

Increasing vasectomy uptake in Kiribati: Learning from practice

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Introduction

- Background on Kiribati Family Health Association and their work
- Sexual and reproductive health and rights in Kiribati
- Aim of research
- Findings
- Implications

Kiribati Family Health Association (KFHA)

- The **Kiribati Family Health Association (KFHA)** is a **locally run NGO** service provider working to **promote sexual and reproductive health and rights (SRHR)** for all people in **Kiribati**.
- **KFHA** works in close **collaboration with local, national and international partners** in addressing HIV & AIDS, STIs, SRHR, and family planning issues.



The mission of KFHA is to:

- **Improve** the **quality of life** of **individuals** and **families** by providing **services** and **awareness** on **reproductive health, family planning, STIs, HIV & AIDS, and individual rights**, especially for the most **marginalised** women, men and young people.
- Engage the **active participation** of **key stakeholders**, including community groups and family units, to empower them to be responsive and responsible to their needs in order to **realise their sexual and reproductive health and rights**.

Comprehensive sexual and reproductive health services

- **Integrated Package of Essential Services (IPES):**
- **Counselling:** Sex and Sexuality Counselling **and** Relationship counselling.
- **Contraception:** Counselling **and** provision of contraceptives including oral contraceptive pills, condoms, injectable **and** at least one long-acting and reversible contraceptive and **vasectomy**
- **STIs/RTIs:** Provision of at least one STI/RTI treatment method **or** at least one STI/RTI laboratory test.
- **HIV:** Pre- and/or post-test counselling **and** HIV laboratory tests
- **Gynaecology:** manual pelvic examination **and** manual breast examination **and** Pap smear **or** other cervical cancer screening method.
- **Prenatal Care:** Confirmation of pregnancy **and** prenatal care.
- **Gender-based Violence:** Screening for Gender-based violence **and** Referral mechanisms for clinical, psychosocial and protection services

Sexual and reproductive health and rights in Kiribati



This research aimed to:

- Examine **community knowledge, awareness** and **attitudes** of **vasectomy** in South Tarawa, Kiribati
- Identify **barriers** to uptake
- Understand men's (couples) **motivations** to have a vasectomy
- Explore **influences** and **decision-making**
- Examine **family-planning history** of vasectomised men and their spouse
- Look at how **vasectomy fits** within **Kiribati culture**

Community knowledge

*The **word vasectomy is scary** because **people** really **don't know about it** (Peter*, focus group participant).*

- **Community knowledge** of vasectomy appeared **limited**
- **Some participants** could name '**vasectomy**', but had **no idea what it involved**, as Peter's comment illustrates
- A **2016 study** determined that only **18% of men** and **less than 5% women** were familiar with vasectomy as a form of contraception (1)

*Pseudonym

(1) Family Planning New Zealand, 2016.

Attitudes towards vasectomy

- **Variation** across the **participant groups**
- The **five participant-couples, community leaders** and **service providers** generally **positive attitudes**
- Even **women with little knowledge** of vasectomy expressed mostly **positive attitudes**, which is consistent with other studies
- **Men** that had **not been vasectomised** tended to have **negative views**
- Vasectomy was often seen as the '**last resort**' - reinforced by the idea that **family planning** is '**women's business**'

Barriers

*The people think that vasectomy is like **castration** and rumours that they will be **very weak**. And they will **not enjoy sex** (Key informant).*

- **Misinformation**
- Concerns **men** would become **de-masculinised**
- **Gender norms** – contraception is ‘**women’s business**’
- **Jealousy** and concerns it is an **enabler of infidelity**
- Its **permanence**
- Some **religions** do not support the use of **modern contraception**

Motivations

*....the **operation** is very **fast**. It takes not an hour, it is less than an hour and the second thing is it is **more simple** than **tubal ligation**. And lastly, is because the **vasectomy is just local** and the **tubal ligation** they give you **epidural**, so **we prefer the vasectomy** than taking the other one*

(Auati, In-depth interview participant)*

- **Economic** reasons
- Desire to have a **smaller, more sustainable family**
- **Health** of individual family members, and especially the wife
- **Reduced workload**
- **Sex** outside marriage
- Control **wife's sexual relationships**

Influences and decision-making

- **Health providers** and **family** members were key
- **Wives** played a key role in the **decision-making** process
- **Decision-making** seemingly **equitable** even when **men** sometimes made **final decision**
- **KFHA's couple counselling** positively **reinforces joint decision-making** between couples



History of family planning use

- Most **vasectomized participants** reported previous use of **modern contraception** (own and wife's use)
- This aligns with **global trends**
- In **Kiribati desire** for a **girl** and **boy child** can result in couples **not using any method** until they have achieved this
- **KFHA** has had **vasectomy clients** with up to **11 children** already



Vasectomy and Kiribati culture

*Traditionally, **you don't touch any bodies** - physically, the body. So, anything like that, **it's like an injury** ... So I am talking about **tradition** and the **ghost spirits** (Local Government Executive)*

- **Most participants** said that **vasectomy** was **acceptable in Kiribati culture**, but **not to all religions**
- **One participant** went so far as to describe vasectomy as a **human right**
- **Several participants** held **conflicting views**

Recommendations

1. Continue to **actively engage men in SRHR programmes** – in their **own right** and **as allies** to women
2. **SRHR** awareness campaigns should **avoid promoting** the **idea** that **family planning** is only for **women** or about women and actively **include men**
 - **messaging** should be careful that it **does not reinforce men's power** over women
3. Provide **clear** and **accurate information** about **vasectomy**, and men's sexual health more generally to **reduce** common **misunderstandings** and community **misinformation**

Recommendations

4. Ensure **vasectomised** clients are **aware** of **possible side-effects** of vasectomy and highlight things that are not generally caused by vasectomy
 - Discuss the impacts of aging/poor health on sexual performance
5. **Target men** in **male-friendly settings**, such as sports groups, workplaces, kava bars or in male-only meetings in the maneaba
6. Consider **expanding couple-counselling** for other **family planning methods** contingent on a **woman's approval**

Recommendations

7. Consider addressing topics of **jealousy** and **infidelity** during couple counselling
8. Vasectomy is **promoted to women** as well as men, along with other contraceptive options
9. **Target men** (couples) from **diverse socio-economic backgrounds** – the men from the five participant-couples challenged trends
10. Encourage **peer to peer awareness raising** but make sure former clients have the **correct information**

Recommendations

11. **Build capacity** – increase the number of trained vasectomy nurses to increase the availability and frequency of the service, particularly to outer islands
12. Hold regular **trainings for nurses** and **health providers** to ensure that they have the **correct information** about vasectomy and other forms of contraception
13. **Work holistically** to actively **address gender equality** as part of **SRHR** programmes, in **culturally appropriate ways**

Questions



http://yourbrotheryoursister.com/dt_gallery/kiribati/

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