Family planning and reproductive health programs around the world are increasingly recognizing that men are an important audience for their services. Not only do men have reproductive health concerns of their own, but their health status and behaviors also affect women's reproductive health. The Programmes of Action of both the 1994 International Conference on Population and Development in Cairo and the Fourth World Conference on Women in Beijing recognized the role of men in reproductive health and highlighted the need to develop more programs that reach men with reproductive health information and services. A key goal of such programs is to promote greater equality between men and women in the area of reproductive health.

Men's reproductive health concerns include family planning, sexually transmitted disease (STD) prevention and treatment, sexuality and sexual dysfunction, infertility, and urologic conditions, among others. Key ways men can be directly involved in women's reproductive health include:

- using contraceptive methods that require their direct participation such as condoms, natural family planning, vasectomy, and withdrawal;
- supporting their partners' use of contraception through joint decision making about contraceptive method use and family size; and
- preventing the spread of STDs by using condoms, limiting their sexual activity to one partner, and seeking treatment.

In addition, men can play an important role in preventing gender-based violence, a significant reproductive health concern in many areas (see box, page 3), and in supporting efforts to improve women's status.

This article provides a rationale for involving men in programs that address reproductive health, discusses factors that have limited men's involvement, and summarizes the lessons learned from programs that have reached men successfully with reproductive health information and services.
Why involve men in reproductive health?

Providing reproductive health information and services to men benefits both men and women in several ways. First, it increases access to contraceptive methods that men can use, thereby expanding a couple’s range of contraceptive options. It also improves men’s support for women’s use of contraception and shared reproductive decision making, and prevents STD transmission.

Expanding the range of contraceptive options. Contraceptive methods that require direct involvement of men include condoms, natural family planning, vasectomy, and withdrawal. Overall, these methods account for just under one-third of worldwide method use, though specific use rates vary widely by country. For example, withdrawal is very popular in some countries—nearly 35 percent of Romanian couples and 26 percent of Turkish couples report use of this method—but does not appear to be widely used in many others. The same is true for natural family planning; rates as high as 15 percent are reported in Sri Lanka, 20 percent in Peru, and even higher in some countries where other contraceptives have not been readily available. (Natural family planning data often are combined with data on other methods, such as withdrawal, making clear comparisons of method use difficult.) Condom use is reported by about five percent of reproductive age couples, a figure that has risen in recent years as contraceptive users have become increasingly interested in STD prevention. About five percent of couples worldwide use vasectomy, compared to 17 percent who use female sterilization (see Table 1). The discrepancy in use rates between vasectomy and female sterilization is of particular interest given that vasectomy is more effective, less expensive, and technically easier to provide than female sterilization.

Many people believe that methods for men are not more widely used because they are unacceptable to men; yet when programs have made specific efforts to reach men and women with information about and access to methods such as condoms and vasectomy, use of the methods has increased. For example, the Mexican Social Security Institute launched a program to increase the availability of outpatient vasectomy services and promote the method to men in 1989. The program was associated with both an increase in the annual number of vasectomies performed (from 6,283 in 1989 to 16,882 in 1993) and a decrease in the ratio of female to male sterilization procedures (from 21:1 in 1989 to 10:1 in 1993).2

Supporting women’s contraceptive use. Ideally, a couple’s decisions about family size and contraceptive use should be made jointly, with equal consideration given to the concerns of the woman and the man. In areas where an imbalance of power between men and women exists, however, the opinions of the man often are dominant in the decision-making process.

Various studies have shown that providing men with information about reproductive health issues and involving them in counseling sessions can help make them more supportive of contraceptive use and more aware of the concept of shared decision making. For instance, a study conducted in Ethiopia found that including husbands in family planning education at home significantly improved use of modern contraceptives, since most Ethiopian women will not initiate contraception without their husbands’ knowledge. Health educators also were successful in addressing the husbands’ misconceptions regarding side effects of modern contraceptives, a common impediment to practicing family planning.3

Findings from a study in Bangladesh suggest that involving husbands in counseling sessions regarding Norplant contraceptive implants (including providing information about side effects, insertion and removal procedures, and how they can help when their wives experience side effects) can affect continuation rates. Norplant three-year continuation rates were significantly higher among women whose husbands were counseled compared with women whose husbands did not receive counseling.4

Programs that provide information to men are especially important in cultures where men are the primary decision makers in most matters, including fertility and family planning. For instance, in countries where women are not permitted to leave the area of their homes without a male family member, husbands are particularly important in obtaining supplies and helping their wives use family planning methods correctly.5

Preventing STDs. In addition to suffering the effects of STDs themselves, men transmit STDs, including HIV/AIDS, to women. Some developing

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**TABLE 1**

Female and Male Sterilization: Use by Region, 1994

<table>
<thead>
<tr>
<th>Region</th>
<th>Female Sterilization</th>
<th>Male Sterilization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>1</td>
<td>0.1</td>
</tr>
<tr>
<td>Asia and Oceania</td>
<td>23</td>
<td>6</td>
</tr>
<tr>
<td>Eastern Asia††</td>
<td>33</td>
<td>10</td>
</tr>
<tr>
<td>Other countries</td>
<td>15</td>
<td>4</td>
</tr>
<tr>
<td>Latin America and the Caribbean</td>
<td>21</td>
<td>1</td>
</tr>
<tr>
<td>World</td>
<td>17</td>
<td>5</td>
</tr>
</tbody>
</table>

† Percent of couples aged 15-49.
†† China, Hong Kong, and the Republic of Korea.

Abuse of Women: a Serious Reproductive Health Issue

Sexual, physical, and emotional abuse of women by their male partners is a significant problem that has serious implications for women's health. In many countries, one-fourth to more than one-half of women report having been physically abused by a present or former partner. Women are at greater risk of abuse when their partners are under the influence of drugs or alcohol.

Abuse can lead to unwanted pregnancy and STDs as well as to direct injuries, including miscarriage. The long-term reproductive health consequences of sexual and physical abuse include chronic pelvic pain, pelvic inflammatory disease, and sexual dysfunction, among others. Abuse also can have a direct impact on a woman's ability to use contraception. In some countries, women are reluctant to practice family planning out of fear of their husband's reprisals; focus groups in Mexico and Peru found that women feared violence, desertion, or accusations of infidelity if they brought up contraception.

While reproductive health programs may not be able to provide comprehensive services for abused women, they can help address the problem by:

- training providers to be alert for signs of abuse, how to raise the issue with clients, and to provide referrals to those who need services;
- displaying information on abuse and available services in clinic waiting areas; and
- including information on abuse and its impact on women's health in materials and messages for men.

These actions can be an important step toward breaking the cycle of abuse that many women face.

country family planning, antenatal, and maternal and child health clinics find that as many as one or two women in every 10 are infected with an STD. The reproductive health consequences of STDs can be especially severe for women, since many STDs are asymptomatic and, left untreated, can result in serious reproductive health consequences, including infertility.

Men can help prevent STD transmission to their partners by using condoms, limiting their sexual activity to one partner, and seeking treatment for current STDs. Treatment of male partners is particularly important because a woman treated for an STD can easily become reinfected if her partner is not treated concurrently. Reaching both parties is crucial in HIV prevention. HIV testing and counseling programs directed at couples are significantly more successful at preventing HIV transmission in couples where one partner is HIV-positive compared with programs that only reach one partner.

Factors limiting men's involvement

A number of programmatic and cultural factors have limited men's abilities to take an active role in family planning practice and reproductive health decision making.

Services aimed at women and children. Most family planning and reproductive health services are designed to meet women's or children's needs and, as a result, men often do not consider them as a source of information and services. Many may be inconvenient or unwelcoming to men, and providers may not have the training or skills necessary to meet men's reproductive health needs. Men also may be embarrassed about visiting a facility that primarily serves women.

Limited number of male contraceptives available. As mentioned above, available male methods are limited to condoms, natural family planning, vasectomy, and withdrawal. Like contraceptives for women, each of these methods has advantages and disadvantages and each potential client will have to decide for himself whether a particular method will meet his needs. While research is ongoing on new methods for men (including hormonal injections and implants), it is unlikely that a new method will be widely available for several years (see Outlook, Volume 13, Number 2).

Rumors and misinformation. Because of the general lack of access to accurate information about male contraceptive methods, many men and women may not know how to use them correctly or may have misperceptions and fears that prevent them from using the methods. For instance, men may be unwilling to consider using vasectomy because they equate it with castration or believe that it leads to impotence; similarly, they may be unwilling to use condoms because they believe condoms will reduce sexual satisfaction or cause an allergic reaction.

Provider bias against male methods. Providers also may have misconceptions or biases about male methods or men's roles in family planning. As a result, they may not present information about male methods or assume that men are not interested. For instance, providers interviewed in China said they did not bring up condoms with clients because they believe it is not an effective method. Concerns about the lower effectiveness of some male methods can be addressed through counseling about correct and consistent use (see Outlook, Volume 12, Number 4) as well as by offering emergency contraceptive pills to users as a backup in case condoms are not used properly or break (see Outlook, Volume 14, Number 2).

Unfavorable social or religious climate. In societies where sexual matters are not discussed openly, men...
Young Men Face Special Challenges

Young men represent an important yet particularly challenging audience for reproductive health programs. In many countries, the level of sexual activity among adolescents is increasing, as is the risk of STD transmission. Despite the apparent need for information, counseling, and services, young people remain underserved by most reproductive health programs.

Results from qualitative research with boys in São Paulo, Brazil, help illustrate some of the special societal and sexual challenges faced by young men. Discussions about sexuality were held with two groups of 14- to 18-year old boys over the course of several months. Issues raised by the boys included:

- need to meet societal expectations of men
- pressure from friends and fathers to become sexually experienced
- concern that they could not live up to girls’ expectations
- concern about penis size and getting and maintaining an erection (which the researchers believe may relate to reluctance to use condoms)
- concern about sexual orientation
- belief that girls should be responsible for contraception
- need for information but fear of admitting ignorance about sexual matters

Although the specific issues voiced by the boys in these discussions cannot be generalized to other locations and cultures, they illustrate the complexity of factors that influence the sexual decisions and reproductive health practices of young men. When designing services for youth, programs must identify issues relevant to local youth and work with young men to develop appropriate responses.

Successful approaches to reaching men

Experience with men’s involvement programs in a number of countries has demonstrated that the factors limiting men’s involvement are not insurmountable. In fact, both men and women have responded favorably to programs that have focused on providing men with access to family planning and reproductive health information and services.

Some activities designed to involve men can be low cost and easy to implement. For instance, inviting partners to join regular family planning visits involves minimal expense. Other efforts may require an initial financial investment but may eventually generate income. Profamilia’s clinic for men in Bogota became self-sufficient after four years of operation; the clinic generates revenue from urologic consultations and other services, which it uses to subsidize its vasectomy program. Key lessons from successful programs are described below.

Involve men in program design and implementation. Men themselves are the best sources of information about effective outreach and service delivery strategies. As such, it is essential to involve men throughout program design and implementation to ensure that services and informational materials address their concerns and needs. Many programs also use men to implement the program as staff members, health educators, and peer motivators.

Increase service availability. While a few programs have established successful clinics that serve men only, integrating men’s services into existing services is likely to be easier and more cost-effective for most programs. The experience of Profamilia in Colombia, which operates both men-only and joint clinics, suggests that simply paying attention to men’s needs and treating men respectfully helps to attract more men as clients.

Ways of adapting existing services to make them more accommodating and attractive to men include dedicating hours for men, inviting men to come with...
their partners, providing a separate entrance and waiting room for men, hiring male providers and health educators, altering the clinic's decor, and providing an array of services that address men's needs.

Services that may be of particular interest to men include:

- family planning information and services
- diagnosis and treatment of STDs
- information on male and female anatomy and physiology
- general medical care
- physical exams needed for employment
- treatment of urological problems
- counseling about sexuality, sexual dysfunction, and discussing sexual needs with partners
- screening for prostate and testicular cancer
- evaluation of male infertility

Train providers about men's reproductive health needs. As programs begin to expand their services, providers need to receive training about men's reproductive health needs so that they have the clinical skills and information to assist men effectively. Training to address providers' misconceptions about contraceptive methods for men is particularly important, since personal biases can prevent providers from offering a method. Where appropriate, clinical training in male genital exams and vasectomy provision can help to expand availability of those services. All reproductive health care providers need training in counseling and interpersonal communication skills (see Outlook, Volume 13, Number 1).

Provide information and personal follow-up. An important part of expanding services to include men is increasing information and outreach to men. Programs have used a variety of approaches to reach men, including mass media campaigns that encourage men to take greater responsibility for family planning/STD prevention and promotions in predominantly male settings such as sports events, military groups, and the workplace (see box, page 6).

Men's reproductive health information needs and preferred sources of information vary by location, age group, and other factors. When designing an informational program, it is important to:

- Define the audience; for instance, a vasectomy program would want to concentrate on reaching men who already have one or more children and want to limit their family size.
- Identify men's information needs; including what men do not know about the topic, what kinds of rumors or misinformation they have heard, and what kind of questions they have.

Reaching Filipino Men at the Workplace

The ReachOut AIDS Education Foundation, an NGO that focuses on AIDS/STD and family planning education, is implementing an outreach program for dockworkers who are clients of commercial sex workers in Manila's North Harbor. As a result of their sexual behavior, these dockworkers frequently contract STDs and bring these diseases back home to their wives or girlfriends.

To address this problem, ReachOut networked with shipping, dock handling, and trucking agencies to gain their support; examined the reproductive health risks and needs of the dockworkers through focus group discussions; and involved local artists in the development of educational messages and materials, which include family planning information as well as a discussion of how STDs and AIDS affect men's partners and families. Peer educators distribute these materials and condoms to dockworkers while they are waiting for ships to come in and at weekly meetings of stevedores and porters.

ReachOut also uses an AIDS counseling software product, RiskAdvisor,† on laptop computers in the port area. These computer-assisted counseling sessions help men gain a more accurate perception of their risk of exposure to AIDS and other STDs.

As a result of this program, demand for condoms has increased dramatically among the 5,000 dockworkers at the harbor. Prior to the intervention only about 350 condoms per month were requested by dockworkers; following six months of the intervention, demand for condoms has risen to approximately 1,400 per month.14


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• Pretest materials to ensure they send the intended message; what works with one group may send the wrong message to another.

A variety of men's involvement messages have been used by programs around the world (see box, page 5).

Some programs have found that informational campaigns must be linked with a more personal approach to effectively influence behavior change. Strategies that have been used to “personalize” the message include using men as peer educators, enlisting the support of local male opinion leaders, and encouraging men to participate in organized groups such as Daddie’s or Men’s Clubs, which provide a supportive atmosphere for men to discuss issues related to reproductive health. Involving religious leaders can help overcome perceived religious barriers. For instance, the Family Planning Association of Bangladesh has an intensive program to educate local religious leaders about interpretations of the Qu’ran that are supportive of family planning.

Address policy barriers. A successful men's program requires supportive medical, regulatory, and service delivery policies. Potential policy barriers that may need to be addressed include:

• inappropriate or excessive medical eligibility requirements for vasectomy (see Outlook, Volume 14, Number 1)
• import duties and surcharges that increase the price of condoms
• regulations limiting condom advertising
• regulations limiting condom distribution based on age or marital status of client, type of health provider, or type of sales outlet

Evaluate program impact. Evaluation can help programs monitor the impact, both anticipated and unanticipated, of outreach and services for men. For example, while an evaluation of a multimedia male motivation campaign in Zimbabwe found that the program was generally successful at promoting increased communication about family planning between men and women, an unanticipated effect of the campaign was an increase in the number of men who felt that they alone should make family planning decisions.15 Evaluation results such as these can be extremely helpful to programs as they continue to
develop and improve strategies to reach men. Where results suggest activities are achieving their intended results, the activities might be expanded and strengthened. Where results suggest activities are not having the expected effect, programs must make changes as needed.

Conclusion

Men's sexual choices and behaviors can affect their reproductive health as well as that of their partners. The successful experiences of programs in a number of countries demonstrate that men are willing to take action to protect reproductive health when given access to information and services. A key component of men's involvement programs is to encourage men to support women in their reproductive health needs and decisions. As programs move toward a concept of shared responsibility for family planning and reproductive health, reaching men with information and services regarding their own reproductive health as well as that of their partners becomes essential.


EDITOR'S NOTE: This article was prepared by Sarah Khorraram and Elisa Wells, with the assistance of PATH staff.

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**Methotrexate Update:**
WHO Toxicology Panel Recommends Against Routine Use for Pregnancy Termination

The previous issue of Outlook (Volume 14, Number 2) included an article describing issues surrounding methotrexate plus misoprostol for early pregnancy termination. Since that article was published, a World Health Organization Toxicology Panel has reviewed research related to methotrexate use and has recommended against its use for routine pregnancy termination.1 (Use of methotrexate for pregnancy termination when an ectopic pregnancy is suspected was not addressed by the Panel and has been favorably reported for over a decade.) The Toxicology Panel listed several reasons for the recommendation, in particular concerns about the teratogenicity of the drug and the reduced immune function observed in some women using the drug. These concerns were heightened by the lower effectiveness rate of methotrexate compared with mifepristone and by service delivery challenges associated with the long drug regimen (a week or more delay between administering methotrexate and misoprostol). For a more detailed summary of the WHO Panel recommendations, please contact Outlook.