Why do we need male contraceptive methods?

Kirsten M Vogelsong

UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP)
World Health Organization
Geneva, Switzerland
Male Involvement in Fertility Regulation

- Condom
- Vasectomy
- Withdrawal
- Fertility awareness-based methods
## Distribution of contraceptive use prevalence

### World wide contraceptive use (Married Women of Reproductive age)

<table>
<thead>
<tr>
<th>Contraceptive</th>
<th>No. of users (Millions)</th>
<th>Users (%)</th>
<th>First year failure rate (%) - Typical use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total users</td>
<td>720</td>
<td>62.9</td>
<td></td>
</tr>
<tr>
<td><strong>Modern methods</strong></td>
<td></td>
<td></td>
<td><strong>56.1</strong></td>
</tr>
<tr>
<td>Female sterilization</td>
<td>232</td>
<td>20.3</td>
<td>0.5</td>
</tr>
<tr>
<td>IUD</td>
<td>163</td>
<td>14.2</td>
<td>0.8</td>
</tr>
<tr>
<td>Oral contraceptives</td>
<td>101</td>
<td>8.8</td>
<td>5.0</td>
</tr>
<tr>
<td>Condom</td>
<td>70</td>
<td>6.1</td>
<td>14.0</td>
</tr>
<tr>
<td>Male sterilization</td>
<td>32</td>
<td>2.8</td>
<td>0.15</td>
</tr>
<tr>
<td>Injectables</td>
<td>42</td>
<td>3.7</td>
<td>0.3</td>
</tr>
<tr>
<td>Vaginal barriers</td>
<td>2.3</td>
<td>0.2</td>
<td>20.0</td>
</tr>
<tr>
<td><strong>Traditional methods</strong></td>
<td></td>
<td></td>
<td><strong>6.7</strong></td>
</tr>
<tr>
<td>Withdrawal</td>
<td>32</td>
<td>2.8</td>
<td>19.0</td>
</tr>
<tr>
<td>Rhythm</td>
<td>38</td>
<td>3.3</td>
<td>25.0</td>
</tr>
</tbody>
</table>

**ALL MALE METHODS** 11.7

UN Population Division, 2009
Globally, contraceptive use has risen, from 54% in 1990 to 63% as reported in 2009

- 17% to 28% in Africa
- 57% to 67% in Asia
- 62% to 72% in Latin America and the Caribbean

- In 2009: 58.6% in Oceana
- In 2009: 71% in Europe
- In 2009: 73% in North America
Worldwide contraceptive use

Contraceptive prevalence

- **Africa**
- **Asia**
- **Latin America & Caribbean**

**Region**

**Contraceptive use**

- **1990**
- **2007**
Global unmet need for family planning

An estimated 137 million women in developing countries are at risk of pregnancy and would like to delay or stop childbearing, but are not using any method of contraception. Reasons for this include:
- limited choice of methods
- fear or experience of side-effects
- cultural or religious opposition
- poor quality of available services
- perception of low or no risk of pregnancy
- gender-based barriers

Levels of unmet need
- Africa: 22%
- Asia: 9%
- Latin America and the Caribbean: 11%
Male Contraception

Development of new methods

- Use of existing male methods is low, with regional and country differences.
- Men are aware of family planning methods.
- Men approve of the use of family planning.
- Low levels of use may be related to the negative characteristics of existing methods.

Hypothesis: development and introduction of new safe, effective and acceptable family planning methods for men to use would help to address the needs of couples who do not, or cannot, use currently available methods.
Demand for novel male contraceptive methods

- Survey to assess men’s attitudes to potential hormonal methods (Martin et al, Human Reproduction 2000)
  - Edinburgh, Cape Town, Shanghai, Hong Kong
  - High levels of knowledge of contraceptive methods
  - 54-80% reported that both partners participated in making decisions regarding contraceptive use
  - 44-83% would definitely or probably use a male pill
  - Variation in preferred dosage form (pill, injection, implant)
Demand for novel male contraceptive methods

  - High levels of knowledge of contraceptive methods, use
  - 50-83% of men/partner currently use contraception
  - 55-81% reported that both partners participated in contraceptive decision making
  - 55% (range 28-71%) willing to use a new male method
  - Geographical variation in preferred dosage form (pill, topical, injection, implant)
Gender considerations

ICPD (Cairo, 1994) Programme of Action:
The international community should place high priority on the "development of new methods for regulation of fertility for men… in order to enhance male involvement and responsibility in family planning".

Female acceptance of male methods (Glasier et al, Human Reproduction, 2000)
- Survey of female FP clients in Edinburgh, Cape Town, Shanghai, Hong Kong
- 65% felt that women bear too much responsibility for contraception
- 13% felt that male hormonal contraception would not be a good idea
- 2% would not trust their partner’s reliance on contraception
Why develop male methods?

A fundamental principle of quality of care in family planning is method choice.

An expansion of the number of methods available leads to an increase in uptake of all methods.

Giving men increased options and roles in contraceptive use might lead to more gender-equitable and gender-transformative services for women, as well as decreased unmet need.