5th ESC Seminar “What about boys and men”

1-2 October 1999
Amsterdam, The Netherlands

BOOK OF ABSTRACTS

Lecture I
Epidemiology of the use of male methods in Europe; explanations for local differences

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One of the objectives of the programme of action of the UN ICPD [1994] was " to promote gender equality in all spheres of life, including, family and community life, and to encourage and enable men to take responsibility for their sexual and reproductive behaviour and their social and family roles"

My paper will give an overview of the European "experience" of the uptake, consistent and effective use and attitudes to reversible male methods. The role of men in maximising [or otherwise] the efficacy of any contraceptive choice will also be explored.

Condoms have a dual role of pregnancy prevention and protection against STIs. 45 million couples use condoms worldwide with a range of uptake from less than 10% to 50% [in Japan].

Based on the 1998 global use figures and relative to the target population, use of condoms is low in Belgium, France, Norway and Russia, medium in Germany, Italy, Holland, Denmark and Portugal, high in the UK, Spain and most Eastern European countries and is highest in Greece, Poland and Slovakia. Qualitative evidence to explain the differences is sparse and I hope that by the end of the seminar we would have some answers or at least pointers to further research.

General factors affecting contraceptive prevalence include; the size and demographic make-up of the at-risk population, the availability and access to the various contraceptives, he impact of STIs and unwanted pregnancy, socio-cultural considerations, and cost. All these apply to male methods. However, other factors have an even greater impact on male method use especially condoms. These are; age, stage of the relationship, perception of the method, embarrassment and risk taking behaviour.

Coitus Interruptus is most prevalent in Southern and Eastern Europe. However collection and interpretation of data on this method remain difficult. Periodic abstinence on the other hand epitomises shared responsibility. Whether it should be classified as a male or female method is dependent on where society and we feel the burden of contraception should fall.

Lecture II
Sex education of boys in Europe

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Space for boys

In the past sexual health, contraception and reproductive health were seen as women's issues. This was also reflected in the way young people were educated about sexuality and sexual health. Today the situation has changed. It is recognized that both partners have a role to play in working together to build a healthy relationship where they can enjoy sexuality and make informed choices.
Young men have been largely left out of efforts to address the health and social consequences of sexual relationships and sexual activities. Traditionally most health professionals and educators focus mainly on the sexual and reproductive health needs of girls, whether in positive in the form of programmes and services, or negative in the form of social disapproval for being sexually active. Even in co-educational programmes young men and boys have been often left in a vacuum. Young men are left of the hook, when society, including professionals and parents, does not hold them accountable for their sexual activity. At the same time boys are left in the dark because their sexual needs are ignored as well. Boys' sexual behaviour and attitudes often reflect the double standard that exists in most societies - tacitly approving and even encouraging to have casual sex, while still disapproving such behaviour in girls. In other more progressive societies boys are often approached in a 'feminist' way. As it is clear for educators that the status of girls should be the basis of strategies, programmes for young people are more focused on the status of girls and not so much linked with the status of boys. This can lead to a negative attitude and approach towards men, masculinity and sexual behaviour.
One of the main challenges is to reconcile the needs of young men themselves and the approach of health professionals and educators. To find a way out of the dilemma we need to learn more about young men's sexual and reproductive health issues, including contraceptive use, STDs/HIV, forced sex and unplanned pregnancy, as well as boys ' perception of masculinity, responsibility and gender roles.
In my lecture I will share some results from international qualitative studies which illustrate some of the special societal and sexual challenges faced by young men.
I will also give some examples of programmes form different European countries which try to support young men and boys to challenge their traditional roles and create opportunities to discuss and debate their own views and opinions as well as improve their communication and negotiation skills.
Finally I will give some recommendations and points of action for working with boys and young men's sexuality.

Lecture III
Factors influencing male involvement in preventive behaviour

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Until quite recently, contraception was considered a woman's responsibility. Boys and men were a neglected group with respect to sex education and counseling. But then came AIDS, and preventing unwanted pregnancy was no longer the only goal. Since condom use is the only way to prevent from AIDS and STD's, boys and men should now take responsibility for safe sex as well. Increasing heterosexual men's commitment to and involvement in sexual health became one of the main targets for educators and professionals. Since women have long been the primary target group, sex educators and sexual health professionals had to adjust their approach and become more sensitive to gender specific needs in this area.

The social position of men and women in a (sub-)culture is an important factor with respect to male involvement in preventive behaviour. Gender equality facilitates communication, negotiation and sharing of responsibilities in sexual contacts.

An adequate knowledge level and a positive attitude towards sexuality and safe sex are positively correlated with the quality of preventive behaviour. Boys and men are generally at a disadvantage with respect to knowledge about sex and sexual health issues. Boys receive less sex education at home, and for them media are the most important information source. Boys and men are more hesitant to talk with others, either professionals or friends, about their worries and uncertainties in this area.

But male involvement in preventive behaviour is not only a matter of knowledge and attitude. Whether a boy or man can actively take up his role in this respect depends very much on his interaction skills in sexual contacts and relationships. Most boys and men are not trained in open discussion of intimate matters. They have to find styles and strategies to integrate preventive behaviour (f.e. condom use) in their sexual contacts. Positive role modeling is very important in this respect.

Key-note Lecture I
Male methods - recent developments

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- Abstract not available at the time of printing -

Key-note Lecture II
Male sterilization in Europe: epidemiology, methods, refertilization and vasectomy in special cases

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Recently the world population reached 6 billion people.
The population growth rate is 1.6% or 100 million people per year, faster than ever before in the history of mankind.
Overcrowding underlies all major problems in the world, such as poverty, malnutrition, resource depletion and pollution.
50% of all couples of reproductive age have no access to contraception or advice in family planning.

In this lecture a short introduction on vasectomy will be presented, including some historical notes. In the past century vasectomy was performed not only for birth control, but also some odd indications.
Vasectomy represents 8% off all contraceptive methods used worldwide. The percentage is much higher in some industrialized countries like Australia, Canada, New Zealand, U.S.A and The Netherlands.
Bilateral vasectomy is a safe, simple, relatively inexpensive and very reliable method of sterilization.

Counseling of the couple includes information about the vasectomy procedure, the complications, the follow up, the long term results and the possibility of vasectomy reversal, but also pros and cons of other methods of contraception.
It is interesting to understand the decision process of married couples making the choice between tubal sterilization or vasectomy.
Sterilization requires detailed information, which has to be given to the couple both verbally and in writing.
Although a variety of vasectomy techniques are advocated, all have the same goal: permanent interruption of the vas deferens.

The vas must be correctly identified and divided, and the cut ends must be obstructed by ligation or other procedures.
An important issue is the post-vasectomy semen examination to confirm that the procedure was succesful.
Many patients, however fail to follow the instructions for semen testing postoperatively.
Vasectomy is a minor procedure but complications do occur:
bleeding or haematoma (4-22%), infection (1-33%), scrotal pain or orchialgia (2-33%), early failure due to technical error (0.2-5.3%) and late failure after spontaneous recanalization (0.03-1.2%).
Paternity consequent on recanalization can occur at any time after vasectomy, regardless the details of the surgical procedure or the criteria for sterility.
Many papers have been written about the possible relation between vasectomy and cancer, particularly cancer of the prostate or the testis.
Vasectomy reversal is requested by 2-6% of the vasectomized population, most frequently by younger man because of divorce and remarriage.
With a good surgical technique a man's fertility can be succesfully restored in over 50% of cases.
Patency and pregnancy rates however are inversely related to the duration of the obstructive interval.
Vasovasostomy or vasoepididymostomy are more cost-effective than sperm retrieval and intracytoplasmic sperm injection.
In selected cases the choice of microscopic epididymal sperm aspiration and in vitro fertilization with intracytoplasmic sperm injection may be appropriate.

Negative attitudes towards vasectomy in Eastern Europe explained

Georgy Bartfai

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Worldwide, more than 50 million males have used vasectomy as a contraceptive method. However, there are some countries in Middle and Eastern Europe, such as Hungary, in which vasectomy is far from popular. To explain the possible reasons, a questionnaire survey has been sent to representative uro-andrologists in this region. The findings of this survey indicate that the main reasons for the unpopularity are as follows: a) cultural considerations, with an overemphasized female responsibility for unwanted pregnancy, b) lack of knowledge among both patients and health care providers concerning vasectomy c) there is no appropriate law concerning a male sterilization service, d) an overemphazized fear concerning the side-effects of vastectomy, e.g. prostate cancer, e) the operation is not or only partially covered by the medical insurance scheme.
Since vasectomy is a minimally invasive and safe contraception procedure by means of media campaigns, and the active participation of health care providers.

1. Practical aspects of male barrier methods

Moderators

Olga Loeber (The Netherlands)
Theodoor van Boven (The Netherlands)
Martin Kessel (Germany)

Condoms are widely used but often not well liked. In a worldwide survey 45% of people said to have used a condom in the past three months. These were mainly young people between 16 and 19 years of age.
Literature shows that breakage and slipping of condoms is not frequent (5-9% for the two incidents combined). A small group of users is responsable for the majority of breakage and slipping, amongst them the inexperienced group without a stable relationship.

The goal of this workshop is to discuss problems men and women have in using condoms and myths which prevail in our country of origin and maybe amongst ourselves. In this workshop we wil try to find solutions to the problems and corrections to mythbuilding.
This will be achieved by fun and games.

We start with a short introduction on the development of condoms from the Egyptians till modern times and the use of different materials: from linen and tortoiseshell to polyurethane.
What is the right size of a condom and how is that determined.
Then we will ask the participants to tell the group about the problems, fears and prejudices which they encounter in their own country. Are there also positive aspects of condom use, or do they encounter only negative aspects? What kind of people are happy using condoms and who is not. (consumer habits) What is the general knowledge about condoms.

Then we will play some games, the contents of which will be kept a secret now, but will hopefully involve a lot of laughter. These will deal with practical aspects of condom use and communication. Not only the cognitive aspects of this part of the workshop are important but also having fun and building group spirit. These are vital in incorporating effective condom use in counseling.
We will try to compose statements and solutions to problems to be shared with the rest of the congress participants

Finally every participant will be invited to practice with all kinds of condoms.

2. Ethnic minorities and preventive attitudes for men

Moderator:

Anne Verougstraete (Belgium)

Many parts of Europe have attracted economic migrants, mostly poor people from poor countries seeking to improve their standard of living. This has resulted in ethnic, cultural and religious diversification.

Confronted by an alien dominant culture, there is a tendency to reaffirm traditional culture and social norms, and this can lead to stricter enforcement of cultural and religious rules than in the country of origin.
Whilst nearly all religions impose strict rules concerning sexuality, the influence of religious leaders in poor countries tends to be greater than in western Europe.

In many countries the rights of men and women are far from equal:

* Pre-marital virginity is only compulsory for wives
* Men are not required to marry their sexual partners and women are usually the only ones blamed for extra-marital pregnancy.
* Women are denied social autonomy in some countries where they always have a male authority deciding for them.
* Women are usually blamed for:
    + Infertility
    + Sexual transmitted diseases

Given the high degree of social, economic and psychological dependency of women from ethnic minorities, it is very difficult for them to negotiate contraception and STD prevention decisions with unwilling partners. External persuasion and influence is needed.

Fertility is important all over the world but some cultures place particular value on having many children, especially where infant mortality is high and where elderly parents become dependent on their children.

Beliefs and myths concerning fertility, STD's and AIDS vary considerably worldwide, and influence attitudes towards contraception and safe-sex practices.

We will discuss what we know about current male preventive attitudes in different ethnic minorities, and how to influence them. To achieve this, we should:
-Reinforce our respect for men and women of ethnic minorities and for their cultural values
-Encourage greater respect for women within ethnic minorities
-Encourage greater respect for women of other cultures

3. Male involvement in STD prevention

Moderators:

Paul Yu (UK)
Nathalie Bajos (France)

Against the Trend

To reduce the rate of sexually transmitted disease and unplanned teenage pregnancy, sex education programmes have been implemented in schools. For various reasons, there has not been complete participation in the programmes by a number of young people - leaving friends/peers to be the principal source of sex information for 16-24 year old males. However a national survey shows that young people would in fact prefer health professionals to be their source for sexual health information.
In an attempt to address the need for relevant information and support, health shops (sexual health / contraceptive clinics) targeted at young people, have been established across Manchester. Nevertheless, research indicates that males are less inclined to access sexual health/ contraceptive services when compared with females.
In Clayton, North Manchester, pregnancy rates are above the city and national average. Contraceptive advice/ service is available at a local youth centre and at a "health shop" within walking distance. Not withstanding the above provisions, a group of local male teenagers have been persistently attending Clayton Health Centre evening general family planning clinic. This contradicts the accepted notion young people to not access main-stream family planning services. Subsequently, a male clinic was established to meet the expressed need of this group of male teenagers.
Between 01-01-99 and 13-07-99, the average rate of attendance per weekly session was 14 males.
A survey was carried out between April to May 1999 to identify factors which help or deter this group of male teenagers to access sexual health/ contraceptive advice/ service at a main stream health service setting.

Methodology
50 male attendees were asked and consented to fill in a simple open ended questionnaire.

Highlight of Results
30% of respondents said that they got to know of the male clinic from their friends and 4% from the school.
16% reported that proximity (location) of the health centre was the main reason for their attendance.
8% respondents said because it was a health centre.
2% of the respondents said that the free supply of condoms was the reason for their attendance.

Discussion
The data shows that anonymity, confidentiality and friendliness were not significant factors influencing their usage of the clinic. The male clinic based at the health centre appears to be a positive factor in promoting usage.
The study was on a small limited scale. Further research on sexual health belief and behaviour of male teenagers is required if service providers are to be successful in

involving males to reduce the rate of sexually transmitted illnesses and unplanned teenager pregnancy rate.

4. Men and abortion

Moderators:

Woet Gianotten (The Netherlands)
Bo Andreassen Rix (Denmark)

The workshop will address male aspects of abortion, discuss needs for further research and make recommendations concerning the role of male partners in abortion.
The cultural differences in Europe may be reflected in the power balance among partners, in the role of men towards contraception and in their responsability towards fatherhood or abortion. Very little research has examined the man's attitude towards abortion and the involvement of men throughout the three stages of the process: the decision-making, the procedure itself and the coping afterwards.

The man's role in the decision process.
The role of the man in the decision process may vary. In some cultures throughout Europe, by law and by tradition, the man may decide or influence the decision, while in other cultures the man may have very little influence.
German studies show that the man can complicate the decision process of the woman by not making their own position clear independantly of the woman's final final decision.
In Swedish adolescent clinics, 25% of the boys accompanied the girl to abortion councelling. The boys worried about the physical complications for the girl and often reported powerlessness and reflections about their own maturity. 12% of Swedish adolescent clinics reported that the male partner was frequently consulted, while 26% of the clinics reported this to take place rarely.
A Norwegian study showed that 23% of the women and 15% of the men reported the man to be the dominant decision maker. Partners were equaly involved in the decision according to 25% of the women and 40% of the men. Half of the women would choose abortion regardless of their partner's wishes. There may thus exist a discrepancy in couples where the man underestimates his influence on the abortion decision.

The man's role in the abortion procedure itself.
In the traditional medical setting the elatives are not given access to the treatment room. In Danish abortion clinics, the frequency of male partners accompanying the women to the clinic may vary from 25% to 75%. In specialized clinics, over 90% of Dutch abortions are performed in local analgesia, and up to 39% of the partners are present during the vacuum curettage itself.

The man's role in the coping afterwards.
After the dicision for abortion was made, Swedish boys showed a vast array of emotional reactions including relief, grief and disappointment. Some Swedish adolescent clinics offer individual support for the male partner.
In pregnancies ending in abortion the first reaction of half of German men was a relief that they could become father in the future.
Dutch experience shows that the more the male is involved throughout the various stages of the process, the bigger the chance that the abortion will become an experience of growth. Not only in terms of relationship and responsibility but also in terms of sexual health and contraception afterwards.

5. Practical aspects of sex education

Moderators:

Sanderijn van der Doef (The Netherlands)
Allison Bigrigg (UK)

Until about 10 years ago sex education was all about preventing unwanted pregnancies and thus for years sex education was especially aimed at girls. From the time AIDS came in the picture we also started to talk to boys. In sex education boys were warned to protect themselves against the AIDS virus and STI's. We stressed the importance of using condoms to protect themselves and their girlfriend. For the first time boys had to learn to feel responsible for using condoms. A few years later sexual harassment and sexual abuse were discussed as new subjects in sex education. Again boys were addressed in sex education. They were warned not to have sex with a girl who said 'no'. Sex education contains many negative messages to boys: to warn them from getting AIDS or STI's and to warn them not to abuse girls. This kind of sex education will have a negative effect on the development of a boy's identity. Boys will grow up to be insecure men in their sexual and social relationships with women.

Is sex education to negative to boys? How can we stress the positive side of sexuality to boys in sex education? How can we give sex education to boys and girls and stress the responsibality of both boys and girls to enjoy sex with respect to each other.

In this workshop we will discuss:
1) the importance of having a positive attitude to boys when doing sex education, in mixed or in gender specific groups.
2) if and when gender specific sex education is necessary
3) what we want boys to learn in sex education
4) different ways boys can be approached in sex education.

In the workshop there will be time to practice some exercises that have been shown to be very effective in sex education with boys. Also there will be an opportunity to exchange experiences with gender specific sex education.

6. Gender differences in communication

Moderators:

Mary Short (Ireland)
Veroon Vermeer (The Netherlands)

Much has been made in recent years of the different ways in which men and women communicate and there are a number of best selling self help manuals in the book stores to prove this point.

Until the advent of hormonal contraception, contraception depended on the co-operation of both parties, e.g calender method, and men had the option of coitus interuptus or using condoms. Since then, women are no longer dependant on their male partners in contraceptive terms, due to the ready availability of the contraceptive pill.

In the 1980's efforts were made to encourage the use of condoms in the prevention of the spread of AIDs and sexually transmitted diseases - again, safe(r) sex became dependant on the co-operation of both partners. This led to more attention to gender communication as men and women now had to negotiate the practice of safe(r) sex. Efforts were made to encourage men to be become more sexually responsible - but this appeared in isolation as sex education is often limited to the technical and contraceptive areas with little attention paid to personal development, especially for men.

When it comes to contraceptives, a situation has arisen that most contraceptives are designed with women in mind and the majority of women present alone for contraceptive advice. Because of this, health professionals in turn may see contraception as purely a gender issue - and this may colour the consultation.

This workshop wants to explore gender communication within our work. We want to examine if the above described situation poses certain problems for the health professionals? Changes we might want achieve, steps we have to take.