

Marie Stopes Vasectomy: expanding access in Bangladesh

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Photograph: GMB Akash/Panos Pictures

SUMMARY

Vasectomy (or male sterilisation) is one of the safest and most cost-effective modern methods of contraception available. However, the number of vasectomies performed in many developing countries is low¹. In Bangladesh, tackling the issue of low male contraceptive use was identified as a priority by the government in 2006. In response, Marie Stopes International's (MSI) local partner Marie Stopes Bangladesh developed an innovative outreach programme in collaboration with the government to deliver vasectomy and other family planning services to underserved urban and rural areas of the country. MSI now provides over 60,000 vasectomies per year to communities in need. MSI's successful expansion of vasectomy services in Bangladesh provides a useful example of how male contraceptive use can be increased through better access to high-quality services.

Introduction

Bangladesh has experienced a rapid growth in contraceptive use since it became an independent state in 1971. Over the past four decades, the Government of Bangladesh has worked to reduce unintended pregnancies through comprehensive family planning programmes and policies. In collaboration with international partners such as Marie Stopes International (MSI), these efforts have led to a dramatic increase in modern contraceptive use and a decline in total fertility. The modern contraceptive prevalence rate increased dramatically from five percent in 1975 to 47.5 percent in 2007². However, trends from successive demographic surveys³ indicate that this marked growth in contraceptive use has slowed and even declined

slightly in recent years². This is due to a number of factors, including poor provision of contraceptive services and the lasting impact of coercive sterilisation in preceding decades³.

To reinvigorate the country's family planning programme, the government set out to expand the choice of contraceptive methods available to Bangladeshi couples in 2006. Men are traditionally the decision-makers in Bangladeshi society regarding the number and spacing of children, yet they place responsibility for contraception use largely on women's shoulders. Only 5.2 per cent of married women report use of male contraception as their main method of preventing pregnancy. Of these, the majority use the male condom. As a result, the national government identified access to vasectomy services as a priority area for increasing the use and choice of contraception methods, as well as an effective way to engage men in family planning.

In response to this challenge, MSI in Bangladesh revamped and expanded its vasectomy service on a national scale. MSI used an innovative outreach programme of service provision via government-run health facilities and roving teams, supported by community mobilisation

activities. Now MSI provides more than 60,000 vasectomy procedures every year, primarily to low-income men living in urban, rural and hard-to-reach areas.

Service delivery innovation

This public-private partnership model of service delivery in conjunction with the government has been key to MSI's expansion of vasectomy services. This approach has allowed MSI to target underserved areas with limited access to sexual and reproductive health care by overlapping with existing government health services and filling gaps where these exist. MSI assists the government by providing services in areas where there is a shortage of government health providers and simultaneously expands access to contraceptive services.

In this partnership model, the government provides the health facilities, medical equipment and assistance of community health workers, while MSI provides highly trained clinical staff, technical support and monitoring of quality of care to offer voluntary surgical contraception services to both men and women. Collaboration with government community health workers is a critical component of the programme, as they provide pre- and post-counselling for all MSI procedures and also help with awareness raising and demand generation.

The set-up will vary according to the service delivery site. In a semi-urban location, for example, MSI might provide services in a selected government hospital alongside government providers. In a remote location, they might use a rural government outpost. Where no health facility exists, MSI mobile teams set up temporary sterile surgical sites in schools, community centres or other buildings. The majority of vasectomy procedures carried out by MSI are performed by these roving mobile

teams that travel throughout the country to provide services in hard-to-reach areas.

Roving teams consist of a medical doctor, a medical paramedic and a field coordinator. Field coordinators facilitate site mobilisation in collaboration with government field staff; prepare sites in advance of the medical team's arrival and ensure local logistical support for pre-established 'VSC days' (voluntary surgical contraception days).

Quality service provision

Vasectomy is always presented as one of a range of long-term and permanent methods of contraception available. Clients who opt for a vasectomy are given counselling in advance of the procedure. They are fully informed about the complications and risks associated with the operation, including the difficulty of reversing the procedure. The team then takes a medical history and conducts a full examination to ensure suitability for the procedure and to check for underlying health problems. The client must give voluntary informed consent before the procedure begins.

The Marie Stopes Vasectomy (MSV) procedure uses the 'no-scalpel incision technique' first developed in China in 1971⁴. It is a quick and minimally invasive technique with low levels of pain and complications compared to other proceduresⁱⁱ.

Doctors make a small opening in the scrotum using dissecting forceps and expose a loop of the sperm-carrying tube – the vas deferens – which is tied in two places. The section between the two ties is then cut. Pain relief during the procedure is provided through a combination of local anaesthetic and MSI's 'Vocal Local' method, which involves distracting clients through conversation. Skilled providers are able to perform the procedure quickly, which helps to keep client pain and anxiety to a minimum.

KEY FACTS

- Marie Stopes Bangladesh provides vasectomy services to underserved and hard-to-reach areas in Bangladesh through a successful public-private partnership model
- Marie Stopes Bangladesh provided more than 60,000 vasectomies in 2008 – representing two thirds of all vasectomy services in Bangladesh.

Following a brief rest in the recovery area, the client is discharged. All clients are given post-surgical recovery instructions, including guidance on timing to achieve full sterilisation effects.

Demand generation

Coordinated promotion with government community health workers is key to generating demand for family planning, and in particular for vasectomy. MSI field coordinators work with local coordinators of the Bangladesh national community health worker scheme in all locations to organise local promotion of vasectomy services amongst men. MSI is supporting the development of community health workers and provides orientation workshops for those involved with the vasectomy programme.

The community health workers refer interested clients to the nearest facility where vasectomy services are provided. Potential clients are targeted through one-to-one discussions and group talks on sexual health held at community centres and health sites. MSI also trains male sexual health promoters to work alongside the community health workers who tend to be predominantly women. These 'promotion teams' are equipped with leaflets, stickers, branded client bags and information handbooks. Special events such as film screenings, debates and Father's Day promotions have also been used effectively to raise awareness about MSV services in MSI clinic catchment areas.

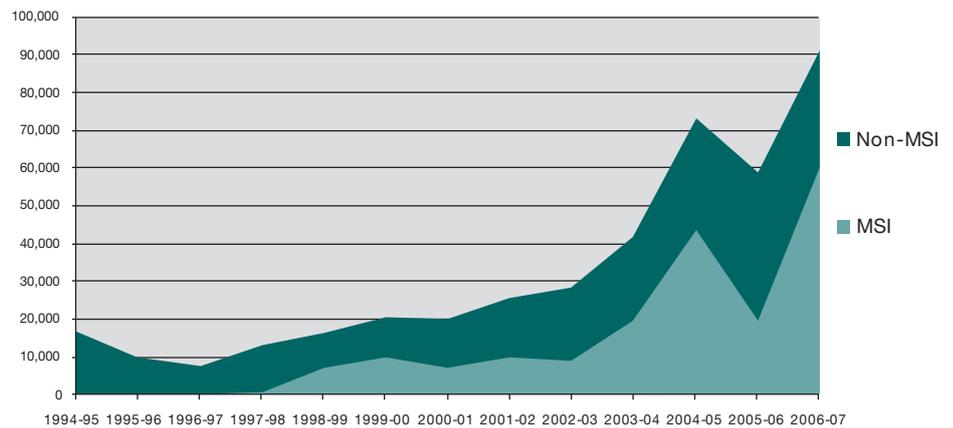
FOOTNOTES

ⁱ Demographic and Health Surveys and national Contraceptive Prevalence Surveys.

ⁱⁱ A literature review comparing clinical effectiveness of the Marie Stopes Vasectomy with other vasectomy procedures has been produced by MSI.

ⁱⁱⁱ Bangladesh Demographic and Health Survey 2007. p. 220.

Table 1: MSI share of Non-Scalpel Vasectomy provision in Bangladesh: 1994-2007



In addition to awareness raising and health promotion activities, satisfied clients often become advocates for MSI vasectomy services. They provide a 'living example' of the experience of having a vasectomy, and are well placed to persuade other men of the benefits.

Results

The impact of MSI's vasectomy outreach campaign on national contraceptive prevalence rates has not yet been established. However, the 2007 Bangladesh Demographic and Health Survey mentions that male sterilisation is beginning to increase from very low levels, in part due to 'donor funded non government organisation programmes' working with the governmentⁱⁱⁱ. Government data show that overall vasectomy use has increased dramatically in Bangladesh over the past ten years. As shown in Figure 1, between 1997 and 2007, the number of men choosing vasectomy to prevent pregnancy increased from 7,600 to over 91,000 men per year. In 2007 alone, over 60,000 men opted for a vasectomy procedure provided by MSI as a safeguard against future unplanned pregnancies. MSI now provides over two thirds of all vasectomy procedures in Bangladesh.

Conclusion

While vasectomy and tubal ligation (female sterilisation) are both equally effective as permanent methods of contraception, vasectomy has many advantages. Clinically, it is a quicker and relatively safer procedure to perform, with a shorter recovery time. Programmatically, it is cost-effective and can be delivered in more settings than tubal ligations.

MSI's expansion of vasectomy services in Bangladesh is a successful example of high-volume, high-quality delivery of permanent family planning methods to hard-to-reach areas. By working in close partnership with the government, MSI has maximised the use of existing health structures and local support networks. This innovative approach has enabled MSI to reach large numbers of otherwise underserved men with vasectomy education and services. The programme also demonstrates that, with government mobilisation and increased access to high-quality services, it is possible to achieve significant increases in male contraceptive use, thereby contributing to the prevention of unplanned pregnancies in Bangladesh.

Recommendations

- existing health infrastructure should be harnessed wherever possible to bring services to remote areas
- vasectomy services must be offered as part of a full range of family planning methods, to ensure maximum contraceptive choice
- partnerships with local referral and support networks should be encouraged, especially collaborating with existing community health workers who play an important role in sensitisation and demand generation
- quality of care must be ensured at all stages through ongoing monitoring and evaluation of services.

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FURTHER READING

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⁵INFO Project. *Vasectomy: reaching out to new users. Johns Hopkins Bloomberg School of Public Health, Centre for Communications Programs, 2008, p3.*

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