Keynote Address at the Inaugural session in the Global Conference on

"Reaching Men to Improve Reproductive Health for All"

15th to 18th October, 2003

at Marriot Dulles, Dulles Virginia

Distinguished guests, ladies and gentlemen,

It is a great honor and privilege for me to be addressing you all today in the inaugural session of the Global Conference on Reaching Men to Improve Reproductive Health for All. I would like to thank the organizers for giving me this opportunity.

We have all come to this conference seeking ways to bridge the chasm between men and reproductive health - a task that sounds simple enough but which many of us have realized as being Herculean. Over 250 hundred experts from countries all over the world have gathered here and they will share their experiences and accomplishments over the next three and half days. This conference has the potential of being a very significant experience in our professional lives. It has the potential to give us new insights into our work with men, the potential to suggest new strategies and activities and the potential to help us achieve better results. But above all else I believe it has the potential of touching us personally by providing us an opportunity to reflect about ourselves. We as researchers, policy makers, program managers, service providers and men tend to live our lives in compartments – we have separate professional and personal lives. This conference can provide us a rare opportunity to understand our professional work in the context of our personal lives – and I would urge all of us to seize this opportunity.

I live and work in India. My first significant experience of working with men and reproductive health took place roughly two decades ago. It began with myself. I needed to buy a condom. I was training as a doctor, an obstetrician to boot, and haranguing women patients to adopt contraceptives was part of my daily routine. Taking the decision to use a contraceptive was simple enough – but where to get it was the question. The drugstore attendants in my neighborhood had known me since I was a child – I couldn't possibly go there. If I went to the drugstores near the hospital, there was a chance that family members of my patients might recognize me. Finally I sorted out the dilemma by going to drugstore in a different neighborhood. Even then it took me quite some time before I could go up to the counter and ask for a condom by its brand name. Perhaps the situation is different in other countries but I can tell you that it continues to be same in India even today. There are over 10 million male adolescents and youth in my country who potentially face the same dilemma.

A second important experience happened twelve years ago. My wife, Jashodhara, was pregnant and we decided to have her delivery at home. At that time we lived in a little Himalayan village. It was a picturesque setting, but almost two hours drive from the nearest emergency obstetric facility. There were two British volunteer midwives in

residence and between us we were confident that we had enough midwifery skills to ensure a safe delivery. And also this would allow me to be present during childbirth, a privilege that is not available to fathers in almost all Indian hospitals and maternity homes. Unfortunately labor got delayed and was obstructed, so we had to rush my wife to the district hospital. Here I experienced the anguish of an expectant father many times over. The doctors at the hospital knew me – but being a man I was refused entry into the labor room. I had to pace outside with gritted teeth while I heard my wife protest and the doctor scold her. They decided on a caesarian section only when there was an impending rupture of the uterus. I have rarely felt as impotent as I felt that day.

There is a third experience I want to relate to you, and I promise this is going to be the very last one! This experience was spread over a period of about two years. It took this much time between my first visit to a health care provider to when I finally received the service that I had gone for. The service that I was asking for was straightforward. I was asking for a vasectomy operation for myself. My past experience with district hospitals made me reluctant to submit to the surgeons there. So I went to a private provider of contraceptive services in a large city. Here I was told to come back three days later. They would need this time to arrange for a vasectomy surgeon. Unfortunately I couldn't wait that long. I had a similar experience some time later in a medical college hospital. When after two long years and some more visits to health facilities I finally did manage to get my non-scalpel vasectomy done, the surgeon looked at me very quizzically and reconfirmed my decision because I had only one daughter. I have often wondered whether the delay had anything to do with a subconscious reluctance on my part to undergo vasectomy.

These stories are in no way unique and perhaps many of you have been through similar experiences. But I feel the challenges I faced in my life as a man are integrally related to the themes of this conference. For me these experiences have been very important in understanding the issue of men and reproductive health not only in the context of the enabling environment and services we make available for them but also in terms of the dilemmas that men face. Some of the core themes of this conference are adolescents, maternal health, contraception, and violence against women. These issues are not only for women and men in rural areas or urban slums or in poor countries but are intimately related to our own lives.

- Adolescence often involves risk taking and sexual experimentation and we have gone through these confusions ourselves.
- Negotiating contraceptive use: choosing, accessing and using the appropriate contraceptive is part of our daily lives.
- Parenting, seeking emotional security in relationships: loving and caring for partners and our children have been at different times very fulfilling and frustrating for many of us.
- The challenge of dealing with conflicts in intimate relationships and finding appropriate ways resolving them is not unique to men in the community.

For most men it is very difficult to chart a clear path through the conflicts between one's needs and societal expectations, between following stereotypes and making individual choices.

This brings me to another very important relationship between men and reproductive health which I feel is essential to appreciate and deal with in our work. This is gender – or the socially defined differences between women and men. It has been documented that gender differences between women and men especially the subordinate status of women in most societies affects the reproductive health status of women profoundly. Maternal death is not merely the outcome of the absence of appropriate health services but also the result of delays in decision making to allocate resources for women. A second marriage for men is far easier than for women in many societies. Similarly world wide there are far more female contraceptive users and this is not merely because it is women who bear children. Realizing that men take many more reproductive health decisions many programs work with men. They encourage men to give permission to women to attend prenatal clinics, ensure that women get adequate nutrition, provide support if referral is required during childbirth, allow women to use contraceptives and so on. These are important steps but in my opinion not sufficient to ensure an equality between women and men on reproductive health and rights

Gender equality is one of the core principles of the ICPD Program of Action. Many believe that improvement in the educational status and overall economic development will bring about this equality. Unfortunately I do not see that happening, at least in India. Recent evidence indicates that despite huge achievements in literacy and economic status pre birth elimination of the female fetus is common place and women continue to be treated inhumanly in sterilization camps. Gender discrimination is a deeply ingrained mindset, and it is necessary to deal with this mindset in our programs. Reproductive health programs need to reach out to men but must be situated in the context of gender equity and equality for three discrete reasons. Firstly, and most simply working with men from a gender equity and equality perspective helps women's reproductive health through their direct support and contribution. Secondly it furthers social justice by engaging against the discriminatory mindset. And finally and very importantly it also helps men to understand themselves and improve their own health.

We have to work with men so that they realize that men are also trapped within societal prescriptions of gender stereotypes. While these stereotypical roles and behaviors are harmful for women, they are counterproductive for men too. It compels men to express their power over women and hide their own insecurities. Despite their overall social superiority men only have myths to understand the working of their own bodies. Societal expectations about masculinity compel men to submit to peer pressure, undertake risky behavior, appear careless and advertise their bravado. At the same time it takes some of the more creative emotions away from men's realm of experiences. It restricts the emotional growth and development of men. We must help men overcome these barriers.

But this is not going to be easy. Improving reproductive health is about changing behavior. I have realized through my own experiences that changing behavior is very

difficult not only because we don't want to, but because we do not receive the support to do so. It is essential for all of us men and women to support each other in trying out and adopting new behaviors. Many call this an enabling environment. I will call it a movement for social change.

This movement must begin with a vision where men define new roles for them selves. A new vision, where men are not limited to being passive participants or simply facilitative gatekeepers. A new vision which goes beyond ensuring reproductive health of women. Instead we must create a new vision of men where men can be described as being sensitive, emotional, concerned and creative. A new vision of reproductive health for all, which is based on equality and partnership between women and men. But this partnership has to extend beyond women and men in the community. It has to include services providers, researchers, trainers, communicators and program managers, because we also share the same vision. I assure you a beginning has already been made and we will over the next three days hear of many such experiments which mark this beginning. There are colleagues in Africa who are trying to fight the menace of HIV/AIDS with community care and concern. There are colleagues in Latin America who are helping adolescents define a new identity for their masculinity. In other places men in uniform are being addressed to shed their traditional brutal identities. Elsewhere men have formed coalitions to stop violence against women. These and many more examples will be described and discussed in the next three days and I am sure these will provide us all with a great inspiration for our work.

In conclusion I would like to refer to the women's movement because we owe it a great debt for reinforcing the principles of equality and equity. The women's movement was built by women who saw a new vision for them selves. They were researchers and program managers and policy makers and service providers. But in the women's movement they were not restricted to their professional identities. They were struggling for a change in their personal lives as well. They were defining a future for themselves as individuals and as women. And at the same time they helped women all over the world to claim a new reality. It is time for us to follow in the footsteps of these women and build a similar movement of men. We have already started taking the first steps. What we need now is for these first steps to accelerate and congeal into a movement. Let this be a movement which includes professionals and the lay person, the rural and the urban, the leader and the follower, the poor and the rich, the black, the brown, the yellow and the white; you and me, all of us. Let us have the honesty to be able to relate personally to the dilemmas that are faced by the respondents of our research and the clients of our programs. Let us have the integrity and the humility to apply the lessons of our work to our personal lives. If we can do so – and do so regularly it will give us clarity and it will also give us strength.

I wish this conference success and all participants an enriching and very fruitful learning experience. I am confident we will witness the beginning of this new movement here. Thank you all.

Abhijit Das