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#### Socio-behavioral Dimensions of Male Contraceptive Acceptability Brian T. Nguyen

**Background:** More than 35 studies have been published on male contraceptive acceptability, which consistently demonstrate men's global willingness to use a novel male contraceptive. Current efforts to develop male contraception are aimed at meeting user expectations for the ideal formulation and route of administration. However, another strategy in male contraceptive development may be to address men's attention to reproductive responsibility and perceived needs for male contraception. While preventing unplanned pregnancy is commonly considered a woman's responsibility, gender roles are shifting in ways that may prompt male engagement. We thus sought to explore the association of men's attitudes about gender roles with their willingness to use a new male contraceptive method.

**Study Design:** We conducted an anonymous online survey examining willingness to use male contraception among reproductive age (18-50 years) men, recruited via online forums, social media ads, and male contraceptive mailing lists from Mar-May of 2022. The survey collected socio-demographics and reproductive histories and used a 20-item Gender Equitable Men Scale to examine men's gender role attitudes. We conducted bivariate analyses to inform a logistic regression that isolated the independent influence of gender equitable attitudes on willingness to use new male contraceptives.

**Results:** We received 2,316 complete surveys from primarily white (58%), heterosexual (87.5%), married (46.3%) men, below the age of 30 (54%), and who had not completed a bachelor's degree (57%). The majority reported having sex multiple times per week (43.7%), but had never gotten someone pregnant (43.9%); 36.1% reported having gotten someone pregnant unintentionally and nearly half (46.3%) identified as parents. Nearly half of respondents (46.8%) ranked within the top-third of gender equitable scores. Willingness to use new male contraceptives (76.6%) was linked to increasing respondent age (adjOR: 1.02; 95%CI: 0.99-1.06), having intercourse less than once a month (adjOR: 3.61; 95%CI: 1.11-11.77), having had an abortion (adjOR: 2.23; 95%CI: 1.52-3.26), and increasing GEMS score (adjOR: 10.23; 95%CI: 1.94-53.96).

**Conclusions:** More than three-quarters of men surveyed reported willingness to use new male contraceptives, which was strongly correlated with gender equitable attitudes.

**Implications:** As increasingly gender-equitable attitudes were strongly linked to willingness to use new male contraceptives, supporting cultural change may be a strategy to increase new male contraceptive demand. Abortion may additionally be a sensitizing experience that increases willingness to use male contraceptives; family planning clinics may be considered for future dissemination.

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