Male Contraception: Planning for the Future

Report of a Symposium

held

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London, England

convened by
AVSC International
and Reproductive Health Alliance Europe

in collaboration with the
World Health Organization

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AVSC International works worldwide to improve the lives of individuals by making reproductive health services safe, available, and sustainable. We provide technical assistance, training, and information, with a focus on practical solutions that improve services where resources are scarce. We believe that individuals have the right to make informed decisions about their reproductive health and to receive care that meets their needs. We work in partnership with governments, institutions, and health care professionals to make this right a reality.

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EXECUTIVE SUMMARY

For two days in May 1999, 35 clinical and social science researchers, women's health advocates, and service-delivery specialists came together in London, to discuss the future of male contraception. The meeting, Male Contraception: Planning for the Future, was convened by AVSC International and Reproductive Health Alliance Europe (RHAE), in collaboration with the World Health Organization, with three main objectives in mind: to review the status of research on male methods and the time frame for the future availability of these methods; to articulate and better understand the service-delivery needs regarding existing and potential future male contraceptive methods; and to develop a draft research agenda aimed at improving service delivery for male contraception.

One of the purposes of this meeting was to help inform AVSC International's Men As Partners (MAP) initiative. Established in 1996, the MAP initiative has four goals: to improve men's awareness and support of their partners' sexual and reproductive health choices; to increase men's awareness and responsibility for disease protection; to increase men's use of contraceptive methods that require their participation and cooperation; and to improve men's access to comprehensive sexual and reproductive health services. The meeting's discussions and outcomes will assist AVSC in conceptualizing a research agenda to move forward on the third goal in particular, that of increasing men's use of contraception.

A key question raised early in the meeting was whether it was premature to discuss the service-delivery requirements for future reversible male contraceptive methods. Participants agreed that it was definitely not too early to begin the discussion. By thinking about future male contraceptives, agencies can refocus energy on improving men's use of the currently available contraceptive methods. Moreover, extensive effort is required to prepare sexual and reproductive health service-delivery agencies to provide services and information to men, as well as to help men recognize and share responsibility.

Recent data from the United Nations indicate that men's contribution to contraceptive use (which is 58% worldwide) is only 15%, whereas women's contribution is 43%. As a proportion of global contraceptive use, men's share has declined since the mid-1990s. While it is unclear whether the cause of this decline is a decrease in men's or an increase in women's use of methods, it nonetheless is cause for concern. The review of research on new male contraceptive methods revealed that new methods are unlikely to be widely available within the next five to 10 years and that hormonal contraceptives are the most advanced in terms of scientific development.

Participants listened to service-delivery experts from Brazil, Colombia, Ghana, Pakistan, Turkey, and the U.S. discuss their experience in delivering sexual and reproductive health services to men. Six key themes emerged from these discussions:

1. **The fundamental importance of gender issues.** Gender issues are central to the discussion of involving men in sexual and reproductive health. A key aspect of gender is the issue of inequities in power, since in most societies around the world, power is still disproportionately held by men. This challenge of understanding power dynamics

between men and women must be considered carefully in implementing any program for men's sexual and reproductive health.

2. **Understanding men's motivations and the kinds of services they want.** To succeed, any program for men must meet men's broader sexual and reproductive health needs, as contraception is not necessarily the primary reason that men seek out services.

3. **The critical role of service providers.** When planning to introduce services for men, it is important for programs to offer new training for providers that both updates their technical knowledge and addresses gender issues, communication with women and men, and provider biases. It is also essential to train adequate numbers of staff and emphasize that training is a continuous process.

4. **The need for clarity, creativity, and cultural appropriateness in communication.** Providing messages regarding sexual and reproductive health that are clear and easy to understand is critically important; a lack of understanding creates and reinforces myths and misconceptions. In addition, the exploration of existing local networks is crucial to expand on the channels and methods used to communicate messages.

5. **The importance of reaching adolescents.** In all settings, reaching young men before they establish patterns of sexual and contraceptive behavior should be a priority.

6. **Community participation and finding a champion.** The continuous involvement of communities is a vital component of successful programs. Another key to success is the identification of dynamic individuals to support and advocate for programs.

Given the pivotal role that gender plays in expanding men's use of contraception, a separate panel was convened to discuss gender issues and services for men. This panel raised some of the concerns that arise when the issue of men's involvement in sexual and reproductive health is examined from a perspective that acknowledges gender relations and inequity. These concerns were a crucial source of discussion and reflection throughout the meeting. The questions raised included the following: Where do women fit into the picture of men's sexual and reproductive health services? How can the reproductive health community ensure, in a climate of profound gender inequity, that women's needs take priority? In a climate of decreasing funding for sexual and reproductive health activities, will a devotion to bringing men "into the picture" take away some of the limited resources for women's services?

In the words of one participant, "the best approach to preparing for the introduction of new methods is to focus our attention on maximizing access to existing methods, and the quality of care with which they are provided." The research agenda that participants developed focused on topics that would inform mechanisms for increasing men's use of existing contraceptives from three perspectives: advancing male contraceptive technology; capturing the perspectives of the users of contraception; and aiding service-delivery systems in expanding contraceptives for men.

- **Technology research needs:** clarification of the impact of testosterone and behavior change in men; investigation of the vas deferens and spermatogenesis to better explore additional methods of percutaneous vas occlusion; and research in Latin America and Africa to ensure familiarity with the possible effects of future methods on men of different ethnicities.

- **User perspective research needs:** the acceptability of male contraceptive methods to men and women; reasons that men involve themselves in contraception; men's preferences for places to get contraceptives and information; marketing, messages, and media strategies that resonate with men about using contraception; men's definition of "quality service"; and the level of involvement that women want from men in contraception.
- **Service-delivery system research needs:** providers' current behavior and needs, and the extent to which providers are prepared to work with men and male contraception, sexuality, and gender; provider biases; counseling approaches that are most appropriate for specific settings and audiences; appropriate supervisor and provider training materials in sexuality, gender, and fertility awareness that address provider biases; and tests of alternative models for service delivery for different client populations (e.g., adults vs. adolescents) in different contexts and settings.

This meeting provided an opportunity for members of the scientific-research community, women's health and men's health advocates, and service providers to join in a conversation about the future. Participants developed a shared vision that included a renewed commitment to expanding access to available male contraceptive methods; making gender issues a cornerstone of all activities; and incorporating clients' questions, ideas, and concerns as part of the development of new methods and services. Participants stressed that in developing services, it is critically important to place men's contraceptive needs and responsibilities within the universe of women's and men's comprehensive sexual and reproductive health concerns.

INTRODUCTION

The Cairo Programme of Action issued the challenge to service-delivery systems and the international community to involve men in sexual and reproductive health decision-making and action. Key limitations to achieving this goal are a lack of services available for men, a very limited choice of acceptable contraceptive options for men, and the need to understand and incorporate the ways in which gender roles affect communication and action in relation to sexual and reproductive health.

> ***Innovative programs must be developed to make information, counselling, and services for sexual and reproductive health accessible to adolescents and adult men. Such programmes must both educate and enable men to share more equally in family planning and in domestic and child rearing responsibilities and to accept the major responsibility for the prevention of sexually transmitted diseases.***
>
> **— Paragraph 7.8, Programme of Action, International Conference on Population and Development (ICPD), Cairo, September 1994**

Three key organizations working in sexual and reproductive health issues relating to men—AVSC International, Reproductive Health Alliance Europe (RHAE), and the World Health Organization (WHO)—came together to convene a two-day symposium entitled Male Contraception: Planning for the Future in London on May 12–13, 1999. Thirty-five individuals with expertise in clinical and social science research, service delivery, and gender issues were invited to discuss this subject with three objectives in mind:

- To review the status of research on new male methods of contraception and the time frame for the future availability of these methods
- To articulate and understand the service-delivery needs regarding existing (and potential future) male methods
- To develop a draft research agenda to improve service delivery of existing and new male contraceptive technologies

Discussions at the meeting included an overview of the current status of male contraceptive use and attitudes toward family planning, a summary of male contraceptive technologies under development, and a review of social science research as it relates to men's participation in sexual and reproductive health. Participants explored several service-delivery programs that use innovative approaches in providing services to men. They discussed the need for a new approach to condom use and a framework through which to consider how we might introduce new or underutilized contraceptive technologies for men. Finally, the participants divided into three groups to develop a research agenda that would help service providers and service-delivery systems prepare for and introduce services and technologies for men. This report is a summary of those discussions.

STATUS OF NEW CONTRACEPTIVE TECHNOLOGY DEVELOPMENT

Despite persistent media messages to the contrary, new methods of male contraception are unlikely to be available any time soon, said Dr. Christina Wang, a clinical researcher specializing in male contraception at the Harbor-UCLA Medical Center in Torrance, California. Many challenges exist, including the need to develop methods that are safe, effective, reversible, acceptable, generally available, and affordable. A lack of funding for research has resulted in delays in method development.

Dr. Wang reviewed the categories of methods under development, their potential benefits, and some challenges that need to be addressed. The categories are:

- Advances in existing methods (condoms and vasectomy)
- Hormonal methods
- Immunological methods
- Other approaches

Condoms

The most recent advance in condom development is the nonlatex Tactylon condom, which may be more attractive than existing condoms because it causes less reduction in sexual pleasure. Nonlatex condoms cause fewer allergic reactions and are more resistant to degradation than latex condoms, and have similar results regarding breakage and slippage.

In addition, Family Health International has developed a synthetic thermoplastic elastometric condom, which may be marketed in the U.S. as early as mid-2000. The condom, called eZon, is slipped on the penis rather than rolled on, making it the first novel male condom design since the development of the traditional rolled-rim latex condom.

Vasectomy

Percutaneous vas occlusion, a new reversible vasectomy procedure, was introduced in China. Methods of vas occlusion include intravasal injections of sclerosing agents and cured-in-place elastomers or silicone that have been tested in China and Indonesia. The Indonesian study, in which 60 men accepted the silicone plug, found a 98% success rate after six months; however, attempts to replicate this study in the Netherlands were not successful, with only a 7% success rate. The appearance of ethnic differences in success rates with percutaneous vas occlusion indicates a need for more research on how the vas works in order to determine how best to block it

Hormonal Methods of Male Contraception

The mechanism of action for hormonal methods of male contraception is to reduce intratesticular testosterone and suppress sperm production. Some of the agents have been used for

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other clinical purposes for 30–40 years, so the toxicology is well defined; another advantage is that reversibility is always achieved. The challenges to be addressed include understanding hormonal methods' failure to achieve azoospermia[1] in a proportion of non-Asian men, determining the best dosage (particularly given different ethnic responses), and identifying the most appropriate and acceptable means of delivery. Other concerns are behavior change that may result from hormonal changes in men, possible weight gain, sleep apnea, changes in cholesterol levels, and the effects of hormones on the prostate. Out of all potential new male methods, hormonal contraceptives are at the most advanced stages of scientific development. However, this technology is not expected to be widely available in service-delivery settings before the year 2010.

Immunocontraception

Some research has suggested that as sperm pass through the epididymis, immunocontraception causes acquisition of a number of surface proteins that block fertilitization. Work is being conducted to determine how best this state might be achieved—through hormonal means (such as anti-GnRH, anti-FSH, or antireceptor compounds) or through nonhormonal means. Researchers must still address the delivery mechanism and formulation of this potential method, as well as the onset and duration of the mechanism of action, reversibility, and safety.

Other Approaches

Scientists are exploring a variety of other approaches, including the use of plant material such as gossypol (which has a high incidence of irreversibility, as well as some technical and safety concerns), microwave, and physical methods of suppression. These approaches still require basic research.

Discussion

Four questions framed this meeting: When will new methods be available? What will the characteristics of those methods be? Is it possible or likely that men will use them? Is there a market for these methods? From this presentation, it appears that the new methods most likely to become available are a nonlatex condom (three to five years) and a hormonal method (10 or more years). For Asian men, that preparation could be an androgen alone. Outside Asia, it is likely that an androgen plus a progestogen will be the preparation developed. In considering the ethnic differences in response to these preparations, participants noted that the current studies focus on Asian and Caucasian men. Research is required in other parts of the world, especially Africa and Latin America, to ensure that ethnic differences are taken into account.

Although a hormonal method is most likely to be developed as an injectable, there is also a need for research on the acceptability to men and their partners of other possible modes of administration (pill, patch, injectable, and implant). It was stressed that in any research measuring the impact of testosterone enanthate on aggression, it is especially important that partners of men using this method be included.

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[1] Azoospermia describes the condition in which there are no sperm in the ejaculate.

Funding for research for male contraceptive methods—both for basic research on the vas and for research on contraceptive development—is relatively rare and badly needed. To respond to the ICPD goals of increasing male involvement in sexual and reproductive health decisions and actions, additional funding for research is required.

Lastly, and perhaps most importantly, is the realization that unless there is a large infusion of funding for research, there will not be a great expansion of acceptable contraceptive options for men any time in the near future. Therefore, in addition to planning for the few new contraceptive options that may be available in 10 years, providers and policy makers must explore mechanisms for increasing men's participation and improving the use of current methods, such as:

- Making services more easily available to men
- Publicizing the availability of new types of condoms and new, less invasive procedures for vasectomy (e.g., no-scalpel vasectomy)
- Understanding gender roles and societal influences in sexual and reproductive health decision-making and action, in order to improve service-delivery programs

BACKGROUND ON CURRENT USE OF MALE CONTRACEPTIVE METHODS

To set the context for the discussion of men and contraception, three papers were presented on men's current use of existing methods (withdrawal, periodic abstinence, vasectomy, and condoms).

In her presentation, Dr. Karin Ringheim of the United States Agency for International Development (USAID) reminded participants that 40 years ago, couples controlled their fertility primarily by using male methods (or methods that require men's participation): vasectomy, condoms, withdrawal, and periodic abstinence. Today, mostly because of advances in hormonal methods for women, all reversible modern methods except the condom are for use by women. According to United Nations data from 1998, men's contribution to global contraceptive use is only 15% (4% condoms, 4% vasectomy, and 7% withdrawal or periodic abstinence), while women contribute 43%. As a proportion of global contraceptive use, the use of male methods has been decreasing since 1994. Dr. Ringheim asserted that while we do not know the cause of this decline—whether it is due to a decrease in men's or an increase in women's acceptability of or access to methods—it nonetheless is cause for concern.

In an overview of men's current contraceptive use in 15 developing countries, Dr. Isaiah Ndong of AVSC International noted that despite popularly held beliefs that men know little about family planning, men's knowledge of contraception is surprisingly high: more than 78% of men in East Africa and Asia know of at least one contraceptive method, while in West Africa, this proportion varies from 66% in Mali to 90% in Ghana. Unfortunately, however, in these 15 countries, there is a clear discrepancy between men's knowledge and actual use of family planning methods. For example, while 73% of men in all 15 countries report knowledge of the condom, only 15% report ever having used it. The reported use of traditional male methods is also low, with 22% of men having ever used periodic abstinence, and 10% report having ever used withdrawal.[2]

Traditional Male Methods

Dr. Ringheim pointed out that withdrawal, abstinence, and condoms have existed for over 100 years. Withdrawal was the principal method responsible for the demographic transition in Europe in the last century and is still used by an estimated 38 million couples worldwide. However, withdrawal is the least studied of all widely used contraceptive methods. Qualitative research undertaken by the Population Council in Pakistan demonstrated that an increased desire on the part of men to limit fertility has led to an increase in withdrawal use. This method appeals to men because it is safe, user-controlled, low-cost, and private. However, where data exist, the method appears not to be very effective: for example, in Turkey, half of all induced abortions are attributed to the failure of withdrawal.

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[2] Ezeh, A., et al. 1996. *Men's fertility, contraceptive use, and reproductive preferences.* Calverton, MD: Macro International, Inc.

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Condoms

Little was known about the acceptability of condoms until the advent of the AIDS epidemic. While condoms are now popular in many developed countries, they are used by only 1% of couples of reproductive age in Africa. Demographic and Health Surveys (DHS) have shown significant increases in condom use in Ghana, Mali, and Senegal, however.[3]

Several discussants pointed out the difficulty in measuring whether condoms are used for pregnancy or disease prevention, as well as the need to look at the trust issues that accompany the use of condoms with a primary partner. Dr. Kevin O'Reilly of WHO focused his presentation on the dual use of condoms for contraception and disease prevention. Dr. O'Reilly pointed out that from a family planning perspective, providers perceive condoms as inferior to more effective, long-acting methods, such as hormonal methods or IUDs. He cites two predominating factors contributing to provider neglect of condoms: the tendency to promote and praise the effectiveness of hormonal methods or IUDs at the expense of barrier methods, and the amount of time providers must spend discussing condoms with clients who wish to use them. This experience is in contrast to that of a client going to a sexually transmitted diseases (STD) clinic. There, from a "disease prevention" perspective, staff exhort a client to use a condom first and then to use emergency contraception as a backup method. Dr. O'Reilly pointed out that it should be the client's interests, not the service provider's, that determine which combination of methods is more appropriate. He added that the challenge for service providers everywhere is to close the gap between these two perspectives and listen carefully to clients' desires.

Vasectomy

The prevalence of vasectomy exceeds 10% in Canada, the Netherlands, New Zealand, the U.K., and the U.S. By contrast, Dr. Ndong pointed out that in the 15 developing countries analyzed in the recent DHS, 38% of men report that they have heard of vasectomy, but the number of men who reported ever having used it were so low that they were not even recorded. Work has been done around the world to expand vasectomy use, most notably with the promotion of the no-scalpel vasectomy technique since its introduction in the mid-1980s. However, these attempts have not always been successful.

> ***The successful introduction of male methods ... largely rests with how well accepted these methods are by policy makers, and how willing policy makers and program managers are to enlist the help of opinion leaders in overcoming cultural or religious biases. Policy makers and service providers control access to methods through policy decisions, information and education, availability of the method, and the physical location and quality of services.***
>
> **— Dr. Karin Ringheim, USAID**

Continued barriers to broader acceptance of vasectomy around the world include strong bias against the method on the part of policy makers, religious leaders, providers, and clients—emerging most often from myths and misconceptions. Dr. Ringheim noted that this challenge can be generalized to all male methods.

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[3] Ibid.

Conclusion

Dr. Ndong finished his presentation on male contraceptive use by underscoring the importance of including the focus on men's contraception in the context of broader male sexual and reproductive health issues.

> ***Male contraceptive methods are very important, and have been ignored for far too long. With more emphasis now focused on men sharing equally in the burden of disease and pregnancy prevention, it has become even more urgent for more male contraceptive methods to be made available. But as we move into the next millennium, we need to focus our attention not only on contraception but also on preventing disease transmission, as well as the other areas of men's sexual and reproductive health, such as sexuality and sexual performance, infertility, and reproductive cancers. The goal of the MAP program is to help men be the best partners they can be.***
>
> **— Dr. Isaiah Ndong, AVSC International, U.S.A.**

SERVICE EXAMPLES: EXPERIENCES FROM AROUND THE WORLD

A number of programs are implementing innovative strategies to address male sexual and reproductive health needs. However, examples of effective programs designed to reach men are still limited. Presentations were made on efforts in Brazil, Colombia, Ghana, Pakistan, Turkey, and the U.S. These papers highlighted some of the issues that affect these programs and the challenges they face. Lessons learned from this work provide useful insight and guidance to others planning similar types of programs.

Country	Title of paper	Overview
Brazil	*Working with the Community to Design Services for Men in Brazil*	A participatory assessment noted a lack of sexual and reproductive health services for men and adolescents, and activities were initiated to meet these needs. Activities for men included educational activities (such as improving vasectomy information), expanding access to condoms, and provision of vasectomy.
Colombia	*Expanding Sexual and Reproductive Services for Men in Colombia: Lessons Learned from the Private Sector*	PROFAMILIA runs three clinics for men. Although they do attract men, they are difficult to operate and sustain and require a large volume of clients to be profitable. The program has emphasized improving the marketing of services to achieve sustainability.
Ghana	*Starting from Scratch: Meeting Men's Needs in Ghana*	The Planned Parenthood Association of Ghana (PPAG) started an education project in 1980, working with men in industrial complexes to change male attitudes toward family planning. In 1997, the organization began to provide services to men at clinics and inform men through outreach, radio, newspaper, and other means.
Pakistan	*Promoting Contraceptive Methods to Men in Pakistan: Innovations from the Field*	Four strategies have been successful in developing men's interest in male methods: providing simple messages, finding appropriate sources of motivation, challenging social norms, and understanding what services men want and where they go to get them.
Turkey	*Making Vasectomy Available in Turkey*	The project used a variety of strategies to market vasectomy services, including posters and brochures, seminars to staff on vasectomies, postabortion counseling of husbands, group counseling for pregnant women, and videos in waiting rooms.
U.S.	*Provider Barriers to Working with Men in the United States*	Messages to the public have evolved from male-negative and relationship-negative to a more effective approach that is more positive toward men and relationships and is "sexier."

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Six major themes emerged from the presentations on services for men:

1. **The fundamental importance of gender issues.** Gender issues are central to the discussion of involving men in sexual and reproductive health. In Ghana, the Planned Parenthood Association (PPAG) has integrated gender issues into all of its programs, but has encountered difficulty in helping men to accept and treat their partners as equals to facilitate open communication on contraceptives, among other issues. A key aspect of gender is the issue of power, since in most societies around the world, power is still held disproportionately by men. The challenge of understanding and addressing power dynamics between men and women and promoting more equitable relationships must be considered carefully in implementing any programs for men's sexual and reproductive health.

2. **Understanding men's motivations and the kinds of services they want.** Several presenters emphasized the need to meet men's broader sexual and reproductive health needs, as contraception is not necessarily the primary reason that men seek services. Dr. Joana Nerquaye-Tetteh of PPAG added that it is possible to increase the use of contraceptives if men's other sexual and reproductive health needs are met. When men access services, they are often looking for help with infertility, sexual weakness, premature ejaculation, STDs or impotence; these services provide an opportunity to give information on contraception. In Pakistan, one strategy focused on understanding why men seek sexual and reproductive health services and tailoring programs to meet these needs. Reasons that emerged include men's concern for the health and well-being of their female partners and recognition of the financial benefits of having fewer children. In the PROFAMILIA clinics in Colombia, providers define health concerns even more holistically by designing a broad range of services to attract men and recognizing that "services should include all men and the whole man."

   Have men's reproductive needs in Ghana ever been that of contraception? The experience of PPAG forces me to answer this in the negative. Their needs fall more into the broad area of sexual and reproductive health, a more holistic perspective of well-being, self-esteem, and the pride of being "a man."

   — Dr. Joana Nerquaye-Tetteh, PPAG

   We have to see the patient not as a prostate gland but as a man.

   — Dr. Fabio Castaño, AVSC International, Colombia

3. **The critical role of service providers.** From Ghana to Colombia to the U.S., providers in sexual and reproductive health have typically been trained to work with women. In fact, many have chosen this field because of their commitment to women's sexual and reproductive health and rights. Therefore, involving men in services requires values clarification and training for those providers who choose to stay in a working environment that embraces men as clients. This training must go beyond teaching technical information to address gender issues, communication with women and men, and provider biases. It also must convey that training is a continuous process. In elaborating on this point, Dr. Ferruh Zorlu of the Social Security Company (SSK) Tepecik Hospital in Izmir, Turkey explained that when the primary counselor left his project, there was a great deal of difficulty filling the position, which caused significant disruptions in the program.

4. **The need for clarity, creativity, and cultural appropriateness in communication.** It is important for educators to provide clear messages regarding sexual and reproductive health, because a lack of understanding creates and reinforces myths and misconceptions. For example, in Ghana, there is no appropriate term for "vasectomy" in any of the local languages. The existing vocabulary confuses vasectomy with castration, thereby perpetuating negative perceptions. In Pakistan, providers have tried to find simple ways to explain how a method works and use straightforward analogies. Dr. Tariq Rahim of AVSC International told participants that in order to explain vasectomy to clients, he compares the procedure to building a river dam that restricts the fish to one side.

   In addition, speakers noted the need to explore existing networks in local settings in order to expand on the channels and methods used to communicate messages. Communication projects cited ranged from working with barbers and imams as messengers in Pakistan to working with taxi drivers in Colombia. Condom contests (where men compete by demonstrating proper use and disposal of condoms, using a model), street theater, print media, television, and other marketing strategies were also discussed.

5. **Importance of reaching adolescents.** Michael McGee of the Planned Parenthood Federation of America explained that societies need to reach men while they are young, before they establish patterns of sexual and contraceptive behavior. Margarita Diaz of CEMICAMP in Brazil mentioned that CEMICAMP's participatory assessment identified the need to address adolescent sexual and reproductive health and train adolescent health promoters to work in the community. In Ghana, when "daddies' clubs" were formed as part of an education project for men, the younger men complained that they "were not daddies yet" and decided to form their own "young men's" clubs.

6. **Community participation and finding a champion.** The involvement of communities is a key component of successful programs, remarked Diaz in her presentation on work in Brazil. She emphasized the importance of ongoing community participation in all phases of a project, including the diagnostic stage, where needs are identified. She also noted that true and meaningful participation requires a change in attitude and a respect for people's rights, as well as the recognition that people are able to make their own decisions. Finally, she acknowledged that one remaining challenge is how to replicate community-participation approaches and successful models.

   [Local people] know the problem, they know the solution. We need to listen.

   — Margarita Diaz
   CEMICAMP, Brazil

Participants also discussed the particular importance of identifying dynamic individuals to support and advocate for programs. As one person explained, "where things have worked, there has been a provider, a community member, or someone in the Ministry of Health who has been willing to champion a cause."

GENDER ISSUES AND MEN'S SEXUAL AND REPRODUCTIVE HEALTH SERVICES

As defined in a recent issue of the journal *Population Reports*,

> "Gender" refers to the different roles that men and women play in society and also to the rights and responsibilities that come with these roles. "Gender" differs from "sex," which refers to the biological and physical differences between men and women.
>
> Gender roles and gender norms are culturally specific and thus vary tremendously around the world. Almost everywhere, however, men and women differ substantially from each other in power, status, and freedom. In virtually all societies men have more power than women have.[4]

Given the key role that gender plays in expanding men's use of contraception, a separate panel was convened to discuss gender issues and services for men. This panel raised some of the concerns that arise when the issue of men's involvement in sexual and reproductive health is examined from a perspective that acknowledges gender relations and inequity. These concerns were a crucial source of discussion and reflection throughout the meeting. The questions raised included the following: Where do women fit into the picture of men's sexual and reproductive health services? How can we ensure, in a climate of profound gender inequity, that "male involvement" programs protect women's rights and represent steps toward greater gender equity? In a climate of decreasing funding for sexual and reproductive health activities, will a devotion to bringing men "into the picture" take away some of the limited resources for women's services?

Promoting Gender Equity

Marge Berer, coeditor of the journal *Reproductive Health Matters*, cited two reasons for the new focus on men within the field: it helps to support women's needs and desires, and it fulfills men's sexual and reproductive health needs and desires. Berer asserted that within the present situation, where men still have more power than women in all areas of life and where women suffer and die from the violation or neglect of reproductive rights, it is essential that men's involvement in sexual and reproductive health is promoted for the first reason, to support the needs and desires of women. Several areas of genuine public health concern endanger women's lives in disproportionate numbers, such as HIV and other sexually transmitted infections, unwanted pregnancy, and domestic violence. Therefore, the priority activities that involve men should include further condom and fertility awareness education and violence prevention. There is also an overwhelming need for more male advocates against gender violence.

Furthermore, Berer fears that by focusing our attention on men's sexual and reproductive health services, we may neglect further work in priority areas of women's health, such as the

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[4] Reproductive health: New perspectives on men's participation. *Population Reports*, series J, no. 46. Baltimore: Johns Hopkins University, Population Information Program.

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need for reductions in maternal mortality and morbidity rates; the provision of safe and legal abortion services; improved access for women to contraceptive methods; better prevention and treatment of HIV and other STDs; improved detection, prevention, and treatment of breast cancer; and the protection of sexual autonomy and freedom from violence. Many other women's health concerns that are rarely taken into account because they are not life-threatening, such as menstrual disturbance and menopause, also need to be considered.

In the discussion of "men's involvement," there is often an unstated focus on the couple. Here there is a danger that the interests of the couple will be put before the interests of individuals, and the individuals in the couple. Moreover, the needs of partners do not intersect in all cases.

— Marge Berer, Reproductive Health Matters, U.K.

Berer warned participants that the focus on men's involvement tends to discriminate in favor of the needs of the couple over those of the individual. It is important to acknowledge that the needs of partners do not intersect in all cases. In addition, we must address the predominant assumption of heterosexuality in the sexual and reproductive health field. The current focus neglects the needs of homosexuals and single women, adolescents, sex workers, and others who are not members of "couples."

A Gender-Sensitive Research Agenda

Dr. Erin McNeill of Family Health International posed the gender perspective as a valuable instrument for the successful introduction of new and existing male methods of contraception. By acknowledging the influence of gender, she noted, the reproductive health community also acknowledges the context of time, place, history, and social forces that shape decision-making and cultural acceptability. To explore further the influence of gender roles on contraceptive use, a research agenda is needed that includes in-depth ethnographic analysis of the attributes of individual methods and their social, psychological, and cultural implications. For example, such research could include studies on the influence of male hormonal methods on aggressive and violent behavior, as well as an exploration of their possible secondary benefits (hair growth, reduced risk of prostate cancer, etc.) and their influence on male use and acceptability. In analyzing method use and men's involvement, we must also bridge the gap between sexual behavior, which is considered the male domain, and reproduction, which is relegated to women.

The Utility of the Human Rights Discourse

In discussing this issue, Dr. McNeill reminded the audience of the utility of human rights discourse in addressing the sexual and reproductive health needs that are most frequently neglected. Just as governments and citizens have to uphold both positive and negative obligations and not violate human rights, sexual partners have positive and negative obligations to each other, and service providers have obligations to ensure the rights of their clients. One can apply a rights framework to important cases of reproductive risk, such as emergency obstet-

All people are born equal in rights and dignity. Dignity is like pornography—you know it when you see it. If we always ask ourselves whether someone's dignity has been violated, we may change the way we behave.

— Dr. Erin McNeill, Family Health International, Scotland

ric care and gender-based violence. We could also argue that while men have a positive obligation to help their female partners prevent or respond to obstetric risk, they have a negative obligation not to violate women's bodily integrity through violence. According to Dr. McNeill, it is only by keeping the human rights framework in mind that societies can ensure that men's involvement in *sexual and reproductive health* is constructive and fulfills the moral imperative of promoting gender equity and protecting individual human rights.

In conclusion, Sandra Kabir of Population Concern urged the audience to consider the implications of certain men's involvement programs that may take away funding resources from established women's health projects. Before advocating for men's services, she stressed, it is crucial that decision-makers consider what individuals, communities, and governments actually want and ensure that equity is the basis for programming.

Discussion

In discussing how best to promote gender equity by involving men in sexual and reproductive health, participants agreed that clients must be considered as individuals with individual rights. While acknowledging the potential dangers and resource constraints, participants asserted that service providers cannot adequately address women's needs without both information about male sexual and reproductive health and participation on the part of male partners. Dr. Michael Mbizvo of WHO pointed out that until service providers received education on the role men play in conception and fertility and the influence of STD transmission, they often "blamed" women for infertility and reinforced gender stereotypes of primary female responsibility for reproduction. Dr. Nicholas Kanlisi of AVSC International asserted that men will be barriers to female contraceptive use until they receive better educationon family planning and sexual and reproductive health.

> ***In seeking to involve men in sexual and reproductive health, we cannot take resources away from women. However, if men are not educated or involved, women often cannot get what they need.***
>
> **— Dr. Nicholas Kanlisi, AVSC International, Ghana**

In conclusion, participants agreed that sexual and reproductive health services must treat the whole individual and the whole couple. The needs of individual partners may not always intersect, and therefore it is important to see men's involvement within a framework of gender equity and support for women's needs. Participants also acknowledged that gender inequities pervade society and require a massive social effort to overcome. Sexual and reproductive health programs must link to other community institutions and networks, particularly those that educate youth, in order to help support a larger movement toward greater gender equity.

RESEARCH AGENDA

A primary outcome of this two-day meeting was the development of a research agenda to prepare for expanding use of male contraception. To help frame the research agenda, Karen Beattie of AVSC International, who is also a chair of the Scientific Review Committee of the WHO Strategic Component on Technology Introduction and Transfer, presented a framework to help analyze research issues when introducing a new contraceptive technology. This framework, the "strategic approach to contraceptive introduction,"[5] places the introduction of *technology* in the context of interaction with *users/clients* and a *service-delivery system.* These variables are then placed within a political, social, and economic context. In shaping the research questions, participants focused on these components of the strategic framework.

Technology perspective. From the discussions that emerged on future male contraceptive methods, participants identified three areas that warrant additional research:

1. Clarification of the impact of testosterone and behavior change in men, especially as reported by the female partners of men using hormonal methods
2. Further investigation of the vas deferens and spermatogenesis, to better explore additional methods of percutaneous vas occlusion
3. Studies that explore the effects of future methods on men of Latin American and African origins, and that involve researchers from these regions

Client perspective. From the discussions on what is and is not known about men's and women's perceptions and use of male contraceptive methods, participants identified four areas of research on client perspectives of male contraception that need to be explored. (*Note:* All research should look at men in different circumstances—for example, adolescents vs. adults, men of different socioeconomic and educational levels, and urban vs. rural residents.)

1. ***Acceptability research:*** What is the acceptability of both current and future methods for men? What is keeping men from using existing male contraceptives? What motivates men to get involved in contraception? What is men's chief motivation for using condoms: to prevent pregnancy or disease transmission?
2. ***Accessibility research:*** Where do men want to get contraceptives and information? What kinds of marketing, messages, and media strategies resonate with men? What kinds of information, education, and communication materials do we need to develop? What is the relationship of affordability to use from men's perspectives?
3. ***Quality research:*** What does "quality service" mean to men? How do men define safety and efficacy, and how great a value do they place on these qualities?
4. ***Gender research:*** What level of men's involvement in contraception do women want?

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[5] Simmons, R., et al. 1997. The strategic approach to contraceptive introduction. *Studies in Family Planning* 28(2):79–94.

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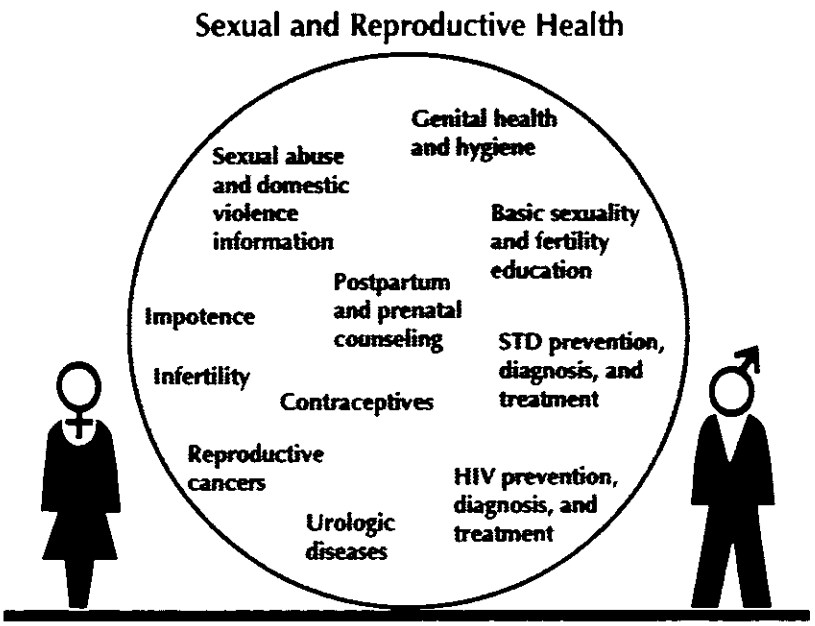
Provider and service-delivery perspectives. In listening to the presentations from the field, participants learned about the barriers that service providers face in delivering services to men, and they developed three priority research needs from the service-delivery perspective:

1. ***Research on providers' current behavior and needs:*** How prepared are providers to work with men and male contraception, sexuality, and gender? What are their technical capacities? What are providers' biases? What counseling approaches are appropriate for what settings and what audiences?
2. ***Research and development of supervisor and provider training materials in sexuality, gender, and fertility awareness that address provider biases.***
3. ***Research to test alternative models for service delivery for different market segments (e.g., adults vs. adolescents) in different contexts and settings:*** Especially important is the use of multiple approaches to focus on adolescents.

CONCLUSION

This meeting, Male Contraception: Planning for the Future, provided an all too rare opportunity for members of the scientific-research community, women's health advocates, and service providers to join in a conversation about the future. For some, that vision of the future assumes that scientific research will continue at the same pace or will accelerate as new contraceptive methods for men become closer to market reality. For others, that vision includes a systematic incorporation of women's needs into the larger sexual and reproductive health arena as men's needs find their place. For others, that vision is a picture of preparedness and a commitment to ensuring that the staff and facilities opening their doors to men do so in a thoughtful and technically competent way. For all, however, the shared vision includes doing more than paying attention to gender; it includes a commitment to making gender issues a cornerstone of their work.



That this commitment is shared is nothing short of groundbreaking; yet it is only the first step on a path that includes many others. Along the way, participants agreed, it is critically important that clients' questions, ideas, and concerns become part of the conversation. Only through community approaches that seek the participation of clients in the design, delivery, and evaluation of services will there be a chance that either the introduction of new male contraceptive technologies or the reintroduction of "old" technologies stands a chance of success, especially in a context of greater gender equity.

One additional, obvious next step is to share the findings of this meeting with a number of key stakeholders. AVSC, RHAE, and WHO will work together with meeting participants to identify important constituencies and venues for sharing this information. Preliminary plans include disseminating the workshop report not only to meeting participants but also to members of the scientific-research communities around the world; to pharmaceutical companies investing in this research; to communities involved in planning for improved sexual and reproductive health services for their members; to women's health advocates; to multilateral, bilateral, and private donors; and to a variety of nongovernmental organizations and networks working on myriad issues related to improved health care.

As members of the reproductive health community take these next steps together, one useful way of sharing this information is by placing men's contraceptive needs and responsibilities within the universe of women's and men's sexual and reproductive health concerns, as demonstrated by the diagram shown on the previous page.

With this shared vision of the future and a commitment to gender equity within a context of human rights, we have not only a collective sense of purpose, but the opportunity to make this vision a reality.

APPENDIX A

Male Contraception: Planning for the Future
London, May 12–13, 1999

PROGRAM AGENDA

Wednesday, May 12, 1999

9:00–9:30 a.m.	***Welcome and introduction*** Peter Hall, RHAE, London Dr. Vanessa Cullins, AVSC International, New York
9:30–10:00 a.m.	***Men and reproductive health: An overview*** Dr. Isaiah Ndong, AVSC International, New York

What New Male Methods Are Likely to Become Available and When?
Moderator: Dr. Mike Mbizvo, WHO, Geneva

10:00–10:10 a.m.	***Introduction of session and panelists***
10:10–10:50 a.m.	***Male contraception in the 21st century*** Dr. Christina Wang, UCLA, Torrance, CA
10:50–11:10 a.m.	***Discussion***
11:10–11:30 a.m.	Coffee
11:30 a.m.–12:10 p.m.	***User perspectives on methods for men: Vasectomy, condoms, withdrawal, and hormonal methods*** Dr. Karin Ringheim, USAID, Washington, D.C.
12:10–12:30 p.m.	***Discussion***
12:30–13:30 p.m.	Lunch

How and Why Do Men Currently Access Contraception?
What Facilitates or Impedes This Access?
Moderator: Mary Nell Wegner, AVSC International, New York

1:30–1:40 p.m.	***Introduction of session and panelists***
1:40–2:00 p.m.	***Starting from scratch: Meeting men's needs in Ghana*** Dr. Joana Nerquaye-Tetteh, Planned Parenthood Association of Ghana, Accra
2:00–2:20 p.m.	***Making vasectomy available in Turkey*** Dr. Ferruh Zorlu, SSK Tepecik Hospital, Izmir, Turkey

2:20–2:40 p.m.	***Promoting contraceptive methods to men in Pakistan: Innovations from the field*** Dr. Tariq Rahim, AVSC International, Islamabad, Pakistan
2:40–3:00 p.m.	***Provider barriers to working with men in the United States*** Mike McGee, Planned Parenthood Federation of America, New York
3:00–3:30 p.m.	Coffee
3:30–3:50 p.m.	***Expanding sexual and reproductive services for men in Colombia: Lessons learned from the private sector*** Dr. Fabio Castaño, AVSC International, Bogotá, Colombia
3:50–4:10 p.m.	***Working with the community to design services for men in Brazil*** Maggie Diaz, CEMICAMP, Campinas, Brazil
4:10–5:10 p.m.	***General discussion: Emerging service-delivery needs for research and programming from providers' perspectives***
5:10–5:30 p.m.	***Wrap-up and review of the next day's activities*** Peter Hall, RHAE, London

Thursday, May 13, 1999

8:30–8:45 a.m.	***Report from the rapporteurs*** Jeanne Haws and Karen Beattie, AVSC International, New York
8:45–9:00 a.m.	***Review of agenda*** Dr. Vanessa Cullins, AVSC International, New York

How Do Men and Women View Men's Contraceptive Needs?
What Are Critical Issues in Design and Implementation of Services?
Moderator: Dr. Peter Fajans, WHO, Geneva

9:00–9:10 a.m.	***Introduction of session and panelists***
9:10–9:30 a.m.	***Programmatic strategies for condoms: Closing the gap*** Dr. Kevin O'Reilly, WHO, Geneva
9:30–9:50 a.m.	***Issues in design and implementation of services: Experience with introduction of methods for women*** Karen Beattie, AVSC International, New York
9:50–10:20 a.m.	***Questions and answers***
10:20–11:00 a.m.	Coffee

11:00 a.m.–12:00 p.m.	***Panel discussion:*** ***Gender perspectives and male contraceptive services*** Marge Berer, *Reproductive Health Matters*, London; Dr. Erin McNeill, Family Health International, Edinburgh, Scotland; Sandra Kabir, Population Concern, London
12:00–12:15 p.m.	***Introduction to working groups:*** ***Framing research and service-delivery issues*** Peter Hall, RHAE, London
12:15–1:15 p.m.	Lunch
1:15–3:00 p.m.	**Working groups** ***Advances in technology: What are the implications for providers and how can we help them to prepare?*** Moderator: Dr. Peter Fajans, WHO, Geneva ***Preparations for service-delivery settings: How can we incorporate clients' concerns?*** Moderator: Karen Beattie, AVSC International, New York ***Facilitating communication among researchers, providers, and clients: How can we ensure that we heed the lessons of the past in preparing for new method availability?*** Moderator: Maggie Diaz, CEMICAMP, Campinas, Brazil
3:00–3:15 p.m.	Coffee ***Working groups finalize presentations***
3:15–4:45 p.m.	***Working group presentations to plenary and discussion*** Moderator: Dr. Vanessa Cullins, AVSC International, New York
4:45–5:15 p.m.	***Conclusions and next steps*** Jeanne Haws and Mary Nell Wegner, AVSC International, New York

APPENDIX B

Male Contraception: Planning for the Future
London, May 12-13, 1999

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