

1990

Man/Hombre/Homme: Meeting male reproductive health care needs in Latin America

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Recommended Citation

Rogow, Debbie, Judith Bruce, and Ann Leonard. 1990. "Man/Hombre/Homme: Meeting male reproductive health care needs in Latin America," *Quality/Calidad/Qualité* no. 2. New York: Population Council.

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*Man/Hombre/Homme:
Meeting Male Reproductive
Health Care Needs
in Latin America*



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Quality/Calidad/Qualité, a publication of the Population Council, highlights examples of family planning and reproductive health programs that are providing unusually high quality care. This series is part of the Council's Robert H. Ebert Program on Critical Issues in Reproductive Health and Population, which, through scientific and practical efforts, seek to improve and expand the scope and quality of reproductive health care. The philosophical foundation of the program, and of this series, is that women and their partners have a fundamental right to respectful treatment, information, choice, and follow-up from reproductive health care providers. The pamphlets reflect one of the four main thrusts of the program: enhancing the quality of family planning programs.

Projects are selected for documentation in the *Quality/Calidad/Qualité* series by an Advisory Committee made up of individuals who have a broad range of experience within the field of reproductive health and are committed to improving the quality of services. These projects are making important strides in one or more of the following ways: broadening the choice of contraceptive methods and technologies available; providing the information clients need to make informed choices and better manage their own health care; strengthening the quality of client/provider interaction and encouraging continued contact between providers and clients; making innovative efforts to increase the management capacity and broaden the skills of service providers at all levels; expanding the constellation of services and information provided beyond those conventionally defined as "family planning;" and reaching underserved and disadvantaged groups with reproductive health care services.

None of the projects documented in the series is being offered as a model for replication. Rather, each is presented as an unusually creative example of values, objectives and implementation. These are "learning experiences" that demonstrate the self-critical attitude required to anticipate clients' needs and find affordable means to meet them. This reflective posture is exemplified by a willingness to respond to changes in clients' needs as well as to the broader social and economic transformations affecting societies. Documenting the critical choices these programs have made should help to reinforce, in practical terms, the belief that an individual's satisfaction with reproductive health care services is strongly related to the achievement of broader health and population goals.

Publication of this edition of *Quality/Calidad/Qualité* is made possible by support provided by the Ford Foundation and the United Nations Population Fund (UNFPA).

Statements made and views expressed in this publication are solely the responsibility of the author and not of any organization providing support for *Quality/Calidad/Qualité*.

Number Two 1990

ISSN 0-87834-057-2

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Man/Hombre/Homme: Meeting Male Reproductive Health Care Needs in Latin America

by Debbie Rogow - A

Introduction and Afterword by
Judith Bruce and Ann Leonard - AE 'S

Introduction

Male reproductive health? Not much time, thought or resources have been devoted to elucidating its meaning, let alone to providing male-centered services. Until recently, the emphasis in reproductive health and family planning has been on women—an obvious choice, as IPPF points out, because of: "...the very real threat that excessive childbearing poses to women's health, the strong link between family planning and women's emancipation, and the political and practical decision in many developing countries to deliver family planning services through maternal/child health networks."¹

But in the 1980s, as programs began to seek strategies to reach a broader spectrum of users by expanding their constellation of services, men's reproductive health needs finally began to receive some, albeit limited, attention. The 1981 International Conference on Family Planning in the 1980s (Jakarta, Indonesia) affirmed that men have the same reproductive rights as women—that is the right to control their bodies. It further noted that existing services do not reflect these rights, and recommended that more programs for men be included as a priority for the decade.

However, implementation of such initiatives has been hobbled by an as yet inadequate definition of "male reproductive health." Germain has offered a definition of women's reproductive health programs as those that "have as their basic objectives both reproductive choice and reduction of women's morbidity and mortality due to their reproductive function," while at the same time recognizing the interrelationship between health of the mother and child survival.² Formulation of such a definition has been greatly assisted by the better understood sequence of women's health concerns throughout their reproductive lives. For men, there is no such clear sequence of concerns.

To date not much is known about how men view their reproductive function and their sexual lives and there is little in the way of research or program experience that is helping us to learn more. What limited evidence is available suggests that men are highly motivated with respect to effective and satisfying sexual functioning and the treatment of sexually transmitted diseases. We

know less about what moves men to be concerned about an unwanted pregnancy. As pregnancy is a condition experienced by another person—a man, by definition, will never be pregnant himself—the male partner's motive for effectively using contraception must rest upon concerns other than his own reproductive health, such as his emotional bond with his sexual partner, his concern for her health, and his desire for or wish to avoid responsibility for children.

A combination of male attitudes and provider bias has resulted in men being both a neglected and poorly-prepared constituency for family planning and reproductive health care. Frequently, male pride makes men reluctant to admit ignorance about reproduction, sexuality and contraception; and because family planning services focus their efforts on reaching and serving women, it has been found that men seldom learn about contraception from health care professionals. While there exists little information for male consumers, there are even fewer educational materials available for professionals and health care providers that deal with men's reproductive health topics.³

Attempts to reach men must take into account the reluctance of many men to openly seek information or services, the importance of the relationship between appropriate sexual functioning and fertility in men's minds, and the conventional female orientation of most care providers. In some cases, there is also a history to be overcome. For example, vasectomy has been promoted in some developing countries through oppressive campaigns involving the payment of incentives. Because the quality of these vasectomy services has sometimes been dubious, and these campaigns have been unable to provide follow-up, let alone respond to men's related reproductive health care needs, in some places they have left a legacy of distaste and mistrust. And, although condoms have long been available in family planning clinics, few men walk in and ask for them. The small number that are dispensed are usually taken home by women clients or male clinic staff. Men who do use condoms prefer the anonymity of a pharmacy or general store—a fact that has been successfully exploited by a growing number of social marketing programs.

But a far-reaching definition of male reproductive health should be one that goes beyond a recognition of men's right to control their bodies, and their need to remain free from disease, to one that would include some notion of partnership between women and men in terms of sexuality, avoiding the transmission of disease, and contraception. Increased male contraception can help right the balance of reproductive risk because, while women alone bear the risks of childbirth, both partners can share the risks and burdens of contraceptive practice. STDs, and the recent scourge of AIDS, has reminded us of the consequences of a failed partnership between men and women as the only effective means to reduce the spread of sexually transmitted diseases, apart from monogomy or abstinence, is for the man to use condoms.

Even if increased emphasis on shared male/female responsibility did not result in significantly greater use of contraceptives by men, it could still make an important contribution toward encouraging more open communication between partners about their respective reproductive health and fertility concerns. It could, in the words of the IPPF, involve men "in planning and caring for children. Without that...women will continue to bear unwanted children and seek contraceptive help in secret. They will also be more likely to drop out when contraceptive problems occur because they do not have the cooperation and help of their husbands and lovers."⁴

While admitting that there is still a lot we do not know, current knowledge affirms that men do seem to value privacy, convenience, information, caring providers, and attention to reproductive health needs beyond contraception. Therefore, the two programs featured in this issue of *Quality/Calidad/Qualité*, PRO-PATER in Brazil and Profamilia's Clinica para el Hombre in Colombia, should be of considerable interest. Although vasectomy is the core element of both programs, each offers far more. Both programs have had to wrestle with complex issues involved with provision of related care in areas such as infertility, sexual dysfunction, and sexually transmitted diseases as well as with program sustainability. Their experience suggests that, while male reproductive health needs may be different from those articulated for women, men are intensely interested and that easily accessible, high quality services will receive ample patronage.



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Background

The label “vasectomy program” is a politically volatile one, conjuring up in some minds images of makeshift camps and unenthusiastic “acceptors” primarily interested in their incentive payoff. Family planning programs which offer sterilization exclusively tend to raise hackles among those sensitive to the issue of informed choice.

While the popularity of vasectomy reaches prevalence rates as high as five to 10 percent of all users in the U.S., Canada, and parts of Asia, almost nowhere does vasectomy exceed the popularity of female sterilization. In Brazil, for example, where overall contraceptive use is high (66 percent) and the rate of female sterilization is 27 percent for all women aged 15-49 in union, vasectomy accounts for less than one percent of users.⁵

Yet, if vasectomy services have not played a starring role in international family planning to date, comprehensive reproductive health services for men have not even been part of the show. A number of small “men’s clinics” have been operating in the U.S. since the mid-1970s, but they are generally focused on adolescent males. It is rare indeed to find a program

in a developing country that offers infertility services, sexuality counseling, and sterilization specifically designed for and geared towards men.

This edition of *Quality/Calidad/Qualité* addresses the question, “how can men’s interests be better understood and addressed by reproductive health programs?” by looking at the experience of PRO-PATER, in São Paulo, Brazil, and—somewhat more briefly—the complimentary experience of Profamilia’s Clínica para el Hombre in Colombia. The former is a reproductive health service “for men only;” the latter, an example of how clinics for men have been created as an adjunct to a longstanding and very successful program focused primarily on women.

PRO-PATER: From Vasectomy Clinic to Men’s Reproductive Health Program

PRO-PATER (Promoção da Paternidade Responsável) is a men’s reproductive health clinic located in São Paulo, Brazil. Originally conceived to create “a space for men to participate more fully in family planning,” PRO-

PATER established a vasectomy clinic in 1981, in response to concern about the predominance of female sterilization in Brazil. At that time vasectomy was virtually unavailable and unknown.

The vasectomy service was founded upon a philosophy of informed choice and quality care that would be exemplified by careful counseling, built-in waiting periods, excellent clinical care and rigorous follow-up. This approach not only reflected the philosophy of the PRO-PATER staff, but made good political sense. In Brazil there has been considerable debate on the legal status of sterilization in recent years, including how some existing laws could be interpreted as governing sterilization. Now the country's new constitution states that individuals 21 years of age or older, of normal mental capacity, have the right to decide the number of children they want and to take measures to prevent unwanted pregnancies.

With the passing of time, PRO-PATER has gradually expanded its services to reflect a more comprehensive approach toward men's reproductive health. As clinic administrator and co-founder Bernadete Martin de Castro says, "We

wanted to create a place where men could talk more openly, be educated, and be able to take responsibility for the reproduction of the couple. Many urologists don't deal with reproductive issues and gynecologists often don't understand men's concerns. Men need their own place for this. In this sense, you could say our project is both 'macho' and 'anti-macho.'"

PRO-PATER now provides individual sexuality counseling as well as screening for and treatment of organic factors related to sexual dysfunction. Infertility services are offered and, obviously, involve both the man and his partner. And PRO-PATER, by virtue of its having been one of very few centers where vasectomy was available in Brazil, has rapidly become an important resource for vasectomy research and training projects.

The Vasectomy Program

Today vasectomy is still PRO-PATER's main service. In 1989, 7028 new vasectomy candidates were interviewed, accounting for 97 percent of the clinic's new case load. During the same year, 5242 vasectomies were performed. The clinic's typical vasectomy client is in his late twenties or thirties, with two or three children and a secondary school education; he is more likely than other Brazilian males to be using condoms. Otherwise, the overall client population is fairly heterogeneous, representing all walks of life.

A potential vasectomy client is first scheduled for an appointment with a counselor. His partner may accompany him on this interview; about one-fourth of the clients had their wives with them when I visited the clinic. The counselor takes down the man's history, learns about why he is considering vasectomy, explains the benefits and risks of all other methods (both female methods and condoms), and explores his interest in each of these. The following profiles are based on interviews observed by the author:

João is 29 years old and has been married for five years. He and his wife Jurema are college graduates and own their own home. They have two small children; the youngest is only six months. João is a supervisor at a pharmaceutical plant; he learned about vasectomy from a PRO-PATER poster at the plant. After talking to the



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company doctor about it, he went home to discuss his decision with Jurema.

João is considering vasectomy for several reasons: "First, Jurema's menstrual cycle is very irregular, causing us chronic anxiety about pregnancy, since we never know whether she is late or pregnant. She has taken both Clomid (a drug which stimulates ovulation, frequently used to treat infertility) and oral contraceptives to regulate her cycle, but these treatments have not been effective. We are satisfied with two children, but worried about being able not only to feed but also to educate them."

João and Jurema have tried foam but didn't like it. They feel tubal ligation and abortion entail too many health risks. They've heard too many bad stories about the IUD—including friends who got pregnant, as well as stories of its causing sterility and death.

João says he has an uncle who had a vasectomy and seems satisfied, but hasn't talked to him about his own plans. He has spoken to his boss, who is also a friend. His boss said, "I don't know. They didn't have that at my time. I don't know if I would have done it." João says he plans to go home and talk to Jurema some more. He feels about 90 percent sure he will go through

with the decision to get a vasectomy. He has made a return appointment.

Claudio is also 29 years old. He has been married for seven years. He and his wife Laisa had four children, but one died at the age of four months. Laisa is now eight months pregnant. Claudio is employed as the custodian at a large residence. Laisa helps him with his duties. He earns U.S. \$40 per month (less than the minimum wage) and is provided lodging and some food.

Claudio says his reason for not wanting more children is economic. He says Brazil's economic crisis makes it difficult for him to take care of his children, especially with the new baby coming. He learned about vasectomy and PRO-PATER from a health care center operated by the state government where he went for family planning advice. Laisa had taken the pill, but according to Claudio, "it caused her to be depressed and nervous."

The PRO-PATER counselor then described the other contraceptive methods available. Claudio's response was that, "We aren't interested in IUDs, they have too many risks. I tried the condoms, but I didn't like them. Our second baby was born because the rhythm method

didn't work. We've used the method where I pull out. It hasn't failed, but..."

Claudio goes on, "My wife has had health problems. She had operations, and high blood pressure. She went to the doctor, but she can't really have the sterilization surgery because of her health. That's when I went to the health center to see what they had for men and they sent me here."

Claudio was somewhat nervous about the procedure. He explained that "no one in my family has done this." After the counselor explained the procedure, Claudio asked whether "it might affect sex, even in the future..." The counselor said no and encouraged Claudio to also talk with the doctor about this. Again he asked her, "It can't make me impotent?" She explained that the surgery itself has absolutely no direct effect on sexual function. What can cause impotence are psychological factors. If a person already has serious sexual concerns, it is possible that the vasectomy might further disturb him.

At PRO-PATER, each client proceeds from the counseling session to a medical exam. After the exam, the client is asked to sign a consent form if both he and the clinic staff agree he is a good candidate for vasectomy.

Although his communication with his wife is discussed during the counseling session, the wife's consent is not required for the procedure. The client is then asked to wait a brief period (usually one week) before having the vasectomy. This allows him to mull over the decision carefully.

Of course, most clients do qualify for vasectomy, but PRO-PATER takes the issue of whether a client is in fact a good candidate for this permanent procedure very seriously. Clients who are refused or postponed account for 21.5 percent of those initially interviewed. The most common reason for refusal/postponement is because the client's wife is pregnant or because they have a new baby. A man may also be refused if he appears to be choosing vasectomy to resolve a marital or sexual problem or if he is psychologically unstable, if he is under age 25 and has fewer than two children, or if another contraceptive method can be found which better meets the couple's needs. The length of the marriage is also a strong consideration. No one is ever turned away because they are unable to pay.

In João's case, the counselor urged him to consider waiting until his six-month old was a bit older and less vulnerable. She asked him to



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consider how he might feel about his decision should something happen to one of his two children, or to his wife (leading to possible remarriage). Six months later, when João's child turned one, he returned to PRO-PATER to have the vasectomy. For the same reason, the counselor told Claudio that he would have to wait until his baby was at least six months old.

Such prudence pays off. Regrets following a poorly considered sterilization are not uncommon. In a recent study of women in São Paulo state who had undergone sterilization two years previous, one-quarter responded that they would not have made the same decision if they could go back in time.⁶ But, in nine years and over 28,000 procedures, PRO-PATER has had only 17 requests for reversals from among its own clients. The clinic does provide the reversal procedure, but mostly for individuals who had their vasectomies elsewhere. Reversal is costly, and not always successful, so careful screening of vasectomy candidates is clearly a better option. It not only benefits the client, but has undoubtedly benefitted PRO-PATER's ability to command professional respect for operating a clinic and performing thousands of procedures whose very legality was for a long time somewhat vague under Brazilian law.

Following the vasectomy procedure, PRO-PATER gives the client aftercare instructions and a follow-up appointment is scheduled for him two months later. Of course, should the client have any problem or doubt before the appointment date, he is encouraged to come back to the clinic. The client is also informed that he must provide a semen sample for analysis at his follow-up appointment.

Although twenty ejaculations are usually necessary to "clean" the system of all remaining spermatozoa, some men still have not achieved a complete absence of sperm after that period and are requested to provide another semen sample after ten more ejaculations. When a client exhibits the presence of live sperm after three repeated semen examinations, it is assumed that a spontaneous recanalization has occurred, and he is invited to undergo a re-operation at no cost to him. (Since 1981, spontaneous recanalization has occurred in only 1.05 percent vasectomized clients.)

A comparative review illustrates how conscientious PRO-PATER's follow-up is: Many vas-

ectomy programs never see their clients after the procedure and follow-up rates of 50-60 percent are often considered high in developing country programs. In part because it maintains contact by mail, PRO-PATER has been able to achieve a 76.4 percent post vasectomy follow-up rate.

Each client who enters PRO-PATER costs an average of U.S. \$69.54. If the client receives a vasectomy, the cost increases by an additional \$40.62; a total of \$110.16 per vasectomy client. The clinic receives U.S. \$2,500 per month from the Association for Voluntary Surgical Contraception (AVSC) to help defray surgical costs. The remainder of the cost is made up by the client (PRO-PATER charges clients on a sliding scale basis) or by revenues generated by the clinic's other services. PRO-PATER receives no reimbursement for clients who are counseled but not sterilized.

The Sexual Dysfunction Treatment Service

PRO-PATER's model for its sexual dysfunction treatment services is, in many ways, still evolving. It began a few years ago largely as a clinical service, when PRO-PATER physician and co-founder Marcos Paulo P. de Castro saw a need to respond to the high number of sexual concerns being presented by the clinic's vasectomy and urology clients.

Initially, the clinic conducted a thorough physical workup on clients with such problems and, where appropriate, referred them to an outside psychologist. Then, in 1986, a psychologist was added to the staff to provide these services directly. Dr. de Castro comments that, "Almost 100 percent of cases have a psychological component. We use the "P-LI-SS-IT" model for assessing a client's needs." (The PLISSIT Model is a four-layered model for addressing psychological concerns about sexuality.)⁷

According to Roberto Veras, the PRO-PATER psychologist, failure to get or maintain an erection accounts for the majority of the sexual concerns of his clients. "Premature" and "late" ejaculation comprise the next largest group of concerns. Veras sees clients only after they have been examined by the physician. While many of these men have no apparent physical problem, Veras explains that many are



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reluctant to identify their sexual concerns as being psychological in origin. It is often easier for them to assume that something is wrong with their bodies. Such clients are initially resistant to psychological intervention, expecting to get medicine or a surgical procedure to eliminate the problem.

Having a physical exam first can pave the way for exploring psychological issues. It also exemplifies PRO-PATER's vision of men's reproductive health as an integrated concept. As Veras says, "When I see a client, I already have an idea of who he is—his chart and a consultation with staff offer me a more systemic view of him as a person."

Veras generally sees a client only four times. For this reason, he meets with the client alone rather than as a couple or with the client's partner separately. (Clients requiring intensive therapy are referred to appropriate outside services.) Veras' approach generally involves giving the client tools with which to look at his whole life and to view his sexuality as part of that whole. For example, one client, a young man named Jorge, complained of premature ejaculation. "He was quite anxious. In conducting the first interview, I saw that Jorge has no time to

stop, to eat, to spend time relaxing. He is constantly on the run. So we looked at how this might be affecting his sexuality. Essentially, he was running to bed, too.

"We do sometimes use behavioral approaches for controlling premature ejaculation, such as Masters' and Johnson's (squeeze) techniques. And some clients can handle them. But these techniques were developed in the U.S. and here we have a Latin society. Many men, such as Jorge, don't feel comfortable practicing these techniques, either alone by masturbating, or by asking the cooperation of his female partner.

"In addition, even when these behavioral techniques work, very often another problem, such as impotence, appears. So in Jorge's case, we worked on what was making him run and ways he could take control of his entire life and slow down."

Veras described how, in addition to not looking at their lives, most of the men he sees have a very low assessment of their masculinity and little ability to talk about their feelings, not to mention concerns related to their sexuality. "As a result," says Veras, "they are usually feeling very alone. Sometimes teaching communication can help. For instance, I had a case of newlyweds. Maristela, the wife, had pain on penetration during intercourse. She had been a virgin before marriage. Her gynecologist told her to do exercises, which helped. Then as soon as she was 'better,' Eugenio began to have premature ejaculation. He was very anxious when he came to the clinic. And he said he was equally anxious every time he went to bed. Maristela was a calmer person.

"As soon as Eugenio began to see that his nervous pattern penetrated his whole life, he didn't feel that his sexuality per se was at fault. Maristela and Eugenio also learned to talk to each other about what they liked and didn't like about each other and about their lives in general. Their sex life became less anxious as their new life together established zones of comfort and communication."

Sometimes education alone is enormously useful. One client recently complained that his wife was "frigid." Aside from exploring what was going on in their relationship and how he was feeling about sex, Veras ascertained that this client knew very little about sexuality. He

taught him about the clitoris. The client actually physically loosened up and said, "I didn't know I could touch that for her to get excited." Progress.

The clinic also has seen an increasing number of cases of sexual dysfunction which are of apparent or obvious organic origin. Some cases of severe impotence are being treated with hormones. They have also had several cases of diabetics with permanent vascular damage and paraplegics requesting penile prostheses. In fact, after PRO-PATER showed a film about penile prosthesis on a local television show, the number of men requesting treatment for sexual dysfunction problems quadrupled.

Fees for the sexual dysfunction treatment services vary but, in general, this component of the program produces revenue for the clinic. At the current time, PRO-PATER offers these services one morning per week. As of December 1989, they had provided services to over 300 clients.

The Infertility Service

The infertility service at PRO-PATER is not in itself a unique model. It begins with basic screening such as semen analysis, basal body

temperature instruction, and post-coital exams. What is unique is that this service is offered within the setting of a comprehensive men's clinic. In such a setting, significant attention is paid to both the physiological and psychological aspects of male infertility. While both partners are seen, the man doesn't fade into the background, as sometimes happens when couples seek infertility services from a private doctor or a clinic that primarily serves women.

While the number of infertility cases at PRO-PATER is small, less than 50 per year, the program hopes that this component will continue to grow and that, like the sexual dysfunction treatment program, it will help subsidize the vasectomy program, which runs at a deficit. For this service too, fees are based on a sliding scale.



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Research and Training at PRO-PATER

In addition to providing high quality care, an equally important part of PRO-PATER's sense of identity comes from its role as a research and training institution. The clinic keeps thorough data on all its clients, so that statistical breakdowns are immediately available from the computer. In addition, they have conducted a number of research projects related to their work. With support from Family Health International, PRO-PATER conducted and published a study of medical practices regarding contraception in São Paulo state.⁸ A survey of 660 physicians found that almost half had received no medical training in family planning and that they tended to recommend those methods which they personally knew best. The physicians' attitudes toward both male and female sterilization were found to be very positive, with no preference for tubal ligation over vasectomy.

A second PRO-PATER study was an operational research project supported by the Population Council's INOPAL project. This involved development of full-page advertisements for vasectomy by a local advertising firm, which were run in various popular magazines aimed at the middle class. The ad campaign was quite successful: the number of new clients requesting vasectomy rose from about 300 to 500 per month. However, the number of vasectomies performed only went up from about 250 to 350 per month. So while overall client load skyrocketed, the clinic in fact had to counsel a far greater proportion of individuals who in the end did not schedule vasectomies. The increase in both initial inquiries and in the number of vasectomies lasted about one year.⁹

PRO-PATER also serves as a training institution for physicians across Brazil and from other Latin American countries. They regularly offer training courses in vasectomy and are clearly the primary training resource in Brazil. Once a year all trainees are encouraged to inform PRO-PATER about their activities by answering a questionnaire sent to them in the mail. PRO-PATER also follows up their trainees to determine the number of procedures they are doing, the circumstances of their practice, etc.

Despite the careful data PRO-PATER keeps, project coordinator Bernadete Martin de Castro says that if PRO-PATER has made any error, it is not having kept *enough* detailed records for clinical research purposes. PRO-PATER staff are known for their careful research and they clearly delight in applying their clinical experiences to research in order to draw broader lessons for the field.

Expansion

After conducting a study to find out which parts of the city their clients came from, PRO-PATER opened a branch clinic in São Paulo's industrial district of Belém in May 1988. This was done in order to provide services closer to the workplaces of most clients, thus reducing the number of hours they would have to be away from their jobs. The same medical team that staffs the main clinic also provides services at Belém, alternating between one site and the other. Support staff at Belém are either personnel who have already worked at the main clinic or who have received extensive training on site.



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PRO-PATER Looks at Itself

Perhaps the most important aspect of how PRO-PATER sees itself is its mission as a family planning agency. In a country where two methods dominate, PRO-PATER wants to widen the choice by offering one which has been virtually unavailable and unknown throughout much of the country. The pill and female sterilization account for 60 percent of all contraceptive use in Brazil. Because tubal ligation is difficult to obtain, it is most often accomplished in relation to a Caesarian section, resulting in Caesarian section rates ranging from 40-60 percent. As the health risks from Caesarian section and tubal ligation are far greater than from vasectomy, a shift towards greater use of vasectomy by couples who want no more children makes enormous sense. PRO-PATER explains that while they do want to see vasectomy play a greater role in family planning, their interest is in increasing the choice of contraceptive methods available, not population control or reducing national fertility rates.

PRO-PATER seems to have a clear sense of who it is and who it is not. One element of the agency's definition of quality is to provide the most "professional" care they can, regard-

less of a client's ability to pay. The PRO-PATER clinic is a beautiful facility with large but dignified lettering denoting "PRO-PATER" on the outside. Plants, comfortable furniture, and magazines adorn the waiting room. All interviews take place in small offices which provide complete privacy. The lab is immaculate and well equipped. Even João, who comes from a middle class background, told me he expected a smaller, more "discreet" facility, more like a house—not so established. He felt pleasantly surprised when he arrived at PRO-PATER.

Related to PRO-PATER's carefully protected professional image is their marketing strategy. Most of their outreach is done through educational presentations at factories. They conduct about 25 such presentations each year, for groups of 20-60 workers. In these talks they discuss reproductive health as an issue and cover all available contraceptive methods. PRO-PATER maintains cordial relations with a number of factories and is generally invited to come and give these presentations, rather than having to initiate the request.

Several years ago, recognizing that it is working in a politically sensitive area, Dr. Marcos de Castro took the initiative to call a meeting of various Brazilian political and judicial leaders in order to clarify the legality of vasectomy under Brazilian law. Dr. Castro is also an active member of the Brazilian Association of Family Planning Entities (ABEPF). Both of these activities have helped to strengthen the status of PRO-PATER and vasectomy politically, making them less vulnerable than they might have been if the agency had not developed these important linkages. Ultimately, it is PRO-PATER's track record of quality care which has protected it from criticism about the nature of its services.

PRO-PATER evaluates the success of its vasectomy work according to the high quality of its technical and counseling services and on the changing prevalence of vasectomy in São Paulo. Their technical competence can be measured by their low complication and failure rates; they measure their counseling services by client satisfaction at the time of the initial request, two months after the vasectomy when clients return to the clinic for follow-up and sperm analysis, and by the virtual absence of requests for reversals. Since they began their work, vasectomy



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prevalence rates have risen in São Paulo, from 0.2 to 2.0 percent in 1986 to 5.7 percent in 1990.

Staying financially solvent, while still serving clients according to their income, remains a constant challenge to the program. The situation has clearly worsened in recent years due to Brazil's economic crisis: PRO-PATER's rent quadrupled in one month and salaries have gone up 20 percent per month, but clients' ability to pay has not kept pace with these rocketing costs.

Part of PRO-PATER's stability and identity also comes from knowing who they are not. While it is difficult to imagine a men's reproductive health clinic that does not give out condoms, PRO-PATER has chosen this course for various reasons. While staff do tell clients to use condoms during the post-vasectomy phase (if the couple is not using another method), and also include condom information in their routine contraceptive counseling sessions, PRO-PATER neither supplies condoms to those interested in using them as a family planning method nor to its post-vasectomy clients. Bernadete de Castro explains that PRO-PATER has had trouble getting condoms in the past and

that it lacks funds necessary to provide them. But even if it had the resources to supply condoms, the agency is concerned that many poor individuals would request condoms and then re-sell them on the street. As far as applying for a license to sell condoms on the clinic premises, PRO-PATER feels this would be too "commercial."

Nor do they distribute condoms in the community, even though they see condom distribution as being most effectively accomplished on a community basis. They are concerned that involvement in on-the-street community projects requiring collaboration with external agencies might harm the professional image they have worked so hard to develop and maintain.

For a similar reason, while PRO-PATER now does treat clients with STDs (except AIDS), they do not promote these services because in São Paulo, clinics that advertise treatment of STDs have, in general, a bad reputation. Clients requesting AIDS detection tests are referred to government hospitals.

I asked the staff of PRO-PATER where they see themselves going. One direction under consideration is formation of education groups

for adolescent males focusing on birth control and sexuality. Another possibility is development of a franchise system to expand the PRO-PATER model. Dr. de Castro explains, "We would provide training and technical assistance in the areas of sexuality and infertility. The agencies could use 'Affiliated with PRO-PATER' under their name. In exchange, they would pay a membership fee which would generate revenue for PRO-PATER." And of course, PRO-PATER's agenda for the future always includes new research projects.

Others Look at PRO-PATER

PRO-PATER is widely respected within Brazil's family planning establishment. I spoke about PRO-PATER with several leaders of private family planning clinics which have received international assistance and which are active in ABEPF, including Lia Kropsch of the Centro de Pesquisas de Assistência Integrada à Mulher e à Criança (CPAIMEC) and Dr. Milton Nakamura of the Centro de Planejamento Familiar. Both consider PRO-PATER a real leader in the area of vasectomy and do not feel that a service

for men is a threat to women's family planning programs or their funding.

The Brazilian women's health movement has been quite critical of many foreign-funded family planning programs in their country. Several years ago, PRO-PATER was one of the agencies performing sterilization with U.S. funds reviewed by the São Paulo State Council on the Status of Women. In their review, they cited concern over possible variation in the criteria for acceptable vasectomy candidates, possible excessive client loads, biased promotion of sterilization, and insensitivity to the political problems inherent in the receipt of foreign support.¹⁰ While none of these issues has ever been demonstrated to be a problem at PRO-PATER, they have, nonetheless, resulted in the agency not gaining the confidence of the highly influential women's health movement in Brazil. PRO-PATER's decision not to distribute condoms, in a country with one of the highest reported AIDS rates in the world, is also a concern to Margarethe Arilha, a psychologist and feminist health activist who was with the São Paulo Commission when it published the review.¹¹



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The Clínica para el Hombre: A Colombian Approach

PRO-PATER has built its institution and its image with an almost exclusively male orientation. But successful men's programs can spring up from women's family planning programs as well. While this issue of *Quality/Calidad/Qualité* highlights PRO-PATER, it will be helpful to also look at the experience of its Colombian cousin, Profamilia's *Clínica para el Hombre*.

Profamilia is one of the largest and most established family planning organizations in the world. Founded in 1965, it currently has 48 clinics throughout Colombia. In the early 1970s Profamilia began performing sterilization procedures. Lacking the operating equipment required to perform female sterilizations, the agency started out doing vasectomies. However, in 1973, when the needed equipment was acquired, the vasectomy program all but disappeared while the number of tubal ligations increased rapidly. It was not until 1985 that, encouraged by the success of PRO-PATER and with the support of the AVSC, Profamilia decided to go back into the vasectomy business on a full-scale basis.

But this time they went about it with a broader view. Men's Clinic Director Cecilia Cadavid (who has been with Profamilia virtually since its inception) explains: "I decided to create a clinic which would be different and integrate other services along with vasectomy. We provide testing and treatment of urological problems, sexual problems, infertility and sexually transmitted diseases. We also offer general physical exams, condoms, family planning education, and of course, vasectomy." The new approach was designed not only to meet the needs of a broader range of clients, but to be financially stable as well. As Cadavid explains, "Many men won't pay for a vasectomy unless it is very inexpensive, because it doesn't feel like an urgent need. On the other hand, a man with pain on urination or a sexual concern feels more immediately confronted with his problem. He is more willing to seek out and pay for services. So we charge more for certain services (particularly the laboratory and the pharmacy) to help subsidize the vasectomies. Of course, since we order so many drugs and have our own laboratory, we still end up charging the client less than

he would pay in the private sector. At the same time, we earn enough from profits to keep us afloat." For example, Profamilia's male clinic in Bogotá currently earns U.S. \$1000 per month on laboratory fees alone. Should these revenues drop substantially, Cadavid notes, they would be forced to reduce the number of vasectomies they perform.

A second part of the initial plan was that the Men's Clinic would begin with "the most experienced staff" from Profamilia. But despite starting out with fiscal and staffing plans designed to maximize program success, "*Clínica para el Hombre*" did not have an easy beginning.

First, Profamilia physicians were jealous that a non-physician was appointed head of the project. Second, since the society was so unaccustomed to a center which dealt with men's reproductive and sexual health, they received a number of "pornographic" calls. To make matters worse, several hiring mistakes were made which resulted in inappropriate behavior toward clients. Needless to say, the staff members involved were dismissed from the program.

Another obstacle was building a client load. In the beginning there were very few clients, so Cadavid and her staff decided to mount a radio campaign. (Since that time, the *Clínica* has advertised on television as well.) Another important discovery soon made by the staff was the need to make the physical facility particularly attractive and welcoming. As Cadavid recalls, "We learned that the physical appearance was more important to men than to women. Women are accustomed to coming to a family planning clinic. Men have never done it before, and first impressions are based a lot on how a place looks. So we put a nice sign in front and we began serving coffee. It's still very hard for men the first time they come in. Once they've come in the first time though, they like coming back."

As the client load began increasing, the staff realized that a very large number of men coming to the *Clínica* were requesting physical exams. Imagine a man walking into a strange new type of clinic and telling the receptionist he needs help with erection problems or thinks he might have syphilis. Understandably, many men just said they wanted a physical exam; their real concern emerged only during the course of



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the examination. Obviously, many of these exams were unnecessary, not to mention costly. So the clinic began training nurses to interview each client and assess whether to send him to the laboratory, the sexologist, for a vasectomy appointment, etc. Although they began with male interviewers only, the Clínica now uses both male and female nurses: Similar to the experience of PRO-PATER and other U.S.-based men's programs, the Clínica has found that men are just as willing to talk to women provided they are made to feel at ease and that their privacy is being respected.

Juan is 37 years old. "I have four kids. Twin six-year old girls. My wife used to take the pill but she got too fat. Then she went to a weight loss program. Then she had an IUD and got 'sick' (pregnant). Six months or a year ago, we thought about my wife getting the operation. But we knew some women who got real sick from it. Then we heard about vasectomy on the radio.

"I had never heard of it before. I was scared. What would happen? And what would people think? I haven't told anyone besides my wife about it, and I don't plan to. We men are machisto too...

"What I like best about Profamilia is the attention and that it's voluntary and cheap. I

paid 2000 pesos and I earn about 80,000 pesos per month. I'd like it better if there weren't so many women around. Every time I step into the hallway, so many women are looking at me...I came for the first time yesterday. I didn't come before because there were so many women around.

"I drive a taxi. I don't know anyone else who's had a vasectomy. I felt better that there was another man here to talk with and calm my nerves. I had the operation today, Friday, and I think I'll go back to work on Monday."

Having faced problems of cultural resistance, staffing, and low client load, Cecilia Cadavid says her biggest satisfaction is a straightforward one: after only three years, the Clínica para el Hombre is a resounding success, on a number of terms.

First, it is 92 percent financially self-sufficient. The Clínica has now expanded to five sites, including Medellín, Cali, Pereira and Cartagena, as well as Bogotá. And perhaps most remarkable is the fact that the Clínica para el Hombre serves an average of 750 new clients each month. The most common complaint is urological problems (220 per month), followed by 190 for STD testing, 125 for vasectomy, 75 with general health problems, 55 with sexual

concerns, 50 for infertility, and a small number for other miscellaneous services. In addition, each month the Clínica sees more than 500 men for follow-up visits and sells well over 2000 condoms. Clínica staff also provide care for the female partners of STD and infertility clients. Although the program had been providing AIDS testing, when a rumor circulated that the Clínica was treating AIDS patients, the client load fell. So the Clínica now provides only AIDS education, referring clients to another institution for testing.

Profamilia's approach to sexual dysfunction is similar to PRO-PATER's. Problems of an organic nature are treated chemically or surgically, but the majority are understood as being of psychological origin. Emphasis is placed on promoting communication and respect as basic to any healthy relationship. Although program sexologist Dr. Alvaro Poveda admits he was worried that premature ejaculation would be very difficult to resolve, a combined program of short-term counseling, relaxation, and behavioral techniques has resulted in an 85 percent success rate. Asked about his greatest satisfaction, Dr. Poveda says it is finding that "the women who come (with their husbands) understand my approach. I was worried about that too."

Despite its success, the Clínica's staff is not without its wish list. Cecilia Cadavid would like the program to have its own building, more spacious and distinct from the women's program. Indeed, a number of the vasectomy clients with whom I spoke told me the only complaint they had about the program was that they felt embarrassed to be seen in a surgical gown down the hall from the public waiting room. Cadavid would also like to have enough money to buy time for regular advertising on television.

Dr. Alvaro Poveda, the Clínica's sexologist in Bogotá, wishes he had more time with clients. "I see one every twenty minutes," he says. "I try, but what can I do?" One program nurse, Efrain Poveda, echoes Cadavid's call for a separate building and says he also needs more training in sexuality to increase his own skills in order to help a greater number of clients. And Marta Castaneda, another nurse who also does community outreach, wishes the program could provide men with more sex education.

Challenging old ideas isn't easy. And similar to PRO-PATER, Profamilia's Clínica para el Hombre has overcome enormous obstacles to provide a greater range of reproductive health services and contraceptive options to Colombian men. Today the Clínica serves as a training resource for other institutions in Colombia and Latin America and plays host to visitors from family planning programs around the world. The key to its success: nothing less than a careful determination of what is most important to clients—a very attractive facility, individualized care, a wide range of services, low-cost vasectomy, and Saturday hours. Then they acquired top-notch staff, adopted a fiscal plan corresponding to clients needs, got out that word that they were open for business, and kept the faith. Although it is too early to draw final conclusions, Profamilia strongly believes that the good acceptance by men of this diversified, male-only clinic approach provides the best strategy, up until now, to attract men to family planning and, at the same time, generate sufficient local funds to make the clinic almost self-sufficient.

Eighty thousand clients later, Cecilia Cadavid's desk still boasts an 8-1/2 x 11" photograph of the Clínica's first group of twenty-four vasectomy patients as a testament to that faith.



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Lessons Learned

The lessons that can be drawn from the experiences of PRO-PATER and Profamilia are invaluable, not only to those interested in services for men, but for all of us in the field concerned with creativity and a programmatic commitment to quality.

1. **There is a clientele for integrated male reproductive health care services.** And a broader definition of male health makes it easier for a man to walk in the door. Then, once his anxiety is somewhat relieved by the environment and the reception he receives, a man is better able to express the real nature of his visit—family planning, impotence, STDs, infertility, etc.

2. **Careful attention to the informed consent process for sterilization results in very few cases of regret or requested reversals.** PRO-PATER defines counseling as developing consensus with a client as to whether sterilization is a good choice, bringing up all the reasons why the client might regret the decision later, and exploring the client's knowledge of and experience with every other method. PRO-PATER measures its success not on the number of vasectomized clients, but on its low rate of complications and its virtual absence of requests for reversals.

If you ask Bernadete de Castro what she has learned from PRO-PATER's experience, the first thing she will tell you is the importance of maintaining good counseling and screening, individual care, and treating each person like a human being, regardless of socioeconomic status.

3. **Mass media can be a very effective way of informing men about the existence of male reproductive health services.** While both PRO-PATER and Profamilia make use of a combination of word-of-mouth and outreach workers, they have also successfully used the mass media to attract vasectomy clients. PRO-PATER's magazine campaign was carefully designed to reach a specific population and to promote a positive image of vasectomy. Profamilia has developed a thirty-second TV spot promoting vasectomy and for years has relied on radio to attract clients.

4. **Good quality services can help a controversial project attain political legitimacy.** The

best way to improve a semi-hostile political climate for a given project may be to undertake that project and then do it so well that it neutralizes much of the opposition. Both PRO-PATER and Profamilia operate in a climate in which the Catholic Church says sterilization is not only immoral but illegal, and provide vasectomy in countries where the responsibility for birth control is placed almost entirely on the woman. And in Brazil, the women's movement is generally opposed to U.S.-funded sterilization programs. Yet both programs have managed to build a large, diverse, and satisfied clientele, have trained scores of physicians, and have carved out a place for a method where it was previously little known and largely unavailable.



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Afterword

The success of the PRO-PATER and Profamilia programs offer some guidance as to how comprehensive male reproductive health care services can be offered in a clinic setting.

First, both clinics provide separate facilities for men so that they do not have to enter a facility or share waiting rooms with women other than their partners. However, while the Profamilia clinic has its own entrance, waiting and counseling rooms, the fact that it shares some facilities with the adjoining women's clinic still creates uncomfortable moments for some men if they encounter women while utilizing these services. This gives an indication of the importance of protecting men's desire for privacy. On the other hand, there is the superficially contradictory finding from Profamilia, and men's clinics in the United States: Men are equally willing to be counseled by a male or female health worker provided they feel their need for confidentiality is being respected.

Another key element in the success of these programs is their emphasis on comprehensive counseling, not only with regards to vasectomy but also when dealing with sexuality concerns. PRO-PATER's high rate of rejection for men seeking vasectomy can be viewed as one indication of the quality of its counseling. Indeed, it is probably a rule of thumb that any vasectomy service that does not regularly reject candidates is providing inadequate counseling.

While the focus of both PRO-PATER and the Clínica para el Hombre is on vasectomy, both now include additional reproductive health services for men. The reasons are clear: A breadth of services is essential if a program truly intends to provide a multi-faceted reproductive health service for men and not just perform sterilization procedures. In addition, these supplementary services are capable of generating income for the clinic that can support a vasectomy program, which often operates at a deficit in developing countries. If family planning programs are ever to become self-sustaining, while keeping their services accessible to low-income people, it is going to be necessary for some "profitable" segments of a program to support those which cannot be offered to a majority of clients at cost. In the U.S., some family planning clinics rely on income gener-

ated by treatment services (such as pregnancy termination) to support other, highly desirable but difficult to fund preventive health components of their programs, such as free family planning counseling and services to adolescents who have little independent income.

There are also differences in the two programs in terms of the mix of services they provide. Both PRO-PATER and Profamilia have added sexuality counseling and infertility services to their portfolio and provide treatment for andrological problems. While PRO-PATER will treat STDs, except AIDS, it does not promote this service nor does it distribute condoms. Profamilia both tests for STDs and provides condoms, and also offers general physical exams. PRO-PATER's decision not to distribute condoms, even to post-vasectomy clients is controversial. Their rationale, for the moment, is that most vasectomy clients don't like condoms and that their partners are generally already using a family planning method. There is also a concern to maintain the agency's excellent professional reputation within a still somewhat sensitive political and social climate. However, as greater attention is focused on the increase in HIV and STD infection in Brazil, the perceptions of both the public and policymakers regarding the importance of condom use may change.

Expanding Men's Knowledge of Reproductive Health and Access to Services

Family planning programs have exploited three major avenues for the distribution of contraceptives: clinic-based systems, commercial social marketing schemes and community-based distribution systems. When considering the possibility of expanding men's knowledge of their own reproductive health and access to health technology and treatment, let us briefly consider the possibilities of each of these three approaches to effectively meet men's needs.

The success of PRO-PATER and the Clínica para el Hombre demonstrates that a clinic approach can be successful in reaching males. However, not all programs have the resources available to establish a separate facil-

ity to serve men. Another possible solution would be to offer services for men on certain days of the week—days when women will *not* be served, or setting aside specific times, such as early morning or evening hours. Again, experience in the U.S. has shown that this approach can work but that the clinic environment must undergo a transformation from a female space to a male space so that men feel at home. To keep the domains separate, men and women must be aware of and strictly observe the clinic schedule for their own gender. Other experiments that can preserve men's privacy while not entailing the provision of a totally separate space should be encouraged. In all cases, service providers will require special training, particularly in counseling, to successfully serve a male clientele.

Looking at it from another angle, a "couples" approach to family planning has yet to be forged, even for most infertility and sexuality services. Many women's clinics invite men to accompany their partners, but the men who come can often be seen looking very ill at ease in waiting rooms or lingering outside the door. And men's programs have been just as exclusive. Perhaps the one exception to this gender focus is found in programs advocating "natural family planning," which are usually church based. While many clients (both male and female) undoubtedly prefer a clinic setting oriented towards their own sex, family planning programs interested in serving the couple as a "couple" might look at programs teaching periodic abstinence with an eye towards aspects of their approach that might be adaptable to multi-method settings.

Commercial Social Marketing

When considering ways to encourage greater involvement of men in family planning, the crucial fact remains that for those men who are not yet ready to terminate their fertility, there is only one option—condoms. Condoms were a highly underutilized resource for years until social marketing and CBD programs saw in their safety, low cost and ease of use, the appropriateness of distributing them outside medical channels.

Within commercial sector projects in Latin America, most condoms are still sold in

pharmacies. By expanding the number of outlets to include other kinds of stores, barber shops, and even street vendors (who make up a large part of the informal economy of the region), condoms could be made available to a much broader clientele. In addition, condoms should be marketed more openly. At most outlets they are still kept out-of-sight, behind the counter, forcing prospective buyers to ask for them. Research in Mexico has demonstrated that sales are higher, and that more male purchasers are attracted, when condoms are displayed within easy reach at check-out counters. Furthermore, men do not automatically know how to use condoms and, in most cases, are too proud to ask. Easy to understand, frank, pictorial instructions should be included in or on the package.

Community Based Distribution

Most CBD programs have tended to focus on women and use women promoters. This has restricted male involvement. With a small amount of restructuring, CBD programs may be able to increase condom availability by utilizing male distributors. Though experience to date in Latin America indicates that it is more difficult to recruit male distributors (perhaps due only to lack of experience), once recruited men distribute as much contraceptive protection as women, but the pattern of client contact and method mix reflects the gender of the promoter; men distribute more condoms and women, more pills. Male distributors could also be used more systematically to inform other men about vasectomy services.

Increasing Men's Knowledge

Mass media can increase awareness and understanding of male methods within a society, stimulate interest and inquiry and, in the case of vasectomy, begin to create a climate of acceptance for what is often a little known or understood family planning option. When reflecting on the success of PRO-PATER's experience with magazine ads, José Carlos Pires, who designed the campaign, emphasizes that "instead of attempting a hard sell, the campaign invited the reader to consider vasectomy, to learn more about it, and to visit either PRO-PATER or his own physician for counseling."

An evaluation of the magazine campaign revealed that new clients who came to the clinic as a result of the advertising campaign were less knowledgeable about vasectomy than clients who had been referred by traditional sources, e.g. men who already had a vasectomy. These new clients also tended to be more interested in receiving information about vasectomy than scheduling an intake interview; probably because they were less likely to have given sufficient consideration to the procedure in discussions with previous clients, family members, or friends. When these clients did decide on having a vasectomy, they also waited longer to schedule the procedure.¹²

Profamilia also has made use of the mass media to promote its vasectomy services. At first the local media found the mere existence of the male clinics—especially clinics providing vasectomy—innovative, thus numerous reports appeared in the press, radio and television. When this initial interest waned, Profamilia sought the assistance of a public relations

agency to organize meetings with journalists. It has been Profamilia's experience that radio and television are the best means of informing the public about services offered by the male clinics, especially interviews aired during medical and opinion programs; newspapers, magazines and journals tend to be read by a better educated audience than most of the clients who come to the Clínica. Profamilia also tried billboard advertising, but this did not produce any results.

For the moment, increasing male contraceptive use must rely on making the most of the two methods currently available for men. This can be done by increasing general acceptance of these methods, improving access to them, and putting greater emphasis on the quality of care provided. Yet, over the longer term, it is essential that new choices for men be developed, whether they are better condoms or entirely new approaches. Increasingly the issue is not lack of demand but one of appropriate supply and technology.

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A l'heure actuelle, très peu de temps, d'idées et de ressources ont été déployés pour tenter de définir le concept de santé de la reproduction chez les hommes, ou encore d'offrir des services destinés aux hommes. Ce numéro de Qualité/Calidad/Qualité se pose la question de savoir "quelle est la meilleure façon d'augmenter les connaissances et de mieux répondre aux besoins des hommes par le biais de programmes en santé de la reproduction" en relatant, dans un premier temps, l'expérience de PRO-PATER, à São Paulo, Brésil, et—de façon un peu plus brève—celle de la "Clínica para el Hombre—Profamilia—en Colombie. PRO-PATER est un organisme qui offre des services en santé de la reproduction exclusivement aux hommes tandis que la Clínica para el Hombre est un exemple typique de la manière dont les cliniques pour les hommes ont émergé, en temps qu'annexe à un programme populaire, établi de longue date et principalement destiné aux femmes.

PRO-PATER (Promoção da Paternidade Responsável), une clinique en santé de la reproduction n'admettant que des hommes fut ouverte pour créer "un espace pour les hommes pour leur permettre de prendre une part plus active à la planification familiale." PRO-PATER démarra en 1981 en temps que centre offrant des vasectomies en réponse aux préoccupations sur la prédominance de la stérilisation des femmes au Brésil. A cette époque, la vasectomie était virtuellement inconnue au Brésil et très peu de centres médicaux la pratiquait. Le service de vasectomie fut fondé en se basant sur une philosophie de consentement en connaissance de causes et en offrant des soins de qualité, concepts qui se traduisent dans la pratique par une orientation prudente, des périodes d'attentes obligatoires, des soins cliniques excellents, et un suivi rigoureux.

A l'heure actuelle, la vasectomie figure toujours en tête des services offerts par PRO-PATER, avec 7028 nouveaux candidats interviewés en 1989 (ce qui représente environ 97% de l'ensemble des nouvelles admissions à la clinique) et 5242 vasectomies effectuées. Cependant, au fil des années, PRO-PATER a, petit à petit, étendu ses services pour couvrir tous les aspects des soins en matière de santé de la reproduction. La clinique offre à présent des cours d'éducation et d'orientation sexuelle à titre individuel ainsi que des services de dépistage et de traitement de facteurs organiques responsables de troubles sexuels. Des services de traitement de la stérilité sont également offerts et on y traite, bien évidemment, l'homme ainsi que sa partenaire. Et PRO-PATER, ayant été un des rares centres à offrir des vasectomies au Brésil a rapidement fini par devenir un centre de recherche et de formation aux techniques de la vasectomie.

Une bonne orientation des clients est un élément clé du programme de vasectomie de PRO-PATER, qui est reflété par le fait qu'on refuse ou

qu'on demande de repousser l'intervention chirurgicale à 21.5% de clients. Une telle précaution porte ses fruits. En effet, en neuf ans de pratique et sur un total de 28,000 interventions, seuls 17 clients ont décidé d'intervenir la procédure. Une autre composante importante du programme de PRO-PATER est le suivi. La clinique a réussi à atteindre un taux de suivi post-chirurgical de 76.4% grâce à la correspondance assidue qu'ils maintiennent avec leurs clients.

Chaque client qui se présente à PRO-PATER coûte en moyenne USD 69,54. Si le client obtient une vasectomie, il faut ajouter USD 40,61 à ce coût, soit un total de USD 110,16 par personne. La clinique reçoit USD 2 500 par mois de l'AVSC (Association for Voluntary Surgical Contraception) pour aider à défrayer les coûts chirurgicaux. La différence est soit à la charge du client (PRO-PATER facture ses clients suivant un tarif dégressif en fonction de leur revenu mais ne refuse jamais personne faute de moyens financiers) ou provient de revenus générés par les autres services de la clinique.

Tandis que PRO-PATER a fondé son établissement et son image en s'adressant directement aux hommes, un programme réussi destiné à des hommes peut également démarrer à partir d'un programme de planification familiale initialement prévu pour les femmes. Avec 48 centres à travers la Colombie, Profamilia est l'une des organisations de planification familiale les plus larges et les mieux établies au monde. En 1985, encouragée par le succès de PRO-PATER et soutenue par AVSC, Profamilia décida d'ouvrir une clinique pour les hommes. Pourtant, en plus des services de vasectomie, la Clínica para el Hombre fournit également d'autres services en santé de la reproduction, tels que le dépistage et le traitement de problèmes urologiques et sexuels, de stérilité et de maladies sexuellement transmissibles. Par ailleurs, la clinique offre également des examens physiques, des condoms et des cours de planification familiale.

Le succès de la Clínica para el Hombre peut se mesurer par le fait que ses services se sont étendus à 5 autres sites et traitent en moyenne 750 nouveaux clients par mois. De plus, chaque mois environ 500 hommes retournent à la clinique pour des examens de suivi et la "Clínica" vend plus de 2 000 condoms. Par ailleurs, elle jouit d'une bonne situation financière puisque le taux d'autofinancement atteint 92%.

Bien qu'en matière de santé de la reproduction les besoins des hommes diffèrent de ceux des femmes, l'expérience tant de PRO-PATER que de Profamilia démontre que les hommes y prennent un intérêt considérable. Des services de bonne qualité, facilement accessibles, discrets, pratiques, instructifs, dispensés par un personnel médical attentionné et qui fournissent une gamme de soins complets allant au-delà de la contraception attireront toujours une clientèle nombreuse.

Resumen en Español

Hasta la fecha se ha dedicado muy poco tiempo, pensamiento y recursos a poner en claro lo que significa la salud reproductiva masculina, y menos todavía a la provisión de servicios orientados hacia el hombre. Esta edición de *Quality/Calidad/Qualité* responde a la siguiente pregunta: ¿cómo pueden los programas de planificación familiar entender y atender mejor a los intereses de los hombres? Las propuestas del artículo se derivan de la experiencia de PRO-PATER, en São Paulo, Brasil, y brevemente, de las actividades de la Clínica para el Hombre de Profamilia en Colombia. PRO-PATER es un servicio de salud reproductiva exclusivamente para hombres, mientras que el proyecto de Profamilia demuestra cómo las clínicas para los hombres pueden crearse como parte adjunta de un programa establecido y exitoso, originalmente orientado hacia la mujer.

PRO-PATER (Promoção da Paternidade Responsável) es una clínica de salud reproductiva masculina que se fundó con el objeto de crear "un espacio para la participación más plena del hombre en la planificación familiar". PRO-PATER empezó como una clínica para vasectomías en 1981, en respuesta a una creciente preocupación por el predominio de la esterilización femenina en el Brasil. A esa altura la vasectomía era totalmente desconocida e inaccesible en el país. El servicio de vasectomía de PRO-PATER se basó en una filosofía de elección informada y calidad de atención, los cuales se manifestarían en consejería meticulosa, períodos de espera obligatorios, excelente atención clínica y rigurosos mecanismos de seguimiento.

Actualmente la vasectomía sigue siendo el servicio principal de PRO-PATER; en 1989 se entrevistaron 7028 nuevos candidatos para el procedimiento (lo cual equivale al 97 por ciento de los nuevos clientes de la clínica) y se ejecutaron 5242 vasectomías. Sin embargo, con el pasar de los años, PRO-PATER ha extendido sus servicios en reconocimiento de una actitud más amplia y comprensiva hacia la salud reproductiva de los hombres. La clínica actualmente provee consejería individual sobre temas de la sexualidad, así como evaluaciones y tratamientos relativos a los factores orgánicos de la disfunción sexual. También se ofrecen servicios para la esterilidad, que por supuesto involucran tanto al hombre como a su pareja. En virtud de haber sido uno de los pocos centros que ofrecen la vasectomía en el Brasil, PRO-PATER también se ha convertido en un importante recurso para proyectos de investigación y entrenamiento relativos a la vasectomía.

La buena consejería es un elemento crítico del programa de vasectomía de PRO-PATER; se le niega o recomienda postergar el procedimiento a un 21.5 por ciento de los clientes inicialmente entrevistados.

Dicha prudencia tiene sus recompensas; existen casos de arrepentimiento después de una esterilización insuficientemente considerada, pero en 9 años y más de 28,000 procedimientos, PRO-PATER ha recibido sólo 17 pedidos de reversión del procedimiento por parte de sus propios clientes. El seguimiento constituye otro elemento de importancia en el programa de PRO-PATER; la clínica ha logrado mantener una tasa de seguimiento de 76.4 entre clientes vasectomizados, facilitada en parte por el uso del correo para mantener contactos.

El costo por cada cliente que ingresa a PRO-PATER equivale a U.S.\$69.54; si el cliente recibe una vasectomía, el costo aumenta por \$40.61, para un total de \$110.16 por cliente. La clínica recibe \$2500 por mes de la Asociación para la Anticoncepción Quirúrgica Voluntaria (AVSC) para ayudar con los gastos quirúrgicos. El resto de los gastos se cubren con la ayuda de ingresos generados por los otros servicios de la clínica, y con lo que se le cobra a los clientes. (PRO-PATER cobra según el nivel de ingresos del cliente, pero nunca se niega la atención por falta de recursos).

Mientras que PRO-PATER ha desarrollado su institución y su imagen con una orientación casi exclusivamente masculina, un exitoso programa para hombres también puede surgir de un programa de planificación familiar para mujeres. Profamilia es una de las organizaciones de planificación familiar más grandes del mundo, con un total de 48 clínicas en Colombia. En 1985, en base al éxito de PRO-PATER y con el apoyo de AVSC, Profamilia decidió inaugurar una clínica para hombres. La Clínica para el Hombre, sin embargo, no ofrece sólo servicios de vasectomía, sino que integra otros servicios de salud reproductiva masculina, tales como el diagnóstico y tratamiento de problemas urológicos y sexuales, la infertilidad, y las enfermedades de transmisión sexual. También se ofrecen exámenes físicos, condones y educación sobre la planificación familiar.

El éxito de la Clínica para el Hombre puede verse en su expansión a cinco nuevos locales que sirven a un promedio mensual de 750 clientes nuevos. En un típico mes de actividad, un promedio de 500 hombres regresan a la clínica como parte del seguimiento y se venden más de 2000 condones. Actualmente la clínica tiene una autosuficiencia económica del 92 por ciento.

Las experiencias de tanto PRO-PATER como Profamilia sugieren que, aunque las necesidades de salud reproductiva de los hombres pueden ser distintas a las que expresan las mujeres, de todas maneras ellos están muy interesados. Queda claro que existe una abundante demanda para servicios de alta calidad, que ofrezcan conveniencia, confidencialidad, información, proveedores atentos y atención a las necesidades de salud reproductiva más allá de la anticoncepción.

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Design: Ann Leonard
Cover Photo: Debbie Rogow
Typography: Village Type & Graphics
Printing: Graphic Impressions

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