

**Male Involvement in Family Planning:  
A Review of Experience**

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## MALE INVOLVEMENT IN FAMILY PLANNING: A REVIEW OF EXPERIENCE

The role of males in family planning has been receiving greater attention recently as population planners have begun to recognize the significance of men's influence over reproductive decisions around the world. In order to assess the current state of knowledge regarding this issue, this literature review presents findings from the documented research and experience of USAID and other groups. To this point, most activities have involved identifying or trying to improve men's knowledge of and attitudes toward family planning, with the ultimate goal of encouraging behavior change. Progress in the first two areas has been verified through various surveys in countries around the world; however, although increased knowledge and more accepting attitudes among men do not necessarily translate into actual behavior change. Progress in this area generally has been more difficult to achieve.

Most of the information in this review is presented in two tables: one devoted to reports on programs or activities designed to educate, inform or motivate men about family planning, and the other devoted to surveys of men's knowledge of, attitudes toward or practices regarding family planning. Although this review is not comprehensive, it does reveal the general state of research on this topic.

### USAID

A recent baseline survey on reproductive health activities implemented or planned by USAID missions or cooperating agencies [Pillsbury, 1994, PD-ABJ-873] revealed that increased male involvement in both pregnancy and STD prevention is a *high priority*. Following are examples extracted from the survey of how some missions view the issue:

*Expand the focus from women and children to include men (they are the primary decision makers and are in economic control over reproductive behavior). (USAID/El Salvador)*

*We must increase our efforts to include men in reproductive health initiatives. The reason is obvious: For both genders to enjoy healthy sexual relations, and health reproductive lives, both genders need not only to be aware of but also to act on their reproductive health responsibilities. (USAID/Honduras)*

"Men have a direct, major role in contraceptive decision-making, but also an indirect role as a dominant factor in women's calculations concerning their own economic, social, and family needs. Men's sexual behavior has direct impact not only on their own health, but also that of their wives, partners, and offspring, especially in the context of STDs/HIV. Thus men are a major determinant of contraceptive use by women and couples and, in fact, of women's health

in general. A successful approach to reproductive health calls for their full participation and commitment (Pillsbury, 1994)."

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USAID has addressed the issue of male involvement in family planning from many angles -- condom promotion through social marketing or community-based distributors, vasectomy education and promotion, and IEC campaigns to raise awareness and knowledge and effect behavior change -- but there has been little assessment of this experience.

### Experience as Documented in Published and Unpublished Literature

The available literature regarding male involvement in family planning and contraceptive use or decision-making is actually quite extensive, ranging from surveys of knowledge, attitudes and practices, to clinical research studies of contraceptives, to reviews of different, male-oriented approaches to family planning programs. A search of Popline database on these topics identified citations back to the 1960s, with nearly 100 citations relating to developing countries for the years 1991-1995 alone (see attached bibliography).

A 1989 report from the International Planned Parenthood Federation (IPPF) defines male involvement as "organizational activities aimed at men as a discrete group which have the objective of increasing the acceptability and prevalence of family planning practice of either sex (Meredith, 1989)." Drawing from the experience of its affiliated associations, IPPF provides the following classification of various approaches to male involvement, including:

- Male operated or male targeted community-based contraceptive distribution
- Occupational community centers (e.g., Men's, Father's, or Daddy's Clubs)
- Factory/industry-based education and services
- Contraceptive social marketing (CSM)
- Male adolescent 'all-purpose' centers (youth centers)
- Vasectomy clinics
- Family life education in structured and unstructured environments
- Distribution of male-oriented information/educational materials
- Festival events/promotions

The studies included in the following tables demonstrate that work in the area of male involvement in family planning is proceeding slowly toward a better understanding of how to reach and influence men.

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**Table 1, Studies on Motivational or Educational Approaches to Male Involvement in Family Planning**

Study Title, Author and Source	Methodology	Comments
<p>"Family Guidance Association of Ethiopia Male Participation Project." Bedada, Amare. <i>Male Participation in Family Planning: A Review of Programme Approaches in the Africa Region</i>. IPPF, 1992.</p>	<p>Project, from 1983-1990, designed to enlighten formal and informal community leaders about the benefit of FP and enlist their support to influence other men to use FP. Used three-day seminars at which participants discussed FP topics, but mainly the role and responsibilities of men in FP.</p>	<p>Post -seminar assessments showed <b>that male resistance to FP was not that strong, but mainly due to ignorance</b>. Christian and Moslem leaders not totally opposed to FP if meant for the well-being of the family. Difficult to follow participants after the seminars. Integration of male targeted messages in all of the information, education, and communication (IEC) and service projects then adopted along with encouragement of community-based distribution (CBD) and social marketing schemes.</p>
<p>"Male Participation in The Gambia." Dibba, Yankuba. <i>Male Participation in Family Planning: A Review of Programme Approaches in the Africa Region</i>. IPPF, 1992.</p>	<p>With funding from Pathfinder International, male motivation project had general objective of improving availability of family planning information and services and economic welfare of targeted groups by motivating and organizing men in Planned Parenthood and Men's Development (PPMD) Groups. FP incorporated into police force training, educational materials distributed. Funding from IPPF for the Male Involvement Project designed to enhance capacity of the Gambia FP Association to communicate discrete FP messages to targeted male groups, leading to greater support of contraceptive use for them and their partners. IEC campaign undertaken.</p>	<p><b>No impact evaluation</b>. Male motivation project trained 54 police officers to serve as peer counsellors and distribute non-prescriptive contraceptives. While general awareness level is high, rate of practice does not correspond. <b>More pragmatic and innovative approaches need to be found to actually motivate and deliver services to men.</b></p>

Study Title, Author and Source	Methodology	Comments
<p>"Male Participation in Family Planning in Ghana. Planned Parenthood Federation of Ghana." Mensah, Sabina. <i>Male Participation in Family Planning: A Review of Programme Approaches in the Africa Region</i>. IPPF, 1992.</p>	<p>Objective to create more awareness for men to make decisions regarding FP jointly with spouses; and to provide relevant back-up FP services to enable more men to practice contraception. IEC activities include: lectures/group discussions, follow-up home visits supported with film and video shows, and games organized for various groups (such as Daddies Clubs (male fan clubs for FP), men in industrial centers, govt. departments, etc. <b>Selected individuals used for CBD.</b></p>	<p>Records show increase in male acceptance of FP from 5,600 (1986), to 8,442 (1987), to 11,264 (1988). Evaluation built in with pre- and post-IEC questionnaires administered every year, monthly IEC and contraceptive usage data compiled and analyzed.</p>
<p>"Developing a Government Strategy in Kenya." Muindi, Florence. <i>Male Participation in Family Planning: A Review of Programme Approaches in the Africa Region</i>. IPPF, 1992.</p>	<p>Various surveys reviewed, particularly a 1989 study for the Government, describing male knowledge, attitudes and practices regarding FP.</p>	<p>Findings used to formulate <b>recommendations for improved male involvement in FP such as: using men to deliver services to men; publicizing services in men's social, cultural, religious, professional and other associations;</b> encouraging joint decision-making regarding family size and traditional kinship structures. Workshop held in 1990 in Nairobi produced recommended plan of action for Kenya including appointment of a group coordinator, development of national approaches to IEC, organization of seminars and orientations, encouragement of media coverage of male involvement. Also, a <b>Kenyan CBD program does not target nor exclude men, but condom distribution has shown marked improvement.</b></p>
<p>"Family Planning Association of Kenya: Increasing Male Involvement and Participation in Family Planning Programs." Magiri, Gilbert M. <i>Male Participation in Family Planning: A Review of Programme Approaches in the Africa Region</i>. IPPF, 1992.</p>	<p>FPAK, through a male involvement operations research project started in 1990, is seeking feasible approaches for increasing male participation in programs with the goal of increasing contraceptive user rate. <b>The program tested different methods of reaching males including: using trained males, females and teams of both sexes in the promotion and provision of FP and HIV/AIDS information &amp; services in a CBD program.</b> One district was chosen for the study.</p>	<p>During two months, the project recruited a total of 593 new acceptors including 31 surgical contraceptive cases. A total of 10,910 people were reached through various motivational activities. During the same period, 431 cycles of pills, 8240 condoms, and 3780 foaming tablets were distributed. <b>Evaluation reports strong indications that the project is likely to make a difference in an area where male opposition to family planning has been one of the strongest in the country.</b></p>

Study Title, Author and Source	Methodology	Comments
<p>"The Planned Parenthood of Nigeria Experience." Kolawole, J.B. <i>Male Participation in Family Planning: A Review of Programme Approaches in the Africa Region</i>. IPPF, 1992.</p>	<p>To try to ameliorate the tendency of male opposition to family planning, PPFN introduced the 'Male Involvement in Family Planning' IEC project in 1984. <b>Project involves the development, production and distribution of appropriate local print and audiovisual materials to inform, educate and motivate men to accept and to practice FP.</b></p>	<p>The project has not been formally evaluated, but recent survey has shown remarkable increase in FP awareness in the country, from less than 10% in 1970s to about 50%. CPR increased from 5% in 1981 to 7.6% in 1990. Project has expanded to include training workshops, motivational/awareness seminars, family life education for youth, and STD/AIDS prevention campaigns. Impact: <b>Number of male volunteers trained as motivators has risen from 44 in 1984 to 312 in 1989; new condom acceptors increased from 3,185 in 1987 to 4,535 in 1990.</b> Future activities suggested continuing along similar lines.</p>
<p>"Male Involvement in Family Planning in Sierra Leone." Forde, Enid. <i>Male Participation in Family Planning: A Review of Programme Approaches in the Africa Region</i>. IPPF, 1992</p>	<p>With high male resistance to FP, Planned Parenthood Association of Sierra Leone adopted male motivation project in mid-eighties to meet males and educate them about the health hazards to which their families are exposed in the absence of contraception; increase male contraceptive practice; and increase joint responsibility for FP. <b>IEC strategies used.</b></p>	<p>Difficult to assess impact, but appears minimal due to: weak national infrastructure facilities; limited scale of operation linked with limited financial resources; lack of sustainability of effort due to rapid staff turnover; faulty basic assumptions made through inadequate data collection during feasibility studies; and inadequate awareness creation and education on AIDS among the population. <b>Still, FP new acceptors numbered 6,675 in 1989, 9,872 in 1990, and 5,786 for the first six months of 1991, with overall pattern showing increasing interest in FP among males.</b></p>

Study Title, Author and Source	Methodology	Comments
<p>"Participation in Family Planning in Tanzania: The UMATI Programme." Mbunda, Walter M. <i>Male Participation in Family Planning: A Review of Programme Approaches in the Africa Region</i>. IPPF, 1992.</p>	<p>IEC programme focused on areas that are male dominated such as major manufacturing industries and estates, major government and private employers, youth, and community members. Focus on educating national and local public leaders on importance of FP.</p>	<p>One formal evaluation undertaken with informal and continual evaluation carried out through pre and post tests on participants. Overall conclusion of evaluation was that there has been a <b>marked rise in community awareness of FP, but lack of reliable data on the link between awareness and contraceptive use. Achievements include: an increase in the number of volunteers; development of favorable population policies; and creation of a climate favorable to increase in FP acceptors.</b> Failures include: lack of adequate resources for IEC materials; failure to support IEC campaigns with adequate and quality FP services; lack of clear structure to take over pilot projects.</p>
<p>"The Zimbabwean Experience: Zimbabwe National Family Planning Council." Tinarwo, Godfrey. <i>Male Participation in Family Planning: A Review of Programme Approaches in the Africa Region</i>. IPPF, 1992.</p>	<p>Zimbabwe National Family Planning Council has implemented <b>male motivation program</b> from 1987-1991. Several surveys undertaken. Objectives of program: to increase knowledge of FP methods among males of reproductive age; improve male attitudes towards FP and population issues; increase use of FP methods among men; promote discussion and joint decision-making between males and their spouses; encourage adoption of small family size norm among men; and stimulate open discussions about population and FP among men. <b>Communication strategy included combination of mass media, group and interpersonal communication.</b></p>	<p>Complex organization structure led to breakdowns in coordination, inputs often not ready in time. Monitoring and evaluation system (including focus groups, pretesting of IEC pamphlets, new acceptor surveys, in-depth interviews with community leaders and participants, analysis of provincial male motivation reports, and a Male Motivation Impact Evaluation) helped keep program on track. <b>11% of survey respondents had attended a motivational talk with 70% of these reporting having learned something new. 28% of these men reported taking some action such as adopting a FP method, visiting a FP clinic, changing FP method, etc.</b> Future directions recommended.</p>

Study Title, Author and Source	Methodology	Comments
<p>"Using the Newspaper to Disseminate Vasectomy Information in Kenya."            Wilkinson, David John, et al. <i>International Quarterly of Community Health Education</i>, vol. 14, no. 2 (1993-94): p. 165-172.</p>	<p>Recent research in Kenya shows that, although there is still a high population growth rate, there is increasing interest among men as well as women in family planning and in limiting family size. <b>Vasectomy, however, is little known and practiced in Kenya. A major reason for this is a general lack of knowledge about the procedure and where it may be obtained.</b> Little effort has been put into addressing the barriers to vasectomy acceptance in Kenya, partly because of the commonly held assumption that Kenyan men would not be interested in the method. Innovative Communication Systems, with the support of the Association for Voluntary Surgical Contraception, implemented a study using the print media to examine this perception. <b>Advertisements providing information about the method were placed in newspapers and a magazine.</b></p>	<p><b>An unexpectedly large response was received --</b> over 800 written requests for information from all parts of the country. The majority of inquiries were from rural areas, and there was a high proportion of requests from the coastal district, a Muslim area generally considered to be extremely resistant to FP. A large proportion of inquiries came through a Kiswahili newspaper appealing to lower socioeconomic groups. <b>The study demonstrates that there is a countrywide interest in obtaining more information about vasectomy and that the newspaper is an economical and effective channel through which to reach Kenyan men with FP information. This, and other studies mentioned in the discussion, demonstrate the need to increase male support for FP and acceptance of vasectomy through more focused information and education strategies that directly link clients to services.</b></p>
<p>"Family Planning and the Malawian Male."            Kishindo, Paul. <i>Journal of Social Development in Africa</i>, vol. 9, no. 2 (1994): p. 61-69.</p>	<p>Malawi's fertility rate is a cause for concern, indicating the need for contraceptive and FP methods. However, there is a low contraceptive rate among women and a consequent high degree of risk concerning pregnancy. The consequences of high fertility have a negative effect, both at the family and wider societal levels. <b>It is men who traditionally make key decisions in relation to family size and therefore any successful family planning scheme should be targeted at the male.</b></p>	<p><b>The article emphasizes that men need to be made aware of the value of family planning in order to encourage their wives to use contraceptive methods.</b></p>

Study Title, Author and Source	Methodology	Comments
<p>"Family Planning with Male Involvement -- Mardan." Spielman, Enid. In <i>Overall Program Evaluation of Projects and Activities Funded by Pathfinder International, 1986-1992</i>. Watertown, MA: Pathfinder International, January 25, 1993. p. 30-37.</p>	<p>Pathfinder's first project that involves primarily male workers and actively addresses issues relating to FP with males from a traditional tribal society in Mardan, Pakistan. <b>Basic objective is to educate males about the benefits of birth spacing, promote the small family norm, and increase the availability of FP services through distribution of condoms by male community educators and support of referral services for women in the area.</b></p>	<p>Project began in 1988, so evaluation is through four years of operation. Male motivation has played a vital role in creating awareness of and defusing any organized opposition to FP in the community. Support of religious leaders viewed as important in the success of the project. <b>The successes of this project attest to the potential for men to be effectively mobilized to promote and provide, as well as use, family planning. Conservative societies may challenge the implementation and success of family planning programs, but obstacles posed by opponents may ultimately be overcome.</b></p>
<p>"Changing the Attitudes and Behavior of African Men Towards Contraception: Myths, Facts, Obstacles and Opportunities." Kumah, Opia Mensah, et al. Unpublished. 1994.</p>	<p>IEC programs can change the attitudes and behavior of African men toward FP and contraception if they are founded on research that focuses on men and use appropriate message and media strategies. <b>Early IEC programs were not effective because they were based on the mistaken premise that African men were opposed to family planning.</b> IEC strategies, deriving from these premises, focused on breaking down male resistance and often blamed and vilified men.</p>	<p><b>More recent research shows that African men in fact support FP; often they report more favorable attitudes to, and higher use of, contraception than women.</b> Barriers to greater involvement of men in FP include: lack of spousal communication; lack of knowledge of male contraceptive methods; and lack of access to services. Innovative media strategies are required to reach men. <b>Mass media, community-based traditional media, and entertainment-education have proved to be effective ways to reach men and involve them in FP decision making. Research shows that these media can change men's attitudes and behavior.</b></p>
<p>"Men's Involvement in Family Planning and Vasectomy Initiatives: Report of a Planning Workshop Held in Nairobi, Kenya, November 14-16, 1990." Association for Voluntary Surgical Contraception, USAID, and a grant from Mrs. Jefferson Paterson.</p>	<p>(NA)</p>	<p>Taking advantage of momentum generated by recent initiatives and studies in the areas of FP and vasectomy in East Africa, the Association for Voluntary Surgical Contraception (AVSC) organized a 3-day workshop to discuss topics and produce a recommended plan of action for Kenya and East Africa. Results of discussions are presented.</p>

Study Title, Author and Source	Methodology	Comments
<p>"Changing Men's Attitudes and Behavior: The Zimbabwe Male Motivation Project."  Piotrow, Phyllis T., et al. <i>Studies in Family Planning</i>, vol. 23, no. 6 (1992): p. 365-375.</p>	<p><b>A multimedia communication campaign was conducted between 1988 and 1989 to promote family planning among men in Zimbabwe.</b> The campaign consisted of a 52-episode semiweekly radio soap opera, about 60 motivational talks, and two pamphlets about contraceptive methods. Changes over time were measured by comparing a subset of a follow-up survey conducted from October to December 1989 to a baseline survey conducted from April to June 1988. Men exposed to the campaign were also compared to men who were not exposed.</p>	<p>The follow-up survey revealed that the campaign reached 52% of men aged 18 to 55. Among married Shona-speaking men, use of modern contraceptive methods increased from about 56% to 59% during the campaign. Condom use increased from about 5% to 10%. Awareness and current use of modern contraceptives was also higher among men exposed to the campaign, primarily because of their greater awareness of condoms. <b>Men exposed to the campaign were significantly more likely than other men to make the decision to use FP and to say that both spouses should decide how many children to have.</b></p>

Study Title, Author and Source	Methodology	Comments
<p>"Men and Family Planning: A Special Initiative." Harper, P.B. and T.W. Jezowski. <i>AVSC News</i>, Oct. 1991, p. 7.</p>	<p>Research reports have consistently shown that the male partner is one of the most important influences on a woman's decisions about childbearing and contraception. In countries around the world, AVSC has found that men play a critical role in the choice for female sterilization. Yet, historically, family planning programs have focused their efforts on women. <b>The AVSC has launched a special male initiative both to expand male sterilization services and to involve men more in contraceptive decision-making. Research studies have demonstrated that most men are in favor of family planning.</b> In most developing countries an overwhelming majority of men have heard of at least one method involving male participation. <b>Around the world, vasectomy accounts for 12% of contraceptive use; female sterilization, for 27%.</b></p>	<p><b>Over the next 3 years, funded by private contributors and the US Agency for International Development, AVSC will be conducting its special male initiative.</b> Activities include the following: integrating male-involvement components into AVSC projects in the field; expanding counseling activities to focus more attention on men; establishing training centers for male involvement in Asia, sub-Saharan Africa, Latin America, and North Africa/Middle East; reviewing the materials and revising them to include more information about men; placing more emphasis on involving men in decisions about contraceptive use in the postpartum period; conducting national meetings in various countries about male involvement; sponsoring an international conference on the role of men in family planning; encouraging other international family planning agencies to expand their work with men; completing a major literature review about how men are involved in family planning and contraceptive decision-making; conducting research about men and family planning decision-making; studying the effectiveness of various occlusion methods used in vasectomy; and hiring a male-involvement coordinator for AVSC's New York headquarters.</p>
<p>"Male Motivation and Group Presentation Skills for Family Planning Fieldworkers. Training Curriculum for Uganda." Family Planning Association of Uganda. 1994.</p>	<p>This training program has been designed to help FP field workers in Uganda develop male motivation and group presentation skills. The program is organized as a series of 15 workshops which cover topics including FP and men; using and creating simple visual aids for male motivation; motivating men through group presentations; knowing the men in the community.</p>	<p>(NA)</p>

Study Title, Author and Source	Methodology	Comments
<p>“Some Notes on Male Participation in the Indonesian Family Planning Program.” Azwar, A. In <i>Final Report: Workshop on Male participation in Family Planning, Lahore, Pakistan, June 7-9, 1993</i>. Population Welfare Dept., AVSC, Population Council.</p>	<p>No less than 21 million husbands are involved either directly or indirectly in the family planning program in Indonesia. To avoid opposition from religious leaders, efforts are not being made to popularize methods directly to communities, but to establish and build up the quality of service points country-wide. This is being accomplished by introducing the non-scalpel vasectomy techniques and has proved quite satisfactory.</p>	<p>At present there are 50,000 vasectomy acceptors annually with the number of acceptors expected to increase in the future.</p>
<p>“Not for Women Only: Child-spacing Clubs for Malawian Men.” Mason, K. and P. Lynam. <i>AVSC News</i>, vol. 30, no. 4 (1992): p. 4.</p>	<p>Staff from <b>Mulanje Mission Hospital</b> in rural Malawi, with the limited support of AVSC, have gotten many men involved in the FP process. AVSC began working in Malawi in 1989 at the request of the Christian Health Association of Malawi (CHAM), an umbrella organization for mission hospitals throughout the country, by providing education and training to increase the awareness of service providers and counselors about FP. Mulanje staff <b>visited Man to Man, an initiative of Banja La Misogolo, an NGO, involving men in child spacing</b>. Pleased with what they saw, staff members returned to the hospital and <b>organized a child-spacing club which subsequently organized educational seminars for thirty male hospital staff</b>.</p>	<p>Staff soon began conducting one-day seminars in villages and at a tea estate. 320 men actively participated in the workshops, with many requesting additional learning opportunities. <b>A significant number of men attributed their lack of involvement in FP to the fact that they were not included in counseling and education in the past</b>. News of the successful meetings spread to other villages which, in turn, requested visits from the child-spacing club. <b>The success of the club and its seminars demonstrate how eager men are to learn about contraception and how it can improve the lives of their families</b>.</p>
<p>“Role of Male Opinion Leaders in the Promotion and Delivery of Family Planning Services in Cameroon.” Sanogo, D. and D.N. Awasum. Unpublished. Presented at the 120th Annual Meeting of the American Public Health Association, Washington, D.C., November 8-12, 1992.</p>	<p>This paper reports on a project implemented by the Ministry of Health to develop male opinion leaders as promoters of maternal and child health and family planning in their communities. In so doing, the government could provide FP in rural areas without first formulating national policy.</p>	<p>This project is implemented in the district of Nkambe in the Donga Mantung <b>to demonstrate the potential for using influential male community leaders as a communication channel for reaching resistant audiences in FP; increase FP knowledge, attitudes, and practices of men and women; and determine the level of satisfaction with the involvement of male opinion leaders in family planning activities</b>.</p>

Study Title, Author and Source	Methodology	Comments
<p>“Men and Family Planning: Towards a Direct Male Participation Strategy.” Popoola, D. Presented at the UNESCO IEC Professional Meeting, Paris, France, October 17-21, 1994.</p>	<p><b>Attempts in Africa to increase male participation in FP programs have met with only isolated success.</b> Because African men make most family-related decisions and because their status is directly related to the size of their family, Africa's population has continued its rapid growth. <b>In order to increase direct and active male participation, programs should seek an attitudinal and behavioral change to a small family norm, should encourage joint husband-wife decision-making regarding family size and contraception, and should provide relevant FP services for men.</b></p>	<p>After a discussion of the future prospects for male participation, the following conclusions and recommendations are made. 1) Most African men favor large families; 2) Population IEC efforts have become increasingly sophisticated; 3) IEC experts now understand that messages must be in a recognizable vocabulary as well as being culturally and socially acceptable; 4) Despite recognition of the need for audience segmentation, there is a need for messages which target males; 5) Male participation programs must recognize the importance of empirical research, audience involvement/participation, and social marketing strategies. Finally, it is noted that even with the introduction of all of these innovations, the adoption of innovative approaches will still be impeded because the process of internalization of information which results in behavioral changes is not yet understood in the African context.</p>
<p>“Mbuji Mayi: Community-Based Distribution (CBD) with Male Participation.” In <i>Operations Research Family Planning Database Project Summaries</i>. Population Council, 1993.</p>	<p>Mbuji Mayi is one of the most traditional regions of Zaire, and males in this area are resistant to the idea of FP. In an effort to lower this resistance, a <b>community-based contraceptive distribution (CBD) project, using male distributors, was conducted.</b> Both male and female distributors were recruited into the program, and their relative performance was evaluated by the volume of contraceptives sold. This demonstration study compares the volume of contraceptives sold by male and female distributors.</p>	<p>A baseline knowledge, attitudes, and practice survey of a sample of married women of reproductive age was conducted in urban and rural areas. The study included a cost-effectiveness analysis. Less than 1% of the women were using a modern method at baseline. <b>CBD was well accepted by the population;</b> the acceptability of distributors seems to be enhanced by the sale of medications for children under 5 years of age.</p>

Study Title, Author and Source	Methodology	Comments
<p>“Getting More Men Involved.” Finger, W.R. <i>Network</i>, vol. 13, no. 1 (1992): p. 4-6.</p>	<p><b>Providers have much more to do to involve men in FP.</b> Specifically, they could make vasectomy and condoms more available. Two obstacles to expanding male involvement are that more is known about providing FP services to women than to men and limited funding for male-only programs. Male involvement programs include information campaigns, FP services targeted to men, and personal contact through community outreach. FP programs in developing countries have emphasized women because they face the real risks of childbearing, these programs precipitated women's emancipation, and governments chose to implement FP through MCH services. Yet this excluded men.</p>	<p>During the 1980s, FP specialists began to focus also on men because of the AIDS epidemic and its transmission through heterosexual contact. Women's empowerment increased their ability to discuss FP methods with their husbands. In addition, the more acceptable no-scalpel sterilization technique emerged. <b>Surveys have found that considerable numbers of men have a positive attitude toward joint decision making about contraceptive use. But it is easier for people to change attitudes than it is to change behaviors.</b> Various strategies to bridge the gap between positive attitudes and practice include youth programs, employment-based programs, peer counseling, social marketing, AIDS prevention programs, and community-based services separate from those for women.</p>
<p>“Pilot Programs Increase Men's Involvement.” Finger, W.R. <i>Network</i>, vol. 13, no. 1 (1992):p. 8-9.</p>	<p><b>The UN Population Fund contends that it is the need for family planning information and services instead of lack of interest that prevents men from participating more in FP.</b> Three pilot projects in Pakistan, Zimbabwe, and Colombia have acted on this belief. <b>In Pakistan, the all male Urban Community Developing Council started a community education project to involve men in FP.</b> Five council members form one community educator team of which there are 60. The teams visit families in Mardan. In 1988, one team reported that some men in the households wanted a woman to inform their wives about FP. Eventually, UCDC located enough women to be members on 40 teams. <b>In four years, contraceptive prevalence among married couples rose from 9% to 21%. Initially, the methods tended to be temporary methods but are now longer lasting methods (IUDs, sterilization, injectables and even a few vasectomies).</b></p>	<p><b>In 1988, the Zimbabwean National Family Planning Council (ZNFPC) began its national education/male motivation project which included sending messages via popular radio soap opera, discussions, and leaflet distribution.</b> The program reached many rural men since they tend to have radios. <b>In 1 year, more men were taking part in decisions about FP.</b> ZNFPC has learned it needs to design 2 campaigns to promote condom use: 1 for single and 1 for married men. <b>PROFAMILIA in Colombia began its 1st male clinic in 1985 in Bogota. By 1992, it had 8 male clinics. The key to its success is attractive clinics, low cost vasectomy, individualized care, wide range of services such as condom distribution and treatment of sexually transmitted diseases, and Saturday hours.</b></p>

Study Title, Author and Source	Methodology	Comments
USAID/Senegal. Mission report on performance, 1995.	One of the initial hypotheses of the Senegal Child Survival /Family Planning project was that men were unaware of FP; <b>surveys showed, though, that men, including rural men, are quite knowledgeable of modern contraceptive methods (74% of married men); however, only 15% of those aware of modern methods had ever used one.</b> One third of all men 20 years or older said they refused to use FP methods due to personal or religious beliefs.	As a result, mission is adjusting strategy under the project, and will deliver messages that demonstrate the benefits of family planning using arguments that are acceptable in the Senegalese social context.
USAID: Zimbabwe Family Planning project (613-0230). PD-ABK-004. 1994.	Project goals: to reduce total fertility rate and increase sustainability of family planning programs. Project was amended in 1994 to include male motivation campaigns.	No results reported.
USAID: Egypt: Family Planning II Project (263-0144). Final evaluation of the information, education, and communication subproject of the Egypt population / family planning II project. PD-ABG-675. 1993.	(NA)	<b>Successfully reached rural men through interpersonal communication activities;</b> media messages targeting poor urban men need to be linked to daily reality of the group; workshops for local influentials must be designed to meet needs of participants who work with specific target groups (rural men, male youth leaders).
USAID: Afghan Family Guidance Association Clinic Expansion project (306-0139). PD-AAF-713-A1. 1974.	Aimed to establish outreach services for family planning to males and to recruit at least one male family planning guide per clinic.	No results reported.
USAID: Pathfinder Fund's Family Planning project (936-3042). 1991. PD-ABJ-584.	Aimed to establish a new Men and Family Planning Program to sponsor programs to increase the availability of male contraceptives and support sub-projects to increase knowledge and use of male methods and male support for wives' use of female methods.	Male motivation project in The Gambia trained police officers and members of Men's Development Communities in the greater Banjul area as family planning motivators and peer counselors; in Kenya, IEC activities specifically targeted men; clinics in Columbia provide male voluntary sterilization; male involvement projects in Pakistan trained male and female Community Educators who provided house-to-house family planning.

<b>Study Title, Author and Source</b>	<b>Methodology</b>	<b>Comments</b>
<p>USAID: Caribbean (Dominica); Tulane Family Planning Operations Research in the English Speaking Caribbean (contract AID/DPE-0632-C-00-2007-00). 1986. PN-ABD-066.</p>	<p>Operations research in the area of family planning has proved useful in identifying barriers to contraceptive use, resolving these problems, and testing new approaches to service delivery. The results of operations research carried out by Tulane University in six English-speaking Caribbean countries are presented in this report.</p>	<p>Research study discusses strategies for reducing male opposition to family planning in Dominica.</p>
<p>USAID: Honduras. Assessment of barriers to vasectomy in Honduras and implementation of strategies to increase demand for voluntary male surgical contraception, phase I. PN-ABI-896, 1988; Cooperative agreement no. 522-0369.1 between AID and the Honduran Family Planning Association to increase accessibility and availability of family planning services in Honduras. PD-AAZ-671, 1989.</p>	<p>Assessment of barriers to vasectomy in Honduras and implementation of strategies to increase demand for voluntary male surgical contraception [1988]; cooperative agreement with Honduran Family Planning Association to increase accessibility of family planning services aimed to test a men's clinic offering vasectomies during afternoon hours in Tegucigalpa.</p>	<p>No results reported.</p>
<p>USAID: HIV/AIDS prevention and control and population / family planning : the potential for integration of programs and activities in sub-Saharan Africa. 624-0510, 936-3024; PN-ABN-574. 1993.</p>	<p>This report, based on interviews in Washington, D.C., and at WHO in Geneva, and site visits to activities in Zimbabwe, Botswana, and Uganda, assesses the technical and administrative feasibility and program implications for integrating HIV/AIDS activities into established population/family planning programs.</p>	<p>Report suggests that integration of services might allow for addressing target audiences of men more effectively (including more open discussion of human sexuality and contraceptives).</p>

Study Title, Author and Source	Methodology	Comments
<p>USAID: Jamaica; Project assistance completion report : private sector promotion of family planning -- operational program grant 532-0122-G-SS-5170-00 532-0122. PD-ABC-388. 1990.</p>	<p>(NA)</p>	<p>Component to promote employer-based provision of FP services, especially valuable in reaching men. <b>Male participants developed positive attitudes toward contraceptives and began adapting to condom use.</b> Vasectomy promotion component progressed slowly, with only 9 participants. Due to cultural taboos, none of these men would admit to having undergone the procedure.</p>
<p>"A Comparison of the Performance of Male and Female CBD Distributors in Peru." Foreit, James R., et al. <i>Studies in Family Planning</i>, vol. 23, no. 1 (1992): p. 58-62.</p>	<p>This report presents the results of an operations research project to increase male involvement in FP in Peru. <b>Two community-based distribution (CBD) programs, PROFAMILIA of Lima and CENPROF of Trujillo, Peru, recruited male contraceptive distributors and compared their performance to that of female distributors recruited at the same time.</b> Both programs found it harder to recruit men than women as distributors. Program supervisors, who were women, were less comfortable with men than with other women, even though there were no differences in distributor compliance with program norms.</p>	<p>Male distributors were more likely to serve male clients and sell male methods (condoms), while female distributors were more likely to serve female clients and sell female methods(pills). <b>Men sold as much or more total couple-years of protection than did women, and they recruited as many or more new acceptors.</b> Gender was found to exert an impact on method mix independent of other distributor characteristics, such as age, education, marital status, and number of living children. <b>The study suggests that family planning programs can influence method mix and client characteristics by recruiting men as CBD distributors.</b></p>

**Table 2, Surveys of Knowledge, Attitudes, and Practices of Men Regarding Family Planning**

<b>Title, Author, Source</b>	<b>Methodology</b>	<b>Comments/Findings</b>
<p>"Factors that Determine Prevalence of Use of Contraceptive Methods for Men." Ringheim, Karin. <i>Studies in Family Planning</i>, vol. 24, no. 2 (1993): p. 87-99.</p>	<p>Globally, men have not shared equally with women the responsibility for fertility regulation. While FP efforts have been directed almost exclusively toward women, the lack of male involvement may also reflect the limited options available to men. Current methods for men are either coitus-dependent, such as the condom or withdrawal, or permanent, such as vasectomy. The 20-year history of social science research on male contraceptive methods is examined.</p>	<p>Human and method factors affecting the acceptability of hypothetical methods are reviewed, including: the potential user's desire to avoid pregnancy, his life-style and stage of reproductive life, communication between partners; and, accessibility, safety, efficacy, and cost of the method. New male methods, particularly if reversible, may alter men's willingness to accept or share responsibility for the control of fertility. Research opportunities in the areas of gender, decision-making, communication, health education, and service delivery will be enhanced when methods for women and men are comparable.</p>
<p>"Male Involvement in Family Planning: An Overview." Greene, P.A. <i>Male Participation in Family Planning: A Review of Programme Approaches in the Africa Region</i>. IPPF, 1992.</p>	<p>The lack of male involvement in family planning in Africa is indicated by the low level of use of male methods of contraception as well as by their role in planning and caring for their children. The traditional African pattern of male involvement in fertility decision-making has been recorded in a number of studies. However, recent economic pressures and migration are beginning to change male attitudes towards FP in Africa.</p>	<p>In view of the modest positive changes in male attitudes towards FP, the FP programs in Africa should emphasize the advantages of FP in easing their economic burden; pertinent information should be directed at men; and the availability of FP services should be maintained and possibly expanded.</p>
<p>"Global View of Male Involvement in Family Planning: Men and Family Planning: Global Signs of Change." Danforth, N. <i>In Workshop on Male Participation in Family Planning, Lahore, Pakistan, June 7-9, 1993</i>. Population Welfare Dept., AVSC, Population Council.</p>	<p>Family planning providers are biased against serving men; this bias must be eliminated. Most FP programs are targeted to women and withhold information and services from men. Men have therefore left the responsibility for family planning to their wives and partners. FP providers have the preconceived notion that men will not be interested in FP, but recent studies have found 65-90% of surveyed men approve of FP for birth spacing or limiting.</p>	<p>Most men are concerned about their wives' health and cooperate with their wives or partners in using contraception. Moreover, HIV has increased male concern about sexual health such that the level of condom use has increased everywhere. Much has been learned through the social marketing of condoms and the provision of vasectomy about how to provide services for men.</p>

<p>"Male Influence on Female Contraception." de Silva, Priya. In, Heinrichs, Juergen. <i>Maenner: Fertilitaet und Fertilitaet</i>. Muenchen: Eberhard, 1995. p. 116-121. [From the German FPA]</p>	<p>Study designed to examine if Sri Lankan husbands exert any influence on decisions regarding the acceptance, the choice, and the use of contraception, and, if so, if it is positive or negative. Study conducted by interviewing women who had come to the family planning association clinic for the first time seeking contraception.</p>	<p>Of 156 women interviewed, 73.7% had used contraceptives previously, all with husbands knowledge. 95.5% claimed their husbands approved of female contraception. 91.7% had discussed various aspects of contraception with their husbands before visiting the clinic. Study reveals that, contrary to earlier belief, husbands are actively and positively involved in female contraception. The study also reflected the low popularity of male sterilization and supported the earlier premise that contraception is believed to be the concern mainly of women.</p>
<p>"Male College Students and Family Planning Use in Zambia." Pillai, Vijaya K. and Ann C. Kelley. <i>College Student Journal</i>, vol. 27, no. 4 (1993): p. 498-501.</p>	<p>The purpose of this study is to examine the association between FP use and a few variables such as the attitude toward health. The term 'family planning use' in this study refers to whether or not there person has ever used FP methods or not. The sample for this study was drawn from a population of male residential students at the University of Zambia, Lusaka Campus</p>	<p>The findings suggest that the association between FP use and personal health attitudes is positive among college students in Zambia.</p>
<p>"Male Knowledge, Use and Attitudes Regarding Family Planning in Burkina Faso." McGinn, Therese, Azara Bamba and Moise Balma. <i>International Family Planning Perspectives</i>, vol. 15, no. 3 (1989): p. 84-7, 95.</p>	<p>A KAP survey of 603 men in Ouagadougou revealed that 75% of men know of at least one modern contraceptive method if they were prompted with a brief description of the method, and 90% recognized at least one modern or traditional method.</p>	<p>Although attitudes toward family planning were, in general, very positive among men who participated in four focus groups, it was evident that many of them were misinformed about contraception. Many men expressed fears about the safety and permanence of modern methods. In addition, some men perceived that contraceptive use by women would threaten their fidelity in marriage.</p>

<p>"Reproductive Motivation and Family Size Preferences among Nigerian Men." Isiugo-Abanihe, Uche C. <i>Studies in Family Planning</i>, vol. 25, no. 3 (1994): p. 149-161.</p>	<p>Data collected from 3,073 couples in four Nigerian cities and one semi-urban settlement were used to examine reproductive decision-making and male motivation for large family size. The report concludes that the characteristic male-dominant and patrilineal traditions support large family size and that men's reproductive motivation, to a large extent, affects the reproductive behavior of their wives.</p>	<p>Male education, age at marriage, monogamy, interspousal communication, and intention not to rely on children for old-age support are significantly related to smaller actual family size and preferences for smaller families, while being in a male-dominant family setting has a strong relation with large family size and preferences for larger families. The policy implication of this study is the need for programs targeted at men and designed to change their attitudes about population matters and motivate them, and hence their wives, to produce smaller families.</p>
<p>"Attitudes of Males to Contraception in a Kenyan Rural Population." Were, E.O., and J.K. Karanja. <i>East African Medical Journal</i>, vol. 71, no. 2 (1994): p. 106-109.</p>	<p>Survey carried out in northern part of Machakos District in Kenya between January and March 1987.</p>	<p>The results of a contraceptive attitudes survey on 355 men are presented. 93.2% indicated that they approved of FP. Although 63.9% of the respondents felt that family size decision making should be a couple's responsibility and 78.6% of respondents preferred a husband and wife approach to FP counselling, 56.9% said that the women should be the one to actually use the contraceptive. 88.7% approved of female sterilization while 64.5% disapproved of vasectomy. There is need to reevaluate the current integrated maternal child health/family planning services to actively and effectively accommodate men.</p>
<p>"Attitudes of Males on Contraception: A KAPE Survey." Chipfakacha, V.G. <i>East African Medical Journal</i>, vol. 70, no. 2 (1993).</p>	<p>Brief review of male involvement in FP in Africa. Actual study undertaken in Botswana with interviews of men in twenty villages selected at random. Acceptance of FP services has been at a very slow pace in Africa. It was generally believed that the African male, due to his conservatism, was an obstacle to the acceptance of contraception by the African female. The study however showed that this was not true.</p>	<p>The attitude of the African male towards contraception has changed drastically during the last thirty years, from ultra-conservatism during the 60s to very liberal in the 80s and 90s. Further, it can be said that the African male is as well informed and has the same degree of FP and child spacing acceptance-level as his counterpart in the developed world. However, the African male does not accompany his partner for FP counselling. The study showed that most African men associate FP with the use of condoms and not other methods as the pill or IUD.</p>

<p>"Male College Students and Family Planning Use in Zambia." Pillai, Vijaya K. and Ann C. Kelley. <i>College Student Journal</i>, vol. 27, no. 4 (1993): p. 498-501.</p>	<p>The purpose of this study is to examine the association between FP use and a few variables such as the attitude toward health. The term 'family planning use' in this study refers to whether or not there person has ever used FP methods or not. The sample for this study was drawn from a population of male residential students at the University of Zambia, Lusaka Campus</p>	<p>The findings suggest that the association between FP use and personal health attitudes is positive among college students in Zambia.</p>
<p>"In Nigeria, Traditions of Male Dominance Favor Large Families, but Some Men Report Having Fewer Children." Donovan, P. <i>International Planned Parenthood Perspectives</i>, vol. 21, no. 1 (1995): p. 39-40.</p>	<p>3073 couples were questioned in five urban areas of Nigeria in a survey about their family background, personal characteristics, family-size preferences, the value of children, and their knowledge and use of family planning. Only urban couples were sampled because family planning remains largely an urban phenomenon in Nigeria and because spousal communication and decision-making on family matters are more common in cities than in rural areas. Men are the dominant decision-makers in urban Nigerian families, including in matters relating to reproduction and family size. The country's male-dominant and patrilineal traditions encourage large families.</p>	<p>Indeed, 88% of surveyed men and 78% of surveyed women reported men's views to be more influential than women's views in family decisions. Men and women agreed that men generally decide whether the couple will have sexual relations, the duration of postpartum abstinence, and whether the couple will practice family planning. Overall, surveyed men had 4.4 living children, desired 5.5 children, and thought that 6.1 was the ideal number of children to have. Overwhelming majorities of both male and female respondents reported that Nigerian men wanted more children than their wives. Men who are educated, who marry at a later age, who are monogamous, who discuss family size with their wife, and who plan to rely upon investments or savings, instead of upon their children, for old-age support were, however, significantly more likely than other men to prefer small families and to have fewer children. These findings indicate a need to target information and awareness programs at men with the goal of influencing their attitudes about reproductive matters and motivating couples to have fewer children.</p>

<p>"Attitudes of Male Adolescents Towards Contraception and AIDS Prevention." Gorgen, R. and A. Brandrup-Lukanow. In <i>Male Participation in Family Planning. A Review of Programme Approaches in the Africa Region</i>, IPPF 1992.</p>	<p>Adolescents are at high risk of HIV infection because of experimenting with sex, which often leads to multiple sex partners. Although many have access to information of sexuality via sex education in schools, the majority do not get adequate information. Three phases of a concept for practice and action-oriented research concerning sexual behavior of adolescents is presented to fill the gap left by KAP surveys carried out in a number of African countries</p>	<p>Phase 1: Finding out about the factors influencing sexual behavior by conversations with the peer group, families, and representatives of public life. Phase 2: A questionnaire is used to collect data from a selected sample group about prevailing behavior. Phase 3: Participatory interpretation of results. Such surveys can be useful before the implementation of youth projects.</p>
<p>"Knowledge of, Attitude Towards and Practices of Family Planning, Family Welfare Issues Among Male Wage Workers in Tanzania. A Preliminary Baseline survey Report for the Male Motivation and Education Project." Swalehe, R.M. and M. Mwaipopo. Unpublished. 1994.</p>	<p>A KAP survey of 2010 male wage workers in Tanzania was conducted in order to assess attitudes towards and practices of FP and the population problems of workers. The analysis was applied to the development of appropriate male motivation and education IEC strategies aimed at wage workers.</p>	<p>Findings indicated that 90% were aware of the concept of FP and 74% approved strongly of FP. Other stats reported. Men generally accepted FP, but education should be directed to combatting misinformation and increasing levels of knowledge of FP and welfare issues.</p>
<p>"Understanding the Roles of Men and Women in Fertility Decisions." Anonymous. <i>Progress in Human Reproduction Research</i>, vol. 29, no. 7 (1994): p. 7.</p>	<p>The relative power of men and women in the family and in the community is becoming an important aspect of reproductive and sexual health research. Employment and educational attainment greatly influence the ability of women to participate in decisions about contraceptive decisions and choice. One study in Kinshasa, Zaire focused on the man's role in family planning. Data collected from a sample of 507 married men and 515 married women revealed that men initiated most major fertility and reproductive decisions, including use of contraception. Therefore, men should be made the target of the governmental FP program in order to increase contraceptive use.</p>	<p>Other studies discussed. The Social Science Research Unit of the Program will soon launch a major research initiative on the role of men in FP which will receive high priority during 1995-96.</p>

<p>"Male Barriers to FP: Myth or Reality? Research News, Bolivia." Asociacion Boliviana de Ayuda a la Comunidad y al la Familia. Bolivia, AYUFAM, 1994.</p>	<p>Because a 1991 survey of urban Bolivian women revealed male opposition to FP, a nationwide survey was undertaken to examine the assumption that male attitudes towards FP and reproductive health are fundamentally different from those of women and that these attitudes translate into major obstacles to the use of health care services by other household members and to identify strategies for incorporating gender perspectives into service delivery programs and into the design of appropriate IEC materials. 1500 couples between 15-59 were interviewed.</p>	<p>It was found that 1) knowledge of methods was virtually identical between sexes; 2) gender discrepancies were greatest with respect to knowledge sources; 3) men were less aware of the range of contraceptives available; 4) communication among partners was weak on FP topics; and 5) sex acculturation and education within the home is divided strictly along gender lines, thus giving little hope of gender-related discrepancies in knowledge or communication converging. This study points out the implications of excluding male participation in FP and illustrates the importance of broadening the dissemination of information through the media to which the men have greatest access.</p>
<p>"The Masculine Side of Family Planning: Male Government Employees' Attitudes and Use of Family Planning Methods in Ghana." Kanna, L.A. Doctoral dissertation, University of Akron, 1993.</p>	<p>Based upon a sample of 484 Ghanaian male employees, the author develops and analyzes a theoretical model showing the relationships between modernity, traditional male values relating to marriage and the family, knowledge of FP and contraceptive use.</p>	<p>The Linear Structural Relationships technique is used for the analysis and reveals that the male-dominated decision-making process, lack of couple communication, and segregated conjugal role relationships have significant negative impacts upon contraceptive use among individuals in this sample. Neither pronatalist attitude nor knowledge of FP methods predicted contraceptive use. It is recommended that traditional male values on marriage and the family be considered when planning, designing, and implementing birth planning policies.</p>
<p>"Men and Family Planning." Pillai, V.K. <i>Journal of Biosocial Science</i>, vol. 25, no. 1 (1993): p. 17-23.</p>	<p>Communication between marriage partners is one way men become familiar with FP. In this study, the role of women's education in husband's familiarity with FP methods is examined among 85 low income male employees of the University of Zambia.</p>	<p>Wives' education and religion were significantly related to familiarity of FP methods. Familiarity increased with increases in wives' level of education. Wives' education was related to use of FP, i.e., 36% of women with a primary education used FP compared with 12% of women without primary education. Successful policy implementation will depend on the extent to which women's education is recognized as important in promoting modern methods.</p>

<p>"Men in Bangladesh Play a Role in Family Planning." Ahsan, S.B. <i>Network</i>, vol. 13, no. 1 (1992): p. 18-19.</p>	<p>More and more men are convincing their wives to use FP in Bangladesh. In this conservative, Moslem country, women are not allowed to leave the homes so husbands must go to buy methods especially in rural areas. Over 70% of women who use oral contraceptives, IUDs or condoms report that their husbands obtain these methods for them.</p>	<p>Men are the key to the changes in attitude about FP in Bangladesh.</p>
<p>USAID: Senegal; L'attitude des hommes vis-a-vis de la planification familiale (Attitude of Senegalese men toward family planning). 1987. PN-ABF-442. [In French]</p>	<p>A survey was conducted to assess the attitudes of men toward family planning and examine the barriers to wider acceptance of FP practices by men. The survey examined nine groups: administrators; teachers; students; military; workers; merchants; drivers; and tailors.</p>	<p>The primary implication of this study is that men are generally accepting of family planning across economic lines and are concerned about population issues; however, most have only a superficial knowledge of contraceptives. Education is needed. The mass media can be a first step in this effort.</p>
<p>USAID: 1) Nigeria TIPPS Project, Gulf Oil of Nigeria: male survey report. 1987. PN-AAZ-169. 2) Lever Brothers Nigeria: male survey findings. 1987. PN-AAZ-171.</p>	<p>The primary goal of the TIPPS Project (Technical Information on Population for the Private Sector) in Nigeria is to convince the management of private companies to invest in birth spacing services for employees and their dependents. TIPPS conducts market surveys among employees and spouses to estimate the demand for birth spacing services. The surveys: 1) demonstrate the unmet need for birth spacing services; and 2) provide base-line data for designing an effective birth spacing program. These surveys include a sample of male employees and male spouses of female employees and a sample of female employees and female spouses of male employees. These reports include findings from just the male surveys.</p>	<p>Statistics are presented according to age, marital status, education, and religion. Questions cover current number of children; number of desired children; types of birth spacing methods; need for information on birth spacing methods. Overall, preliminary findings indicate an interest in birth spacing services among male employees</p>