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Abstract

**Aims.** To identify men's knowledge and attitude to contraception and to determine whether there are differences in those men who have previous experience of termination of pregnancy (TOP) compared to those without experience.  
**Method.** Cross-sectional survey by written questionnaire of male attenders at a genitourinary medicine (GUM) clinic.  
**Results.** In total 999 men, aged 15 to 70 years, completed questionnaires, 97.2% of those eligible. Over 96% of men wishing to avoid pregnancy with regular sexual partners were using contraception. However, with casual sexual partners 36% of men would not ensure that they were covered for contraception. The majority, 68.8%, of men did not have enough knowledge to access appropriate emergency contraception. Experience of a TOP was reported by 16.5% of men. Compared to men who did not have termination experience there were no differences in contraceptive use or their knowledge of emergency contraception.  
**Conclusion.** Use of contraception with regular sexual partners was good, but this was not the case with casual sexual partners or with respect to knowledge of emergency contraception. No significant differences were found in contraceptive use or attitudes between men with or without experience of TOP, but this may be influenced by several factors including the cross-sectional nature of the study. Improved targeting of men at the time of their partner's termination and the development of a National Sexual Health Strategy which takes into account men's needs may address this.

Key message points

- The need to involve men in contraception use is well recognised.
- Amongst men with regular sexual partners, 96% of those wishing to avoid a pregnancy used contraception.
- Over one third of men would not ensure contraception was used with a casual sexual partner.
- Knowledge of emergency contraception amongst men was poor.
- Previous experience of termination of pregnancy did not seem to influence contraception practice.

Introduction

Since the advent of oral contraception, family planning has primarily been perceived as the responsibility of women. This was not only practical, but also pragmatic as the majority of contraception involved the user being female and also gave women control over their own fertility. However, as the problem of unplanned pregnancies increases, there is growing awareness that one of the ways of tackling the discrepancy between contraceptive need and use is to target a previously neglected group involved in the use of contraception, that is men.<sup>1-3</sup> Various campaigns have been organised to try and target the male population including the 'Men - this is for you' campaign run jointly by

the Health Education Authority and the Contraception Education Service. However, the issue of increasing men's involvement in contraception is far from resolved.  
There are few published studies looking at men's attitudes to contraception. The major studies on contraceptive use and attitudes in the UK have studied women exclusively.<sup>4,5</sup> Hence, the need to focus specifically on men's contraceptive knowledge and attitudes.

Aims

To identify men's knowledge and attitude to contraception and to determine whether there are differences in those men who have previous experience of termination of pregnancy (TOP) compared to those who have no experience of TOP.

Method

Consecutive male attenders at the genitourinary medicine (GUM) clinic at Nottingham City Hospital NHS Trust, over a 2-month period December 1999-January 2000, were invited to self-complete a confidential written questionnaire.  
The questionnaires were completed prior to seeing the health care professional and collected before leaving the clinic. Data were collected on: current contraceptive use with regular sexual partners; use of contraception with casual sexual partners; knowledge of emergency contraception; and experience of pregnancy and/or its termination. Emergency contraceptive knowledge was graded as follows: no knowledge; minimal knowledge: aware emergency contraception existed but unsure of details; reasonable knowledge: enough knowledge to access one method of emergency contraception; good knowledge: aware of more than one method of emergency contraception and appropriate use. The questionnaire has not been reproduced here, but a copy is available on request. No one completed the questionnaire more than once.  
Statistical analysis was by Chi squared tests where appropriate. Ethical committee approval was obtained.

Results

Background data

The questionnaire was offered to 1134 men; 28 declined to complete the questionnaire and 107 were excluded as they were men who exclusively had sex with men. This provided 999 questionnaires for analysis.  
The ages of the men ranged between 15 to 70 years, with the majority of men being aged 21 to 30 years (Table 1). Of the cohort, 369 (37%) were living with their sexual partner,

Table 1 Age distribution of respondents

Age in years	15 - 20	21 - 25	26 - 30	31 - 35	36 +	Total
Number	140	229	222	162	225	978
	(14.3%)	(23.4%)	(22.7%)	(16.6%)	(23.0%)	

Data unspecified by 21 (2.1%) respondents

359 (36%) had a regular sexual partner whom they were not living with, and 271 (27%) had no current regular sexual partner.

The proportion of respondents who had no current regular sexual partner was similar in each age group. However, the proportion of men living with their partner increased with age, for example 15.7% between ages 15-20 years, compared with 51.1% of those aged above 36 years, lived with their partner.

Almost all had previously accessed health care and almost two thirds had previously attended a GUM clinic.

Current contraception

Of the 728 men with current regular sexual partners, 90% were using contraception and 166 (50%) of those using non-barrier methods also reported using condoms - the 'Double Dutch' method (Table 2). Of the 75 men who reported that no contraception was being used: 33 were trying to conceive with their partner; 20 of their partners were already pregnant; two cited infertility; and 30 gave no reason, although eight of these were over the age of 50. Therefore, at least 96% of men wishing to avoid pregnancy were using contraception.

Table 2 Contraception use in respondents with a regular sexual partner

Contraception method used	Number using method
Pill	344 (47.6%)
Condom	125 (17.3%)
Injection	39 (5.4%)
Female sterilisation	39 (5.4%)
Vasectomy <sup>a</sup>	39 (5.4%)
Coil	34 (4.7%)
Withdrawal	10 (1.4%)
Abstinence	6 (0.8%)
Diaphragm	4 (0.5%)
Hormonal implant	4 (0.5%)
Rhythm method	3 (0.4%)
None	75 (10.3%)
Total	722

Data unspecified by 6 (0.8%) respondents  
<sup>a</sup> Two men were in relationships where both they themselves and their partner were sterilised, these were entered as 'vasectomy' for the purpose of analysis

Knowledge of emergency contraception

Of the 882 men responding to these questions, 43.7% had no knowledge; 25.1% had minimal knowledge; 30% had reasonable knowledge; and 1.2% had good knowledge of emergency contraception. Methods such as 'PC4', progesterone-only emergency contraception, the coil, and abortion were mentioned by five, two, nine and three men, respectively. Men were more likely to have good knowledge of emergency contraception if they were younger ( $p < 0.001$ ), whilst men with vasectomies and those using no contraception were least likely to know about emergency contraception.

Contraception and casual sexual partners

Considering casual sexual partners, 556 (64%) of the 866 men responding would ensure that they were covered for contraception; 356 men (41%) would always use a condom with a casual sexual partner and 59 (7%) stated that they would never use a condom with a casual sexual partner. Forty-one (4%) men spontaneously volunteered information indicating that they would not have a casual sexual partner.

Men and TOP

Five hundred and fifty-one men gave information, of which 91 (16.5%) men admitted to experience of a TOP with a

current or previous partner, including four respondents who had had TOP experiences with both. Men were significantly more likely to have had experience of TOP if they were currently aged 26-30 years and had a regular sexual partner they were not living with. They were no more likely to have accessed health care services, ensure contraceptive cover with casual sexual partners, lack contraceptive use with regular sexual partners, nor were there any differences in their knowledge of emergency contraception. They were, however, more likely to have experience of other pregnancies, to have a child, or to have had a partner with whom they had a miscarriage ( $p < 0.001$ ).

Discussion

Men represent 50% of a heterosexual sexual relationship, yet their knowledge and attitudes towards contraception may not put them on a level with their female partners. For example, whilst the majority of men in the study group knew which contraceptive method they were currently using, approximately one third of men would not ensure that contraception was used with a casual sexual partner, and the majority of men did not have enough knowledge to access appropriate emergency contraception. This is in contrast with surveys of women's relatively detailed knowledge of emergency contraception, as indicated by evidence that 73% of women were aware of the time scale in relation to the post-coital contraceptive pill.<sup>6</sup> From a broader sexual health perspective it is of concern that only 41% of men would always use a condom with a casual sexual partner, and that 7% would never use a condom in this situation, particularly as these men were all accessing a GUM department.

Men have a difficult role to play in the area of pregnancy termination, and there are few previously published data. Although men in the study reported a 16.5% TOP experience rate, it was not possible to determine the true proportion with this experience. This is because men may not be aware of either early pregnancies, or of their partner's decision to terminate. The results of this study suggest that men with experience of TOP do not have any significant differences in their contraceptive use or attitudes compared to those with no experience of TOP. However, due to the cross-sectional nature of the study it is difficult to ascertain if contraceptive knowledge predated the TOP or was learnt following the experience. A longitudinal study would be able to clarify whether an increase in men's contraceptive knowledge was brought about by the experience of pregnancy termination. This raises the question of whether there should be improved targeting of men at the time of their partner's termination, aiming to provide a more holistic service.

The study provides a baseline for looking at men's contraceptive attitudes and practice. Its strengths lie in an excellent response rate, perhaps due to the acceptability of discussing these issues in a GUM clinic, and the ability to reduce selection bias by studying consecutively attending men, the majority of whom self-refer. Conversely, by its very strengths, the study may be limited by the selected population of men attending a GUM clinic. However, these are a group of men who are particularly important to survey, as they are sexually active and may be at risk not only of unwanted pregnancies, but also of sexually transmitted infections.

Currently, there are discussions and plans to develop a National Sexual Health Strategy which will weave the diverse groups currently supplying services into a complementary and integrated package. In formulating

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these plans it would seem rational to ensure that services are not gender specific, and take account of men's needs.

### Conclusion

Contraception use with regular sexual partners was good. However, with casual sexual partners it was dramatically reduced. In general, knowledge of emergency contraception was poor. No significant differences were found in contraceptive use or attitudes between men with or without experience of TOP, but this may be influenced by several factors. Improved targeting of men at the time of their partner's termination and the development of a National Sexual Health Strategy which takes into account men's needs may address this.

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