

OUT OF FOCUS

**The representation of men in regional and global
sexual and reproductive health policy**

Dr Tim Shand and Conor Evoy



**GLOBAL ACTION ON
MEN'S HEALTH**



ShandClarke Consulting

Innovation for global change

Opella.

Background to this study

- Men's health and engagement is essential to **advance sexual and reproductive health (SRH) for all**, women's rights and gender equality
- **Men's own SRH and unmet needs** remains topic of insufficient focus
- Gap in **knowledge base** on how regional and global SRH policies include and characterise men's SRH
- **Part of a GAMH series:** previous reports highlight men are overlooked in global cancer and mental health policy

Men's unmet SRH needs

STIs

Syphilis, chlamydia, gonorrhoea and trichomoniasis are more common in men than women in all age groups from 24-85 years

HIV & AIDS

Most new HIV infections (54%) are in men and boys. In 2022, 100,000 more men than women contracted HIV

Contraception

Male condoms and vasectomy account for only 25% of contraceptive use - this has not changed since 1994

Fertility

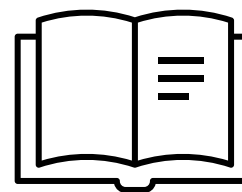
Sperm counts fell by 52% between 1971 and 2011 and male infertility contributes to about 50% of infertility in couples

Sexual dysfunction

50% of men aged 40-70 experience erectile dysfunction across several European countries

Male reproductive cancers

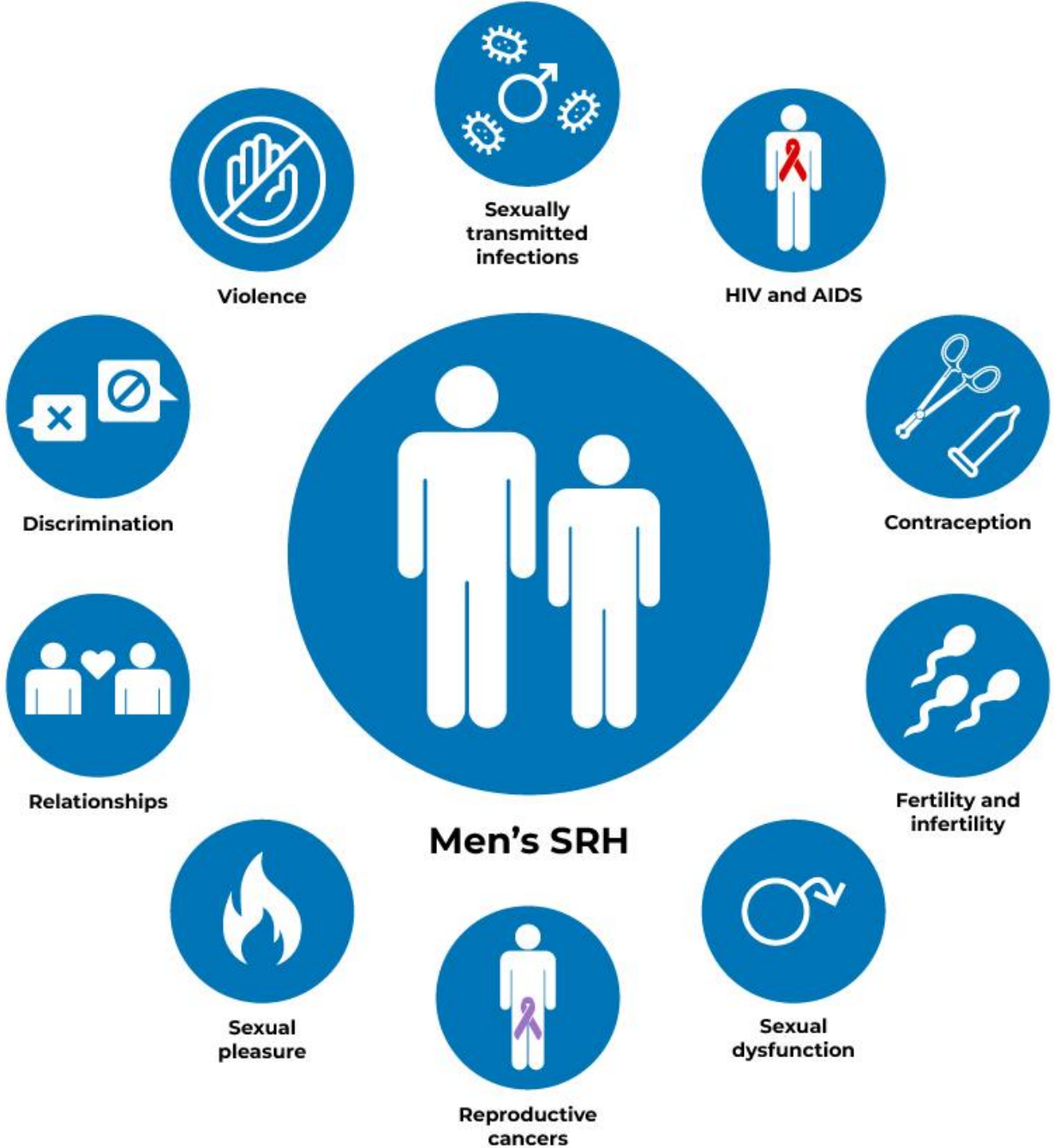
The prevalence of male reproductive cancers – including prostate and testicular cancer - has climbed globally since the 1980s



Methodology

- **Research questions:** 1) How men's SRH is included and characterised in SRH policy?; 2) sex-disaggregated data & measures on men's SRH?; 3) How is sex, gender & gender equality considered?; 4) How comprehensive is the focus on men's SRH?
- **Systematic approach:** Rapid review method; working definition of men's SRH and key components; policy data extraction tool
- **Search strategy:** Key relevant organisations' websites; search terms related to men's SRH; clear definition of policy; iterative search process
- **Selection & data extraction:** 66 global and regional policy documents sourced, reduced to 37; domains: overall focus on men's and/or women's SRH, gender, sex & gender equality, data & measures, focus on different groups of men, coverage of SRH topics
- **Limitations:** Excluded policy implementation and national level policies

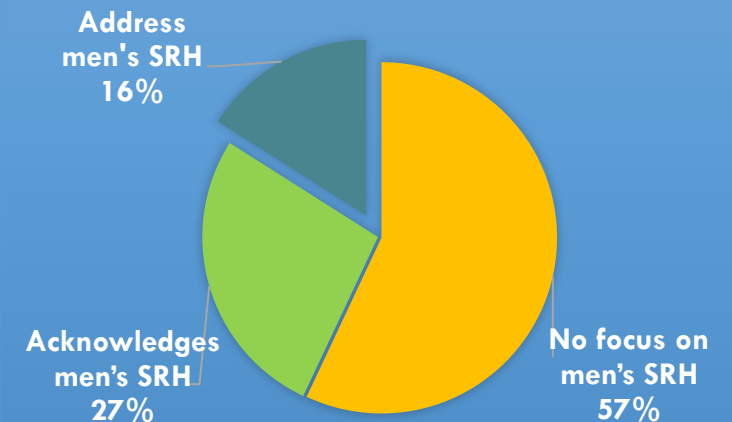
**Key
components
of men's SRH**



Findings: Overall inclusion of Men's SRH

- **Insufficient policy focus:** 57% of policies did not acknowledge men's SRH. 43% do acknowledge. Only 16% deliberately address men's SRH needs
- **Negative and instrumental framing:** Men often presented as risks to be managed, or solely to improve women's SRH. Less attention to SRH as also a critical component of men's lives
- **Narrow focus:** Policies don't address broad range of SRH topics relevant to needs of men and partners
- **Limited focus on different groups of men,** particularly the most vulnerable men

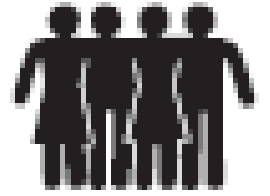
Men's SRH is Out of Focus in Regional and Global Policy



Data and measures on men's SRH in policy



- Only 14% of policies include sex-disaggregated data on men's and women's SRH. Data on men's SRH is very limited
- Only 14% contained **specific SRH indicators or targets for men**. Those that do being mostly focused on men who have sex with men (MSM) and only in the context of HIV/STIs
- More commonly, policies provided data and indicators on only **women's and girls' SRH and health outcomes**
- A lack of data and targets on men's SRH leads to **inadequate understanding and attention to men's unmet SRH needs**, and feeds back into a poor policy focus



Sex, gender and gender equality focus

- Policies **fail to differentiate between ‘sex’ and ‘gender’**, using the terms interchangeably, and insufficiently acknowledge gender diverse individuals
- **Men’s gendered behaviours and needs largely overlooked (compared to women’s)**. Men gendered in context of harmful male norms and behaviours, but not as it affects their own wellbeing (with the exception of MSM as at-risk male group).
- On gender equality within SRH, policies prioritise women’s empowerment with **only a small number also seeking to engage men to accomplish gender equality** or challenge harmful gender norms.
- Policy **does not connect** improving equity of SRH care for men as part of improving health, wellbeing and equality for all

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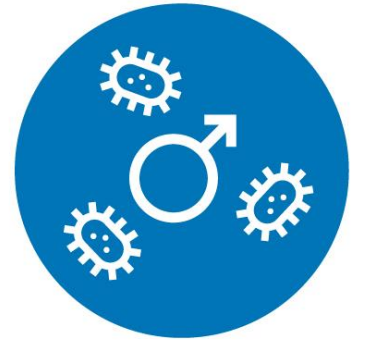


A report from Global Action on Men's Health

Findings on specific men's SRH topics within SRH policy

Men & Sexually Transmitted Infections (STIs)

- STIs **one of the best covered men's SRH component** in SRH policy, with dedicated STI policies and inclusion in broader SRH policy
- Dedicated policies **rarely provide for those outside at-risk groups of men**, mainly MSM, young men, as well as transgender people
- Prevention and behaviour change focus can be limited
- Broader SRH policies (that include STIs) often **lack specificity, refer to STIs more generically** with limited detail on men's STI needs
- **STI policies can focus more on women than men** (beyond at-risk groups), and are insufficiently integrated into broader SRH



Men and HIV & AIDS

- **HIV is most covered SRH topic** in regional and global policy
- HIV policy **targets at-risk populations specifically**, generally people in prisons, injecting drug users, gay men and other MSM
- **Only variable attention to young men and insufficient focus on cisgender heterosexual men**, despite being key drivers of transmission, men's unmet needs (testing, treatment and AIDS mortality)
- HIV policies often **siload from other SRH (and STI) areas**, missing opportunities for integration and to utilise HIV as entry point to men's SRH



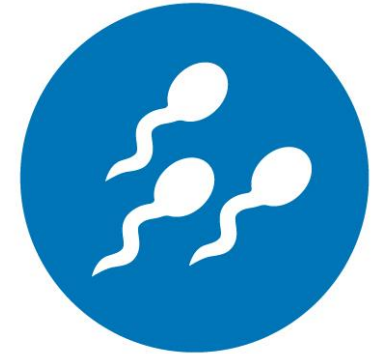
Men and contraception/family planning

- Contraception is often **framed as a female issue only** (explicitly or implicitly), with limited focus on men's engagement
- Some policies do **promote importance of shifting male attitudes and behaviours** to improve SRH uptake for women
- Policies focused **less on men as contraceptive users** (or their access to services) or comprehensively on men's role
- **Male condom** use is emphasised more in HIV and STI policy, and for disease prevention rather than dual protection.
- Limited focus on increasing **vasectomy**
- No specific policy mention on supporting research and adoption of **novel male contraceptives**



Men and fertility

- Only **16%** of policies mention male fertility, with a predominant focus on women's fertility
- Where male fertility is discussed in policy, approaches are **not comprehensive** and do not cover broader health implications, such as links to cardiovascular health
- Fertility is **often discussed in clinical terms (urology), not holistically**; policies rarely address fertility as a couple's concern or consider the broader implications and consequences for men



Men and sexual dysfunction

- Male sexual dysfunction is **almost entirely absent from mainstream SRH policy**
- **Only 5% of policies** mention erectile dysfunction (ED)
- No focus on ED treatment and support options, or potential underlying health conditions, such as CVD
- **No policy** addresses premature ejaculation
- Sexual dysfunction in **older or younger men** is not addressed, overlooking the growing prevalence in these groups
- No consideration of the broader mental or physical health implications of sexual dysfunction



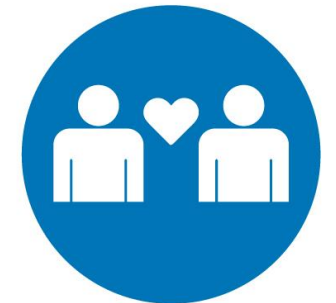
Men and reproductive cancers

- Male reproductive cancers are **almost entirely absent** from SRH policy. When mentioned, they are not elaborated upon
- Female cancers, particularly cervical cancer, **receive greater policy attention**, including dedicated policies and as part of broader SRH policies
- Male reproductive cancers are often categorised in **non-communicable disease (NCD) policy** rather than SRH policy, but are also insufficiently addressed within NCD policy
- **HPV-related cancers in men** are frequently overlooked despite men being carriers and transmitters

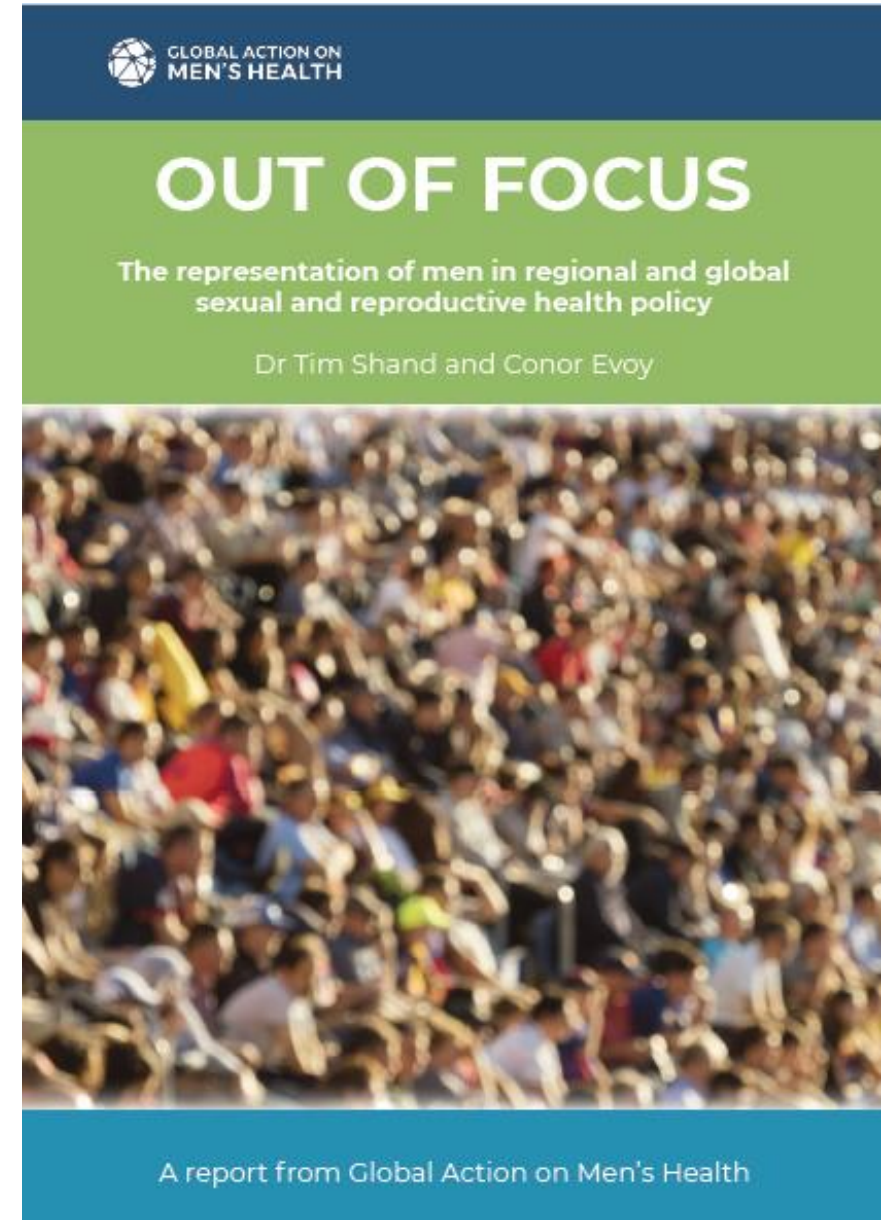


Men and sexual pleasure, relationships, discrimination and violence

- **Few policies discuss sexual pleasure** for men or women or present this as an SRH outcome.
- Policies **do not highlight the benefits of healthy relationships for men's well-being**, seeing loving, equitable and supportive relationships as something only women should aspire to
- Policy principally addresses discrimination through a **gender equality and women's empowerment lens**. Discrimination against some groups of men and race/ethnicity is not considered
- Policy focuses on mitigating the effects of violence against women, with **limited focus on engaging men in prevention**. Only 19% of policies acknowledge **men experiencing violence**



Findings on specific groups of men within SRH policy

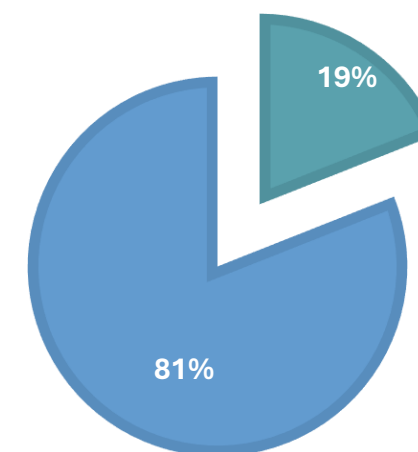


SRH of young men, MSM and transgender people

- 19% of policies specifically address SRH needs of young men (10-24 years) and boys. Policies frequently refer to young people's SRH or refer to **'men and boys'** but do not **account for the different needs** of these groups
- MSM's SRH needs are well-addressed in HIV and STI policies. However, there is a **total absence of policy on MSM's SRH needs outside of these areas**
- The needs of transgender people often in HIV and STI policy, but rarely outside that focus. Only one policy was found to take a **comprehensive approach to SRH policy for transgender people**

Young men's & boys' SRH also out of focus

- Address SRH needs of young men
- Does not address SRH needs of young men



SRH of older men, disabled men and men with serious health conditions

- **Only 5% of policies** contained specific references to SRH provision for older men (or older women). Part of general focus on **older people's health only**, not specific focus on men's SRH
- Disabled men's SRH needs are **entirely absent from policy**
- Men who are **living with or are survivors of serious health problems** are **similarly overlooked** in policy.
- Policy more likely to provide for SRH needs of women with serious illnesses/health conditions, such as cancers.

Recommendations

- 1** Increase the policy focus on men's own SRH needs, moving beyond more limited involvement of men to increase men's access to SRH information, services and care
- 2** Adopt more positive approaches to men's SRH within policy, which positions SRH as a critical component of men's lives
- 3** Expand data collection to include sex disaggregated SRH data as a standard and include targets for, and measurement of, men's SRH
- 4** Establish a standardised definition of men's SRH, and provide clearer agreement on the components of men's SRH
- 5** Continue to address the implications of harmful male gender and social norms, particularly for women and girls, and seek to minimise their frequency and reduce their negative impact
- 6** Seek to meaningfully engage men in challenging harmful gender norms and promoting gender equality and women's rights in SRH

Recommendations

- 7** Strengthen the distinction in policy between sex and gender, and approaches that address greater gender diversity in policy, and address men's gendered needs and behaviours as it impacts on men's own wellbeing
- 8** Further expand the focus on men's needs within policy on HIV, STIs and contraception
- 9** Increase the policy focus on more neglected male SRH topics, to address more sufficiently the implications of infertility, sexual dysfunction (particularly erectile dysfunction) and reproductive cancers for men
- 10** Expand a more positive focus to SRH for men and women through a greater focus on sexual pleasure and healthy relationships
- 11** Expand the policy focus on addressing discrimination, particularly racism, reducing violence against women, and recognising the impact of violence men experience
- 12** Better reflect and address the SRH needs of different groups of men, particularly old men, men with disabilities, men with serious health conditions, as well as transgender people. Include more explicit references to heterosexual men, younger men and more comprehensive approaches for MSM

Thank you



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