



Male Involvement is Key to Reproductive Health



I. The Issues

Despite many advances in overall health, reproductive health in Cambodia could be improved. Family planning and reproductive health are often portrayed as women's responsibilities, few male contraceptive methods are available, and RH services are typically provided through MCH programs. Similarly, providers often fail to include partners when serving female clients especially when they have problems relating to RH. Moreover, the MCH training curriculum, for health promotion as well as for clinic at care, does not include male responsibility. More importantly, the Ministry of Health's Strategic Plan does not include indicators on men such as number of partner referrals at STI clinics, number of services available to men at MCH clinics, etc.

Around the world, men play critical roles in women's ability to seek health care, yet, more often than not, they are uninformed about women's reproductive health needs or their own.

It is believed that when male and female aware of each other's health needs, they are more likely to receive needed services.¹

Involving men will be important to achieving Cambodia's Millennium Development Goals.²

"Special efforts should be made to emphasize men's shared responsibility and promote their active involvement in responsible parenthood, sexual and reproductive behaviour (ICPD)"³

In Cambodia, many decisions – including decisions about whether and when to seek health care – are made by men. This is one of the major causes of having gender inequity in reproductive health. The 1994 International Conference on Population and Development (ICPD) held in Cairo, Egypt called for male involvement in reproductive health programs to overcome gender inequities and improve the health of both men and women.⁴

II. What is "male involvement"?

The word "Reproductive Health" implies both men and women. Men are partners in reproduction and sexuality. Men's reproductive health and their behaviors impact on women's reproductive health and children's well-being and society as well. Comprehensive male involvement includes:

1. Encouraging men to become more involved and supportive of women's needs, choices, and rights in sexual and reproductive health; and
2. Addressing men's own sexual and reproductive health needs and behaviour.

III. Reproductive Health in Cambodia

Overall, reproductive health has improved in Cambodia in recent years. Still, there is room for improvement:

- The fertility rate is high at 4.0 children per woman.⁵
- 81% of married couples do not use any modern methods of contraception⁶. 30% of these married women want to use any contraception method but they do not have access to it (unmet needs).
- Each year, over 1,800 Cambodian women and girls die during pregnancy or childbirth, and tens of thousands suffer from complications⁷. Increasing contraceptive prevalence is closely associated with decreasing maternal mortality.
- The death of a mother significantly increases a child's risk of death and illness, and reduces his or her access to education and proper nutrition. Almost one in ten babies born in Cambodia will not live to celebrate his or her first birthday.⁸
- 55% of mothers do not receive ante-natal care and two-thirds of births occur with out a trained provider presents⁹. 89% of births still take place at home, where life saving equipment and facilities are not available if a problem emerges.¹⁰
- Cambodia has one of the region's highest HIV prevalence rates among people aged 15–49 (2.6%¹¹). Transmission from husband to wife accounts for 42% of all new infections.¹²

IV. Cambodian Government Millennium Development Goals (MDGs) for 2015

- Reduce the maternal mortality ratio from 437 to 140 per 100,000 live births.
- Ensure 80% of all births are attended by trained personnel.
- Achieve 60% of all married women using modern contraceptives.
- Ensure 90% of pregnant women attend 2 or more ante-natal consultations.
- Reduce the total fertility rate from 4.0 to 3.0.

V. How can male involvement improve reproductive health in Cambodia and help the government achieve its MDG targets?

The Programme of Action from the 1994 International Conference on Population and Development (ICPD) urges all countries to provide men, as well as women, with reproductive health care that is "accessible, affordable, acceptable, and convenient."

Considerable evidence from Cambodia and elsewhere has shown the benefits of involving male in reproductive health.

A. Male involvement programs have improved family health in Cambodia

- The Ministry of Women Affairs (MoWA) conducted pilot projects in 2000–2003 on male involvement in Thmo Koal district of Battambang province and in Svay Rieng district of Svay Rieng province to improve the reproductive health status of people in the project's areas. The projects led to an increase in contraceptive demand compared to other districts.¹³



Men discuss about using family planning methods

Photo: MoWA

- HIV sero-prevalence seems to have dropped significantly among Cambodia's urban police, due in large part to active condom promotion efforts by governmental and non-governmental organizations¹⁴. The Ministry of Health

estimates that this effort prevented HIV prevalence from reaching 3 times its current level.

- Since 1996, RHAC has broadened its focus to include both men and women. Since that time, health education, counselling, care and treatment services have been provided to men and women, individuals and partners. Male clients seeking STI services increased from 1% (before 1996) to 13% by 2004. For permanent contraceptive acceptors 57% are men. This is a clear proof that programs designed to focus on both men and women encourage better male involvement. Through this approach men contribute to preventing the spread of HIV/AIDS and reducing maternal and infant mortality.¹⁵



Men clients receive information about reproductive health

Photo: RHAC

- The Voluntary Surgical Contraception (VSC) projects supported by Racha had been implemented in 17 referral hospitals since 1997. Since early 2000, VSC projects have been focussing on leaders, authorities, and health center staff who are mostly men. There had been significant increased of vasectomy acceptors in which 28% are men. So, providing information to both men and women increases men participation in reproductive health which improves family health and social well-being.¹⁶
- The result of the "Working with Men, Responding to AIDS in Cambodia" projects of KHANA that have been implemented by 17 organizations throughout the country in 2003–2004 showed that more men and women are going for STI treatment. there is greater demand for condoms use.¹⁷



"Talking together in small groups can help men developing skills and confidence to overcome barriers to HIV prevention. It can also help to change community attitudes towards safer sex."

រូបភាព: KHANA

- The Playing Safe pilot project implemented by CARE & GAD/C and Youth Department (MoEYS) aims to reach 20,000 young males in Phnom Penh before the end of 2005. Some unique features of the project include its focus upon youth empowerment and it's a rights-based approach to health. Many young participants have adopted safer and more responsible sexual behaviours, and have a better understanding of the need for consent within sexual activity.¹⁸



Young male discuss about reproductive health

Photo:
Playing Safe Project

- Marie Stopes Cambodia has clinics and outreach activities providing reproductive health and birth spacing services for both men and women. Strategically, the organization tries its best to encourage male clients and partners to come for services. As result, the male clients increased from 1.06% in 2003 to 2.63% in 2004.¹⁹



Male police practice using a condom

Photo: MSC

B. Evidence from other countries

Many studies have shown positive health effects when male partners or husbands have attended health education or counselling sessions on HIV/AIDS prevention, family planning, ante-natal care, and nutrition.

- Randomized trials in Turkey, Ethiopia, and China have found that contraceptive adoption was significantly higher among women whose husbands were included in contraceptive counselling compared to women whose husbands were not involved.²⁰
- A study on the impact of providing ante-natal education to prospective fathers in India found a significantly higher frequency of ante-natal

clinic visits and lower perinatal mortality among the women whose husbands received antenatal education²¹. More recently, an intervention during prenatal consultations to increase men's involvement in their partners' maternal care increased couples' discussion and use of contraception and improved knowledge about pregnancy and family planning.²²

- Research in Egypt has shown that involving men in post-abortion care significantly decreases women's recovery time and their likelihood of using contraception.²³
- Research shows that married women's greatest risk factor for STIs is the sexual behaviour of their husbands. Cross-sectional case-control study in Kenya showed that HIV transmission was threefold lower among women whose husband or usual sex partner was circumcised or usually used condom when having multiple sex partners.²⁴
- Fathers' involvement in the lives of their children has been shown to have lasting effects. Program data from Jamaica, Zimbabwe and Vietnam show that children with actively involved fathers have higher self-esteem, higher educational achievement, and tend to be more successful. Increased involvement of men in childcare also contributes to greater equality between men and women.²⁵

VI. Recommendations

To ensure increased male involvement in health issues especially reproductive health, relevant institutions could take various steps to:

1. Learn more about what Cambodian men and women know, think and need where men's sexual and reproductive roles are concerned.
2. Design more reproductive health programs that involve men and educate them about sexual and reproductive health, their own responsibilities, and that address men's own needs.
3. Seek out opportunities to support male involvement through reproductive health norms and regulations.
4. Work with Ministry of Health and non-governmental organizations to develop guidelines on male involvement in reproductive health.
5. Provide technical and financial assistance to the Ministry of Health for the development of guidelines on men's involvement in reproductive health.

- ¹ Population Reference Bureau (PRB)
- ² Cambodia Millennium Development Goals (CMDGs) Report 2003
- ³ International Conference on Population and Development (ICPD), Cairo, Egypt 1994: *Frameworks on Male Involvement in Reproductive Health*.
- ⁴ *International Conference on Population and Development (ICPD), Cairo, Egypt 1994: Frameworks on Male Involvement in Reproductive Health*.
- ⁵ Cambodia Demographic and Health Survey (CDHS) 2000
- ⁶ CDHS 2000
- ⁷ CDHS 2000
- ⁸ CDHS 2000
- ⁹ CMDG Report 2003
- ¹⁰ CDHS 2000
- ¹¹ NCHADS report 2002; NAA report 2003; UNAIDS 2004. *UNAIDS 2004 Report on the global AIDS epidemic 2004*.
- ¹² NAA 2003
- ¹³ Ministry of Women and Veteran Affair (MoWA): *Pilot projects on RH with focusing on both men & women, 2000-2003*.
- ¹⁴ UNAIDS. 2003. *AIDS Epidemic Update: December 2003*
- ¹⁵ RHAC's statistic report
- ¹⁶ Racha: *Voluntary Surgical Contraception Project report 2004*.
- ¹⁷ KHANA: *Working with Men, Responding to AIDS in Cambodia project 2003-2004*.
- ¹⁸ CARE and GAD/C: *Playing Safe project 2004*, Available at www.playsafe.info
- ¹⁹ MSC: *Activity Report 2003 & 2004*.
- ²⁰ Fisek Nh., Sumbulogy K., 1978. "The effects of husband and wife education on family planning in rural Turkey." *Studies in Family Planning* 9 (10-11): 280-285; Terefe A; Larson CP. 1993. "Modern contraception use in Ethiopia: does involving husbands make a difference?" *American Journal Of Public Health* Nov;83(11):1567-71; Wang, CC, E. Vittinghoff, SH Lu, HY Wang HY, and MR Zhou. 1998. "Reducing pregnancy and induced abortion rates in China: family planning with husband participation." *American Journal Of Public Health*. Apr;88(4):646-8; Raju, S and A Leonard. 2000. *Men As Supportive Partners In Reproductive Health: Moving From Rhetoric To Reality*. New Delhi, India, Population Council, South and East Asia Regional Office.
- ²¹ Bhalerao VR; Galwankar M; Kowli SS; Kumar R; Chaturvedi RM. Contribution of the education of the prospective fathers to the success of maternal health care programme. *Journal of Postgraduate Medicine* 1984 Jan, 30(1):10-2.
- ²² Varkey, Leila Caleb, Anurag Mishra, Anjana Das, Emma Ottolenghi, Dale Huntington, Susan Adamchak, and M.E. Khan. 2004. "Involving Men in Maternity Care in India," *FRONTIERS Final Report*. Washington, DC: Population Council. Available at http://www.popcouncil.org/pdfs/frontiers/FR_FinalReports/Indi_MIM.pdf
- ²³ Huntington D, Nawar L, Abdel Hady, D. An Exploratory Study of the Psycho-social Stress Associated with Abortions in Egypt: Final Report. Cairo: The Population Council, 1995.
- ²⁴ Hunter DJ, BN Maggwa, JK Mati, PM Tukei, and S Mbugua. 1994. "Sexual Behavior, Sexually Transmitted Diseases, Male Circumcision and Risk of HIV Infection Among Women in Nairobi, Kenya." *AIDS*. Jan;8(1):93-9.
- ²⁵ Brase M; Dinglasan R; Ho M; Kail N; Katz R; Lopez V; Ton TG. 1997. "UNICEF - Yale School of Public Health research project: The role of men in families." New Haven, Connecticut, Yale University School of Medicine, International Health Dept.154 p.

Reproductive Health Promotion Working Group (RHPWG)



In October 2003, MEDiCAM established a Reproductive Health Promotion Working Group (RHPWG). The members of the Working Group are from the MEDiCAM NGOs network, and actively work in the area of reproductive health in Cambodia. At the moment, there are 14 organizations: RHAC, Racha, ADRA, CARE, WCRD, TASK, MSC, WDA, POLICY Project, CAPPD, URC, PSI, CPN+, and MEDiCAM itself. UNFPA is one of the main supporting agencies to the RHPWG. In November 2003, the RHPWG met together for the first time with support from the POLICY Project to analyze the barriers in reproductive health. At present, the RHPWG is advocating "Male Involvement in reproductive health" as a priority issue.

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