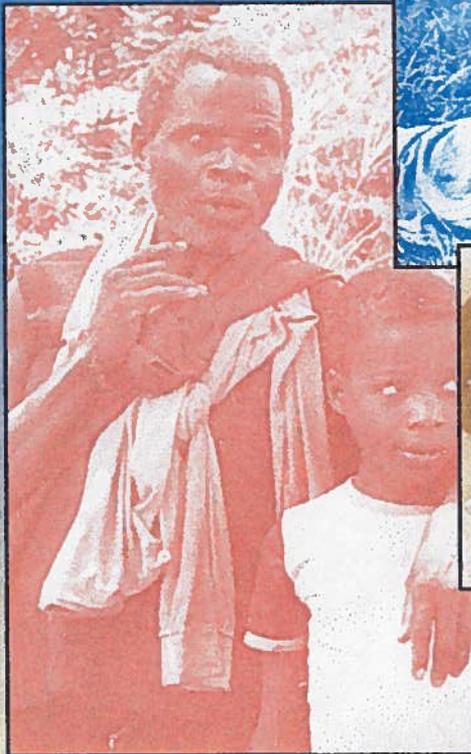
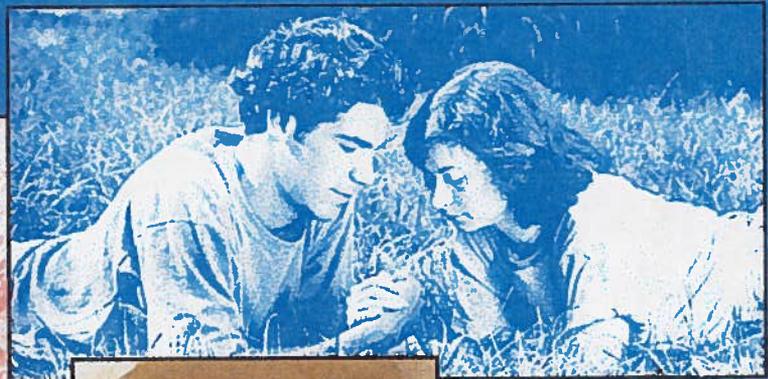


INVOLVING MEN in Sexual & Reproductive Health



UNICEF



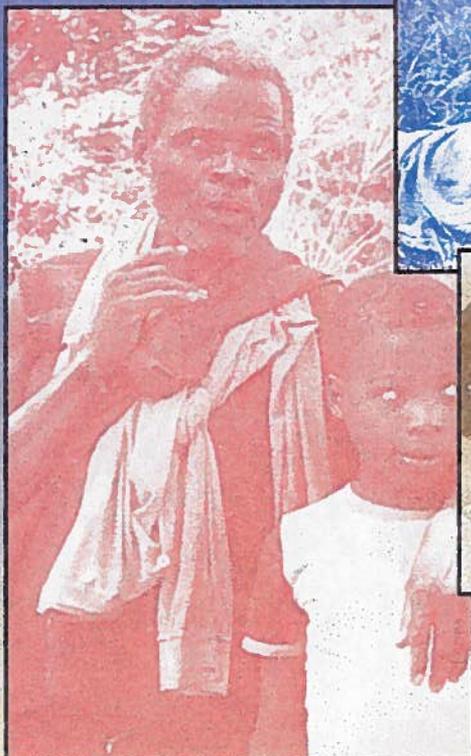
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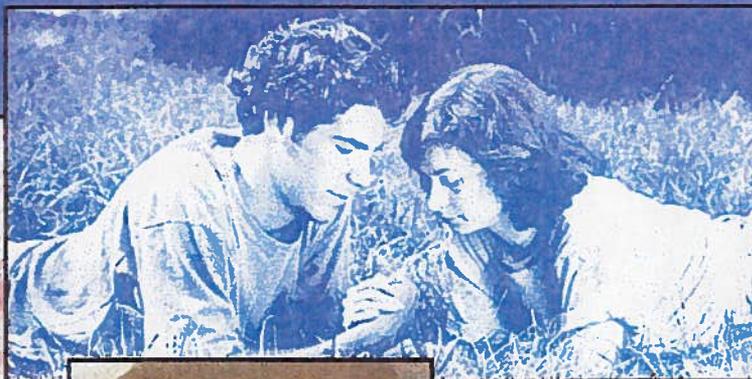
United Nations

An orientation guide by
Men and Reproductive Health Subcommittee
USAID Interagency Gender Working Group

INVOLVING MEN in Sexual & Reproductive Health



UNICEF



United Nations

PDA Consumer

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Preface

This orientation guide, "Involving Men in Sexual and Reproductive Health," was created by the Men and Reproductive Health Subcommittee, one of four subcommittees of the U.S. Agency for International Development (USAID) Interagency Gender Working Group (IGWG). The Subcommittee is composed of representatives from USAID cooperating agencies and other organizations and donors who are working to improve gender equity and increase men's positive participation in their programs and services.

The Subcommittee intends to use this guide during the fall and winter of 2000-2001 in a series of workshops with U.S.-based cooperating agencies and others working in the international reproductive health field. Following these efforts, the Subcommittee will assess how this product should be modified, packaged and distributed more widely. Please note that permission for photographs applies only to use in this guide; graphics should not be downloaded for individual use.

Editors and coordinators of this project were William Finger of Family Health International (FHI) and Karin Ringheim, formerly with USAID and now with PATH. They served as two of the cochairs of the Men and Reproductive Health Subcommittee during the development of this product.

The other members of the development/editorial team were: Errol Alexis, Margaret Sanger Center International; Michal Avni, USAID; Gary Barker, Instituto Promundo, Brazil; Judith F. Helzner, International Planned Parenthood Federation/Western Hemisphere; Benno de Keijzer, Salud y Genero, Mexico; and JoAnne Spicehandler, independent consultant. Other key team members were Nina Frankel, instructional designer, and Karen Dickerson, art and production editor, both of FHI.

Special thanks to the following collaborators for their assistance with development and review of this product: JoAnn Lewis, FHI; Susan Palmore, FHI; Mark Rilling and Elizabeth Schoenecker, USAID; and members of the Men and Reproductive Health Subcommittee.

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**I. Involving Men in
Sexual and Reproductive
Health: Introduction**

Involving Men in Sexual and Reproductive Health: Introduction



An orientation guide by
Men and Reproductive Health Subcommittee
USAID Interagency Gender Working Group

[Facilitator: Greet audience and introduce yourself.]

This orientation guide was created by the Men and Reproductive Health Subcommittee, one of four subcommittees of the U.S. Agency for International Development (USAID) Interagency Gender Working Group. The Subcommittee is composed of representatives from USAID cooperating agencies and other organizations and donors who are working to improve gender equity and increase men's positive participation in their programs and services.

Critical RH Issues

- 1 of 4 married women has unmet need for contraception
- 5 million new adult HIV infections in 1999
- Half of all new HIV infections occur to those under age 25
- 585,000 pregnancy-related maternal deaths per year, mostly preventable
- 1 of 3 women is a victim of domestic violence

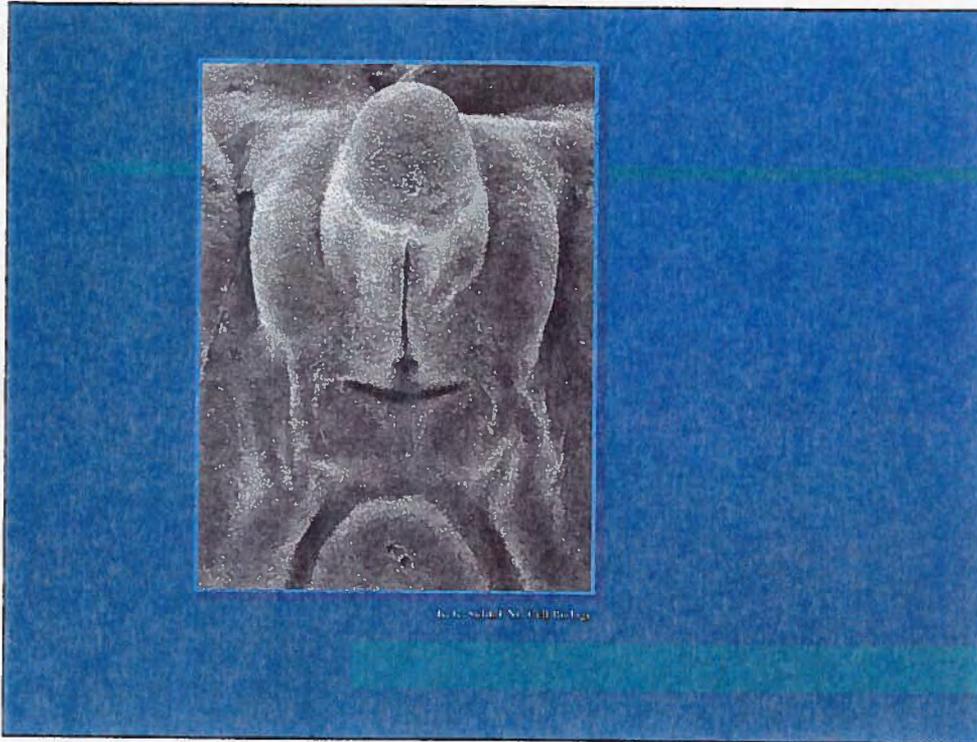
Despite much progress in expanded contraceptive availability and use over the last two decades, one of every four married women who wants to avoid a pregnancy is still not using contraception, according to the Demographic and Health Surveys (DHS). That equals about 150,000 million women in developing countries who have what is known as an “unmet need” for contraception.

The HIV epidemic continues to grow, with no end in sight. In 1999, there were 5 million newly infected adults.

Adolescents are particularly vulnerable to sexually transmitted infections (STIs). About half of all new HIV infections occur to those younger than age 25, and a great majority of other STIs occur in this age group.

An estimated 585,000 pregnancy-related maternal deaths occur each year, according to the World Health Organization (WHO). Most of these are preventable.

A 1999 issue of *Population Reports* found that at least one women in every three has been beaten, coerced into sex or otherwise abused in her lifetime.



What do you see in this image?

[Facilitator: Take different comments and reactions. Then continue with text below.]

This is the genitalia of an embryo at eight weeks. Note how unspecific the genitalia are at this stage. Although the sex of the fetus has been determined, the genitalia are still undeveloped and appear ambiguous. Over time, the embryo will evolve with either male or female genitalia.

In fact, most of the genes of males and females are the same. There are very few genetic differences. What is vastly different for males and females, however, are the ways in which they are socialized.



Male and female gender roles have developed from a combination of influences -- from the family, peers, the media, school and many other sources.

can elaborate on this slide.
Preview slide for future modules

Masculinity as a Risk Factor

For women

- Violence
- STIs/HIV/AIDS
- Unwanted pregnancy
- Depression
- Limited opportunities

For men

- Incarcerated
- Drug/alcohol abuse
- STIs/HIV/AIDS
- Suicide
- Violence/homicide
- Shorter life expectancy

In most societies, the cultural grammar we learn about gender says men will have more opportunities and privileges, which in turn lead to greater autonomy, sexual freedom, mobility and power in decision-making than women. These male privileges can lead to health risks for men and for women, as the slide indicates.

Traditional male roles can result in women having poor health consequences including violence, STIs/HIV, unwanted pregnancy, depression and limited opportunities for health services.

Masculine behavior can also put men at greater risk. Compared to women, men are more likely to be incarcerated, have drug and alcohol problems, die of homicides or suicide, and be involved in violence. These risks contribute substantially to men's shorter life expectancy.

Half of World's One Billion Youth Are Male



D. Manganaro/Inter-American Development Bank

To help men get constructively involved in reproductive health and family issues, we need to start early. We have a tremendous opportunity to improve the reproductive health of young women as well as young men if we address the needs and motivations of 500 million male youth.

II. Men, Family Planning and Reproductive Health

Men, Family Planning and Reproductive Health

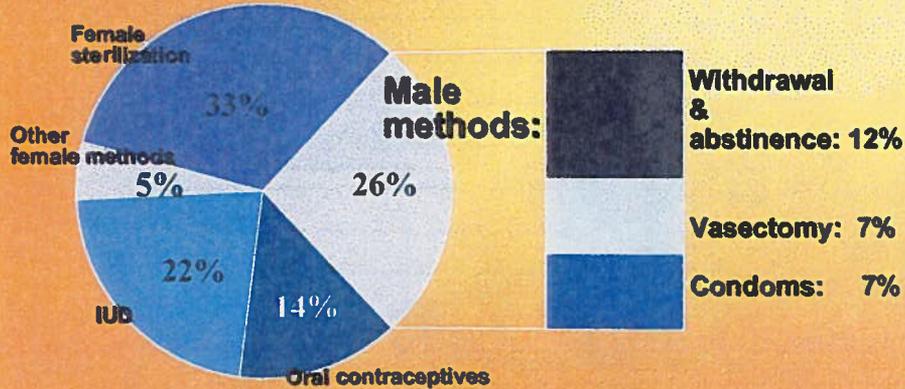


Richard Lord

In this section we will focus primarily on men's involvement in family planning, reasons why it might be important to change the current situation and barriers to overcome.

We will then describe strategies that have been used to reach out to men, including services to meet other male reproductive health needs.

Male Methods: 26% of Global Contraceptive Use



Source: United Nations, 1998.

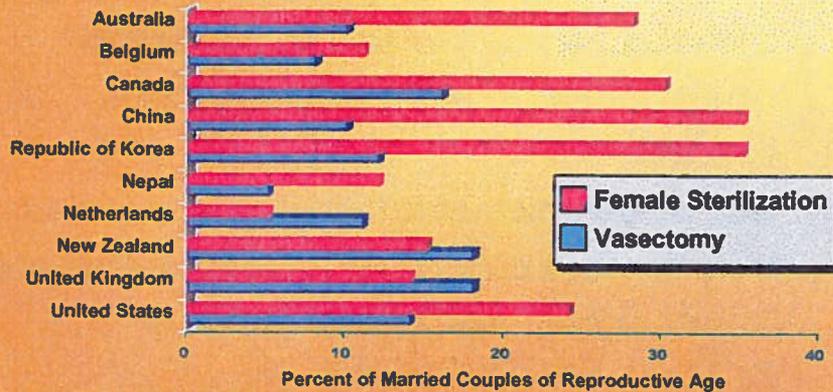
Among women using contraception, about one of every four, or 26 percent, say they are relying on a method used by their male partner. Seven percent rely on vasectomy, another 7 percent on condoms, and 12 percent rely on either periodic abstinence or withdrawal.

The great majority of women, 74 percent, use a female method. Of these, female sterilization is the most common at 33 percent.

This slide is based on the 58 percent of married women in the world who are using a contraceptive. The 42 percent who are not using a method are excluded.

Gender Imbalance: Knowledge/Use of Sterilization

Use of Sterilization in 10 Countries with Highest Levels of Vasectomy



Source: United Nations, 1998.

Worldwide, vasectomy is much less widely used than female sterilization, despite being safer and less expensive.

This chart of the 10 countries with the highest rates of vasectomy shows that only in the Netherlands, New Zealand and the United Kingdom does vasectomy equal or exceed female sterilization. The blue bars represent vasectomy and the red, female sterilization.

In many developing countries, vasectomy was formerly more widely practiced but has lost ground to female sterilization. The ratio of male to female sterilizations in such countries ranges from one to three in China to one to 35 in India. Vasectomy remains virtually unknown and unavailable in many parts of sub-Saharan Africa.

Husband Disapproval Major Factor in Unmet Need

- 3 of 7 pregnancies in the world are unintended



U.S. Agency for International Development

- Contraceptive use/continuation is higher when husband and wife agree

Sources: Bongaarts, *Stud Fam Plann* 1995;26(2).

Worldwide, about three of every seven pregnancies are unintended, estimates the United Nations Population Fund. Men play a critical role in whether unintended pregnancies can be prevented.

Many women say they want to delay or end childbearing but are not using contraception. The lack of husband support for contraceptive use, whether real or perceived, is one of the major factors for this unmet need, according to recent studies using in-depth interviews and survey data in Ghana, Guatemala, India, Pakistan, the Philippines and Zambia.

Women are more likely to use contraception when husbands approve of it. In five sub-Saharan African countries, average contraceptive use among married women was three times higher when the husband approved, compared to women whose husbands did not approve – 18 percent compared to 6 percent.

Some women choose to use contraception without their husband's knowledge, which could put them at risk of violence. Women should always have a choice as to whether husbands are involved in contraceptive decision-making. **Involving men in family planning should be approached with caution.** While male involvement may not always be a good idea in the short term, ultimately, the underlying causes of men's objections to contraception need to be addressed.

Involving Men in FP Can Promote Gender Equity

Many

Women want their partners involved:

- **To support their own contraceptive use**
- **To share responsibility for contraception and protecting health**
- **To increase men's understanding of RH issues**

In many countries, women have begun to question why responsibility for contraception falls to them. Women also recognize that their own health cannot be protected without the cooperation of men.

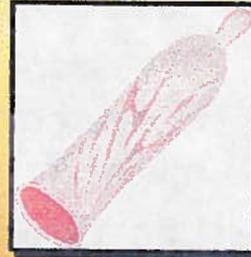
Many women want their partners involved -- to support their own use, to share responsibility for using contraception, and to better understand reproductive health issues. They urge providers to "talk to our husbands."

Increasing men's share of responsibility for using contraception and protecting reproductive health is important to any strategy to promote gender equity.

Although not all women want their husbands involved in the decision to use contraception, many women do want men to share responsibility.

Condoms: Dual Protection against Pregnancy and STIs

- **Offer good protection against pregnancy**
- **Highly effective in preventing STIs/HIV**
- **Should be used by those with more than one partner**



S. Khalaf/Family Health International

Condoms are the only method that simultaneously protects against unwanted pregnancies and STIs. When used correctly and consistently, condoms are highly effective at preventing STIs/HIV and offer good protection against pregnancy. Dual protection can be provided by the condom alone or by the condom in combination with another method.

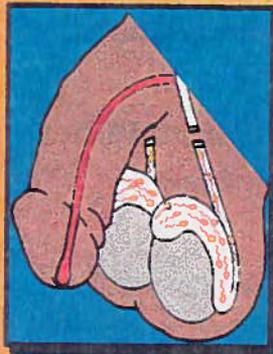
Condoms need to be used far more often to prevent the spread of STIs/HIV.

Condoms should be used by those who have more than one partner.

Many providers do not learn enough about their client's sexual behavior to know when condoms are the preferred method for that client.

We will be talking more about reasons for low condom use in the next section of this presentation, which is on STIs/HIV.

Barriers to Men's Use of Contraception (cont.)



- Lack of provider training
- Men's misunderstanding of correct use
- Limited range of male methods

No-scalpel vasectomy was developed about 20 years ago, but in many parts of the world, providers have not been trained in this technique. Providers tend to tell their clients about procedures that they themselves can offer. Where providers have received training in no-scalpel vasectomy, more vasectomy procedures are being carried out.

Many men do not understand how to use a method correctly. Natural family planning (NFP) is a method that depends on male cooperation. In the Philippines, where NFP is the second most widely used method, a national survey found that more than half of husbands relying on NFP had received no training on how the method works. In one province, neither male nor female users could correctly identify the fertile period.

There have been no major breakthroughs in male methods since the advent of no-scalpel vasectomy 20 years ago. The lack of reversible, noncoital dependent methods for men is seen as a drawback by many men and women.

[Facilitator: Do you have other points to make about barriers to services? Take a few responses, and then say: Now we're going to show a few slides on interventions that have addressed some of these barriers.]

Creative Outreach Efforts Reach Men in Community



R. Witlin/World Bank

- **Sports events**
- **Workplaces**
- **Small businesses**
- **Truck stops**
- **Military bases**
- **Media**

Special community outreach efforts are often necessary to make men more aware of reproductive health messages or services.

In Pakistan, AVSC International trained barbers to talk to their clients about reproductive health issues. Barbers in Pakistan have a close relationship with their clients and also perform circumcision. Religious leaders were also engaged in outreach to let men know that family planning is consistent with the teachings of Islam.

Pro-Pater, which pioneered men's clinics in Sao Paulo, Brazil, conducted outreach primarily in factories through educational presentations on reproductive health and contraception.

Other programs have been creative in reaching men with information and condom promotion messages through sports clubs, factories, small businesses, truck stops, the military and the media.

Clinic-based Strategies for Men

- Stand-alone male clinics
- Separate hours/entrances for men
- Integrated services
- Male or female counselors



...may be appropriate

Family planning programs are increasingly trying to provide services that are attractive and acceptable to men. Some have made services more friendly to men with separate hours and entrances. A few, such as PROFAMILIA in Colombia, have opened several male clinics.

Separate services may be necessary as a first step to reaching men, but integrated services are more sustainable and have the advantage of making couple counseling possible.

A study in Colombia found no difference in use of services when men had access to integrated services, compared to separate clinic services. Men attending PROFAMILIA clinics in Colombia were equally comfortable talking with male or female counselors if they felt their need for confidentiality was being respected. [Source: Vernon, *Int Fam Plann Perspect*, 1991]

Assure That Women's RH Needs Remain Primary Focus

- **Encouraging men to take control of fertility can disempower women**
- **Positioning men as irresponsible and uncaring can be counterproductive**
- **In Zimbabwe, men who wanted sole responsibility for decision-making rose from 27% to 37%**

Source: Kim, *Involving Men in Family Planning*, Johns Hopkins CCP, 1996.

Projects to involve men can have unintended consequences. It is important to encourage open discussion with female partners rather than prompting men to take control. The goal of involving men is to increase gender equity, contribute to the empowerment of women, and meet men's and women's reproductive health needs.

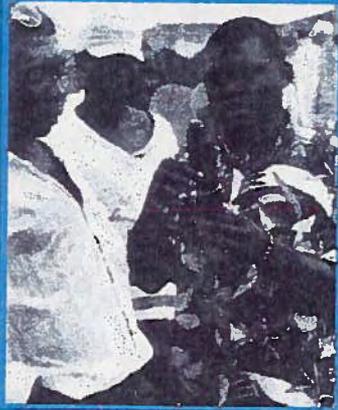
In seeking to involve men, caution must be exercised not to promote male control, which can lead to undesired consequences. For example, a male motivational campaign in Zimbabwe encouraged men to get more involved in family planning. The portion of men who believed they alone should be responsible for choosing a method rose from 27 percent to 37 percent. The campaign used masculine sports images, which may have reinforced male stereotypes such as men having the right to make family decisions alone.

The addition of male services should not be a disadvantage or inconvenience for women. Meeting the reproductive health needs of women, including the need in some cases for clandestine use of contraception, should remain the primary focus of reproductive health programs. In all aspects of reproductive health, it is more effective to have men as partners rather than obstacles, more productive to have men as part of the solution rather than part of the problem.

[Facilitator: Ask participants if they have comments on the direction they think family planning programmatic efforts should take in the future. Write down a few ideas and go to the next section.]

III. Men and STIs/HIV

Men and STIs/HIV



United Nations Development Programme

The HIV/AIDS pandemic is a driving force in the interest in promoting constructive male involvement in reproductive health. AIDS has brought to the fore the important role that men play and has fostered many interventions, such as the one shown on this slide, where sexuality and condom use are discussed much more openly than before.

Ten New STIs for Each HIV Case

- 333 million new cases per year of the 4 major curable STIs
- One-third occur to those under age 25
- Those with an STI are more vulnerable to acquiring HIV

For every new case of HIV, there are 10 new cases of a sexually transmitted infection, including syphilis, gonorrhea, chlamydia and trichomoniasis – the four major curable STIs.

Each year, an estimated 333 million new cases of these four STIs occur. One-third of these occur to those under age 25.

The presence of an untreated STI is a risk factor for HIV. If exposed to HIV, a person with an existing STI is more likely to become infected.

All STIs including HIV infections are preventable with condoms.

Cairo Plan of Action

“Innovative programs must be developed to make information, counseling and services for reproductive health accessible to adolescents and adult men.

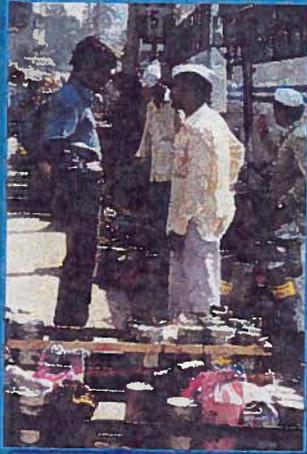
Such programs must both educate and enable men to ... accept the major responsibility for the prevention of sexually transmitted diseases.”

– ICPD Plan of Action, Section 7.8, 1994

Because men so often control the timing of sex and the use of condoms, the ICPD Plan of Action clearly highlighted the importance of men’s roles in preventing sexually transmitted diseases. As section 7.8 reads:

“Innovative programs must be developed to make information, counseling and services for reproductive health accessible to adolescents and adult men. Such programs must both educate and enable men to ... accept the major responsibility for the prevention of sexually transmitted diseases.”

Address Objections to the Condom



© Best Family Health International

- Association with commercial or illicit sex
- Fear of loss of sensation or loss of erection
- Providers, peer educators and social marketing campaigns can address these fears

The condom has an unfortunate association with commercial or illicit sex. Many men say they do not expect to use condoms with their wives or primary partners.

In surveys, men report that they find certain aspects of the condom unacceptable. They fear that using a condom will interfere with sexual pleasure or may lead to a loss of erection.

Providers, peer educators and social marketing campaigners must address these fears by answering men's questions and concerns honestly. Youth and men can be reassured that while a decrease in sensation does sometimes occur when first using a condom, sexual pleasure might be enhanced with practice.

Better Condoms Are Needed



© Herndon Family Health Organization

Research continues on designing condoms that men and women will find more acceptable. Thinner materials such as plastic are capable of greater heat transfer. New shapes such as “baggy” condoms and new designs, such as the *inSpiral* pictured here and available now in the United States, may address some concerns about traditional condom products. Also, reversible condoms that can be unrolled in either direction may address some concerns that condoms are troublesome to use and make sex less spontaneous.

Condoms: Dual Protection against Pregnancy and STIs/HIV

- Few married couples rely on condoms for contraception
- Many providers are biased against condoms
- A client at high-risk of STIs should use condoms
- Providers need training to foster couple communication and condom negotiation skills

In Africa, where HIV infections of married women are increasing rapidly, only 1 to 2 percent of married women report relying on condoms as a method of family planning. Sixty percent of condoms are used in non-marital or extra-marital relationships. The condom's association with illicit or commercial sex makes it difficult to use within marriage, and both men and women may oppose using condoms with the primary partner.

Providers need training to become more comfortable and competent in addressing sexual practices and risks of HIV infection. Providers need contraceptive updates about the unique advantage of condoms, that they offer dual protection against both pregnancy and disease. If used consistently and correctly so as to protect against disease, condoms also provide good protection against pregnancy. A client at high risk for STIs should use a condom.

With the introduction of more effective methods, such as the pill, providers were encouraged to educate their clients about the advantages of these more effective methods and to discourage reliance on the condom. If providers do not ask clients about sexual practices and the ability to control the timing and circumstances of sex, providers may not realize when condoms are the most appropriate contraceptive for a particular client. Providers can challenge the idea that condoms threaten trust within the primary relationship, but women are unlikely to be able to negotiate condom use unless male resistance is addressed.

Reaching Youth: Knowledge about HIV/AIDS Is Not Enough

- Mobilize community to address social norms
- Create safe and supportive environments
- Nurture communication skills
- Foster safe and healthy behaviors

Source: FOCUS on Young Adults Program Evaluations, 2009.

Although young people have been more exposed to education about HIV and condoms than older people, knowledge alone has not slowed the spread of AIDS among youth. HIV/AIDS infections are rising fastest among those under age 25, especially young women. Simply providing information is not enough. It is important to intervene as early in the socialization process as possible with new messages, positive role models and services for youth. Ideally, youth should be reached with information and education before they initiate sex.

- Mobilizing the entire community can help accomplish these goals. Youth respond to messages from public and admired figures. For example, exposure to strong public endorsement of abstinence and condoms by political leaders and cultural icons is assumed to have contributed to a leveling of new HIV infections among youth in Uganda, while neighboring country levels of youth infections continue to rise.
- More creative and supportive environments are needed, including recreational opportunities and supervised interaction with the opposite sex, where young men can develop friendships with, and healthier attitudes towards, young women.
- Projects need to focus not only on knowledge but also communication skills and safe, healthy behaviors.

Support Men's Positive Actions



Many of the actions most needed on the part of men take a great deal of courage – to be tested and to get counseling; to support people, including their wives, who have HIV/AIDS; to speak out against stigmatizing those who have AIDS; and to encourage public figures to acknowledge the problem and endorse safe sex practices. Programs, awards and other strategies to recognize and support these courageous actions are needed.

The AIDS epidemic needs allies from all walks of life. In some African countries, teachers have one of the highest rates of HIV infection, and AIDS is devastating educational systems. Teachers need to be enlisted to speak out against exploitative sexual relationships and in favor of healthy sexual partnerships. Persons with HIV/AIDS can be very effective spokespersons for prevention.

**IV. Involving Adolescents
Boys and Young Men in
Reproductive Health Issues**



Reproductive

Involving Adolescent Boys and Young Men in Reproductive Health (RH) and Family Issues

Half of the world's one billion youth are male. To help men get constructively involved in reproductive health and family issues, we need to start early. We have a tremendous opportunity to improve the reproductive health of young women and men if we pay more attention to the needs and realities of the world's 500 million young men and adolescent boys.

Not All Boys Are Alike



Y. Sogand United Nations



Unesco/World Health Organization

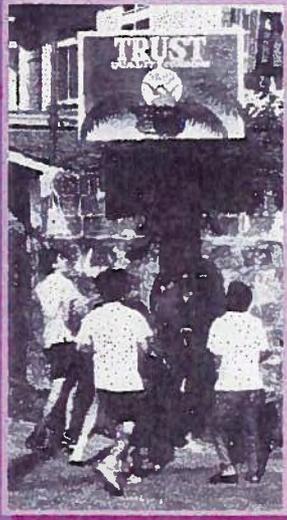
Young men, like adult men, are a heterogeneous population with extremely varied needs and realities. Many boys are in school but many are not. Many work. Some are fathers. Some are husbands.

Most boys have had heterosexual intercourse by the time they are age 17, but some have not. In addition, between 1 percent to 16 percent of young men – including young men who consider themselves heterosexual – report having had sex with another man.

Some young men are involved in armed conflicts. Some are sexually or physically abused at home. Some young men sexually abuse or are violent toward young women. Some are living or working on the street or in other dangerous conditions.

Just as there is no “average adolescent woman,” we must take into account the diversity of needs and realities of young men.

Boys and Condom Use



Sexually active boys use condoms inconsistently, more often with sex workers

Most sexually active boys and young men are not in a stable, monogamous union and probably do not want children in the near future. Thus, for most boys, condoms are the most appropriate method both for STI prevention and contraception. Advertising campaigns are using creative approaches to try to encourage boys to use condoms. The slide shows a basketball goal in the Philippines advertising Trust brand condoms.

Substantial portions of sexually active young men report using condoms in the last month – 69 percent in Jamaica, 53 percent in Costa Rica and 40 percent in Guatemala City. But use is still inconsistent. In both the United States and Brazil, only about a third of young men used a condom every time they had sex.

In many settings, young men say they are more likely to use condoms with an unknown or occasional partner, including a sex worker, than with a stable partner. In Thailand, more than half of young men used a condom if their first sexual experience was with a sex worker, compared to only one in five if the first sex partner was not a sex worker.

While condoms are the most advisable contraceptive and STD prevention method, boys should also be encouraged to support their partners in using other contraceptive methods and to seek STD testing and treatment.

What Makes Some Boys More Gender Equitable?

- **Seeing costs of traditional views of manhood**
- **Positive male role models**
- **Alternative peer groups who support male involvement and respect toward women**

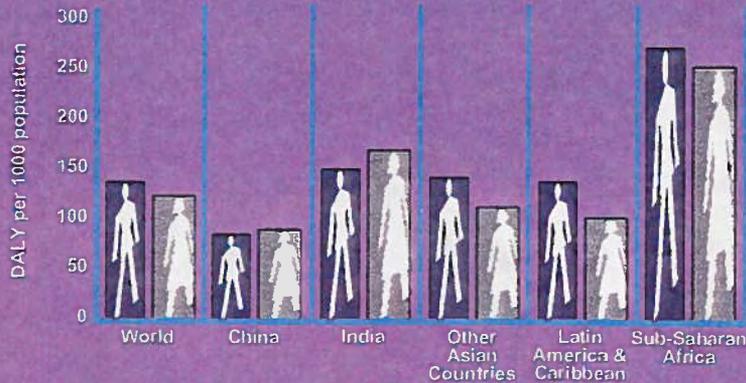
Even in settings where boys are raised to believe that violence against women is acceptable, or that reproductive health is not their concern, some boys act in gender-equitable ways. Why? A study with young men in Brazil found several main factors account for more equitable behaviors:

- reflecting about the costs of certain aspects of manhood, such as having seen the consequences of a man being violent toward a woman or abandoning his children
- having positive male role models, such as a father, stepfather, uncle, brother or teacher who show respect in their relationships with women and encouraged the young man to do the same
- belonging to a group of male peers who support male involvement in reproductive health and respect toward women

Other research confirms the important role of male family members in encouraging boys to be more involved in family issues. But all members of the family and the community have an important role in raising boys. When boys interact with adults and peers who are involved in caring for children or domestic tasks, or with women involved in leadership positions or with men who show responsibility for reproductive health, boys are more likely to be flexible in their ideas about men's and women's roles and to be involved in reproductive health.

Young Men at Multiple Risk

Sex differences in DALYs,* all causes in adolescents (ages 10 to 19)



Source: WHO, 2000.

* DALY = Disability Adjusted Life Year

This table presents worldwide figures for Disability Adjusted Life Years – a term used to measure death and long-term disability due to illness and injuries. The health habits, lifestyles and behaviors of many boys are harmful to their health and carry consequences into adulthood. WHO estimates that 70 percent of premature deaths among adults are due to behavioral patterns that emerge in adolescence, including smoking, accidents, violence and sexual behavior.

More deaths occur to adolescent men than women. As we can see by the slide, in almost every region of the world young men die more often and suffer higher rates of disability than do young women. Around the world, the two leading causes of death and injury for young men are traffic accidents and homicide. The rates are much higher in Sub-Saharan Africa compared to other regions because death rates in general are higher there, including rates for adolescents.

Helping boys and young men reflect about how they are socialized – for example, being violent, not caring for their health, or practicing unsafe sex – is ultimately good for both young women and men.

Involving Young Men and Boys in RH

- Reach young men where they are
- Familiarize boys with clinic services



Programs need to try to reach young men where they are – schools, the workplace, the community, the armed forces or sports groups.

Sex educators suggest starting with the information boys want rather than what adults think they need. Counseling about the condom should include pleasure as well as prevention messages, and honestly address young men's concerns about reduction of sensation and sexual performance. [Source: Yancey, *British Medical Journal*, 1999]

To the extent possible, programs should give attention to the ways in which boys and girls are socialized. Reaching boys at an early age may help foster healthier sexual relationships and more respectful treatment of girls, and reduce reproductive health risk-taking that leads to unintended pregnancies and STIs, including HIV.

Some clinics offer special hours for boys as a way to make the clinic more male-friendly. Some programs hire and train young men to work as peer promoters or mentors. Others take young men on field trips to existing clinics to help overcome their initial reluctance to visit a public health clinic.

Work with Boys Alone or with Boys and Girls?



Should programs have separate services for boys, or work with boys and girls together? A WHO survey of 77 programs working with adolescent men in health education found that most programs work with boys-only groups for at least some health-related themes, recognizing that boys often feel more comfortable this way.

However, most of the programs also said that they find it important to bring boys and girls together in groups to discuss themes such as men's attitudes toward women, intimate relationships and gender equity.

Many programs said that it was important to have male staff who are role models and who understand boys' needs. However, most programs said that it was important to have both male and female staff, recognizing that boys needed to observe men and women working together in settings of respect and equality.

**V. Men's Role in
Safe Motherhood and
Family Well - Being**

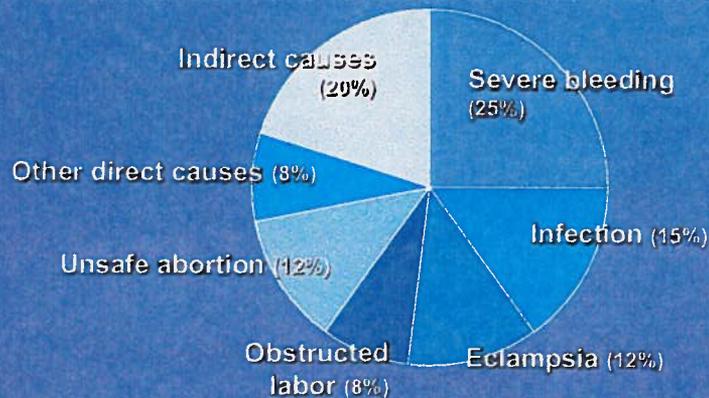
Men's Role in Safe Motherhood and Family Well-being



World Health Organization

Each year, nearly 600,000 women die from largely preventable causes related to pregnancy.

Causes of Maternal Deaths



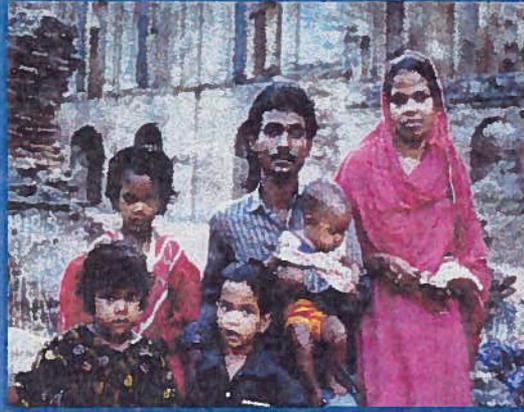
Source: *Maternal Health around the World*, WHO and World Bank, 1997.

Pregnancy-related complications cause one-fourth to one-half of all deaths among women of reproductive age in developing countries. More than one woman dies every minute from these causes – a total of 585,000 deaths each year worldwide.

Most maternal deaths are due to sudden and unexpected complications, such as severe bleeding, infection, eclampsia and obstructed labor. Some unexpected complications can be anticipated if adequate antenatal care is obtained.

Complications of unsafe abortion cause 50,000 to 100,000 deaths each year. Unintended pregnancies are more likely to end in abortion. Preventing unintended pregnancies reduces the number of maternal deaths, especially those due to abortions.

Underlying Gender Inequity



U.S. Agency for International Development

The high rates of maternal morbidity and mortality, especially in regions where women have very low literacy and limited rights, reflect two important issues.

- Men lack understanding of the risks of pregnancy.
- Limited access to life-saving treatment reflects the underlying societal gender inequity and low value placed on women's lives.

Addressing the underlying gender inequities that place a lower value on women and girls than on men and boys is key to motivating more men and the community at large to develop practical solutions that address access to care. The entire community must be mobilized to demand quality emergency services at the appropriate health facilities. Combining efforts to raise women's status with practical strategies to reduce risks of pregnancy and improve access to lifesaving treatment will improve health outcomes for women and newborns.

Why Involve Men?

- Safe motherhood is one of USAID's strategic objectives
- Men are key decision-makers regarding pregnancy and childbirth
- Men have generally not been involved in trying to make pregnancy and childbirth safer

Nearly all efforts to make motherhood safer have focused on identifying high-risk pregnancies, improving emergency obstetric-care facilities, and training midwives, traditional birth attendants, and women themselves to recognize danger signs.

Few attempts have been made to involve men in the effort to reduce maternal mortality. If men better understood that pregnancy is not merely a natural event, but one that carries potential health risks for women, men would be in a better position to help ensure that their partners receive prenatal care, adequate rest and good nutrition.

Critical Factors Leading to Maternal Mortality/Morbidity

- Complications not recognized soon enough
- Medical help for complications not sought early enough

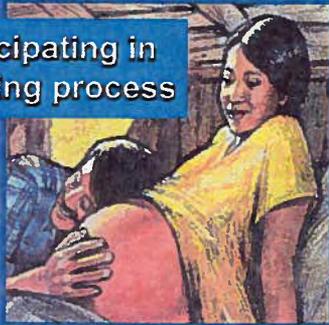


World Health Organization

Two factors that contribute to the preventable causes of maternal mortality and morbidity are delay in recognizing when a sign or symptom is serious enough to require medical attention, and delay in seeking treatment for complications, including contacting medical personnel and arranging transport to a medical facility if necessary.

Male Involvement in the Reproductive Process

Participating in birthing process



Mexico

Helping after baby is born



United States

Educating men about the pregnancy and birthing process helps bring them into a new relationship with their wives and children from birth onwards. Men's role in child survival is another area where research and models are lacking.

Traditional cultures vary in the degree to which men are present during birth. In many clinics in developing countries, men are not allowed to be present during the birth.

If men are to be involved in the care of their wives and newborns, they may be learning caretaking tasks for the first time.

Children See Different Ways of Being a Father



Father as Provider

Just as there are multiple ways of being a MAN, there are different ways of being a FATHER.

In a strategy to learn from children's views, two nongovernmental organizations in Mexico, Salud y Genero and Coriac, promoted a drawing contest on how children viewed their fathers. In more than 500 drawings, children depicted their fathers in many different ways.

This slide shows the most dominant theme from the drawings, when children drew their father as a worker, a provider or an important public person.

The next several slides show some other themes from the drawings.

Father: Discipline, Authority, Violence

"Don't beat me, daddy."



For some children, the main characteristics of their fathers had to do with discipline, authority and even violence.

Children also complained about their fathers being addicted to alcohol and cigarettes.

Father: Household Worker



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Not one of 500 children drew a father involved in a domestic task, although a few drew fathers helping children with homework.

While some of the fathers do share some of these chores, that role was not significant or dominant in the children's eyes.

Research Needed on Benefits of Fathering

Involving men in fathering may lead to:

- Better communication and stronger bonding among couple and the family
- Better role modeling for children
- Increased commitment to contraceptive use (male and female) and practice of disease-prevention behaviors
- Increased support during pregnancy
- Reduced violence in the home

There are numerous benefits of fathering, especially in family life and health issues. Research is needed to document these benefits, which include:

- better communication and stronger bonding in the couple and the family
- better role modeling for children
- increased commitment to contraceptive use (male and female) and practice of disease-prevention behaviors
- increased support for women during pregnancy
- reduced violence in the home

More involvement is important, but it is the quality of the involvement that can enrich the lives of individuals -- father, mother and child.

Promising Research Effort

- **Midwives in Mexico are training men as community health workers to teach other men about RH**
(MacArthur Foundation)
- **Projects in 7 countries are focusing on improving communication and joint decision-making between men and women about RH** (PAHO)

Oaxaca, Mexico, has one of the highest rates of maternal mortality in the country. In this project, men will initially be trained in a consciousness-raising program to help them reflect on gender inequality in the society and its relationship to reproductive health hazards, including domestic violence.

Midwives will train men as community health workers. Through these male health workers and workshops, men will learn how they can participate more effectively in prenatal care and during and after delivery. Men and women will meet after each training session to share ideas and possible solutions to the problems identified.

The Pan American Health Organization, with German government funding, is sponsoring demonstration projects in seven Latin American countries. The projects hope to show that involving men in communication and joint decision-making about reproductive health issues can improve health outcomes of women, including maternal health. The projects are in Belize, Costa Rica, El Salvador, Honduras, Guatemala, Nicaragua and Panama.

[Facilitator: Ask participants if they would like to discuss other examples of promising research efforts involving men with safe motherhood and family well-being.]

VI. Men and Violence

Men and Violence



Illustration: MEXICO

Violence: Facts and Figures

- In a wide range of countries, 10% - 67% of women have been physically assaulted by an intimate male partner
- Rape and domestic violence account for 5% - 16% of the healthy years of life lost to women
- As many as 1 of 4 women is physically abused during pregnancy

Sources: *Violence Against Women: The Hidden Burden*. The World Bank, 1994.
Heise, *Popul Rep* 2000,L(11)

Increasing numbers of institutions have begun to address domestic violence as a major public health problem.

A recent *Population Reports* issue devoted to this topic documents that in a wide range of developing and developed countries, from 10 percent to 67 percent of women have been physically assaulted by an intimate male partner.

Since domestic violence is often viewed as a private matter, and ignored except for the most severe cases, these survey data are likely to underestimate the true extent of domestic violence.

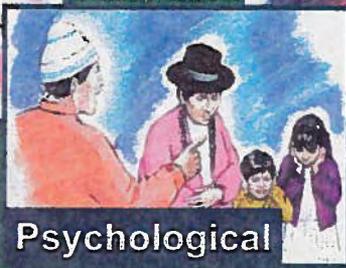
As many as one of every four women is assaulted during pregnancy. Evidence shows that women who are abused are more likely to have unwanted pregnancies, compared to women who have not been abused.

Types of Violence



Physical

Sexual



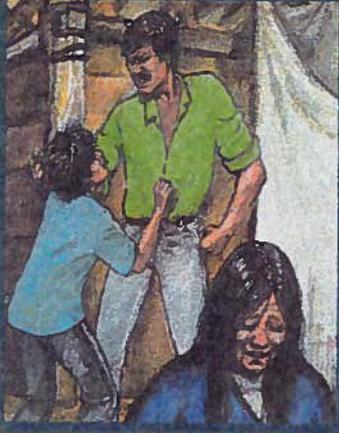
Psychological

Three types of violence against women are psychological abuse, physical abuse and sexual violence, which includes coerced sex.

- Although psychological abuse can occur in the absence of physical abuse, physical abuse is almost always accompanied by psychological abuse.
- One-third to one-half of women who have been physically assaulted have also been sexually assaulted.
- Most women who experience physical violence suffer multiple acts of assault over time.

[Facilitator: Ask group to respond to this question: What consequences can these forms of violence have on sexual and reproductive health? Write responses on a flip chart.]

Psychosocial Risk Factors in Violence against Women



- Witnessing marital violence as a child
- Being abused as a child
- Absent or rejecting father
- Alcohol use

For men, witnessing marital violence or being abused as a child are associated with higher rates of violence against women. Men who did not have fathers in the home or whose fathers were rejecting are more likely to commit domestic violence as adults. Alcohol can lower inhibitions against committing violence. While alcohol or drug use do not “cause” violence, frequent use of alcohol is associated with partner abuse.

Gender Norms Perpetuate Acceptance of Violence

- Women acculturated to accept physical abuse if they violate gender norms
- Egypt and Papua New Guinea – 59% of women agree wife-beating justified if woman talks back/disobeys husband
- Health-care and law enforcement workers share dominant cultural values, may think some women deserve abuse or provoke rape

Many men trace their violent outbursts to moments when their expectations for services and authority were not met by their intimate partners. Too often women believe that violence against them is appropriate if they have not met expectations to serve and obey their husbands.

Surveys in many countries show that women are nearly as likely as men to agree that it is acceptable to be beaten if a woman has disobeyed or talked back to her husband. For example, 59 percent of women in Egypt and Papua New Guinea said that men have a right to beat women who disobey their husbands or talk back.

Health-care workers often share the same cultural values and attitudes towards abuse that dominate the society. Therefore, they may be unsympathetic towards women who have been raped or assaulted.

In many countries, those who may be in a position to help victims of violence – such as law enforcement officials – share the same cultural values that support a man's right to abuse his immediate family. Laws often maintain men's superior position over women and honor violence. Other forms of abuse are often not prosecuted.

FP Clinics in Latin America Help Identify Abuse

- IPPF affiliates in Dominican Republic, Peru and Venezuela in 3-year pilot project



- Screen every woman client in selected clinics for past or current abuse

Recognizing the important role that family planning and reproductive health can play in reducing violence against women, the International Planned Parenthood Federation/Western Hemisphere Region has begun a three-year pilot program with the family planning associations of Peru, Dominican Republic and Venezuela. The associations are preparing their staff members to screen every woman client in their clinics for physical, psychological and sexual abuse, past or present.

The programs are reviewing and revising clinic forms and procedures to accommodate this effort, and putting referral mechanisms into place. A thorough evaluation effort is also underway to assess both benefits and problems of this concrete link between reproductive health and gender violence treatment.

This approach seeks to empower women to understand that they do not bring violence upon themselves, do not have to endure it, and can get help to protect themselves against abusive relationships.

Addressing Socialization, Gender Roles and Coping Mechanisms

"Violence against Women: A Disaster That Men Can Prevent"



— poster developed in men's workshop
conducted by the NGO Puntos de Encuentro

In Nicaragua, a recent survey documented high levels of domestic violence. A nongovernmental organization (NGO) there, Puntos de Encuentro, developed a large-scale, media prevention campaign with the motto shown on the poster on this slide: "Violence against Women: A Disaster That Men Can Prevent." The poster also suggests some alternative strategies that men can use to alleviate stress. An evaluation of the project found higher levels of domestic violence in areas hit hard by Hurricane Mitch, one example of extreme stress.

MEXFAM, the Mexican Family Planning Association, now includes anti-violence work in all of its programs. Through posters and workshops with rural indigenous people and young people, MEXFAM encourages reflection on the negative impacts of domestic violence.

Questions for Debate

- Do RH agencies have an obligation to help reduce violence, after helping to document the problem?
- Can RH programs help reduce violence against women by working with men?
- Will reducing violence lead to better RH outcomes?



© United States World Health Organization

As we've mentioned, USAID and other agencies are documenting the extent to which women experience violence. Knowing that reproductive health and maternal and child health services are the only services that many women ever receive, do you think that donors such as USAID and RH agencies have an ethical obligation to help reduce violence?

After seeing these slides, and based on your own experience, what do you think about these questions?

[Facilitator: To prompt discussion if needed, you might use these points:

- **Do interventions with men regarding domestic violence take RH agencies too far away from serving women's RH needs? Or are these interventions essential for overall reproductive health?**
- **Would more pilot research and intervention projects with men be helpful, such as that being done in South Africa and Nicaragua?**
- **How much emphasis should go toward working with individual men, compared to broader efforts such as working through the media, law enforcement and other institutions, to change cultural patterns?**

This ends the section on violence. Does anyone have any final thoughts they would like to offer?]

**VII. Involving Men in
Sexual and Reproductive
Health: Conclusion**

Involving Men in Sexual and Reproductive Health: Conclusion



Beryl Goldberg

Dimensions of Male Involvement

- Partners and fathers
- Gatekeepers
- Clients
- Providers and policy-makers
- Promoters of change
- Sources of problems



Beryl Goldberg

Men represent half the world's population, yet their participation in reproductive health programs has been minimal. In this presentation, we highlight not only men's significant contribution to women's morbidity and suffering, but also the tremendous role they can potentially play in improving the health of women, themselves and their children.

We can reach out to men in their various roles as:

- partners and fathers
- gatekeepers to family members' well-being
- clients themselves
- providers and policy-makers
- promoters of change, and
- sources of problems.

We can build on the positive aspects of men's behavior and appeal to men's self-interest in protecting their own health and that of their partner and children.

Objectives Accomplished?

- To encourage new thinking about male involvement in sexual and reproductive health
- To stimulate a dialogue on how best to integrate men into sexual and reproductive health programs for the benefit of both women and men

We have tried to accomplish our objectives for this presentation:

- to encourage new thinking about why it is important to take men into consideration when developing reproductive health program, and
- to stimulate a dialogue on how to proceed so as to benefit both women and men.

We hope that, if not already begun, your organization will now consider how men might become more integrated into your programs and services.

[Facilitator: Ask everyone to take a minute to reflect on the entire workshop and come up with a new idea, a practical new step they might take, or a new question that has arisen. Then go around the room, if the group is small enough and there is time, and ask each person to share her or his closing thought.]