

*THE ALAN GUTTMACHER INSTITUTE*

***IN THEIR  
OWN RIGHT***

***ADDRESSING THE SEXUAL  
AND REPRODUCTIVE HEALTH NEEDS  
OF MEN WORLDWIDE***

***EXECUTIVE SUMMARY***

# EXECUTIVE SUMMARY

## Chapter 1: Why Focus on Men?

Men and women are indispensable partners in sexual relationships, marriage and family building. Still, the sexual and reproductive health needs of men beyond their roles as women's partners have received little attention. Sexually transmitted infections (STIs), including HIV/AIDS, and unplanned pregnancies can devastate the lives of both men and women, and can have negative consequences for families and communities. Addressing the sexual and reproductive behaviors and health of men creates a win-win situation: The more informed and more effective men become in living safer sexual and reproductive lives, the better it will be for them and for their partners and children.

*In Their Own Right: Addressing the Sexual and Reproductive Health Needs of Men Worldwide* aims to take some steps in that direction by providing an overview of men's sexual and reproductive behavior worldwide and drawing out the health and program implications of that information. Focusing on men 15–54 years old in 23 countries that represent all regions of the world, the report examines men's needs for health information and related services, and identifies obstacles that prevent men from receiving those services. This executive summary presents some of the report's key findings.

## Chapter 2: Factors That Shape Men's Sexual and Reproductive Lives

A wide range of societal and individual factors shapes, and often constrains, men's aspirations and behavior as partners, husbands, fathers and sons.

■ Poverty and poor work prospects can undermine men's traditional roles as providers and can make them

fatalistic about the consequences of risky behavior.

■ Male life expectancy is declining in Sub-Saharan Africa but increasing in the rest of the world; reduced prospects for a long life can reduce motivation to protect one's health.

■ Urbanization can weaken the supports of traditional community life, especially when it separates poor men from their families, but can also create the desire for smaller families.

■ Educational attainment is increasing in all developing regions, but job prospects are not improving at the same pace, and large proportions of young men cannot find full-time paying jobs.

■ Increased education and the mass media can offer people new information and ideas, and greater opportunities, but the media can also present poor and young people with visions of consumerism and modern lifestyles that are beyond their reach.

■ Social and cultural changes in developing countries promise young men a greater sense of autonomy, but economic changes can undermine their ability to become self-sufficient and independent.

## Chapter 3: Men 15–24: Becoming Independent and Initiating Sexual Relationships

Many men 15–24 are in school or acquiring job-related training and work experience, and most still live with their family. Searching for sexual pleasure and intimacy or facing pressure to prove they are adults, men commonly begin their sexual lives during adolescence.

■ In almost all countries, the majority of men 20–24 report having had sexual intercourse before their 20th birthday.

■ Some 5–35% of men aged 20–24 first had sex before their 15th birthday.

■ Among unmarried men aged 15–24 who have ever had sex, 2–6 in 10 had two or more partners in the past year.

■ In most Sub-Saharan African countries, fewer than half of sexually active men 15–24 use a contraceptive method or rely on their partner's method, compared with 63–93% in industrialized countries and parts of Latin America and the Caribbean.

■ Marriage is rare among adolescent men and uncommon among men in their early 20s.

■ Few men in their teens or early 20s have become fathers.

## Chapter 4: Men 25–39: Marrying and Becoming Fathers

The late 20s and 30s are when many men begin to settle down. Most men at these ages marry or enter a union, and start building families.

■ Marriage, including cohabitation and consensual union, is common among men in their late 20s and almost universal among those in their 30s; however, the more educated men are, the longer they defer marriage.

■ Most men 25–39 had one sexual partner, who may be their spouse, in the past year; 15–65% of unmarried men had more than one partner and 7–36% of married men had one or more extramarital partners.

■ Contraceptive prevalence among men in their late 20s and 30s is lower in Sub-Saharan Africa than in other regions, reflecting these men's continued desire for children.

■ The more educated men are, the more likely they are to have discussed family planning with their partner.

■ In both developing and developed countries, half of men become fathers by their mid-to-late 20s.

### Chapter 5: Men 40–54: Approaching the End of Fathering

The vast majority of men in their 40s and early 50s are married and have had the number of children they want. Many have experienced the breakup of marriage, some are living with or supporting children from earlier marriages, and some are entering new marital relationships.

- Almost all men aged 40–54 have married—some more than once.
- Some 4–23% of married men 40–54 have had one or more extra-marital partners in a recent 12-month period.
- Men 50–54 in Sub-Saharan Africa want and have many more children than do those in other developing regions.
- In most developing countries, the majority of men in their early 50s have had more children than they want.
- In countries with moderate or high levels of contraceptive use among men 40–54, methods used by women (especially female sterilization) predominate in developing countries, whereas male and female methods are equally relied on in industrialized countries.
- Vasectomy is extremely rare in all but a few industrialized countries and in China.

### Chapter 6: Sexually Transmitted Infections and Condom Use

STIs are a personal, public health and economic issue of serious concern throughout the world, and have health consequences for men, women and children.

- The prevalence of curable STIs is higher in Sub-Saharan Africa and in Latin America and the Caribbean than in other regions.

- Sub-Saharan Africa, where heterosexual intercourse is the main way that HIV/AIDS spreads, has the highest HIV prevalence in the world.

- The proportion of men 15–54 who know that condom use is a way of preventing HIV/AIDS varies widely in developing countries—from 9% in Bangladesh to 82% in Brazil.
- Fewer than one-third of men in many developing countries know that two ways of avoiding STIs are condom use and either abstinence or having only one, uninfected partner.
- Condom use is increasing in some developing countries and is higher among more educated men and those living in urban areas than among less-educated and rural men, respectively.
- Men with an STI use various strategies to avoid infecting their sexual partners, but some do not even inform their partner.

### Chapter 7: Sexual and Reproductive Health Information and Services for Men

At different stages of their lives, men need and often want reliable and accessible information and services that can help them lead healthy sexual and reproductive lives, but they are short-changed in this regard, especially in developing countries.

- Among all men 15–54 in Sub-Saharan Africa and in Latin America and the Caribbean, 4–18% had two or more partners in the past year and did not use a condom the last time they had intercourse.
- Some 20–46% of men 25–54 in Sub-Saharan Africa and 15–30% of those in Latin America and the Caribbean do not want a child soon or do not want any more children but are not protected against unplanned pregnancy.

- Different components of the ABC approach (abstinence until marriage, being faithful to one partner and condom use) are relevant for different groups of men—in particular, B and C for men with multiple partners.

- Creative program responses to address men's special needs are being developed in various parts of the world, but these are mostly small-scale with limited reach.
- In industrialized countries, poor and uninsured men face significant barriers to accessing men's services.
- In developing countries, the expansion of programs to address men's sexual and reproductive health needs, while continuing to address women's needs, will require increased donor funding.

### Chapter 8: Summing Up

Sexual and intimate relationships and a stable family life are important goals for most men worldwide. Broadening primary health care services and providing more information to meet men's needs for medical and counseling services relevant for their sexual and reproductive health would demonstrate responsiveness to the vital interdependence that exists between men's well-being and that of their wives, children and societies. Despite many barriers and the lack of assistance from government or community institutions, men are making considerable efforts to protect their and their partners' sexual and reproductive health. Much more could be achieved if appropriate information, support and services were more readily available to them. The gains—for men in their own right, and for their sexual partners and families—could be inestimable.