

Putting Men's Reproductive Health on the Agenda: A vital Ingredient for Successful Implementation of Reproductive Health Programs?

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Background:

Taken within the framework of the World Health Organisation (WHO) definition of health, reproductive health implies that individuals are able to have a responsible, satisfying and safe sex life, and that they can reproduce and are free to choose if, when and how often to reproduce(1).

Within this context, the essential facets of reproductive health include;

- Responsible sexual and reproductive behaviour within a given social and cultural setting
- Prevention and management of infertility
- Elimination of unsafe abortion
- Prevention and management of genital tract cancers
- Prevention and control of reproductive tract infections
- Availability of a wide range of contraceptive methods and services
- Availability of quality effective and accessible antenatal care and safe motherhood.

The concept of reproductive health and its importance has been gaining momentum and popularity in Zambia in the past decade. Policy makers and donors have been sensitive to the reproductive health needs, of the Zambian population, especially women. This has culminated in reproductive health being one of the six health thrusts at the primary care level under the health reforms.

From the above list of essential elements of reproductive health, it is evident that both men and women have reproductive health needs. Even more crucial, because it takes a union between a man and a woman to complete the requirements of heterosexual sex relations and reproduction, it becomes clear that the reproductive health needs of men and women are intricately linked; and can not be taken in isolation.

However, the reality is that in the last few years more attention has

been focused on women's reproductive health. Indeed, the term reproductive health is becoming synonymous with women's reproductive health. When men are discussed in reproductive health, it is usually 'male involvement in reproductive health'.

In this paper we discuss the issue of addressing and meeting the unmet need for men's reproductive health.

Why address men's reproductive health?

There is a need for planners, funding organisations, health care providers and policy makers to re-evaluate and critically examine the issue of men's reproductive health needs. The authors of this paper are not trying to convince any of the above categories of stakeholders on the need to provide reproductive health services for men; because we believe that they ought to be converts already.

The reproductive health needs of men and women are intricately related. We will now tackle some of the elements of reproductive health services and justify the need for investing in reproductive health services for men

· *Definition of RH:* From the definition of reproductive health, it is clear that men also have a right to be enabled to have a responsible, safe and satisfying sex life and choose to reproduce if, when and how often to reproduce.

· *Prevention and management of infertility:* It is well known that men are as likely to the reason for infertility in a couple as women. However, women are often blamed for infertility. Quite often, apart from shouldering the blame, if any medical attention is to be sought, it's the woman who undergoes extensive investigation, before attention is turned to the man. This is despite the fact the investigation for men are probably simpler and would yield quicker results. Much of this agony suffered by women could be changed by preventing infertility among men (and women of course) as well as providing and publicising services such

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as semen analysis.

· *Elimination of unsafe abortion:* Since the desire for abortion probably is symptomatic of lack or failure of contraception, it is plausible that empowering men with up-to-date information on various methods of contraception and dangers of unsafe abortions could impact positively on the situation regarding unsafe abortions. It is possible that unreasonable or irresponsible behaviour among some men creates the despair and desperation, which drives some women to unsafe abortions.

· *Prevention and management of genital tract cancers:* Cancers such as cancer of the penis, testes or prostate impact negatively on the reproductive health of men and their spouses, since treatment for these usually leave the man infertile. However, presently more is said about cancer of the cervix and not much about the cancers of the male.

· *Prevention and control of reproductive tract infections:* Sexually transmitted infections in men can affect the reproductive health of men and their spouses as well as unborn children. Considering that sexually transmissible infections tend to be asymptomatic in women, strengthening STD control in men, and tracing and treating their female partners is a key strategy for controlling STDs and their complications in women. Moreover, since cervical cancer and cancers of the vulva are now to be linked to infection with human papilloma virus, the causative agent for genital warts, assertive STD control in men can prevent genital cancers in women.

Putting Men's Reproductive Health on the Agenda: current situation

The WHO definition of reproductive health makes it clear that men also have their reproductive health needs. For example, problems like impotence, male infertility, male genital cancers etc, impact negatively on the reproductive health status of the female spouses of the afflicted men. Yet current perceptions of reproductive health seem to assume that reproductive health needs of women arise from factors directly afflicting women. In the Zambian context, the current situation seems at best to put men's reproductive health needs in the back seat; and at worst ignore them all together. Before focus-

ing on the issue of men's reproductive health, we present some highlights of the problematic aspects of the existing programs and services:

· Current location of RH services in MCH clinics creates a bias towards women. Indeed experience with youth friendly services which were supported by the UNICEF syphilis screening project for pregnant women () showed that boys felt out of place going for youth friendly services in MCH/FP clinics. Also, on the same project, targeting women with IEC and provision of routine screening, at antenatal clinics resulted in conflicts in some situations when RPR positive women told their husbands who may not have been aware of the programme. Also, most men indicated that they found it difficult to go to antenatal clinics because they felt out of place.

· men's reproductive health seems to be limited to male methods of family planning, (condoms, vasectomy...etc), which is only one element of men's reproductive health. To illustrate the range of men's reproductive health problems which need attention in their own right, we present data from the UTH urology clinic. Table 1 shows the scope of men's reproductive health problems.

· The few services for men tend to address men only, in a similar way as the old programs addressed women only without taking into account their gender relations. A focus on men only is as inadequate as those for women only because it fails to take into account the way in which many decisions are made and the context that influences them.

-- they tend to be based on negative premises, viewing men as the problem, rather than a positive one of promotion of men's rights or viewing men as potential solutions to present problems.

-- They tend to view men as a

route for women's well being and consequently fail to address men's reproductive health needs.

-- More is known about reproductive health problems and needs of women than men.

-- The process of formulating reproductive health policy and plan of action has tended to have an over representation of health care professionals engaged in women's reproductive health service delivery (such as obstetricians/gynaecologists, midwives etc). The urologist who normally deals with men's reproductive health problems (eg infertility, impotence, prostate problems etc) has hardly been seen as an integral part of the reproductive health team.

-- Reproductive health services such as family planning, antenatal and deliveries tend to be provided in settings and situations that makes them very male unfriendly. Furthermore, the attitudes of health care providers towards men who visit women's reproductive health services has also been negative. There are more health workers at all levels (midwives etc) who are competent at dealing with women's RH needs than there are health workers who can competently provide services for men's reproductive health problems. In fact most men's RH services (other than treatment for STDs) are mainly provided in urology clinics.

Table: Complications of STDs in Urology clinic in year 1999

Disease	No. of patients	Percentage
Periurethritis	53	13
Periurethral abscess	33	7
Urethral Stricture	224	54
Prostatitis	54	13
Prostatic Abscess	12	3
Epididymitis	19	5
Testicular atrophy and infertility	21	5
Total	419	100

The problems cited above emanate from a combination of factors, including:

· A female bias in the gender literature, and the consequent lack of knowledge of the male side of the gender. The gender literature tends to be by women on women and probably for women. It is probable that reproductive health has temporarily entangled itself with

feminism. Such entanglement could only serve to narrow the reproductive health agenda, missing valuable opportunities for meaningful action in the process.

- The way in which programs were traditionally institutionalised, through the maternal and child health wings of the Ministry of Health, that focused on women and children and barred men from access to services and from exercising a number of responsibilities in the area of reproductive health of their wives and health of their children. Examples of this include negative attitudes and lack of facilities to encourage men to accompany their wives to under-five clinics, antenatal or family planning clinics.
- Commonly held myths and erroneous assumptions about men's views of family planning, sexuality and health. The lack of data to understand male perspectives and the extent of their involvement in reproductive health issues. The survey most relied upon for reproductive health programs usually ask questions only of women, assuming that they are the ones who make the decisions regarding reproduction and that the men are either not involved or marginally involved.

Discussion:

The existing situation in Zambia would not seem to be favourable for meaningful implementation of reproductive health services, not least because of the glaring lack of recognition of men's needs and their role in reproductive health. There is often talk of 'getting men involved in RH'. Such statements manifest a failure to grasp a fundamental fact: men are already involved in reproductive health. They are involved as individuals with their own RH needs, as sexual partners of women, as heads of households and as parents.

An important question now should be what should be the role of men in women's RH? Whether or not men's involvement in women's RH at present is seen as negative or minimal should not be taken at face value. It should prompt questions about the underlying reasons. For example, could lack of information, a feeling of exclusion and traditional mysteries and privacy associated with women's RH play a role? Each of these factors would of course require a different prescription, hence the need to elucidate underlying reasons.

Bearing in mind the intricate link between men's and women's RH

needs, and the fact that quite often men find themselves in positions of power and authority in the home, every effort should be made to tap this power and authority for the benefit of men, women and children. To do otherwise would be to miss an opportunity for making a meaningful impact in the strengthening of RH services for all.

Putting men's reproductive health on the agenda: way forward

The road towards the realisation of sound and meaningful reproductive health services in Zambia is probably lined with posters drawing attention to the fact that both men and women have reproductive health needs which are mutually enhancing and complementary. To draw a false dichotomy between the reproductive health needs of men and women is to ignore the fundamental biological requirement for union between males and females to reproduce.

What considerations should shape the way forward?

- Endorse the concept of men's reproductive and sexual health, noting that this is not a new program but rather a strategy for developing and reinforcing linkages between components of reproductive health. A gender perspective is a fundamental underlying aspect of the reproductive health approach.
- Sharing this understanding of men's reproductive health at country level and to advocate a country-led, broad-based participatory process for identifying sexual and reproductive health needs and developing strategies and activities to address them.
- The national authorities critically review existing programs and services which address reproductive health concerns (safe motherhood, family planning, STD management, HIV/AIDS control ... etc.) and to add men's reproductive health to complete a successful reproductive health program for the

whole nation.

- The national level is necessary to strengthen and/or develop in-country networking and co-ordination between partners and across sectors.
- The gathering of information on all activities relevant to men's reproductive and sexual health and to share it with all interested parties.
- All efforts must be made to strengthen networking, starting at the country level and subsequently expanding regionally, using whatever mechanisms are feasible, particularly the consolidation of existing ones.(5)
- Integrated RH should also mean integration of services for dealing with men and women's RH needs.
- Identify ways in which dealing with men's RH problems reduces suffering in men, and their spouses.
- Identify ways in which men as key stake holders in women's RH (as husbands or fathers) could be mobilised and enlightened to make a positive contribution towards achievement of women's RH needs.
- Give men a chance to be knowledgeable and enlightened about their own RH needs as well as those of women.

Practical action points:

The following are the suggested actions that would result in addressing men's RH needs:

- Critically review the RH policy and the implementation programme looking for missed opportunities to address men's RH needs
- Carry out a national health facility survey to determine existing capacity (manpower and infrastructure) for providing men's RH services
- Research on the impact of men's RH problems on their spouses
- Carry out a needs assessment for men's RH
- Critically examine how to integrate men's and women's RH services in a mutually beneficial and culturally acceptable way.
- Cost-benefit analysis of the implementation of meeting men's RH services

Conclusion:

In conclusion, there is an urgent need to put men's reproductive health in the reproductive health programs. Prior to that, it is necessary to pilot test comprehensive projects in several settings to identify successful innovations and to learn about their implementation process. There is also a continued need for advocacy as well as for leadership and management development. Support from Government, financial assistance from donors and advocacy and program development by NGOs will accelerate the process.

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