Demand for Novel Male Contraceptives

Reproductive Health Innovation Summit
Boston, February 15, 2023
Key questions about demand for Male CTs

- Do men want additional Male CT options?
- What additional Male CT options do men want?
- Who wants which Male CT options?
- Would women trust men to use Male CTs to protect them from pregnancy?
- What will women do – continue using or rely on their partner?
Objectives of the Research

1. **Assess latent demand for potential CT attributes / products** on the 5-30-year development horizon to inform funding and development decisions among development community stakeholders
   - Provide **population-representative results** across geographies accounting for 50+% of FP unmet need in FP2020 countries & United States (largest commercial market)

2. Identify CT **product attributes and attribute clusters** (TPPs) most preferred

3. **Cluster-segment** according to CT attribute preferences – who wants what?
   - Size and profile segments

4. Provide user-based demand data as inputs into **Demand Forecasts and Impact Modelling**

5. **Assess trade-offs** made by female & male partners in their FP method use if mix of male and female methods are available
Understanding customer demand upfront, we can assess trade-offs in development decisions to optimize alignment to it.

Focusing primarily on demand

Focusing primarily on ease of technical development

Informed balancing of demand and technical feasibility

Product attributes (illustrative only)
Research Scope & Approach
Research Design

• ~40-minute quantitative survey among 2-3K men, and their female partners
  ▪ Discrete choice survey + detailed segmentation profile questions

• Inclusion criteria:
  ▪ Men, ages 18-60; Have had sex with 1+ women within past 12 months
  ▪ Not have had vasectomy 5+ years ago
  ▪ Able to father children (except vasectomy <5 years ago)
  ▪ Not have a partner who has had sterilization 5+ years ago (India only, where female sterilization rates are non-negligible)

Geographies
Accounting for >50% Global Unmet FP Need

African LMICs
• Côte d'Ivoire
• DR Congo
• Kenya
• Nigeria

Asian LMICs
• Bangladesh
• Maharashtra State, India
• Uttar Pradesh State, India
• Vietnam

Developed Markets
• United States
### Sampling frame by geography

<table>
<thead>
<tr>
<th>Geography</th>
<th>Male Survey Sample Size (n)</th>
<th>Approx. Adult Male Population Ages 18-49 (N)</th>
<th>Primary Sampling Unit Sampling Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>2,000</td>
<td>46 M</td>
<td>675 Enumeration Areas (EA) constituting the sample of 2017-18 Bangladesh Demographic and Health Survey (BDHS)</td>
</tr>
<tr>
<td>DR Congo</td>
<td>2,000</td>
<td>20 M</td>
<td>National list of approximately 9,000 health zone catchment areas</td>
</tr>
<tr>
<td>Maharashtra state (India)</td>
<td>2,000</td>
<td>36 M</td>
<td>Anganwadi centre catchment areas in rural settings, and Census Enumeration Blocks in urban settings</td>
</tr>
<tr>
<td>Uttar Pradesh state (India)</td>
<td>2,000</td>
<td>65 M</td>
<td>Anganwadi centre catchment areas in rural settings, and Census Enumeration Blocks in urban settings</td>
</tr>
<tr>
<td>Côte d’Ivoire</td>
<td>2,000</td>
<td>6 M</td>
<td>National list of approximately 8,500 villages (the smallest administrative unit) catchment areas</td>
</tr>
<tr>
<td>Kenya</td>
<td>2,000</td>
<td>14 M</td>
<td>96,251 Enumeration Areas (EA) constituting the sample of 2014 Kenya Demographic and Health Survey (KDHS)</td>
</tr>
<tr>
<td>Nigeria</td>
<td>2,000</td>
<td>48 M</td>
<td>Enumeration Areas (EA) generated from the enumeration demarcation survey in 2020-2021</td>
</tr>
<tr>
<td>Vietnam</td>
<td>2,000</td>
<td>25 M</td>
<td>National list of blocks where each block consists of 200 living quarters (houses)</td>
</tr>
<tr>
<td>United States</td>
<td>3,000</td>
<td>79 M</td>
<td>NORC AmeriSpeak web panel, which is a probability-based panel built on a sampling frame of micro-areas nationwide, also drawn with selection probability proportional to size (PPS) within urban/rural stratum</td>
</tr>
</tbody>
</table>

The sample size of $n = 2,000$ per geography will yield up to $\pm 3\%$ margin of error around target population estimates at $95\%$ confidence level.
Male Survey Overview

**Screener**
- Respondent age
- Respondent gender
- Methods currently using to prevent pregnancy
- If he had vasectomy in past 5 years
- If partner sterilized in past 5 years (India only)

**CT usage & perceptions**
- Use of methods
- Frequency of use
- Satisfaction
- Perceived side effects
- Past use of male methods

**DCE & form-specific attributes**
- Discrete choice
- Form specific side effects
- Form specific preferences
- Trust in efficacy
- Trust in safety

**Fertility norms & beliefs**
- Gender norms
- Religious norms
- Beliefs & concerns about male CT

**Channels & access**
- Sources of family planning information
- Use of channels
- Points of care/access
- Willingness to pay

**Life stage**
- Frequency of sex
- Relationship type & quality
- Contraceptive decisions
- Number of current & desired children

**Socio-demographics**
- Education
- Occupation
- Income
- Household makeup
- Religion
## Male CT Discrete Choice Attributes & Levels

<table>
<thead>
<tr>
<th>Form</th>
<th>Frequency</th>
<th>Time to Onset</th>
<th>Time to Reverse</th>
<th>Efficacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pill</td>
<td>1. Before sex only when needed</td>
<td>1. 30 minutes</td>
<td>1. 24 hours</td>
<td>1. 75% Effective</td>
</tr>
<tr>
<td>2. Gel on shoulder</td>
<td>2. Once a day</td>
<td>2. 4 hours</td>
<td>2. 4 weeks</td>
<td>2. 85% Effective</td>
</tr>
<tr>
<td>3. Liquid patch</td>
<td>3. Once a week</td>
<td>3. 24 hours</td>
<td>3. 2 months</td>
<td>3. 95% Effective</td>
</tr>
<tr>
<td>4. Micro-array patch</td>
<td>4. Once a month</td>
<td>4. 4 weeks</td>
<td>4. 3 months</td>
<td>4. 99% Effective</td>
</tr>
<tr>
<td>5. Auto-injector at home</td>
<td>5. Once every 3 months</td>
<td>5. 2 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Injection in clinic</td>
<td>6. Once every 6 months</td>
<td>6. 3 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Skin piercing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Implant under skin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Nasal spray</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Inserted through hole where you urinate</td>
<td>11. One time procedure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Small surgical cuts in scrotum</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sex Drive</th>
<th>Testes</th>
<th>Ejaculation</th>
<th>Energy</th>
<th>Mood</th>
<th>STI Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No Change</td>
<td>1. No Change</td>
<td>1. No Change</td>
<td>1. No Change</td>
<td>1. No Change</td>
<td>1. No STI Protection</td>
</tr>
<tr>
<td>2. Higher Sex Drive</td>
<td>2. Testes shrink by a bit</td>
<td>2. Less Fluids at Orgasm</td>
<td>2. Mood Swings</td>
<td>2. STI Protection</td>
<td></td>
</tr>
<tr>
<td>3. Lower Sex Drive</td>
<td>3. Testes shrink by half</td>
<td>3. No Fluids at Orgasm</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **STI Protection**: 1. No STI Protection
## Example Discrete Choice Card

Looking at these products, would you want to use X or Y or neither.

<table>
<thead>
<tr>
<th>Attributes</th>
<th>Product X</th>
<th>Product Y</th>
<th>Neither</th>
</tr>
</thead>
<tbody>
<tr>
<td>How do I take it?</td>
<td>Injection in clinic</td>
<td>Gel on shoulder</td>
<td>I don’t want product X or Y</td>
</tr>
<tr>
<td>How often do I take it?</td>
<td>Once every 3 months</td>
<td>Once a day</td>
<td></td>
</tr>
<tr>
<td>How long before it starts working?</td>
<td>30 minutes</td>
<td>8 weeks</td>
<td></td>
</tr>
<tr>
<td>How long after I stop will it stop working?</td>
<td>24 hours</td>
<td>8 weeks</td>
<td></td>
</tr>
<tr>
<td>Affect sex drive?</td>
<td>Higher Sex Drive</td>
<td>Higher Sex Drive</td>
<td></td>
</tr>
<tr>
<td>Affect testes size?</td>
<td>Testes shrink by half</td>
<td>No Change in Testes</td>
<td></td>
</tr>
<tr>
<td>Affect ejaculation?</td>
<td>No Change in Ejaculation</td>
<td>No Ejaculation at Orgasm</td>
<td></td>
</tr>
<tr>
<td>Affect energy?</td>
<td>No Change</td>
<td>No Change</td>
<td></td>
</tr>
<tr>
<td>Affect mood?</td>
<td>No Change</td>
<td>No Change</td>
<td></td>
</tr>
<tr>
<td>STI Protection?</td>
<td>No STI Protection</td>
<td>STI Protection</td>
<td></td>
</tr>
<tr>
<td>How effective is it?</td>
<td>85% Effective</td>
<td>75% Effective</td>
<td></td>
</tr>
</tbody>
</table>
# Overall side effects & benefits

1. Lower blood pressure  
2. Higher cholesterol  
3. Lower cancer risk  
4. Better erections  
5. Nausea  
6. Fatigue  
7. Acne  
8. Skin rash

# Topical gel side effects

1. Stained clothing  
2. Period changes in female partner if gel rubs off on her  
3. Body or facial hair on female partner if gel rubs off on her  
4. Acne in female partner if gel rubs off on her

# Administration side effects

1. Pain during injection on arm or abdomen  
2. Itching or swelling on arm or abdomen for few days after injection  
3. Pain in scrotum for few days after procedure  
4. Bleeding and swelling in scrotum for few days after procedure

# Inconvenience

1. It must be taken with food  
2. Sperm check needed at a doctor’s office after 3 months  
3. Sperm check needed at home after 3 months

# Mechanism of action

1. Stops your body from making sperm  
2. Keeps sperm out of your semen during ejaculation  
3. Prevents any semen from being ejaculated, while still allowing orgasm  
4. Changes the shape of your sperm so they cannot fertilize the egg  
5. Impairs the ability of your sperm to swim to the egg

# Implant removal

1. Prefer doctor removal  
2. No preference  
3. Prefer natural breakdown in body
Female Partner Survey

- Also implemented a female survey among female partners of men surveyed to assess relationship-level trade-offs to inform mCPR modelling and investment decisions.

- Inclusion Criteria
  - If the man surveyed is married or living together with a woman as if married (full-time or part-time), the woman will be the default respondent for the female survey.
  - If the man surveyed has a female partner not living in the same household, but living within/near the same PSU, the woman will be approached and included as a respondent for the female survey.
  - If the man surveyed has a female partner not living in close proximity, the parallel female survey would be skipped.
  - If the man surveyed has multiple partners, with one or more living within/near the same PSU, one selected by the man as a “closest partner” will be surveyed.
Female Partner Survey Overview

CT usage & perceptions
- Use of methods
- Frequency of use
- Satisfaction
- Perceived side effects
- Past use of male methods

Product attributes
- Duration Preference
- Preference for time to onset and reversibility
- Preference for STI and HIV protection
- Side effects

Fertility norms & beliefs
- Gender norms
- Religious norms
- Beliefs & concerns about CT and specifically male CT
- Trust in partner usage

Channels & access
- Sources of family planning information
- Use of channels
- Ease of access

Life stage
- Frequency of sex
- Relationship type & quality
- Contraceptive decisions
- Number of current & desired children

Socio-demographics
- Education
- Occupation
- Religion
Do men want additional Male CT options?
High demand for new Male CTs across countries; Time to uptake fastest in Bangladesh and Nigeria within a year, and lowest in United States
Novel male CTs would displace existing male and female methods as well as attract a new set of users who currently do not use modern contraception

Willingness to use male CT at some point by current main method used,
In % of total men, by current method used

<table>
<thead>
<tr>
<th>Country</th>
<th>New users</th>
<th>Switch from modern female methods</th>
<th>Switch from modern male methods – mainly condoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenya</td>
<td>85</td>
<td>13</td>
<td>42</td>
</tr>
<tr>
<td>Nigeria</td>
<td>95</td>
<td>50</td>
<td>29</td>
</tr>
<tr>
<td>CDI</td>
<td>79</td>
<td>28</td>
<td>42</td>
</tr>
<tr>
<td>Vietnam</td>
<td>98</td>
<td>26</td>
<td>19</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>95</td>
<td>18</td>
<td>12</td>
</tr>
<tr>
<td>US</td>
<td>78</td>
<td>27</td>
<td>22</td>
</tr>
</tbody>
</table>

- New users (those who switch from traditional methods or who do not use any method currently)
- Switch from modern female methods
- Switch from modern male methods – mainly condoms

Note: 1) Excluded cases where the method was not clearly specified by the respondent
2) Modern male method is mainly condoms with less than 0.5% men with vasectomy in all countries except US. In US, 4% men have had vasectomy
3) These results are based on the main method reported by the respondents
Demand for male CT high across men, irrespective of their marital status; Only directionally higher among men who are not married/living together

In Bangladesh, given the cultural norms, only married men were included in our study.
Forecasted demand is significant within 1 year; on-demand methods lead across markets, except in Bangladesh, where vas-occlusive hydrogel is dominant.

### Estimated Uptake of Novel Male CTs by Forms of Administration / Times of Use within 3 & 12 months

<table>
<thead>
<tr>
<th>Region</th>
<th>US</th>
<th>Kenya</th>
<th>Nigeria</th>
<th>Côte d'Ivoire</th>
<th>DRC</th>
<th>Bangladesh</th>
<th>Vietnam</th>
</tr>
</thead>
<tbody>
<tr>
<td>On-demand Pill</td>
<td><img src="chart.png" alt="Bar Chart" /></td>
<td><img src="chart.png" alt="Bar Chart" /></td>
<td><img src="chart.png" alt="Bar Chart" /></td>
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</tr>
<tr>
<td>On-demand Dermal Gel</td>
<td><img src="chart.png" alt="Bar Chart" /></td>
<td><img src="chart.png" alt="Bar Chart" /></td>
<td><img src="chart.png" alt="Bar Chart" /></td>
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</tr>
<tr>
<td>Daily Pill</td>
<td><img src="chart.png" alt="Bar Chart" /></td>
<td><img src="chart.png" alt="Bar Chart" /></td>
<td><img src="chart.png" alt="Bar Chart" /></td>
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<td><img src="chart.png" alt="Bar Chart" /></td>
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<td></td>
</tr>
<tr>
<td>Daily Dermal Gel</td>
<td><img src="chart.png" alt="Bar Chart" /></td>
<td><img src="chart.png" alt="Bar Chart" /></td>
<td><img src="chart.png" alt="Bar Chart" /></td>
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<td><img src="chart.png" alt="Bar Chart" /></td>
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<td></td>
</tr>
<tr>
<td>Vas-occlusive Hydrogel</td>
<td><img src="chart.png" alt="Bar Chart" /></td>
<td><img src="chart.png" alt="Bar Chart" /></td>
<td><img src="chart.png" alt="Bar Chart" /></td>
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<td><img src="chart.png" alt="Bar Chart" /></td>
<td><img src="chart.png" alt="Bar Chart" /></td>
<td></td>
</tr>
<tr>
<td>Something but not these</td>
<td><img src="chart.png" alt="Bar Chart" /></td>
<td><img src="chart.png" alt="Bar Chart" /></td>
<td><img src="chart.png" alt="Bar Chart" /></td>
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<td><img src="chart.png" alt="Bar Chart" /></td>
<td><img src="chart.png" alt="Bar Chart" /></td>
<td></td>
</tr>
<tr>
<td>Never Any</td>
<td><img src="chart.png" alt="Bar Chart" /></td>
<td><img src="chart.png" alt="Bar Chart" /></td>
<td><img src="chart.png" alt="Bar Chart" /></td>
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<td></td>
</tr>
</tbody>
</table>
What additional Male CT options do men want?
Attributes driving choice – Form dominates; STI protection strong in African countries; Energy & Weight, Testes Size & Sex Drive prominent in some markets

<table>
<thead>
<tr>
<th>Attribute</th>
<th>United States</th>
<th>Nigeria</th>
<th>Kenya</th>
<th>Cote d'Iviore</th>
<th>Bangladesh</th>
<th>Vietnam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>Efficacy</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>Time to Onset</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>STI Protection</td>
<td>Medium</td>
<td>Medium</td>
<td>Medium</td>
<td>Medium</td>
<td>Medium</td>
<td>Medium</td>
</tr>
<tr>
<td>Energy &amp; Weight</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>Testes Size</td>
<td>Medium</td>
<td>Medium</td>
<td>Medium</td>
<td>Medium</td>
<td>Medium</td>
<td>Medium</td>
</tr>
<tr>
<td>Sex Drive</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>Frequency of Dosing</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>Ejaculation</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>Mood Swings</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
</tr>
</tbody>
</table>
Odds of Uptake by Form (vs. Pill as comparator) – Pill is most commonly preferred; African markets prefer Gel on shoulder; more invasive not desired

<table>
<thead>
<tr>
<th>Country</th>
<th>United States</th>
<th>Nigeria</th>
<th>Kenya</th>
<th>Cote d'Iviore</th>
<th>Bangladesh</th>
<th>Vietnam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gel on shoulder</td>
<td>Pill</td>
<td>Liquid patch</td>
<td>Micro-array patch</td>
<td>Nasal spray</td>
<td>Auto-injector at home</td>
<td>Injection in clinic</td>
</tr>
<tr>
<td>Odds of uptake</td>
<td>0.50 1.00</td>
<td>0.50 1.00</td>
<td>0.50 1.00</td>
<td>0.50 1.00</td>
<td>0.50 1.00</td>
<td>0.50 1.00</td>
</tr>
</tbody>
</table>

- DESIRE Line
- ALSTONIA IMPACT
Would women trust men to use Male CTs to protect them from pregnancy?
Female trust in partner was hypothesized to be a potential barrier to male CT uptake, data from Vietnam, BD and Nigeria suggests very high trust levels.

If my partner told me he was taking a contraceptive I would believe him

- **Kenya**: 18% Strongly disagree, 17% Disagree, 8% Neither agree nor disagree, 32% Agree, 26% Strongly agree
- **Nigeria**: 5% Strongly disagree, 10% Disagree, 3% Neither agree nor disagree, 45% Agree, 36% Strongly agree
- **CDI**: 19% Strongly disagree, 21% Disagree, 8% Neither agree nor disagree, 30% Agree, 22% Strongly agree
- **Vietnam**: 6% Strongly disagree, 7% Disagree, 68% Neither agree nor disagree, 18% Agree
- **Bangladesh**: 8% Strongly disagree, 7% Disagree, 1% Neither agree nor disagree, 36% Agree, 49% Strongly agree
Among pairs, there was high concordance on having men’s involvement in Contraception in Vietnam, Nigeria and Bangladesh.

**Couple Concordance on Man's involvement in CT**

- **Kenya**: 31% Both want man to be involved, 29% Female wants man to be involved but man doesn’t, 18% Man wants to be involved but female does not want him to be involved, 22% Both don’t want man to be involved
- **Nigeria**: 57% Both want man to be involved, 16% Female wants man to be involved but man doesn’t, 16% Man wants to be involved but female does not want him to be involved, 6% Both don’t want man to be involved
- **CDI**: 38% Both want man to be involved, 19% Female wants man to be involved but man doesn’t, 16% Man wants to be involved but female does not want him to be involved, 27% Both don’t want man to be involved
- **Vietnam**: 45% Both want man to be involved, 35% Female wants man to be involved but man doesn’t, 9% Man wants to be involved but female does not want him to be involved, 10% Both don’t want man to be involved
- **Bangladesh**: 51% Both want man to be involved, 19% Female wants man to be involved but man doesn’t, 23% Man wants to be involved but female does not want him to be involved, 7% Both don’t want man to be involved
Spousal Communication is high across countries

I can talk openly with my partner about contraception

- **Kenya**
  - Strongly disagree: 3%
  - Disagree: 4%
  - Neither agree nor disagree: 2%
  - Agree: 36%
  - Strongly agree: 55%

- **Nigeria**
  - Strongly disagree: 2%
  - Disagree: 5%
  - Neither agree nor disagree: 2%
  - Agree: 40%
  - Strongly agree: 51%

- **CDI**
  - Strongly disagree: 5%
  - Disagree: 4%
  - Neither agree nor disagree: 4%
  - Agree: 40%
  - Strongly agree: 47%

- **Vietnam**
  - Strongly disagree: 1%
  - Disagree: 2%
  - Neither agree nor disagree: 2%
  - Agree: 67%
  - Strongly agree: 28%

- **Bangladesh**
  - Strongly disagree: 1%
  - Disagree: 1%
  - Neither agree nor disagree: 1%
  - Agree: 34%
  - Strongly agree: 64%
High levels of disclosure by female partners for using contraception

If I were using a female CT, I would keep it a secret from my partner

- **Kenya**: 10% Strongly agree, 11% Agree, 2% Neither agree nor disagree, 31% Disagree, 46% Strongly disagree
- **Nigeria**: 6% Strongly agree, 9% Agree, 2% Neither agree nor disagree, 43% Disagree, 39% Strongly disagree
- **CDI**: 8% Strongly agree, 8% Agree, 6% Neither agree nor disagree, 34% Disagree, 44% Strongly disagree
- **Vietnam**: 4% Strongly agree, 21% Agree, 8% Neither agree nor disagree, 56% Disagree, 12% Strongly disagree
- **Bangladesh**: 5% Strongly agree, 6% Agree, 31% Neither agree nor disagree, 58% Disagree
What will women do – continue using or rely on their partner?
Demand among women for Male CT also high – only marginally lower than among men

Willingness to use new male CT at some point in the future among male and female partners

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
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<tbody>
<tr>
<td>Kenya</td>
<td>84</td>
<td>84</td>
</tr>
<tr>
<td>Nigeria</td>
<td>95</td>
<td>86</td>
</tr>
<tr>
<td>CDI</td>
<td>79</td>
<td>74</td>
</tr>
<tr>
<td>Vietnam</td>
<td>98</td>
<td>98</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>95</td>
<td>86</td>
</tr>
</tbody>
</table>
Considerable layering – each partner would use own method – expected across all countries except Bangladesh

I want my own contraceptive regardless of whether my partner is using a method

- Kenya: Male 40, Female 52
- Nigeria: Male 65, Female 54
- CDI: Male 46, Female 50
- Vietnam: Male 40, Female 66
- Bangladesh: Male 29, Female 16
Men not married/living together want their own method more than those married/living together across countries

In Bangladesh, given the cultural norms, only married men were included in our study.
Post-Dobbs Decision Re-field in US
Re-field research in US for pre/post Dobbs decision comparisons

- Will replicate original fieldwork in United States for 1:1 comparison of results
- Minor updates to survey to include insurance coverage, etc., not captured in original fieldwork
- Budget $150 K to complete the work and comparative analyses

Seeking a co-funder
Q&A and Discussion
Discussion Questions

• Having seen this data, how if at all does it affect your thinking in investing in Male vs. Female CT development? Why?

• What are your decision criteria for investing in Male CT?

• What is the opportunity to lobby Congress for more funding for NIH to support Male CT development?
Male CT Study Sampling Design

- **DESIGN TO ENSURE GEO-REPRESENTATIVE RESULTS**
  
  1. Listing of micro-areas that provide comprehensive coverage of the country, e.g., census enumeration micro-areas (e.g., wards, EAs), DHS sample frames, ASHA catchment areas or national lists of primary health facilities catchment areas, or local administrative zones
  
  2. Each micro-area to serve as a **primary sampling unit (PSU)**
  
  3. Among the full sampling frame of PSUs, **200 PSUs will be randomly selected with probability proportional to (population) size (PPS)** within urban/rural strata aligned with ratio of urban vs. rural populations in country
  
  4. Within each PSU, **rapid household listings will be conducted** to identify occupied dwellings with 1+ male resident, ages 18-60
  
  5. Out of the qualifying sample of households within each PSU, **10 households will be randomly selected** for survey

  6. **Random household selection** will be performed using a survey tool algorithm (not convenience samples chosen by field teams)

  7. If 2+ men (ages 18-60) live in the same household, **1 man will be randomly selected** within that household using the most recent birthday method. If the first man screens out, then the man with the second most recent birthday in that household will be looped into the interview.

  8. In rare cases, if all men in the same household screen out, the field team will proceed with the left-hand rule using the first household as start point reference.

This approach will yield a total n size of 200 PSUs x 10 households = 2,000 men per LMIC geography
Pill

Gel on shoulder

Auto-injector at home

Injection at clinic

Implant under skin

Liquid patch

Micro-array patch

Nasal spray

Skin piercing

Inserted through hole where you urinate

Small surgical cuts in scrotum

Graphics shown to respondents (if requested)