



UNDERSTANDING REPRODUCTIVE HEALTH

A Resource Pack

Booklet-Nine

Forging New Partnerships
Men's Health and Responsibility

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INTRODUCTION

Men play a vital role in determining the status of women's health, more vitally their Reproductive Health. If women do not have the power to take decisions which affect their well-being, their health status can be improved only by involving the person who is in a position to do so. Thus a logical corollary of the study of socio-cultural factors involved in understanding women's health was the interest in men's responsibility and partnership. In many cases men use their superior social position to consciously make decisions detrimental to women's health, like marrying off daughters at an early age, inflicting violence on partners, or forcing them into sexual relations. Very often, men are ignorant of the health implications of many cultural beliefs and practices that they enforce. In some situations, they too are victims of societal expectations – they enact roles because they know of no other. Whatever the reason, the realisation that substantive changes in Women's Reproductive Health will not be possible without involving men has led to a number of interesting experiments in trying to forge partnerships with men.

Besides, it is often seen that though men are in positions of power in relation with women, they are powerless in situations related to their own reproductive and sexual health. What most men possess in terms of knowledge is nothing but myths and misconceptions culled from equally ignorant peers or from pornographic material. Recent research has brought to light the tremendous ignorance of men have in such matters. The demands of being a 'man' also work counterproductively for the health of men in many situations- though many of these linkages are still being explored. Thus in this booklet we have also tried to look at men's health independently.

We shall try to cover some of the main areas of concern in men's responsibility and their roles with respect to women's Reproductive Health and in Family Planning. This is an emerging area of study in the country, with a lot of pioneering work being done by both activists and academics.

SECTION ONE

Establishing Men's Role in Reproductive Health

Evolution of the idea of men's involvement

Women's health activists have been arguing that it is women's subordinate position rather than a cluster of bio-medical causes that has an overwhelming effect on her health. In countries like ours (or for that matter most of the so-called Third World countries) patriarchy is the norm and men wield enormous power and control over women. In such situation it becomes essential for strategic reasons to involve men in the effort to secure better health for women, so that they do not become enemies but allies, responsible partners and joint decision-makers. Also it is increasingly becoming clear that men have their own reproductive health needs which get seldom addressed.

Men's Responsibility in Reproductive Health

Today, we can see the need to involve men as responsible partners in every single aspect of Reproductive Health. To begin with, we must understand how a particular society defines relations between men and women, and try to redefine them. If we can establish better communication between husband and wife and equal rights within the household, then we can go into the 'nuts and bolts' of health. We must look at illnesses, pregnancy and childbirth, childcare, violence, and then venture into issues of safer sex or responsible sex. It is crucial for men to emerge as supportive partners in the reproductive choices that the couple makes.

The Need for Involving Men in RH programmes

1. *For Ensuring Gender equality*
2. *To increase men's knowledge of women's health issues*
3. *To improve women's Reproductive Health status*
4. *To increase inter-spousal respect and communication , resulting in cooperation and partnership based on shared roles and responsibilities and shared decision making*
5. *To ensure men's participation in family planning and contraception*
6. *To address men's reproductive health needs*

Further, Reproductive Health problems affect women quite differently from men, even when the problem begins with the man. In the case of Reproductive Tract and Sexually Transmitted Infections, for example, it has been recognised that the route is often through the men (husbands), yet while it could be asymptomatic for men, the results can be debilitating and devastating for women (eg. infertility). Moreover, there has been growing

concern all over the world on the way Family Planning programmes are targeting women, instead of

creatively involving the male partner who is equally responsible for the



family. Reproductive Health can only improve if domestic/sexual violence is eliminated and there is equality, autonomy and respect at home. Creation of such an atmosphere needs the active participation and support of the men in the household.

ICPD and Men

The Programme of Action (PoA) of the ICPD makes a significant point when it tacitly accepts that there is inequality between the sexes and countries should aim at promoting equity between the sexes, human rights and women's empowerment. The ICPD PoA further emphasises that it is not possible to achieve this goal without making efforts to engage men as active responsible partners. It also mentions that information and services have to be equally available to both sexes, thus making men's Reproductive Health a valid subject of interest in the national health agendas. These principles are echoed in the PoA of the Fourth World Conference on Women.

Reproductive Rights include 'the right of men and women to be informed and have access to safe, effective, affordable and acceptable methods of family planning of their choice...
Reproductive healthcare programmes should be designed to serve the needs of women, including adolescents, and must involve women in the leadership, planning, decision-making, management, implementation, organisation and evaluation of services. Innovative programmes must be developed to... educate and enable men to share more equally in family planning, domestic and childrearing responsibilities and to accept major responsibility for the prevention of STDs.' (ICPD PoA, VII, A)
There is need to 'promote the adequate development of responsible sexuality that permits relations of equity and mutual respect between the genders...' (ICPD PoA, VII, D)

The Need for increasing Men's Role and Responsibility in RH

Too many women are poor, too few are in positions of power and decision making -- from the family to Parliament. Social equity and empowerment are crucial for Reproductive Health, because they enable access to information, freedom to make choices, and to avail services. Though individual women's effort to redefine their positions within the systems of family, culture, religion, laws and so on are essential, they are not enough. Men's support and cooperation are essential, because men can play a key role in eliminating inequalities between men and women.

At a more mundane level, neglecting or ignoring men in terms of providing Reproductive Health-related information and services can have a detrimental effect on women's health. No amount of healthcare services or preventive information can help a woman whose partner refuses to cooperate with changes in sexual behaviour, practice of safe sex or prevention of unwanted pregnancy. Men's awareness and sensitivity towards Reproductive Health issues will have to be addressed to bring about any lasting difference in the status of women's health. At the same time, while addressing men as supportive partners, they will be brought into the wide range of Reproductive Health services (including information services) as clients in their own right, which will lead to better health outcomes for women as well as men.

Towards partnership or greater control

There is a point of view which holds that encouraging men's participation in women reproductive health programmes will increase the control men have over women's lives and this is a key factor that programme managers need to be alive to. Further these people argue that scarce resources cannot be diverted to men's needs when women's far more urgent needs have not been

It is also important to understand men's sexual and reproductive health needs, which include the need for information and services. Men's own aspirations, fears and concerns deeply affect their behaviour with their partners, and affect the outcome of interventions that target them (such as education about condom use, or encouragement to undergo vasectomy). The preponderance of myths and misconceptions leads to high-risk sexual behaviour (for example, sex with a virgin as a cure for STDs). In fact, men's perceptions about their reproductive problems are usually quite different from bio-medical reality. These aspects need to be researched and models of effective service provision developed, which can then become conduits for disseminating accurate information related to men's role and responsibilities in reproductive health. The services provided will have to be carefully packaged as very often there is a stigma attached to seeking Reproductive Healthcare, such as seen in the reluctance of men to go to the Venereal Diseases department in a hospital.

It is also important to understand that men are socialised into stereotyped notions of how they should behave from adolescence, so any interventions aimed at changing their behaviour should start from the early years.

Moreover, adolescents themselves have special needs for Reproductive Health information and services. Despite being sexually active, boys not socially permitted to seek information from legitimate and accurate sources.

If the situation seems very dismal it is because the above is a collection of findings from different studies and does not represent the situation in any one particular place.

Men's knowledge of and involvement in Women's Health and Family Planning

While men's involvement is a very desirable goal, the reality is much grimmer. Studies have been conducted to try to understand what the situation is at present. The findings more or less confirm general assumptions: that men are not very involved, don't know too much about their partners' health, and that communication on Reproductive Health between men and women is very limited. Some of these findings are presented below, but it must be mentioned that these findings have been collated from a number of studies and only provide a flavour of what the situation is in different parts of the country.

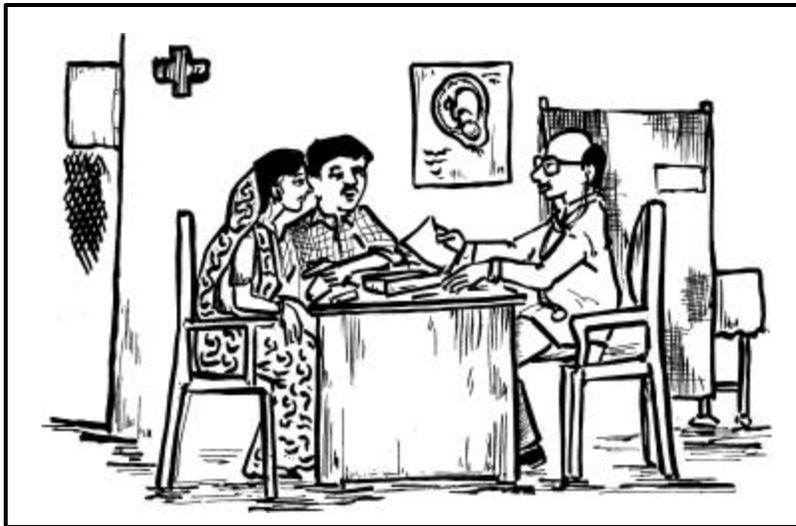
- There is a major lack of communication between husband and wife on their reproductive goals and acceptance of contraception. Whenever it occurs, it is initiated by the husband, and only after 2 or 3 children.
- Many men believe that reproduction is a natural process and does not need to be discussed. Most believe that discussions on these issues should always be initiated by men. About a third of those surveyed felt that they would be offended and would react adversely if their wives took the initiative to discuss either reproductive goals or contraceptive use.
- Most men are aware of vasectomy, tubectomy, pills and condoms, but the use of contraceptives for spacing is still an alien concept.
- Men prefer tubectomy to vasectomy because they feel it is simpler. The latter requires more rest and makes them 'weak', whereas they have to earn a living.
- Fathers' participation and even the expectation of mothers about this participation in bringing up children is limited.
- Knowledge about care in pregnancy and delivery is limited.
- Men's knowledge of the female reproductive system including menstruation is very limited.
- Men get to know of women's illness only when she tells him or when household work gets disrupted.
- Men often do not accompany the wife to the clinic when she goes to seek treatment because it could mean loss of wages or affect employment.
- Men do not think that their involvement in women's health is very important or necessary.
- Most men are ignorant of the specific illnesses of their wives or women in the family but have some idea what women's illnesses are.
- Some men own up to physically abusing their wives, having sex while she is unwilling and using physical force for doing so.
- An interesting finding in a couple of studies has been that men are aware that women fall ill more, and this is due to the fact that women have to do more work or face greater hardship.

(From papers presented at the **Population Council** workshop on *Men as Supportive Partners*, 1998, Nepal.)

Increasing men's responsibility

Men's responsibility in the Reproductive Health of women can be increased by examining and defining their roles and responsibilities within the family unit. The man is usually supposed to be the breadwinner and head of the household, with most care-giving functions being delegated to the women. This construct prevents men from engaging in positive roles in Reproductive Health matters. This dichotomy has to be re-examined and this can begin with the realisation of the different economic contributions that women make to the household in addition to their accepted nurturing role.

Men need to realise there are several ways of care-giving in the different roles that they occupy in the family -- father, husband, brother or father-in-law. New ideals will have to be defined for these roles. But this is not going to be an easy task as this involves a lot of unlearning on the part of individuals and considerable resistance from existing social norms and traditional notions, both among men and women. Appropriate institutional mechanisms do not exist in most workplaces to encourage men to adopt these new roles -- for instance, the provision of paternity leave would be an encouragement. Then, the individual is vulnerable to ridicule from peers. Finally, there are not enough role models or prescriptions available which men may adopt. For a start, an indicative list of different responsibilities men may adopt as caring partners, or as fathers, is given below.



Men as Sex Partners

1. Not seeing sex as a male prerogative or forcing it upon the partner. Paying adequate attention to the emotional aspects and to foreplay.
2. Taking responsibility for safe sex, rather than putting the onus on women
3. In case of an infection (like STDs), seeking immediate and reliable treatment and avoiding sex until fully treated.
4. Supporting the reproductive choices made by their partners regarding the number and timing of children.
5. Care of partner during pregnancy and after childbirth, especially diet and rest. This could mean helping with housework and childcare.
6. Being sensitive to his partner's Reproductive Health problems, support in

7. preventive hygiene and getting early treatment, and in case of infections, also undergoing the treatment personally.

Men as fathers

1. Planning for daughters to have adequate education rather than being obsessed with thoughts of their marriage.
2. Ensuring that daughters are at least eighteen years old, and preferably older when they do get married.
3. At marriage, monitoring whether the daughter will be treated with dignity, rather than doing financial tradeoffs
4. Supporting the daughter if she expresses discomfort with her husband's family, rather than trying to send her back there.



RH Issues in which men should be involved (indicative list)	The men who should be involved
<ul style="list-style-type: none"> • Early marriage and pregnancy • Care in pregnancy and childbirth • Unsafe abortion 	<ul style="list-style-type: none"> • Men who are directly involved- fathers, husbands, brothers, fathers-in-law, brothers-in-law etc.
<ul style="list-style-type: none"> • Contraception • RTI/STI/HIV • Infertility 	<ul style="list-style-type: none"> • Men in the community - adolescents, youth, groups - like clubs and societies
<ul style="list-style-type: none"> • Adolescent Health • Violence against women 	<ul style="list-style-type: none"> • Leaders, Opinion makers, officials

However, all these are dependent on men themselves receiving accurate information, both about their partner's bodies and health as well as about their own. At present this is not the case, for men are prey to misinformation, and suffer almost as much as women from uncertainties and anxieties about their own Reproductive Health and sexual behaviour. Men's problems are also shrouded in secrecy as "Gupt rog" quite like the culture of silence that surrounds women's gynaecological problems.

Moreover, it is imperative for men to renegotiate the spaces that society has granted to them in terms of relationships with women, and care of women's bodies. At present men are unable to publicly express concern for their women partners as it would be taken as a sign of weakness. Neither would men be expected to participate in pregnancy and childbirth or post-partum care of their partners. As such, men are reluctant to enter the so-called 'women's domains' partly because of family and peer pressure. This makes the whole question of male responsibility in women's Reproductive Health

extremely complex.

There is also the whole question of dealing with men who are perpetrators of violence against women. Current feminist discourse has reached an understanding that such men should not be differently categorised (and often excused) as being social aberrants. They are to be regarded as apparently 'normal' men who exhibit their sense of power and aggression through perpetrating violence against women. The question is: can we intervene at some stage in the life cycle of a male to ensure that he will not become a perpetrator? Can we get males to take collective responsibility for violence against women (rather than dissociate themselves from it as aberrant behaviour), and to work collectively to stop this from happening? How will this be done? These are some of the very real questions facing those who work with sexual and reproductive rights of women, and there are no easy answers.

Health System in India and Men's Involvement

Reproductive Health is a term that has gained currency in India only after the announcement of the Reproductive and Child Health (RCH) programme in October 1997. To many within the establishment it still means little more than a new name for the earlier Family Planning Programme. The Family Planning Programme was heavily geared towards targets for female contraceptives. There was no concept of addressing men as responsible partners. The infamous excesses of forced vasectomies during the Emergency in 1977 and the consequent political fallout seem to have made service providers averse to addressing men for contraceptive services and education. Coercive methods were used to meet year-end targets, and women were much easier subjects. Other than the mandatory advertisements for vasectomy and some training of doctors in no-scalpel vasectomy, not much has been done to creatively involve men in the entire process. Themselves suffering from cultural biases about men's roles and responsibility, programme planners have ignored the potential to involve men not only in contraception but the care of women or in Family Planning decision-making. Overall, the entire health and Family Planning programme has only reinforced traditional stereotypes where male involvement is concerned. A beginning has been made by including male involvement in the National Population Policy 2000. It is hoped that this will provide the appropriate impetus in the right direction.

As far as women's illnesses are concerned, the most easily available healthcare providers - male doctors - have been brought up on an exclusively bio-medical version of health. Hardly any of our health system practitioners are trained in a gender-sensitive manner. They are products of a very patriarchal society and this is reflected in the way they treat their women patients. Most women's complaints are considered vague and attributed to imagination. Women doctors (who are often as gender insensitive as their male counterparts) are seldom available outside big hospitals and cities, and women patients are treated by male doctors who have little understanding of their social situation.

An Analysis of Male Involvement from a Policy Programme Perspective
(Selected Programme and Policy documents)

Name of document	Year	Content with respect to male involvement
<ul style="list-style-type: none"> Manual of Target Free Approach in Family Welfare Programme 	1996	No reference to gender issues nor male involvement
<ul style="list-style-type: none"> Reproductive and Child Health Programmes - Schemes for Implementation 	1997	Gender issues and Male involvement are not mentioned There is mention of counselling on gender
<ul style="list-style-type: none"> Manual of Community Needs Assessment Approach 	1998	-do-
<ul style="list-style-type: none"> National Population Policy 	2000	Acknowledges discriminatory practises and patriarchy as a factor affecting women's health Includes male involvement as a part of the strategy to serve under populations Operational strategies are suggested

SECTION TWO

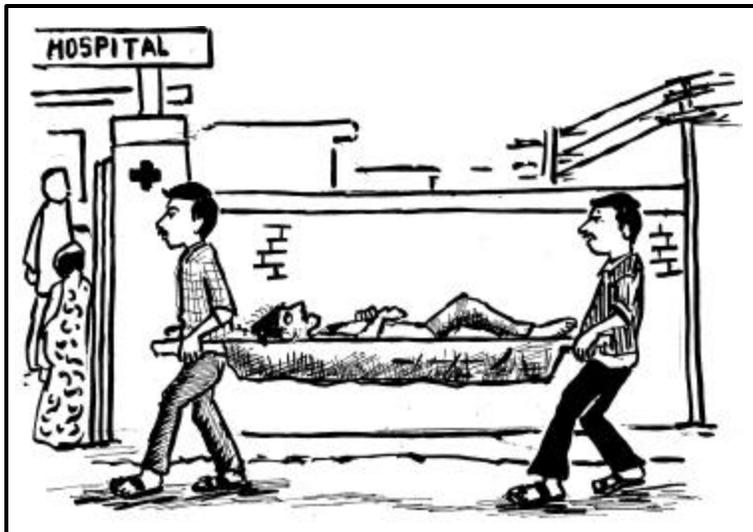
Men's Health

Men's Health as distinct from Men's Responsibility

As the party in power, men have started off on the wrong foot as perpetrators of inequalities. But it is really the system of patriarchy which breeds inequality, taking a toll on the health of individuals. Individual men are often as much victims of the system as women. Recent research has thrown up evidence that the individual man is often as ignorant, ill-informed, powerless in the face of role expectations, and vulnerable, as women are. AIDS has been responsible in many ways for generating this interest in men's Reproductive Health. Earlier, what most men had for their own reproductive and sexual health were myths, gossip and quackery. Considering this situation, it is equally important for practitioners to consider the entire issue of men's health distinctly from that of their responsibility alone. Of course, there is one school of thought that in the current scenario, where the state of women's health is abysmal, the emphasis on men's health would divert attention and resources from an area of far greater priority. Some argue that focussing attention on men's needs may in fact worsen the power situation.

Men's health and its social determinants

In the socio-cultural model of health (as opposed to the bio-medical model) it has been clearly established that health and illness are greatly influenced by cultural values and practices, social conditions, and human emotion and perception. As has been elaborated elsewhere, women's health is to a great extent related to her situation at home and the state of powerlessness in which she functions. The acknowledgement of women's social situation as a determinant of health was the result of rigorous work by feminist researchers



and by the late 1970s epidemiological researchers in the West (those who are

concerned with the incidence and causation of disease) had begun to include 'gender' as a variable in their work. But until recently researchers have tended to equate the study of gender and health to studies of only women's health and illness.

If the use of the term gender and health is not to be restricted to women's health alone, it leads to the question: Does being a man also affect the health of men? Descriptive research findings about the differences in men and women in terms of health and illness (in the West) have revealed that:

- (a) Men experience more life-threatening illnesses and die younger than women
- (b) Women experience more non-life threatening illnesses and live longer than men
- (c) Women see doctors more frequently than men (not in the context of childbearing).

Feminist theory attributes the additional burden of ill-health in women to power differences between the sexes, gender identity, socialisation and conformity to role expectations. Does this also mean that men because of their social position are healthier as a whole, and when they have an illness, it tends to lead to their death? There are a number of diseases which show greater incidence in men, but is that preponderance biological or is it social? Many of these questions do not have definitive answers, and in India this relatively uncharted territory.

When discussing men's health, it would also be erroneous to deal with men as a undifferentiated group. The study of men's health and illness needs to somehow address the differential exploitation of the lesser-status, marginalised male subgroups (e.g. men of lower castes, poor men) in the changing social order. For example the life chances of prison inmates and college students, rich businessmen and rural Dalit men, straight and gay men, and professional men and homeless men are clearly different. Analysis of men's health needs to be sensitive to these differences and explore the relationships between men's social situation and their health in a very holistic manner.

What needs to be done

The study of how social situations, especially gender relations, influence men's health and illness is at an early stage of development. Preliminary research indicates that men's health seems to be one of the areas in which the damaging impact of traditional masculinity is evident. More and more social scientists, medical researchers, public health advocates, and men themselves need to be mobilised to decide to think about and investigate these linkages thoroughly. In fact, an alternative discipline of men's health studies has slowly begun to emerge in some parts of the world. Part of the mission of men's health studies is to carefully research these linkages and to discuss them with professional audiences and the general public. The socio-cultural model for understanding men's health and illness needs to be placed in the backdrop of power relations as well. This means lending weight to feminist theoretical insights that social inequality irrevocably influences women's -- and in this case men's -- health as well, and that differences in political and

economic power yield differential health effects/outcomes.

In order that things change, men need to start with personal change. But this change in men will not be possible without their changing the political, economic, and ideological structures of the present gender order. And to start at a personal level men need to challenge their own long held notions of "being a man" -- and they need encouragement, positive role models and the space and sense of security to do so. Personal change needs to be reinforced by structural and institutional changes as well. To point to a very common situation in India- when a man decides to go in for a vasectomy, the doctors and nurses first ask the man why is he doing so, is he unable to get his wife's sterilisation done? If men are going to take up the challenge of understanding their own behaviour and in some ways to tackle their own health, they need to set out on a course which may be called pro-feminist not only because it seeks to redress the oppression of women by men but also the oppression of lesser-status men by privileged males within the inter-male dominance hierarchy.

Men's Socialisation and their Health

The social, cultural, and political dimensions of illness have been strikingly evident in the AIDS epidemic (Shilts,1988). Survey researchers have been generating useful information about how men's sexual practices, attitudes and risk behaviors are linked to the growing AIDS epidemic. For men, especially gay and bisexual men, who are infected with HIV virus, the myriad of meanings associated with AIDS seep into their gender and sexual identities. In an analysis of interviews with 45 HIV positive gay men, Richard Tewksbury provides insights into how masculinity, sexuality, social stigmatization, and interpersonal commitment mesh in the decision-making around risky sexual behaviour. In another American survey of boys between 18-19 years, traditional attitudes (towards how a male should behave) were associated with being suspended from school, drinking, use of street drugs, frequently of being picked up by the police, being sexually active, number of heterosexual partners in the last year, and tricking or forcing someone to have sex. Such expressions of the pursuit of masculinity also increase boys' risk for STDs, HIV and early death by accident or homicide and also result in oppression of women by men.

Some beliefs that men may be socialised with which affects their Reproductive and sexual health

- Men must not show their feelings
- Men should be independent and not ask for help as it is a sign of weakness
- Men should compete- competition leads to a healthy social system
- Men do not talk about personal matters- they do not need to confide
- Men are brave and and strong, they take risks
- Men must be able to earn, the man who earns more is better
- Men must support their families
- Pregnancy and child birth are women's affairs where men do not interfere

Boys learn to separate themselves from others and evaluate themselves and others according to status because they strive to fit into male-dominated, hierarchically organised institutions such as marriage, sports, government and business. Hence male psychology or gender identity derives from and revolves around status and power differences between the sexes and among men. Another finding with patients of testicular cancer vividly demonstrates the potential benefits of more flexible conceptions of manhood for men themselves. Those who coped with it in a traditionally masculine fashion had great difficulty in dealing with their situation while those who tried to define a new conception of manhood found meaning and emotional health .

Masculinity

The meaning of being 'male' differs in different cultures and groups there is something often mystical associated with the masculine identity. This identity is different from just the anatomical maleness and is a condition which boys aspire to achieve. Researchers have various ways of conceptualising and measuring masculinity. Robert Brannon (1976) identified the following four major components of the male role:

1. The need to be different from women
2. The need to be superior to others
3. The need to be independent and self-reliant
4. The need to be more powerful than others, through violence if necessary.

The strong need to be different, and superior also leads to a sense of insecurity and many theorists are of the opinion that this sense of insecurity leads to violence over women. While these findings relate to the western situation, they may be compared with the situation of men in our society as well.

Gender socialization influences the extent to which boys adopt masculine behavior, which in turn can impact on their susceptibility to illness or accidental



death. Research in the West (which is the what we have to go by today) has shown that a 'give 'em hell' approach to life can lead to hard drinking and fast driving, which account for about half of male adolescent deaths. The need to be 'a sturdy oak' and to avoid any resemblance to feminine dependency may account for the tendency men have to deny symptoms of coronary heart disease. In the world of bodybuilding subculture, masculinity is equated to maximum muscularity and men's strivings for bigness and physical strength hide an inner core of insecurity and low self-esteem. Bodybuilders often put their health at risk by using steroids, over-training,

and engaging in extreme dietary practices.

When strength and physical ability are key components of this cult of masculine superiority, men with physical disabilities experience considerable difficulty constructing a workable masculine identity. Struggling to cope with stigma and feelings of inferiority, they strive to circumvent, transform, or reject dominant cultural definitions of manhood. Sex role theorists agree that the social construction of masculinity in the American gender order impacts negatively on men's health. Therefore it follows that men in the new millennium have a vested interest in challenging the traditional gender roles and timeworn notions of masculinity that have proved dangerous to their health.

Men and Violence against women

Violence against women has is now increasingly being recognised as an important issue of human rights violation and also of public health. One of the corollaries of this is that men's roles in this violence is also being openly



discussed. While on a larger scale patriarchy, economic policies, religion, and similar issues can be found as being responsible for condoning and encouraging and leading to violence against women, at the micro level it is most often men who are the instruments. The places where this violence takes place can vary - from the intimacy of the bedroom to the violent battleground of caste based carnage, as does the immediate reason which might range from the very frivolous cold food to the fact that a girl decides to

marry out of her own choice, but the patterns are similar. Violent action by men against women- be it members of their own family or for women outside- has social sanction. This sanction is directly linked to the unequal power relations between women and men. Aggression, violence and domination are considered part of the masculine make-up and there for actions leading out of this make up are justified. Micro studies with abusive men have revealed that these men often consider themselves as being superior and more deserving and are so absorbed in their own existence (self centred) that they become uncaring, dominant, abusive and violent.

Men's Reproductive health

A number of studies have been conducted in recent years in order to understand how much men are aware of their own reproductive and sexual needs. The findings from these studies have uniformly revealed a rather grim

**Variations in Men's Attitudes and rates of abuse
Selected districts in Uttar Pradesh, India, 1995-96**

District	% who admit to forcing wife to have sex	% who agree that if wife disobeys, she should be beaten	% who admit to hitting wife	% who hit wife in last year
Aligarh	31	15	29	17
Banda	17	50	45	33
Gonda	36	27	31	20
Kanpur Nagar	14	11	22	10
Nainital	21	10	18	11

Source: Narayan 1996 quoted in Population Reports; Vol XXVII, Number 4 August 2000

situation. Men have little or no information about their own bodies and its needs. In the case of serious illnesses too, serious myths and misconceptions abound.

These and similar findings from other studies clearly underline the fact that men have literally been 'hiding ' behind a façade of power and authority, whereas in actual terms their ignorance and understanding of their own as well as women's bodies and their processes is as incomplete as that of women. This ignorance leaves men also vulnerable to number of diseases and conditions. There is an urgent need to devise ways in which men, especially adolescents can access accurate information about such issues. This will enable them to negotiate their own sexual experiences more responsibly. The responsible sexual behaviour of men will indirectly benefit their sexual partners (women) too.

Reproductive Health Problems of Men

The main problems or conceived reproductive and sexual health problems faced by men in India, as shown by a couple of studies conducted include *hasthmaithun* (masturbation), *kamzori aur namardi* (impotence/ lack of sexual desire), *shighrapatan* (premature ejaculation), *dhat girna* (white discharge from penis), *tedhapan* (bent penis), *khujali* (itching), *dane* (boils), *peshab me jalan* (burning urine), *dhat patla hona* (thinning of semen) *garmi* (heat inside the body) and so on. It must also be mentioned that the terminology used is often used to indicate a range of symptoms and the corresponding medical term may often be difficult to locate. Also, often times a is also perceived as a reason. Thus masturbation or *garmi* can be seen both as a problem as well as a reason for a problem.

What comes through from these studies is that the terminology used to describe men's problems is very contextual and has to be understood and interpreted carefully. Myths and misconceptions abound and the reasons for many of these illnesses are often attributed to practices like going to a public

Men's Knowledge and Attitudes - Experiences

The following observations were made by the group TARSHI which provides counselling in the field of Reproductive Health. TARSHI operates a telephonic helpline meant initially for women but which is accessed more by men.

- more men are concerned about sexual issues, and reproductive issues including contraception for them comes later
- in the area of sexual and Reproductive Health, men have a need for information about how the body functions, how to deal with their sexual problems and how to avoid conception and infections, in that order of preference
- basic sex information queries include those on masturbation, nocturnal emission, male genitals, sexual techniques and positions, breasts, female genitals, anatomy, semen, male and female homosexuality, etc
- men's concerns about sexual pleasure have more to do with their own pleasure and less with pleasuring their partners
- with regard to conception and contraception, men ask about contraceptives and search for an "easy" contraceptive. A large number of men do not know how to use a condom properly
- Some men, especially those in their first sexual relationship, seem surprised that conception can occur at any time. Many have heard of 'safe days' but the information they have is inaccurate and often leads them to have sex at the time the woman is at her most fertile
- many men speak about infertility and emotional problems, disproving the myth that it is generally women who are troubled by these issues
- a lot of socially reinforced myths and misconceptions and deep-rooted attitudes abound. E.g. most males grow up believing that a loss of semen by any means apart from intra-vaginal ejaculation leads to a "loss of strength". These myths and attitudes shape and influence sexual activity, contraception, gender relations and the enactment of violence in sexual relationships.

(from- Chandiramani R. (1998) Men on the Line; in papers presented at the **Population Council** workshop on *Men as Supportive Partners*, 1998, Nepal)

toilet, indulging in excessive masturbation or even pornography. These reasons are far from being bio-medically correct but are deeply entrenched in men's minds because the sources of health information for men are often unqualified practitioners or traditional healers

Health seeking behaviour and service providers for male Reproductive Health problems

As is evident from the above, there is a tremendous amount of ignorance on matters relating to sexual and Reproductive Health. This has been a taboo subject for centuries. In the absence of right information, myths and misconceptions abound. And since there is no place people can turn to if they need sexual information or if they have a sexual or reproductive health problem, many unscrupulous people make use of this situation and offer false

Men's Reproductive Health Needs in the Life Cycle

Men face a number of reproductive health problems which also include issues of empowerment, access to services, appropriate care and treatment. Some of the needs of men are outlined below.

Childhood- The problems are usually physical in nature, such as ambiguous sexual organs and precocious development.

Adolescence - Problems of adolescence are of different kinds. Some are physical in nature - like delayed or disturbed puberty. Other are more social in nature and relate to issues like sexuality which can lead to conditions like STIs and HIV/AIDS. A very important adolescent RH need is the access to information and services.

Adults - Problems related to sexual dysfunction, infertility, and various sexually transmitted infections. Aberrant social behaviour leading to wife battering, child sex abuse are also problems of this stage.

Old Age - Men suffer from a condition of sexual debility referred to as PADAM (Partial Androgen Deficiency in Aging Male). They also suffer for urological problems primary among them being benign prostatic hypertrophy.

and ineffective (sometimes harmful) treatment or wrong information. They charge from a few rupees to thousands of rupees for their services, depending on the clientele they are catering to. Such unscrupulous practitioners abound even in metropolitan cities like Delhi where thousands seek what could be termed as bogus treatment for a range of sexual problems (including what is perceived to be a problem by the individual but is completely normal). For example, one can easily find posters all over cities or on walls around highways or railway tracks, proclaiming offers of 'guaranteed' relief from nightfall, premature ejaculation, impotence, dhat, and so on.

Another common sight in India is that of street hawkers selling various kinds of preparations as remedies for sexual problems or as aphrodisiacs. Some of them are made out of questionable ingredients. Some of these preparations are extremely cruel to animals, e.g. *sande ka tel* which is prepared in front of the onlookers. Live *sandas*, an endangered species of lizards, are boiled in a container. The liquid is then sold as an aphrodisiac which will prolong the duration of erection.

There is very little information available about what kind of people run these services, what kind of treatment they offer, who are the people who visit them and so on. But hopefully things are changing now. AIDS awareness campaigns have brought discussions on sex and sexuality out into the open, at least in some sections of the society. The Government on its part has renamed the infamous 'VD' clinics into clinics for RTIs and STIs and the new RCH approach makes it mandatory for each district to have one such clinic, if not at each Community Health Centre. There are also guidelines on how much space such a clinic should have. If this clinic approach can be complemented by an effective health education campaign, one may expect that men will slowly stop visiting unscrupulous clinics furtively and seek proper medical advice for their problems.

Male Contraceptives

Contraception for men has fallen into disrepute in our country since the black days of Emergency when men were sterilised forcibly in the most inhuman manner in the misguided hope that the future of the country was going to be safer if the population was controlled. That experience and its fallout has left most governments in India since then, extremely wary of approaching the issue- leading to a reverse situation where women have emerged as the prime targets and tubectomy as the main contraceptive method. Earlier male methods were very much in the fore with condoms and vasectomy having the pride of place. The condom has made a comeback as it is the only safe contraceptive offering protection against the new scourge of HIV/AIDS. Unfortunately for vasectomy, though technology has made the operation much simpler with the 'no scalpel vasectomy' or NSV, men have propagated various myths about vasectomy which become reasons for them for not accepting this very simple and safe method. Other methods for men include withdrawal and abstinence. The interesting thing to note about vasectomy and men is the fact that concepts of masculinity have helped build myths where the operation is supposed to affect virility and strength, but the same masculinity doesn't encourage the protector role for men, where they assume the responsibility for contraception.

Myths about Vasectomy

- Vasectomy makes men weak and they are unable to do physical labour.
- Vasectomy affects sex-drive, and ability to have sex
- Vasectomy does not offer very effective protection from pregnancy
- Vasectomy is a more difficult operation than tubectomy and men need several days of rest after the operation.

All these myths are baseless though women believe them as ardently as men

Some of the important Reproductive Health problems of men

Infertility: This is an issue of concern because in many communities where a woman fails to conceive within a short period after marriage, she is held responsible and has to suffer great mental and often physical harassment within the household. It was a common practice in the past for men to marry again in such a situation. Male infertility needs to be recognised and efforts made to involve men in cases where women fail to conceive. Male infertility can be due to various reasons, the most important of which are low sperm count or low mobility of sperm.

Testicular Cancer: Testicular cancer occurs most commonly between the ages of 15 and 40 years, though it can also occur in infancy and late adulthood. Individuals who have had undescended testicles are at higher risk of developing testicular cancer. The best way to diagnose testicular cancer is through self-examination. The usual initial finding is a painless lump in or on the testes, a hardness or enlargement of the testes. Less commonly, there is

associated pain and tenderness or bloody discharge. Testicular cancer has one of the highest cure rates of all cancers. The treatment includes surgery, radiation therapy, chemotherapy or a combination of these.

Variocoele: Variocoeles are enlargements of the veins that drain the testicles. Some variocoeles may cause pain and/or testicular atrophy (decrease in size). A variocoele affects fertility due to the decrease in circulation of blood in the testicular area. Many cases are diagnosed during an infertility checkup. It can be cured through a surgical process.

Hydrocoele: A hydrocoele occurs when fluid fills the membrane covering the front and sides of the testicle and epididymis in the scrotum. This is usually not painful, but is often uncomfortable due to the increased size of the scrotum. Possible causes are: trauma to the scrotal area or inflammation or infection of the epididymis. Some hydrocoeles need not be treated as they resolve without intervention or remain asymptomatic. When a treatment is necessary, the best intervention is *hydrocelectomy*, surgical correction of hydrocoele under anesthesia. Where surgery is not recommended because of health reasons, the hydrocoele may be aspirated. Aspirated hydrocoeles may reappear. Filariasis is one of the common causes of hydrocoele especially in endemic areas.

Prostate Cancer : Prostate Cancer usually occurs after age 55. Most patients are 65 years or older. In its earliest stage this cancer may not produce any signs or symptoms. As the tumour grows one may experience:

- difficulty in starting or stopping urinating
- decreased strength of the urinary stream
- dribbling at the end of urination
- painful or burning urination
- frequent urination, especially at night
- painful ejaculation
- blood in the urine
- an inability to urinate
- continuing pain in the lower back, pelvis or upper thighs

Early detection of prostate cancer increases the chances of a cure. Treatment includes surgery, radiation therapy, hormone therapies and cryotherapy (which freezes the prostate and the appropriate nearby tissues).

Sexual health issues like masturbation, impotence, premature ejaculation are being separately dealt with in the section on Sex and Sexuality.

SECTION THREE

Starting a Programme for Men and Reproductive Health

Important Imperatives

A number of organisations have realised the importance of involving men in Reproductive Health programmes as well as the need for sensitising men to their own needs, and offering them appropriate services. Some of these efforts are being briefly touched upon in this section. A few organisations have been doing pioneering work with male clients in Family Planning for a long time all over the world. Experiences gained in one country are being tried out in others. Some of the key elements of successful programmes concerned with men and Reproductive Health are outlined below.

Gender concerns

Gender is a fundamental context for work with both men and women, as it shapes all aspects of clients' lives. Gender issues, which are inevitably culturally specific, are a crucial consideration in programme design. The



programme should ensure through training that the staff is gender sensitive. Information about pressing gender concerns in the community should be procured through various levels of community sources and addressed in programme design. It is helpful to form linkages with other existing services in the community to ensure that the programme is able to address issues like gender-based violence.

Access to services

Reproductive health services must be made accessible to men. The programme may have to overcome cultural biases to achieve this. If possible, men should be provided service separately (from women), but if it has to be

Programme Lessons

Nine major lessons learned from research and programme experience can help to increase men's participation

Reach Male Audiences with Appropriate Messages

Lesson 1: Build on men's approval of family planning

Lesson 2: Use the mass media to communicate with men

Lesson 3: Reach out to young and unmarried men

Use Communication to Promote Behaviour Change

Lesson 4: Understand the influence of gender

Lesson 5: Encourage couple communication

Lesson 6: Bring information to where men gather

Offer information and Services That Men Want

Lesson 7: Inform men about condoms and vasectomy

Lesson 8: Counsel men with respect and sensitivity

Lesson 9: Offer men a range of health services

(From: Population Reports, Volume XXVI Number 2, October 1998)

integrated with women's services it should not compromise resources for women.

Service Selection

One very important consideration in programme design is determining what Reproductive Health services should be offered to men. Such services should include physical examination, referrals, comprehensive RH education, education and counselling for contraception and STDs and genital health and hygiene.

Sustainability

Programme designers should plan for future economic and technical sustainability from the very start of the program. For this the services should be tailored to what the community wants and needs. One way to do this is to start a program by asking community members to articulate their needs and brainstorm about priorities to meet them.



The programme should be cost-conscious. The possibility of cost sharing with other organisations and cost recovery could be considered. The use of existing labour pools -- e.g. medical, public health students who might provide labour at a reduced cost, could be investigated. It is also helpful to garner necessary political and other appropriate high-level support.

Community Outreach and Workplace Programs

Information and education should reach potential clients outside as well as inside the clinic setting, for example at workplaces or in places where clients spend their leisure time. Reproductive Health education can be incorporated into existing school-based and other training programmes (e.g. military or police training). Informational meetings can be arranged, IEC materials distributed during community events, such as local festivals. Employers and managers should be involved in introducing and supporting the programme.

Some Core Messages for Men

- Reduce discrimination and rights violations
- Adopt new supportive roles, responsibilities and behaviour
- Promote, encourage and support such behaviour change in others
- Discourage and resist violence against women and rights violations
- Understand your own health needs

These messages can be promoted through Interpersonal Communication (IPC), IEC, Counselling, Mass media, Trainings and workshops etc.

Counseling

Men have special needs when it comes to counseling for Family Planning and Reproductive Health. Counseling requires respecting each client and tailoring advice to suit his or her individual needs. All counselors should be good listeners and communicators who are both non-judgemental and knowledgeable.

Integrating STD Services

Reproductive Health services should include education on prevention and treatment of HIV/STD. The issue of STDs may present special challenges -- for example, there may be a great social stigma attached to talking openly about these issues. The programme should lay emphasis on prevention, including safer sex and proper and regular use of condoms during sex. It should also help providers deal with values and biases related with STDs and HIV/AIDS. Education and counseling are important to help behavior change. Clients should be encouraged to be community educators.

The special need of adolescents

To meet the special needs of adolescents, setting up accessible youth centres can be very helpful. Skits and other forms of performing arts can be used to raise issues and direct young people to services. Providers should be trained to talk to and deal with young populations. They should be sensitive to the special concerns of youth (physiological development, sexuality, peer pressure, etc). Peer educators and counselors also play an important role.

Publicising Services and Attracting Clients

When trying to attract male clients to new or expanded services, male-specific information, materials, and counseling must be provided. By making use of mass media, providers can reach a larger audience and can stimulate awareness as well as change mindsets and attitudes. Such messages should be devised in a culturally sensitive manner. Well known local groups can be

asked to endorse such messages.

Agenda for Research

While these are some of the strategies that have been tried out for involving men, these are still far from being being universally applicable. There is need to refine and make these more effective. Towards this end there should be more research for testing the efficacy of the strategy of men’s involvement in reproductive health. Research should also be directed towards understanding family dynamics and roles of various actors including society in the decision-making process vis-a-vis women’s Reproductive Health. This will enable such programmes to be even better planned and focussed.

Involving Men- Some thoughts for action	
The who should be involved	What changes may be brought about
<ul style="list-style-type: none">• Men who are directly involved- fathers, husbands, brothers, fathers-in-law, etc.	Become more supportive, caring, loving
<ul style="list-style-type: none">• Men of the community	Become better husbands, fathers etc. Peer motivators and dissuaders Role models
<ul style="list-style-type: none">• Opinion makers and leaders	Role models Promoters of a gender just society

Some of the organisations working on men's health and involvement

1. SARTHI

Social Action for Rural and Tribal Inhabitants of India, is a registered society working for integrated rural development in the Santrampur *taluka* of Panchmahals district in Gujarat (working in 150 villages). Much of the population consists of marginal farmers who are dependent on rainfed agriculture and who also have to migrate seasonally. The range of programmes include: installation of hand pumps for drinking water, agricultural improvement, wastelands development, education through non-formal schools, rural industries for income generation, development of alternative energy sources, women's development, and awareness generation. Driven by demands to add reproductive health services for men, SARTHI has been running a Community Health Programme (CHP) for men. Currently, male health workers run general clinics under CHP in about 60 villages. They are trained to treat the common problems in the community as middle level health and multi-purpose workers.

Address: Sahaj/ Sarthi, 1, Tejas Apartment, 53, Hari Bhakti Colony, Old Padra Road, Vadodara-390 015, Gujarat; Tel: 0265-340223, Fax: 0265-330430.

SARTHI- Godhra

Contact Persons: Renu Khanna, Harish Patel, Balwant Pagi and Nirmal Singh.

2. Deepak Charitable Trust

This trust was established to provide healthcare services to the communities around the industries. They are involved in a wide range of activities including various community health and rural development projects as well as women's empowerment and information, education, communication. It aims to achieve the goal of small family norm by providing services for safe motherhood, child survival and providing family life education to adolescents.

The Deepak Charitable Trust has started a *Pati Sampark* programme to involve men in the antenatal care of women.

Address: Deepak Charitable Trust, Deepak Medical Foundation, 9/10, Kunj Society, Alkapuri, Baroda - 390 007, Tel: 0265 339410/ 331439, Fax: 0265-330994; E-mail: dnl.alakhani@dnl.sprintrpg.ems.vsnl.net.in

Contact person: Ms Aruna Lakhani, Co-director

3. SEWA Rural

Society for Education Welfare and Action - Rural is a voluntary service organisation working for health and rural development in a tribal region of Bharuch district, Gujarat. Its work includes running a community hospital, outreach health care through Community Health Project, comprehensive eye care programme, a technical centre for rural youth, tutorial classes for potential school dropouts, and income generating activities along with saving and awareness programmes as part of women's development.

The society has adopted different strategies over the last few years to reach out to men in order to enhance their roles and responsibilities in women's health. This includes sensitisation and orientation of male (and female) health workers, male members of the family, etc.

Address: Sewa Rural, Jhagadia 393110, Dist. Bharuch, Gujarat; Tel: 02645-20021.

Contact Person: Dr Anil Desai

4. PSS -- Purush Clinic

PSS, a registered voluntary organisation has been working in the field of maternal and child health and Family Welfare in several states since 1978. PSS is affiliated with the British charity Marie Stopes International which encourage and support family planning programmes in many developing countries all over the world.

It has set up a branded 'males only' clinic called *Purush* clinic in Chennai, Tamil Nadu. It offers an integrated package of services for men with special emphasis on family planning.

Address: Parivar Seva Sanstha, C-374, Defence Colony, New Delhi-110 024,
Tel: 4617712/ 4619024, Fax: 4620785

E-mail: pssindia@viasdl01.vsnl.net.in

Contact person: Ms Sudha Tewari, Managing Director

SECTION FOUR

Resource Section

Books for further reading

Some of the books which we found useful in the preparation of this booklet are given below.

- Akhter H.A. 1996. *Male Contraception*. Dhaka: BIRPERHT
- Amin A, et al. 1996. *Men's Perception of Illness of the Nether Area*. Gujarat. SARTHI
- Amin A, et al. 1997. *Attitudes and Behaviours of Men in Relation to Gender and Sexuality*. Gujarat. SARTHI
- AVSC International 1997. *Men as Partners in Reproductive Health: Workshop Report*. New York.
- AVSC International 1997. *Programming for Male Involvement in Reproductive Health*. New York.
- AVSC International. 1997. *Men As Partners Initiative: Summary Report of Literature Review and Case Studies*. New York.
- Davidson N, Castle C, Behrman N, 1998. *Men's sexual health matters*. London. Healthlink Worldwide
- Khan M.E, Patel. B.C. 1997. *Male Involvement in Family Planning*. New Delhi: The Population Council
- Ladig Larry 1996. *The Society for Psychological Study of Men and Masculinity*. ___The American Psychological Association
- Mundigo Axel. 1995. *Men's Roles, Sexuality and Reproductive Health*, Chicago, The John D And Catherine T MacArthur Foundation
- Population Reports. 1998. *New Perspectives on men's participation*, Special issue (October,1998). Volume XXVI Number 46. USA. JHUCCP
- Sato D, Gordon D.F. 1995. *Men's Health and Illness*. Thousand Oaks. Sage Publications
- The Alan Guttmacher Institute. 1996. *Readings on Men*. New York
- UNFPA 1998. *A New Role for Men: Partners for Women's Empowerment*. New York
- Vissaria Leela. 1998. *Men as Supportive Partners in Reproductive and Sexual Health*. New Delhi. The Population Council
- Wegner M.N, et al _____. *Men as Partners in Reproductive Health : From Issues to Action*. International Family Planning Perspectives

Journals

These are two journals dealing with the emerging discipline of Men's Studies

1. *The Journal of Men's Studies*; c/o James Doyle, P.O. Box 32, Harriman, TW 377 48-0032, USA.
2. *Masculinities* - c/o Michael Kimmel; Dept. Of Sociology; S.U.N.Y. at Stony Brook, Stony Brook, NY-11794-4396, USA.

CD-ROM

Him- Helping Involve Men : An essential library on men and reproductive Health. Produced by Popline Digital Services, Centre for Communication Programmes, Population Information Programme, Johns Hopkins University School of Public Health, 111 Market Place, Suite 310, Baltimore, Maryland, 21202, USA. Email- popline@jhucpp.org

Resources on the Web

Some sites that contain useful information about Men and their involvement includes:

AVSC International - www.avsc.org

Centre for Health and Gender Equity -www.genderhealth.org

Fatherhood Project - www.fatherhood.org

International Association for Studies of Men -
www.ifi.uio.no/~eivindr/iasom

Johns Hopkins University, Center for Communication Programs -
www.jhucpp.org

Male Involvement -What can be found on the Internet?-
www.qweb.kwinniforum.se/papers/maleinvolv.htm

Men Against Domestic Violence, USA-www.silcom.com/~paladin/madv

Men's Bibliography -

www.newcastle.edu.au/department/so/kibby.htm#bibliographies

Men's Rape Preventing Project- www.mrpp.org

Pan American Health Organisation- www.paho.org

Resource Organisations

The whole issue of Men's involvement and participation is relatively new and unexplored. Some organisations which could help by providing information and materials on men's health and involvement are as follows:

1. AVSC International

The organisation works worldwide to improve the lives of individuals by making reproductive health (RH) services safe, available and sustainable. AVSC provides technical assistance, training and information, with a focus on practical solutions that improve services where resources are scarce. The organisation has recently changed its name to Engender Health .

US address: Engender Health 440, Ninth Avenue, New York, NY 10001

USA, Tel: 212-561-8000; Fax: 212-561-8067

e-mail: info@engenderhealth.org, Website: <http://www.engenderhealth.org>

India address: IFPS Liaison Office, 4/2 Shantiniketan, New Delhi - 110 021, Delhi

Contact person: Nirmala Selvam, Programme Associate

2. PATH

PATH is primarily involved in promoting appropriate technology for health but it has also been involved in preparing and providing resources for involving men.

4, Nickerson Street, Seattle, WA 98109-1699 USA

India address :
PATH 53, Lodhi Estate, New Delhi - 110003

3. Population Council

The South East Asia Regional Office at New Delhi is actively involved in creating greater understanding on the subject of men's involvement.

South and East Asia Regional Office

Zone 5A, Ground Floor, India Habitat Centre

Lodi Road, New Delhi - 110 003

Tel: 464 2901, 2902, 4008, 4009; Fax: 464 2903

E-mail: pcindia@popcouncil.org

Contact person: Dr Saroj Pachauri, Regional Director

4. Parivar Sewa Sansthan (PSS)

PSS is involved in trying out new strategies in involving men in reproductive health programmes.

Parivar Seva Sansthan, C-374, Defence Colony, New Delhi-110 024, Tel: 4617712/ 4619024, Fax: 4620785, E-mail: pssindia@giasdl01.vsnl.net.in

5. Naz Foundation International

Naz Foundation International was originally established to provide HIV/AIDS prevention and support services to the South Asian communities in UK. Today it is involved in providing technical, financial and institutional support for msm (men having sex with men) sexual health interventions , groups and networks in South Asia. It Regional Liaison Office in Lucknow through which it is involved in training, technical assistance on issues like STD/HIV/AIDS awareness, sexual health promotion, counseling and care issues, project development and monitoring and so on. It also produces relevant materials and conducts studies . It publishes a quarterly newsletter called *Pukar*. It has been involved in setting up a number of community based interventions in different cities around the country and also in Bangladesh, Pakistan and Nepal. For additional information please get in touch with:

Arif Jaffer, Naz Foundation International, Regional Liaison Office, 9, Gulzar Colony, New Berry Lane, Lucknow 226001. Phone - 91-522-205781-2. Fax- 205783. Email- nazfoundint@yahoo.com.

6. CHETNA

CHETNA has been evolving new training modules and strategies for incorporating men in reproductive health programmes.

Centre for Health Education, Training and Nutrition Awareness (CHETNA)

Lilavatiben Lalbhai's Bungalow

Civil Camp Road, Shahibaug

Ahmedabad 380 004

Tel: 079-2868856/ 2866695; Fax: 079-2866513; email- chetna@icenet.net

Booklet prepared by -

***Research and Text: Alok Srivastava, Abhijit Das
and Jashodhara Dasgupta***

***Review : Siddhi Hirve, Bela Ganatra
and Saraswati Raju***

Illustration : Ganesh Dey

Layout : Ravi

UNDERSTANDING REPRODUCTIVE HEALTH

A Resource Pack

This Resource Pack is an introduction for those who wish to learn about different facets of Reproductive Health. Reproductive Health as a concept is relatively new and, despite the name, is not exclusively a 'health' subject. In its ambit it involves social sciences, medical sciences, women's issues, human rights, population sciences, demography and so on. Thus it could be of relevance to individuals with a wide range of interests. Reproductive Health is an issue of interest to Government planners and managers because of the overwhelming concern for population. Reproductive Health is also a matter of great interest to the NGO sector, because of their concern for the health of women. Concern for women, their rights, well being and health is the underlying theme for the entire Resource Pack.

This Resource Pack has been designed as a series of booklets so that the interested reader may straight-away refer to the issue of her/his interest. The matter and presentation of the material in the different booklets has been kept simple as well as provocative as it is meant for the first-time user. Each booklet has been divided into four sections - the first dealing with theory and concepts, the second with issues of relevance, the third on best practices in the field. Keeping the interest of the practitioner in mind there is also a small resource section at the end of each booklet.

The booklets in this pack are as follows -

Booklet 1	An Introduction to Reproductive Health
Booklet 2	Understanding Numbers : Population and Demography
Booklet 3	Changing Paradigms : RH Policy and Advocacy
Booklet 4	Exploring New Frontiers : Reproductive and Sexual Rights
Booklet 5	Maternal health is still important
Booklet 6	The Promise of better health : Women's Health
Booklet 7	Beyond Family Planning : Contraception
Booklet 8	The Emerging Agenda : Adolescents
Booklet 9	Forging new partnerships : Men's Health and Responsibility
Booklet 10	Coming to terms with reality : HIV/AIDS and STDs
Booklet 11	Acknowledging ourselves : Sex and Sexuality
Booklet 12	Women have Minds Too! : Exploring the interface between Reproductive Health and Mental health
Booklet 13	Taking a stand : Violence, Women and Health
Booklet 14	Data Digest

**KRITI Resource Centre
for
Women's Health , Gender and Empowerment**

The KRITI Resource Centre, is involved in providing training support, production and distribution of material, and engaging in creative partnerships with other institutions to strengthen their work of empowering women at the grassroots level, enabling women to lead healthier lives. The primary activities of the KRITI Resource Centre for Women's Health, Gender and Empowerment are as follows

TRAINING - KRITI has considerable experience and expertise in trainings related to Women's Health and Gender and has provided training support to over 100 organisations as well as Government projects and departments in the states of UP, Uttaranchal, Bihar, Jharkhand, Madhya Pradesh, Delhi, Rajasthan, Haryana and Himachal Pradesh. The Resource centre has been involved in partnerships with other gender training organizations like JAGORI, IWID, and the South Asian Network of Gender Trainers (SANGT).

PRODUCTION AND DISTRIBUTION OF LEARNING AND COMMUNICATION MATERIAL - KRITI is also involved in designing and producing appropriate material for the special needs of those involved in working with communities on these issues. Much of the material is in Hindi. Copiously illustrated material has also been produced keeping grassroots needs in mind. For the practitioners KRITI has produced newsletters, field manuals, training manuals and kits, briefing kits and information sheets on various relevant issues.

RESEARCH AND DOCUMENTATION - KRITI Resource Centre engages in field level documentation, to get a more holistic understanding of women's health and the socio-economic conditions that influence it. Some of the studies it has conducted and participated in include a study of traditional birthing practices, Abortion and women's health in rural areas of Uttarakhand, customs and practices around menstruation, the possibility of HIV/AIDS, implementing the Target Free Approach in Family welfare programmes in UP, quality of care of health care service in UP, violence against women and so on.

ADVOCACY - The resource centre is also actively involved with advocacy on the issues of Women's Health and Population Policies and Violence against Women. It is closely working with other networks and organisations working on these issues.

SERVICES PROVIDED BY KRITI RESOURCE CENTRE

- ❖ Library and documentation centre
- ❖ Books, posters and other materials
- ❖ Training and internship
- ❖ Support for developing gender sensitive community based interventions/training programmes