

WHO Global study of men and women's male contraceptive knowledge, attitudes, and behaviors using mixed methods

Presented at the ICFP 2025

Nancy Kidula (WHO /HRP)

Paola (Profamilia Colombia)

Abdellatif MAAMRI (AMPF, Morocco)

Kojo Asamoah Boateng (PPAG Ghana)



World Health
Organization

human
reproduction
programme **hrp**
research for impact
UNDP · UNFPA · UNICEF · WHO · WORLD BANK

Introduction

The WHO Global Study on Male Contraception (WHO-GSMC) is a multinational, cross-cultural, cross-sectional, mixed-methods study that aims to provide the most current and comprehensive assessment of male contraceptive attitudes and behaviours of men and their female partners



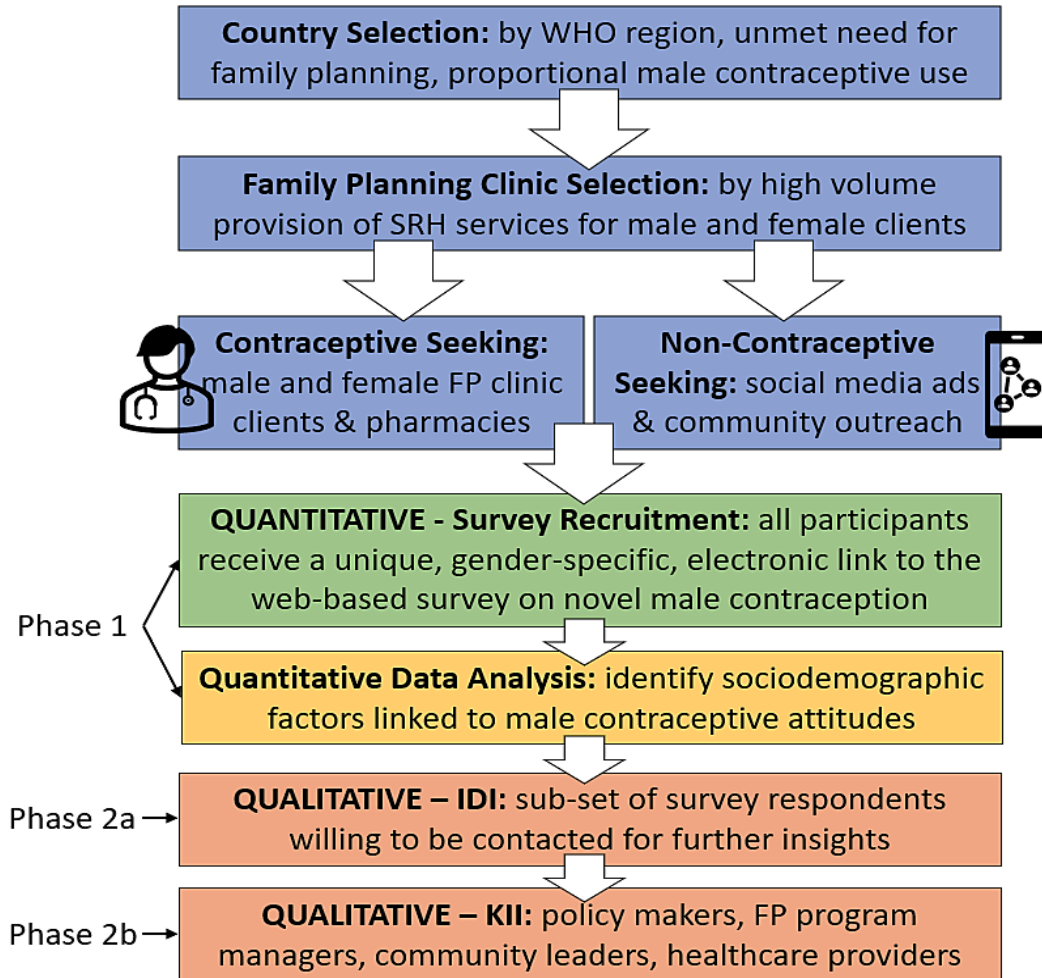
UN PAS DE PLUS POUR L'EGALITE DES SEXES

Participez à l'enquête sur la Contraception Masculine et faites entendre votre voix

Inscrivez-vous sur : <http://bit.ly/3mtC24r>



Methodology



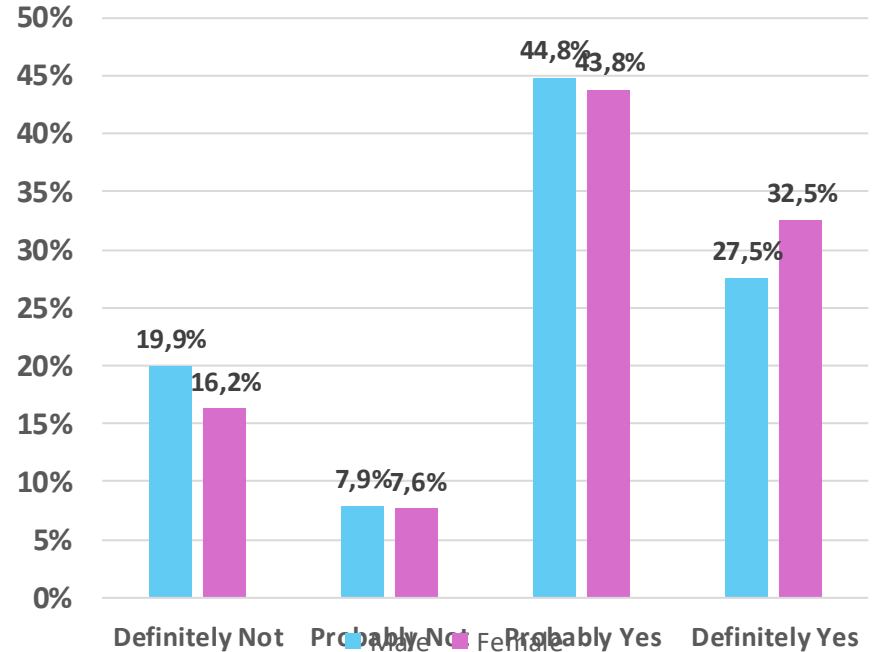
- This was a three-year project from 2023 – 2025 conducted by the WHO SRH and HRP in partnership with IPPF and selected member associations from Colombia (Profamilia), Ghana (PPAG), Morocco (AMPF) and Togo (ATBEF)-

Instruments:

- Phase 1: a unique gender specific electronic link to a web-based survey on novel male contraceptives
- Phase 2: Interview guides for IDIs and for KIIs

Key results

- A total of 1984 completed questionnaires were received (M=1016, F- 968).
- Willingness to use new MC was high in both men and their female partners (74.2%). Varied across sites
- From multivariate logistic regression, being married (adjOR: 3.33; 95%CI: 1.65-6.74), having multiple current sexual partners (2.09; 1.35-3.23), and having experienced an unintended pregnancy (1.98; 1.50-2.62), had the greatest odds of predicting willingness to use NMCs.
- Over 85 % of women were willing to use NMCs would trust their partners to consistently use NMC



We will now share some highlights from 3 of the study sites:
Colombia, Morocco and Ghana.



La contraception masculine

Ça vous dit quelque chose?

POUR PLUS D'INFORMATION,
CONTACTEZ LE CHERCHEUR PRINCIPAL DE L'ÉTUDE :

PR. MAAMRI ABDELLATIF

World Health Organization

Have you heard of Male Contraception?

Would you be willing to use it?

We would be happy to hear from you.

Click the [link](#) below to learn more and participate in a global survey.

You can call the toll free number for more information
0800202010

IPPF International Planned Parenthood Federation
UNFPA United Nations Population Fund

ICFP
2025
3-6 NOV • BOGOTÁ • COLOMBIA



Profamilia
60 años
Haciéndolo más Pro

WHO Global Study on Male Contraception (WHO-GSMC) Colombia Experience.

By Paola Montenegro (Profamilia)



Methodology

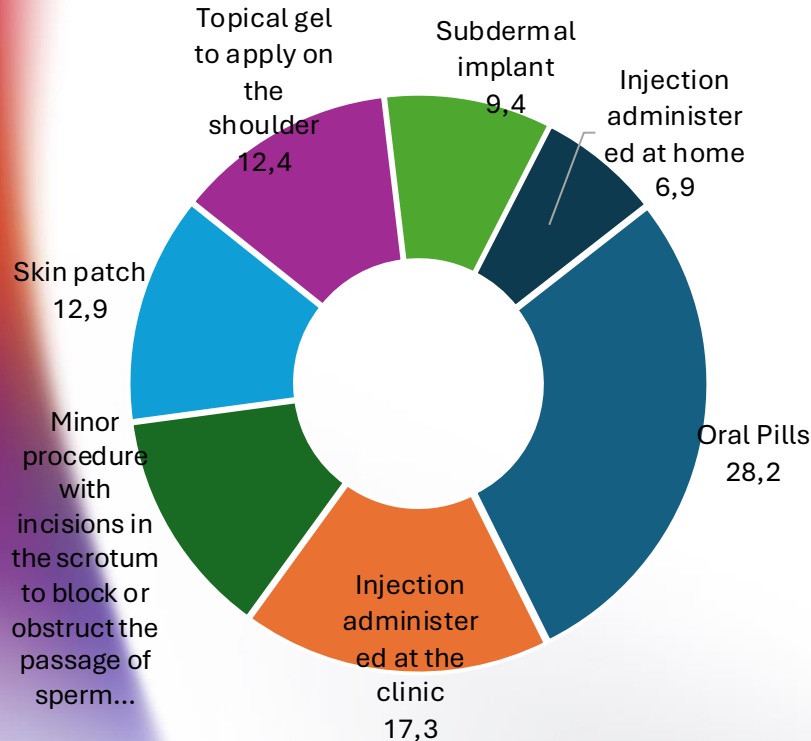


Bogotá, Tunja, Florencia
Medellín, Manizales, Quibdó
Cali, Pasto, Aguablanca
Barranquilla, Montería, Santa Marta

- Colombia is experiencing a historic decline in birth rates, leading to rapid population ageing.
- Modern contraceptive use among married women remains high at 72.9%.
- However, male participation in family planning is low — while nearly 1 million women seek counselling each year, only about 50,000 men do.
- Fertility decline is also linked to women’s greater access to education and increased participation in the labour market, leading to delayed motherhood and smaller families.

Results

Men's First Choice for Using a Male Contraceptive Method



Additional Key Insights on New Male Contraceptives

- There is a longstanding gap in family planning options for men, making these methods highly anticipated.
- Effectiveness and safety are essential for acceptance and trust in new male contraceptives.
- These methods will enable men to actively participate in contraception and decisions about having children.
- They will also promote men's autonomy over their sexual and reproductive health.

Research Challenges

- Identifying participants who met the criteria— especially individuals who had never used any form of contraception.
- In the second qualitative phase, locating participants who had taken part in the first stage.

Conclusions

Perceptions of New Male Contraceptive Methods

- Men are willing to use new contraceptives to prevent unintended pregnancies and share responsibility with their partners.
- Women are open to trusting men with contraceptive use, appreciating a more balanced responsibility.
- Successful introduction will require clear information, education, and communication efforts.





Expérience Marocaine sur l'Acceptabilité des Méthodes Contraceptives Masculines

Moroccan experience of the acceptability of male contraceptive methods

Pr Abdellatif MAAMRI
AMPF – Maroc



Contexte et objectif de l'étude

Acceptabilité des nouvelles méthodes contraceptives masculines (NMC) au Maroc

Contexte

- ❖ **caractère majoritairement musulman** du pays et des **normes religieuses influençant la contraception masculine** ;
- ❖ **Prévalence du préservatif masculin** encore faible et la **quasi-absence de vasectomie** au Maroc
- ❖ **Absence de politique nationale dédiée à la contraception masculine**
- ❖ **Faible implication masculine** historiquement, tabous culturels, manque de données locales.

Context and objective of the study - Acceptability of novel methods of male contraceptives in Morocco

Context

- Country is predominantly Muslim, and religious norms influence male contraception;
- Prevalence of male condoms is still low and vasectomies virtually non-existent in Morocco;
- Lack of a national policy dedicated to male contraception;
- Historically low male involvement, cultural taboos, lack of local data.

Contexte et objectif de l'étude

Acceptabilité des nouvelles méthodes contraceptives masculines (NMC) au Maroc

Objectif:

Identifier les facteurs sociodémographiques influençant l'acceptabilité des NMC dans un échantillon représentatif.

Défis rencontrés

- ❖ **Réticences culturelles** et tabous sur la virilité et la responsabilité contraceptive ;
- ❖ **Difficultés de recrutement** des hommes lors des enquêtes (manque de disponibilité, méfiance)



Context and objective of the

study - Acceptability of novel methods of male contraceptives in Morocco

Objective:

To identify the sociodemographic factors influencing the acceptability of NMCs in a representative sample.

Challenges encountered

- Cultural reluctance and taboos surrounding masculinity and contraceptive responsibility;
- Difficulties in recruiting men for surveys (lack of availability, mistrust)



Méthodologie et profil des répondants

- Étude mixte (quantitative/qualitative) – Enquête CAP, 527 personnes (51,9 % femmes, 48,1 % hommes).
- Variables croisées : sexe, âge, éducation, statut matrimonial, antécédents de grossesse non planifiée, désir d'enfant.
- Analyse : Statistiques descriptives, tests de significativité ($p < 0,05$), analyse croisée

Methodology and profile of respondents

- Mixed-method study (quant/qual) – KAP survey, 527 respondents (51.9% women, 48.1% men).
- Crossed variables: gender, age, education, marital status, unplanned pregnancy, fertility desire.
- Tools: Descriptive stats, significance testing ($p < 0.05$), cross-tabulation.



Résultats clés

- Taux global d'acceptabilité : **69,8 %**
- Acceptabilité plus forte chez : jeunes, instruits, célibataires, sans désir d'enfants.
- Facteurs significatifs : âge ($p < 0.01$), niveau d'éducation ($p < 0.01$), statut matrimonial ($p < 0.05$), désir d'enfants ($p < 0.01$), grossesse non désirée antérieure ($p < 0.05$).

Key results

Overall acceptance rate: 69.8%

Higher acceptance among young people, educated people, single people, people without a desire to have children.

Significant factors: age ($p < 0.01$), level of education ($p < 0.01$), marital status ($p < 0.05$), desire to have children ($p < 0.01$), previous unwanted pregnancy ($p < 0.05$).



Enjeux & recommandations

- Pour les **décideurs publics** (intégration de la contraception masculine dans les politiques nationales)
- Pour les **professionnels de santé** (formation et sensibilisation aux méthodes masculines) ;
- Pour les **leaders religieux et communautaires** (dialogue sur les valeurs et la santé reproductive des couples) Pour les **campagnes de communication** (déconstruction des stéréotypes de genre et Promouvoir l'éducation sexuelle inclusive)

Issues and recommendations

- Promote inclusive sexuality education.
- Engage young men in family planning.
- Target awareness campaigns in rural/low-education groups.
- Tailor communication to respect cultural and religious beliefs.



A Global Study of Men and Women's Male Contraceptive Knowledge, Attitudes, and Behaviours using Mixed Methods in Ghana

Kojo Asamoah Boateng
Planned Parenthood Association of Ghana

Diversity of Study Participants

- Participant recruitment expanded across all three of Ghana's geographic zones (focused on six (6) major locations), due to the vast cultural and religious diversity. Though it ensured in-depth representation, team effort and PI oversight was stretched significantly over a long period.

Alternative Service Delivery Options Enabled Participant Recruitment

- Comparatively, the team found more success in recruiting contraceptive-seeking participants and their partners through family planning mobile clinics and pharmacies, than physical health centres.
- Given mobile clinics and pharmacies were stationed directly within the communities, engagement and follow-up was much faster.

Government bureaucracies delayed data collection

- Complex, and slow bureaucratic process significantly delayed or restricted access to key informants in relevant agencies during the qualitative phase.

Cultural and religious dynamics affected recruitment of female participants

- Deeply held cultural and religious norms made it more challenging to recruit female partners in some locations, as many required approval from their male partners before participating in the study.

Key Results

Male & Female Respondents

- **Current Contraceptive Methods**

- Contraceptive use patterns showed men's greater reliance on condoms (40.8%) compared to women (26.5%), while women more frequently used injectables (14.3%) and implants (10.6%).
- Both male and female respondents recognised condoms as effective and accessible but criticized them for reducing pleasure and comfort.
- Both also showed limited acceptance of vasectomy, citing risks, regret, and lack of awareness.

- **Reproductive Autonomy**

- Decision-making power around fertility was most often described as shared, with both men and women reporting that couples jointly decide when to have children and how to prevent pregnancy.
- Men often presented themselves as helpful supporters or reminders of family planning appointments, but women's stories revealed that men usually had the final say.

- **New Methods of Male Contraception**

- Quantitative findings show generally high acceptance among female respondents towards new male contraceptive methods. A combined 80.4% of women reported they would be willing to try a new male method if it were as effective as oral pills.
- Nearly 73 % of men (48 % "probably yes," 25 % "definitely yes") said they would use a new male method if it were available
- Convenience and preservation of sexual pleasure were the primary motivating factors for adopting new methods. For example, men wanted a **"long-acting pill" or a "modernised condom that feels like skin"**
- Cost concerns and fear of adverse effects emerged as prominent deterrents shaping men's contraceptive behaviour.

Key Results

Key Informants

- **Current Contraceptive Methods & Associated Challenges**
 - Most informants noted that the national contraceptive options remains centred on women.
 - Pills, injectables, implants, and IUDs dominate service delivery, while men effectively have only condoms and vasectomy.
 - Side effects and national stock-outs were highlighted as major problems, which discouraged consistent use. Restrictive policies, especially in schools also limit adolescents' access to contraceptive information and services.
- **Men's Role in Contraception**
 - Key informants emphasised that men's responsibility in contraception is often acknowledged at policy and program, but rarely translated into concrete interventions.
- **Perceptions of Condoms and Vasectomy**
 - Key informants acknowledged that condoms remain the most widely recognised male-controlled contraceptive method, valued particularly for their dual protection against pregnancy and STIs. However, they noted that many men actively resist condom use, citing diminished sexual pleasure and a preference for commercial "skin-like" brands over those supplied through the public sector.
- **New Methods of Male Contraception**
 - While many informants supported giving men more contraceptive options, they expected low use because of fear of side effects, and barriers like cost and access.
 - Pharmacies and chemical shops were consistently recommended as the most practical and socially acceptable outlets. Informants stressed that men avoid clinic-based family planning because of stigma and embarrassment.

- Interventions aimed at introducing NMCs should go hand in hand with efforts that also help women make reproductive choices freely and fairly.
- Policy and Program efforts relating to male involvement should move beyond theory and rhetoric to practical integration in service delivery, counseling, and education.
- Distribution through socially acceptable and affordable channels, such as pharmacies, will be key to ensuring equitable uptake.

Conclusion

- Overall, NMCs represent a significant opportunity to rebalance contraceptive responsibility and expand reproductive autonomy.
- Yet their success will rely on more than biomedical innovation: it will require deliberate efforts to reshape gender norms and strengthen health system support.

Conclusions

- Overall, there is high willingness to use novel male contraceptives in all the 4 countries (range 69.4 in Morocco and 82.3% in Colombia). A finding that has been reported in other studies in different settings.
- Although novel male contraceptives are not yet in the market, there are promising candidates in advanced clinical trials and work on new male contraceptives continues
- A lot needs to be done to prepare health systems for provision of male contraceptive services while maintaining existing FP services for women

Thank You for listening

Funding support for the study was provided by:

- Male Contraceptive Initiative
- WHO/ HRP
- UNFPA

Special Acknowledgements

- Dr Brian Nguyen- Program Manager
- Dr Nathalie Kapp – IPPF
- Khurshed Nosirov – Data Manager
- Study PIs- All sites
- Research Staff – All sites
- Study Participants – All sites



World Health
Organization

human
reproduction
programme **hrp.**

research for impact

UNDP·UNFPA·UNICEF·WHO·WORLD BANK