Are men well served by family planning programs?

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Long Abstract

Background and methods

Reproduction involves both women and men, and although the range of contraceptives includes methods for men, family planning programming has primarily focused on women, including FP2020's goal of reaching an additional 120 million women and girls with family planning. Attention to gender at the 1994 International Conference on Population and Development (ICPD) in Cairo resulted in a renewed call to involve men more actively in reproductive health (Ringheim, 1999; Boender et al. 2004). The framing of ICPD emphasized men as partners to support the autonomous decisions of women, with less regard for men's reproductive health and rights (Wentzell and Inhorn, 2014). Less is known about reaching men as clients of family planning services. Four contraceptive methods are either male-controlled (i.e., male condom, vasectomy, withdrawal) or require men's active participation in use as a cooperative method (i.e., Standard Days Method, or SDM). Use of male and male cooperation methods[1] has remained steady over the past few decades at around one-quarter of contraceptive users worldwide, with regional and country variation in use of the various methods (Gallen et al., 1986; Hardee-Cleaveland, 1992; Ross and Hardee, 2016).

This paper reviews current programs and evidence, including those that address gender norms that affect men's use of contraceptive methods, and proposes key considerations to strengthen programs for men as family planning users. The paper is based on evidence from published and grey literature documentation of interventions that included some focus on men as users of contraception in low- and middle-income

[1] This analysis includes the Rhytem Method rather than SDM, which is a recently developed contraceptive method and is only measured in a few countries, with prevalence between 0.1 percent and 0.6 percent.

countries, augmented with interviews with 36 representatives from institutions involved in relevant programming and research.

Results

Programs for Men as Contraceptive Users

Men have been reached as users of contraception through a range of programming that spans creating demand and expanding supply, in addition to addressing the enabling environment. Programming for men generally falls under the following five broad strategies that are designed to increase demand for and improve the supply of contraceptive information and services. The strategies include: 1) Clinic Provision of Information and Services for Men; 2) Outreach with Male Motivators and Peer Educators/Mentors; 3) Community Engagement; 4) Communications Programs; and 5) Comprehensive Sexuality Education. Two of the strategies, namely communication programs and community engagement, include sub-strategies. Table 1 shows the strategies, the number of interventions found under each strategy, the countries of implementation and the categorization of the strategy as proven, promising or emerging based on the strength of evidence for each strategy. Evidence for the strategies ranged from randomized control trails to service statistics. The 47 interventions and their outcomes are described in more detail in Hardee et al. (2016). The interventions were carried out in 27 countries spanning Africa, Asia, Latin America and the Caribbean, and the Balkans.

Not all interventions specifically measured use of male methods, nor disaggregated data by sex, however, it is possible to draw some conclusions about the effect of programming on male use of contraception. Interventions sought to improve men's attitudes towards family planning, their knowledge of specific methods of contraception, and their use of family planning generally or male methods specifically. Furthermore, most of the interventions sought to address gender norms around family planning use - mostly to promote male support for their partner's use, but also some to promote male use of methods. The interventions found, as other cross sectional studies show, that men want information on family

planning and the notion that family planning is women's business only is no longer true. When male methods, notably condoms, vasectomy and SDM, were made available through interventions, uptake generally increased. Finally, a number of the interventions had positive outcomes related to promoting more equitable gender norms related to family planning and increasing couple communication on fertility and contraceptive use.

Key Considerations in Programming For Men as Contraceptive Users

The review of programming, in addition to the broader literature on gender and family planning and interviews with experts, identified a number of issues that are important to consider in programming for men as family planning users (Box 1). These key considerations are more fully described in the paper.

Conclusion

Review of programming for men as family planning users shows that currently, men and boys are not particularly well served by programs. Most programs operate from the perspective that women are contraceptive users and that men should support their partners, with insufficient attention to reaching men as family planning users in their own right. At the same time, the review highlighted that there is sufficient evidence demonstrating men's desire for information and services, as well as men's positive response to existing programming to warrant further programming for men and boys in family planning and contraceptive services. This paper articulates key considerations that should be taken into account to orient programming to reach men and boys with the information and services they need to be contraceptive users. While programming for men should not compromise women's autonomy, it should also not be implemented with the assumption that contraceptive use is only for women.

References

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Table 1. Strategies to Address Men and Family Planning Users, Number of Interventions by Strategy, and Designation of the Interventions as Proven, Promising or Emerging based on the Strength of Evidence on Outcomes				
Strategy	**Number of Inter-ventions**	**Countries**	**Range of Evidence**	**Categorization of Strategy based on Strength of Evidence**
Clinic Provision of Information and Services	4	Bangladesh, Tanzania, and Papua New Guinea, India, Ghana, and Rwanda	Service statistics (3); mystery client study (1)	Promising
Outreach with Male Motivators and Peer Educators/Mentors	10	Malawi, Pakistan, India, El Salvador, Guatemala, India, the Philippines, Nigeria, Madagascar, Timor Leste, Ghana, Ecuador, Nicaragua, and Kenya.	Randomized intervention/control studies (3); pre-post intervention studies using non-randomized intervention and control designs (3); post-intervention survey (1); qualitative interviews and/or focus group discussions (3); service statistics (4)	Proven/ Emerging
Communications Programming				
Social marketing	3	Pakistan, Cameroon and Senegal	Pre-post intervention survey (2); post-intervention survey (1)	Proven
Mass Media and Social Media	7	Bangladesh, Ghana, Honduras, Guatemala, Pakistan, India, Vietnam, Burkina Faso, Tanzania, and Nicaragua	Pre-post intervention surveys (4); service statistics (3); FGD (2); In-depth interviews (1)	Promising/ Emerging
mHealth	4	Nigeria, Mozambique, India, Ghana, Tanzania and Rwanda	Pre-post intervention study (1) and service statistics (3)	Emerging

Hotlines	3	Uganda and the Democratic Republic of Congo	User call statistics (2); Survey of users of a hotline (1)	Emerging
Community Engagement				
Community Dialogue	10	Kenya, Uganda, South Africa, Nigeria, Pakistan, Brazil, and India	Randomized control trial (2); quasi-experimental, with intervention and control groups (4); baseline/endline surveys (3); and post-intervention qualitative evaluation (1)	Strongly promising (note that this intervention is strongly promising because the evidence for it comes primarily from HIV rather than FP interventions
Engaging Religious Leaders	2	Kenya and Pakistan	Longitudinal survey with baseline and endline (1); baseline/endline survey with qualitative interviews (1)	Emerging
Comprehensive Sexuality Education	4	Tanzania, Uganda, the Balkans and Thailand	Pre-post intervention survey with intervention and control groups (1); indepth interviews long-term post intervention (1); qualitative indepth interviews and focus group discussions (1); pre-post intervention quantitative survey and qualitative interviews (1)	Promising

Box 1. 10 Key Considerations in Programming For Men as Family Planning Users

- Provide information and services to men and boys where and when they need it
- Address gender norms that affect men's use of contraceptive methods
- Meet men's needs while respecting women's autonomy
- Improve couple and community communication
- Link men's family planning use with their desire to support their families
- Teach adolescent boys about pregnancy prevention and healthy sexual relationships
- Develop national policies and guidelines that include men as family planning users
- Scale up programs for men
- Fill the gaps through monitoring, evaluation, and implementation science
- Create more contraceptive options for men