THE ALAN GUTTMACHER INSTITUTE

Sex, Marriage and Fathering:

A Profile of Sub-Saharan African Men

Regional Summary

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Largely as a result of HIV/AIDS—a worldwide problem but one that has affected Sub-Saharan Africa the most severely—the family planning and reproductive health field is now paying more attention than it did in the past to men's sexual and reproductive behavior. This is a welcome development both because men's sexual and reproductive behavior has a large impact on the health of their families, and because many men have sexual and reproductive health needs that have long gone unrecognized. Consequently, increasing attention to men's roles and meeting their needs in sexual relationships, marriage and family building could yield substantial benefits for men themselves and for their partners, wives and families—particularly in the urgent area of HIV prevention.

This summary provides an overview of the sexual and reproductive health behavior and needs of men aged 15–54 in 22 Sub-Saharan African countries for which nationally representative survey data are available. Except where noted, the information presented here is drawn from The Alan Guttmacher Institute's 2003 report *In Their Own Right: Addressing the Sexual and Reproductive Health Needs of Men Worldwide.*

The Context of Men's Lives

In every region of the world, a wide range of societal, cultural and economic factors shape men's sexual, marital and reproductive behavior. In Sub-Saharan Africa, some factors are particularly influential in shaping the circumstances in which many men begin their sexual lives, marry or

Major Findings

- The timing of key events in men's sexual and reproductive lives varies across the 22 Sub-Saharan African countries covered in this report: First sex occurs for half of men by about ages 16–22, marriage by ages 21–26, and fatherhood by ages 23–29.
- Between 15% and 61% of unmarried sexually experienced men aged 15–24, and 13–64% of those aged 25–39, have had two or more sexual partners in the past year.
- Among married men aged 25–39 (including those in consensual unions), 7–53% have had intercourse with someone other than their wife in the past 12 months; these proportions decline to 4–39% among married men aged 40–54.
- Men aged 50–54 have fathered 7.3–10.8 children; however, desired family size is declining: In most countries, men in their early 50s want 4.3–15.4 children, whereas those aged 15–24 want 3.7–9.1.
- In all countries except Gabon, Kenya and Zimbabwe, only 11–49% of sexually active men aged 25–39 rely on a method of contraception (or on a partner's method).
- Between 20% and 68% of men aged 25–54 have an unmet need for prevention of unplanned pregnancy because they want to delay or avoid having children, but neither they nor their partners are using a contraceptive method.
- Sub-Saharan Africa accounts for almost three-quarters of the more than 41 million people around the world living with HIV/AIDS. Most cases in this region are the result of heterosexual transmission, and 42% of all those infected are men.
- Men with multiple partners have a substantial need for increased condom use: Some 40–85% of such men aged 15–24 and 49–92% of those aged 25–54 did not use a condom at last intercourse.

enter consensual unions, and have families: Urbanization and internal migration are increasing, even though much of the population still lives in rural areas, educational levels are generally low, health conditions are worsening (especially because of HIV/AIDS) and poverty is widespread.

Urbanization continues apace throughout Sub-Saharan Africa as a result of many factors, including high unemployment levels and poor educational and work opportunities

The age by which half of men in their early 20s first had sexual intercourse ranges from 15.7 in Gabon to 21.6 in Ethiopia.

in rural areas. In some war-torn or drought-ridden countries, many rural residents—particularly the young—move to urban areas in search of a more secure and better life. Yet in all countries covered in this report except Gabon, less than half the population live in urban areas (Appendix Table, column 2).

Although educational achievement in Sub-Saharan Africa is improving, especially in urban areas, levels of schooling among men are still low. In 10 of the 22 countries covered, only 16–38% of men in their early 20s have had seven or more years of schooling (Appendix Table, column 3). Also, life expectancy among Sub-Saharan African men is low (ranging from the mid-30s to the mid-50s) and even declining in some countries hard hit by the HIV/AIDS epidemic. Health care provision in the region is lacking: For example, in Ethiopia, there are 25,000 people for each trained physician (compared with 609 in Great Britain). Furthermore, communications and transportation infrastructures are underdeveloped. No more than six in 10 households in most countries in the region own a radio (Appendix Table, column 4); access to other media is even more limited.

Many countries in Sub-Saharan Africa are among the poorest and least economically developed in the world: In 2000, the annual per capita gross domestic product ranged from $523 a year in Tanzania to $2,635 in Zimbabwe (Appendix Table, column 5). (Gabon, a much less populous country with an annual per capita gross domestic product of more than $6,000, is not representative of average wealth levels in the region.)

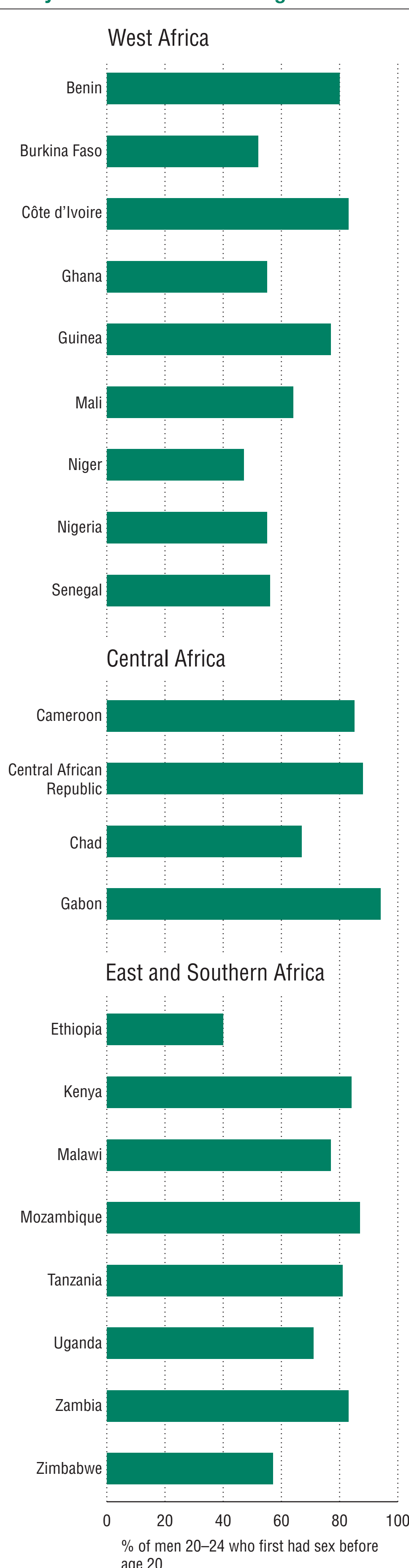
In some parts of the developing world, socioeconomic change or instability and the effects of rapid modernization can erode prevailing cultural and community norms regarding many aspects of men's behavior—for example, their sexual and health-seeking behavior—and can sometimes undermine men's traditional family roles as providers. In industrialized countries, research has suggested that pervasive poverty and diminished life prospects can foster violence, hopelessness and risky sexual behavior, and may offer little incentive for some people—especially young men—to take good care of themselves.

Yet societal conditions in Sub-Saharan Africa are improving in some important aspects, such as increased educational attainment and exposure to information about the risks of unsafe sexual behavior. In this region, as in other parts of the developing world, such improvements are often associated with diminished preferences for large families and adoption of protective behaviors.

Men's Sexual Behavior

In the 21 Sub-Saharan African countries with available data, as in many other parts of the world, many young men begin their sexual lives in their teenage years: The age by which half of men in their early 20s first had sexual intercourse ranges from 15.7 in Gabon to 21.6 in Ethiopia (Appendix Table, column 6). More than half (52–94%) of men aged 20–24 report having had sexual intercourse before their 20th birthday in all countries except Niger and Ethiopia (Chart 1).

Chart 1: A large proportion of men in their early 20s first had sex before age 20.



At the same time, many young men delay the initiation of their sexual lives until they are somewhat older. Among those aged 20–24, between 11% (in Zambia) and 47% (in Ethiopia) are not yet sexually experienced—a finding that contradicts the widespread assumption that young men everywhere are invariably sexually active (not shown).

Nevertheless, 15–61% of unmarried sexually experienced men aged 15–24 have had two or more sexual partners in the past year, including roughly one-fifth in Ghana, Ethiopia, Malawi, Uganda and Zimbabwe, and one-third in Benin, Guinea, Mali, Togo, Gabon and Tanzania. The proportions exceed one-half in Cameroon, Chad and Mozambique (Appendix Table, column 7). Among comparable men aged 25–39, of whom 13–64% have had two or more partners in the past year, proportions are similar, or higher, in every country except Mozambique (column 8). This common pattern of multiple partners among unmarried men has grave implications for the possible spread of sexually transmitted infections (STIs), including HIV, in many Sub-Saharan African countries.

In addition, the period between men's first sex and first marriage or union can be one of increased health risk, especially if it is long and involves multiple sexual partners and poor or no protection against STIs and unplanned pregnancy. For example, in Guinea, Gabon and Kenya, men wait an average of 9–10 years after first sex before marrying or forming a union.

Data Sources

The report summarized in this overview is based predominantly on analyses of Demographic and Health Surveys (DHS) carried out between 1997 and 2001. The DHS asked men aged 15–54 (15–59 in a few countries) about their sexual behavior, condom use, contraceptive practice, knowledge of sexually transmitted infections (including HIV), union formation, fathering and fertility preferences.

The report presents information on 22 countries that account for about 77% of all men aged 15–54 in Sub-Saharan Africa. It uses findings from a wide range of studies—both quantitative and qualitative—dealing with issues not necessarily covered by the DHS (abortion or attitudes toward condom use, for example). Additional sources of information include the Joint United Nations Programme on HIV/AIDS, the World Health Organization, the United Nations Development Programme, the United Nations Population Division, national censuses, and international research and health organizations.

Readers seeking more extensive analysis or a more detailed bibliography may go to the Web site of The Alan Guttmacher Institute (http://www.guttmacher.org) and follow the "Publications" link to the full report *In Their Own Right: Addressing the Sexual and Reproductive Health Needs of Men Worldwide.*

Marriage

Marriage is virtually universal in Sub-Saharan Africa, and most men have been married by the end of their 30s. The age by which half of men in their mid-to-late 20s have married ranges from 21.3 in Mozambique to 26.2 in Kenya (Appendix Table, column 9). Men's age at first marriage has changed very little in the past 15 years in most countries. However, in Cameroon, Gabon and Kenya, men aged 25–29 now marry one and a half to two years later than did men in the previous generation.

Marriage in this region may take the form of a legal marriage, or cohabitation or consensual union in which couples live together without going through a religious or civic ceremony, but with society's acceptance and approval. Furthermore, polygyny is common in Sub-Saharan Africa (Appendix Table, column 10). The practice is more usual in West Africa than in other regions: In most of the West African countries covered in this summary, one-third or more of married men aged 25–54 are in polygynous unions, whereas in most of the other countries, one-quarter or fewer are.

Men in Sub-Saharan Africa typically marry women who are 4–8 years younger than themselves (Table 1). The age difference within couples is wider in West Africa than in other regions. In countries with conservative religious, societal or cultural values, women are expected to marry at a young age. Furthermore, older men, who are more likely than younger men to have established themselves and to have higher earnings, are probably regarded as better potential providers. Nevertheless, a large age difference could exacerbate unequal gender relations within a couple, especially with respect to discussion and decision-making about such issues as contraception, condom use and the number of children to have.[1]

A sizable proportion of married men have extramarital partners. Between 7% and 53% of married men aged 25–39 report having had intercourse with someone other than their wife in the past year (Appendix

Table 1: Sub-Saharan African men typically marry younger women.

Country	Difference in couple's median ages (yrs.)
West Africa	
Benin	7.0
Burkina Faso	8.6
Côte d'Ivoire	7.2
Ghana	5.7
Guinea	7.3
Mali	7.5
Niger	6.3
Nigeria	6.9
Senegal	8.1
Togo	5.6
Central Africa	
Cameroon	6.5
Central African Republic	5.0
Chad	6.1
Gabon	3.9
East and Southern Africa	
Ethiopia	5.1
Kenya	4.6
Malawi	5.0
Mozambique	4.6
Tanzania	4.5
Uganda	4.3
Zambia	4.7
Zimbabwe	4.6

Table 2: The younger men are, the fewer children they want.

Country	No. of children desired, by men's age		
	15–24	25–39	50–54
West Africa			
Benin	6.0	7.6	15.4
Burkina Faso	6.2	6.4	10.1
Côte d'Ivoire	5.3	5.8	8.1
Ghana	3.9	4.5	6.5
Guinea	5.4	6.8	10.8
Mali	7.0	7.6	11.0
Niger	9.1	10.8	14.4
Nigeria	6.4	7.3	9.6
Senegal	6.4	8.1	8.8
Togo	4.4	5.2	6.4
Central Africa			
Cameroon	6.0	7.0	9.8
Central African Rep.	6.8	7.7	10.1
Chad	11.0	13.8	19.6
Gabon	4.9	4.5	8.0
East and Southern Africa			
Ethiopia	4.9	6.5	9.1
Kenya	3.7	3.9	4.3
Malawi	3.8	4.8	8.0
Mozambique	7.0	7.2	8.4
Tanzania	4.6	5.4	7.8
Uganda	4.7	5.8	7.7
Zambia	5.2	5.7	8.3
Zimbabwe	3.7	3.8	6.3

Table, column 11). However, as men get older, this behavior lessens: Among married men in their 40s and early 50s, the proportion with multiple partners in the past year ranges from 4% to 39% (column 12). Nevertheless, the persistence of this practice continues to put men and their partners at risk of STIs and unintended pregnancy.

Extramarital relationships partly reflect the widespread sexual double standard that exists throughout most of the world. In addition, some married men may spend long periods away from home working or searching for work, and these separations may increase the likelihood of infidelity. Another reason for married men to have multiple partners is that couples in some parts of Sub-Saharan Africa practice abstinence after a birth; in some West African countries, the duration of postpartum abstinence is particularly long.

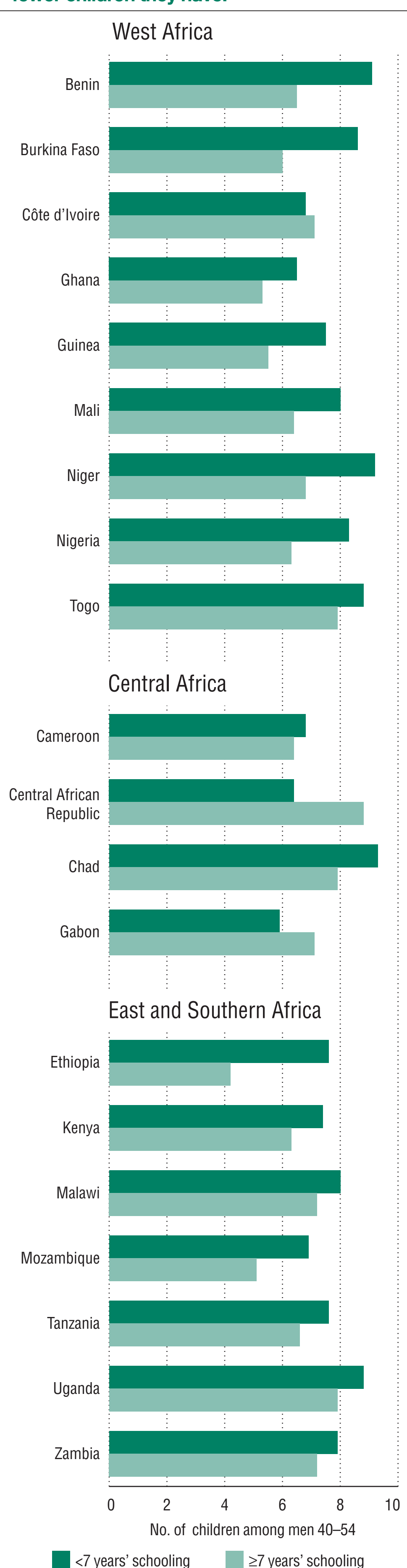
Having Children

Half of men in the 21 Sub-Saharan African countries with data first became fathers by their mid-to-late 20s (Appendix Table, column 13), ranging from 22.6 years in Uganda to 28.5 years in Côte d'Ivoire. The median age at fatherhood is only 1–2 years higher than the median age at first marriage, which suggests that in most countries in the region, there is little delay for men between marriage and the birth of the first child. By ages 40–44, men have fathered an average of 4.7–8.1 children; by 45–49, they have fathered 5.5–9.7; and by 50–54, they have fathered 7.3–10.8 (columns 14–16).

Men in Sub-Saharan Africa generally want large families. Kenya and Zimbabwe are the only countries of the 22 covered in this report in which men aged 25–39 want fewer than four children; in nine of the 22 countries, they want seven or more. However, the number of children men say they want is declining in all countries in the region: Men in their early 50s report wanting much larger families than men aged 15–24—typically 4.3–15.4 vs. 3.7–9.1 (Table 2). The difference in desired family size is particularly large (by five or more children) in Benin, Guinea, Niger and Chad. These are all countries in which contraceptive use (which would also allow young men to realize their goal of having fewer children) is quite limited.

In most countries, more educated men have smaller families than do their less educated counterparts. In Ethiopia, for example, men aged 40–54 with fewer than seven years of schooling have had an average of 7.6 children, compared with 4.2 children among those with seven or more years of education (Chart 2). In Cameroon and Côte d'Ivoire, there is very little difference in family size between the two groups of men, and

Chart 2: The more educated men are, the fewer children they have.



in the Central African Republic and Gabon, more educated men have had more children than their less educated counterparts.

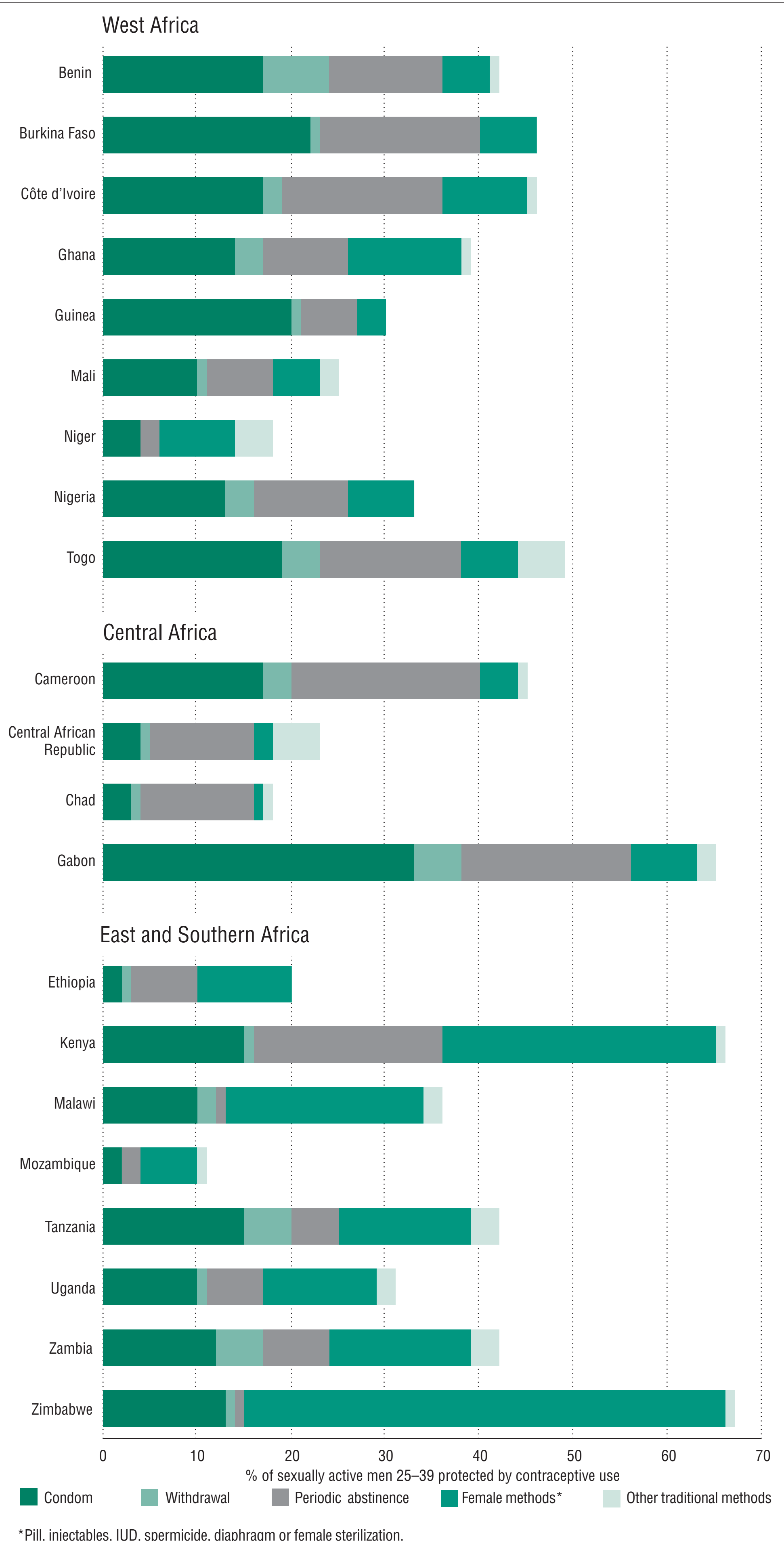
It is generally assumed that more educated men will have more educated wives, which is likely to raise their opportunity costs of having children. In addition, a higher education status can give both partners a better understanding of and greater access to contraceptives, thereby helping them space pregnancies and regulate their family size. In Sub-Saharan Africa, however, where the cultural norm is to desire a large family, some of the men who are more educated and, presumably, more affluent may be better able to support many children or feel that a large family will reflect on their social status.

In some Sub-Saharan African countries, the disagreement between a couple about the number of children to have is wide, and men generally want more children than do their partners. For example, in about half of couples in Burkina Faso, Ethiopia and Nigeria, the husband wants at least two more children than the wife does.

Furthermore in some countries in the region, the actual family size exceeds the number of children men say they want. In Ghana, Togo, Kenya, Malawi, Tanzania, Uganda, Zambia and Zimbabwe, men in their early 50s have, on average, 7.3–9.8 children, but they want only 4.3–8.3 (Appendix Table, column 16, and Table 2).

Many men in Sub-Saharan Africa continue to father children into their 50s. For example, in seven of the 21 countries with data, men in their early 50s have 3.0–3.7 children more than do those in their early 40s; in 12 countries, the difference is 2.1–2.9. However, in some countries, fairly large proportions of men aged 40–54 want to stop having children altogether—40–60% in Ghana, Uganda, Zambia and Zimbabwe, and 65–66% in Kenya and Malawi (not shown).

Chart 3: The proportion of men using a contraceptive method varies widely.



*Pill, injectables, IUD, spermicide, diaphragm or female sterilization.

Table 3: In West and Central Africa, contraceptive prevalence generally decreases with age.

Country	% of sexually active men practicing contraception, by age		
	15–24	25–39	40–54
West Africa			
Benin	53	43	33
Burkina Faso	45	46	46
Côte d'Ivoire	60	45	27
Ghana	47	39	31
Guinea	44	30	16
Mali	37	25	15
Niger	19	18	12
Nigeria	36	34	38
Togo	58	49	41
Central Africa			
Cameroon	62	46	34
Central African Rep.	22	22	16
Chad	18	18	13
Gabon	71	65	40
East and Southern Africa			
Ethiopia	13	21	15
Kenya	60	66	63
Malawi	35	36	34
Mozambique	10	11	10
Tanzania	28	42	38
Uganda	42	30	25
Zambia	35	42	39
Zimbabwe	56	66	67

Contraception

Not surprisingly, in a region where men want many children, contraceptive prevalence is low to moderate. In 18 of the 21 countries with data, 11–49% of sexually active men aged 25–39 are using a family planning method or relying on their partner to do so. Only in Gabon, Kenya and Zimbabwe is the proportion much larger, at 65–66% (Chart 3).

In most Sub-Saharan African countries, the majority of couples who practice contraception rely on male methods (the condom and withdrawal) and periodic abstinence (which requires both partners' cooperation), rather than on methods that women use (the pill, injectables, the IUD, spermicides and female sterilization).

In some countries in the region, periodic abstinence is quite a popular means of spacing or preventing pregnancy. Some 15% or more of sexually active men aged 25–39 in Burkina Faso, Côte d'Ivoire, Togo, Cameroon, Gabon and Kenya rely on this method. On the other hand, male sterilization is hardly practiced at all in the region.

Levels of contraceptive use in Kenya and Zimbabwe are atypically high, and large proportions of couples in these countries rely on methods used by women. By comparison, in Gabon, the high contraceptive prevalence among sexually active men aged 25–39 is attributable to exceptionally high levels of condom use (33%).

The pattern of men's contraceptive practice often varies with their age. During their teenage years and early 20s, when few men are married, the vast majority of sexually active men depend on the condom to prevent unwanted pregnancies. In their late 20s and 30s, however, when most sexually active men are married, women's methods become a more prominent part of the a couple's contraceptive practice.

In West and Central Africa, levels of contraceptive use among sexually active men aged 40–54 are lower than levels among those aged 15–24 and 25–39 (Table 3). Much of the difference is attributable to lower levels of condom use for family planning as men get older. This pattern is particularly pronounced in Gabon, where overall prevalence among men aged 40–54 is 25 and 31 percentage points lower than that among men aged 25–39 and 15–24, respectively, and where the level of condom use as a means of contraception among men aged 40–54 is 19 and 38 percentage points lower than that among men aged 25–39 and 15–24, respectively, (Appendix Table, columns 17–19). In two countries in West Africa (Burkina Faso and Nigeria), where contraceptive prevalence among sexually active men varies very little with their age, the level of condom use for family planning still decreases as men get older, although reliance on periodic abstinence increases with men's age (not shown). Similarly, in most of the countries in East and Southern Africa, overall contraceptive prevalence does not appear to vary much with age, even though condom use declines; the reliance on other methods usually makes up the difference.

The decreasing level of condom use as men get older is understandable, given that many men in their 40s and early 50s might find it difficult to convince their wives that the couple still needs to use what is often considered a prophylactic method. After all, men this age have usually been married to their partners for many years, and would presumably prefer methods that are not laden with mistrust in marriage, as condoms often are.

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The proportion of men in the region who say they have discussed family planning with their partners provides some indication of attitudes toward contraceptive use. In Ghana and Togo in West Africa, Gabon in Central Africa and all East and Southern African countries except Mozambique, at least half of married men aged 25–39 report having engaged in such a discussion in the past year. Yet when both members of the couple are asked whether discussion about family planning has taken place, a somewhat higher proportion of men than of couples report that this has occurred, suggesting that men and women may not always share similar perceptions about what actually constitutes communication on this topic. Given that discussion about family planning is relatively

rare in some countries in the region, it is not surprising that couples often do not know (or are wrong about) each other's attitude toward contraceptive use.

Low levels of effective contraceptive use often lead to high rates of unplanned pregnancy. In many parts of the world, couples with an unplanned pregnancy turn to abortion. Because abortion is illegal in most Sub-Saharan African countries, women seek clandestine and often unsafe procedures. Many women seeking an abortion say their primary reason for doing so is that they are not married. In hospital-based studies, unmarried women account for six in 10 women suffering abortion complications each year in Guinea, Kenya, Mali, Mozambique and Nigeria.[2] Being in a troubled or fragile relationship also ranks high among the reasons for obtaining an abortion: It was the second most commonly cited reason in Nigeria in 1996.[3] In Tanzania, four in 10 adolescent women seeking an abortion reported that the father was a casual sexual contact.[4] Other reasons that women give for having an abortion include being too young or still in school, having insufficient financial resources to support a child and having already reached the desired number of children.[5]

STIs

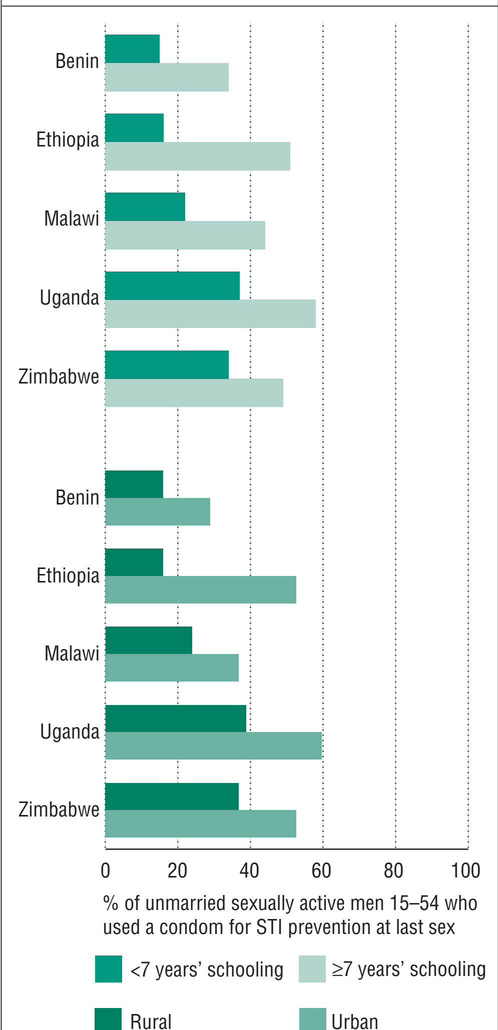
Sub-Saharan Africa has the world's highest prevalence of both HIV/AIDS and curable STIs. Of the more than 41 million people around the world estimated to have HIV/AIDS, more than 29 million—almost three-quarters—live in Sub-Saharan Africa, where the virus is transmitted primarily through heterosexual intercourse and 42% of those infected are men.[6] The proportion of the adult population estimated to be living with HIV/AIDS is relatively small (1–3%) in Ghana, Guinea, Mali, Niger and Senegal; quite large (10–13%) in Côte d'Ivoire, Cameroon and the Central African Republic; and extremely large (22–34%) in Zambia and Zimbabwe (Appendix Table, column 20).

In addition, the World Health Organization estimates that for every 1,000 men and women aged 15–49 in the region, 119 had one or more of the four main nonviral STIs—trichomoniasis, chlamydia, gonorrhea or syphilis—in 1999.[7] Patterns of sexual behavior, poverty, malnutrition leading to weakened immune systems, poor underlying health conditions and the region's inadequate health care structure are thought to be among the major factors contributing to high levels of HIV/AIDS and other STIs in the region.

Most Sub-Saharan African men are aware that they run a risk of contracting HIV/AIDS. Nevertheless, there is little correlation between actual prevalence levels in a given country and the proportion of men aged 15–54 who believe they are at risk of becoming infected (Appendix Table, columns 20 and 21). In Benin, for example, where an estimated 4% of the adult population has HIV/AIDS, 19% of men believe they have at least a moderate risk of contracting the infection—a proportion larger than that in Zimbabwe (12%), where 34% of adults live with HIV/AIDS.

Correct and regular condom use, even if intended primarily for pregnancy prevention, provides protection against STIs. However, because some men in Sub-Saharan Africa use condoms specifically to prevent STIs, including HIV/AIDS, levels of condom use based on questions about pregnancy prevention underestimate overall levels of STI protection. In analyses of data from men aged 15–29 in six countries in the region (Benin, Ethiopia, Malawi, Mali, Uganda and Zimbabwe), levels of condom use for any reason, as well as for STI prevention, are higher than those for family planning alone.[8] Levels of condom use for STI prevention are also higher among unmarried sexually active men aged 15–54 who have had at least seven years of schooling and among men living in urban areas than among their less educated or rural counterparts (Chart 4). Better educated and urban men are more likely than others to have the knowledge to find and financial means to pay for condoms. More educated men are also more likely to understand the threat to themselves and their families posed by STIs, and to know that condoms provide an effective barrier to STI transmission.

Chart 4: Men with more education and urban men are those most likely to use condoms for STI protection.



Condom use is becoming more common in many Sub-Saharan African countries, particularly among unmarried men: In Benin, Ghana, Kenya, Tanzania and Zimbabwe, the proportion of unmarried sexually active men aged 15–54 using the condom increased by 1–2% each year between 1993–1996 and 1998–2001.

Table 4: Condom use for pregnancy prevention is increasing in some Sub-Saharan African countries.

Country and survey years	% of unmarried sexually active men 15–54 using condoms		
	Earlier survey	Later survey	Annual change*
Benin, 1996/2001	33.4	42.1	1.7
Ghana, 1993/1998	21.4	32.0	1.8
Kenya, 1993/1998	29.3	42.7	2.2
Tanzania, 1996/1999	19.5	27.4	2.6
Uganda, 1996/2000	29.3	56.8	5.5
Zimbabwe, 1994/1999	45.3	50.8	1.1

*In percentage points.

In Uganda—a country particularly hard hit by HIV/AIDS—the level of condom use among this subgroup of men rose dramatically, by more than 5% a year—from 29% in 1996 to 57% in 2000 (Table 4).

Despite these gains, the unmet need for STI and HIV protection through condom use is high in some countries. In Benin, Cameroon, Gabon, Mozambique and Tanzania, 9–17% of all married men aged 15–54 had two or more partners in the past year but did not use condoms the last time they had intercourse (not shown). Among all sexually active men, 40–85% of 15–24-year-olds and 49–92% of those aged 25–54 who had two or more partners in the past year did not use condoms the last time they had sex (Appendix Table, columns 22 and 23).

In Sub-Saharan Africa, as in many other parts of the world, condoms are not popular with some men. They are viewed as reducing sexual sensation and pleasure, and sometimes their ability to prevent pregnancy and STIs is questioned. Condoms are also commonly associated with promiscuity—a stigma that makes married couples especially reluctant to use them. High cost and poor availability often stand between men's desire to avoid STIs and their ability to obtain condoms. However, it is striking and encouraging that in this region, men with multiple sexual partners use condoms much more commonly than do men in monogamous relationships.[9]

The Information and Services Men Need

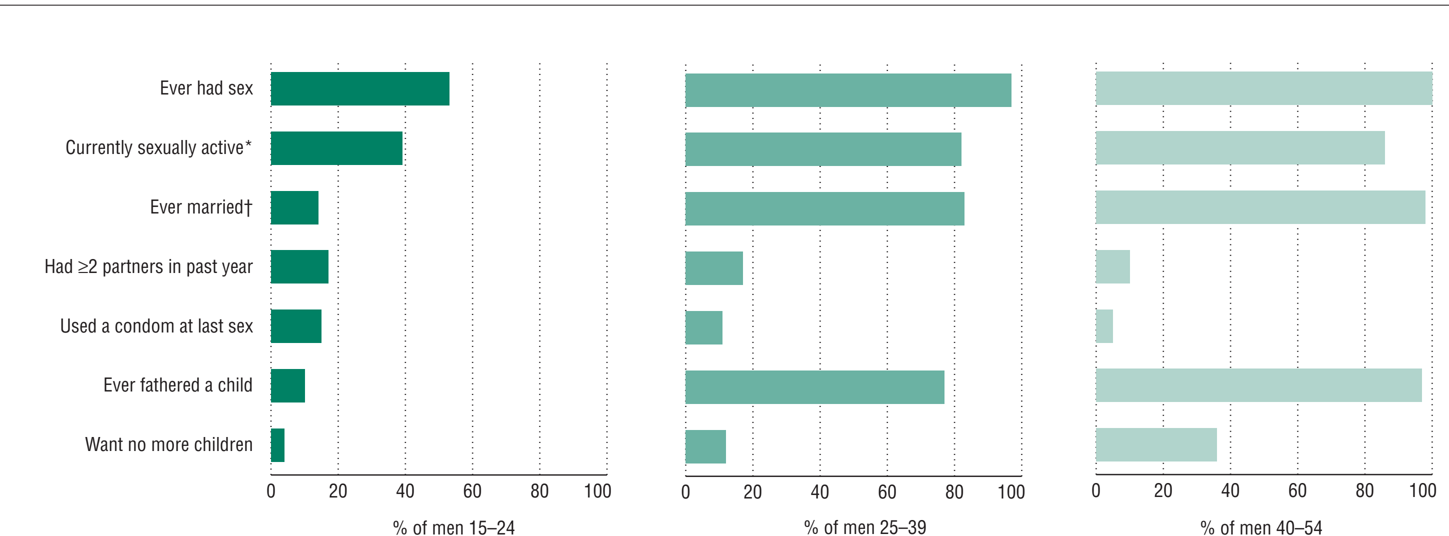
Access to accurate information about sexual and reproductive health is important for men of all ages in this region. In particular, better information about STIs, including HIV/AIDS, and condoms would enable men to contribute to healthier sexual relationships. In addition, men need the skills and knowledge to be able to communicate well with their partners about contraception, STIs, pregnancy, abortion and childrearing; to support their partners, wives and children; and to understand their important role as husbands and fathers.

Men's sexual, marital and reproductive behaviors—and thus their most acute needs for information and services in these areas—change with age (Chart 5). Older men are much more likely than younger men to be sexually active, to have married and to be fathers. On the other hand, men aged 15–39 are somewhat more likely than men aged 40–54 to have multiple partners within a brief period of time and to have used a condom the last time they had sex.

As men get older, their desire to stop having children increases (Chart 5). Yet some men who want no more children, or want to wait at least two years before having another child, do not use (and have partners who do not use) any method of contraception that would enable them to realize these goals. The unmet need for contraception among all men aged 25–54 is 53–68% in five countries, 45–47% in four countries and 20–39% in 10 others (Appendix Table, column 24).

Men also need support and encouragement in talking to their partners about family planning—probably not a simple issue in Sub-Saharan Africa. A study conducted in a rural area in Kenya showed that until a couple have had their desired number of children, many women fear that discussion about family

Chart 5: Men's need for sexual and reproductive health information and services varies, depending on their age.



*Excludes Senegal. †Includes consensual unions. *Note:* Data are averages for all 22 study countries and are weighted by size of male population.

planning might reflect poorly on their social status, relationship with their husbands and confidence that their husbands will stay with them. In addition, such discussion is more common when both the husband and the wife are well educated, have had the number of children they want and can obtain family planning information and services.[10]

In settings where many men have multiple sexual partners and where STIs and HIV/AIDS are widespread, the need for condom use is urgent and substantial. Among sexually active men at highest risk of contracting any STI (those with two or more partners in the past year), large proportions did not use a condom the last time they had intercourse (Appendix Table, columns 22 and 23). Hence, Sub-Saharan African men need much better access to condoms as well as health services for the prevention, diagnosis and treatment of STIs. However, these services usually depend on a well-functioning primary health care system that has, for example, a reliable supply of antibiotics, clinics staffed by well-trained technicians and the availability of what are sometimes costly diagnostic methodologies. This infrastructure is rarely found in Sub-Saharan Africa, particularly in rural areas.

Condom use is just one component of the "ABC approach" to HIV prevention (abstinence, being faithful to one partner and condom use); the other two can also play important roles in combating the epidemic. Efforts should therefore include providing men with comprehensive information and sex education, both while they are in school and later. Young men should be encouraged to delay sexual initiation, and all men should be advised to limit the number of sexual partners and taught how to use condoms correctly and consistently. In parts of Uganda where HIV infection rates are declining, all three components have been followed by men and women and have contributed to the drop in new infections, suggesting that a comprehensive strategy is very effective.[11]

Improving men's access to sexual and reproductive health information and services represents an acute challenge in Sub-Saharan Africa. Some pilot projects designed to reach young men provide valuable models of information and service programs responsive to this group's needs.[12] However, given that spending on health care in the region is already woefully inadequate, the possibility of expanding programs for men is very limited. Per capita expenditures on health care currently amount to an estimated $89 a year in Sub-Saharan Africa (compared with more than $2,000 in countries of the European Union and almost $4,000 in the United States). In addition, much of the cost of health care in Sub-Saharan Africa is paid for by individuals and families themselves, rather than by the government.[13]

Summing Up

This report provides information about the conditions of Sub-Saharan African men's lives and behaviors that can jeopardize or protect their sexual and reproductive health. The findings point to the fact that men in the region have many needs: for better information; for improved communication skills in their sexual and marital relationships; and for improved access to services for preventing and treating infection and other conditions that impair their sexual and reproductive health.

Despite widespread recognition that men need better information and health services if they are to lead healthier sexual and reproductive lives, there has been insufficient effort to provide or develop such information and services for men. A number of obstacles stand in the way of addressing men's needs, in Sub-Saharan Africa, as in all world regions. Among the most important are the absence of the political will to translate advocacy into action, logistic challenges in moving from rhetoric and broad recommendations to specific programs, and the inadequacy of resources for scaling up from pilot projects to making services available at the national level.

It would be shortsighted, however, to dismiss the feasibility, or ignore the value, of improving access to appropriate health care information and services. Some men in this region are already taking responsibility for avoiding unwanted pregnancy and reducing levels of STI transmission through condom use. Those efforts could undoubtedly be supported and expanded if appropriate information, support and services were more readily available to men. The gains—for men in their own right, and for their sexual partners and families—could be inestimable.

Appendix Table: Selected demographic and economic characteristics, and sexual and reproductive behaviors and needs of men in Sub-Saharan Africa

Country and year	No. of men 15–54 (000s), 2002	% of population living in urban areas, 2000	% of men 20–24 with ≥7 years of schooling	% of house-holds that own a radio	Per capita gross domestic product (U.S.$), 2000	Among men 20–24, median age at first sex	% of sexually experienced men not in union who had ≥2 partners in past year		Among men 25–29, median age at first marriage	Among married men 25–54, % in polygynous unions	% of married men who had ≥1 extramarital partners in past year	
							15–24	25–39			25–39	40–54
	1	2	3	4	5	6	7	8	9	10	11	12
West Africa												
Benin, 2001	1,624	42	33	54	990	17.3	29	33	24.4	40	29	15
Burkina Faso, 1999	2,625	19	19	58	976	19.7	39	40	25.1	44	10	4
Côte d'Ivoire, 98/99	4,430	46	38	66	1,630	17.5	46	56	u	25	29	22
Ghana, 1998	5,273	38	76	50	1,964	19.5	23	24	25.8	19	24	24
Guinea, 1999	2,103	33	32	56	1,982	17.5	37	39	26.1	45	30	17
Mali, 1995/1996	2,761	30	20	56	797	18.7	31	40	24.5	37	9	5
Niger, 1998	2,664	21	21	33	746	20.3	46	41	22.5	32	7	4
Nigeria, 1999	29,436	44	62	62	896	19.5	40	46	25.7	28	24	23
Senegal, 1997	2,461	47	29	67	1,510	19.0	u	u	25.7	37	u	u
Togo, 1998	1,165	33	51	51	1,442	u	32	40	25.1	34	21	15
Central Africa												
Cameroon, 1998	3,847	49	66	5	1,703	17.0	61	64	26.1	27	41	26
C. African Rep., 94/95	907	41	43	45	1,172	17.0	u	u	23.3	15	u	u
Chad, 1997	1,931	24	26	29	871	18.4	53	48	22.7	34	15	8
Gabon, 2000	306	81	77	73	6,237	15.7	31	27	24.7	14	53	36
East and Southern Africa												
Ethiopia, 2000	15,721	18	20	21	668	21.6	18	15	23.2	16	7	9
Kenya, 1998	8,216	33	82	63	1,022	15.9	45	40	26.2	16	20	10
Malawi, 2000	2,770	25	53	55	615	17.7	15	13	22.7	15	15	7
Mozambique, 1997	4,579	40	16	31	854	16.8	60	43	21.3	18	49	39
Tanzania, 1999	8,997	33	70	43	523	17.5	35	34	23.4	13	29	27
Uganda, 2000/2001	13,774	14	50	52	1,208	18.4	20	22	21.9	24	14	7
Zambia, 1996	2,596	40	63	44	780	16.0	43	43	23.4	16	22	9
Zimbabwe, 1999	3,237	35	88	52	2,635	19.5	22	25	24.3	11	15	15

Appendix Table: *Continued*

Country and year	Among men 25–39, median age at birth of first child	Mean no. of children among men aged			% of sexually active men using condoms for pregnancy prevention			Estimated % of adults living with HIV/AIDS, 2001	% of men who believe they have at least a moderate risk of contracting HIV/AIDS	Among sexually active men with ≥2 partners in the past year, % who did not use a condom at last sex		% of men 25–54 with unmet need for contraception*
		40–44	45–49	50–54	15–24	25–39	40—54			15–24	25–54	
	13	14	15	16	17	18	19	20	21	22	23	24
West Africa												
Benin, 2001	26.2	7.4	9.5	10.8	38	17	6	3.6	19	65	82	20
Burkina Faso, 1999	27.1	6.9	8.6	10.6	37	22	7	6.5	21	43	49	38
Côte d'Ivoire, 98/99	28.5	5.8	6.5	8.8	43	17	11	9.7	13	40	65	39
Ghana, 1998	28.3	4.7	5.5	7.3	29	14	6	3.0	10	66	83	45
Guinea, 1999	27.2	5.7	7.2	9.2	36	20	6	1.5	9	66	82	53
Mali, 1995/1996	26.1	6.5	8.0	10.0	30	10	1	1.7	11	62	69	55
Niger, 1998	25.3	7.9	9.2	10.7	14	4	0	1.4	7	70	80	68
Nigeria, 1999	28.4	6.6	7.9	8.7	22	13	7	5.8	5	63	82	46
Senegal, 1997	u	u	u	u	u	u	u	0.5	u	u	u	u
Togo, 1998	27.0	6.9	8.0	9.8	40	19	6	6.0	16	54	76	38
Central Africa												
Cameroon, 1998	27.4	5.6	7.2	7.8	33	17	7	11.8	14	70	82	38
C. African Rep., 94/95	24.3	6.5	6.5	7.3	11	4	1	12.9	15	u	u	47
Chad, 1997	25.5	8.1	9.7	10.7	9	3	1	3.6	24	78	83	59
Gabon, 2000	25.6	6.1	6.3	8.0	52	33	14	4.2	u	53	75	29
East and Southern Africa												
Ethiopia, 2000	26.5	5.9	8.0	8.5	7	2	0	6.4	u	59	91	u
Kenya, 1998	26.7	5.6	6.8	8.3	39	15	5	15.0	23	59	69	28
Malawi, 2000	24.2	6.6	7.8	9.3	27	10	4	15.0	u	71	89	47
Mozambique, 1997	24.0	5.8	7.4	8.2	5	2	0	13.0	23	85	92	61
Tanzania, 1999	25.6	6.0	7.6	9.1	24	15	6	7.8	23	73	85	u
Uganda, 2000/2001	22.6	7.3	9.0	9.6	32	10	3	5.0	16	45	74	35
Zambia, 1996	24.7	6.2	7.8	9.5	26	12	6	21.5	13	65	76	39
Zimbabwe, 1999	26.2	5.2	5.8	7.5	41	13	6	33.7	12	44	69	20

*Men who are sexually active and fecund, and who want to delay or avoid having children but are not relying on a contraceptive method. *Notes:* Married men include those cohabiting or in a consensual union. Sexually active men are those who had intercourse in the past three months. u=unavailable.

References

1. Bankole A and Olaleye DO, Do marital partners have different reproductive preferences in Sub-Saharan Africa? in: Makinwa P and Jensen A-M, eds., *Women's Position and Demographic Change in Sub-Saharan Africa,* Liège, Belgium: International Union for the Scientific Study of Population, 1995, pp. 147–167.

2. Bankole A, Singh S and Haas T, Characteristics of women who obtain induced abortion: a worldwide review, *International Family Planning Perspectives,* 1999, 25(2):68–77.

3. Fapohunda BM and Rutenberg N, *Expanding Men's Participation in Reproductive Health in Kenya,* Nairobi, Kenya: African Population Policy Research Center, 1999.

4. Mpangile GS, Leshabari MT and Kihweele DJ, Induced abortion in Dar es Salaam, United Republic of Tanzania, Geneva: World Health Organization, 1992.

5. Guillaume A and Mobry W, L'avortement en Afrique: une revue de la litérature des années 1990 à nos jours, Paris: Centre Population et Développement, 2003, <http://ceped.cirad.fr/avortement/fr/index600.html>, accessed Feb. 9, 2004; and Bankole A, Singh S and Haas T, Reasons why women have induced abortions: evidence from 27 countries, *International Family Planning Perspectives*, 1998, 24(3):117–127 & 138.

6. Joint United Nations Programme on HIV/AIDS, *AIDS Epidemic Update, 2002*, 2002,<http://www.unaids.org/worldaidsday/2002/press/Epiupdate.html>, accessed Jan. 16, 2003.

7. World Health Organization, *Global Prevalence and Incidence of Selected Curable Sexually Transmitted Infections,* 2001, <http://who.int/docstore/hiv/GRST/002.htm>, accessed July 7, 2002.

8. Bankole A and Singh S, Condom use for preventing STI/HIV and unintended pregnancy among young men in Sub-Saharan Africa, paper presented at the International Union for the Scientific Study of Population Seminar on Taking Stock of the Condom in the Era of HIV/AIDS, Gaborone, Botswana, July 13–17, 2003.

9. Ibid.

10. Fapohunda BM and Rutenberg N, 1999, op. cit. (see reference 3).

11. Singh S, Darroch JE and Bankole A, A, B and C in Uganda: the roles of abstinence, monogamy and condom use in HIV decline, *Occasional Report,* New York: The Alan Guttmacher Institute, 2003, No. 9.

12. Scalway T, *Young Men and HIV in Africa: Challenges and Opportunities*, London: Panos Institute AIDS Programme, 2000.

13. World Bank, *Data Comparative Tables*, <http://devdata.worldbank.org/hnpstats/DCselection.asp>, accessed May 23, 2002.

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