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## Q & A

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### *ANOTHER GENDER GAP?* *Men's Role in Preventing Pregnancy*

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#### **WHY INVOLVE MEN?**

In 1993, The Alan Guttmacher Institute convened a meeting funded by the Kaiser Family Foundation of several prominent researchers to discuss information about men's needs, desires and concerns regarding contraception and how their attitudes affect their sexual behavior and that of their partners. In response to the question, "Why should we involve men in contraceptive decision making?" several areas for consideration were raised.

- *Paternity responsibilities:* One obvious reason to involve men in contraceptive decisions is that they are responsible, at least in part, for the children they father.
- *Cultural reasons:* Educating men about contraception may be particularly crucial in male-dominant cultures where, according to current research, women may have little control over these decisions.
- *Health care:* Many participants in the meeting believed that men are not likely to take responsibility for contraception until society considers and treats them as an integral part of reproductive health (Edwards, 1994).

#### **WHY THE NEW FOCUS ON MALE RESPONSIBILITY?**

With the introduction of "the Pill" and the IUD (intrauterine device) in the 1960s, women had, for the first time, a reliable and independent way to control their fertility. Along with the sexual freedom women achieved with the use of these methods, came the means to assume primary responsibility for preventing pregnancy. Men now could be kept completely separate from contraceptive decision-making and use with these new contraceptive options available to women (Ooms, 1997).

There has been renewed interest in men's role in pregnancy, especially unintended pregnancy. The new welfare reform law signed by President Clinton last August includes provisions to require the

involvement of fathers in the lives of their children. Since 1975, there have been child support cooperation requirements for welfare recipients (to establish the father's identity, file an order for child support, and cooperate with the state in enforcing an order). The new welfare law, however, makes those requirements more stringent and increases the penalty for non-cooperation. States now have the option of disqualifying the entire family from cash assistance if the mother refuses to establish her child's paternity and file for child support; previously, she, but not her children, would have been disqualified (Roberts, 1996). Similarly, the Family Support Act of 1988, which strengthened paternity establishment and child support enforcement requirements, has increased public awareness of the social significance of men's involvement in reproductive activities (Ooms, 1997).

The growing attention to the problem of teen pregnancy has also focused in part on male sexual responsibility. The new welfare reform law requires the U.S. attorney general to establish and implement a program to study the linkage between statutory rape and teenage pregnancy, especially focused on older men, and to educate state and local law officials on the prevention and enforcement of statutory rape laws.

The emergence of AIDS and increased rates of other sexually transmitted diseases have also contributed to a heightened interest in targeting men and encouraging use of condoms as a preventive measure.

## **WHAT RESEARCH HAS BEEN DONE ON MEN'S ROLE IN CONTRACEPTION?**

There has been intermittent growth in research on men's role in pregnancy prevention and reproduction. Most have been small scale studies, including studies of married couples or college students. In addition, some larger studies:

- 1979: National Survey of Young Men, a large-scale national survey of young men living in metropolitan areas (ages 17-21).
- 1988: National Survey of Adolescent Males, a nationally representative household survey of never-married males ages 15-19.
- 1991: National Survey of Males, a nationally representative survey of men age 20-39 from households in the U.S.

For the most part, men and women have been studied independently, with little attention to the relationship context of sexual and contraceptive behavior, and pregnancy/childbearing decision-making. Research has tended to underemphasize gender roles, gender differences and gender ideology and to compartmentalize pregnancy and STD/HIV prevention, and generally has tended to focus on teenage men (Bachrach, 1997).

## **HOW DO MEN AND WOMEN COMMUNICATE WITH EACH OTHER ABOUT CONTRACEPTION?**

According to Marty Klein, Ph.D., marriage and family counselor and sex therapist, couples' conversations about contraception are conversations about sex and sexuality. And conversations about sexuality, in turn, are conversations about trust, motivation, and the future. He says that, in fact, there are many reasons for why people do *not* talk about sexuality and contraception with a sexual partner, including:

- Embarrassment and discomfort
- Lack of vocabulary for talking about these issues
- The myths of "romance"
- Fear of a partner's judgment or rejection
- Lack of a sense of entitlement
- Desire to deny one's sexual involvement or interest

Klein advises that there are steps couples can take to improve their sexual communication and their contraceptive use:

- Discuss sex *outside* the bedroom;
- Create a shared vocabulary;
- Understand and agree on why and when to use contraception;
- Find out what each other wants from sex; and
- Purchase contraceptive supplies in advance and store them conveniently.

According to a 1995 Kaiser Family Foundation survey of adult men and women, when it comes to who initiates discussions about contraception, both men and women claim the credit: a quarter of men (26%) say they initiate these discussions compared to nearly half of women (47%) who say *they* do. About half of men and women who currently use birth control say both they and their partner initiate discussions about contraception (39% men, 40% women).

## **ARE THERE REPRODUCTIVE HEALTH SERVICES TARGETED AT MEN?**

Family planning services have traditionally targeted women; few have focused on men. But some noteworthy examples of efforts to provide male-specific reproductive health services do exist, including a model program run by Columbia University's School of Public Health and Columbia Presbyterian Medical Center called the Young Men's Clinic. Since 1986, the clinic has provided reproductive health care (birth control, HIV testing, and STD testing and treatment), primary health care (sports, school and work physicals; tuberculosis screening; and preventive health exams), and social services to teen and young adult men in the Washington Heights section of upper Manhattan. Those who run the Young Men's Clinic believe that if they can get boys and young men into the clinic for a physical, they can introduce them to family planning issues and STD testing and treatment. It is the only reproductive health clinic in New York City specifically tailored to meet the needs of young men.

Most of what we know in general about reproductive health services for men comes from the public sector. A 1993 Urban Institute survey of publicly funded family planning clinics found that only 13% of

clinics report that more than 10% of their clientele are male. The average proportion of clients served by clinics in the survey who were men was 6% (Burt, Aron, & Schack, 1994). The major barriers to including men in family planning services have been found to be limited funding for male services, predominantly female staff in family planning clinics, negative staff attitudes, and lack of staff training for serving men (Forrest, 1987).

However, most publicly funded family planning clinics have the capacity to serve men. The 1993 Urban Institute survey found that most clinics offer the reproductive and sexual health services men need:

- Virtually all provide condoms and contraceptive counseling;
- Nine in ten provide STD (excluding HIV) testing, counseling, and treatment;
- Three-quarters provide HIV testing;
- Four in ten provide infertility counseling and one in ten provide infertility testing;
- More than a quarter provide sports and work physicals; and
- About one in ten provide vasectomy.

Women are often drawn into the health care system for reproductive health care out of a need to secure a physician's prescription of contraception. The only contraceptive men use that requires a visit to the doctor is vasectomy, which means that men have fewer opportunities and less reason to gain access to the health care system specifically for reproductive health care.

## **WHERE DO MEN GET THEIR INFORMATION ABOUT CONTRACEPTION?**

A new 1997 survey by the Kaiser Family Foundation finds that many more men (21%) than women (7%) say they get "most" of their information about birth control from their sexual partners, although the majority of each sex says they get their information from other sources (82% women, 68% men). In fact, according to a 1995 Kaiser survey, men are more likely to say they rely on health professionals (48%) for information about birth control than on any other source, including magazines (20%), television (16%), their friends or peers (10%), or their family (9%). However, even though most men say health professionals are their primary source of information on birth control, only 11% say they discussed birth control with their doctor in the past two years, and only 22% say they have *ever* discussed birth control with a doctor or other health professional.

## **DOES THE MEDIA HAVE AN IMPACT ON MENS' ATTITUDES AND BEHAVIORS TOWARD SEX?**

One of the issues at the crux of the debate over sex in the media is to what extent the media affects sexual attitudes and behaviors in our society. When it comes to younger men, a 1996 Kaiser survey of teenagers found that eight out of ten teen boys say they think portrayals of teen sex on television and in the movies are "often" or "sometimes" a reason why teens become sexually active. Although it is difficult to measure the association between the media at large and individual's behaviors -- given the

host of other factors that may be at play -- there is some indication that the media can be used effectively to increase awareness and knowledge about reproductive and sexual health issues and possibly to change behavior toward reducing unplanned pregnancy and HIV and STD infection rates. In fact, increased condom use in the late 1980s can be attributed in part to public health education in the media on HIV awareness and prevention.

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