

CONVERGENCE AND DIVERGENCE: REPRODUCTION-RELATED KNOWLEDGE, ATTITUDES AND BEHAVIOUR AMONG YOUNG URBAN MEN IN FOUR LATIN AMERICAN CITIES

Edith Alejandra Pantelides¹

INTRODUCTION: ABOUT THE RESEARCH

This paper reflects partial results from a study about male reproductive attitudes and behaviour concerning the decision-making processes related to sexual intercourse, adoption of contraception, and prevention of STDs and HIV infection. The study also explores whether and in what way both objective characteristics of the men and their (culturally grounded) perceptions impinge on their behaviour. These research goals follow the recommendations from the Cairo International Conference of 1994 about the need for promoting greater male responsibility and active participation in sexual and reproductive behaviour (FNUAP, 1995).

The study was conceived as multi-country and comparative because the observation of the same phenomenon in different societies makes it possible both to establish the existence of across-societies regularities and, equally as important, to qualify certain phenomena as unique to a given society. This justifies both the comparative component and the selection of countries, bringing together societies with different ethnic compositions, political regimes, health systems, degrees of gender asymmetry, educational levels, family planning ideologies, and availability of family planning services. "If the study of male fertility follows that of female sexuality, then we should expect that the first step is a documentation of patterns in which variety is taken very seriously -variation from society to society, within societies amongst men over the life cycle and under differing historical conditions- and in which men's own explanations of them take a central place (Guyer, 1995: 4).

The project was carried out in the metropolitan areas of the capital cities of Argentina (Buenos Aires), Bolivia (La Paz), Cuba (La Habana), and Perú (Lima)². After a few focus groups (except in Argentina, where there was sufficient previous knowledge) designed to tap emergent issues and to refine the language, a survey was conducted among probabilistic samples of men 20-29 years old residing in the above mentioned cities. The samples ranged in size from 750 to 850.

In this paper we will descriptively compare univariate results from the four cities on knowledge of contraception, on some aspects of the negotiation process that led to the adoption of preventive measures (against unplanned pregnancy and STDs/HIV contagion), and on the attitudes towards prevention with different kinds of

¹ CONICET and CENEP, Argentina

² The principal investigators were Rosa Geldstein (Argentina), Franklin García Pimentel (Bolivia), Luisa Álvarez Vázquez (Cuba), and Jesús Chirinos (Perú). For this paper they have kindly provided me their review of the local literature and the necessary tables. I also profited from the additional literature review made by Graciela Infesta Domínguez for the Argentinean final report.

partners. We will end by comparing the men in the study according to their discourse on some myths or popular "knowledge" regarding the gender sexual roles. Our purpose is to see whether the convergences and divergences lie in the realm of behaviour, attitudes and discourse.

WHY MEN

To understand how men behave and how they perceive their role in sexuality and reproduction has important implications for various aspects of reproductive health: the timing and characteristics of sexual initiation, contraceptive use, recourse to abortion, prevention and treatment of STDs and HIV, sexual abuse and sexual coercion, among others. Last, but not least, it is important to understand men's behaviour and point of view because, given the gender asymmetry prevalent in most societies, they still have a dominant role in the reproductive-related decisions and outcomes. Studying men should not be seen as contradictory to studying women: "It shows us the other side of the coin and many mirror images that can enrich the gender analysis" (de Keijzer, 1995: 3. Our translation).

However, as many authors have already noted, the area of men's sexual and reproductive attitudes and behaviour has only recently interested researchers (Figuerola Perea, 1995; Figuerola Perea and Liendro, 1995; Mundigo 1998; Stycos, 1996, among others). Interest arose when it became clear that without understanding men's point of view it would be impossible to change reproductive health-related behaviour that is risky or damaging for both women and men (Collumbien and Hawkes, 2000; Hawkes and Hart, 2000; Mundigo, 1998). Stycos (1996) reviews the existence of the surveys and publications on family planning that include men and notes that, although still few in number, there has been an important increase since 1990. Green and Biddlecom (1997) point out that a large part of the growth in research on men is constituted by of studies that look at both men and women. Another indication that in the area of reproductive health preoccupation with men is fairly recent is given by a compilation by *Family Planning Perspectives* (The Alan Guttmacher Institute, 1996), which reproduces 55 articles dealing with different aspects of men's reproductive health, published in that journal between 1987 and 1995: the majority were published from 1993 on.

The last years have seen an increase in surveys of men focused on the measurement of fertility and contraceptive use and on reproductive preferences. A good example are the 40 Demographic and Health Surveys (DHS) (up from the 4 of the World Fertility Survey) that collected data from men (or husbands) starting in 1986. The first Latin American country to be included was Brazil in 1991.

In spite of the sizeable increase in interest on men, the knowledge acquired in the area is still scant both with regards the more basic measurement of fertility levels and determinants (Coleman 1995) and with regards sexual and reproductive perceptions, attitudes, and behaviour. All these aspects have been frequently studied from the female perspective through questions posed to women about their

experiences with men and about what they believe about what men do and think (Mundigo, 1998:19). The male partner's characteristics have been generally treated as an attribute of the female: "In methods for interpreting fertility among women, males end up as just another variable, despite their important role in fertility (...). Males appear as a kind of secondary factor and their participation in the reproductive process is undervalued" (Figueroa Perea, 1995: 3). However "[m]en in the realm of reproductive health have also specific needs that remain under-researched and poorly documented (...)" (Mundigo, 1998:21).

PRECEDENTS

Our study profited from the health belief model, a theoretical approach that has been used in reproductive health research, especially in that related to the AIDS epidemic (Becker and Maiman, 1983). However, caution had to be exercised, since empirical research suggests that some of the tenets of the health belief model are not supported by evidence: information does not necessarily lead to (adequate) action; perception of risk and of severity of illness do not necessarily change risk-prone behaviour (Klepinger *et al.*, 1993). The study of sexual behaviour from a sociological (rather than psychological or "sexological") point of view, is the approach adopted by studies that collect basic data on sexual behaviour (Billy *et al.*, 1993; Laumann *et al.*, 1994; Weellings *et al.*, 1994). This approach was we also useful for us.

Regarding empirical results, Ezeh, Seroussi and Raggars (1996) and Hulton and Falkingham (1996), summarise large data sets from the Demographic and Health Surveys (DHS); and Bankole and Sigh (1998) and Becker (1999) compare responses from both husbands and wives from the same source.

The difficulties in negotiating over contraception in general, and the use of condoms in particular, within stable relationships (or the converse of the same phenomenon, i.e., the fact that condoms are used more frequently outside stable relationships or with secondary partners) and the reasons for their use or non-use are found in many studies (Fachel Leal and Fachel, 1995; Gogna, Pantelides and Ramos,1997; Grady *et al.*, 1993; Landry and Camelo, 1994; Paiva, 1993; Parker, 1992; Rivera *et al.*, 1995; Van Oss Marín, Gómez and Hearst, 1993; Tanfer *et al.*, 1993, among others).

In the countries included in our study, the majority of previous research on male reproductive behaviour has been carried on among adolescents. However research with adult men is growing. In Perú, Chu (1992), analysed a sample of students from evening schools in Lima, 10 - 24 years old. Jiménez Ugarte (1996) studied the characteristics of sexual interactions in relation with the type of relationship among 27 men aged 18-23 of the lower strata in Barrios Altos, Lima . Yon Leau (1996) researched the assumption and attribution of responsibility for contraception among male and female contraceptive users 20-35 year old, from low and middle class who attended family planning services. Cáceres (1998)

administered semi-structured interviews and formed focus groups with 20-29 years old low and middle class males in Lima. In Cuba, Díaz (n.d) presents the result of a survey with 500 males, ages 15 to 49, visiting medical offices.

Research among young adult males is relatively abundant in Bolivia. However, most of the studies are not relevant to our purposes. Skibiak (1993) explored gender perspectives on reproductive health using a nation-wide survey of 1500 couples aged 19-59 years old, from seven cities. In Argentina, adult men and women from a poor suburban community were the subject of a study by Gogna, Pantelides and Ramos (1997) regarding factors affecting prevention of sexually transmitted diseases. Using qualitative methods, Villa (1996) explored the incidence of the reproductive life in the processes of health-sickness among urban men (17-45 years old) living in extreme poverty, Zamberlin (2000), also using qualitative methods, explored the social representations concerning fertility control and their incidence in the sexual behaviour and in the adoption of contraceptive practices, among men 15-45 year old men of low economic status. Infesta Domínguez (unpublished) used focus groups and semi-structured interviews with 25-35 and 45-55 years old men from low and medium-high socio-economic strata and characterised six types of sexual careers according to their approach to risk and prevention.

OUR RESULTS

We will start by analysing attitudes that could be construed as grounds for sexual and reproductive behaviour. The first section deals with general attitudes towards sexual gender roles. The purpose was to register opinions about some of the cultural myths that express gender sexual relations, particularly those that naturalise behavioural differences and those that show a patriarchal view of gender relations.

The second section centres on attitudes towards protection from pregnancy and AIDS, specifically those that express possible differential preventive behaviour depending on the type of bond and the affective distance with the partner.

The third section is devoted to knowledge of contraception, an intervening variable between attitudes and actual behaviour. And lastly, actual adoption/non-adoption of prevention, the process of negotiating it, and its declared motives, are the subject of the last section.

Attitudes towards sexual gender roles

In the interview men were asked about their agreement or disagreement with the propositions shown in summary form in Table 1.

Table 1. Buenos Aires, La Paz, La Habana and Lima. Men 20-29 years old. Percentage of men who hold traditional views about sexual roles*

Propositions	Buenos Aires	La Habana	Lima	La Paz
Men need more frequent sexual intercourse	61.9	65.8	21.3	40.8
Women's "no" means "yes"	30.3	31.9	22.6	50.0
Women have less need for sexual intercourse	28.6	35.6	24.0	43.3
Men cannot say "no" to sexual intercourse	21.6	28.8	26.5	54.9
Not having sexual intercourse when excited is harmful for men	20.5	45.7	10.4	31.7
Use of contraception leads to women's infidelity	14.3	19.7	15.2	53.6
Sex is for men's pleasure	9.7	9.4	5.9	10.1
Women are raped because they provoke it	7.1	7.3	8.5	34.1
Men and women have same right to pleasure	1.9	2.1	2.2	4.2

* Traditional views are those expressed by those who agree or strongly agree with the first eight propositions and those who disagree or strongly disagree with the last one.

While, as expected, the most traditional men are found in La Paz, it is unexpected that the least traditional men are found in Lima, the difference in some of the items being very striking. The largest percentages of traditional responses to most propositions are found in La Paz, while the lowest percentages are found either in Lima or Buenos Aires. The more blatantly sexist sentences, like "sex is for men's pleasure", "women are raped because they provoke it", and "men and women have the same right to pleasure", generally elicit few traditional responses, except in La Paz in the case of the one referring to rape, agreed to by more than 1/3 of the men. Residents of La Paz also show a marked difference with those of the other cities regarding the propositions that when women say "no", they mean "yes", that the use of contraception may lead to women's infidelity, and that men cannot refuse sexual intercourse.

In La Habana and Buenos Aires the highest percentage of traditional responses is elicited only by the proposition that men need more frequent sexual intercourse than women, while the opposing idea that women have less need for sexual intercourse than men does not provoke the same reaction. La Habana men also agree in important numbers with another proposition that asserts the sexual needs of men, the one which states that not having sex when excited is harmful.

Attitudes towards protection from pregnancy and AIDS: With whom or from whom?

Other researchers have documented that the adoption of preventive measures partly depends on the type of bond that links the couple and on who the partner is. Jimenez Ugarte (1996) in his study on Peru found that the characteristics of sexual interactions are constructed based on the type of relationship established with the sexual partner: in the context of strong relationships risky sexual practices develop; in the context of weak relationships sexual practices typically assume lower potential risk. Similar results appear in the study by Cáceres (1998). Guevara Ruiseñor in México also found that the type of relationship and the “degree of love” (our quotation marks), determine differing behaviour in relation with prevention.

In our own project we proposed to the interviewees a list of “types of persons” and asked them whether they would use protection against AIDS and against pregnancy in each case (Table 2).

Table 2 Buenos Aires, La Paz, La Habana and Lima. Men 20-29 years old. Persons with whom would take preventive measures

With whom would take preventive measures	Buenos Aires		La Habana		Lima		La Paz	
	Prevention of AIDS	Prevention of pregnancy	Prevention of AIDS	Prevention Of Pregnancy	Prevention of AIDS	Prevention of pregnancy	Prevention Of AIDS	Prevention of pregnancy
Prostitutes	99,3	89,7	98,5	90,3	99,1	92,9	96,8	69,4
Stranger	98,5	95,8	98,4	92,7	99,6	97,1	96,8	93,9
Not loved	96,8	96,9	96,9	94,4	97,7	96,9	94,9	95,3
Lover	93,7	97,5	94,1	94,2	96,3	97,1	92,8	94,6
Acquaintance	92,5	98,3	95,5	95,0	89,2	97,9	87,8	95,1
Virgin	74,9	94,7	50,5	88,3	57,7	89,9	58,9	80,7
Loved one	64,0	83,2	71,8	78,8	51,6	77,2	67,5	84,5
Fiancée	55,7	91,2	61,8	85,3	56,0	89,6	55,4	90,0
Spouse	12,5	59,3	15,9	40,4	8,5	47,2	21,3	55,1

- The categories “virgin”, “a loved one”, and “not loved”, were suggested to us by reading Guevara Ruiseñor (1998).

Regarding the protection from AIDS, the percentage of men who would take preventive measures is generally high, except with spouses. It is clear that the further removed the link between the members of the couple, the more likely the adoption of preventive measures: in all four cities prostitutes and strangers rank either first or second as the persons with whom the interviewees would use some method of prevention, the respective percentages being always above 96% and approaching 100% in all cities except La Paz. At the other extreme we witness little intention to prevent AIDS when spouses are involved. Other types of partners with whom there is less generalised concern about AIDS prevention are those who have affective closeness with the subject: fiancées and loved ones. The motives are different than those that lead to the lack of concern with virgins. In this latter case, it is not closeness but the fact that there is no worry about being in danger of getting the disease from the woman. The percentages in the different cities are strikingly similar. To measure the level of coincidence in the ordering we calculated a simple rank order correlation (Spearman's r_s)³ which resulted in coefficients between 0.90 and 0.98. These results suggest that men think about prevention from AIDS in terms of their own protection, not that of their partner. They believe that spouses, fiancées, and persons they love pose less of a threat because they are somebody they "know" and trust; virgins, because they have not had occasion to contract the disease. The opposite is true about prostitutes or persons with whom they may have only casual relationships. It is interesting to relate this finding with that of Yon Leau (1996): the males in her study perceive their responsibility in contracepting, but such responsibility appears removed from the actual use of contraceptives and related to the idea of having an untroubled sexual life.

Prevention from unplanned pregnancies is again less likely with the spouse in all four cities and with a loved one in three of the four. In both these cases, the proportion who would employ preventive measures against pregnancy is significantly larger than those who would prevent AIDS. These results should be interpreted considering that a proportion of these men are married and trying for pregnancy⁴. In all other cases, the proportion who would prevent is very large, generally close to or above 90%, though it is difficult to establish a pattern. Agreement between cities is not as high as in the case of AIDS prevention, but it is still considerable, with all Spearman's coefficients being above 0.80, except that of La Paz versus Lima.

³ The coefficient has a value of +1 when the rankings are in perfect agreement, -1 if there is perfect disagreement, and 0 if there is no relationship.

⁴ The percentage married or living in consensual unions is 23.7 in Lima; 27.4 in Buenos Aires; 29.1 in La Paz; and 58.5 in La Habana.

Knowledge of contraception

The knowledge of contraception was measured by the usual question that elicits a spontaneous response and an added interrogation about each of the methods that were not spontaneously mentioned in order to see if the interviewee recognises them. In Table 3, the methods are ranked according to the total response (spontaneous plus recognition) in Buenos Aires.

The first conclusion is that there exists quite a widespread knowledge of contraceptive methods, although some are not mentioned spontaneously but are recognised afterwards, the best example being abstinence in Buenos Aires. The second conclusion is that the level of knowledge is not directly related to the fertility levels prevalent in the cities or to the length of time each population has been contracepting, since the most knowledgeable men are in Lima while the lowest fertility is found in Buenos Aires and La Habana, and the oldest fertility transition is that of Buenos Aires. A possible explanation is that in Lima the issue of contraception has been recently in the media and has produced a national debate (Magdalena Chu, personal communication), and that sex education has been established in the schools around 1997. Meanwhile in Buenos Aires the subject has not been very prominent with regards to fertility control (although it has been quite present with regards AIDS prevention).

Table 3. Buenos Aires, La Paz, La Habana and Lima. Men 20-29 years old. Knowledge of contraceptive methods

Methods	Buenos Aires			La Habana			Lima			La Paz		
	Spontaneous	Recognized	Total	Spontaneous	Recognized	Total	Spontaneous	Recognized	Total	Spontaneous	Recognized	Total
Condom	95.4	4.5	99.9	94.4	5.5	99.9	95.3	4.4	99.7	92.0	7.2	99.2
Pills	81.6	15.7	97.3	68.7	25.9	94.6	79.3	18.5	97.8	61.0	31.5	92.5
Withdrawal	14.4	78.9	93.3	15.1	65.2	80.3	32.0	50.0	82.0	45.7	7.2	52.9
IUD	52.1	35.0	87.1	78.4	12.6	91.0	53.2	36.4	89.6	54.3	35.4	89.7
Calendar *	12.3	74.2	86.5	13.6	59.7	73.3	48.2	41.2	89.4	46.9	45.7	92.6
Abstinence	4.9	79.9	84.8	4.9	44.3	49.2	8.4	63.3	71.7			
Diaphragm**	16.4	55.5	71.9	30.0	31.9	61.9	15.1	51.3	66.4	17.6	41.4	59.0
Female sterl.	4.1	62.3	66.4	11.8	63.2	75.0	22.1	73.1	95.2	6.4	57.5	63.9
Male sterl.	2.1	55.7	57.8	7.7	44.1	51.8	25.6	68.7	94.3	4.3	46.5	50.8
Injections	9.0	45.9	54.9	21.7	40.9	62.6	57.3	38.1	95.4	16.2	50.9	67.1
Spermicides	5.4	42.7	48.1	10.1	39.5	49.6	22.8	56.7	79.5			

* La Paz includes abstinence

** La Paz includes spermicides

It is immediately clear that the condom is universally known in the four cities and that almost all men spontaneously mentioned it. Almost the same can be said about the pill. In the four cities those two methods rank as the first and second most known methods (although in spontaneous mentions the pill places third to the IUD in La Habana). Then the differences begin, and some are very important. For example, withdrawal, the third in the ranking in Buenos Aires, where it is known by 93% of those surveyed, is known to only a little above half of the men in La Paz (withdrawal was the main method through which low fertility was reached in Argentina). Injections are known to 55% of the men in Buenos Aires, penultimate in the list, but third in Lima, known to 95% of the interviewees. Male sterilisation is practically never mentioned in Buenos Aires, but 26% of the men do so spontaneously in Lima.

Comparing the cities by pairs (except La Paz which has less categories), in spontaneous mentions, the comparison Buenos Aires-La Habana yields a high $r_s = 0.92$, but Buenos Aires-Lima do not show high agreement (0.60), and the same can be said of Lima and La Habana (0.69). In "total knowledge" the ordering in Buenos Aires vs La Habana yields an $r_s = 0.70$ and La Habana vs. Lima 0.68, while Buenos Aires and Lima only agree at the level of 0.32. Concluding, there is high agreement in the level of knowledge of the interviewees regarding condom and pills, but less so regarding the remaining methods.

We suggest that both condom and pills are very salient in the men's memory although for different reasons: the AIDS epidemic for the first method and the frequency of use in the population for the second. This holds true for the four cities. The salience of the other methods depends on the particular history of contraception in each country: which methods have been more available, which ones have been promoted or forbidden, and which ones are culturally more or less acceptable.

Behaviour and its motives: Negotiation and use of preventive methods

The process of negotiating preventive methods (either to avoid pregnancy, contagion of disease or both) takes place within the context of the knowledge and attitudes analysed above. But since it is also a result of the history of a couple and involves both verbal and non-verbal messages, it is thus difficult to measure by way of a questionnaire. We approached the matter with questions asking whether they spoke about prevention, and if yes who proposed the use of a preventive method. The questions referred to two points in time: first and most recent sexual intercourse. The results are shown in the first panel of Table 4.

Table 4. Buenos Aires, La Paz, La Habana and Lima. Men 20-29 years old. Negotiation and use of preventive methods

Negotiation of Prevention	Buenos Aires		La Habana		Lima		La Paz	
	First Sexual Intercourse	Most recent Sexual Intercourse	First sexual intercourse	Most recent Sexual Intercourse	First sexual intercourse	Most recent Sexual intercourse	First sexual intercourse	Most recent sexual intercourse
% Spoke about Prevention	50,9	51,8	22,5	51,5	44,7	63,8	31,4	72,8
Who proposed use of methods								
Self	25,5	21,1	24,3	26,6	31,0	25,0	26,1	21,1
Partner	15,2	12,8	30,3	31,3	17,6	9,0	19,1	13,4
Both	53,6	61,3	23,7	36,7	49,7	65,0	43,5	62,8
Nobody	5,7	4,7	21,7	5,4	1,6	1,0	11,3	2,7
Total	100,0	99,9	100,0	100,0	99,9	100,0	100,0	100,0
% Used methods	66,6	79,2	13,8	50,1	47,7	77,5	21,4	60,3
Methods used								
Condom only	93,6	68,7	61,7	54,1	86,5	62,0	65,0	51,8
Hormonal	1,4	15,0	7,8	7,1		20,0		5,6
Other effective and combinations	2,2	9,7	20,9	34,8		8,0		8,3
Traditional	2,7	6,5	9,6	1,5		10,0	26,8	29,8
Other				2,4	13,5		8,3	4,5
Total	99,9	99,9	100,0	99,9	100,0	100,0	100,1	100,0

In Buenos Aires, around half the men reported talking about prevention⁵ both in the first and the latest sexual intercourse; although the percentages for the first time were higher than those in the other cities, there was no “improvement” with time and experience. That was not the case in the other three cities, where the dialogue was less at first, but improved significantly for the most recent relationship, equalling or largely surpassing the percentage shown for Buenos Aires. An intriguing feature is that the two more European cultures (La Habana and Buenos Aires) show less tendency to dialogue than the ones with more influence of the indigenous cultures, whose members are supposed to be more circumspect and less prone to verbal communication. Some of the men in stable unions said they did not talk because they have already negotiated the issue. However, this factor does not seem to explain the differences found since the highest proportion of men in stable unions is found in La Habana, doubling those found in Buenos Aires and in Lima, and much higher than those in La Paz.

⁵ The actual question was: Was there at any time during this sexual relationship talk among you about care [cuidarse]?

With the exception of La Habana, the methods were generally proposed jointly by the members of the couple both in the first and last sexual intercourse. In all cities this shared proposition was more prevalent in the most recent episode. The proportion of men alone taking the initiative in this regard ranged between 1/5 and 1/3, and tended to diminish slightly over time. The partner –with few exceptions a woman- did not feature prominently as initiator of a proposal to use contraception, except in La Habana. This latter case is interesting because women here have a more important presence by themselves than in the other cities, but the alternative of shared responsibility is less prevalent.

We now find a very striking difference: the use of preventive methods during first sexual intercourse is significantly higher in Buenos Aires than in the other cities, and it increases for the most recent intercourse, in spite of the fact that the dialogue about prevention does not. The men in La Habana are the less inclined to prevention although, as in all other cities, things get better over time. Given that fertility levels are lower in La Habana than in Lima it is again curious that contraceptive use is so much higher in the latter. The difficulties of provision of methods plus the extended use of abortion in Cuba (Alvarez Vázquez *et al.* 2001) could explain this findings.

The condom is the method preferred –almost universally in Buenos Aires- by those who elected to prevent during sexual initiation and, although its use diminishes consistently in all cities by the last intercourse, it remains the most used method. A shift towards hormonal methods between the first and last intercourse can be seen in all the cities, a reflection of both the shift from more casual relationships and little known partners in the first sexual encounter to more stable relationships with “known” partners (including spouses) in the most recent one and of the related shift from preoccupation with AIDS to preoccupation with pregnancy. Traditional methods have importance only in La Paz, their use not diminishing with time.

Although avoiding pregnancy received the majority of answers for both first and last sexual intercourse when the question is about reasons for using a method, there are important differences among cities that can be summarised by saying that avoiding pregnancy is not as important a reason in Buenos Aires as in the other three cities (Table 5). The opposite case is La Paz, where the prevention of STDs/ HIV is practically absent from the reasons to use preventive methods. This differences are partly, but not totally reflected in the already mentioned differential prevalence of the use of condoms in the four areas. It is also notable that the joint prevention of pregnancy and STDs/HIV gets 30 and 32% of the answers in Buenos Aires, and only between 3 and 14% in the other cities.

Table 5. Buenos Aires, La Paz, La Habana and Lima. Men 20-29 years old. Reasons for use or non use of methods

Reasons for use or non use of methods	Buenos Aires		La Habana		Lima		La Paz	
	First Sexual Intercourse	Most recent Sexual Intercourse	First sexual intercourse	Most recent sexual intercourse	First sexual intercourse	Most recent sexual intercourse	First sexual intercourse	Most recent sexual intercourse
Reasons for use:								
Avoid								
Pregnancy	34,6	59,2	55,8	60,6	57,0	77,0	87,9	94,9
AIDS/STD	28,8	9,5	27,0	22,2	26,0	9,5	4,5	1,5
Both	31,8	30,1	9,4	14,3	9,0	8,0	4,5	3,3
Other	4,8	1,2	7,8	2,9	8,0	5,5	3,1	0,3
Total	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0
Reasons for non use								
Did not plan	52,7	34,6	46,4	36,7	48,0	30,0	47,7	39,8
No access	0,0	4,5	2,1	0,7	12,0	0,0	17,4	12,6
Ignorance	27,8	0,0	32,3	0,5	14,0	0,0	17,6	1,6
Knew partner	11,8	22,3	9,2	37,7	7,0	35,0	6,1	15,0
Other*	7,8	38,6	10,0	24,4	19,0	35,0	11,2	31,0
Total	100,1	100,0	100,0	100,0	100,0	100,0	100,0	100,0

* In Buenos Aires partner pregnant or trying for pregnancy

As has been documented in previous research, the predominant reason for not using any means of prevention during sexual initiation is the fact that it occurred unplanned, the second one in importance being ignorance (Pantelides, Geldstein, and Infesta Domínguez, 1995). This has also been found in our current research. The other reason that appears frequently in the literature is “knowing the partner”. This reason, as expected, is more prevalent in the most recent sexual encounter, when stable relationships are more frequent. Also as expected, ignorance of methods was not claimed for the latest intercourse. Accessibility of methods has some importance only in La Paz ⁶. The differences among cities are less visible here, although the comparison is made difficult by the importance of the “other” category, which is both large and of a different magnitude in the four cities.

⁶ Ezech, Seroussi and Raggars (1996) also report that access to methods is of little importance among the motives for non-use.

FINAL CONSIDERATIONS

Although differences still exist, we have shown similarities in attitudes and behaviour, unexpected among young urban men of four Latin American countries so different in their political, cultural, economic, and social context, and in their approach to fertility limitation. We suggest that in today's world large metropolitan areas are more similar to one another than what the history and socioeconomics of the countries would lead us to expect. But also that similarities in discourse are diluted when behaviour is observed. However, more in-depth analyses of these data are needed to discover the factors underlying similar outcomes that could explain them.

REFERENCES

Alan Guttmacher Institute (The) (1996), *Readings on Men. From Family Planning Perspectives 1987-1995*. New York and Washington: The Alan Guttmacher Institute.

Alvarez Vázquez *et al.* (2001), *Realidades y Creencias en los Procesos de Toma de Decisiones Sexuales y Reproductivas. Percepciones y Comportamientos de los Hombres*. La Habana: final research report to WHO.

Bankole, A. and Singh, S. (1998), Couples' fertility and contraceptive decision making in developing countries: Hearing the man's voice. *International Family Planning Perspectives* 24 (1): 15-24.

Becker, M. and Maiman, L. (1983), Models of health-related behavior. Mechanic, D, (editor). *Handbook of Health, Health Care and the Health Professions*. New York: The Free Press.

Becker, S. (1999), Measuring unmet need: Wives, husbands or couples? *International Family Planning Perspectives*, 25 (4): 172-180.

Billy, J. O. G. *et al.* (1993), The sexual behaviour of men in the United States. *Family Planning Perspectives* 25 (2).

Cáceres, C. (1998), Jóvenes varones en Lima: dilemas y estrategias en salud mental. Valdés, T. And Olavarría, J. (editors), *Masculinidades y Equidad de Género en América Latina*. Santiago de Chile: FLACSO Chile/UNFPA.

Chu, M. (1992), *Embarazos y Salud Reproductiva en Jóvenes que Asisten a Centros Educativos Nocturnos en Lima-Perú*. Doctoral thesis in Sciences. UPCH, Lima-PERU.

Coleman, D. (1995), Male fertility trends in industrial countries: Theories in search of some evidence. Paper presented at the IUSSP Seminar on fertility and the male life cycle in the era of fertility decline. Zacatecas, Mexico. Published in Spanish in Lerner, S. (editora), 1998. *Varones, Sexualidad y Reproducción*. México: El Colegio de México: 59-98.

Collumbien, M. and Hawkes, S. (2000), Missing men's messages: does the reproductive health approach respond to men's sexual health needs? *Culture, Health and Sexuality*, 2 (2): 135-150.

Díaz R., L. (n.d), *Conocimiento y Prácticas Contraceptivas en Hombres*. Estudio en 16 Consultorios. Tesis de Residente.

de Keijzer, B. (1995), La masculinidad como factor de riesgo. Paper presented at the IUSSP Seminar on fertility and the male life-cycle in the era of fertility decline. Zacatecas, Mexico.

Ezeh, A. C.; Seroussi, M. and Raggars, H. (1996), *Men's Fertility, Contraceptive Use, and Reproductive Preferences*. Demographic and Health Surveys Comparative Studies N° 18. Calverton, Maryland: Macro International Inc.

Fachel Leal, O and Fachel, J.1(1995), Male reproductive culture and sexuality in South Brazil: Combining ethnographic data and statistical analysis. Paper presented at the IUSSP Seminar on fertility and the male life cycle in the era of fertility decline. Zacatecas, Mexico.

Figuroa Perea, J. G. (1995), Some reflections on the social interpretation of male participation in reproductive health processes. Paper presented at the IUSSP Seminar on fertility and the male life cycle in the era of fertility decline. Zacatecas, Mexico.

Figuroa Perea, J. G. and Liendro E. (1995), La presencia del varón en la salud reproductiva. Hardy, E. Et al., (editores), *Ciencias Sociales y Medicina: Perspectivas Latinoamericanas*. Campinas, Brasil: Universidad de Campinas: 193-226.

FNUAP, 1995. *Participación Masculina en Salud Reproductiva, Incluyendo Planificación de la Familia y Salud Sexual*. New York: FNUAP, Documento técnico N° 28.

Gogna, M.; Pantelides, E. A. and Ramos, S.,(1997), *Las Enfermedades de Transmisión Sexual: Género, Salud y Sexualidad*. Buenos Aires: CEDES-CENEP, Cuadernos del CENEP N° 52.

Grady, W.R., et al. (1993), Condom characteristics: The perceptions and preferences of men in the United States. *Family Planning Perspectives*, 25: 67-73.

Green, M. and Bidlecom, A. (1998), *Absent and Problematic Men: demographic Accounts of Male Reproductive Roles*. New York: Population Council, Working Papers N ° 103.

Guevara Rusieñor, E. S.(1998), Amor y pareja en la responsabilidad de los hombres ante el aborto. AEPA, CEDES, CENEP, *Avances en la Investigación Social en Salud Reproductiva y Sexualidad*. Buenos Aires.

Guyer, J. I. (1995), Anthropological traditions of studying paternity. Paper presented at the IUSSP Seminar on fertility and the male life cycle in the era of fertility decline. Zacatecas, Mexico.

Hawkes, S. and Hart, G. (2000), Men's sexual health matters: promoting reproductive health in an international context. *Tropical Medicine & International Health*, 5 (7): A37-44.

Houlton, L. and Falkingham, J.(1996), Male contraceptive knowledge and practice: What do we know? *Reproductive Health Matters* 7: 90-100.

Infesta Domínguez, G., (unpublished). *Los Varones y el Sexo Seguro: una Cuestión de Carreras Sexuales y Reproductivas*.

Jiménez Ugarte, O. (1996), Entre patas y paltas: Parejas sexuales, riesgos sexuales y redes personales entre jóvenes varones de Barrios Altos. Cordero Frisancho, M. *et al. Más Allá de la Intimidad. Cinco Estudios en Sexualidad, Salud Sexual y Reproductiva*. Lima: Lluvia Editores, Pontificia Universidad Católica del Perú: 15-52

Klepinger, D. H., *et al.* (1993), Perceptions of AIDS risk and severity and their association with risk-related behaviour among U.S. men. *Family Planning Perspectives*, 25: 74-82.

Landry, D. J. and Camelo, T. M. (1994), Young unmarried men and women discuss men's role in contraceptive practice. *Family Planning Perspectives*, 26: 222-227.

Laumann *et al.* (1994), *The Social Organisation of Sexuality. Sexual Practices in the United States*. Chicago: The University of Chicago Press.

Mundigo, A. (1998), Re-conceptualising the role of men in the post-Cairo era. IUSSP Committee on Gender and Population/ CENEP-Centro de Estudios de Población, *Seminar on Men, Family Formation and Reproduction. Papers*. Liège

Paiva, V. (1993), Sexuality, condom use and gender norms among Brazilian teenagers. *Reproductive Health Matters*, 2, November: 98-109.

Pantelides, E. A., Geldstein, R. N. , and Infesta Domínguez, G. (1995), *Imágenes de Género y Conducta Reproductiva en la Adolescencia*. Buenos Aires: CENEP, Cuadernos del CENEP N° 51.

Parker, R. (1992), Sexual diversity, cultural analysis and AIDS education in Brazil. Herdt and Lindembaum (eds.), *The Times of AIDS: Social Analysis, Theory and Method*. Newbury Park, California: Sage.

Rivera, D. *et al.* (1995), *Relaciones de Género y Sexualidad*. Santiago de Chile: SUR, Documento de trabajo N° 153.

Skibiak, J. P. (1993), Male barriers to the use of reproductive health services: myth or reality? Paper presented at the 21st. Annual meeting of the American Public Health Association, San Francisco, October 24-28.

Stycos, J. M. (1996), *Men, Couples , and Family Planning: A Retrospective Look*. Cornell University, Population and Development Program, Working Paper N° 96.12

Tanfer, K. *et al.* (1993), Condom use among U.S. men, 1991. *Family Planning Perspectives*, 25: 61-66.

Vance, C. (1991), Anthropology rediscovers sexuality: A theoretical comment. *Social Science and Medicine*, 33 (8): 875-884.

Van Oss Marín, B., Gómez, C.A. and Hearst, N. (1993), Multiple heterosexual partners and condom use among Hispanics and non-Hispanic whites. *Family Planning Perspectives*, 25: 170-174.

Villa, A. (1996), *Subjetividad y Salud Reproductiva: Un Estudio sobre las Perspectivas de los Hombres de Poblaciones Urbanas de Extrema Pobreza*. Buenos Aires: Final research report.

Weellings, J. *et al.* (1994), *Sexual Behaviour in Britain. The National Survey of Sexual Attitudes and Lifestyles*. London: Penguin.

Yon Leau, C. (1996), Placer, riesgo y poder: Corresponsabilidad y negociación de hombres y mujeres respecto al uso de métodos anticonceptivos. In: *Más Allá de la Intimidad. Cinco Estudios en Sexualidad, Salud Sexual y Reproductiva*. Lima: Lluvia Editores, Pontificia Universidad Católica del Perú: 53-88.

Zamberlin, N. (2000), La otra mitad. Un estudio sobre la participación masculina en el control de la fecundidad. Gogna, M. (compiladora), *Feminidades y Masculinidades. Estudios sobre Salud Reproductiva y Sexualidad en Argentina, Chile y Colombia*. Buenos Aires: CEDES: 245-302.