

GETTING TO EQUAL

GLOBAL EVIDENCE AND ACTION ON MEN, GENDER EQUALITY,
AND SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Getting to Equal: The Challenge

What would people's sexual and reproductive lives look like if women and men equally enjoyed knowledge, skills, self-esteem, and access to services; conducted their relationships with respect for their partners and their rights; and made decisions that took into account the impact of their choices on their lives and the lives of their partners and children? This is the positive vision that motivates Equimundo's Getting to Equal initiative.

The world is far from achieving this vision. In most of the world, gender inequality intersects with widespread reticence about sexuality in ways that ripple through women's and men's lives. The harm to women's health and well-being is well-documented. However, we know comparatively little about the effects on men's health and well-being, and we have done relatively little to engage men positively as full and equal partners. A disproportionate focus on women's sexual and reproductive roles, as well-intentioned as it has been, is mirrored by a lack of information on men's sexual and reproductive lives and an emphasis on men's productive roles. The large gaps in our collective knowledge reflect a worldview that does not treat men's sexual and reproductive health and rights (SRHR) as central to their lives, or to the lives and well-being of others.

Getting to Equal: The Initiative

The premise of this initiative - that men play an important role in SRHR and that building on this role could contribute to a number of positive health and development outcomes - is not new. What is new is the comprehensive nature of the research and its timing in the midst of the #MeToo movement, the 2018 report of the Guttmacher-Lancet Commission on SRHR, and the Sustainable Development Goals (SDGs).

Equimundo's Getting to Equal initiative aims to shift the global discourse on men and SRHR among practitioners, funders, academics, policymakers, and providers toward a more holistic, gendered, and relational understanding of SRHR, as well as toward ways to achieve global goals of health and gender equality, including universal access to family planning, by 2030. Components of the initiative include:

- **Engaging Men and Boys in Sexual and Reproductive Health and Rights and Gender Equality: A Call to Action.** Produced with input from an expert consultation meeting in Washington, DC, in partnership with Family Planning 2020, this Call to Action document diagnoses the problem, provides guiding principles, and highlights the key areas for strengthening global and national focus on men, gender equality, and SRHR. Available online at: equimundo.org/resources/getting-equal-call-to-action/

- **Strengthening National Responses: A Review of Family Planning Costed Implementation Plans.** This review provides a detailed analysis of the extent to which national plans incorporate a focus on engaging men and transforming gender norms, and provides recommendations for strengthening country responses.
- **Global Evidence and Action on Men, Gender Equality, and Sexual and Reproductive Health and Rights.**¹ This comprehensive review of the global data takes a deep dive into the challenges, reframes the problem, and proposes concrete actions forward, building into the existing evidence base.

The third component, the *Global Evidence and Action* report, is previewed below.

Overview of the **Global Evidence and Action on Men, Gender Equality, and Sexual and Reproductive Health and Rights** report

The *Global Evidence and Action* report showcases cutting-edge evidence and new analyses of relevant data to describe:

- The global trends and patterns related to men and SRHR, and where there are gaps;
- The ways in which norms and social pressures around masculine sexuality, fertility, and family size are associated with SRHR behaviors, couple communication, and decision-making; and
- The challenges to advancing work on men and SRHR at the individual, community, national, and regional levels.

The report's fresh discussion of men, gender equality, and SRHR, and of the need for new responses, is framed around three areas in which men's and boys' experiences of SRHR manifest themselves: in their bodies, in their relationships, and in their lives.

Any discussion of men and SRHR must be grounded in an understanding of gender and sexuality. Gender inequality and restrictive gender norms harm the health and well-being of men and women alike, shaping men's (and women's) behavior in ways that have a direct impact on the sexual and reproductive health and rights of their partners, families, and themselves. The **Bodies** section focuses on men's knowledge and management of their own bodies and health; the **Relationships** section highlights the ways in which men interact with partners in their intimate lives, and the centrality of these interactions to the full SRHR definition proposed in the 2018 Guttmacher-Lancet Commission report;² and the **Lives** section identifies men's decisions about sex and reproduction as central to their health and well-being, satisfaction, economic security, and humanity.

For the most part, global SRHR targets omit reference to men (for example, there is no single Family Planning 2020 indicator that highlights gender norms or focuses on increasing men's uptake and support of contraception). If a wide array of health and gender-equity goals are to be met, men and boys must be positioned so that they can contribute more fully to the advancement of SRHR.

Addressing gender in SRHR requires recognizing and responding to the harms caused by gender inequality and rigid gender norms.³ Because gender inequality systematically subordinates the feminine to the masculine, and because of women's sexual and reproductive physiology, the Getting to Equal initiative prioritizes **women's**

1 This initiative/study was funded by the Bill & Melinda Gates Foundation. The findings and conclusions contained within are those of the authors and do not necessarily reflect positions or policies of the Bill & Melinda Gates Foundation.

2 Starrs, AM, et al. 2018. "Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher-Lancet Commission." *The Lancet* 391: 2642–92.

3 Heise, L., Greene, M.E, et al. Forthcoming. "Gender Inequality and Restrictive Gender Norms: Framing the Challenges to Health." *The Lancet*. Paper 1 of *The Lancet Series on Gender Equality, Norms and Health*.

rights and choices. Because restrictive norms constrain individuals of all gender identities, expressions, and sexual orientations, the initiative calls for **gender-transformative interventions** to challenge and change these harmful norms. Interventions must also be sensitive to socioeconomic and racial disparities and other systemic inequalities, in order to more fully address intersectional lived experiences.

This report re-situates sexual and reproductive health and rights in the lives of men, showing its importance far beyond a narrow framing of particular health outcomes, and showing that men and boys – and everyone around them – are harmed when they fail to or are unable to take ownership of it. The report reviews the global evidence with regard to men, gender equality, and SRHR as manifested in men’s bodies, relationships, and lives.

A. Men’s bodies

We have a problem. Men and boys don’t see SRHR as central to their own lives. Parents, schools, health systems, and society all reinforce the idea that SRHR are women’s concern – though women all too often control little about the conditions of their own SRHR. Women’s bodies, sexual relationships, and reproductive functions are often subject to public comment and control, with those exerting power over them primarily men. To transform this, boys and men need information, self-awareness, a commitment to consent and respect, the skills for communicating and navigating healthy sexual lives, and a sense of personal obligation to advance gender justice. Worldwide, men and boys currently have little exposure to the comprehensive sexuality education (CSE) necessary to equip them with these information, skills, and gender-equitable attitudes.

The **Bodies** section of the report reviews data on knowledge and attitudes related to sexuality, body awareness, physical confidence, and sexual orientation, and looks at how knowledge and attitudes translate into behavior. It lays out what is known about men’s views on sexual health and formation of masculine identity, and on sexual dysfunction and infertility. It also offers data on a range of health measures that reveal the state of men’s sexual and reproductive health.

B. Men’s relationships

The Getting to Equal initiative carefully negotiates the tensions between prioritizing women’s SRHR and recognizing men’s. Expansive new analyses of attitudes, norms, and relationship dynamics – and their impact on SRHR – form the core of the section on men’s relationships. The section focuses on eight countries with diverse geographies and cultures where Demographic and Health Surveys (DHS) were conducted recently. The data presented in the **Relationships** section include trends in boys’ and men’s entry into sexual relationships, marriages, and parenthood, and in their use (or non-use) of contraception and attitudes toward it. Who is seen as responsible for contraception? Who actually uses it? Tellingly, in no country do more than 40 percent of men report recently discussing family planning (FP) with a healthcare worker.

Using comparative data, the report presents analyses of the relationships between SRH/FP outcomes and gender inequality and rigid gender norms. Using couples data from Nepal and Bangladesh, it assesses the associations between individual characteristics and gendered couple dynamics as they relate to concordance on fertility intentions, decision-making patterns, and SRH/FP outcomes; and it looks at the ways gender norms in family and society affect SRH/FP outcomes. Drawing on recent research carried out in India and Rwanda, the report also describes men’s roles in abortion-related decision-making and experiences.

A substantial literature has documented that men who adhere to restrictive, inequitable masculine norms are more likely to take sexual risks – including having multiple partners, not using condoms, having sex under the influence of alcohol, perpetrating intimate partner violence, and avoiding discussion of contraception – that are associated with unintended pregnancy.

C. Men's lives

Might men be more fully engaged in SRHR and embrace it as their own issue and concern if, early on, they anticipated and understood its importance in shaping the course of their lives? The answer is clearly yes. However, few studies have attempted to examine the lasting impacts of men's sexual behaviors and choices.

Fatherhood and parenting are experiences shared by the great majority of the world's men, and becoming a father often brings profound, life changes. Men's engagement in maternal, newborn, and child health (MNCH) and parenting strengthens their relationships with their partners and children. Such engagement, in turn, has implications for other decisions men make, about schooling, migration, work, future relationships, and more.

The timing and sequencing of men's childbearing can be complex, and the **Lives** section explores this to the extent that data are available. It covers what we know of the costs to men of unintended pregnancy, including its effect on their plans for school and work, on their engagement in fatherhood (or lack thereof), on their relationships with partners and future relationships; the impact of parenting on men's health and well-being; and the impact of unintended parenthood on men's identities and on the lives of their children.⁴ The limited data highlight the need for more research on the long-term impact of childbearing on men.

D. Men and SRHR policies and services

Health systems are deeply gendered. The report describes some of the challenges to drawing men more fully into SRHR. Men's omission from SRHR policies and programs supports the harmful gender norms that absolve men of responsibility for sexual health. Sexual and reproductive health services are not necessarily gender-sensitive, respectful, or friendly, but may still be used more by women given their needs for maternal and child healthcare. In addition to men's sexual risk-taking and poor health-seeking behaviors, the lack of health-system infrastructure specifically for men presents a barrier to men's access to and utilization of services.

There is much work to be done to improve SRHR worldwide and to transform the gender inequalities and restrictive gender norms that harm the health and well-being of women, men, and individuals of all gender identities and expressions.

Global frameworks have traditionally failed to adequately address the role played by masculinities and inequitable gender dynamics in perpetuating poor SRHR outcomes, a paradigm that ensures that women continue to bear the responsibility of family planning, exacerbates gender inequalities, and leads to suboptimal health outcomes for people of all gender identities.

The Getting to Equal initiative aims to advance the conversation with policymakers, donors, researchers, implementers, and activists, and to identify opportunities for further collaboration among advocates.

⁴ Axinn, W. G., Barber, J. S., & Thornton, A. (1998). The long-term impact of parents' childbearing decisions on children's self-esteem. *Demography*, 35(4), 435-443.

Stay tuned for the launch of the full report, **Getting to Equal: Global Evidence and Action on Men, Gender Equality, and SRHR.**