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Erratum: The photo on p. 3 of Entre Nous No. 43-44 was taken by Nancy Durell McKenna and not Dr Viviana Mangiatera. We apologise for the mistake.

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Reproductive Health: Men's Business Too

Ensuring the reproductive health of present and future generations cannot be the sole responsibility of women, but must be carried out by men as well - men as policy makers, health service providers, scientists and as partners, husbands and fathers. Only this joint effort will lead to a long-term sustainable reduction in maternal morbidity and mortality, and a substantial reduction in the incidence of sexually transmitted infections and HIV infection in teenage pregnancy and in unwanted infertility.

Nevertheless, a review of activities in the field of reproductive health since the International Conference on Population and Development in 1994 reveals a clear prioritising of activities focusing on women, as they bear the greater burden of reproductive ill-health.

The International Planned Parenthood Federation (IPPF) has further analysed the main barriers to the involvement of men in reproductive health activities:

"Most modern contraceptive devices are female methods. At present there is a paucity of choice of male methods of contraception available, and men have fears and concerns about the methods that are available. Most family planning and reproductive health programmes have been designed for adult women. The exclusion of men from programmes means the exclusion of men from education regarding sexuality, fertility, anatomy, contraception, and the prevention of transmission of sexually transmitted diseases (STDs) and HIV/AIDS. Reproductive health care providers have been trained to counsel women, and need to adapt to counselling men, or to counsel men and women together. Providers cannot assume that men are not interested in contraception or reproductive health, as many studies show that men are supportive of contraception and believe that contraceptive and family planning decisions should be made jointly. Programme planning for increasing male involvement is impeded by a lack of up-to-date information on male attitudes, knowledge and practices related to family planning and reproductive health [www.ippf.org]."

In this issue of Entre Nous, authors from the East and West contribute their experiences from programmes designed to reach out to men, and to help them. A number of successful initiatives in European countries have already begun. There has especially been a heavy focus on information, education and communication (IEC) activities for soldiers. In Turkey, for example, the military collaborate on a programme to implement IEC activities for young soldiers (see page six). In Bulgaria a UNAIDS/UNDP project was used as the basis for several seminars held by the military; informational material on reproductive health was later distributed to cadets as a part of the project (see page ten). In Denmark, in 1996, all men carrying out their mandatory military service received a copy of Brug Gummimand (Use a Condom, Man), a book on contraceptive options for men produced by the Danish Family Planning Association. The authors review the outcomes and strengths of the Turkish and Bulgarian projects.

Migration and male reproductive health behaviour is addressed in an initiative by the Institute of Public Health of Serbia, which has underlined the need for workers travelling on assignment to countries with a high incidence of HIV/AIDS to receive reproductive health counselling. Surveys reveal that the workers, primarily men, suffer from serious lapses of knowledge on HIV/STI transmission. In fact, one out of four workers questioned in a recent survey never use a condom.

In this issue we also continue the discussion on male involvement through an article by Erik Centerwall of The Swedish Family Planning Association, presenting their activities in involving men in reproductive health services. Concretely, IEC activities for Swedish boys and men have reduced gender-related violence and greatly increased male involvement in family planning and sexual health. But, as Centerwall points out, new initiatives for male participants should not come at the expense of programmes for women.

Dr Malika Ladjali of UNESCO further argues for the need for male involvement in sexual and reproductive health services. She calls for studies to be undertaken to identify men's perspectives, concerns and specific problems. Moreover, clinics and services should be established, to the extent possible, for the exclusive use of men.

The country section of Entre Nous reviews the updated "Highlights on Women's Health", starting with the Ukraine. This is followed by a carefully chosen list of key documents, books, articles and web sites on men and reproductive health.

We hope that these articles and resources will help those colleagues who are initiating programmes for men in Europe, for in view of the current STI epidemic, action is needed immediately and on a large scale. We welcome feedback on the theme of "Reproductive Health: Men's Business Too" as well as information on any resource we may have unintentionally overlooked.

Upcoming issues in the year 2000 will continue the discussion on male involvement as well as look at reproductive and sexual health in emergency situations, and reproductive health and genetic disorders.

Assia Brandrup-Lukanow
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THE CHANGING ROLE OF MEN
SINCE ICPD

The report of the International Conference on Population and Development (ICPD), known as the Cairo Programme of Action, was released in September 1994. Delegations from 179 nations and thousands of NGO representatives met in Cairo to discuss ways to address world population growth and to promote global economic and human development.

The final conference document was a 16-chapter Programme of Action that offers concrete actions for improving the quality of life for all people. Key recommendations include: empowering women in the economic, political and social arenas; removing gender disparities in education; integrating family planning with related efforts to improve maternal and child health and prevent the spread of HIV/AIDS and other sexually transmitted infections; increasing financial and human resources commitments; and strengthening cooperation between the public and private sectors in implementing these goals.

Below are the sections of the Cairo Programme of Action (18 October 1994) referring to men. Although the Programme of Action, as mentioned above, stresses the empowerment, involvement and central role of women in reproductive health policy planning, it also clearly makes the case for increased male responsibilities and participation. The subject matter of a number of articles and resources in this issue of Entre Nous clearly reflect this interpretation of the Programmes of Action. The full programme is available from www.unfpa.org/icpd/reports.htm.

REPORT OF THE INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT
(Cairo, 5-13 September 1994)

Basis for action
4.24. Changes in both men’s and women’s knowledge, attitudes and behaviour are necessary conditions for achieving the harmonious partnership of men and women. Men play a key role in bringing about gender equality since, in most societies, men exercise preponderant power in nearly every sphere of life, ranging from personal decisions regarding the size of families to the policy and programme decisions taken at all levels of Government. It is essential to improve communication between men and women on issues of sexuality and reproductive health, and the understanding of their joint responsibilities, so that men and women are equal partners in public and private life.

Objective
4.25. The objective is to promote gender equality in all spheres of life, including family and community life, and to encourage and enable men to take responsibility for their sexual and reproductive behaviour and their social and family roles.

Actions
4.26. The equal participation of women and men in all areas of family and household responsibilities, including family planning, child-rearing and housework, should be promoted and encouraged by Governments. This should be pursued by means of information, education, communication, employment legislation and by fostering an economically enabling environment, such as family leave for men and women so that they may have more choice regarding the balance of their domestic and public responsibilities.

4.27. Special efforts should be made to emphasise men’s shared responsibility and promote their active involvement in responsible parenthood, sexual and reproductive behaviour, including family planning, prenatal, maternal and child health; prevention of sexually transmitted diseases, including HIV; prevention of unwanted and high-risk pregnancies; and the contribution to family income, children’s education, health and nutrition; and recognition and promotion of the equal value of children of both sexes.

Male responsibilities in family life must be included in the education of children from the earliest ages. Special emphasis should be placed on the prevention of violence against women and children.

4.28. Governments should take steps to ensure that children receive appropriate financial support from their parents by, among other measures, enforcing child-support laws.

Governments should consider changes in law and policy to ensure men’s responsibility to and financial support for their children and families. Such laws and policies should also encourage maintenance or reconstitution of the family unit. The safety of women in abusive relationships should be protected.

4.29. National and community leaders should promote the full involvement of men in family life and the full integration of women in community life. Parents and schools should ensure that attitudes that are respectful of women and girls as equals are instilled in boys from the earliest possible age, along with an understanding of their shared responsibilities in all aspects of a safe, secure and harmonious family life. Relevant programmes to reach boys before they become sexually active are urgently needed.

8.22. All countries, with the support of all sections of the international community, must expand the provision of maternal health services in the context of primary health care. These services, based on the concept of informed choice, should include education on safe motherhood, prenatal care that is focused and effective, maternal nutrition programmes, adequate delivery assistance that avoids excessive recourse to caesarean sections and provides for obstetric emergencies; referral services for pregnancy, childbirth and abortion complications; post-natal care and family planning. All births should be assisted by trained persons, preferably nurses and midwives, but at least by trained birth attendants. The underlying causes of maternal morbidity and mortality should be identified, and attention should be given to the development of strategies to overcome them and for adequate evaluation and monitoring mechanisms to assess the progress being made in reducing maternal mortality and morbidity and to enhance the effectiveness of ongoing programmes. Programmes and education to engage men’s support for maternal health and safe motherhood should be developed.

12.13. Research on sexuality and gender roles and relationships in different cultural settings is urgently needed, with emphasis on such areas as abuse, discrimination and violence against women; genital mutilation, where practised; sexual behaviour and attitudes; men’s attitudes towards sexuality and procreation, family, gender and family roles; risk-taking behaviour regarding sexually transmitted diseases and unplanned pregnancies; women’s and men’s perceived needs for methods for regulation of fertility and sexual health services; and reasons for non-use or ineffective use of existing services and technologies.

12.14. High priority should also be given to the development of new methods for regulation of fertility for men. Special research should be undertaken to inhibit male participation in order to enhance male involvement and responsibility in family planning. In conducting sexual and reproductive health research, special attention should be given to the needs of adolescents in order to develop suitable policies and programmes and appropriate technologies to meet their health needs. Special priority should be given to research on sexually transmitted diseases, including HIV/AIDS, and research on infertility.

12.24. Governments, intergovernmental organisations, non-governmental organisations concerned, funding agencies and research organisations are urged to give priority to research on the linkages between women’s roles and status and demographic and development processes. Among the vital areas for research are changing family structures; family well-being; the interactions between women’s and men’s diverse roles, including their use of time, access to power and decision-making and control over resources; associated norms, laws, values and beliefs; and the economic and demographic outcomes of gender inequality. Women should be involved at all stages of gender research planning, and efforts should be made to recruit and train more female researchers.

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ADVANCING REPRODUCTIVE HEALTH THROUGH HUMAN RIGHTS AND LAWS

Issue number 50 of Progress in Human Reproduction Research looks at the complex topic of human rights, law and reproductive health. It reviews the human rights agreements that relate to women's reproductive health and explores how a human rights perspective can help to correct women's health disadvantages by highlighting them as injustices. It also summarises and assesses states' duties to respect, protect and fulfill reproductive rights, and looks at the role of social science research in protecting the sexual and reproductive choice of adolescents.

Advances in the recognition, promotion and protection of reproductive health have been accelerated in the aftermath of the International Conference on Population and Development (ICPD) in Cairo in 1994 and the United Nations Fourth World Conference on Women held in Beijing the following year. Many countries already have reassessed and reformed their policies, laws and practices in the light of these conferences, or are in the process of doing so.

Of course, law must protect the sexual and reproductive health of men just as much as of women. However, because women bear the burden of gestation, and their lives and health are more at stake in pregnancy and childbirth than those of men, women are more centrally concerned than men in the legal protection and promotion of reproductive health.

In terms of modern human rights law, which guarantees equity between the sexes, many of the health disadvantages of women can be classified as injustices. Maternal death, for instance, is often only the end point of a series of injustices that women face. Women are attributed low social status and menial social roles, neglected in education, and recognized primarily for their childbearing capacity. This "devaluation" of women often leads to a denial of rights such as the rights to access to information, adequate nutrition, and health services such as family planning to which they are entitled by the fact that their governments have signed international agreements.

Despite the fact that international treaties and conventions on human rights exist, and that many of their clauses have a bearing on the protection and promotion of reproductive health, many women still experience poor reproductive health. Societies that accord low status to women, for example, often accept maternal death as part of the natural order of things. In a position paper presented to the ICPD+5 Forum in The Hague, Netherlands, 8-12 February 1999 - held to review progress towards the goals of ICPD - the Programme stressed the need to pay more attention "to the task of translating rights in sexuality and reproduction into laws". International human rights are a key element in the achievement of better reproductive health worldwide.

Many laws and regulations have a potential influence on people's reproductive health. For instance, laws or abortion, female genital mutilation, rape and domestic abuse can directly affect reproductive health. Laws on education, employment and property, which influence women's status, have an indirect effect on reproductive health. To date, however, apart from the specific cases of abortion laws and female genital mutilation practices, there has been little or no assessment of how laws and policies affect reproductive health.

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WOMEN’S HEALTH AND DEVELOPMENT

SPOTLIGHT ON TURKEY

Turkey, located on both the European and Asian continents, is among the twenty most populous countries in the world and the most populous in the Middle East with sixty-three million people, of which ninety-eight percent are Muslims.

In Turkey both the "modern" and "traditional" exist simultaneously with a resulting sharp contrast between population groups. Traditional opposition to modernisation persists in the less developed areas in the north and east. Family ties are strong and influence the formation of values, attitudes, aspirations and goals. Although laws can be considered to be liberal on gender equality, patriarchal ideology still characterises social life.

The Ministry of Health of Turkey, established in 1920, was among the first ministries of health in the world to prioritise prevention rather than treatment of diseases.

Women’s reproductive health

One of the key legislative changes affecting women’s reproductive health was the second antinatalist population planning law, passed in 1983. Prior to the change in the first population planning law, operational research was carried out by Hacettepe University Public Health Department with the collaboration of WHO/HRP including:

- Developing family planning (FP) training methods and materials for non-physicians (nurses and midwives) to provide effective FP methods (ie IUD insertion). This study was completed in three phases. It was demonstrated that trained non-physicians can insert IUDs as successfully as trained physicians;
- Introduction of safe and simple techniques (ie manual vacuum aspiration) to terminate pregnancies by trained general practitioners;
- Development of training methods for physicians (general practitioners) to provide clinical fertility regulation services.

The results of the above research were submitted to the Ministry of Health (MoH), the medical/academic communities as well as policy-makers. New legislation was proposed to:

- Authorise non-physicians to insert IUDs;
- Legalise abortion up to ten weeks after conception and to license general practitioners to terminate pregnancies;
- Legalise surgical contraception.

After a series of meetings with related sectors and groups, organised by MoH, the new Population Planning Law was passed by the parliament on 24 May 1983. All of the proposed items were passed and Turkey now has some of the most comprehensive and liberal population planning legislation in the world.

Improved maternal health

The most striking effects of the new law were on maternal health. Before the legislation many women died due to unsafe abortion, primarily self-induced. After the legislation on abortion, which permits abortion up to ten weeks after conception upon request, abortion services became available at public hospitals and the cost of induced abortions in the private sector was significantly reduced. The most important outcome of these changes was the near disappearance of maternal deaths due to unsafe abortions.

"a significant increase in the prevalence of IUD use in the country was observed"

Family planning services that had been provided for years on the basis of the 1965 law gradually became widespread in Turkey. The proportion of total contraceptive users increased over the years, but the share of the less effective methods had always been higher than the effective methods. However, because of the effect of the new law (1983), a significant increase in the prevalence of IUD use in the country was observed and had gained from 7% before passage of the law to 14% five years after passage of the law. This was primarily the result of the law allowing for nurses and midwives to insert IUDs. A similar trend was not observed with regard to other contraceptive methods. However, by 1993 usage of effective methods exceeded the use of less effective (traditional) methods.

Maternal mortality rate

The maternal mortality rate (MMR) was over 200 per 100,000 live births in 1974. It decreased to 132 in 1981 and is now estimated to be 100 per 100,000 live births. In fact, the preliminary results of a recent study on maternal mortality, which was carried out in the 615 hospitals of the 53 provinces by the MoH with technical collaboration from WHO and the Hacettepe University Public Health Department in 1997, indicated that MMR is 54.2 per 100,000 live births and two-thirds of the maternal deaths are preventable with existing health facilities and infrastructure. Haemorrhage was found to be the leading cause of maternal deaths followed by toxemia and infection. In the survey it was found that lack of provision of health-care services was present in around half of the maternal deaths.

During the last five years the percentage of women receiving antenatal care increased from 43% to 63%. The percentage of safe delivery is 76%. Thirty-nine per cent of total deliveries took place at home. Twenty-four per cent of deliveries are assisted by traditional birth attendants at home which is a major concern with regard to obstetrical care. Distrust (31%), traditions (24%) and accessibility (21%) are the more frequently cited reasons for not using obstetrical services.

The proportion of families who do not want more children is 70%. Contraceptive prevalence is 63% for families of reproductive age. User prevalence of effective methods is 35%. Sixty-eight per cent of reproductive age women have at least one of the following features which are risk factors for pregnancy: under the age of twenty or over 35; have had five or more pregnancies; less than a two year pregnancy interval.

Although statistics related to sexually transmitted infections (STIs) in Turkey are not very accurate, the latest official figures show that there are 279 AIDS cases and 550 HIV carriers (1997). The prevalence of hepatitis B varies between two to seven per cent of the total population.

ICPD Programme of Action

Turkey is one of the countries which actively participated in the International Conference on Population and Development (ICPD) in 1994. Following the conference, Turkey initiated actions to change the country's traditional attitudes and practices, especially with regard to reproductive health (RH). The country also established mechanisms to follow up the progress in implementing the RH plan of action.
Importing an old tradition
As a natural consequence of the migration from countries where female genital mutilation (FGM) is performed, Europe has been presented with a centuries old practice which needs to be addressed in the context of a modern European society. The arrival of a group of people with a cultural background so very different from our own not only calls for a certain degree of open-mindedness and acceptance from the community as a whole, but it also necessitates a co-ordinated and combined effort from the wide range of public institutions, social services and medical personnel most often in direct contact with those affected by FGM.

The professionals working in these areas should be equipped to meet the specific needs of the newcomers as well as act as a source of information that may help eradicate various misconceptions about FGM in a both understandable and sensitive manner. In Denmark, problems related to FGM surfaced in earnest when civil war in Somalia forced thousands to flee their homeland and seek asylum in more peaceful countries. Since the late 1980s the number of Somalis in Denmark has grown to 12,000 of which almost half are women whose lives have been affected by FGM in some way.

According to Somali tradition, an uncircumcised woman is not considered to be marriagable or socially acceptable and the threat of ending up an outcast is therefore very real. For this reason mothers, and especially grandmothers, see the procedure as a way of ensuring the future of their daughters and choose to ignore, or are ignorant of the fact that, the hazards of FGM have been pointed out by Somali authorities since the late 1970s.

As a result, the process of wiping out the 2000-year-old practice is therefore only progressing very slowly. About 98% of the women undergo the procedure at a very young age and of these the majority experience infibulation—the most extensive and damaging form of FGM, which entails the excision of a part or all the external genitalia and the subsequent stitching together of most of the vaginal opening. Not surprisingly, the psychological and physical implications can be very serious and have a life-long effect. Many women do not even connect difficulties they experience to FGM but simply regard them as a natural part of womanhood. It is therefore important that relevant information and qualified assistance be provided to the circumcised women, especially in the event of pregnancy and childbirth when many questions typically will need to be answered.

Let us talk!
As a response to this challenge, The Danish National Board of Health decided in 1998 to focus on FGM by launching an information campaign aimed at both resident Somalis and relevant Danish professionals. A video film entitled "Let us talk" was produced in Somali with English subtitles and presented different Somali views on the harmfulness of FGM.

The activities related to ICPD recommendations on RH in Turkey include:

1. After ICPD traditional maternal and child health/family planning (MCH/FP) approaches in primary health-care services were changed, maternal being replaced by women's health and a comprehensive RH care approach was adopted which includes: RH problems of adolescents; reproductive age women; post-menopausal and elderly women and their RH needs. The targets and strategies concerning population and RH were included in the seventh "Five Year Development Plan", ratified by the Turkish Grand National Assembly.

2. A population planning advisory board as a supreme organ under the MoH was established in 1993 to facilitate intersectoral collaboration and cooperation. After ICPD this board was reorganised and renamed "Women's Health and Family Planning Advisory Board". It includes representatives from governmental and non-governmental organisations. This board serves as an excellent mechanism to motivate all related sectors to initiate new approaches, projects and programmes in accordance with ICPD recommendations and also monitor and follow up the implementation as well as progress in women's health and status.

Involvement of men
The activities to involve men in RH programmes, especially for STIs and fertility regulation are particularly important in a male dominated society like Turkey. Some operational research has shown that when men are targeted using appropriate personnel and information, education and communication (IEC) materials, contraceptive prevalence is increased. The needs of men for FP were assessed through a survey and IEC programmes were developed accordingly. Pamphlets, TV spots and dramas have also been produced to increase knowledge and awareness about RH for men.

Recently, the Turkish Family Health and Planning Foundation initiated a special programme with the collaboration of the military to implement IEC programmes on RH for soldiers around the age of twenty. The programmes is still continuing.

Final remarks
Although efforts have been made to provide services in RH for adolescents, men and post-menopausal/elderly women in Turkey, achievements from these efforts are far from being satisfactory. Therefore, interests and efforts to provide adequate RH services should be continued for these three groups. Finally, the continued support of politicians for increased RH services in the next century is crucial.

For more information on the role of men in Turkey see AVSC International's working paper entitled "Involving Men as Partners in Reproductive Health: Lessons Learned from Turkey". Available from AVSC, 440 Ninth Ave., NY, NY 10001, Fax: (+1) 212 779-9489, E-mail: info@avsc.org.

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WOMEN'S HEALTH AND DEVELOPMENT

NO. 45 - WINTER 1999 - PAGE 7
The film not only lends a voice to the "average" Somali woman in Denmark, but also presents the opinions of Somali men, a religious leader and professionals in the fields of psychology and medicine. This combination of individuals, combined with their candour, appeals to a large audience as well as making the argumentation both credible and convincing.

In order to raise consciousness, induce discussions and hopefully sway common opinion on the subject, "Let us talk" stresses the following main points against FGM:

1. FGM is the cause of a variety of physical and mental problems that not only affect the individual woman but may also influence family life and the relationship between spouses.

2. FGM has no foundation in Islam and is neither required nor recommended by the Koran. The belief that FGM is a part of religious observance is built upon a misconception. FGM was practised in Africa long before the birth of Islam as a religion.

3. FGM is regarded as an act of violence according to the Danish penal code and is punishable with prison, regardless of the underlying intent or even consent from the persons involved. FGM performed abroad may also be punishable upon return to Denmark if it is illegal in both states.

4. FGM is a violation of international human rights law, in particular the Convention on the Rights of the Child which also legally binds states to protect children and eradicate traditional practices harmful to them.

Informing the informants
To complement the video film, the Danish National Board of Health produced a book in 1999 aimed at the aforementioned Danish professionals working in the public sector. It deals with the prevention of circumcision and supplies the reader with important background information, statistics and diagrams. The book also dedicates separate specialised chapters to the social workers, teachers, translators, nurses, doctors and midwives that are expected to read it. In a very comprehensive and clear manner, guidelines are offered on how best to embrace a specific situation involving FGM and tips and ideas suggest how to make an encounter a pleasant and satisfactory one for all parties, trust and respect being two of the key words. It is hoped that Danes will use this opportunity to learn something as well.

Changing tradition
"A tradition stopped will provoke Gods anger" were the words of one of the interviewed women in "Let us talk". What can be done to effectively put end to an archaic practice that has killed, maimed and tortured countless women and children? How can we advocate for a change in deeply rooted social structures that have defined the low status of women throughout the generations? The words that readily come to mind are education and legislation. In order to make millions of people understand the risks involved and set aside their traditional beliefs, national governments and organisations must live up to their international commitments and actively deal with the issue. Several African countries are presently promoting national plans of action and backing the information campaign with legislation that outlaws FGM. Making the procedure a criminal act with penalisation as a repercussion will force many to think twice – especially those actively per-

Another important factor in the fight against FGM is the role played by non-governmental organisations and the United Nations. International debate and action is vital for creating global awareness and putting pressure on reluctant states as well as assisting those with a genuine desire to institute changes. For example, WHO, UNICEF and UNFPA have pooled their expertise and resources in order to ensure the widest, most effective approach and keep international focus on the issue. The UNFPA even appointed a Special Ambassador for the Elimination of FGM, Ms Waris Diri, an internationally known Somali supermodel.

The United Nations is also the forum where globally recognised human rights are formulated and codified in instruments that are meant to bind states legally and morally to a set of international rules and norms. The International Bill of Human Rights, the CEDAW ("Women's Convention"), the Convention on the Rights of the Child, the Vienna Declaration and the Declaration on Violence against Women are all documents which try to lay a foundation for a world in which women and children need not fear for assaults on their lives and bodies. The Convention on the Rights of the Child is actually the most ratified convention of all, but unfortunately, many countries still need to put action behind repeated shows of commitment. We can only hope that the present slow, but positive, development is merely the beginning of a total abolishment of FGM.

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The video film "Let us talk" and book Preventing FGM, reviewed above, are available from:
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YUGOSLAVIA

"Migration" - Programme Activities Targeting Men

There are a multiplicity of causes leading to population migration, be it temporary or permanent migration, and, consequently, those concerned (travellers, workers, members of ethnic minorities/communities) are a highly varied group. In spite of possible improvements in health conditions through the exchange of ideas, knowledge and technology, migration also results in numerous health threats, with AIDS as one of the most significant.

Migration in and of itself does not necessarily create health problems, and in most cases it does not. However, when people arrive in foreign surroundings, they are commonly exposed to the influence of new patterns of life, attitudes and behaviour. It is characteristic for migrants to accommodate themselves to the new conditions, which can subsequently lead to health problems, especially with regard to reproductive and sexual health. This is often the case when partners are separated; men may seek sexual relations with an unknown partner and/or neglect to use proper contraception.

Today, at a time when many Yugoslav companies send their workers to different parts of the world, including countries with a high incidence of AIDS (Zimbabwe, Uganda, Ethiopia, Congo, Cameroon, Nigeria, Zambia, Ghana, etc.), it has finally been accepted that these groups of people require special attention from health-care workers.

Designing programme activities

A questionnaire, designed by the Public Health Institute of Serbia, was used to determine the special situations facing "migrants" as well as their risk perception and knowledge, in order to create programme activities.

The research was carried out in 1997 and 1998 with targeted groups of workers on temporary assignment in countries with a high incidence of HIV/AIDS. Most of the workers were welders, locksmiths, civil technicians, mechanical technicians, electrical technicians, concrete workers, shipbuilders, etc. The questionnaires, responded to anonymously, were passed out during mandatory vaccination appointments.

The results have shown critical gaps in workers' knowledge, which subsequently form the basis for the educational programme targeting this group. These gaps in knowledge on sexual and reproductive health include:

- While sexual intercourse can be one means of HIV transmission, 26.6% of the questioned workers believe that HIV can also be transmitted by a kiss, a mosquito or a flea bite;
- 92.5% of the questioned workers agree that condom use is efficient in HIV prevention, but 23.4% never use condoms;
- 7.5% believe that oral contraceptive pills or an intrauterine device also prevent sexually transmitted infections.

Programme activities

On the basis of the research results, an educational programme for migrants, designed to train and strengthen individual capabilities and modify risky behaviour, was created.

A brochure entitled "Health advice for international travellers" was published by the Institute, and was delivered to workers during their mandatory vaccinations. In addition to the brochure, verbal advice is also given to those people travelling to countries with a high incidence of HIV/AIDS. At the Public Health Institute of Serbia, three health education handbooks (text with pictures) related to AIDS and sexually transmitted infections (STIs) appropriate for group work were developed. A handbook for tourist and health workers is currently in progress.

Negotiations with airline companies and leading tourist organisations on creating conditions for informing travellers on HIV/AIDS risks, STIs and measures for personal protection during travel were carried out in 1997. Leaflet and brochure prototypes were developed and delivered to relevant organisations in the hope that they would be included in onboard flight magazines.

At the end of 1998 a process for creating more cooperation between the state and other organisations and institutions at regional and local levels was initiated, including acceptable financial support and development of a network for exchanging experience, expertise and approaches in this area. The key points in this process are:

- A study of "migratory group" needs carried out at the national level;
- Lobbying for fulfillment of these needs at national and international levels;
- Support for coordination of AIDS and STI programmes;
- Successful IEC (information, education and communication) strategies with regard to sexual and reproductive health issues;
- Empowerment of groups within local communities.

Due to existing problems, though reduced, activities are continuing. The main emphasis will be on improving the organisation and coordination of team work. Future activities will also include tourists and other domestic travellers.

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BULGARIA

Educating Cadets to Prevent the Spread of STIs

Opinions of young people on sexual behaviour, risks related to HIV/AIDS and other sexually transmitted infections (STIs) have recently been collected through sociological surveys and discussions with cadets from one of the military academies in Bulgaria. The main survey was carried out within the framework of the "Touching Reality" UNAIDS/UNDP Project. It was used as a basis for several seminars held by experts (mainly psychologists) from the Centre for Military Psychology and Psychophrophylactics for cadets in this military school. Moreover, brochures and pamphlets were issued and disseminated among the cadets as a part of the project.

Our observations with regard to the level of awareness about risks of contracting HIV infection and on HIV/AIDS in general are as follows: the main source of information is the mass-media (the press, radio and TV), while 1.3% have not been informed at all. The quality of information is rather low and has revealed the insufficient health and social culture of the respondents. For example, 5.1% of those questioned believe that sharing toilet accessories is the main cause of HIV transmission. 2.3% do not think that sexual intercourse has anything to do with HIV transmission.

Data related to safe sexual behaviour and attitudes have revealed disturbing developments. Specifically, respondents seem to rely more on trust in their partner, i.e. control of their health is not in their hands, than on using a condom. Resistance to using condoms could bind in a rather threatening way the personal responsibility for health with blind faith in the partner: according to 84.7% of the cadets: "having sex with a permanent partner is the safest way to prevent AIDS infection", while 82% of them do not find it necessary to use a condom. According to most of the cadets (62%), using condoms decreases the pleasure derived from sex and some 12% feel uneasiness and shame at the thought of discussing the subject with their partners.

"2.3% do not think that sexual intercourse has anything to do with HIV transmission."

As we can see, the disposition to risky sexual behaviour is alarmingly high among the cadets. At the same time, moral values such as confidence, faithfulness and stable relationships are of special importance to them.

"She would not surprise me in such an unpleasant way"

Our observations of cadets' attitudes on the risk of unwanted pregnancy are as follows:

- the responsibility should be taken by both partners;
- contraceptives are sometimes neglected because of the spontaneity of the situation;
- alternative methods of contraception are very rarely used (predominantly relying on condoms);
- some cadets believe that contraceptive decisions should be made by the woman, as the eventual consequences would predominantly affect her;
- confidence in the partner is very often identified with the firm belief that she will not get pregnant ("she would not surprise me in such an unpleasant way");
- it is believed that pleasure from sexual intercourse decreases when eventual consequences have to be considered;
- uneasiness is sometimes felt when discussing contraception with the partner (fear of the response "he doesn't love me if he is afraid of getting me pregnant").

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Emergency contraception isn’t just for the morning after. It can be started up to 5 days (72 hours) after unprotected sex. Emergency contraception is free and confidential — ask your doctor or family planning advice for further information.

Men also need to be informed about emergency contraception for women.
SEXUAL AND REPRODUCTIVE HEALTH

Are Men Indispensable?

Is it a fashion, a reality or the empty slogan of advocates for the cause? Over the past several years, in many countries, men's involvement in sexual and reproductive health programmes has been a very prominent issue. In fact, although the results achieved are not very conclusive, for more than a decade numerous initiatives have been undertaken in the field in view of getting men involved in these programmes. Very often, these initiatives involve either IEC (information, education, communication) activities or some form of family planning methods, mainly vasectomy, which is proposed to men. In all these instances, only certain aspects of sexual and reproductive health are included in the approach. In good faith, actions are initiated with the sole concern for improving the reproductive health of women, without taking into account the problems that men themselves may encounter. Few programmes make the commitment to really grapple with the problems of the relations between men and women or offer a forum for dialogue which is concerned with associating the two partners in the decision-making which is inherent in sexuality.

In this article, we attempt to examine the context and the problematical framework in which most of the services have been organised for men, but also the objective reasons for which men must be involved. Subsequently, strategies are proposed so that the involvement of men might contribute not only to improving women's health but also to providing solutions to men's own concerns and problems.

Initiatives which claim to involve men are set up in the field but they do not always meet with the anticipated degree of success.

In general, most of the programmes for sexual and reproductive health are directed at women only. Some separate initiatives for men may exist alongside. Very few of them incorporate the problematic of gender in their objectives. Why should this be so?

• Many of the services for sexual and reproductive health are provided within maternal and child health (MCH) centres, locations traditionally reserved for women and children.

• Very little research attempts to understand the behaviour of men in reproductive health. Most studies have focused exclusively on women's perspectives on family planning, for example.

• Myths about male behaviour abound, and they are for the most part unverified preconceptions: men are opposed to family planning; they prefer large families; it is always up to the male to initiate sexual relations; men will never consult a female health worker to speak of their problems; in short, it is believed to be very difficult to offer services to men.

Why is it important that men participate in sexual and reproductive health programmes?

The fact that women pay a heavy toll for the sake of reproduction needs no further proof: more than one-third of their mortality and their morbidity is due to related causes. The point is not to divert the resources currently earmarked for women but rather to examine the reasons why men should participate:

• Men have their own concerns and problems in regard to their sexual health: sexual conditions and dysfunctions; hypofertility and infertility; prevention and treatment of sexually transmitted infections (STIs) and AIDS; urological problems; prostate cancer; prevention of violence; and, finally, methods of family planning. These problems are exacerbated by inadequate knowledge of women's health and issues. Men do not always know where to turn for treatment and to obtain advice.

• Men's sexual behaviour affects the sexual and reproductive health of women. Most decisions related to sexual and reproductive health can have a direct effect on the health of women, for example unwanted pregnancies. In the prevention of STIs and HIV infection, except for the female condom, the fact remains that all the methods available are within the control of men. By having men participate in programmes, it is possible to obtain greater support and greater awareness on their part for the problems which women encounter.

• The Conferences of Cairo and Beijing created a propitious climate for discussion of these problems and for bringing sexual issues out into the open. The ICPD (International Conference on Population and Development) contributed to a comprehensive perspective on all aspects of sexual and reproductive health in addition to family planning. While maintaining the priority given to women's health, growing interest is devoted to the health of the couple. The Cairo and Beijing Conferences facilitated discussions on equality, equality and gender issues on the institutional level but also on the level of services and programmes.

The ICPD devoted a whole section to men's involvement (Chapter IV, section C). In brief, it addresses the issues of better understanding of women's and men's responsibilities and of aiming for equality between the two partners in public life as well as in the private sphere. Among the actions to be undertaken, there is a need to promote the sharing of responsibilities in child rearing and the education of children, family planning, in all activities related to the protection of women's health and the prevention of high-risk pregnancies, STIs and AIDS. There is in addition a need to promote the joint man-
agement of resources and also the recognition of the value of female children.

- The involvement of men contributes to improving communication between men and women. It creates a forum for tackling the problems of equality between men and women which goes beyond those of reproductive health. This participation allows for the discussion about roles and responsibilities of men and of women in public and private life.

- Developing countries have introduced numerous approaches to encourage the involvement of men. Learning the lessons to be drawn from successes, or failures for that matter, in order to attempt to implement effective programmes for men is a challenge which must be met.

By what principles can we be guided in developing our sexual and reproductive health services?

These four principles can serve as a guide: first, recognise that men too have specific needs in the area of sexual and reproductive health; then implement programmes which integrate gender approaches, with the ultimate goal of establishing relations between men and women which are more egalitarian; then set up programmes which correspond to the different stages of development of the individual: childhood, adolescence, adulthood and more advanced ages; and, finally, ensure that the quality of care constitutes an integral element of all the services which are provided.

What challenges must be taken up in order to establish strategies for the involvement of men which integrate the above criteria?

The services to be implemented must take into account gender approaches while respecting the perspectives of women and men. All programmes targeting the involvement of men must be articulated around a better understanding of the relations between men and women and around the mechanisms by which decisions are reached between partners. This implies either the development of new services for men or, more realistically, given the limited resources available, the adaptation of existing services to integrate men’s concerns. In all these initiatives, absolute respect for the confidentiality of the client(s) must be maintained.

Suitable services for men should endorse the following objectives:

- Specific hours of service reserved for men in the existing reproductive health facilities. Interesting experiments have been carried out in this domain. The importance of counselling must be emphasised as well as the mandatory observance of rigorous confidentiality in the exercise of all activities.

- Develop services which are centred around men’s perspectives, ensuring that their points of view are assessed and taken into account before inaugurating any programmes.

- Train the providers of services in the problems of men’s sexual and reproductive health. Very often, these subjects occupy scant if any space in the training curriculum of health personnel. One must also be certain that the personnel are not consciously or unconsciously opposed to masculinist methods of family planning.

- Develop IEC strategies through participatory approaches. In this process, it is essential to sensitize men to problems of women’s health and vice versa. Educational programmes must insist on the shared responsibilities for maintaining the good health of both partners.

In conclusion, the environment is currently very propitious for the consolidation of the initiative of men’s involvement in sexual and reproductive health programmes. To the argument that this participation is indispensable for the improved health of women, one may add that it should also improve the health of men and facilitate communication between partners. The fundamental principle remains that this involvement be undertaken in the context of a gender approach, respecting the principles of equity and equality. Introducing the participation of men is not only to graft another component on to the services already in existence, but to reflect seriously on the importance of satisfactorily sexual and reproductive health for both partners and on how much is at stake in this regard.

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This paper was inspired in large part by the document “Male Involvement in Reproductive Health: Incorporating Gender throughout the Life Cycle” prepared by the UNFPA Technical Support Services System.
HIGHLIGHT ON WOMEN'S HEALTH - UKRAINE

A second edition of the reference document "Highlight on Women's Health" is under great preparation from the Women's and Reproductive Health Unit at the WHO Regional Office for Europe. The data collected show a decline over the last four years in women's health in the Republic of Ukraine. This is of great concern as the health of future generations depends upon the health of women.

The Republic of Ukraine, known for hosting the disastrous nuclear power station Chernobyl, is one of the newly independent states (NIS) formed after the collapse of the Soviet Union. Ukraine is the third largest republic of the NIS and has the second largest number of inhabitants (50.9 million in 1997). The capital of Ukraine, Kiev, is approximately 1,200 km from European capitals such as Berlin and Stockholm, but Ukrainian women live under completely different conditions than their Western European counterparts.

In 1992 Ukraine had the lowest birth rate, the highest death rate and the lowest rate of natural increase of the NIS. The data collected from 1996 show a continuous negative trend of all these indicators. In 1996 women were estimated to make up 54% of both the urban and rural population; 24% of women were of fertile age (ages 15-44). Life expectancy at birth for women is decreasing and was 72.8 in 1997. Cardiovascular diseases, cancer, accidents, poisoning and trauma are factors which contribute to the decrease in life expectancy.

Family and Family Planning
Since 1989 the marriage rate has decreased from 9.5 per 1,000 inhabitants to 6.0 in 1996, and every second marriage ends in divorce. More than half of young families do not have a separate apartment even after ten years of marriage, and almost 50% of families live with their parents. Childless and one-child families are increasing. The total fertility rate has declined to 1.3 in 1996 from 1.7 in 1994.

Abortion still remains the main form of birth control and cause for maternal mortality. The ratio of legal abortions to births in Ukraine (144:100) is also higher than in other former Communist states such as Bulgaria (126:100) and Hungary (64.6:100). In 1996 approximately 14% of women interrupted their first pregnancy, this was over double the 1989 rate. According to 42.7% of survey respondents the reason for this was the economic situation and for 26% it was due to poor housing conditions. Approximately 24% of women use intrauterine devices and only 5.4% use oral contraceptives.

Approximately fifty women have officially undergone sterilisation in Ukraine since the procedure was legalised in 1994.

Maternal Mortality
One of the most important criteria characterising the health of women and the quality of obstetrics services is the rate of maternal mortality. The rate of maternal death varies among the Ukrainian regions from 12 to 70 per 100,000 live births. The overall maternal mortality rate is slightly decreasing and was 30.4 per 100,000 live births in 1996. The leading causes of maternal mortality have in recent years been diseases unrelated to pregnancy such as blood loss, gestosis, septic complications or been connected to abortion. Abortions account for 23% of all maternal deaths, illegally performed abortions, which are estimated to make up 5% of the total number of abortions, lead to death three times more often than safe ones. 16.6% of women had an abortion without anaesthesia.

Analysis show that in 20% of the cases the extragenital pathology is complicated by severe errors of midwives. The quantity of anaemia and cardiovascular diseases has risen manifold among pregnant women in recent years. As a result, normal deliveries are registered in only one third of the cases, and the number of

The document "Highlight on Women's Health" consists of a number of European country profiles prepared by national working groups as a follow-up to the WHO conference "Women's Health Counts" held in Vienna in 1994. The second edition of the European country profiles will be available upon request from the WHO European Regional Office during the spring of 2000.

The Ukrainian version of the Highlight series has been updated in part by using the document "The Health of Women and Children in Ukraine '97" from the Cabinet of Ministers of Ukraine and the Ministry of Health of Ukraine in co-operation with the State Statistical Committee of Ukraine and the National Academy of Sciences of Ukraine with the assistance of UNDP, UNICEF, WHO and World Bank.
post-partum complications and bleed losses during delivery has increased.

Sexual Health and Infertility
The main cause of infertility among Ukrainian women is abortion (22%) and inflammation of the genital tract (30%) mainly caused by sexually transmitted infections (STIs) and endocrine disorders. Between 1992-97 the number of women suffering from syphilis rose sixteen times! The morbidity rate from syphilis among girls aged 16-18 was 63.3 per 100,000 in 1996. In 1994 the Ministry of Health permitted anonymous and private treatment for gonorrhea which has lowered the rates of the disease. As a result, in 1996 the morbidity rate for the same age group of girls was 73.7 per 100,000, which were 4% less than in 1995. The rapid growth of AIDS in Ukraine requires urgent attention; the number of patients suffering from AIDS has risen more than seven times between December 1994 and 1996! As of December 1996, there were officially 5,444 people in Ukraine infected with HIV; of these 23% were women. The main causes of transmission were through intravenous drug use followed by sexual contact.

This is some of the alarming information about the state of women’s health in Ukraine. Since women’s health is the most important characteristic of a population’s development, it is evident that action must be taken to improve the situation of the Ukrainian women.

The European country profiles “Highlight on Women’s Health” draw attention to problems such as those described in Ukraine and also enable comparison between countries in our region. The Highlight therefore provides important information for policy-makers in national and international agencies, and for all individuals promoting women’s health.

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For more information about Ukraine, see the resources section (pages 17-19) for details about the newly published document “Adolescent Reproductive and Sexual Health in Ukraine Situational Analysis”.

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Introduction and Release of The Computerised Information System for Infectious Diseases (CISID)

The Department of Infectious Diseases and the Informatics Support Unit (ISS) of the WHO Regional Office for Europe have collaborated to develop the Computerised Information System for Infectious Diseases (CISID) - a system for the computerised collection, management and presentation of data. Data is entered and accessed via the World Wide Web, by disease programme, either on a case-by-case or aggregated basis.

Presentation of the data utilises a simplistic “data summation” approach to provide demographic and temporal trend information on the occurrence of various infectious illnesses in the European Region.

Some key features of the system include:

• Disease Programme specific data entry modules (including restricted viewing of feedback);
• Public Access to Online Customisable Query facilities;
• Dynamic Business graphics (Java Based);
• Excel Download of retrieved Information;
• Auto-generation of programme-specific indicators.
• Data Feedback and progress tables showing key surveillance indicators and compiled country profiles.

Future functionality includes:

• E-mailing of reports to requestors of information;
• Dynamic Maps of the European Region showing results beneath first administrative level;
• Extended multi-lingual capability;
• Integrated feedback of disease occurrence on a country by country basis.

Currently, the site displays information for Diphtheria, Malaria, HIV/AIDS, Tuberculosis and Polio/APP with future extensions to Measles and other EPI diseases being planned in the coming months. When the system is completely operational, information on STIs will also be collected. This data will include aggregated data by sex, age, and other demographic variables.

For more information, visit the site under development at http://cisd.id.who.dk
REACHING OUT TO MEN

"Male involvement" is a problematic concept. It is both used in a narrow clinical sense, including male sexual dysfunction or men’s use of contraceptives and when referring to men taking part in childcare or in intimate family matters. More common than not, there is a notion that men should change their behaviour, often for the sake of women.

In Sweden, like in many other countries in Europe, a network of protection and preventative care concerned with women’s sexuality and reproductive health has been created during the last decades. Nurses, midwives, mothers, female friends and female sex educators have given a voice to many issues and problems regarding women’s health. As a result, the issue of "male involvement" has been seen as a key component of women’s reproductive health problems.

However, male involvement must be seen in a much broader perspective. In April 1994 men from ten European countries participated in a workshop in Copenhagen with the purpose of discussing male involvement in family planning and sexual health. Among other things the following was proclaimed:

"As activities in family planning involve both sexes and can only arise from understanding the needs, wishes and desires of both sexes, it is important to integrate male perspectives in family planning and promotion of sexual health and wellbeing."

"The associations should be aware of the fact that many young men and boys lack positive role models. This is due, in some cases, to families without fathers and lack of male staff in kindergartens, schools and institutions for children."

Changing male involvement

Male involvement is an issue of changes and embraces many aspects of men’s lives including: health, sexuality, fathering, midlife crisis, violence, family planning, new role models, relationships and so on.

A number of projects have been carried out during the 1990s in different parts of Europe: information groups for adolescent boys in Germany, peer group education and consulting hours for boys in the Netherlands, projects for addressing young men in Northern Ireland, telephone hotlines for boys, education projects within the Turkish army and so on.

Swedish initiatives

In Sweden, father and son programmes, projects for delinquent boys and a men’s network concerned with violence against women have been developed. As a result, a social infrastructure has grown during the last decade.

It all started in 1982 when a survey showed that Swedish boys had no one to talk to about their problems and intimate matters. The following year the National Board for Health and Welfare organised this training for men as well as women who wanted to educate and impart information to young men and teenage boys.

Germs, sexually transmitted infections (STIs), psychosexual development of boys, culture and migration, norms and values, contraception, learning methods and skills and group talks were among the issues emphasized at the trainings, held thrice yearly.

The target groups were military personnel, teachers, nurses and midwives, ministers, coaches and other key persons caring for young men. The national programme led to lectures and training in all parts of Sweden. Those involved created a network of men and women who with great enthusiasm trained and lectured directly to youth and to their colleagues.

"The target groups were military personnel, teachers, nurses and midwives, ministers, coaches and other key persons caring for young men."

Swedish FPA

RFSU, the Swedish Family Planning Association, in cooperation with the city of Stockholm and the National Institute for Public Health, are now in charge of the training. The projects have engaged personnel in the Swedish army, coaches and athletes in hockey and football, ministers in the Swedish church, youth clinics, youth clubs and of course schoolteachers.

RFSU also started the first clinic with special hours for young men. It was found that it would be easier for young men to seek help and advice with regard to sexuallly related issues and complaints if they had a clinic of their own. This initiative came about because most contact organisations dealing with these issues in primary care, including youth clinics in general, are clearly female dominated. Moreover, the dermatological and venereal departments of hospitals, which are an alternative, can be perceived as frightening by boys, and carry a heavy association with disease.
The clinic's goals were as follows:

- To create further knowledge concerning how the needs of young men regarding matters of sex and human relationships should be satisfied;
- To have a high level of medical expertise attached to the clinic, so that young men obtain access to high-quality care to the same extent as young women do today; and
- That young men should always be initially received by an adult male, in both consulting situations and for medical examinations.

It is important to stress that youth clinics for young men should never compete with or take resources away from the health care of women. Several clinics with special space or hours for boys have now been established in Sweden.

Crisis centres for men

Ten years ago we started crisis centres for men in Stockholm, Gothenburg and Gavle. The centres and counselling services have reached out to a grey zone of men never reached by social services or family planning. The slogan of the centres was that only a man could understand a man in crisis. This is only partly true.

Women's organisations, the social services and the police now send men to the centres. This is one example of the extent of reproductive health care in Sweden. The centre's counselling services have revealed that some of the recurring themes in men's lives are:

- Family crisis - power struggle;
- Child custody rights after divorce;
- Personal crisis;
- Family violence;
- Pregnancy, abortion or giving birth.

The inclusion of men in reproductive health centres has also benefited women as men are often the cause of women's problems. Twenty per cent of the men searching for advice and counselling at the centres have problems related to violence. But, almost everyone who completes the programme show some form of improvement.

Through advocacy and support from politicians and civil servants a network of services concerning boys and men has now been established. Projects and counselling are guaranteed by institutions, NGOs and several counties in Sweden.

The purpose of these new initiatives has not been to take resources away from projects concerned with women, but to strengthen and integrate information and education for boys and men, who often tend to create a separate, defensive culture regarding information, education and counselling.

The ultimate purpose, however, has been to create a dialogue with women on these matters, and many of the projects have in fact been initiated and supported by women.

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UN Documents

Adolescent Reproductive and Sexual Health in Ukraine - Situational Analysis (UNFPA, WHO, Ministry of Health of Ukraine, Ukrainian Family Planning Association 1999, pp 85) analyses the factors contributing to increased incidence of sexually transmitted infections, a growing number of HIV-infected and undesired pregnancies and abortions among adolescents and youth, and the overall deterioration of the sexual and reproductive health status of the nation. One of the reasons for this unsatisfactory health status in youth in Ukraine is an absence of a comprehensive picture reflecting the real situation. Surveys are often contradictory and unreliable. This publication, based on international standards, should be seen as a first step towards positive changes.

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Female Genital Mutilation: Programmes to Date: What Works and What Doesn't - A Review (WHO 1999, pp 129) was prepared by the Program for Appropriate Technology in Health (PATH) in Washington, DC, USA. It is estimated that over 130 million girls and women have undergone female genital mutilation (FGM).

This review documents the current status of and trends in FGM programming and identifies crucial elements that need to be prioritised for future support. It is designed to serve as a programming tool and/or baseline for monitoring the evolution of FGM elimination efforts. In spite of numerous obstacles, the findings of the review are encouraging.

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CH-1211 Geneva 27, Switzerland

Fertility and Family Surveys in Countries of the ECE Region, Standard Country Report, Hungary (United Nations Economic Commission for Europe, UNFPA 1999, pp 93) is a part of a long-term sample survey research programme focusing on fertility and family changes conducted in twenty Economic Commission for Europe (ECE) member countries. The report on Hungary marks the tenth in the series of FFS Standard Country Reports published by ECE.

Contact
United Nations
Sales Section
Geneva, Switzerland

Gender and Health: Technical Paper
WHO (1998, pp 76) aims to make accessible a review of the literature on gender and health that would introduce WHO staff, health policy-makers and planners to the concept of gender in health and health policy and programme development. Sections include HIV/AIDS and other sexually transmitted infections, gender-based violence, a discussion about the definition of gender and an extensive bibliography on the subject. The document treats the subject in an in-depth and reader-friendly manner.

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Prevention of HIV Transmission from Mother to Child - Strategic Options (UNAIDS 1999, pp 18) presents key strategies to combat HIV/AIDS and its transmission. Mother-to-child transmission (MTCT) is by far the largest source of HIV infection in children below the age of 15. So far, the AIDS epidemic has claimed the lives of nearly three million children, and another one million are living with HIV today. AIDS threatens to reverse years of steady progress in child survival, and has already doubled infant mortality in the worst affected countries. For additional documents on MTCT contact UNAIDS.

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Additional Documents

Activate: a workbook for young people on sexual and reproductive health (IPPF 1999, pp 15) is designed to support young people who are (or wish to be) involved in sexual and reproductive health (SRH) programmes and activities. Activate can help you find out about the SRH needs and concerns of young people in your community; think of ideas on how to create better conditions for young people’s SRH; and convince those people who play a key role in the development of programmes on SRH in your community.

Contact
International Planned Parenthood Federation (IPPF)
Global Advocacy Division
Regent’s College
Inner Circle, Regent’s Park
London NW1 4NS, UK
Fax: (+44) 171 487 7950
www.ippf.org

AVSC in Tanzania (AVSC International 1999, pp 16) is a small brochure which includes a section on men as partners in reproductive health. The brochure was produced in order to illustrate how effective a partnership approach can be in strengthening access to quality reproductive health services. Because men have not traditionally been involved in reproductive health and family planning, AVSC hosted a workshop in Kenya in 1997 for nine national teams from Africa and Asia to share strategies to work with men as partners in reproductive health. A journalists’ network was subsequently formed. The workshop report is available from AVSC. AVSC is dedicated to improving people’s lives worldwide by making reproductive health services safe, available and sustainable.

Contact
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440 Ninth Avenue
New York, NY 10001, USA
E-mail: info@avsc.org
Catholic Voices at one with the Cairo Consensus (Catholics for a Free Choice 1999) is a dossier prepared for the five-year review process of the United Nations International Conference on Population and Development (ICPD). The dossier maintains that Vatican views lead to an increased incidence of illegal abortion, unwanted pregnancy and HIV/AIDS. It includes a review of Vatican action at the ICPD and a chronology of efforts by Catholic officials to impede implementation of the Cairo Programme of Action.

Caution: Catholic Health Restrictions May Be Hazardous to Your Health (Catholics for a Free Choice 1999, pp 58) includes a short section on the situation in Catholic hospitals with regard to emergency contraception after rape. It also includes listings of mergers between Catholic and non-Catholic hospitals in the US and the impact on reproductive health services.

Contact
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1426 U Street, NW, Suite 301 Washington, DC 20009-3997, USA
Fax: (+1) 202 332-7995
E-mail: cfc@policy.ac.org
www.cath4choice.org

Contraceptive Safety: Rumors and Realities (Eric R. Miller et. al., Population Reference Bureau 1998, pp 40), first published in 1988, has now been updated with the latest scientific research and provides up-to-date information on the safety of contraceptive methods. It includes new information about contraceptive implants, emergency contraceptive pills, female condoms and the lactic acid amino香港ream method. It also discusses postpartum contraception and whether methods protect against sexually transmitted infections, including HIV/AIDS. Available in English, French and Spanish.

Contact
Population Reference Bureau (PRB)
1575 Connecticut Ave., NW, Suite 520
Washington, DC 20009-5728, USA
Fax: (+1) 202 328-3937
E-mail: popref@prb.org

Expanding Access to Safe Abortion: Strategies for Action (Adrienne Germain and Theresa Kim, International Women’s Health Coalition 1998, pp 44) calls upon activists, legislators and policy-makers to keep the promise made by the world’s government at the International Conference on Population and Development (ICPD) in Cairo in 1994. This was a promise to ensure that abortion, where legal, is safe, to provide quality services for women who suffer complications from unsafe abortion and to reduce unsafe abortion. Some 80,000 women still die each year because of unsafe abortion, and hundreds of thousands more suffer long-term illness and injury. Expanding Access to Safe Abortion is a call to action - and a tool to generate and support concerted efforts to end this needless death, injury and suffering. Moreover, it points out that induced abortion is legal for at least some indication in virtually every country.

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ICPD Paragraph 8.25: a Global Review of Progress (Issues in Abortion Care 5, Ipas 1999, pp 29) addresses the issues raised in Paragraph 8.25 of the International Conference on Population and Development (ICPD) Programme of Action: the legality of and access to abortion. Ipas works globally to improve women’s lives through a focus on reproductive health and prepared this monograph during the United Nations review process of the ICPD Programme of Action, known as ICPD+5. The monograph concludes that there has been an increase in the number of governmental agencies, donors and NGOs working in the field and that the types of activities have changed.

Whereas years ago most of the activity related to abortion focused on training and service delivery in postabortion care, today there are numerous new reference and advocacy materials available; parliamentarians are reviewing punitive abortion laws; and UN treaty monitoring bodies are increasingly considering restrictive abortion laws discriminatory and harmful to women.

Contact
Ipas
300 Market Street, Suite 200
Chapel Hill, NC 27516, USA
Fax: (+1) 919 929-0258
E-mail: ipas@ipas.org

Impact on HIV (Family Health International 1999, pp 38) is published biannually by the ICPD Project and ICPD Project an NGO dedicated to improving reproductive health and preventing the spread of HIV/AIDS worldwide. The September 1999 issue’s lead article is on the HIV/AIDS epidemic in Myanmar, UK. The article describes how FHI’s ICPD Project is using research results and the lessons learned from HIV projects in the Caribbean to improve services, which includes education, counselling and referral to free health care.

Contact
Implementing AIDS Prevention and Care (IMPACT) Project
Family Health International (FHI)
2101 Wilson Boulevard, Suite 700
Arlington, Virginia 22201 USA
Fax: (+1) 703 516-9781
www.fhi.org

Prevention and Management of Unsafe Abortion - A Guide for Action (Family Care International in collaboration with FHI, IPPF and the Population Council, 1998) outlines steps that can be taken to reduce the public health problem of unsafe abortion through improved family planning services, postabortion care programmes and ensuring that safe abortion services are available to the extent allowed by the law. Other sections cover quality of care, community education, research and policy related to unsafe abortion, case studies, available resources and contact information.

Contact
Family Care International
588 Broadway, Suite 503
New York, NY 10012, USA
Fax: (+1) 212 941 5563
E-mail: ficpubs@familycareint.org
www.familycareint.org

Programming for Male Involvement in Reproductive Health: A Practical Guide for Managers (AVSC 1997) offers advice on how programme managers can address critical issues when initiating or improving reproductive health services for men.
This guide covers topics such as programme design, community outreach and workplace programmes, counselling, integration of sexually transmitted infections services, and the special needs of adolescents. Available in English, French and Spanish.

Contact
AVSC International
440 Ninth Avenue
New York, NY 10001, USA
E-mail: info@avsc.org

Sharing Responsibility: Women, Society and Abortion Worldwide (The Alan Guttmacher Institute 1999, pp 56) synthesizes the most up-to-date research findings on abortion in both legal and illegal circumstances around the world. This new comparative study presents among other issues: the latest information on major factors contributing to unplanned pregnancy, abortion rates, reasons why women decide to have an abortion, abortion laws, methods and impact.

Contact
The Alan Guttmacher Institute
120 Wall Street
New York, NY 10005, USA
Fax (+1) 212 248-1951
E-mail: info@agi-usa.org
www.agi-usa.org

Articles


"Men’s reproductive health: defining, designing and delivering services" (Ndong, et al. in International Family Planning Perspectives 25: 553-555).

"Perspectives from couples on the vasectomy decision: a six-country study" (Landy and Ward in Reproductive Health Matters 58-67, special issue).

"The language of male involvement: what do you mean by that?" (Verme, et al. in Popul 23 (2): 10-12).

Books

From Abortion to Contraception: A Resource to Public Policies and Reproductive Behaviour in Central and Eastern Europe from 1917 to the Present (Edited by Henry P David, Greenwood Publishing 1999, pp 498, Price: USD 95) addresses the essential right of women everywhere to control their reproductive functions. Every essay clearly and thoroughly explores and integrates critical political, sociocultural and mental health issues peculiar to this region, providing a breadth and depth of material heretofore unknown in one volume. To the extent available, statistical data tabulated include live birth, legally induced abortions, birth rates, legal abortion rates, legal abortion ratios and total fertility rates. Over 1,250 references are listed.

Contact
Greenwood Publishing Group
86 Post Road West
Westport, CT 06881-5007, USA
Fax: (+1) 203 222-1502

Guidée d’éducation sexuelle - a l’usage des professionnels (Rejean Trembaly et. al., Edition Eres 1998, pp 162) is the first French sexual education guide for adolescents prepared by an interdisciplinary team that imparts the complexity of the terminology on the subject. The book targets professionals working with adolescents and sex education and provides the fundamentals for the development of a teaching programme. Available only in French.

Contact
Edition Eres
11 rue des Alouettes
31520 Ramonville Saint-Agre, France


Contact
The Harvard School of Public Health
617 Huntington Avenue
Boston, MA 02115, USA
Tel: (+1) 617 495-1000
www.hsph.harvard.edu/index.html

Magazines

AIDS Action (Healthlink Worldwide 1999, pp 8) is an international newsletter on AIDS prevention and care. Issue 43 covers antiretroviral therapy including a listing of generic and brand names of antiretroviral drugs and a checklist for health workers. The issue also lists three websites which offer some of the most up-to-date information on treatment issues (see "Internet Resources" in this issue).

Contact
Healthlink Worldwide
Farrington Point, 29-35 Farrington Road
London EC1M 3JB, UK
Fax: (+44) 171 242 0041
E-mail: info@helathlink.org.uk
www.healthlink.org.uk

Population Reports: Closing the Condom Gap (The Johns Hopkins University, 1999, pp 36) is an excellent issue on how making condoms more accessible, lowering their cost, promoting them more and helping to overcome social and personal obstacles to their use would save many lives and reduce the enormous consequences and cost of sexually transmitted infections and unintended pregnancies.

Contact
Population Information Program
Center for Communication Programs
The Johns Hopkins University
School of Public Health
111 Market Place, Suite 310
Baltimore, MD, USA
Fax (+1) 410 659 6266
E-mail: poprepts@welchlink.welch.jhu.edu

TRAINING

Certificate Course in Breastfeeding: Practice and Policy (3-28 July 2000) in collaboration with WHO and UNICEF. The aims of the course are to increase health professional's scientific knowledge of lactation, and their practical skills for the protection, promotion and support of breastfeeding, as clinicians, trainers or programme organisers. Course fee: GBP 2,200 with accommodations

Contact
Centre for International Child Health
Institute of Child Health
Great Ormond Street Hospital for Children NHS Trust
University of London
30 Guilford Street
London WC1N 1EH
Fax: (+44) 171 494 2062
E-mail: cic@ich.ucl.ac.uk

A Short Course in Gender, Health and Communicable Diseases (3-20 April 2000) will be held by the Gender and Health Group at the Liverpool School of Tropical Medicine. The course will include an introduction to concepts of gender and how they relate to health and health systems development, gender equity, HIV/AIDS/STIs, implementation strategies and individual situations and case studies. The tuition fee is £1200 and the course is for senior level policymakers, planners and managers in health..

Contact
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INTERNET RESOURCES

International Planned Parenthood Federation
Male Involvement: An Annotated Bibliography
http://www.ippf.org/resource/mibib/index.htm

This bibliography aims to provide a global overview of the more recent literature on male involvement in family planning and reproductive health. IPPF's intention has been to include material that illustrates the diverse viewpoints on this topic, the rationale for male involvement, the limitations of past approaches and examples of and lessons learnt from successful programme initiatives. There is literature and examples from all over the world. This site is the definitive resource for understanding the ideology behind, and process of involving men in family planning and reproductive health. (English)

Cupid Condoms, Condomania, and Soft Condoms
http://www.condoms.uk.com/
http://www.condomania.com/
http://www.softcondoms.com/

I am not advocating the use of these sites in particular, but rather the possibilities the Internet provides for couples who wish to buy contraceptives discreetly. Having one more choice is a benefit for men and women when making family planning decisions. Similar to the two sites mentioned, many Internet condom sale sites offer a variety of shapes, sizes, colours, sensitivities, designs and taste. Definitely more original than the local shop. The glow-in-the-dark condoms may be just what you were looking for. However, be sure to check out the excellent educational site Planned Parenthood before you start experimenting with the Karma Sutra lubricants offered at some of these sites.
http://www.plannedparenthood.org/BIRTH-CONTROL/condom.htm (English. French)

Baby Center, The Dad Zone
http://www.babycenter.com/dads/

Men are definitely partners when it comes to parenting. If you are contemplating fatherhood or know you will be a father soon, reading and exchanging thoughts with others may be helpful for you. Perhaps you want to explore what it means to be a father, how to support your wife or partner, how to be intimate during and after pregnancy, and how to prepare for childbirth and fatherhood. As a man, how would you deal with the "seven fears of expectant fathers?" Do you know the ten things you should remember for your wife or partner when she goes into labour? Although this site is heavily influenced by Western ideas of the family, there are concerns which pervade all cultures. The extensive lists of links and means to communicate with other expectant father's can help customise the help you receive via the Internet. (English)

The United Nations Development
Fund for Women
http://www.unifem.unpd.org/

Alan Guttmacher Institute: reproductive health research; policy analysis and public education
http://www.agi-usa.org/

The AIDS Treatment News Internet Directory: provides a starting point for finding HIV treatment information on the web
http://www.aitnews.org

Antiretroviral (ARV) treatment in developing countries: Questions of economics, equity and ethics

For information on care of children with HIV
http://www.phd.nhs.org

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UNFPA FLIES EMERGENCY REPRODUCTIVE HEALTH SUPPLIES TO TURKEY'S EARTHQUAKE VICTIMS

New York, 20 August — Responding to a request from the Turkish Ministry of Health, the United Nations Population Fund (UNFPA) flew in emergency reproductive health supplies as the first part of a larger effort to address the urgent needs of women and infant victims. The supplies include safe blood transfusion and safe delivery equipment, antibiotics and equipment to perform caesarean sections and to resuscitate mothers and babies. The supplies were intended for use by midwives and trained medical personnel.

UNFPA's emergency reproductive health supplies include:

- Delivery kit for use by trained personnel and for dealing with complicated deliveries;
- Referral level equipment to be used in hospitals to perform caesarean section and to resuscitate mothers and babies;
- Transfusion equipment to perform safe blood transfusion;
- Medicine, including antibiotics.

DANISH FPA OFFERS NATIONWIDE EMERGENCY CONTRACEPTION SERVICES

Copenhagen, 1 October - Starting October the second, it will be possible to contact the Danish Family Planning Association (Sex & Samfund) by telephone on Saturdays. The telephone service will be staffed by a gynaecologist from 14.00-16.00 who will be able to provide consultation for emergency contraception services as well as call in prescriptions. Outside of opening hours an answering machine will inform callers as to where they can receive the service.

UND/UNFPA/WHO/WORLD
BANK/Special Programme of Research Development and Research Training in Human Reproduction
Social Science Research Initiative: Adolescent Sexual and Reproductive Health
CALL FOR PROPOSALS

Contact

Dr Iqbal Shah
Strategic Component on Social Science Research on Reproductive Health
Special Programme of Research, Development and Research Training in Human Reproduction
World Health Organization
CH-1211 Geneva 27
Switzerland
Fax (+41) 22-791.41.71