DISCUSSIONPAPER

MEN AND SEXUAL AND REPRODUCTIVE HEALTH RIGHTS

Department for International Development (DFID)

A Discussion Paper by Anchita Ghatak

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Summary

The international discussion regarding bringing men and boys into the conversation around Sexual and Reproductive Health Rights (SRHR) began at the International Conference on Population and Development (ICPD) in Cairo in 1994. For the ICPD, women and girls were the main rights holders. It came out of a very strong push from the women`s movements. There were 4 levels of actors identified as duty bearers, namely, the state, the role of the health system and health providers, religious authorities and local level patriarchies and men and boys.

The ICPD Programme of Action had a clear statement about unequal power relations and talked about establishing gender equality. Male responsibilities for child rearing and housework were emphasised.

Different areas of action were identified:

a) In the household: in family planning and contraception; in matters of child rearing; in housework.

b) In sexual and reproductive behaviours, including especially but not only, violence against women.

c) The importance of financial support in things like child care and the ability of diverse forms of families to take care of the people within them.

d) The importance of the educational system and schools to train boys for gender equality. After all, it is not the girls who are responsible for gender inequality.

So we see, that many issues talking about male responsibility were explicitly codified, put into the programme of action in ICPD in 1994 and agreed to by one hundred and seventy nine countries who were present at that time.

Gender equality cannot be achieved without addressing the question of male power and responsibility. There are instances where some

people say that men and boys are as disadvantaged by patriarchy as women and girls. This kind of analysis completely sidesteps the issue of men having power over women. For example, as far as sexuality and reproduction go, large numbers of women and girls have all of the responsibilities and none of the rights. We must appreciate that if we are to create a gender equal world, we have to talk about power relations of gender and the fact that all of us are caught in them, in different ways. That is why boys and men will themselves have to struggle in order to deal with these systems of power and also appreciate how they are implicated in them.

Although not enough has been done by most governments since ICPD to address the issue of male responsibility for SRHR, there are efforts being made by civil society groups. This paper describes some examples of such action at the international, as well as local levels.

The importance of comprehensive sexuality education that includes not only sexuality and reproduction, but also healthy relationships come up in many of the examples. It is important to address questions like what is gender, what are human rights and why is sexuality education important in bringing about gender equality. It is also important to address issues of LGBTQI communities and work to dispel the prejudices that exist about them in health systems of most countries.

Sexual and reproductive health rights for all are integral to comprehensive healthcare. Men in policy making, in senior administrative positions, in the medical profession, in homes and communities and in educational institutions must accept their responsibility in ensuring sexual and reproductive rights.

Sexual and Reproductive Health Rights and Men

Background

The international discussion regarding bringing men and boys into the conversation around Sexual and Reproductive Health Rights (SRHR) began at the International Conference on Population and Development (ICPD) in Cairo in 1994. This Conference was building on the World Conference on Human Rights in Vienna in 1993, where the Vienna Declaration and Programme of Action unequivocally said that "the human rights of women and of the girl-child are an inalienable, integral and indivisible part of universal human rights." This official declaration that women's rights are indeed human rights came 45 years after the Universal Declaration of Human Rights (UDHR). The issue of violence against women, as a public and as

an inter-governmental issue came on board at the Vienna Conference, only a year before ICPD.

Both in Vienna and Cairo, the questions being explored were who are the rights-holders and who are the duty bearers if we are talking about rights. For the ICPD, women and girls were the main rights holders. It came out of a very strong push from the women`s movements. ICPD was the first Conference after Vienna where civil society and women`s organisations played a significant role in shaping the conference. ICPD would not have happened without the full involvement, engagement and championing by the women`s movements and women`s organisations. In this context, it is necessary to recall that UN Women would not have been created without the women`s movements.

Rights holders and duty bearers

For ICPD, women and girls were the main rights holders but the not the only ones.

There were 4 levels of actors as duty bearers.

The State: The ICPD discussed the coercive actions of states built on Malthusian and neo Malthusian population programmes which have denied women their sexual and reproductive rights. India, Indonesia and other Asian countries where family planning programmes have been very strong were all seen as the places where there has been coercion. In India, we know that there was extreme coercion during the period of Emergency in the 1970`s. But coercion takes many forms and we have to discuss them.

The role of the health system and health providers: What are their roles as duty bearers in ensuring reproductive and sexual health?

Religious authorities and local level patriarchies: For example, structures like the khap panchayats in India were seen as another level of duty bearers, who needed to be transformed and to change. For far too many women, they are the ones who refuse to fulfil their duties, and who in fact, quite often prevent women and girls from accessing rights.

Men and boys: In families, outside in the community, as individuals, as those who are quite often are responsible for and the perpetrators of violence. They are also those who benefit from a system of gender power and gender hierarchy that we call patriarchy. As beneficiaries of that, quite often, men who are pleasant in themselves, but do in fact benefit deeply from patriarchy will not open their mouths when it is needed in order to stand against the workings of established power.

Women's activists went to ICPD with many expectations. The ICPD Programme of Action had a clear statement about unequal power relations and talked about establishing gender

equality. Male responsibilities for child rearing and housework were emphasised.

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Male participation or responsibility?

Gender equality cannot be achieved without addressing the question of male power and responsibility. In India, there are examples to show that 'engaging men' has often been interpreted in a way that depoliticises the gender discourse and pushes aside the question of power. For example, the focus shifted to male methods of family planning. Feminists have reiterated that while they are all for research on 'no scalpel vasectomies' and other 'male methods', these cannot supersede work on female contraception.

There are instances where some people say that men and boys are as disadvantaged by patriarchy as women and girls. This kind of analysis completely sidesteps the issue of men having power over women. For example, as far as sexuality and reproduction go, large numbers of women and girls have all of the responsibilities and none of the rights. We must appreciate that if we are to create a gender equal world, we have to talk about power relations of gender and the fact that all of us are caught in them, in different ways. That is why boys and men will themselves have to struggle in order to deal with these systems of power and also appreciate how they are implicated in them.

Examples from India's family programme illustrate the fact that making deep rooted changes to transform gender relations are not easy. India had signed on to the ICPD Plan of Action and a civil society group called Health Watch was formed to monitor India's progress on the PoA. The Government of India had initially thought that Health Watch meant to

deliver services. However, the government and Health Watch were able to work together and this led to the National Population Policy, 2000, which, despite its many shortcomings is a forward looking document.

At the same time, however, there is the resurgence of the two child norm, incentives and dis-incentives, targets in the family planning programme resurfacing as expected levels of achievement. There is a big emphasis on post partum IUDs and this is certainly coercion. Are women in any state to give consent immediately after giving birth?

There is also the re-emergence of sterilisation camps, something that came into sharp focus when 13 women died at a sterilisation camp in Bilaspur in November 2014. In her 1991 film entitled Something like a War , the Indian filmmaker Deepa Dhanraj showed how the family planning programme in India with its neo Malthusian target focus with incentive and disincentives ended up being something like a war on poor, Dalit and tribal women. And more than 20 years later, in India, it has not ended. Urgent actions are therefore needed.

The government in India (and elsewhere) has to appreciate its responsibility for the ills of the health system and the fact that there are largely men in power – in health systems, as ministers, as bureaucrats, as civil servants. The time has come to remove targets and stop the camp approach to sterilisations. There must be strict quality measures brought into the provision of contraception, and imposed along with the creation of watchdog bodies, who will watch what is happening and will have the power to draw public attention when matters don't proceed like they should. The focus has to be on having high quality contraception services and family planning programmes that protect women's rights and promote male responsibility.

Operationalising male responsibility for SRHR

The burden of SRHR is still mainly put on women and there has not been much work since ICPD to address the issue of male responsibility for SRHR. The MenEngage secretariat prepared a series of posters for its advocacy programme Passion Works to focus on the issue of male responsibility for SRHR and also to broaden the SRHR discussion to include people of all gender and sexuality identities.

The posters for Passion Works were developed after several focus group discussions with partners. The idea was not to limit discussions on sexuality only to using condoms to prevent HIV but also to discuss sex and the passion that characterises sexual acts and relationships amongst people of the same gender or different genders. The idea also is to be passionate while working and speaking for SRHR.

The initiative also wished to proclaim that it was time for action on part of men and boys for being allies in the movement for SRHR.

Passion Works was developed around 5 themes, namely,

Men and contraception: Men have to take responsibility for contraception use.

Men and abortion: This emphasised the fact that the choice of abortion was with women. However, men need to be helpful and supportive to women in their life, who might consider and / or opt for abortion. The woman could be a partner, a family member or a friend.

Men and HIV: This addressed the issues around HIV including the suffering men have faced. This is also focused on men being pro-active about condom usage.

Men and the politics of sexuality: Addressed the importance of comprehensive sexuality education that includes not only sexuality and reproduction, but also healthy relationships. What is gender? What are human rights? Why is sexuality education important in bringing about gender equality?

Men and homophobia: There is violence against LGBTQI people and much of the violence is perpetrated by men and boys. There is also the question of sexist language that perpetuates stereotypes about women and encourages misogyny.

Making local governments responsible: The SUTRA experience

In 1999, faced with figures of declining sex ratio both for adults and children SUTRA in Himachal Pradesh, India thought it was an issue of governance, and local governments must be made responsible to address the issue. They worked with 250 local governments, in stages, to implement the Pre conception and Pre Natal Diagnostic Techniques (Prohibition of Sex selection) Act 1994 (PCPNDT Act). SUTRA also pointed out the links between the PCPNDT Act and the ICPD Programme of Action and told local governments that they were also responsible for implementing the ICPD document since the Constitution of India is committed to equality. This, according to SUTRA, was an effective way of challenging patriarchy within local government institutions. The second challenge before them was making local governments responsible for reproductive health services and contraception and also moving discussion on these issues from the private domain to the community domain. SUTRA invited older women to have meetings with newly married women to discuss their experiences about using certain methods of contraception. The older women spoke of their experiences, both positive and negative, with

different methods of contraception. Many highlighted their negative experiences of hysterectomy. The community discussion was amongst different groups of married women.

SUTRA started talking to local government representatives and was able to establish a dialogue with 300 local governments (panchayats). Initially, the local governments felt that health and contraception were personal problems and they had no role there. SUTRA explained that people of all genders and age groups get reproductive health care services from government institutions. And it was the responsibility of local governments to ensure that they get those services. The next step was making health functionaries accountable to the local government. And after that, it required making local governments accountable to the people in a substantive way.

SUTRA consciously moved from sensitising government to demanding accountability. The message went out that government representatives were bound to do their Constitutional duties, which also included fulfilling India's obligations to International Conventions. More than 6000 women, representatives of women's groups, self help groups, farmers' clubs and other community groups took on the responsibility to inform their villages that the government was bound to provide good quality SRHR services because people were entitled to them. Local governments had to be held accountable.

Within the health system

The doctors including those in charge of the primary health care centres were not enthusiastic about SRHR services and what SUTRA was trying to accomplish. The frontline health workers, on the other hand, were cooperative but they were also afraid that the focus of the discussion on contraception was shifting from terminal methods to temporary ones. The temporary methods of contraception were not always available. The supply was uneven. How would they bridge the gap? There was monthly stock checking and the local panchayats began asking questions. How many condoms are there? How many oral pills? Why is the supply not assured? The panchayat had taken on the responsibility of making the health system accountable.

Members of the public, for example, a semi-literate woman from a self – help group (SHG) , also began asking questions regarding SRHR services to persons in high positions, like the in-charge of a public health centre. These officials began to understand that accountability to the people was now a reality. These processes need careful monitoring and nurture.

A survey was conducted with 30 medical doctors in the area to know their attitude

towards LGBTQI people. Only one among the 30 doctors said that they had the right to get government health services. Ten of them said that such people should be treated medically and made 'normal'. Much work needs to be done to combat such prejudice and ignorance.

The small family norm and declining sex ratio in India

The small family norm, as has been discussed earlier in this paper, was imposed on married couples in India to realise population control goals. Subsequently, a two child norm was imposed on aspirants for election to local government. Many feminists and health activists campaigned against such compulsion and the order was withdrawn in many states, beginning with Himachal Pradesh. However, the small family norm is now quite established and many heterosexual married couples adopt it voluntarily.

SUTRA has collected data, over 10 years, about married couples who are adopting terminal methods of contraceptionand initial findings are that 25% families have a single child – male, 36% families have one boy and one girl and . only 14% families have more than 2 girls. They found that the child sex ratio of families with 2 children was 472 girls for every 1000 boys. These findings throw up some troubling questions for gender equality. The small family norm has now made it almost impossible for a second girl to be born in any family – the government symbol of a happy family too reinforces the idea that one child in a two child family is a boy.

However, attempts are being made by panchayats to guard against sex selective abortion. They are writing messages on blackboards iterating their commitment to safeguarding SRHR. They are also listing the current sex ratio at birth, the number of pregnant women and the services they are getting . Local governments are taking definite steps to ensure that there is transparency and accountability regarding reproductive health services.

Involving young people in realising SRHR

A network of young people in Sri Lanka, namely, South Asia Regional Youth Network (SARYN) has interventions to address what they call the 6 C's or Challenges in the area of SRHR for gender equalityThe first C is the changes in policies. There are so many laws in Sri Lanka which do not realise the human rights of young girls and women. So the network advocates to change policies. Following the UNESCO International technical guidance which was launched in 2012, the network is advocating with the government to bring in comprehensive sex education in schools which will include sexual and reproductive health, values and attitudes about relationships, preventing

gender based violence and different aspects of human development.

The second C is community education. Comprehensive sex education is very important here, too. We have to educate communities in order to prevent gender based violence. Men must work to prevent violence. . It is important to work with men and boys so that they become important participants in the struggle to end violence against women and all other forms of gender based violence. The third C is capacity building and capacity building is not only about building the staff members of an organisation but also building the capacity of individuals in communities who would be able to stop gender based violence.. If you are travelling in a bus, and you see a man harassing a woman, you should have the capacity to confront the man and ask him to stop.

The fourth C is community mobilisation. Communities have to mobilise so that they can create major swells of public opinion and establish gender equality. This campaign to establish gender equality has to be owned and led by all the genders in each community, especially by those who have faced gender subordination. Cricket has a huge following in Sri Lanka and most men treat the sport like a religion. Cricket icons like Kumar Sangakera and Virendra Sehwag are invited to speak about gender equality on TV. They are powerful and effective role models of men making statements for gender equality.

The fifth C is communication for changing strategies. This C specifically talks about the role media can play in achieving gender equality. Young people across different classes are accessing many different kinds of media like TV, radio, social media, internet, movies, advertisements, newspapers and magazines. Advertisements continue to perpetuate gender stereotypes and we need to work to counter it.

The final C is coalition building. It is important to identify allies and work together to reach our goals of gender equality. This has to become everybody's business and we have to take our ideas to different sections of people.

Gender norms and religion

Feminist analysis has often pointed out that religion is one of the cornerstones of patriarchy and like many well established social institutions, namely, the family, state , educational institutions, media, religion too nurtures, sustains and promotes patriarchal ideas, values and practices. Several NGOs, CSOs and voluntary groups are of the view that there are many cultures and communities that are deeply religious and religious and traditional leaders have great power and therefore, they must be involved in questioning and changing

gender norms and practice and establishing gender equality.

Women in these communities and also in many other communities, continue to have a deep commitment to religion and religious practice. Therefore, working with religious leaders may enable us to find spaces and audiences for the work we want to do. It is also important to understand why women continue to adhere to and practice traditional religion and culture, despite the obvious evidence that they suffer greatly within this patriarchal institution. It could be shortsighted not to understand women's agency and the choices they are making in their circumstances.

At the same time, it would be naïve not to appreciate that many of the issues we wish to address are considered taboo amongst the religious leadership. It is difficult to have meaningful conversations about reproduction and sex and far more difficult to discuss them in the context of rights. Religious leaders or institutions have not usually been supportive of girls / women who are pregnant outside marriage. The issues affecting LGBTQI communities, the issues of contraception and pregnancy, female genital mutilation (FGM) , to name a few, are anathema to many religious authorities.

However, many organisations find that they cannot progress significantly unless they bring religious leaders and institutions into their discussions and actions. They are trying to find ways of putting difficult issues on the agenda of religious communities, build bridges and open gates. UNFPA has frameworks to enable such engagement and it has also been updated as experience in this area has grown.

Tools are needed to develop transformative programming that does not buy into harmful practices that are current in those communities. And strategies must be developed to use those spaces to prevent, or at least begin to push ideas of change and equality.

Religion can be used to engage men as well. Men can examine their own attitudes and behaviours and also analyse if religion, which is supposed to promote the common good can continue to be on the side of inequality. Some youth groups working in Africa say that different sectors of communities are sites of struggle. They are not monolithic and can provide opportunities of releasing liberating forces that would act against conservatism and inequality. They say that along with exposing harmful practices and norms, it is also necessary to identify and amplify positive norms and liberation ideals.

Conclusion

The ICPD was the first Conference where the idea of male responsibility for ensuring sexual

and reproductive health rights for women was discussed and planned. Feminists had played a very important role in conceptualising the ICPD and the rationale behind male involvement was to emphasise the fact that sexual and reproductive could not be seen only as women's concerns. Sexual and reproductive health rights for all are integral to comprehensive healthcare. Men in policy making, in senior administrative positions, in the medical profession, in homes and communities and in educational institutions must accept their responsibility in ensuring sexual and reproductive rights.

Basement of Young Women's Hostel No.2,
Avenue 21, G Block, Saket,New Delhi- 110017.India.
Telephone: +91-11-26535203, +91-11-26511425
Fax: +91-11-26536041