

INVOLVING MEN IN SEXUAL AND REPRODUCTIVE HEALTH

Why Involve Men?

Women have been both the principal targets and beneficiaries of international and national family planning and reproductive health programs. Policy makers, health planners and health providers have overlooked and even ignored the influential role that men play in the sexual and reproductive health of their families, and especially their sexual partners. The failure to incorporate men in sexual and reproductive health promotion, prevention, and care programs has had a serious impact on their health, the health of women, and the success of the programs themselves.

While many advocate for involving men in sexual and reproductive health to improve women's health, various researchers and advocates have also affirmed that engaging men in these issues is also necessary for their own sexual and reproductive health and wellbeing.

The main reasons for this growing interest are:

- Recognition of men's influential role in the sexuality and reproduction of couples;
- Recognition that men have their own distinct reproductive and sexual health needs and demands;
- Awareness that inequitable gender relations affect the reproductive health of both sexes;
- Increasing evidence of the negative effects of men's risk behavioural patterns on women and children;
- Concern over increasing rates of STIs and HIV/AIDS;
- Desire to prevent unwanted or unplanned pregnancies through the increased or more effective use of family planning methods;
- Requests from women to incorporate their partners into reproductive health promotion, education, and service delivery, particularly pregnancy and delivery.

Why aren't more Men Involved?

A number of factors combine to limit men's involvement in their and their partners' SRH:

- Gender roles – masculinity and femininity - are internalized early in life, when boys and girls learn that society has different expectations for each of them. Masculinity includes a strict set of norms that influence men's sexual and reproductive health behaviour and attitudes;
- A man's virility is measured by his sexual conquests and number of children, and by the behaviour of the females in his familial/social circle (wife, girlfriends, daughters, mother etc.);
- In Latin America and the Caribbean, sexual initiation generally begins earlier for males than for females, and adolescent males are required to constantly prove their manhood through sexual activity. Young and adult men often view sexual initiation and intercourse as a way to prove they are "real men" and to gain status in their peer group, rather than as an opportunity for intimacy;

Quick Facts

- The average age for male pre-marital intercourse ranges from 12.7 years in Jamaica to 16.0 years in Santiago, Chile.¹
- A Costa Rican study showed that 99% of women claimed to have had no more than five sexual partners in their lifetime, while 55% of men claimed six or more.²
- In surveys of adolescents and young men 15-24 years old in 15 LAC cities, less than 26% could identify the phase of the menstrual cycle in which a woman is likely to conceive.³
- In Argentina, 42% of secondary school boys interviewed said their first sexual experience was with a commercial sex worker.⁴
- A study of Bolivian couples found that most men and women have positive attitudes toward family planning, but only half discussed the number of children they wanted with their partner;⁵
- Research from four capital cities in Latin America found that 22-55% of men agreed with the statement that men cannot say "no" to sexual intercourse.⁶
- Approximately 1.4 million people in Latin America and 420,000 people in the Caribbean are living with HIV/AIDS.⁷
- The National Masculine Health survey in Honduras (1998) found that in the past 12 months 50.6% of men had used a health service, but of these, the greatest percentage went to a pharmacy (24%) or saw a traditional healer (7%).⁸

The commitment to engage men in both sexual and reproductive health and gender equality was first made at the International Conference on Population and Development (Cairo 1994):

The objective is to promote gender equality in all spheres of life, including family and community life, and to encourage and enable men to take responsibility for their sexual and reproductive behaviour and their social and family roles.

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- It is expected that men will be sexually knowledgeable. In reality, both boys and men are frequently either uninformed or misinformed, but do not seek information for fear of appearing inexperienced;
- Most men know about contraceptive methods, though this knowledge does not always translate into practical or consistent use of contraceptives;

Though men have traditionally held more social, economic, and political power than women, they nevertheless seek ways to increase or affirm it, such as rape and domestic violence, sexual harassment, withholding of financial and other economic resources, and exercising control over women's behaviour, including their fertility. Research has found that only a few men are successful at repudiating the hegemonic model of masculinity, so great is the pressure from both male peers and the media to conform to it.

Special efforts should be made to emphasize men's shared responsibility and promote their active involvement in responsible parenthood, sexual and reproductive behaviour, including family planning; prenatal, maternal and child health; prevention of sexually transmitted diseases, including HIV; prevention of unwanted and high-risk pregnancies; shared control and contribution of family income, children's education, health and nutrition; recognition and promotion of the equal value of children of both sexes. Male responsibilities in family life must be included in education of children from the earliest ages. Special emphasis should be placed on the prevention of violence against women and children.

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Involving more Men: Recommendations

Rather than viewing men from the perspective of a deficit or a challenge, policy makers as well as project planners should consider how men are already involved as sexual partners, husbands, and fathers, and use those roles to try to involve men in sexual and reproductive health programs and services from a gender equality and partnership perspective. Partnership signifies men and women making decisions and choices together, from equal positions of power, to achieve common sexual and reproductive health goals. In particular, couple communication and negotiation is generally a positive factor and should be promoted in order to reach agreement on SRH goals, such as family planning and HIV/STI prevention and increase gender equality among couples. Some innovations that have been successful in involving men in SRH are:

- Incorporating the gender and life cycle perspectives into sexual and reproductive health programs;
- Creating opportunities for discussion about masculinities and gender equality among both men and women;
- Providing comprehensive reproductive and sexual health services for men that go beyond contraception;
- Providing counseling to men on family planning, contraception, STI transmission and couple communication;
- Reaching men in the workplace or where they socialize, instead of relying on a traditional clinical setting;
- Using social marketing campaigns to promote male involvement in sexual and reproductive health;
- Involving local opinion leaders in marketing campaigns and service design and delivery;
- Reaching out to adolescent and young men through creative marketing and public communication;

Notes

1. Morris, L. *Determining Male Fertility through Surveys: Young Adult Reproductive Health Surveys in Latin America*. Paper presented at a meeting of the IUSSP Committee on Demography and Anthropology at the IUSSP Conference in Montréal, 1993.
2. UNAIDS. *Men and AIDS: A Gendered Approach*. Geneva: Joint United Nations Programme on HIV/AIDS (UNAIDS), 2000. <http://www.unaids.org/wac/2001/Files/WACmenE.pdf>
3. Morris, 1993.
4. Necchi, S. and M. Schuffer. *Adolescente varón: Iniciación sexual y conducta reproductiva*. Buenos Aires: University of Buenos Aires, World Health Organization, CONICET, 1998.
5. Zambrana, E., C. Reynaldo, D. McCarraher, and P. Bailey. *The Impact of Knowledge, Attitudes and Practices of Men Regarding the Regulation of Fertility on the Lives of the Women of Cochabamba*. North Carolina: Family Health International, 1998. <http://www.fhi.org/en/RH/Pubs/Briefs/bolivia/bolab26.htm>
6. Pantelides, E. *Male Involvement in Prevention of Pregnancy and HIV: results from Research in Four Latin American Cities*. Paper presented at the WHO Meeting of Regional Reproductive Health Advisors. Washington DC, 2001. http://www.who.int/reproductive-health/publications/rhr02_3_male_involvement_in_rh/contents.en.html
7. UNAIDS. *AIDS Epidemic Update*. Joint United Nations Programme on HIV/AIDS (UNAIDS), 2001. <http://www.unaids.org/worldaidsday/2002/press/Epiupdate.html>
8. Ministry of Health. *Encuesta Nacional de Salud Masculina*. Honduras: Ministry of Health, 1998.