

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Announcement of Availability of Funds for Family Planning Male Reproductive Health Research Grants**

AGENCY: Department of Health and Human Services, Office of the Secretary, Office of Public Health and Science, Office of Population Affairs.

ACTION: Notice.

Authority: Section 1004 of the Public Health Service (PHS) Act.

SUMMARY: The Office of Population Affairs (OPA) requests applications for grants for research in certain behavioral and program implementation fields related to family planning. These grants are for community-based research projects to investigate best—practice approaches to providing family planning and related health information, education and clinical services targeting males.

DATES: To receive consideration, applications must be received by the Office of Public Health and Science (OPHS) Grants Management Office no later than June 13, 2003.

ADDRESSES: Application kits may be requested from, and applications submitted to: OPHS Grants Management Office, 1101 Wootton Parkway, 5th Floor, Rockville, MD 20852. Application kits are also available online at the Office of Population Affairs Web site at <http://opa.osophs.dhhs.gov> or may be requested by fax at (301) 594–0019 or (301) 594–5980.

SUPPLEMENTARY INFORMATION: Title X of the Public Health Service Act, 42 U.S.C. 300, *et seq.*, authorizes programs related to family planning. Section 1004 of the Act, as amended, authorizes the Secretary of Health and Human Services to award grants to entities to conduct research in the behavioral and program implementation fields related to family planning. Implementing regulations can be found at 42 CFR part 52. Section 1008 of the Act, as amended, stipulates that none of the funds appropriated under this title shall be used in programs where abortion is a method of family planning.

CFDA: A description of the Title X Family Planning Research Program can be found at OMB Catalog of Federal Domestic Assistance 93.974. A description of Title X Family Planning Services Program can be found at OMB Catalog of Federal Domestic Assistance 93.217.

I. Funding Opportunity Description

This announcement seeks proposals from public and private non-profit entities to undertake research in the fields of family planning and reproductive health services and education for males. Funds available under this announcement are for community-based research projects to investigate best-practice approaches to providing family planning and related health information, education, and clinical services targeting males.

These projects are intended to evaluate different programmatic approaches and venues to reach males in need of such information and services, based on the use of recognized theory and logic-based models for program planning, implementation and evaluation.

Background

The family planning program authorized by Section 1001 of Title X is required by law to provide family planning services, including information, education and counseling, to all persons desiring such services. One subgroup of the population that continues to be under-represented is males. Over the past 30 years, males annually have comprised only two to four percent of clients served by the Title X family planning clinical service delivery system. This emphasizes the fact that simply offering clinical services will not result in males using those services.

Adult men of all ages do have reproductive health concerns; however, these concerns may not readily translate into contact with the health care system. During adolescence and young adulthood, sexual and reproductive health issues and behaviors have a great influence on males' lives. Accurate information, skills and support should be available to encourage delay of sexual debut until after adolescence and preferably until marriage. For sexually active young males, this time of life may bring with it such health concerns as STDs, HIV/AIDS, unintended pregnancy and the emotional stress of interpersonal and intimate relationships.

Among middle-aged and older males, health concerns around sexual and reproductive behavior continue, though the nature of these concerns may differ from that of younger males. Even when men visit a health care provider, they are more reluctant than women to bring problems of a reproductive or sexual nature to their clinician's attention. Given the different attitudes and expectations that men and women have

toward health care, it would seem that involving men in their own care requires a different approach from that which has been successful with women.

Studies have shown that men are most receptive to health messages in locations and environments with which they are familiar, and as part of programs that they voluntarily pursue. Programs that deliver family planning and related health messages as part of other community-based services or activities have the potential to be successful and need greater emphasis and exploration. Experience with male projects has shown that health promotion and prevention services provided through community settings, complement available clinical health services.

The recent interest in encouraging male involvement in family planning and reproductive health is driven by the current epidemic of STDs, including HIV/AIDS, and high rates of unintended pregnancies, as well as by shifts in public health policies. Fighting the fatherless epidemic, promoting responsible fatherhood, and supporting healthy marriages are major concerns for the nations' lawmakers. Similarly, the recognition of health, educational, and psychosocial consequences of early sexual activity has led to an increased focus on extra-marital abstinence. Involving males in family planning and reproductive health issues is one way to encourage and support "future orientation" in terms of establishing core values, long term goals, and relationships, including marriage and family.

In the mid-1990s, the Office of Family Planning (OFP), Office of Population Affairs (OPA) funded community-based organizations to investigate and develop effective approaches to providing family planning/reproductive health information and services to males. In addition, these projects explored strategies to involve males in building community support for pregnancy prevention and contraception. These research projects showed that males do want and need reproductive health information and services, and will seek services from community-based entities that they know and trust. In addition, these projects showed that community-based organizations (CBOs), and faith-based organizations (FBOs), as a subset of community-based organizations, can effectively augment the clinical service delivery system. Project experience indicated that CBOs and the clinical delivery system function best as partners in the delivery of reproductive health services to males by focusing on health promotion and disease