Increasing Men’s Interest in Family Planning Centers: Lessons Learned From Switzerland

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Family planning centers traditionally provide services for women. One of the strategies of SEXUAL HEALTH Switzerland is to improve men’s access to the services offered by the family planning centers in order to assist them in the field of sexual and reproductive health.

The aim of the study was to evaluate men’s use of available sexual health services at Swiss family planning centers and to identify factors influencing men’s participation in such services.

The project was carried out by researchers at Bern University of Applied Sciences in collaboration with SEXUAL HEALTH Switzerland and lasted 8 months, from September 2012 to April 2013. An invitation letter to participate in an online survey was sent by email to the 71 family planning centers in Switzerland. The questions were addressed to family planning centers in the format of an online survey created in both German and French, the 2 languages spoken in most of Switzerland. The key themes of the survey involved services that are expected by the planning centers to be used by men and included: 1) consultation for pregnancy or ambivalence on pregnancy, 2) contraception, 3) information and advice concerning sexuality, and 4) STI/HIV prevention and HIV testing.

Of the 31 participating family planning centers, the majority indicated that men attended consultations for sexuality (97%, N=30), contraception (94%, N=29), ambivalence on pregnancy (94%, N=29), pregnancy (71%, N=22), desire to become a parent (71%, N=22), and antenatal screening (42%, N=13). Some 65% of the centers stated that men usually came to consultations in regard to an unplanned pregnancy while accompanying their partner. In about 40% of cases, the reason for not accompanying the woman to a consultation was that the woman herself refused to have the partner participate.

The number of men consulting family planning centers is limited. Focused strategies and promotional activities such as specific information for men and new offers considering their needs are required to increase men’s attendance. According to the surveyed centers, women attending family planning centers seem to play a crucial role in encouraging or discouraging attendance of their male partner. Further research is needed into perceptions and attitudes of men and women attending these centers, particularly in the context of a pregnancy conflict.

MeSH Keywords: Health Surveys • Needs Assessment • Pregnancy, Unplanned • Sex Education

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Background

For historical reasons, services offered by family planning centers have been mainly directed to women, partly because many men do not agree with the family planning programs and consider it as an irrelevant thing for them [1]. Over the past years, however, one of the strategies of partner organizations of SEXUAL HEALTH Switzerland (IPPF, OMS) has been to promote men’s access to these services so they can be assisted, as well in the field of sexual and reproductive health. A case study recently indicated that in Switzerland only 3% of persons having consulted a family planning center are male, which highlights an obvious gender disparity [2]. In this context “male involvement” should be understood in a much broader sense than male contraception, and should refer to all organizational activities aimed at men as a discrete group which have the objective of increasing the acceptability and prevalence of family planning practice of either sex [3].

The partnership with the Swiss Federal Office of Public Health within the field of sexual health prevention and sexual education has brought attention to the need to consider men as a focus group for campaigns and programs, specifically in the fields of pregnancy, contraception, and sexual transmitted infections (STI)/HIV prevention and testing. Among these services, HIV testing seems to be the most used by men, as 83% of those who consulted a family planning center in 2005 did so for this reason [2]. Such services could act as a port of entry in these centers for men who would then get acquainted with other services, and eventually increase their utilization of services [3]. However, disparities among men have been noticed. Most men visiting family planning centers are Swiss, whereas foreigners, as well as very young men, and/or the less educated, tend to be in the minority [2,4]. The objective of this study was to identify and evaluate available sexual health services for men at the Swiss family planning centers as part of an effort to increase men’s attendance at these centers. Improvement will be defined on the basis of this evaluation, while considering the visions and strategies of individual consulting centers in the field of men’s health. Ultimately, these findings should contribute to developing measures that will encourage men to use the services offered by the family planning centers.

Methods

Setting and design

The study lasted 8 months, from September 2012 to April 2013 and was divided into 3 stages (Figure 1). The detailed project organization and coordination were planned in the first stage by researchers at Bern University of Applied Sciences (BUAS) (AL, LS) in collaboration with SEXUAL HEALTH Switzerland (CS, RK).

The questions were addressed to family planning centers in the format of an online survey. The survey was created in German and French, the 2 languages spoken in most of Switzerland.

Sample sizes of participants and principal themes to investigate were determined during the first stage of the study. Participants were selected among the target population based on their availability and will to participate (convenience sampling). A pre-announcement was sent to 71 family planning centers to inform them about the study and to explain its objective, as well as to ask for their support. An invitation letter to participate to the online survey was later on sent by email to the 71 family planning centers.

During the study, reminder letters for participation were sent by email, at the frequency of 1 reminder/month, and the centers were also personally contacted by SEXUAL HEALTH Switzerland to promote participation.

The key themes for the survey involved services that are expected by the planning centers to be frequented by men: 1) consultation for pregnancy or ambivalence on pregnancy, 2) contraception, 3) information and advice concerning sexual activity, and 4) STI/HIV prevention and HIV testing.

In total, 20 questions were developed (each question being followed by a space for possible remarks). The survey asked about the types of services used by men in the participating planning centers and men’s general interest in these services. For each of these, the centers had to indicate if they also involved men as counselors. The centers were asked as well which service they did active promotion for and which service they considered should be more promoted for men specifically. We asked about the centers’ position on HIV/STD testing in their facility. The centers were asked if men usually attended services as part of a couple or alone. We also asked to what extent the man’s ambivalence had any influence on the woman’s decision, notably in regards to the interruption of pregnancy. The frequency with which men accompanied their partner to a service about contraception was inquired about, as well as the extent to which men actively participate during the appointment. Finally, if they did not attend the appointment, the main reasons were inquired. Each question had an open section for comments.

The survey was pilot tested by 7 experts from voluntary family planning centers (5 located in the German-speaking part of Switzerland and 2 in the French-speaking part), who gave their opinion about the format and content of the developed questions. The questionnaire was revised and adapted on the basis of the received feedback.
Identification of Problem and study objective
(Partnership BUAS and SEXUAL HEALTH SWITZERLAND)

Phase I (September–October 2012)
- Online survey
- Development of questions for online survey
- Pre-announcement sent to family planning centers (N=71) to inform about online survey and telephone interviews
- German version
- French version

Phase II (November 2012–February 2013)
- Telephone interviews
- Development of questions for telephone interviews
- Launching of online survey
- Submission of invitation and consent forms for men to the planning centers (N=71)
- Participants subscription (N=11)
- Return of signed consent forms (N=11)
- Realisation of telephone interviews
- Analysis of data obtained from telephone interviews
- Revision and finalisation of questionnaires
- Pilot test of questionnaires among voluntary representatives of family planning centers (N=7)

Phase III (March–April 2013)
- Analysis of data obtained from online survey
- Pre-annoucement sent to family planning centers (N=71) to inform about online survey and telephone interviews
- German version
- French version

Figure 1. Detailed project design and organization.
Data collection

In the second stage, the data from the online surveys were collected. The survey ran during 4 months, from October 31st 2012 to February 28th 2013, on SurveyMonkey® free software for online questionnaires.

Data analysis

In the third and last project stage, the data were analyzed and evaluated. The responses were saved by Survey Monkey® and automatically analyzed by the software. This database was then directly imported in Microsoft Excel (2010) for further analysis.

A final report of the study results was produced for SEXUAL HEALTH Switzerland.

Results

Online survey among family planning centers

In total, 71 family planning centers (44 in the German-speaking part, 23 in the French-speaking part, and 4 in the Italian-speaking part) were invited by SEXUAL HEALTH Switzerland to participate in the study. Responses on the online survey were received from 31 family planning centers, covering 15 Swiss cantons; a response rate of 44% (Figure 2).

The online survey allowed an overview of the services presently offered in the planning centers in the field of men’s health. Among the 31 respondents representing the family planning centers, 94% (N=29) were female, and 6% (N=2) were male. There were 52% of participants (N=16) who identified themselves as sexual and reproductive health counselors, and 55% had leadership positions as chiefs of services or coordinators.

A summary of evocative results stemming from the survey is presented below.

Types of services used by men in the participating planning centers

A total of 9 services were presented, followed by the category “other”, for which it was possible to mention a service that was not already mentioned in the list. The majority of centers indicated that men used services pertaining to information and advice on sexuality (97%, N=30), contraception (94%, N=29), ambivalence of pregnancy and interruption of pregnancy (94%, N=29), pregnancy (71%, N=22), and desire to conceive (71%, N=22). Forty-two percent of the centers (N=13) indicated that
Men used services pertaining to information and counseling for antenatal screening (Figures 3, 4).

Men’s attendance in planning centers as a couple or alone

For counseling pertaining to pregnancy, 73% of French-speaking centers (N=8) and half of German-speaking centers indicated that men generally participated as part of a couple. Most centers (65%) stated that men mostly attended counseling pertaining to ambivalence on pregnancy/interruption of pregnancy as a couple (N=20). On average, in both regions, the most often cited (43%) reason for why men did not attend an appointment concerning ambivalence on pregnancy was that the partner did not want him to attend (Figures 5, 6). For counseling on desire to have children, slightly fewer than half of German-speaking centers (45%) and 55% of French-speaking centers stated that men usually come as part of a couple. For contraception counseling, 73% of French-speaking centers and half of the German-speaking centers indicated that men generally come as part of a couple. For counseling on sexuality topics, 45% of German-speaking centers stated that men come as much alone as with their partner, and 55% of
their French-speaking counterparts indicated that men come alone most of the time. Based on comments left by some of the French-speaking centers, services pertaining to sexual orientation and sexual difficulties are examples of services that men usually attend alone.

**Contraception counseling**

According to most of the centers, men only rarely attend as partners in contraception counseling (in about 25% of cases). For those who, however, attend these sessions, about 60% of them actively engage in the counseling according to the French-speaking centers. The criteria set to define active engagement included the man asking questions, being involved in the meeting, and showing interest in the discussion. For half of the centers in the German-speaking part, men who accompanied their partners in contraception counseling were not only interested in actively engaging in the discussions, but also showed personal interest, such as what male contraception means (Figures 7, 8).

**Planned and unplanned pregnancy counseling**

Seventy-three percent of the centers in the French-speaking part indicated that counseling about pregnancy was usually attended as a couple, while this was reported by only half of the centers in the German-speaking part of the country. The centers indicated that on average in 42% of cases, it was the female partner who did not wish that her male partner takes part in the counseling. However, in most of the centers in both regions (65%), men usually did participate in counseling with their partner in cases of ambivalence on pregnancy/pregnancy interruption. According to most centers, about half of the men generally agreed with the outcome decision to either continue or not continue the pregnancy.

**STI/HIV counseling and testing**

In contrast to the German-speaking centers, most of the French-speaking centers thought that men show a great interest in topics of sexually transmitted diseases and protection. Eighty-two percent of the French-speaking centers indicated that men...
came for HIV testing, and 46% confirmed the use of STI testing. In the German-speaking centers, only 10% confirmed the use of HIV testing and 5% confirmed the use of STI testing. While all the centers located in the French-speaking part stated they offer services relating to information and counseling on STI/HIV, only 25% of their German-speaking counterparts did so. The majority of the French-speaking centers offered services for STI and/or HIV testing. In the German-speaking part, the majority (55%) did not wish to add these services to their current offering.

**Interesting services for men according the surveyed family planning centers**

Centers from both regions indicated that men generally showed a strong interest in the topic of sexuality for the couple (Figures 9, 10). Among other topics often mentioned as expected to be of interest for men, according to the centers, were sexual functionality, feminine sexuality, and topics regarding addiction troubles, such as online pornography.
Telephone interviews to identify men’s needs and expectations from Swiss family planning centers

In addition to the presented survey, a series of semi-structured telephone interviews were conducted among 11 men who recently accompanied their partners to a consultation concerning an unplanned pregnancy (results not shown). The participants’ characteristics are shown in Table 1 in order to give an idea of the socio-demographic features of men visiting the Swiss planning centers. The present study focused solely on the point of view of the planning centers and therefore did not aim at collecting socio-demographic data of individual men visiting the centers.

<table>
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Table 1. Characteristics of interview participants.

Discussion

This project sought to identify criteria for developing measures to improve men’s access to services offered by family planning centers. With help from an online survey developed in German and French, 31 family planning centers in Switzerland reported about the services that they offer to men in the field of sexual health.

The short course of duration as well as the limited number of participants were both limitations of the project. Only 44% of centers participated. Further studies are needed to explore this topic.
Moreover, the survey did not analyze features of the men attending the centers, in terms of socio-demographics. This would have helped gain a better insight into the usual clientele in these centers and fine-tune the development of promotional activities directed at specific groups. The small-scale telephone interviews conducted among 11 participants helped us gain insight about men visiting the centers, but the interviews were focused on the topic of unplanned pregnancy. Future work should aim at collecting information about a more diverse group of men visiting the centers. Nonetheless, this first study of its kind helped us better appreciate the present situation of planning centers in terms of counseling male visitors and the barriers and needs from the perspective of the centers in Switzerland could be clarified.

The results of the online survey suggest that most often, men come to counseling in family planning centers in order to accompany their female partner. The planning centers have indicated that about 40% of men did not take part to the counseling sessions because their partner did not want that. More encouragement on behalf of their female partners could lead to an increased presence of men in counseling. In that respect, future projects exploring the respective roles of women and men, for example within the scope of an unplanned pregnancy, would be needed. “Support manuals” for women could result from this. In this case, collaboration with specialists in sexual education would be foreseeable.

The study highlighted differences in perspectives on specific topics between German-speaking and French-speaking centers in Switzerland and. For instance, there was a strong divergence of positioning between centers of both regions concerning the offer of services informing, counseling, and testing for STI/HIV. While the centers in the French-speaking part stated that they offered these services for the majority of the population, only one-fourth of the centers in the Swiss German-speaking part indicated this. One of the main motives of the latter was the wish to clearly distinguish between the offers of the planning centers and the hospitals. However, as indicated in a Swiss study [2], HIV testing services are one of the most sought after services among men, and could thus be used as a portal to reach the male population and encourage them to use other canter services. This service is often offered by hospitals. Thus, the topics of HIV testing services could serve as a basis for collaboration between hospitals and planning centers. Such thematic collaborations are recommended, as are childcare programs, which serve as an interface between the public, including men, and the family planning centers [4]. It would also be of interest to further study and evaluate these differences between the French- and German-speaking regions in future projects, and to better understand the reasons behind encouraging/refusing the offer of certain services in the family planning centers between both regions.

As part of services to reinforce in the field of sexual counseling for men, the planning centers suggested counseling on female and male contraception, individual counseling for ambivalence on pregnancy or parenthood wish, counseling for sexuality/sexual difficulties and sexual orientation, sexual and sensual education, and addiction to pornography. According to most centers, men who came to counseling showed a strong interest in the topic of sexuality in the couple. Another service suggested by planning centers was counseling and information on rights and duties of men when a child is born, and the role of the man in the couple, either the know-how or the support of the partner in situations such as an unplanned pregnancy. To this end, and considering socio-demographics disparities [2,4], it is recommended to distinguish between needs of men according to age and life situation.

**Conclusions**

This study contributed to knowledge about the services presently offered by the Swiss family planning centers.

The study consisted of an online survey among Swiss family planning centers in Switzerland.

Our results showed that the implementation of focused strategies and promotional activities are needed to encourage men’s access to the services offered by the family planning centers [5]. To that end, information directly addressed to men and available in the planning centers is necessary, together with the offer of new services focused on the needs and expectations of men. In addition, the influence of the female partner could be better taken into account [6]. She could play a major role in demystifying this counseling for men, while the latter seemed to have the tendency to consider the family planning institution as a privilege exclusively reserved for women.

**Acknowledgment**

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**Competing interests**

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