

MALE ENGAGEMENT STRATEGY

INTRODUCTION

The National Family Health Survey IV data reveals that modern contraceptive prevalence rate in India is 47.8% and out of this male participation is mere 5.9%, whereas 5.6% came from condom and 0.3% came from non-scalpel vasectomy (NSV). NSV has always been considered as a very effective family planning (FP) method. It has a strong gender perspective as well that lowers the additional liability of women by way of encouraging men to take responsibility for FP. Despite rigorous efforts, number of NSV users is still too low and female sterilization is much preferred contraceptive method in India. Thus, there is need to revive male method (NSV) to contribute to the FP efforts and this requires a specific male engagement strategy.

OPERATIONALIZATION OF MALE ENGAGEMENT STRATEGIES IN FP

The following steps briefly describes how to implement a successful male engagement strategy:

1. **Create a pool of trainers:** Identify/ create a pool of trained providers on NSV technique.
2. **Training:** Organize training of providers on NSV method and match it with hands-on skills. The trainee has to observe and demonstrate independent NSV cases under the supervision of skilled surgeon.
3. **NSV Kit:** Ensure availability of NSV kits at the facility where the service provider is going to be deployed.
4. **Ensuring client flow:** Form a dedicated male engagement team including both men and women, who are not hesitant to talk with men about male family planning methods.
5. **Impart counselling skills:** Before deploying the male engagement team, an orientation/training of mobilizers on informed choice counselling techniques (group/one-to-one), technical knowledge about NSV etc. along with observation of few clients undergoing NSV counselling should be organized.
6. **Interventions for reaching out to male population:** Create demand of male methods (NSV) through mixed approach, which can include:
 - **Work Place Interventions:** The male engagement team engages men working in small and home based industries in slum areas to help them understand the merits of NSV. Focus on removing the myth related to NSV i.e a NSV acceptor can do hard work etc. Team can identify key influencers at the workplace, as they work as change agents and can connect with men who need NSV services.
 - **Rickshaw Puller Intervention:** The male engagement team works closely with rickshaw pullers to fulfill their FP needs and bursting their myths. A detailed line-listing of their associations and parking places is made where team can approach them to counsel and connect them with services.

- **Interventions at male congregation points:** Chauraha are places, where most men gather at a fixed time daily for 'finding odd jobs as labourers'. As men congregate here, so male engagement team approaches them and clarifies myths about male methods. This activity is most critical since most of the myths associated with NSV are strongly perceived by this group who do hard, physical and labour work. Conduct group and one to one counselling by giving

FEW TIPS

- Combing NSV surgeon training with NSV FDS gives opportunity to trainees for hands-on practice.
- Drawing skilled providers from all available resources such as Public and Private Hospital, Medical colleges etc. helps to address the shortfall of trained providers.
- Leveraging the strengths of NSV Master Trainer for training contributes to excellent results both in numbers reached and the quality of services.

messages on all FP methods. At these congregation points, a canopy can be installed and games can be planned with FP messaging with focus on NSV.

- **Evening community meetings at slums:** As men in the slums are mostly available in the evenings; so this time can be availed for engaging men in one-to-one or one-to-group discussions on FP methods.
7. **IEC material dissemination:** Disseminate brochures with carry-home messages, frequently asked questions and addresses of nearest trained providers on NSV.
8. **Referral to Providers:** Post counselling, the male engagement team can refer interested clients to nearby government or accredited private facility which have trained NSV surgeon.
9. **In-clinic counselling:** Ensure that once the client reaches the facility, they are counselled by the staff nurse/provider on method-choice for making an informed decision. If the client agrees to a method, then consent should be taken and documented.
10. **Refresher Training:** A mentor team of trainers should be identified for providing on-site support to trained NSV providers. Such a visit will not only act as a supportive supervision visit but also provide an opportunity to the providers to seek solutions to the challenges they face while doing male FP procedures.

LEARNINGS

- Institutionalizing the role of male engagement team creates continuous demand for male FP methods, and ensuring trained providers to provide these methods sustains the male engagement strategy.
- Identifying champions from male engagement team and acceptors increases motivation.