



IS IT TIME FOR MEN TO take more responsibility FOR CONTRACEPTION?

For decades, the task of preventing unwanted pregnancies has largely fallen on women. But as the recent backflip on abortion rights in the US has highlighted, this imbalance of responsibility isn't only unjust, it's also unsafe. So why aren't more men stepping up?

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Why is everyone talking about contraception right now?

Between the roll back of abortion rights in the US, declining rates of global condom usage (plus a corresponding increase in STIs), and the news that serial fathers Nick Cannon and Elon Musk have sired yet more children (making it eight for Cannon and 10 for Musk), the topic of contraception has never been more pertinent. And these events have shone a spotlight on the issue of why – in this day and age – contraception *still* seems to be a woman's responsibility.

Is it really that difficult to make a male contraceptive? And what does the science say? While options for female contraceptives have expanded since the Australian release of the oral pill in 1961, for men, the choices are

essentially condoms or a vasectomy. “The desire to turn off, or impair, sperm production to make a man intentionally infertile is technically challenging,” explains professor Robert McLachlan, medical director of Healthy Male and principal research fellow at the Hudson Institute of Medical Research. “Every day, a man makes 10 to 20 million sperm – about 1000 sperm per second – and turning that off is like turning round an oil tanker,” he tells *Body+Soul*.

Preventing pregnancy in women isn't only easier (they have one egg compared

to millions of sperm), it's also more profitable. “Older men in powerful positions in pharmaceutical companies and organisations that fund medical research think family planning is under control – women are taking care of it,”



FATHER FIGURES
(from top) Elon Musk has 10 children with three women. If he had three more children, he would have 13 children. Nick Cannon has had eight children with two women.

says Dr Sab Ventura, an expert in male reproductive pharmacology at Monash University. “Developing a male contraceptive costs billions of dollars and pharmaceutical companies wonder if they’ll make money. And when you develop a male contraceptive, you also take away a chunk of the market share for female contraceptives.”

So if female contraceptive methods work, why do we need anything else?

It’s not just about men shouldering more responsibility for contraception, it’s about giving everyone equal control. “Men want to take an active role in contraception but they are limited, and a vasectomy is a hell of a jump,” McLachlan tells *Body+Soul*.

The research agrees. According to a *Journal Of Sex Research* study, up to 82 per cent of men would try male contraception, and up to 94 per cent of women would be happy with that arrangement. “There is appetite among men to have options and that groundswell is important in driving the agenda for drug companies and those funding research,” says GP Dr Danielle McMullen, president of the Australian Medical Association (NSW).

Are there any new options on the horizon for men?

In 2016, a male contraceptive injection looked to be 96 per cent effective in lowering sperm count, but the trial was halted when some men reported side effects like acne, mood swings and, in some cases, depression.

Ceasing a trial due to these side effects may seem frustrating to women – who have dealt with these symptoms and more for decades while taking hormonal birth control – and McMullen acknowledges that more research needs to be done.

“We should also be working with women to minimise side effects of their pill,” she tells *Body+Soul*. “When we develop new medications, we have to make sure they’re safe, effective and people can tolerate minor side effects – we can’t have something that’s causing severe effects.”

At Monash University, Ventura has spent years developing what he describes as a “chemical vasectomy” that aims to stop sperm from reaching an egg. Yet even

with adequate funding, he says it could still take a decade to get to market. ❖



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HOW CLOSE ARE WE TO A MALE PILL?

The Male Contraceptive Initiative supports the development of non-hormonal, reversible male contraceptives, and is looking at a number of options, such as

- + A single injection that guards against pregnancy for years but is completely reversible.
- + A biodegradable implant that is injected just under the skin and delivers a male contraceptive over a sustained period of time.
- + A daily or on-demand male birth-control option that prevents sperm from being able to swim.
- + A reversible male birth-control method that causes sperm to become sterile.

And elsewhere around the world, laboratories are looking at

- + A gel called NES/T that men apply to their back and shoulders, reducing sperm production to low or non-existent levels.
- + A daily pill called dimethandrolone undecanoate (or DMAU).