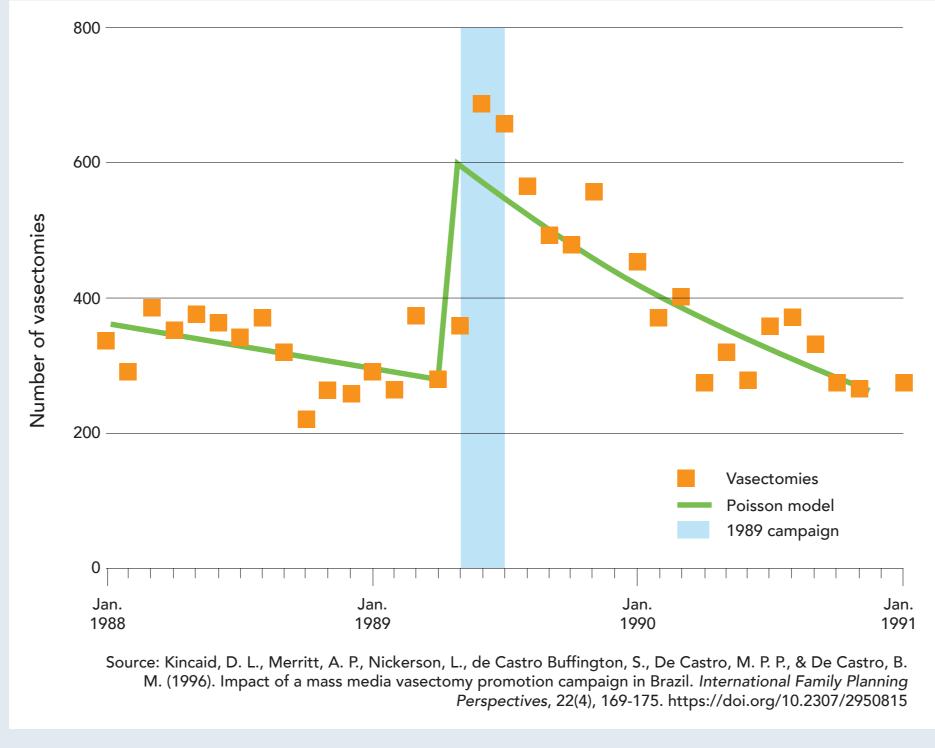
Countries where vasectomy accounts for a large share of contraceptive use



The "Dancing Hearts" campaign in Brazil increased the monthly mean number of vasectomies performed at three clinics during the campaign by:

- 108% in Fortaleza
- 59% in Salvador
- 82% in Sao Paulo⁴

Effect of a mass media campaign on the number of vasectomies performed per month at the clinic in Sao Paulo



3. Stakeholders misconceive that past vasectomy programming saw little success. Consequently, decisionmakers in government, multilaterals, and donor organizations conclude in error that demand for the method is low.

- 4. Decision maker attitudes towards vasectomy may be influenced by the following:
- Organizational or institutional context.
- Experience with vasectomy programming.
- Individual knowledge and conceptions of vasectomy program outcomes and demand.⁴

ADVOCACY TOOLS

Using these insights, Breakthrough ACTION developed two tools to support advocacy for the inclusion of vasectomy in family planning programs.

The Vasectomy Message Framework helps advocates make the case for vasectomy with key stakeholders in government, donor organizations, and coordinating bodies. It includes concrete talking points, supporting evidence, and guidance for selecting the key message most likely to influence a particular stakeholder.

Vasectomy Message Framework

A Tool to Help Advocates Prepare for Conversations with Key Stakeholders

The Vasectomy Message Framework helps advocates make the case for vasectomy with key stakeholders in government, donor organizations, and coordinating bodies. It includes concrete talking points, supporting evidence, and guidance for 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 convey their key message while advocating with a particular stakeholder.



CONCLUSIONS

Access to voluntary vasectomy expands method choice and reduces the disproportionate burden placed on women to bear responsibility for reproduction.

Though past demand-side programming indicates vasectomy knowledge and uptake can increase with sustained investments, more advocacy is needed to persuade key decisionmakers to include vasectomy in reproductive health programming and funding.

We invite others to utilize these tools to advocate with key decision makers in their own organizations and programs.

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