

# Integration of Reproductive Health Services for Men in HFWC

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**FRONTIERS**  
IN REPRODUCTIVE HEALTH

# Country Background

- Population 132 million, 23% urban
- Annual population growth rate 1.5
- Literacy 47%, male 51%, female 42%
- CPR 55%, Male methods 14%
- TFR=3.2 MMR 320/1000 live births
- HIV/AIDS prevalence < 1%

# **Implementing Organizations**

**National Institute of Population  
Research and Training (NIPORT)**

**Directorate of Family Planning**

**Population Council**

# Problems Addressed

- **Men suffer from RH problems**
- **Men do not seek services**
- **Service delivery system is female focused**
- **Providers lack of knowledge of RTIs/STIs**
- **Lack of BCC materials for men**

# Goal and Objectives

## Long Term Objective

- Increase access to and acceptability of RH services for men at service delivery points

## The Specific Objectives

- Increase access to RH services for men
- Modify existing & develop new BCC materials to increase male participation
- Include provision of male RH services by syndromic approach
- Assess management, technical and financial implications of integrating male RH services

# Study Design and Project Duration

- **A quasi-experimental non-equivalent control design**
- **Eight service delivery points as intervention sites**
- **Four were selected as control sites**
- **Project duration: 20 months**
- **Intervention period: 12 months**

# Activities Undertaken

- **Orientation of local program managers**
- **Development of training materials**
- **Development and distribution of BCC materials**
- **Training of service providers**
- **Group discussions**
- **Syndromic management of RTI/STI**
- **Distribution of condoms**
- **Mobilization of the existing government resources**

# Indicators Used to Measure Impact

- Number of male clients motivated by the BCC activities and received services
- Number of males visited for RTI/STI services
- Increased in provider's knowledge on STI/RTI and syndromic approach
- Number of male clients satisfied with the services
- Number of males came for FP methods

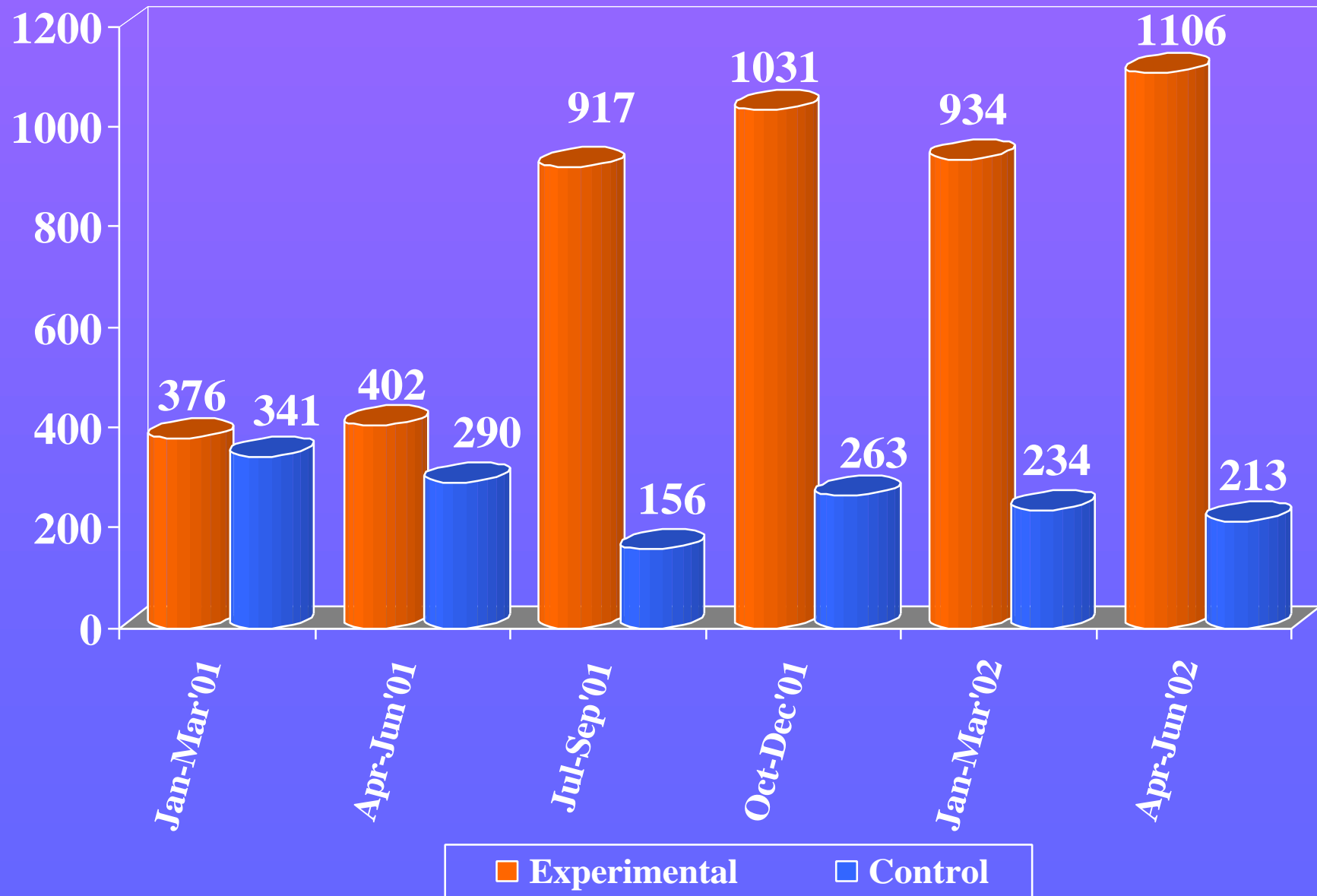
# Methods Used for Data Collection

- **Inventory survey**
- **Service statistics**
- **Pre and post survey of service providers**
- **FGDs with community leaders and males**
- **Exit client interview**

# Number Knows Signs and Symptoms of STIs/RTIs

Signs & symptoms of RTI/STI	Experimental		
	BI	AI	Z Value
Pus discharge from urethra	7	25	4.46
Ulcer on penis	2	18	3.97
Ulcer on genital region	6	20	3.06
Burning sensation during urination	10	21	2.03
Pain in testis	7	20	2.75
Warts on genital region	4	05	0.15
Semen discharge from the penis	10	22	2.37
Itching in genital region	9	22	2.78
N	19	26	

# Quarterly Average Number of Clients per Clinic



# Monthly Average of Male RTIs/STIs Clients



# Obstacles and Facilitating Strategies

## Obstacles encountered

✧ **Medicine Shortage**

✧ **Transfer of staff**

**Non availability of  
RTI/STI clients**

## Strategies to overcome

**Involvement of district  
and local level managers**

**Involving district and  
national level managers**

**Conducting training in  
medical colleges**

# Lessons Learned

- **Integration of RTI/STI services for men is possible**
- **Grassroot service providers can be trained on RTI/STI management**
- **Service providers need theoretical & practical hands-on training**
- **Targeted BCC increases the number of male clients**
- **Increase in total number of clients helps to increase utilization of services**