

Men and SRHR: Complementing Women's Struggles

A Concept Note prepared by MenEngage

1. Introduction

MenEngage Alliance is a global alliance of over six hundred member organisations across X countries all over the world coming together with the common purpose of finding ways to strengthen the involvement and responsibility of men and boys towards gender equality. One of the strategic objectives of the MenEngage Alliance is to unite its six regional and nearly fifty country level networks and the hundreds of member organisations in a collective campaign to advance gender equality and improve sexual and reproductive health and rights (SRHR) for all. MenEngage will launch a global initiative in 2014 —with national and regional components—to promote improved SRHR for all by engaging men in SRHR and mobilizing men to support women's access to and use of SRHR services. The initiative will be developed and implemented in partnership with women's rights organizations, including SRHR organizations

This document provides background information regarding the rationale, principles and priorities of this initiative.

2. Rationale

SRHR: A Continuing Struggle for Women - The capacity to bear children is the most fundamental difference between women and men. In ancient times this capacity of women was revered and the many artefacts from ancient civilisations bear testimony to this. However with the march of civilisation and rise of patriarchy the control of women's sexuality and reproduction became a uniform feature of societies' across the globe. The twentieth century marks a significant passage in the history of women's struggle for reproductive and sexual rights with pioneers like Margaret Sanger and Marie Stopes challenging social norms and risking jail to establish women's ability to seek and use contraceptives to control child-bearing or to sexual pleasure. With the International Conference on Population and Development (ICPD Cario 1994) and the Fourth World Conference on Women (Beijing, 1995), the idea of Sexual and Reproductive Health and Rights entered the formal lexicon of policymaking, albeit not without a struggle. Twenty years on the story of women's struggle for reproductive and sexual rights is still not yet complete, with women's ability to seek abortion, contraception, or even to have a safe childbirth yet not secure in many countries and societies around the world.

The diversity of social and cultural norms around sexual association and reproduction are enormous across the world. In many religions celibacy or renunciation is an ideal form of reproductive and sexual state for the individual, and a state which allows for the closest communion with 'God'. On a different plane, many societies' allow polygamy while others frown upon more than one spouse at one time. Sexual relations between people of the same sex can be sanctified through marriage in some societies' while in others it is criminalised. The same societies' that idealise sexual relationships through marriage for themselves, not many years ago discouraged the same for their 'slaves. While most societies' are patrilocal – or the women are expected to move after marriage to their husband's home, a few are matrilocal with the men moving. Marriage is expected to be followed by reproduction and women who don't reproduce are often stigmatised in many societies'.

While women bear children, the rights over the child often belong to fathers in keeping with the overall patriarchal nature of society. In many cases the number of children that a woman has is subject not only to family pressures, but religious and nationalist aspirations as well. Thus even though there is a diversity of practice, women have little reproductive or sexual autonomy in any society across the world.

The understanding of equality and the universality of human rights is one of the most powerful ideas of the twentieth century. The idea of rights has not only allowed individuals and communities to define a new set of aspirations but has also brought into sharp focus a range of discriminations which are maintained by social norms and endorsed by religion and even the state. The many human rights struggles in streets and in conference rooms have led to a range of legal and policy reforms but many more remain. In many communities social norms remain inflexible despite formal legal reforms and many of these relate to sexuality and reproduction. Women suffer the most from these restrictive norms and the struggle for expanding the domain of rights and freedoms has been championed by the women's movement. In some instances the struggle for reproductive autonomy and that of sexual autonomy have not been aligned.

A brief history of the struggle SRHR - The struggle for sexual and reproductive rights of women has been one of the most intense struggles around women's rights in the 20th Century. In the early years of the 20th Century the struggle was centred around women's ability to access birth control or contraceptives. In the US there was a pre-existing law from the late nineteenth century, called Comstock Law which banned the sale and distribution of contraceptives and deemed it 'obscene'. Margaret Sanger, a nurse from England who had seen her own mother succumb to multiple childbirth, was instrumental in starting the birth control clinic in America. However her clinic was raided by the police and her work declared illegal. Margaret Sanger travelled to England and met with one of the pioneers of sexuality education Mary Stopes. Mary Stopes started one of the first family planning clinics in London besides writing a number of books the most popular being *Married Love*. Margaret Sanger continued facing harassment well into 1930's till in the case *United States vs One Package* 86 F.2d 737 (2d Cir 1934) Justice Augustus Hand declared contraceptives were not immoral or obscene devices when sold or distributed by doctors. However state laws banning the use of contraceptive by married women continued to hold force in many states in the US. In 1965 the Supreme Court of the US in the landmark case *Griswold vs Connecticut* held under the Constitutional protection to the right to privacy women could use contraceptives rejecting the provision of the Comstock Laws for the state of Connecticut. The provisions of the Comstock Laws were completely revoked only as late as 1983 over the entire country. The continued challenge to these laws was possible because of a long struggle by champions like Margaret Sanger, Emma Goldman and Mary Dennet.

Women's right to seek abortion has remained another contentious area where even today there are many countries where abortion services are illegal, and a large majority of countries allow abortion only under specific conditions. In the English speaking world, abortion was made a criminal act by laws in the 19th Century, even though abortion was conducted by various methods. The Comstock Law in the US also prevented the production and distribution of information around abortion and by 1910 all states in the US had anti-abortion laws. In France on the other hand abortion was discussed more openly by writers and thus considered to be a reasonably safe method under expert care to deal with unwanted pregnancies. Denied of such expert care women in the US and in England

resorted to unsafe methods for abortion and it was a dangerous procedure. The movement for the liberalisation of abortion laws started soon after that for contraceptives. Stella Browne, noted British feminist was among the foremost campaigners and spoke extensively on the need to acknowledge women's right to abortion in the 1920's. Other notable feminists joined the and soon an Abortion Law Reform Association was formed in 1936. In 1938 in the case *Rex vs Bourne* the doctor Aleck Bourne was held not guilty for performing an abortion on a 14 year old girl who had been raped. However formal legal reform in Britain had to wait till 1967, when free provision of abortion services was enabled through the NHS under the NHS Act. In the US the struggle against abortion intensified in the 1960's with a number of groups formed to mobilise opinion on abortion. These groups came together under a common umbrella National Abortion Rights Action League (NARAL). As a result of their activism individual states started decriminalising abortion till the landmark ruling in *Roe vs Wade* the Supreme Court held that Texas statute forbidding abortion was unconstitutional because it violated the right to privacy.

Abortion and contraception in different parts of the world remained within the strict control of the state and religious institutions. In particular countries with a strong Roman Catholic influence like those in Latin America and those with a strong Islamic influence continued to restrict women's ability to seek these services. In 1968 at the International Conference on Human Rights at Teheran, the idea of Reproductive Rights were born with the right of couples to access family planning services. However at the World Population Conference held in Bucharest in 1974 there was a strong opposition to family planning from countries like Algeria, Argentina and the Holy Seeⁱ, a pattern that was set to repeat itself with a slightly different cast of characters at different international population related meetings. However these population conferences were also instrumental in raising a global concern around rapid population growth especially in the Asian countries, leading to the establishment of Family Planning a key development agenda to be funded through bilateral and multilateral aid. However large family planning programmes in many countries like in India also ended up becoming extremely coercive and targeted women. In many countries these programmes were implemented through NGOs creating schisms between organisations implementing nationally or internationally determined family planning programs and women's organisations struggling for women's reproductive rights.

The globalisation of the women's movement took place in earnest after the UN organised the First World Conference on Women in Mexico City in 1975. This conference was the coming together of women's rights scholars and activists from different countries across the world where women's movements had already started. The idea of reproductive rights and the need for information and services to exercise this right was reaffirmed and linked the lack of reproductive health services to women's overall ability to exercise their human rights. In the years that followed a series of other global meetings and conferences like the Mexico Population Conference 1984, the Safe Motherhood Conference in Nairobi 1984 and processes like the UN Decade of women which culminated in the Nairobi Conference in 1985. These processes internationalised the demand for women's rights and drew increasing attention to the lack of women's access to reproductive health services and the lack of ability to exercise their reproductive rights. The struggle was intensified through the setting up of country level and regional women's rights and health rights organisations in different parts of the world. Some of these included DAWN (Developing Alternatives with Women for a New era), WGNRR (Women's Global Network for Reproductive Rights), LACWHN (Latin American Caribbean Women Health Network). With the internationalisation of the women's movement a larger range of sexual

and reproductive health issues including those like coercive population control, maternal health, female genital mutilation/cutting, early marriage and pregnancy, sexual violence and sexual identity were also included in the agenda. The collective energy of these organisations led to the massive participation of women's groups in the International Conference on Human Rights in Vienna in 1993, the International Conference on Population and Development in Cairo in 1994 and the Fourth World Conference on Women in Beijing in 1995. The current international consensus on women's rights as human rights, and Reproductive and Sexual Health and Rights is a result of the understanding achieved at these two landmark conferences. However the contest continues and a key challenge has been articulated as "the translation of this discursive shift into effective policies and programmes has been seriously limited by global economic processes and religious and cultural forces whose institutional power is far greater than any that feminist groups could possibly attain."ⁱⁱ This statement in many ways is a gauntlet that the work on men and boys on gender equality must pick up and address if they are going to be true allies to struggle that women have put up for a greater part of a century.

3. Men's in SRHR

Men's involvement and participation in these struggles has been marginal. Instead patriarchal norms of control of women's sexuality and reproduction are embedded in all structures of society, and men's involvement through their power and control is implied. Thus when a woman should marry or how many children she will bear are areas over which women in many parts of the world have little control. The ability to abort an unwanted pregnancy is denied to women in a large proportion of countries around the world. These controls are reinforced by many men in the family and in the society at large. Many men are also responsible for sexual violence against women and some even against women and sometimes girls in their own families. Widespread gender discrimination has benefited men and very few men have challenged the unequal privileges that men gain in the current gender order.

Men SRHR and the State - While women have been the principal subjects and agents in the history of SRHR, the marginal inclusion of 'men' in issues related to sexuality and reproduction emerges from a set of distinct concerns:

1. Overpopulation – Over population, especially in the global south remains a key concern of the global north. While men were once seen as an important family planning client, the availability of many more methods for women has shifted the attention to women.
2. Disease transmission, particularly HIV and AIDS – The increased vulnerability of women coupled with the higher prevalence of multi-partner sex among men, has brought men's sexual behaviour under scrutiny, particularly those of the global south.
3. Violence, particularly sexual violence – Men's violence on women, including sexual violence inside and outside marriage has now become an area of policy concern.
4. Homosexuality – Men who have sex with men have historically been stigmatised but of late they have come under intense scrutiny in many countries.

In addition to these four policy level concerns there is a fifth area which relates more to individual men's personal concerns.

5. Sexual health with a focus on sexual performance – While HIV and AIDS and STIs has resulted in some formal interest in men's sexual health, men in many countries, have been

extremely concerned with their own sexual health and sexual performance. Semen anxiety has been documented in South Asia and masturbation related myths are probably common in all cultures. In recent times the runaway sales of the drug 'sildenafil citrate' or Viagra is just one indication of the performance related concerns of men. However there are hardly any formal services available for this.

The underlying image that emerges (especially for a poor man from the South) is that of a violent irresponsible breeder who is also a sexual profligate, and sometimes engages in same sex behaviour. However this has not been the explicit articulation of the way in which men have been engaged in reproductive and sexual health related programming at different points in time. One of the most close encounters of men with SRHR issues has been through vasectomy (or male sterilisation programmes) programmes. In the US the organisation currently known as "EngenderHealth" started its life as Sterilisation League of America in 1937 with the purpose of improving racial stock through eugenic sterilisation, primarily of men because easy methods of female sterilisation methods were not available. It may be appropriate to mention here that sterilisation of men for eugenic purposes (mostly on Jews, Gypsies, and Blacks) was conducted widely by Nazi Germany and in other countries of Europe and in the USA. India, which started the world's first Family Planning programme in 1951, initially included a strong emphasis on vasectomy which was closely related to men's participation in the 'nation building' process and small families were being idealised as the national aspiration. As the ideas of humanrights with the fundamental principle of 'all human beings are born equal' gained currency after the Second World War, the practice of eugenics fell into disrepute. However, a new obsession grew –the fear of over-population and focus of population control were now the countries of the global south, most notably India. Mega vasectomy camps were started in India in the early 70's and male sterilisation as a policy approach reached its nadir during the days of "Emergency" when in a period of 18 months between x 1975 to y 1977 nearly 12 million vasectomy operations were conducted often dragging from off the streets. However India was not the only country to use vasectomies for population control purposes. It may be worthwhile to note that before abdominal mini-laparotomy and laparoscopic tubectomy become easily available in the 1980's all coercive sterilisation programmes in different countries of the world were primarily based on vasectomy, and thus men too have a traumatic history of state control and coercion around their sexual and reproductive health and rights.

Subsequently there have been various efforts to engage men within SRHR programming and many of these have tried to build upon men's gatekeeper roles in sexual and reproductive health related decision making – either reinforcing patriarchal control or their paternalistic empathy. It is only recently that a more critical examination of gender roles within hierarchical social structures is being built in to engage men in SRHR initiatives within a gender justice framework.

Box 1. Approaches to Involving Men in Sexual and Reproductive Health

APPROACH	PURPOSE & ASSUMPTIONS	PROGRAMMATIC IMPLICATIONS
TRADITIONAL FAMILY PLANNING FOR WOMEN	Increase contraceptive prevalence; reduce fertility Inclusion of men is not necessary from an efficiency standpoint	Contraceptive delivery to women, in the context of maternal and child health
-----1994 Cairo International Conference on Population and Development -----		
MEN AS CLIENTS	Address men's reproductive health needs	Extend same range of reproductive health services to men as to women Employ male health workers
MEN AS PARTNERS	Men have central role to play in supporting women's health	Recruit men to support women's health, e.g., teach husbands about danger signs in labor, how to develop transportation plans, the benefits of family planning for women's health
MEN AS AGENTS OF POSITIVE CHANGE	Promote gender equity as a means of improving men's and women's health and as an end in itself Addressing inequity requires full participation and cooperation of men	Paradigm shift in <i>how</i> programs are structured and services are delivered, whatever they are Broader range of activities, working with men as sexual partners, fathers, and community members

Men SRHR and Society - While the policy vision of men is somewhat 'pathologised', and men's own encounters with the state on SRHR issues has been problematic, society on the other hand has valorised men and their reproductive and sexual prowess, and these are part of the essential characters of being a man in most societies. Power, control, irresistibility, the ability to satisfy many women, the ability to sire sons are seen as desirable masculine traits in many cultures. In many cultures these traits are highlighted through specific rites of passage for boys who then become men. Today many of these socially desirable masculinity characteristics, where men's gendered power over women is implied, are often linked to behaviours which are gender discriminatory and violent, creating a vicious cycle, when seen from a gender equality perspective. This relationship of 'idealised' masculinity or 'hegemonic' masculinity and the social control of women's sexual and reproductive health is different in different cultures but the results are often the same.

If we take the example of South Asia, home to roughly 1.7 billion people, roughly 1/4th of the world's population, we find that masculinity norms are intricately in reproductive and sexual health related beliefs, customs and behaviours. There are a range of SRHR concerns in the region and if we examine some of them these relations become clear as indicated below:

Early Marriage – This has emerged as an area of global concern, and South Asia and Sub-Saharan Africa are the considered global hotspots. A study of history shows that concerns around early marriage were voiced over 130 years ago and the first laws were enacted over 80 years ago. Marriage in most parts of the sub-continent is a community and family issue with little individual autonomy of the parties concerned. It is closely linked to honour and purity with sexual chastity being linked with male concerns of honour and prestige linked with social class and caste. There is anxiety about sexual maturity of girls and father's fulfil their expected social roles by marrying their daughters early. Recognising that often the age at marriage is before puberty daughters are protected from sexual harm till she attains puberty and often a secondary 'going-away' event takes

place when she actually goes to her husband's home. To be married is often a sign of prestige with manhood and a rite of passage for boys in many places.

Early Childbearing – It may seem to be a natural corollary of early marriage, however it is not so. There is a social pressure or compulsion on women to prove their fertility (and men their ability to impregnate which also implies potency and performance) as soon as marriage takes place. Despite age at marriage increasing over time and in higher socio-economic groups, the use of contraceptives before first child birth is extremely low.

Declining Sex Ratio – This is slowly emerging as a key gender issue across the region, and is also closely related to declining family size and improving socioeconomic status. The value of the 'son' in the context of the social intergenerational responsibilities, and the accompanying discrimination against daughters is linked to social upward mobility and aspiration in a perverse manner.

Fathering – Being able to 'sire' is crucial to being a man, and being able to 'sire' boys more so. However a large proportion of families continue to be joint families so the physical distance of the man to his children is often high. As many families still live in a sex-segregated manner, the opportunities of a man handling his younger children is also infrequent. The interactions with the son as he grows older are aimed at toughening him to be a man. In many cases men also migrate for work, often leaving their families behind. In such a situation the social expectations from a man and his opportunities to participate in pregnancy and child care are limited.

However even within the region there are many variations in social expectations and behaviours, but there are some common social norms which affect SRHR in the present context. These include

- Issue of Honour embodied in Women – Protection and Control and Violence on Transgressions – Range of Socially sanctioned VAW Honour Killing to Punitive Rape
- Segregation of Personal and Public domains – Personal domain not open to public scrutiny- including media and law enforcement agencies making existing laws ineffective
- Range of culturally sanctioned gender discriminatory practices which affect SRHR
- Social hierarchies are morally sanctioned through religion, traditions, parochialisms/nationalism
- Large socio-economic changes driven by globalisation. These include rise in disposable incomes among some groups and impoverishment of others. A common phenomenon in most South Asian countries has been the large scale involvement of women in the formal workforce.
- Resistance to changes in patriarchal norms – seen as external cultural 'invasion' and related to identity; Strengthening fundamentalisms

Any attempt to change current SRHR related practices and existing gender norms in the region will need to be aware and understand and contend with these realities. Similar conditions exist in other regions of the global south. However these specific and diverse socio-cultural realities are not sufficiently understood and incorporated in common global development initiatives.

Men in the struggle for SRHR rights - While men have at best played a supportive role in women's struggle for Sexual and Reproductive Health Rights, the arena of HIV and AID, provides examples of

men taking the lead in addressing an SRHR issue, albeit in the interest of getting treatment. In the US where HIV and AIDS made the first headlines as the 'Gay Disease' the campaign by ACT UP an organisation of gay men was instrumental in getting treatment for HIV and AIDS accessible and affordable. A similar role was played by the Treatment Action Campaign (TAC) in South Africa who took the Government of South Africa to the Constitutional Court to universalise Anti Retro Viral treatment.

4. Men and SRHR – Need for an Alternate vision

The need to involve men and boys in SRHR issues was articulated in the ICPD Program of Action, however not much has been done on this account till date. A comprehensive approach to Sexual Reproductive Health and Rights, needs to acknowledge women's vulnerabilities as well as their leadership in defining an alternative vision in this domain. At the same time we need to understand the implicit power and control that men have over women's reproductive options through social norms. The norms also create 'compulsions' of idealised hegemonic masculinities which work through community expectations on individual men, whose actions and expectations constrain women's autonomy, affect her reproductive health status and her ability to exercise reproductive rights. An alternative vision needs to understand these linkages and help individual men and groups of men break free from these community expectations and assert their own and collective agency to establish a positive image of man as a loving and equal partner, a concerned and empowering father, sharing brother and above all a committed supporter and contributor to women's exercise and enjoyment of equal rights. As activists who are intensely concerned about gender equality our work convinces us that an alternative vision and role for men within the overall struggle is not only possible but many men are involved in these struggles as well. MenEngage, a global alliance of organisations working with men and boys on gender equality would like to take an initiative in understanding how it could work together with women's rights activists in different places in defining new roles for men and boys.

The overall objectives of this initiative would be as follows:

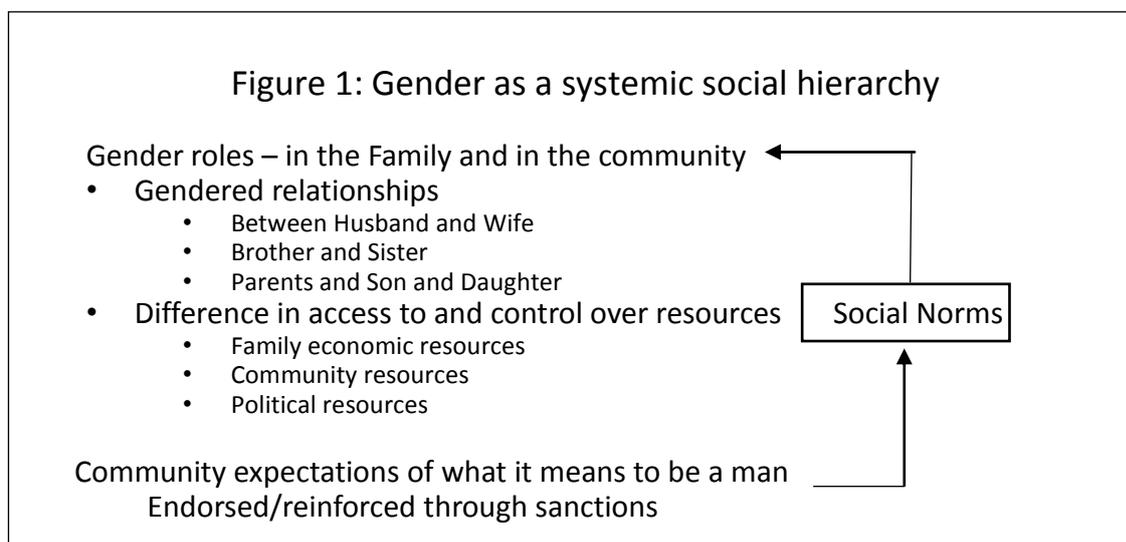
- Build Capacity among Network members at all levels
- Develop relationship with women's health rights movements and other organisations and social movements working on SRHR issues
- Support local, national and regional campaigns aimed at raising awareness among individuals and collectives of men to challenge existing gender discriminatory social norms adopt alternative SRHR behaviours
- Support and strengthen advocacy with state authorities and policy makers at the sub-national, national and global level to strengthen gender sensitive SRHR services for all

Considering the diversity among cultures and practices across the world the following section of the concept note outlines some broad principles that Network members could be mindful of while developing their independent action plans keeping in mind local priorities and realities.

6. From Vision to Reality : Some Guiding Principles

Developing a grounded understanding of local realities - The exercise of men's power over women's reproductive and sexual health realities happens through similar and diverse ways throughout the world. There are reinforced by the compulsions and community expectations of

what it means to be a man in that part of the world. In order to change current realities we need to understand these first. The power and influence of collective expectations is particularly strong on men and thus they often go to great lengths, taking risks to prove that they are indeed men. This leads to a situation where individual men behave in ways which are not born out of convictions but what they think will reflect their worth in society. In such circumstances individual behaviour change, especially in the domain of reproductive and sexual health may be difficult to initiate and sustain. Collective decisions to punish individual transgressions by men (by marrying outside the caste boundaries) through traditional institutions like the khap panchayat in countries like India, prove the power of these collective expectations over individual men. These social norms are often reinforced by strong belief systems which endorse the subordination of women (See graphic below). It may be difficult to fundamentally and sustainably change the relationship between women and men without understanding these ideologies or belief systems and challenging these in the interests of equality and gender justice.



Many of the countries of the global south are also post-colonial countries and as such may have social reform laws from the colonial period or have newer and more egalitarian legal frameworks developed through international cooperation and support. It may be worthwhile to explore the social support that the laws relating to women’s status enjoy. In many cases there may be laws and policies which support women’s access to reproductive health services, but the collective apathy or the lack of support of service providers and/or law enforcement agencies ensures that the law concerned remains substantively unimplemented. In India there are a spate of policy provisions which have suffered this fate including the laws against early marriage, dowry, and abortion. Local patriarchies maintain their status quo through such subversions of well-meaning development efforts. However traditional societies’ are also constantly negotiating a process of change, retaining their fundamental patriarchal control but at the same time giving space to some new aspirations for and of women. The current globalised neo-liberal economic paradigm provides perfect opportunities for this social negotiation. In India thus we find women getting greater access to economic resources for engaging with the market, but marriages take place within family determined parameters, dowry receives a market fillip, and son preference has spread. At another plane women’s mobility has increased and more young women and men are engaging in pre-marital sex. However the burden of

contraception remains with women (often limited to emergency contraceptives), and marriage for both boys and girls remain family determined arrangements.

Solidarity with Women's Struggles - A key challenge for locating a new intervention for changing gendered relations in society will be to map the local arena/theatre of social change actions and interventions. With the internationalising of development aspirations through processes like the MDGs and SDGs, there is an opening up of the development 'field' in many countries. International development organisations (INGOs) and in some instances indigenous development organisations (NGOs) are funded and tasked with responsibility of supporting the government to implement the plans which are expected to fulfil these development aspirations. Reproductive health issues like contraceptive use and maternal health services square fall in this set of actions. On the other hand in these same countries indigenous women's groups, human rights groups and social movements are often locked in struggles for greater autonomy and issues like abortion rights and LGBT rights, especially where they are not legal. As a group which aims at fundamental changes in social relations (between women and men within the domain of reproduction and sexuality) one needs to be mindful of the differences between these two seemingly similar actors and be conscious how its actions affect others, especially the autonomous social movements and women's right's groups.

Another area of concern which has been highlighted by women's groups in different places and at different times relates to what they feel is a disproportionate donor interest in funding 'work with men' instead of the more fundamentally important work on securing women's rights and women's empowerment. In the domain of SRHR there are areas which may be contrary to the state's interests and these usually receive less funding support from state and private donors. As one develops the contours of the work with men on SRHR issues one needs to negotiate ones relationships with different organisations working on SRHR issues, especially those groups which are working at the boundaries of what the state considers acceptable. It is important to recognise that SRHR has for long remained a contested area and is still such. The many advances in the field of SRHR have been possible because of women and women's groups who have challenged conventional wisdom and legal boundaries, and the work with men should be extremely careful not to make these groups feel isolated or ignored. At the practical level, MenEngage partners should aim at involving activists from among women's autonomous struggles in the overall planning, implementation and review of their work. A big risk that we should keep in mind is that our work should not be seen as the work by men with men and for men or even for women on SRHR issues, with little relationship or synergy with the grounded struggles of women in that particular region.

Accountability for Men's Actions – While we develop and execute our own work on SRHR at the community level or campaign collectively, there will be instances of violence against women by men and of violation of women's rights even by state agencies. It is important for MenEngage Network members to take cognizance of these events and actions and understand and ally with the responses of the women's movement. The plans and activities with men needs to be constantly mindful of the local gender and SRHR environment and respond accordingly. This consciousness of how men are usually implicated in gender related violations and taking appropriate actions will help strengthen the solidarity with local women's groups and their struggles.

Reflections on Male Privilege and Action for Change – The work with men and boys on gender transformative changes has shown that critical reflection by men is a crucial process in the overall process. No matter what approach is adopted, it must provide opportunities to men to reflect on

their own personal relationships with women in their lives. This process of reflection allows men and boys to understand the hierarchical nature of social relationship and their own personal position and privileges. This understanding of privilege within an overall framework of gender equality and social justice is a powerful motivation for personal change. In India, in usually sex-segregated social situations, individual men experience the change most intensely in personal relationships with the women in their lives. And these changes can manifest in many domains of personal relations – from sexual intimacies to more prosaic increase in participation in childcare or domestic chores to supporting mobility to fulfil a woman's own desires. Thus the program interventions and messaging should not only be for limited SRHR action like 'contraceptive use' but locate it within the broad spectrum of discriminatory social norms affecting women's social and reproductive autonomy. At the same time one needs to be conscious of paternalism and avoid the protectionism trap. The idea of women's safety and protection (from violence and other kinds of rights violations) is a good first idea to engage men's interest, but one needs to be cognizant that this idea sits well within the accepted framework of patriarchy and the imperatives of idealised masculinity.

Developing a New Grounded and Collective Aspiration for Change – Many traditional communities in developing countries are engaged in an intense struggle with the forces of neo-liberal modernisation. Ceding control over women is one area where traditional societies are most cautious and vulnerable; and this campaign is specifically calling for this. Rising fundamentalisms in many parts of the world is a testimony to the threat traditional patriarchies and masculinities are feeling from new and perceived 'foreign' ideas. To call for changes in public policy and programming without building sufficient support for the changed 'ideals' is often ineffective in many traditional societies. Thus an important part of the current initiative will be to build a locally relevant 'case' or logic for changes in gender relations which has sufficient collective resonance among men. The idea of 'sin' or 'illegal', which have been used in India for addressing sex selection leading to decline in female sex ratio, were both found to be counterproductive. In the first case it used a moral framework which justified other discriminatory practices and actually backfired by signalling abortion as a 'sin', and compromising women's access to safe abortion. In the second case, the ineffectiveness stemmed from fact that the whole set of laws aimed at improving women's social status are not taken seriously, as they do not reflect community aspiration, and thus none of them have been seriously implemented.

Thus a key component and a significant challenge in the whole campaign will be for individual men who value the gendered change in their own relations and SRHR related behaviours to work together and create peer groups and allies to share the same values of equality and gender justice. A new grounded logic will need to be developed which resonates with current community aspirations while at the same time moves the locus of control within existing gendered relations significantly towards the direction of women and girls. It is not as difficult as it sounds because in most countries a case for greater participation of women in public life, or for improved health services for women has already been created. Without the creation of this grounded collective aspiration for changes in gender relations it may be difficult for individual men to sustain the changes since idealised masculinities are reinforced through collective expectations of men and the cycle depicted in Figure 1, and that needs to be broken and reshaped.

Changing Public Policy and Programming – This is often seen as the key advocacy ask for social changes at the grassroots level and the logic of international agreements and monitoring their

progress is often predicated on this understanding. International development aid is often linked to country level progress on agreed international indicator, and this in itself spawns a new industry of monitoring and evaluation. At the same time lauding individual countries for the progress they have made becomes the international equivalent of the 'operant conditioning' logic for behaviour change that many development interventions adopt at the individual level. However there are a host of factors including system capacity, adequate funding support, corruption/lack of oversight and 'governmentality' which prevent a large number of countries to achieve the desired changes. In the field of RSHR the challenges to change are particularly high since many countries even contest the desired changes at the international level. An example of this can be seen in the fact that over fifty countries have entered reservations into their acceptance/ ratification of CEDAW, and till date none of these have been removed. A large of these reservations are on Articles 5 and 16 which deal with customary practices, marriage and family relations, clearly issues of sexual and reproductive health and rights. However this does not negate the value in international agreements, but it is clear these are not sufficient in themselves to improve public policy actions.

MenEngage Network members are in a unique position to call for improved policy actions to support women's access to reproductive health services, including services for men especially in the domains of contraception and STI/HIV and AIDS, at the country and sub-national levels. This call for policy action at the local level is essential for activating public services around many of the national and international commitments and can extend to specific local demands. However these demands must be made in partnership with women's organisations, so that these are not made on behalf of women, which can be seen as a patronising action. Also this call for public policy must be preceded by groups of men working/reflecting on their own gender value systems and SRHR related behaviours. This will ensure there is consonance between their own actions and their policy ask.

Caution in designing and vigilance in implementing Local Action Plans - Working with men on social change can be both risky and very exciting at the same time. Men have traditionally wielded power and control over women and enjoyed a large number of social privileges. Men will not relinquish this easily. However not all men hold supreme authority at all points in time even though they aspire to do so. It is this charisma of hegemonic or idealised masculinity that compels men in subordinate positions to replicate the same actions that maintain social norms. Working with men on SRHR allows men to reflect of their own actions and its consequences on the lives of who they claim to cherish. This examination of power and privilege and the consequences of the actions emerging from these on the lives of other, allows men an opportunity to reflect on their other social relations. Patriarchy and hegemonic masculinity reinforce each other through the interplay of a series of hierarchical social relationships in most traditional societies. These could be race, ethnicity, social class, religious majoritarianism and many other specific axes of social power in different places. The examination of gendered relations and the appreciation of equality as an intrinsic social aspiration, can inspire men to work in other areas of social justice. If the work proceeds in this direction it emerges as truly transformative and has tremendous potential is becoming the vanguard for far reaching social change. However at the same time one needs to be cautious about the very acquisitive nature masculinity and the exercise of subversive control by patriarch. It is possible that men individually and in collectives in the name of supporting women's welfare adopt the paternal approach and at the same time subtly increase their own power and control over women, subverting the entire process.

Wishing all MenEngage Network members and associates the very best in developing and executing this exciting work together and in partnerships.

ⁱ World Population Policies : Their Origin, Evolution and Impact ; John F May 2012 Springer

ⁱⁱ Reproductive and Sexual Rights: Charting the Course of Transnational Women's NGOs; Rosalind Petchesky, UNRISD 2000