

### REACHING YOUNG MEN WITH REPRODUCTIVE HEALTH PROGRAMS

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The largest-ever generation of young people is now approaching adulthood—there are 1.6 billion young adults between the ages of 10 and 24 throughout the world. There is a growing understanding of the need to help these young people take control of their reproductive health, and that male—as well as female—participation in sexual and reproductive health services is a necessity.<sup>1</sup>

Reproductive health programs for young men primarily encourage responsible sexual behavior. Programs can also be instrumental in supporting other positive behaviors and attitudes, such as staying in school, seeing females as equals in relationships, and supporting female partners reproductive health needs and decisions.<sup>2,3,4</sup> Although there are few research findings to date specifically on young men's sexual and reproductive information needs, program efforts to reach young men are underway around the world.

#### What are the key issues related to young men's reproductive health?

Young men generally report having their first sexual experience earlier than their female counterparts. Surveys in ten Latin American countries found that young men had initiated sexual activities on average one to two years earlier than young women had.<sup>5</sup> Young men typically know little about their own or their partners' sexuality, communicate about sex very little in their relationships, and tend to believe numerous sexual myths.<sup>6</sup> An African regional conference reported that most teenage men are not well informed about sexuality, safe sex, condoms and other contraceptives, and that young men are far less likely than young women to be targeted by health communications and services.<sup>1</sup>

Young men's attitudes towards sex, females, and relationships in general often cause negative health and

social consequences.<sup>7</sup> Because many cultures associate multiple sexual partners with manhood, young men may feel pressured to engage in sexual behaviors that put them, and their partners, at risk. Cultural norms, peer pressure, and lack of self-confidence may discourage young men from obtaining reproductive health information and counseling. Many young men attempt self-treatment of sexually transmitted infections (STIs) and consult non-medical sources, such as pharmacy staff and friends, for advice.<sup>8,9</sup>

#### What should be included in program content for young men?

Ideally, programs for young men should educate about reproductive health while fostering the well-being of participants and being empathetic to male values, motivation and feelings. The programs should include decision making and life planning skills that combine sexual health with a broad range of general health services.<sup>10</sup> For instance, opportunities for social and economic advancement may be coupled with knowledge or skills in reproductive health.<sup>11</sup> Programs should also uphold the need for equity and respect in male/female relationships as long as they refrain from blaming men while exploring the impact of male privilege.<sup>11</sup>

Most importantly, reproductive health program content should be based on the needs young men identify. For instance, young men may be less concerned than young women with the fertility-related issues traditionally addressed by family life education programs. During sexuality workshops held by the Indonesian Planned Parenthood Association's *Lentera* project, male high school students' concerns included masturbation (how often is normal; consequences of); body image (penis size, pubic hair); losing their virginity; STIs; and sexual orientation.<sup>12</sup> Preliminary findings from several training

workshops conducted by the Margaret Sanger Center International in Namibia show that young men strongly believe in sexual myths; have very little information and want to know everything they can about sexual and reproductive health and how to satisfy women sexually; and are willing to support women's right to family planning and reproductive health care.<sup>11</sup>

Program planners should differentiate young men by age groupings of one to two years, as they experience rapid developmental and emotional changes in adolescence.<sup>13</sup> A study in Kenya, for example, found that pre-teen males wanted to know about "wet dreams" and why they occur, while older males sought information about relationships between the sexes and how to avoid STIs.<sup>14</sup>

## What program approaches are used to reach young men?

Program planners should take into account research and field experience that shows where young men congregate, their perceived needs, and the most appealing channels for them to get information on responsible sex and sexuality. Some of the program approaches found successful with young men are:

- *Youth Centers and Organizations which Reach Youth*

A multipurpose youth center that offers recreation can be a good place to host workshops and discussions on sexuality if a facilitator is sincere and non-threatening.<sup>6,2</sup> In **Grenada**, the Family Planning Association sponsors "Under-20's Clubs" where male and female adolescents gather after school to socialize and do homework. The clubs also offer counseling, health education classes, physical examinations, and contraceptives.<sup>15</sup> The **Africa** Region Boy Scout Association introduced a family life education program in eight countries, featuring activities leading to a merit badge, training seminars, a handbook, and regional workshops.<sup>7</sup>

In **Kenya**, the Mathare Youth Sports Association is a notable example of how sport can be used as an entry point to raise sexual and reproductive health issues and promote healthy lifestyles. To create awareness about AIDS, risky sexual behavior, and other reproductive health issues, a 10 to 15 minute talk is given to both players and supporters before each game.<sup>16</sup>

Some young men can also be reached in juvenile detention centers. The Teen Parenting Skills Project in the **United States** provides a variety of life skills education courses to young fathers who are incarcerated, including partner communication, child development, family financial planning, and job skills.<sup>17</sup>

- *Community Outreach*

Outreach sites such as discos, pool halls, video arcades, the marketplace and local fairs are all places to reach young men with reproductive health information, condoms and services. In **Uganda**, the Busoga Diocese's Family Life Education program found that both young and adult men tend to congregate and have fewer daily responsibilities than women, and are therefore an easy-to-access audience if outreach is conducted in the places where they "hang out."<sup>18</sup> In **Indonesia**, a project uses street outreach to reach young men in bars and on street corners. While most youth were initially negative about condoms and few wanted to take them from street outreach workers, within six months a shift in attitude was noted as positive feedback from young men's partners made using condoms "cool."<sup>12</sup>

- *Peer Education and Counseling*

Peer programs train young men to reach their peers with information and referral for services. As peer influences are an important determinant of early sexual initiation,<sup>19</sup> peer educators can often provide support that counters negative peer pressure. For instance, peer education can provide young men with opportunities to examine the myths that have shaped their own attitudes about themselves and about women.<sup>20</sup> Young men generally respond well to peer educators and welcome the opportunity to talk about their feelings and their roles as men;<sup>20</sup> they find them credible, approachable and helpful.

In **Mexico**, peer educators of MEXFAM's *Gente Joven* project report that as a result of project activities, more young men are seeking information about contraception.<sup>21</sup> In **Namibia**, the Strengthening Male Involvement in Reproductive Health project trains cadres of peer educators to conduct ongoing educational sessions for other young men within the defense and police forces, soccer clubs, and the Evangelical Lutheran church.<sup>11</sup> In **Ghana**, the Red Cross and the Scout Association have organized a peer education program that provides training in negotiating safer sex and refusal and assertiveness skills.<sup>22</sup>

- *Male-friendly Clinics*

Men often do not feel comfortable seeking services from family planning clinics, and young people in particular may feel embarrassed.<sup>23</sup> Reproductive health clinics have tried, with mixed success, to attract young men by adding a separate entrance and waiting area for males, creating special hours, hiring more male clinic staff and outreach workers, offering free condom supplies, and training staff to treat male clients more respectfully and sensitively.

In **New York**, focus groups with young men prompted establishing “male-only” nights at a family clinic, which are so popular that on most nights more young men show up at the clinic than can actually be attended to.<sup>24</sup> PROFAMILIA in **Colombia** offers men over age 19 their own all-male clinic located in a different building from the regular clinics, and also has found the number of male clients increasing at its regular clinics when staff are trained to be sensitive to men’s unique needs.<sup>25</sup> In addition, young men under the age of 19 are served by PROFAMILIA’s youth clinics in **Colombia** and the **Dominican Republic**.

## ▪ *Mass Media*

Young men often name the mass media, rather than parents or extended family members as their major source of reproductive health information. Among urban, unmarried males aged 15-19 in Senegal, 61% named media as a major source of sexual information, 22% named school, and 11% cited health personnel.<sup>26</sup> Young men surveyed in Bangladesh said they preferred to receive sex education via media sources, with 76% mentioning radio and 73% mentioning television as preferred sources of information.<sup>27</sup>

Hotlines and radio/TV call-in shows can also be very useful because of the anonymity they afford for young men to ask questions without being judged. The Talking about Reproductive and Sexual Health Issues (TARSHI) telephone helpline based in **New Delhi** receives the majority of its calls from young men. On subsequent calls, male clients report delaying penetrative sex, masturbating instead of visiting a commercial sex worker, and adopting other less risky sexual practices.<sup>28</sup> UNICEF is developing a series of interactive videos for youth that model real-life situations; the young men in the situations called “Snooker Game” and “At the Brothel” were recruited from a billiard hall in **Phnom Penh**. Leaders of **Mexico’s** *Gente Joven* program have made a special effort to counter the “machismo” image of men as sexual predators and to encourage young men to behave responsibly in their sexual relationships through a series of films, materials and peer educators.<sup>21</sup>

## ▪ *Social Marketing*

Although condoms are becoming increasingly available and affordable to young men, there are still substantial problems with access. Most adults do not want youth to have easy access to contraceptives, making pharmacists in many countries reluctant to sell to youth.<sup>25</sup> However, social marketing campaigns have made condoms more accessible and affordable for young men.<sup>3</sup> Yet, many young men have not had practice developing the behavioral and interpersonal skills necessary to use condoms effectively, consistently, and satisfactorily.<sup>29</sup>

Entertainment and sports events have been especially effective in attracting young men to events where condoms are marketed. In **sub-Saharan Africa**, social marketing programs in several countries hold “condom soirees,” with music and dancing interspersed with education on HIV/AIDS and condoms. A program in **Benin** sponsored a 10-day bicycle race and a rally with music and games, both linked to condom distribution.<sup>8</sup> A campaign in **Uganda** is designed around bicycle rallies, soccer matches, rap music and a disco contest in order to attract male audiences.<sup>30</sup>

## ▪ *Workplace*

In many developing countries, young men drop out of school at an early age to seek work, and are often concentrated in specific industries such as transportation, agriculture and fisheries, and construction where they can be targeted with programs. In **Haiti**, the *Groupe de Lutte Anti-SIDA* (Group in Struggle Against AIDS), an HIV prevention program conducted at Port-au-Prince workplaces ranging from utility companies to bottling plants, has provided HIV prevention education to nearly 20,000 predominantly male workers between 15 and 49 years old.<sup>31</sup> In **Thailand**, the Royal Thai Army instituted an HIV/AIDS prevention and care program; utilizing the army’s formal command structure and 19-23 year old conscripts’ naturally existing friendship groups, the intervention focused on increasing condom use in brothel settings and with other partners, reducing alcohol consumption and brothel patronage, and improving sexual negotiation and condom use skills. The program resulted in decreased incidence of STIs and HIV.<sup>32</sup>

*The In FOCUS series summarizes for professionals working in developing countries some of the program experience and limited research available on young adult reproductive health concerns. This issue was developed by FOCUS Consultant Barbara Boyd and FOCUS Program Assistant Carolyn Moore, based on previous work completed for FOCUS by FOCUS Consultant Cynthia Green. The In FOCUS series and other publications can be downloaded from the FOCUS website <[www.pathfind.org/focus.htm](http://www.pathfind.org/focus.htm)>.*

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