

IPPF Medical Bulletin

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IMAP Statement on the elimination of violence against women

Background

Violence against women is defined as “any act of gender-based violence that results in, or is likely to result in, physical, sexual, emotional or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life”.¹

The elimination of violence against women is an important issue in sexual and reproductive health. There is wide international consensus that violence is always wrong, and even worse when it affects such vulnerable people as women and children. The failure of a state, civil society or local authority to protect women from gender-based violence can amount to a violation of human rights. Violence against women takes a variety of forms, including intimate partner violence (by a husband, partner or family member), rape or other forms of sexual violence, female genital mutilation (FGM), female infanticide, sex-selective abortions (female fetuses), the use of systematic rape as a tactic of war, sexual exploitation (including trafficking in girls and women), dowry- or marriage-related violence such as *sati*, the killing of a woman after her husband's death, honour killings, witch hunting and many more.² It also includes sexual harassment and the denial of rights due to social and cultural norms or pressure.

Violence against women invokes a number of the rights enumerated in the IPPF Charter (1997,³ reaffirmed in the “Sexual rights: an IPPF declaration” (2008), such as the right to equality, equal protection of the law and freedom from all forms of discrimination based on sex, sexuality or gender (Article 1); the rights to life, liberty, security of the person and bodily integrity (Article 3); ensuring sexual rights for all includes a commitment to freedom and protection from harm (Principle 5).³

The Millennium Declaration recognizes that the equal rights and opportunities of women and men must be assured, and Millennium Development Goal (MDG) 3 specifically addresses the promotion of gender equality and women's empowerment. However, most MDG targets will be missed if violence against women – one of the most blatant manifestations of gender inequality – is not addressed.⁴

The Plan of Action of the International Conference on Population and Development (ICPD), and the Platform for Action of the Fourth World Conference on Women (FWCW) relate to violence against women. When a country has ratified an international or regional treaty that contains one or more of these rights, for example, the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the International Covenant on Political and Civil Rights (ICCPR), or the Convention on the Rights of the Child (CRC), its government should demonstrate a commitment to protect, promote and fulfill those rights. Civil society and non-Governmental organizations (NGOs) can play an important role in holding governments accountable to these commitments, and NGOs in countries which are not part of the treaty also have a role to advocate for the rights of women and girls.

Package of care for survivors of rape

Survivors of rape must receive comprehensive care, including forensic evidence collection for potential legal redress, in addition to counselling and psychological support. Depending on the available resources, the package of care should include: emergency contraception or access to safe abortion where permitted by the law (depending on the time between the event and the survivor presenting for care), HIV prophylaxis where appropriate, antibiotic prophylaxis for sexually transmitted infections (STIs), and testing for STIs including HIV and Hepatitis B.

What can Member Associations do?

IPPF, by virtue of its world-wide network of 148 Member Associations (MAs) and its focus on sexual and reproductive health programmes, is strategically placed to combat violence against women. That is because women, if given the opportunity and sensitive encouragement, are often willing to discuss their most intimate problems with the service providers. MAs can respond to violence against women by the following measures.

Assess the contextual and legal situation

With the help of partner organizations and groups with the necessary expertise, gather the information about the legislation, policies and practices of the government to assess the context in which they work:

- Existing laws to protect women from gender-based violence (e.g., laws that criminalize FGM, marital rape or trafficking in girls and women)
- Law enforcement (e.g., if the domestic abusers are prosecuted and, where possible, follow up such cases in terms of the legal actions taken)
- Barriers to law enforcement (e.g., limited access to the legal system; insufficient evidence; religious or cultural practices that conflict with the legislation)
- Efficacy of the laws that are enforced – whether they enhance the reporting of, and reduce violence against, women. It must be noted that there are difficulties in assessing the effects of laws
- Constitutional provisions for equality, non-discrimination or other human rights;
- Support programmes for women who survive violence – whether they are adequate and confidential.

Collect anonymous event-based data on specific cases of violence against women

Data can be collected on individual experiences of FGM, dowry disputes, trafficking in girls and women, sexual harassment, and any physical, psychological or other sorts of harm. Where possible, follow up such cases in terms of “legal actions taken”.

Identify barriers

Establish patterns that may aid in the enforcement of existing laws and policies by gathering information on the following:

- Prevalence of the various categories of violence
- Confidentiality breaches, actual or threatened, which might deter survivors of violence against women from accessing legal or further MA services, or even, by alerting perpetrators, lead to more violence. Knowledge of IPPF's confidentiality policies would convince more survivors to trust the services.

Increase awareness and skills among staff and volunteers

Everyone associated with the MA must have at least a basic understanding of the problem, and sensitivity to the issues involved. Staff who are in direct contact with clients will need to have a clear understanding, and, therefore, more in-depth training updates. The training should aim to ensure that providers' beliefs, socio-cultural norms and attitudes are conducive to addressing violence against women, as well as providing relevant skills, knowledge and strategies for responding appropriately and sensitively to clients. Rights-based and gender-sensitive approaches that may be helpful include:

- Organizing values clarification workshops, including presentations, role plays and group activities
- Organizing skills-training workshops, including training for sensitive questioning, counselling and making an appropriate referral
- Development of generic workshop packages
- Assisting service providers, who may themselves have experienced gender-based violence, to address their own problems before they address clients' needs.

Support and care for women subjected to violence

Providing support and care to survivors involves integrating the activities related to eliminating violence against women into MAs' core activities, and collaborating with other relevant institutions such as police, hospitals, and other NGOs.

There may be some concern that integrating the care of survivors of violence into sexual and reproductive health services could overwhelm the facilities. In reality, MAs see these cases, but they may not be acknowledged as such. Service providers already discuss very sensitive and personal issues with clients, so initiating discussions on violence with them and their families, where skilled staff are available, may be considered. MAs can integrate the care of women who survive violence into the other sexual and reproductive health services they provide, although the extent of the services depends on resources and local circumstances.

Recognizing indicators of violence

Clients should be encouraged to disclose any acts of violence, and reassured that they need no longer be silent, at least in the protected environment of the clinic.

a. Make it clear that violence is unacceptable

Depending on the resources available, materials which present the various forms of violence against women, and what to do to counter it, should be freely available to all clients. Reading material in appropriate languages should be distributed. An educational video in the clinic waiting room, and posters, photographs and messages with similar information can be displayed. All media information should state that no form of violence is acceptable, and that it is not the woman's fault if it happens

b. Ensure confidentiality and privacy

To encourage clients to feel able to disclose their personal experiences, the MAs must reassure them that what they tell the service providers will be kept confidential. This necessitates a service environment that ensures privacy, and a system that allows only authorized and relevant people to have access to client information. It is also essential to state clearly that any course of action will be taken only with the client's full agreement. There may be an exception to this if the woman's report involves violence against children. In such cases, service providers should consult the existing organizational protocol to decide an appropriate course of action.

c. Ask certain specific questions

- It is essential that questions be asked in a non-judgmental and empathetic manner. Direct questions, such as, "will you be safe when you return home today?" may quickly reveal a situation of intimate partner violence, especially when the client has been waiting for an opportunity to share her problem and request help
- Another simple question can be, "have you ever felt harmed physically, emotionally or psychologically by your partner or another person important to you?" Examples include: constant insults, humiliation at home or in public, destruction

of important possessions, ridicule, rejection, manipulation, threats, isolation from friends or family members.

For some clients, however, a combination of indirect and direct questions is required. Asking a woman about her physical health, psychological state, and drug and alcohol use in the family may help the counsellor to assess the client's risk status, or uncover symptoms that suggest gender-based violence. Some women may feel able to disclose their experience only over a period of time. So, if there is a suspicion, it is important to continue with sensitive inquiries during subsequent visits.

Counselling and services

The service provider should counsel the client to talk about the nature of her problems and the ways in which they affect her, and her children and family. The counsellor should document the history of the incident, assess the seriousness of the client's symptoms, evaluate the level of danger in the woman's daily life and identify the types of service she needs. The MA may be able to provide some of the necessary services, for example, screening and treating STIs or providing contraceptive advice.

In cases of rape, the woman should be counselled and, if she has attended within 72 hours, provided with emergency contraception, and prophylactic antibiotics for STI and/or HIV prophylaxis.

The MA can assist the woman to develop a personal safety plan, which will help her to react promptly and appropriately to subsequent abuse.

Educational leaflets and cards should be available at service delivery points, containing the names and contact details of institutions which clients can approach for support in cases of emergency. Follow-up is essential for survivors of violence.

Referral to specialized facilities

In certain circumstances, it may be best to refer the woman to specialized facilities. To give survivors of violence the best possible support and treatment, the MA needs to locate and establish a collaborative relationship with relevant medical, legal, psychological, housing and social organizations. There may not be many services available, in which case the MA should explore the possibility of forming alliances with other groups, and initiating new services together, thus filling the gaps in the services that are needed.

Support groups

Support groups run by trained staff or volunteers can be enormously helpful to survivors of violence against women. Groups help a survivor to feel less isolated, by understanding, validating and supporting her as she works on recovering from the ordeal or improving her situation. Different groups are required for victims of rape, childhood sexual abuse, domestic violence and other forms of violence against women. Participation in support groups should be completely voluntary.

Addressing the perpetrators of violence against women

It is essential for MAs to develop strategies to refer perpetrators of violence to specialist services. Treatment for underlying problems, such as alcohol or substance abuse, should be considered. It may be preferable to provide services for male perpetrators at a separate site, in order to protect women's confidentiality. Male counsellors are necessary to enable the male perpetrators to talk more freely about their thoughts and behaviour. The safety of the women and children must be central to any programme for violent men. Whichever approach is adopted, a central feature of work with violent men must be the message, that violence is not acceptable, and the aim, to confront, stop and prevent further violence. Programmes alone may be ineffective for achieving behavioural change in violent men, and must not be seen as a diversion from effective legal actions.

Working with boys and men

Men have an essential role to play in the prevention of violence against women. Men can challenge other men's violence and break the silence on this issue. Policies, programmes, services and campaigns within Member Associations should explicitly highlight the role of men as part of the solution to address and

prevent violence against women. Specific activities which MAs can undertake include:

Education

- Activities to increase gender sensitivity and understanding among young men and boys, e.g. through outreach in schools
- Discussion groups for men, e.g., at work, sports clubs, and social and religious gatherings, where they can look at their values and behaviour, and talk about male socialization and gender roles and the effects of these on how they view, and therefore treat, women
- Development of educational materials for men on what they can do to prevent violence against women, and how such violence affects them and their society
- Skills-building sessions for men and boys, to enable them to deal with their emotions and resolve conflicts in non-violent ways and engage other men to do the same.

It is essential that educational programmes encourage men to take responsibility for their own actions, and help men model positive behaviour and ways in which they can intervene to prevent violence among their friends, families and communities.

Campaigns and community mobilization

- Run campaigns to increase awareness of the role of men in preventing violence against women. These should validate men's caring nature and desire for positive masculinity, highlight that violent men can change, and provide examples of men changing, or acting in positive ways. Campaigns should also demonstrate to men and boys what they personally gain from changing their behaviour
- Use mass media and community outreach activities to educate men to develop better and more equitable relationships with their partners, and with women in general
- Work with male role models and advocates to reach other men – use men who are public figures as advocates to eliminate violence against women

- Work with young, male peer educators to reach young men on this issue
- Partner with organizations working with men to prevent violence against women, and support men's anti-violence activism.

Services and policies

- Provide information on the role of men in preventing violence against women within SRH services
- Provide counselling services, or referrals for services to support men and boys who have experienced violence and abuse, recognizing that this may cause them to be violent towards women and girls
- Focus on working with men and boys in existing programmes, and on policies to prevent violence against women
- Work with the government to ensure that national policies and frameworks concerning violence against women include a focus on working with men and boys.

This Statement was developed by the International Medical Advisory Panel (IMAP) in 2000, reviewed and amended by the Panel in May 2009. IMAP reserves the right to amend this statement in the light of further developments in this field.

Also see IMAP Statement on the elimination of female genital mutilation (2007) http://www.ippf.org/INR/rdonlyres/ADCFBC7C-9D8C-4F80-A736-20A95D6A4A0E/0/41_04_dec07.pdf

References

- 1 United Nations. The United Nations Declaration on the elimination of violence against women. New York: United Nations General Assembly, 1993.
- 2 United Nations. Report of the Special Rapporteur on violence against women, its causes and consequences, to the fifty-eighth session of the Commission on Human Rights. New York: United Nations, 2002 (UN Document E/CN.4/2002/83).
- 3 International Planned Parenthood Federation. IPPF Charter on Sexual and Reproductive Rights at: www.ippf.org/en/Resources/Statements/IPPF+Charter+on+sexual+and+Reproductive+Rights.htm
- 4 World Health Organization. Addressing violence against women and achieving the Millennium Development Goals. Geneva: World Health Organization, 2005; page 1.3.

Engaging men and boys for gender equality and improved sexual and reproductive health

John W. Townsend & Tim Shand

The challenges for the achievement of the United Nations (UN) Millennium Development Goals, particularly reducing maternal mortality by half by 2015 (MDG 5) and promoting gender equality (MDG 3), as well as the target of ensuring universal access to reproductive health services, are well known. Over half the world's population is currently under 25 years old, and 1.5 billion adolescents are now entering their sexual and reproductive years. The number of contraceptive users in developing countries is projected to grow by more than 38% by 2015 (552 million in 2000 to 764 million in 2015). About 35 million young married women, 15-24 years old, in sub-Saharan Africa, report unmet need for contraception, and up to 20% of women worldwide experience sexual violence during their lifetime.^{1,2} Each of these figures alone would be alarming, but together they offer a chilling scene, with one telltale marker; they all represent a gender-less landscape with no reference to how men and boys might be constructively engaged to improve the health outcomes for women or themselves.

Like girls, boys influence, and are profoundly influenced by, the social contexts in which they live. "Thus understanding how boys respond, experience, perceive, resist and influence these cultures and contexts is critical to understanding their path to individual development" and their relationships with women and girls.³ Moreover, men have their own and different sexual desires and sexual health needs and rights.⁴ Ignoring their experience and voices leads to stereotypes of men as uninterested in sexual and reproductive health or as mere perpetrators of gender violence and HIV infection, with the concomitant loss of client perspectives that

are necessary for good public health programming.

Adding the voices of men and boys to those of women and girls challenges existing paradigms for achieving the MDGs. Accepting diversity adds strategic value. In its Strategic Framework,⁵ the International Planned Parenthood Federation (IPPF) maintains that the human right to health should be guaranteed for everyone, regardless of sex or gender role. The framework promotes gender equality, and seeks to create an environment in which individuals, particularly women, can take control of their reproductive lives. It includes a specific commitment to address men's own sexual and reproductive health needs, and ensure that men fully understand and support the needs of others. IPPF recently adopted a new policy on Men and sexual and reproductive health,⁶ to ensure that the organization implements this commitment and works constructively with men throughout all its activities.

The plans of action from the International Conferences on Population and Development in Cairo (1994) and World Conference on Women in Beijing (1995) call for men to play a role in reducing gender inequalities. It is increasingly clear that greater investments are needed to meet this call, and to ensure that both men and women, young and old, can access the services and information they need to make healthy decisions. Engaging with men and boys is not at the cost of the focus on women's vulnerability; these are mutually reinforcing activities which are essential to achieving gender equality.

The feedback from service programmes in a range of developing countries indicates that men want and need information on sexual and reproductive health (SRH) for themselves; women want partners and sons to be agents of gender-transformative change; and both women and men need participation in reproductive health initiatives that recognize men as peers and siblings, partners and parents, policy makers, key opinion leaders, health care providers, and even as perpetrators of violence.

A World Health Organization (WHO) review⁷ of programmes focusing on men indicated that men involved in maternal health,

contraception and violence-prevention programmes show effective or promising results in primary outcomes, such as increased use of contraception or use of HIV-prevention measures. These results are reinforced by IPPF reports with case study evidence of work with men and boys, which found that SRH interventions with men increased their uptake of services and developed more gender-equitable attitudes among males.^{4,8} Examples of effective programmes reviewed by WHO include: Stepping Stones and Soul City in South Africa, Program H in Brazil and India, and couples programmes in many countries. Probably the best-known programme, Men as Partners® (MAP), developed by EngenderHealth in 1996, has been implemented in more than 15 countries. MAP works with men, encouraging them to play constructive roles in promoting gender equity and health in their families and communities. It uses a range of approaches to address gender inequalities including:

- Holding interactive, skills-building workshops that confront harmful stereotypes of what it means to be a man
- Enhancing health care facilities' capacity to provide men with quality care, by training health care professionals to offer male-friendly services
- Leading local and national public education campaigns which explore the theme of partnership, using murals, street theatre, rallies, and media
- Building national and international advocacy networks to create a global movement.

The WHO review highlighted the best practices in 58 programmes focusing on men and boys. Stand-alone group educational activities for men offer evidence of changes in attitudes and some evidence of behaviour change. Integrated programmes combining group education, services, outreach, mobilization and mass media are more effective in changing men's behaviour and achieving desired health outcomes. Group education best practices include: weekly group sessions (2 hours); the application of themes to real-life experiences; critical reflection on masculinity and gender norms; and knowledge as necessary, but insufficient, for change.

The best practices on mobilization and media include: use of affirmative messages based on formative research; focus on key opinion leaders and men already supporting gender equality; and combining community, communication and outreach to reinforce messages. Best practices in service provision include: training and sensitization of staff working with men and boys; services that address men's specific needs; outreach for hidden and hard to reach populations, e.g., men having sex with men (MSM). The personal characteristics of providers are more important than their sex.

The implementation of programmes for men and boys linked to improved sexual and reproductive health for both men and women are not without challenges. Few go beyond pilots or short time frames, and fewer still are taken beyond small-scale. Many do not use a life-course approach, work with both boys and men or adopt a gender-transformative approach.⁹ There are little data on the impact on gender inequality of changes in public policy on men and boys, and little is known about the costs and complexities of scaling up effective interventions.

To scale up these interventions, programme managers must get the conceptual framework right and identify the readiness of their programme for moving to scale. The use of social movements such as men's groups and technologies, e.g., cellphone-based services, new contraceptive options for men or circumcision efforts, could greatly facilitate diffusion. The field should specify policy and resource targets and what change is needed in programming for gender equity to reach a point at which significant change in social

norms is possible. Above all, we must seek partnerships and explicit linkages with women's groups in pursuit of gender equality.

In Rio de Janeiro, in March 2009, men and women from 80 countries convened to exchange perspectives on the role of men and boys in support of gender equality and to enhance the sexual and reproductive health achievements called for in the MDGs. Their assessment led to a draft Call to Action, whose elements most relevant for IPPF members and their national counterparts are listed below (the complete Rio Call to Action is at <http://www.engageingmen2009.org>):

- Individuals should take action within their communities and be agents of change to promote gender equality
- Community-based organizations should continue their groundbreaking work to challenge the status quo of gender and other inequalities and actively model social change
- NGOs should develop and build on programmes, interventions and services that are based on the needs, rights and aspirations of their communities, are accountable and reflect the principles [in support of gender equality]. They should develop synergies with other relevant social movements, and establish mechanisms for monitoring and reporting on government commitments
- Governments should repeal all discriminatory laws and act on their existing international and UN obligations and commitments, prioritize and allocate resources to gender transformative interventions, and develop policies, frameworks and concrete implementation plans that advance this agenda
- the private sector should promote workplaces that are gender-equitable, and free from violence and exploitation, and direct their corporate social responsibility towards inclusive social change.

We must invest in men and boys to become engaged in changing their behaviour and attitudes towards gender equality that is supported by communities, systems and national policies. The evidence and experience globally indicates that there is promise for valuable sexual and reproductive health outcomes for both women and men through the joint pursuit of gender equality. Dr. John Townsend is Director of Reproductive Health at The Population Council. Tim Shand is Adolescent and Access Officer at the International Planned Parenthood Federation.

References

- 1 International Planned Parenthood Federation. Contraception at a crossroads. London: IPPF, 2008;15.
- 2 Smith R, Ashford L, Gribble J, Clifton D. Family planning saves lives. Washington DC: Population Reference Bureau, 2009; 5.
- 3 Way N, Chu JY, eds. Adolescent boys: exploring diverse cultures of boyhood. London: New York University Press, 2004; 2.
- 4 International Planned Parenthood Federation. The truth about... men, boys and sex: gender-transformative policies and programmes. London: IPPF, 2009.
- 5 International Planned Parenthood Federation. Strategic Framework: 2005–2015. London: IPPF, 2007.
- 6 International Planned Parenthood Federation. Policy on men and sexual and reproductive health. London: IPPF, 2008. Accessed at <http://www.ippf.org>
- 7 World Health Organization. Engaging men and boys in changing gender-based inequity in health: evidence from programme interventions. Geneva: WHO, 2007.
- 8 International Planned Parenthood Federation. Men are changing: case study evidence on work with men and boys to promote gender equality and positive masculinities. London: IPPF (in press).
- 9 International Planned Parenthood Federation. Gender transformative approaches seek to build equitable social norms and structures; advance individual gender-equitable behaviour; transform gender roles; create more gender-equitable relationships; and advocate for policy and legislative change. London: IPPF, 2009.