Involving Men as Providers and Clients in Community-Based Reproductive Health Care

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PLANNED PARENTHOOD GLOBAL

NICHD Workshop
Monday, July 16, 2012

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Involving Men

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Where We Work

Our Offices

- New York, NY
- Washington, DC
- Miami, FL
- Guatemala City, Guatemala
- Abuja, Nigeria
- Khartoum, Sudan
- Nairobi, Kenya

Where We Work

1. Guatemala
2. Nicaragua
3. Costa Rica
4. Ecuador
5. Peru
6. Nigeria
7. Sudan
8. South Sudan
9. Ethiopia
10. Kenya

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Men as Patients and Providers

- Fathers
- Provider–Advocates
- Community Health Workers
- Religious Leaders
- Community Health Workers
- Youth Peer Providers

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Fathers

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Provider–Advocates

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Religious Leaders

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Community Health Workers

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Youth Peer Providers

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Sexo Tips Radio

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Street Parties

Introduction Slide.

Good afternoon. Intro? It is a pleasure to join my colleagues here at NIH this afternoon to talk about what is a crucial topic for those of us implementing development programs overseas. I've told some of you that know me, I went from working almost 2 decades overseas with the UN and later USAID. My job was to help countries implement human rights doctrines. My job was to ensure countries respected and protected sexual and reproductive health. It was a bit of a whirlwind to come back to the US in the middle of a huge fight about women's health. So, while I head up all that is international for my organization, it's difficult to talk about the work that Planned Parenthood Global does without drawing some correlations to the work that PPFA does domestically. My presentation will focus on the practical aspects of involving men in reproductive health programs and those models that we have found successful over the last 40 years of doing this work.

Involving Men:

Research, experience on the ground and common sense all confirm that women's empowerment cannot be achieved without men.

Half of society cannot advance without the full participation of the other half. And that means full participation.

Men's roles in society are complex. They are sons, brothers, fathers and husbands. And that certainly means different things for different cultures. I grew up in an all Black community in West Philadelphia, and our cultural norms were far more similar to the Italian American community across town than the Puerto Rican community some blocks

over. Men are often, heads of households and societal leaders who hold power and influence over family and community resources. In many places around the world, the health and empowerment of women rests disproportionately in the hands of men. And research shows that how those resources are allocated depends heavily upon the extent to which men value women.

Involving men fully in family health and women's empowerment therefore requires engaging them at every level: as patients, parents and partners.

Where We Work:

So that we are clear on which ethnicities I speak of, Planned Parenthood Global works in both Latin America and Africa. Every decade we decided to focus on two regions and five target countries. In LA, we are in _____. In Africa, we are in _____. We also have regional programs that span a larger set of countries. However, in the target countries we are usually at a tipping point and feel that PPFA has a comparative niche to help move the sector forward. We are largely in indigenous or very marginalized areas of those countries. In every country where we work, Planned Parenthood Global strives to involve men as both program implementers and the target population.

Men as Patients and Providers – Fathers, Provider Advocates, Community Health Workers, Religious Leaders, Youth Peer Providers

These are the five models I'd like to share for our programs in Latin America and Sub-Saharan Africa where we have

successfully partnered with men to reach men (as patients, providers, and partners).

Our philosophy is to support locally-grown programs tailored to the specific needs of a given community. Within the communities where we work, a fully integrated piece of meeting community needs includes addressing the specific needs of men and boys.

We support partnerships with health care providers and professional health networks, community outreach campaigns, religious institutions, and youth leadership programs in pursuit of this goal.

Fathers

Respectfully involving men as partners requires first and foremost recognizing their specific family needs and goals.

Often reproductive health care interventions focus on women's desire to plan and space births. These days, however, we recognize that men, too have a stake in when and how often they become fathers. They have fertility desires and disease prevention needs of their own.

These needs and desires must be reflected in programs aimed at promoting family planning use. Similarly, promoting the use of condoms to prevent both unintended pregnancy and the spread of STIs cannot focus solely on protecting women from men as the carriers of potential risk. The programs our partners run aim to protect both partners from undesired health outcomes and support couples in family planning and decision making.

Let's talk a little about this concept of fathers as gatekeepers…in some cultures where they prevent women

from using contraceptive. PP Global has taken a particular approach in this regard..talking to men about their own reproductive health .... as well as mortality and dangerous outcomes for women and families who want to space their children. This normally provides an opening in the gate. Frankly, this is a far easier gate to open than ethnic, class, and language barriers to services.

Provider Advocates

Some of the most outspoken advocates of women's health around the world are male health care providers. Male OB/GYN, for example, see first hand the consequences of high rates of unintended pregnancy. They attend the deliveries of risky pregnancies and complete botched abortions when women are forced to seek unsafe procedures.

They speak up for women's health even when women's voices are silenced. Dr. Nyamu, pictured, spent more than one year in jail after being falsely accused of abortion related murder during a highly politicized case in Kenya. Despite this trauma, he remained a staunch defender of women's health and rights during Kenya's constitutional reform process, helping to lead the coalition that successfully fought for expanded rights for Kenyan women.

In Sudan, we work to engage male providers in expanding women's access to family planning services. There is a group of OB/GYNs that we work with who have been the real stewards of change for reproductive health services for women. In addition to providing services, they are advocates for a community based health system that will address the great needs for family planning and obstetric

services. They have created a forum where female doctors reach out to train more obstetric nurses and midwives.

Religious Leaders

In northern Nigeria, the male leadership of the leading Evangelical church officially opposed the use of birth control. We partnered with them to help put their community's needs in perspective. The process took time. Our first grant to the church paid for new sheets in the maternity ward of their health center, the lowest common denominator of women's health needs we could agree upon. After values clarification exercises (and a lot of empirical data collection on our side), however, the leadership weighed their opposition to family planning against the extremely high rates of maternal mortality in the area. They decided they were more opposed to women dying than they were to birth control and thus began our eight year partnership to expand women's access to life-saving prevention methods in several states. Today, the church's clinics and the private health centers they support through sub grants of our support, all fully integrate HIV and reproductive health services, promote voluntary family planning and even provide post-abortion care.

Recently I visited our programs in Peru and had an opportunity to spend a day with shamans or traditional healers in the remote areas of the country. Our partnership with this group started with the same conversation…mothers dying – mostly from unsafe abortions and the need to change this course. The shamans, who started integrating modern medicines in their practice some time ago, are working with us on approaches to do so with modern contraceptives including long acting methods. Involving

these male leaders has helped in local advocacy as well, where our goal is to get every governor to allocate a budget line item for maternal health. So far our partners have been successful in several states.

Community Health Workers

Central to Planned Parenthood Global's mission is tailoring health care to the communities in which we work and ensuring that our partners can bring care to people where they are. In Latin America we work to bring care to remote communities desperately lacking in access to health care. We achieve this by partnering with local organizations already serving communities not reached by anyone else and helping those organizations to incorporate reproductive health care into the work that they do. For example, in Peru we work with a sustainable development organization working on land preservation in river communities along the tributary rivers of the Amazon. These all but inaccessible communities have limited access to resources of any kind. The nearest health center or school is often a long boat ride away. We work with our partners to train community members as contraceptive counselors to serve as the local supply of condoms and birth control for his/her village. As many of the organizers working for the development organization were many, these men have taken on the role of local counselor. In this photo you can see one such volunteer advising his neighbor on which method to select to best meet her needs.

Other great programs that we run for instance in Nigeria that focus on male to male family planning counseling at gas stations. We have worked with a great local org that focused on economic empowerment and introduced the

community health/family planning project. It is phenomenal visiting these gentlemen who I feel have gained so much more from this program than education and information. They are respected by their colleagues and they offer a service that I'm not sure could have reached young males other than through this program. We have many female programs, but they are different, necessarily. The males often have to dispel myths about birth control and are crucial to getting men referred to clinics for STI/HIV testing.

Youth Peer Providers

Successfully engaging men requires doing so early. Planned Parenthood Global's youth peer provider program combines peer education training with community health outreach training, empowering young people to serve as contraceptive counselors in their own right.

Young people are matched with local health centers, provide pills and condoms and even injectables for other young people, provide advice on the best ways to avoid unintended pregnancy and STIs and, when needed, refer youth for professional medical care.

The success of this program in every country where it is implemented has hinged on male involvement. From the slums of Nairobi to rural Nicaragua, young men serve as full participants in helping the next generation stay healthy and stay in school, where they have particular success. They are used as resources for introducing life skill activities and games all the way to counseling young couples on emergency contraception.

Street Parties

In Ethiopia, for example, Youth Peer Providers have expanded the program beyond individual counseling. Our partners organize street parties for youth and communities, performing concerts, skits and passing out health information to recruit new clients.

Local government leaders are often engaged in these events, male and female (although still overwhelmingly male). They hold a particular influence, like their colleagues in the religious sect, when it comes to resources for sexual and reproductive health. Advocacy with this group is essential for programs. Providing them information on these issues is just the beginning. We train our partner organizations to always include them in the planning, invite them to speak to the youth, and respect their role in making the environment friendlier for family planning.

And although, PP Global does not manage such programs, I have in the past managed successful models working with the military on sexual and reproductive health education. Providing soldiers/peace keepers with information on the reproductive needs of women and girls go a long way to preventing atrocities and ensuring healthy environments during conflict.

Sexo Tips Radio

In Guatemala, youth peer provider DJs produce the call in radio show Sexo Tips where they answer questions from peers about puberty, sex and relationships. Through the airwaves, and internet streaming, they reach young men and women across the country, in Mexico and even young Latinos tuning in from California. The program is so popular

they routinely overwhelm the server of local radio station Maya FM.

Our hope is to continue to engage new technology to reach the next generation of young men and involve them as partners from day one. We are exploring opportunities to customize online and mobile apps on sexuality. We are finding that just as many young men are accessing information on PPOL. These include 'am I pregnant', 'do I have an STI', and of course young men are using in equal numbers the text and chat features that allow them to talk directly to a peer educator. These technologies are increasing male clinic appts across this country and we are confident it will do the same overseas.

Allow me just a few more minutes to discuss violence and reproductive health as my last reference. It was one of the cultural taboos we hoped to dispel with the radio program because of cultural ideas of manhood and aggressive behavior toward sexuality. These are some of the root culprits leading to high sexual violence, mostly unreported and at very young ages. We are especially concerned about the general decline in teenage pregnancy but an increase in the number of 10-14 year old pregnancies.

In conclusion, I hope some of these examples have been helpful in our thinking about resolving racial and ethnic disparities in pregnancy outcomes. I welcome an opportunity to provide clarifications and answer any specific questions you might have.