

Sex, Marriage and Fathering:

A Profile of Latin American and Caribbean Men

Regional Summary



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Largely as a result of the HIV/AIDS pandemic, 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 because men have health care and information needs in these areas that have long gone unrecognized. It is also a positive trend because attention to men's roles and needs in sexual relationships, marriage and family building has substantial benefits for their partners, wives and families.

This summary provides an overview of the sexual and reproductive health behavior and needs of men aged 15–54 in seven countries in Latin America and the Caribbean 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*.

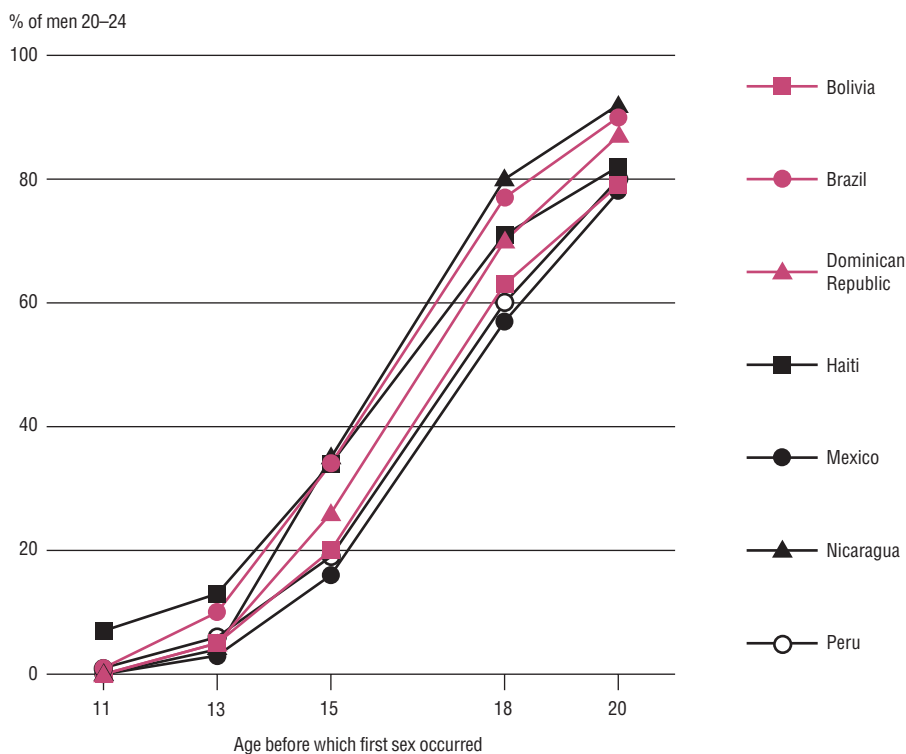
The Context of Men's Lives

In every region of the world, a wide range of societal, economic and cultural factors shape men's sexual, marital and reproductive behavior. In Latin America and the Caribbean, the influences of increasing urbanization, rising educational levels, rapid economic change, high levels of underemployment and unemployment, and great inequality in income distribution are particularly influential in shaping the circumstances in which many men begin their sexual lives, marry or enter consensual unions and have families.

Major Findings

- The timing of key events in men's sexual and reproductive lives varies across the seven Latin American and Caribbean countries covered in this report: First sex occurs for half of men by about ages 16–18, marriage by ages 21–26 and fatherhood by ages 23–28.
- Between 28% and 59% of unmarried sexually experienced men aged 15–24, and 37–65% of those aged 25–39, have had two or more sexual partners in the past year.
- In most of these countries, between one in four and seven in 10 men 25–39 who are in a union are in a consensual union, and the rest are legally married.
- Among married men 25–39 (including those in consensual unions), 12–36% have had intercourse with someone other than their wife in the past 12 months; these proportions decline to 8–22% among married men 40–54.
- Men aged 25–39 in these countries want between 2.6 and 3.7 children. By the time men are in their late 20s and 30s, they have fathered 1.8–3.0 children; by their 40s and early 50s, the majority (65–89%) want no more children.
- More than 50% of sexually active men 25–39 years old in each of the countries covered are protected from unplanned pregnancy. However, most of this protection depends on methods that women use (female sterilization and modern reversible contraceptives).
- Men with multiple partners have a substantial need for increased condom use: Some 39–68% of such men aged 15–24 and 65–85% of those aged 25–54 did not use a condom at last intercourse.
- Between 15% and 39% of men 25–54 want no more children or want to delay their next child, but are not protected by contraceptive use (their own or their partners').

Chart 1: Almost all men in Latin America and the Caribbean have had sexual intercourse before age 20.



Of the seven countries covered in this report, three (Brazil, Mexico and Peru) are highly urban, one (Haiti, a much less populous country) is still predominantly rural and the remaining three (Bolivia, the Dominican Republic and Nicaragua) are at an intermediate level (Appendix Table, column 2). Urbanization in this region is not a recent phenomenon. In Brazil, Mexico and Peru, more than half of the population lived in urban areas as early as the 1970s, and the proportions have grown by only 25–44% since then; in Bolivia and the Dominican Republic, by contrast, the proportions of the population living in urban areas increased by 53% and 62%, respectively, between 1970 and 2000. Nicaragua, the least populous of these countries, has experienced the slowest rate of growth in its urban population.

Haiti, Bolivia and Nicaragua are by far the poorest of the seven countries: Annual per capita gross domestic product is less than \$2,500 in each of these countries, compared with almost \$8,000 in Brazil and more than \$9,000 in Mexico (Appendix

Table, column 4). Yet educational levels are much higher in Bolivia and Peru—more than 80% of men 20–24 have had at least seven years of schooling—than they are in wealthier Brazil and Mexico (column 3). Nicaragua has the lowest level of educational achievement for men in their early 20s; only 45% have attained seven or more years of schooling.

Access to the mass media, which often promote values associated with modernization, individualism and consumerism, is another factor believed to influence the ideals, expectations and aspirations of people everywhere, particularly youth. Mexico and the Dominican Republic—where TV ownership is high (Appendix Table, column 5)—are likely to be more dominated by images of modernity than is Haiti, for example, where only 23% of households have a television.

Over the past 30 years or more, many Latin American and Caribbean countries have experienced economic, political and civic unrest, circumstances bound to create a climate of

instability for many individuals and families. This characterization would be particularly true of Mexico, Nicaragua, Bolivia, Peru and Haiti.

In some parts of the developing world, social and economic upheaval and the effects of rapid modernization erode many prevailing cultural and community behavioral norms—including those regarding how men treat women—and sometimes undermine men’s traditional family roles as providers.¹ The loss of jobs in agriculture and underemployment and unemployment in the industrial and service sectors are probably among the most significant economic factors affecting men’s autonomy and self-esteem, as they reduce men’s ability to provide for their families.

Cultural attitudes fostering male dominance—*machismo*—persist throughout much of Latin America and the Caribbean. These attitudes tend to inhibit the kind of gender equality that can promote more egalitarian and healthier sexual and reproductive lives. Furthermore, some men see women’s rising levels of education and increasing entry into the paid labor market—which tend to foster gender equality, especially in urban areas—as yet other threats to their status as head of the family.

Men’s Sexual Behavior

Many young men in the countries presented in this overview (like their counterparts in much of the world) begin their sexual lives in their teenage years. The age by which half of men in their early 20s first had sexual intercourse (or the median age at which they did so) ranges narrowly from 15.8–15.9 in Nicaragua and Haiti to 17.5 in Mexico (Appendix Table, column 6).

In fact, patterns of sexual initiation among young men are remarkably similar in these countries, even though the proportions beginning to have intercourse by specific ages vary (Chart 1). Before their 15th birthday, 16–35% of men in their early 20s had had sexual intercourse, and before their 20th birthday, 79–92% had done so. The steepest rise in the proportion

of young men who have initiated their sexual lives occurs between men's 15th and 18th birthdays. Early initiation is particularly pronounced in Haiti, where one in seven men 20–24 first had sex before they were 13. And sexual initiation appears to take place at a somewhat later age in Bolivia, Mexico and Peru than in the other four countries.

Fewer than one in four never-married Mexican men in their early 20s, and only about half of their Haitian counterparts, are currently sexually active (Appendix Table, column 7). In the remaining countries, approximately 70% of unmarried men in their 20s are sexually active. These findings belie the widespread assumption that young men are invariably sexually active.

On the other hand, it is not uncommon for young men to have

more than one partner within a brief period of time. In Bolivia, Brazil and the Dominican Republic, roughly 50–60% of unmarried sexually experienced men 15–24 have had sex with two or more partners in the previous year (Appendix Table, column 8). (Information on multiple partnerships is not available for Mexico or Nicaragua.) Moreover, the likelihood of multiple partnerships remains the same or even rises somewhat among unmarried sexually experienced men in their late 20s and 30s in four of the five countries for which data are available (column 9). Unless levels of correct and consistent condom use are very high, this pattern of behavior can have serious implications for the possible spread of sexually transmitted infections (STIs).

Marriage

The age by which half of men have married ranges from 21.2 in Nicaragua to 26.3 in the Dominican Republic (Appendix Table, column 10). Thus, many young men spend 5–10 years being sexually experienced and unmarried. Unless they use condoms correctly and consistently, this period is a time of potential exposure to the risk of STIs (especially if young men have multiple partners). And unless they or their partners use an effective contraceptive method, these years also enhance men's risk of being involved in a premarital pregnancy.

Marriage in this region may not necessarily take the form of a legal, or formal, union. It also may be a consensual union, in which the couple live together as man and wife without going through a civil or religious ceremony, but with society's acceptance and approval. Considerable proportions of married men in Nicaragua, the Dominican Republic and Haiti are in consensual unions—51–67% at age 25–39 and 42–65% at age 40–54 (Table 1). In Bolivia, Brazil and Mexico, the proportions are much lower; in Bolivia and Brazil, however, the proportion of older men who are in union is only half that of younger men.

The type of marriage may have

Table 1: Young married men are more likely than older married men to be in a consensual union.

Country	% in consensual union	
	25–39	40–54
Latin America		
Bolivia	27	14
Brazil	27	15
Mexico	14	10
Nicaragua	51	42
Peru	44	22
Caribbean		
Dominican Republic	62	52
Haiti	67	65

implications for both men and their families. A consensual union is easier to dissolve than a formal marriage, and societies and men themselves may view various types of union differently in terms of the strength of the emotional bond between partners, the degree of sexual fidelity and the man's sense of obligation to support his family.

Most married men did not have any extramarital partners in the last 12 months. The proportion who report having had a partner other than their spouse is 12–15% among 25–39-year-olds in Bolivia, Brazil and Peru, and 32–36% among those in the Dominican Republic and Haiti; at older ages, the proportion declines slightly in Brazil and Peru, but more markedly in the other countries (Appendix Table, columns 11 and 12).

Having Children

Marriage and fatherhood are closely linked events in the lives of many young men. The median age at which men first become fathers (Appendix Table, column 13) is about a year later than the median age at which they marry (column 10) in the Dominican Republic, Mexico and Peru; it is about 2–3 years later in Bolivia, Brazil, Nicaragua and Haiti.

Only 1–4% of men in these countries become fathers as adolescents, but by the time they are in their early 20s, the proportion who already have at least one child ranges from

Data Sources

The report summarized in this overview is based predominantly on analyses of Demographic and Health Surveys (DHS) carried out between 1997 and 2000. The DHS asked men 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.

Largely because the report includes the region's two most populous countries—Brazil and Mexico—it accounts for about 60% of all men 15–54 in Latin America and the Caribbean.

The report also 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*.

Table 2: Men 25–39 in both rural and urban areas want moderate-sized families.

Country	No. of children desired	
	Rural	Urban
Latin America		
Bolivia	3.1	2.9
Brazil	2.7	2.6
Mexico	4.0	3.5
Nicaragua	3.4	3.0
Peru	2.9	2.5
Caribbean		
Dominican Republic	3.8	3.7
Haiti	3.4	2.8

21% (in Haiti) to 46% (in Nicaragua). By age 30–39, more than eight in 10 men have become fathers. Childlessness is rare in every country except the Dominican Republic, where 12% of men 40–54 say they are not fathers. Dominican men may be more likely than those elsewhere in the region to conceal that they have fathered a child or less likely to know.

Latin American and Caribbean men generally want moderate-sized families (Appendix Table, column 14). Among men 25–39 in these seven countries, desired family size is 2.6–3.7 children. Men’s aspirations in this respect seem to vary only slightly by whether they live in an urban or a rural area (Table 2)—a notable finding, given that in other developing regions, rural men generally want much larger families than do their urban counterparts.

The similarity in the desired family size of urban and rural men is probably associated with the declining role of agriculture in this region (fewer families need large families to help work in the fields) and with the growing realization of parents in both urban and rural areas that children’s job prospects are likely to depend on their educational achievement. Parents with fewer children are more likely to be able to provide them with more schooling.

In contrast, *actual* family size appears to be associated with men’s education: Men aged 40–54 with little schooling tend to have larger families

than those who have gone beyond primary school. The difference is particularly great in Peru: Men with fewer than seven years of schooling have fathered 6.0 children, whereas those with more education have had 3.7.

By their late 20s and 30s, men in most Latin American and Caribbean countries have had close to the number of children they want (Chart 2 and Appendix Table, column 15). By their late 40s and 50s, large proportions of men—ranging from 65% in Haiti to 89% in Mexico—want no more children. This is hardly surprising, given that fathering in this region typically begins in men’s mid-20s and men do not want big families. It means, however, that if men in their 30s want to achieve their family-size aspirations, they and their partners will have to use effective contraceptive methods for many more years.

Worldwide, when couples are trying to limit the size of their families but the woman gets pregnant by accident (because the couple are not using a contraceptive method or the method they are using fails), some women turn to abortion to terminate the pregnancy. Although induced abortion is not legal in any of the countries covered in this summary,

research suggests that almost one-third of pregnancies in the region overall are terminated by abortion.² There is scattered evidence in the region that not being in a union and being in an unstable relationship are common reasons for women to end a pregnancy clandestinely.³ Men are not necessarily involved in their partners’ decision to have an abortion: A study in Colombia found that only four in 10 women obtaining an abortion in a Bogotá clinic were accompanied by their partners.⁴

Contraception

Consistent with the moderate desired family size of Latin American and Caribbean men, their level of contraceptive protection is quite high. In the six countries with relevant information (Chart 3), the proportion of sexually active men aged 25–39 who are practicing family planning, or whose partners are doing so, ranges from 51% (in Haiti) to 75–78% (in Brazil and Peru).

However, in three of these six countries, most contraceptive protection is provided by methods that women use—female sterilization, the pill, injectables, the IUD, spermicides and the diaphragm. Periodic abstinence (which requires male cooperation) plays an important role in Bolivia and Peru, and male methods (the condom and withdrawal) account for half of contraceptive protection in Haiti.

As Chart 3 illustrates, sterilization is little used in some parts of the region and is quite common in others. However, the decision to become sterilized is largely made by women, not men. For example, whereas one-fifth to one-third of sexually active men 25–39 in Brazil, the Dominican Republic and Nicaragua have partners who are protected from unplanned pregnancy by tubal ligation, no more than 3% have had a vasectomy.

Low rates of vasectomy—even during the years when men have achieved their desired family size but can continue to father children—are probably related to a number of fac-

Chart 2: Men in Latin America and the Caribbean want moderate-sized families and are well on their way to achieving their desire by their 30s.

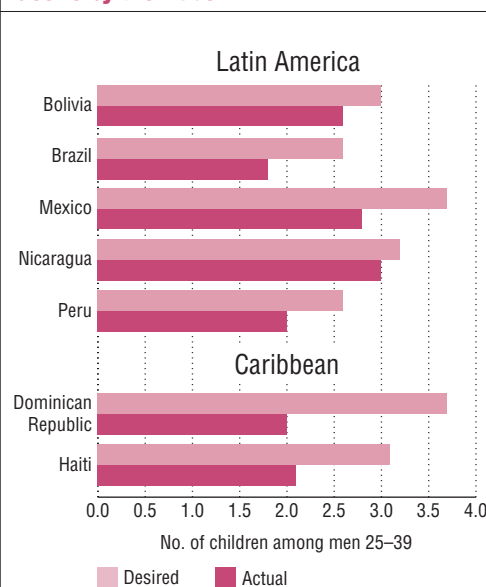
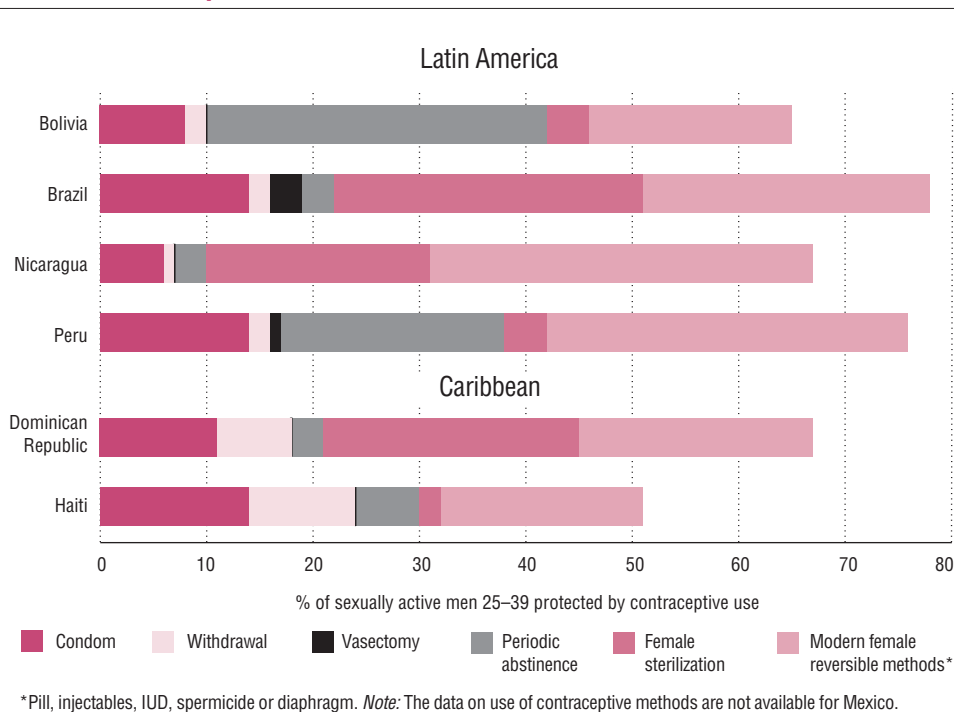


Chart 3: In most Latin American and Caribbean countries, couples depend largely on women's contraceptive methods.



tors. Among these are attitudes regarding machismo, women's greater concern about avoiding unwanted births, the generalized view that women are responsible for family planning, a lack of information about the simple vasectomy techniques now becoming available, and the reluctance of some national family planning programs or individual health practitioners to offer vasectomy services.

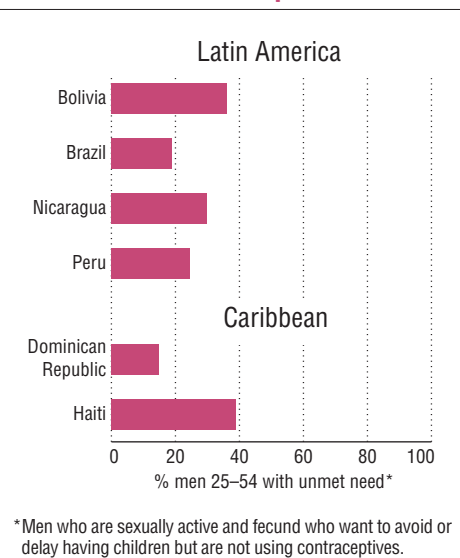
Some couples who, given men's own reports of fertility preferences and contraceptive use, should be using a method to prevent unintended pregnancy are not doing so. Among fecund sexually active men 25-54, the proportion who want to delay or stop having children and are not using (or whose partners are not using) contraceptives ranges from 15%, in the Dominican Republic, to 39%, in Haiti (Chart 4 and Appendix Table, column 21).

The proportion of married men in the region who report having discussed contraception with their partners (55-93% of those aged 25-39) provides some indication of how acceptable and normal family planning has become. Reported levels of

communication on this topic are highest (85-93%) in the two countries in which periodic abstinence is widely practiced—Bolivia and Peru. A family planning method that depends upon knowing when the woman is menstruating would obviously be impossible to use without monthly discussion.

Discussion about family planning is much less likely in the Dominican Republic and Mexico (55-62% of mar-

Chart 4: In most of Latin America and the Caribbean, at least one in five men have an unmet need for contraception.



ried men 25-39) than in the other countries. Furthermore, the proportion of couples in which both partners say that discussion has occurred is lower than the proportion among men alone—for example, 34% vs. 55% in the Dominican Republic. This disparity suggests that men and women may have different perceptions of what constitutes communication about this topic.

STIs

Of the more than 41 million people around the world estimated to be suffering from HIV/AIDS, 1.5 million live in Latin America—where the infection is transmitted mainly among men who have sex with men, but also through injection-drug use and heterosexual intercourse. In Latin America, fewer than 1% of adults are living with HIV/AIDS, and 70% of infected people are men. An additional 440,000 people (of whom about half are men and half women) in the Caribbean are estimated to have HIV/AIDS; the major mode of transmission is heterosexual activity. Haiti, where an estimated 6% of adults live with HIV/AIDS, is the hardest hit country in the Western Hemisphere.⁵

Despite the generally low prevalence of HIV/AIDS in Latin America and the Caribbean, large proportions of men 15-54 in some countries think that they run a moderate or high risk of contracting the infection—for example, 41% in Bolivia and 32% in Nicaragua. In Haiti, however, the proportion is only 7%.

Latin America and the Caribbean is the world region with the second highest prevalence of nonviral, curable STIs. For every 1,000 men and women 15-49 in the region, an estimated 71 have at least one of the four main nonviral STIs—trichomoniasis, chlamydia, gonorrhea or syphilis.⁶

Behavior That Could Prevent STIs

Correct and regular condom use, even if intended primarily for pregnancy prevention, offers protection against STIs. Use of the condom as a

Table 3: Risky sex occurs among both married and unmarried men.

Country	% of men 15–54 reporting risky sex*		
	Total	Married	Unmarried
Latin America			
Bolivia	14	6	8
Brazil	13	5	8
Peru	11	4	7
Caribbean			
Dominican Republic	18	4	14
Haiti	20	13	7

*Had two or more partners in past year and did not use a condom at last intercourse.

family planning method* is most prevalent among sexually active men 15–24; it declines sharply among older age-groups. For example, one-third or more of sexually active men in their teens and early 20s in Brazil, the Dominican Republic and Peru use condoms to prevent pregnancy (Appendix Table, column 16), compared with 11–14% of sexually active men 25–39 (column 17) and 6–7% of those 40–54 (column 18). The pattern is similar in all seven countries, suggesting that as men in this region grow older and marry, the use of female methods rises. This means that protection against STIs declines. If married men are faithful to their wives, they are, and know themselves to be, at lower risk than unmarried sexually active men.

Better educated men report higher levels of condom use than do their less educated counterparts. They are both more likely to be living in urban areas (where condoms are relatively easy to obtain) and more likely to have the knowledge and financial wherewithal to obtain condoms. In addition, they are more likely to understand the threat that STIs pose for themselves and their families, and to know that condoms provide an effective barrier to transmission.

In five of the seven countries, it is possible to estimate the proportion of all men who might be at greatest risk

*This measure underestimates men's total condom use because it omits those using this method exclusively to prevent STIs.

of acquiring an STI: men 15–54 who have had two or more sexual partners in the past year and did not use a condom the last time they had intercourse (Table 3). The proportion is somewhat greater in the Dominican Republic and Haiti (18–20%) than in the other three countries (11–14%). Also, the substantial role played by unmarried men in possibly contributing to the spread of STIs is notable in four of these countries.

In Latin America and the Caribbean, as in many other parts of the world, condoms are often unpopular with men. They are often 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 it difficult for married couples to use them.

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 and condoms would enable men to contribute to improved health for themselves and their partners. In addition, men need reliable and unbiased information about sexuality; they need the skills to be able to communicate well with their part-

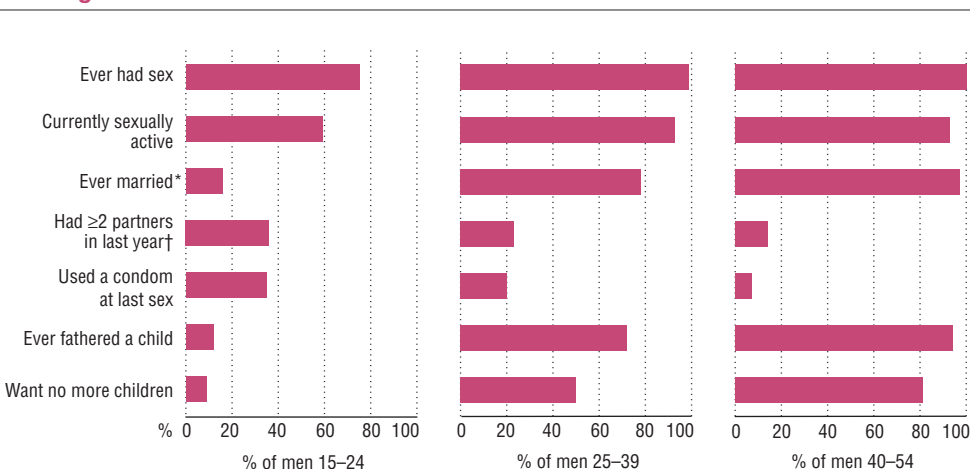
ners about contraception, STIs, pregnancy, abortion and childrearing; and they need the type of knowledge about these issues that will enable them to support their partners and wives, and to understand their important role as husbands and fathers.

The patterns of men's behavior—and thus their most acute needs for information or services—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. However, if young men are sexually active, they are slightly more likely than older men to have multiple partners within a brief period of time and to have used a condom the last time they had sex.

In settings where many men have more than one sexual partner in a one-year period and where STIs are widespread, the need for condom use is urgent. Yet such protective behavior is by no means universal: Among men at highest risk of contracting any STI (those with two or more partners in the past year), 39–68% of 15–24-year-olds and 65–85% of those aged 25–54 did not use a condom the last time they had intercourse (Appendix Table, columns 19 and 20).

As men reach their 40s and older ages, their desire to stop having children increases (Chart 5). Yet some men who want no more children do not use (and have partners who do not use) an effective method of con-

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



*Includes consensual unions. †Excludes Nicaragua. Note: All measures exclude Mexico.

trapection that would enable them to realize this goal. In Mexico, for example, 89% of men 40–54 want no more children, yet only 61% of those who are sexually active are using a contraceptive method.

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 be directed at providing men with comprehensive sex education, both while they are in school and later. Abstinence could be presented as a viable option before they marry, and all men should be advised to limit their number of sexual partners.

Nongovernmental agencies in many Latin American and Caribbean countries have introduced and tested a wide range of pilot projects focusing on sexual and reproductive health information and services aimed at men—particularly adolescents.⁷ The ability to expand successful programs to reach a greater number of men in need varies widely by country, but the prospects of scaling up clearly will require additional resources. Per capita expenditures on health care services of all kinds currently amount to an estimated \$450 a year in Latin America and the Caribbean (compared with more than \$2,000 in countries of the European Union and almost \$4,000 in the United States), and much of this is paid for out of

pocket, rather than by government sources.⁸

Summing Up

This report has provided a great deal of information about the conditions of Latin American and Caribbean men’s lives and behaviors that can jeopardize or protect their sexual and reproductive health. The findings point to many areas of need for men: 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

Appendix Table: Selected demographic and economic characteristics, and sexual and reproductive behaviors and needs of men in Latin America and the Caribbean

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	Per capita gross domestic product (U.S.\$)	% of households that own a TV	Among men 20–24, median age at first sex	% of never-married men 20–24 currently sexually active	% of sexually experienced men not in union who had ≥2 partners in last year		Among men 25–29, median age at first marriage	
								15–24	25–39		
	1	2	3	4	5	6	7	8	9	10	
Latin America											
Bolivia, 1998	2,248	63	86	2,424	62	17.0	70	50	45	23.7	
Brazil, 1996	52,294	81	67	7,625	68	16.2	72	58	56	24.3	
Mexico, 1996	28,811	74	67	9,023	86	17.5	23	u	u	24.4	
Nicaragua, 1997/1998	1,363	56	45	2,366	56	15.8	72	u	u	21.2	
Peru, 1996	7,485	73	83	4,426	68	17.4	68	44	50	25.1	
Caribbean											
Dominican Republic, 1999	2,534	65	72	6,033	71	16.6	74	59	65	26.3	
Haiti, 2000	2,132	36	60	1,467	23	15.9	54	28	37	26.0*	
Country and year	% of married men who had ≥1 extramarital partners in last year		Among men 25–39, median age at birth of first child	Among men 25–39, mean no. of children		% of sexually active men using condoms for pregnancy prevention			Among sexually active men with ≥2 partners in the last year, % who did not use a condom at last sex		% of men 25–54 with unmet need for contraception†
	25–39	40–54		Desired	Fathered	15–24	25–39	40–54	15–24	25–54	
	11	12	13	14	15	16	17	18	19	20	21
Latin America											
Bolivia, 1998	13	8	25.7	3.0	2.6	22	8	3	66	78	36
Brazil, 1996	12	11	27.1	2.6	1.8	34	14	6	39	65	19
Mexico, 1996	u	u	25.3	3.7	2.8	9	3	4	u	u	u
Nicaragua, 1997/1998	u	u	23.2	3.2	3.0	12	6	5	u	u	30
Peru, 1996	15	14	26.3	2.6	2.0	33	14	6	60	72	25
Caribbean											
Dominican Republic, 1999	36	20	27.0	3.7	2.0	39	11	7	54	76	15
Haiti, 2000	32	22	28.0	3.1	2.1	26	14	2	68	85	39

*Among men 30–34. †Men who are sexually active and fecund, and who want to delay or avoid having children but are not using contraceptives.

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Fax: 212.248.1951
info@guttmacher.org

1301 Connecticut Avenue, N.W.
Suite 700
Washington, DC 20036
Phone: 202.296.4012
Fax: 202.223.5756
policyinfo@guttmacher.org
Web site: www.guttmacher.org