

INTRODUCTION

The Task Force for Social Science Research, a unit of the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction - HRP - is planning to launch, during the 1994-1995 biennium, a research initiative on the role of men in family planning and reproductive health. The initiative includes both social science research and close collaboration with the Task Forces concerned with biomedical research on male methods and on sexually transmitted diseases. This initiative is intended to strengthen the Special Programme's work on male methods, on male sexual behaviour and on the overall involvement of men in reproductive health.

Particular emphasis in this initiative is placed on the participation of men in fertility decisions - both concerning family size and choice of contraceptive methods - including attitudes vis-a-vis contraceptive methods for men currently under development. The role of men in other factors affecting reproductive health, such as their utilization of existing services, or their involvement in the general reproductive well-being of their wives or partners, will also be addressed.

This initiative will complement ongoing activities by other units of the Special Programme, particularly the work of the Task Force on Methods for the Regulation of Male Fertility and the Task Force on the Prevention and Management of Infertility. The first has been working on the development and acceptability of safe and effective

contraceptives for men and the second in the prevention of sexually transmitted diseases.

The justification for this research initiative is twofold: a growing concern by women, particularly women's health advocates, that the research community during the past thirty years has focused only on women and their fertility behaviour; secondly, that women have been the primary objective of population policies and have borne the main responsibility for achieving demographic targets. There has been steady pressure, notably from women's health advocates, for: "Increased investment in male contraceptive methods and to involve men in taking personal responsibility for reproductive health and fertility regulation" (WHO and IWHC, 1991); to "Encourage men to take more responsibility for reproductive health - make fertility regulation methods available and accessible to men as well as women" (Manila, 1992; WHO, 1994); and "In developing new methods of fertility regulation, special priority should be given to methods that will also protect against STD's, as well as to male methods" (Mexico Declaration, 1993).

This work also builds on earlier social science studies initiated by the Programme starting in 1974 to address the service and psychosocial aspects of family planning. Initially this research dealt with the training and integration of family planning with other services. Later, it focussed on "couple's decisions" and "cultural" preferences in order to help guide biomedical research and improve delivery systems; this included a large project to understand the attitudes and perceptions of rural and urban men to potential male methods, which was completed in five developing countries in 1977.

Defining "the roles of men"

Men as well as women have very well defined roles, which change with age and are affected by socio-cultural contexts. Above all, men are biological entities with clearly defined physiological characteristics, including the fact that they initiate the reproductive process but do not carry it to term, as women do. Men are also a sub-culture in any society, they take up specific professions, sports, and activities known to be "male" oriented. Men are sexual partners, that is they play a role in sexual initiation, in establishing sexual unions, or in stopping them. Men are husbands and fathers, and as such they are central figures in formal sexual unions, where a central purpose is reproduction. Men are contraceptors, and their participation and behaviour in this area has increasingly come into question. Men have critical roles to play as health providers and as teachers. They often have responsibility for advising on matters concerning sexuality and family planning, including contraceptive provision and information to a clientele that has consisted primarily of women. Lastly, men are important research subjects, as information sources, given their intrinsic role in reproduction, and as such they have been largely ignored.

THE RESEARCH CHALLENGE

SOCIAL SCIENCE PERSPECTIVES

Family planning services as well as family planning research have focused on the woman although the man may have as much - or more - influence on fertility decisions, depending on the cultural context. The decisions to have a child, to avoid a pregnancy, to use a contraceptive, or to seek an abortion are often one-sided yet they impact on both men and women. The extent of a man's involvement in such decisions may also be a reflection of household and community circumstances, including locally available health services and the perceived costs and benefits of care.

The Social Science Research Unit, in undertaking this research initiative, will address different aspects of the role of men, in particular studies that explore the decision-making processes that ultimately impact on sexual and reproductive health, including contraception and abortion. It is important to emphasize that acceptability of male methods will continue to be a priority research area.

Some examples of research topics include:

- o **Male sexual behaviour:** sexual behaviour is affected by the extent of knowledge or awareness of the risks involved, including the actions taken. Such actions include using a contraceptive, or making sure that the partner has done so, and/or recognizing responsibility for resulting pregnancies. Added to this are

perceptions of the risks of STDs in a particular situation, all of which may influence men's behaviour in significant ways.

o **Male adolescents:** adolescence is an important moment in a man's life since it marks the onset of sexuality and sets behaviour patterns that have implications for adulthood. In the area of sexual behaviour and contraception, the behaviour of adolescents offers a number of important research challenges: why do adolescents often initiate their sexual life without any protection; why do they have negative perceptions of the condom; what do they know about sexually transmitted diseases and how to prevent them?

o **Male contraceptive practice:** principally among adult men, decisions to use contraception to delay or space children, or to select a particular method, may be the result of their own preferences, of the woman's, or of both. Where there is interest on the part of men to share the responsibility for contraception, is it matched by support from service providers? What are the male preferences given the contraceptive choices available? What methods are considered acceptable by men, for themselves or for their partners, and under what circumstances? The acceptability of male methods, particularly of vasectomy, including the issue of non-reversibility, and of condoms, remain important areas for research. As new hormonal contraceptive options become available for men their acceptability should continue to be studied.

o **Sexually transmitted diseases:** men's contraceptive behaviour is increasingly affected by the perceived risks of sexually transmitted disease, including

utilization of limited but important study groups participating in clinical trials of male methods allows for an early assessment of acceptability and early discontinuation, thus anticipating and dealing with problems ahead of the introduction of these method to a wider public. This particular area of collaborative work will be further strengthened as part of the proposed initiative.

The Task Force on the Prevention and Management of Infertility has several lines of work that focus on the male. Its objectives include, among others, to evaluate guidelines of the management of infertility with particular reference to primary health care approaches; to evaluate different treatments of male infertility; to conduct research on the diagnosis and management of sexually transmitted disease; and to conduct research on new methods for the prevention of STDs, including human immunodeficiency virus (HIV) transmission. The Task Force has been active in condom acceptability studies, particularly of a new plastic condom, made of a new form of polymer, that is more resistant to tearing. Comparative studies between this new condom and conventional latex condoms are planned for 1994. These and other areas of Task Force work, are undertaken in collaboration with the Social Science Research Unit. These activities will be expanded under the new initiative on male roles.

RESEARCH COLLABORATION

The present document is an affirmation of the Programme's wish to take a new lead in this area. In order to do this, the units undertaking biomedical research and social science research within the Special Programme will collaborate closely in a broad programme addressing the role and needs of men in family planning and in

reproductive health. This initiative will build on the recent experience demonstrating that each of these two research areas can benefit from the expertise of the other.

The topics discussed suggest areas where research is needed, and where the focal unit is the male. None of them is easy to approach either conceptually and methodologically, but the lack of information about them - and the list is far from exhaustive - makes this area a leading candidate for further research.

We invite researchers to submit research protocols addressing these issues, with a focus on the situation in developing countries.