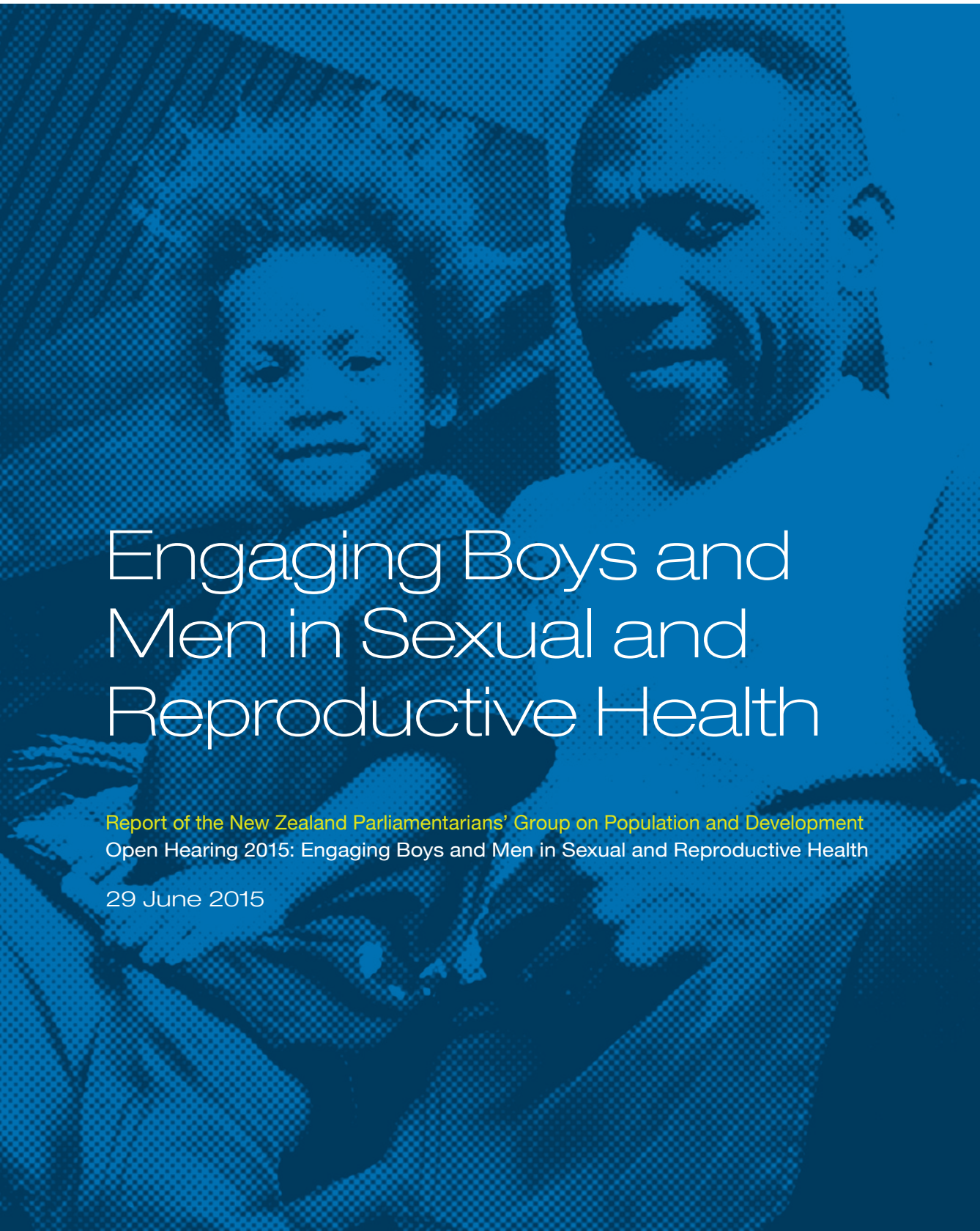
NZ Parliamentarians' Group on Population and Development

The New Zealand All-Party Parliamentary Group



Engaging Boys and Men in Sexual and Reproductive Health

Report of the New Zealand Parliamentarians' Group on Population and Development

Open Hearing 2015: Engaging Boys and Men in Sexual and Reproductive Health

29 June 2015

Acknowledgments

The New Zealand Parliamentarians' Group on Population and Development (NZPPD) would firstly like to extend our appreciation to United Nations Population Fund (UNFPA) Sub-Regional Office of the Pacific (SROP) and Family Planning New Zealand for providing funding to make the Open Hearing on Engaging Boys and Men possible. The Open Hearing was very timely as all nations are now faced with the complex task of developing national agendas to implement the targets of the Sustainable Development Goals (SDGs); the international development agenda which will lead the way for the next 15 years.

The NZPPD would also like to express gratitude to Hon. Maere Tekanene (Kiribati Minister of Education), Hon. Fiame Naomi Mata'afa (Samoa Minister of Justice and Courts Administration), Hon. Dr. Saia Piukala (Tonga Minister for Health), Dr. Puakena Boreham (Tuvalu MP) and Gov. Julie Soso (Papua New Guinea MP) for attending the Open Hearing and providing valuable input and commitment towards sexual and reproductive health and rights (SRHR) in the region and in your own countries.

Thank you also to the Pacific, Global and New Zealand organisations and SRHR-advocates who took time to travel to Wellington to share your knowledge and expertise on how to best engage boys and men in sexual and reproductive health and rights (SRHR). Without your well-researched presentations, the Open Hearing would not have been possible.

Finally, the NZPPD would like to thank all the organisations who made submissions to the Open Hearing. Your input has greatly contributed to our knowledge on SRHR for boys and men, and as such, added invaluable information to this report.

Yours sincerely,

Barbara Kuriger
NZPPD Chair
Wellington, New Zealand

Contents

Acronyms/initialisms

AFPPD	Asian Forum of Parliamentarians on Population and Development
AIDS	Acquired Immunodeficiency Syndrome
CBD	Community Based Distributors
CEDAW	Convention of the Elimination of all forms of Discrimination Against Women
CERD	Convention on the Elimination of All Forms of Racial Discrimination
CPD	Commission on Population and Development
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organisation
CSW	Commission on the Status of Women
ESCAP	Economic and Social Commission for Asia and the Pacific
FLE	Family Life Education
FSM	Federated States of Micronesia
FWRM	Fiji Women's Rights Movement
GBV	Gender Based Violence
GGGI	Global Gender Gap Index
HIV	Human Immunodeficiency Virus
ICCPR	International Covenant on Civil and Political Rights
ICERD	International Convention on the Elimination of All Forms of Racial Discrimination
ICESCR	International Covenant on Economic, Social and Cultural Rights
ICPD	International Conference on Population and Development
IPPF	International Planned Parenthood Federation
KFHA	Kiribati Family Health Association
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer (or Questioning) and Intersex
MA	Member Association (of the IPPF)
MDGs	Millennium Development Goals
MFAT	New Zealand Ministry of Foreign Affairs and Trade
MMC	Medical Male Circumcision
MOH	Ministry of Health
MP	Member of Parliament
MSI	Marie Stopes International
MSPNG	Marie Stopes Papua New Guinea
MSM	Men who have Sex with Men
NGO	Non-Governmental Organisation
NSV	Non-Scalpel Vasectomy
NZ	New Zealand
NZPPD	New Zealand Parliamentarians' Group on Population and Development
ODA	Official Development Assistance
PD	Population and Development
PICTs	Pacific Island Countries and Territories
PIFS	Pacific Islands Forum Secretariat
PNG	Papua New Guinea
PoA	Programme of Action
RH	Reproductive Health
S.A.M.O.A.	Small Island Developing States Accelerated Modalities of Action
SDGs	Sustainable Development Goals
SPC	Secretariat of the Pacific Community
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmissible Infection
TFHA	Tonga Family Health Association
TG	Transgender
TWT	Te Whāriki Takapou (formerly Te Puāwai Tapu)
UDHR	Universal Declaration of Human Rights
UN	United Nations
UNFPA	United Nations Population Fund
US	United States
PSRO	Pacific Sub-Regional Office
UNICEF	United Nations Children's Fund
WHO	World Health Organisation

Submitting organisations/individuals

Written submissions

Burnet Institute Centre for International Health x 2 submissions, Australia

David Kakiakia, Kiribati

Family Planning, New Zealand

Fiji Women's Rights Movement (FWRM), Fiji

International Planned Parenthood Federation (IPPF), Global

Joint Submission Pacific Islands Forum Secretariat (PIFS) and the Secretariat of the Pacific Community (SPC), Pacific Region

Kiribati Family Health Association (KFHA), Kiribati

Marie Stopes Papua New Guinea (MSPNG), Papua New Guinea

MenEngage, US/Chile

Ministry of Foreign Affairs and Trade (MFAT) Briefing, New Zealand

Shoveller and Knight, University of British Columbia, Canada

Te Whāriki Takapou (formerly Te Puāwai Tapu), New Zealand

Tonga Family Health Association (TFHA), Tonga

United Nation's Population Fund- Pacific Sub-Regional Office (UNFPA-PSRO), Fiji

Village Collective, New Zealand

Oral submissions

Alison Green, Chief Executive, and Tawhanga Nopera, Te Whāriki Takapou

David Kakiakia, Kiribati Youth Representative

Dr Laurent Zessler, Director and Representative, UNFPA PSRO

Dr Edith Digwaleu-Kariko, Service Delivery Director, MSPNG

Frances Bird, Director Health Promotion, Family Planning New Zealand

Jessica Davis, Women's and Children's Health Specialist, Burnet Institute

Katherine Mafi, Programme Manager, TFHA

Lisa Davidson, International Health and Development Specialist, Burnet Institute

Stuart Calman, Acting Director of the Sustainable Economic Development Division, MFAT

Tamoa Moannata, Project Coordinator, KFHA

Tewodros Melesse, Director-General, IPPF

Executive summary

In the Pacific, sexual and reproductive health and rights (SRHR) have traditionally been seen as the domain and responsibility of women. In the last two decades however, there has been increasing recognition, both internationally and in the Pacific, that engaging boys and men in sexual and reproductive health is central to improving the health and rights of all people and building more equitable societies.

Pacific Island countries and territories (PICTs) face considerable sexual and reproductive health and rights challenges, including: high rates of sexually transmissible infections (STIs); high rates of unintended and youth pregnancy; and low contraceptive prevalence. Such challenges are also taking place in the context of: high rates of violence against women; the lowest levels of female political participation worldwide; strong religious influences; increasing pressures on the environment and natural resources; large youth cohorts entering reproductive age; and high rates of urbanisation and population growth.

In recognition of these challenges, the New Zealand Parliamentarians' Group on Population and Development (NZPPD) held an Open Hearing on 'Engaging Boys and Men in Sexual and Reproductive Health and Rights in Pacific Island countries and territories'. The Open Hearing provided an important opportunity for Pacific and New Zealand parliamentarians across the political spectrum to develop their understanding on population and development issues through submissions from experts in the field. Following the day-long Open Hearing, a roundtable meeting was hosted by NZPPD. This report is principally based on both the written and oral submissions, and on the subsequent parliamentarian roundtable discussion.

The submissions to the Open Hearing cover a broad variety of topics. Amongst these submissions, three key themes are apparent. The first is the importance of engaging men and young men. Submitters describe the positive impacts of engaging boys and men in sexual and reproductive health through reviews of the literature and regional case studies. The second theme is barriers to engagement of boys and men. Submitters discuss barriers that organisations, individuals, or men themselves, face in accessing SRHR services in the Pacific. Finally, submitters provide descriptions of successful approaches to strengthen engagement with boys and men, including: creating accessible health services, reviewing government policies, enabling supportive environments, strengthening community action and implementing comprehensive sexuality education.

Fourteen key recommendations for future action were developed by the Parliamentarians present at the Open Hearing and roundtable meeting:

1. Form a Pacific Regional Parliamentary Group on Population and Development
2. Review current key documents and ensure that national policies are conducive to an increased uptake of vasectomies
3. Develop, where necessary, a national policy framework that supports the sustainability of a comprehensive sexuality education/family life education curriculum throughout the formal education system
4. Develop antenatal programmes for expectant fathers that are father-friendly and that empower men with the knowledge and skills

needed to make informed decisions about SRH and healthy relationships

5. Fund and support general health care providers to develop innovative methods of delivering SRHR information to boys and men
6. Strengthen and expand general health care services that target the needs of boys and men of marginalised groups
7. Incorporate HIV/AIDS services (testing, treatment and counselling) into general SRHR programmes to reverse the stigma associated with separate HIV/AIDS services
8. Recruit and train health workers in best practice SRHR service delivery. This training should include inter-personal skills training to further develop confidence to deliver services aimed at boys and men, including key groups such as LGBQTI communities. Addressing personal and professional barriers to working with these key groups must be part of skills training
9. Support teachers with further training that addresses current barriers to openly discussing SRHR so they are able to confidently deliver CSE/FLE in school settings
10. Identify different responsibility-areas, gaps and strengths for governments and CSOs, ensuring transparent responses
11. Strengthen the relationship between national parliamentary groups on population and development (or other parliamentary groups interested in SRHR issues) and SRHR CSO providers
12. Create positive resources about the important role male family members play in the SRHR of a community
13. Support an increase in community-based SRHR education programmes that are delivered by trained facilitators, i.e. sports groups, religious groups, male-to-male peers etc
14. Engage and train male SRHR 'champions'. These men can assist in demystifying myths associated with male-specific reproductive services and encourage other men to take responsibility for the development of healthy families.

Introduction

On 29 June, 2015, the New Zealand Parliamentarians' Group on Population and Development (NZPPD) held an Open Hearing on 'Engaging Boys and Men in Sexual and Reproductive Health and Rights in Pacific Island countries and territories (PICTs)'.

Modelled like a select committee meeting with public submissions orally presented to parliamentarians and observers, the Open Hearing provided an important opportunity for Pacific and New Zealand parliamentarians across the political spectrum to develop their understanding on population and development issues through submissions from experts in the field.

The goal of the Open Hearing was to increase understanding of, and support for, investment in SRHR in the Pacific. As this report will make clear, boys and men have specific SRHR needs and also play a pivotal role on the road to achieving universal access to SRH. As such, the inclusion of boys and men in SRHR activities has implications for the SRHR of all people.

Expert organisations and individuals working in the field of SRHR in the Pacific were invited to make written submissions to NZPPD. Following interest from NZPPD members a small number of New Zealand organisations were also invited to submit on their work. A total of 11 submissions were selected to present oral submissions on the day of the Open Hearing, three of which were from New Zealand and eight from the wider Pacific.

The success of previous Open Hearings has rested with substantial Pacific participation, both from parliamentarians and presenters. As such, NZPPD invited five Pacific parliamentarians to join their New Zealand counterparts for two days of deliberation. The Pacific parliamentarians who participated were:

- Dr. Puakena Boreham, Member of Parliament, Tuvalu
- Governor Julie Soso, Member of Parliament, Papua New Guinea
- Hon. Fiame Naomi Mata'afa, Minister of Justice and Courts Administration, Samoa
- Hon. Dr. Saia Piukala, Minister for Health, Tonga
- Hon. Maere Tekanene, Minister for Education, Kiribati.

Following the day-long Open Hearing, a roundtable meeting was hosted by NZPPD. At this meeting, the Pacific parliamentarians together with their New Zealand colleagues discussed key learnings from the Open Hearing and developed key recommendations. A contemporaneous civil society organisation (CSO) side event was held where oral presenters from the Open Hearing discussed the key themes and developed shadow recommendations.

This report is based on both the written and oral submissions, and on the subsequent parliamentarian roundtable discussion. The discussion and shadow recommendations from the CSO side event provide additional depth to the themes discussed in this report.

Background

Pacific Island countries and territories (PICTs) are home to more than 7 million people, who speak more than 800 indigenous languages, and live across more than 25,000 islands. With this diversity comes a wide range of SRHR challenges, which are experienced differently by different individuals, countries and territories.[1] Many PICTs face high rates of sexually transmissible infections (STIs), high rates of unintended and youth pregnancy, low contraceptive prevalence, and large youth population cohorts entering into reproductive age and putting pressure on already stretched SRH care services.[2] Such challenges are also taking place in the context of high rates of violence against women, the lowest levels of female political participation worldwide, strong religious influences, increasing pressures on the environment and natural resources, and in some countries, high rates of urbanisation and population growth.

Prevalence of sexually transmissible infections in PICTs is very high.[3] Limited STI testing and surveillance capacity however means exact incidence is often not realised.[4] A series of Second Generation Surveillance surveys (SGS) carried out in six Pacific Island Countries (PICs) between 2004 and 2005, found that nearly 20% of all pregnant women surveyed had chlamydia and in Samoa the rates were higher than 40%, among the highest in the world. In the Solomon Islands nearly 15%of pregnant women surveyed had syphilis, and nearly 5% in Tonga had gonorrhoea.[5] This high incidence of STIs in the Pacific region poses significant health risks and can lead to infertility and life-threatening pregnancy and neonatal complications. Further, HIV was first reported in the Pacific in 1984 and has since spread to nearly every PICT. While HIV rates are low regionally, PNG in particular has high prevalence rate of 0.7%.[6] Associated risk factors in many countries, such as risky sexual behaviour, small mobile populations, and stigmatisation of men who have sex with men, continues to heighten people's risk of contracting HIV.[7]

While access to family planning has increased in the region in recent years, in most Pacific countries the prevalence of contraception is still very low.[8] Unmet need for contraception in the Pacific is among the highest in the world.[9] Consequently, throughout the Pacific a significant proportion of pregnancies are unintended, with unplanned or mistimed pregnancies in some countries accounting for over half of all births.[10] Adolescent fertility rates in the Marshall Islands and Papua New Guinea are comparable to those in sub-Saharan Africa.[11]

1 SPC Regional Rights Resource Team (RRRT), *Awareness, Analysis and Action: Sexual and Reproductive Health and Rights in the Pacific* (Nouméa: Secretariat of the Pacific Community, 2015)

2 SPC RRRT, *Awareness, Analysis and Action*

3 Family Planning International, *A Measure of the Future: Women's Sexual and Reproductive Risk Index for the Pacific 2009* (Wellington: Family Planning New Zealand, 2009)

4 Family Planning International, *A Measure of the Future*

5 World Health Organization, *Second Generation Surveillance Surveys of HIV, other STIs and Risk Behaviours in 6 Pacific Island Countries* (2004-2005) (Geneva: World Health Organization, 2006)

6 "Papua New Guinea." UNAIDS, accessed 03 November 2015, http://www.unaids.org/en/regionscountries/countries/papuanewguinea

7 Family Planning International. *A Measure of the Future*

8 Family Planning New Zealand, *Investment in Family Planning in Kiribati: A cost-benefit analysis* (Wellington: Family Planning New Zealand, 2014)

9 Family Planning New Zealand, *Investment in Family Planning in Kiribati*

10 Sean Mackesy-Buckley, Elissa Kennedy, and Sumi Subramaniam, *The case for investing in family planning in Solomon Islands: Estimated costs and benefits of reducing unmet need* (Melbourne: Compass - Women's and Children's Health Knowledge Hub, 2012)

11 Elissa Kennedy, Natalie Gray, Peter Azzopardi and Mick Creati, "Adolescent fertility and family planning in East Asia and the Pacific: a review of DHS reports," *Reproductive Health* 8 (2011).

While the region has experienced a gradual decline in fertility, total fertility rates remain generally high with Papua New Guinea, Solomon Islands, Vanuatu, Samoa, Tokelau and the Marshall Islands having total fertility rates between 4 and 5.[12] High fertility and rapid population growth, coupled with a large and expanding youth population, increasing urbanisation and overcrowding, present considerable challenges for small island states.[13]

The high rates of unintended pregnancies and poor sexual and reproductive health in many PICTs present a high risk to mothers and children. Across the Pacific, approximately five women die each day due to complications from pregnancy and childbirth.[14] While in countries such as Samoa and the Cook Islands, maternal mortality rates are low, in others such as Solomon Islands and Kiribati, the rates are very high. Similarly, rates of infant mortality (IMR) are extremely high in several PICTs, with nearly 1 death for every 20 live births.

The prevalence of gender-based violence is also very high in many PICTs. Typical lifetime physical and sexual violence incidence against Pacific women falls between 60% and 80%. Reported lifetime physical or sexual violence by partners against women is over 60% in several countries, including Kiribati, Fiji and the Solomon Islands and sexual violence by non-partners is over 30% in Vanuatu.[15] These high rates have severe impacts on the well-being of women and affects women's physical, mental and sexual and reproductive health. Health consequences of GBV can persist long after the violence has stopped. The more severe the level of violence, the greater the impact will be on women's health. The World Bank estimates that rape and domestic violence account for 5% of the healthy life years of life lost to women of reproductive age in developing countries.[16] Globally, the number of disability-adjusted life years (DALY) lost by women is estimated at 9.5 million years, comparable to HIV, cardiovascular diseases or cancer.[17]

Given these challenges, the Pacific has also been identified as the second least likely region in the world to achieve the Millennium Development Goals (MDGs).[18] In particular, PICTs are making slow progress to achieving Target 5.6, universal access to reproductive health, with only Cook Islands, Fiji, Niue and Palau on track to achieve this by the end of 2015.[19]

Despite these challenges, there has been considerable progress in the Pacific.[20] The number of countries with national population policies is increasing and SRH programmes

12 Gerald Haberkorn, "Pacific Islands' population and development: facts, fictions and follies," *New Zealand Population Review* 33/34 (2008): 95-127.

13 Wadan Narsey, Annette Sachs Robertson, Biman Chand Prasad, Kesaia Seniloli, Eduard Jongstra, and WordWorks Fiji, "Population and development in the Pacific Islands: accelerating the ICPD Programme of Action at 15," *Proceedings of the Regional Symposium* (2009).

14 NZPPD, *Making Maternal Health Matter: Report of the New Zealand Parliamentarians' Group on Population and Development* (Wellington: Family Planning New Zealand, 2009).

15 UNFPA, *Pacific Regional ICPD Review: Review of the Implementation of the International Conference on Population and Development Programme of Action in the Pacific Beyond 2014* (Suva: United Nations Population Fund, 2013).

16 World Bank, *World Development Report 1993: Investing in Health* (New York: Oxford University Press, 1993): 50

17 Heise, Lori L., Alanagh Raikes, Charlotte H. Watts, and Anthony B. Zwi. "Violence against women: a neglected public health issue in less developed countries." *Social science & medicine* 39 (1994): 1165-1179 as cited in WAVE and UNFPA, *Strengthening Health System Responses to Gender-based Violence in Eastern Europe and Central Asia - A Resource Package* (Istanbul: UNFPA Regional Office for Eastern Europe and Central Asia, 2014)

18 UN Millennium Project, *Investing in Development: A Practical Plan to Achieve the Millennium Development Goals*. New York: United Nations, 2005): 21

19 SPC RRRT, *Awareness, Analysis and Action*

20 SPC RRRT, *Awareness, Analysis and Action*

have received considerable attention.[21] HIV prevalence has fallen in PNG, the most affected PICT.[22] Access to family planning has increased, and contraceptive prevalence has risen across the Pacific. Maternal and infant mortality rates have fallen in many places over the last decade.[23] However, for sexual and reproductive health to be attained and maintained in PICTs much more needs to be done. Working towards gender equality by empowering women and engaging men is fundamental to achieving a host of developmental outcomes.[24] Men and boys' positive relationships with women and girls have been shown to lead to improved SRH outcomes.[25] Sexual and reproductive health and rights-related outcomes in particular, can be improved for men and women through positive engagement from men.[26] The question is not whether to involve men in SRHR initiatives, but how.

Sexual and reproductive health and rights

Sexual and reproductive health and rights (SRHR) are health and human rights applied to sexuality and reproduction. It is a combination of four fields: sexual health, sexual rights, reproductive health and reproductive rights. In the concept of SRHR, these four fields are treated as distinct but inherently intertwined.

Sexual health and reproductive health both refer to a state of physical, emotional, mental and social well-being, not merely the absence of disease, dysfunction or infirmity, in relation to sexuality[27] and in all matters relating to the reproductive system and to its functions and processes[28] respectively. Sexual health requires a "positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence."[29] Similarly, reproductive health requires "that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so."[30] Together these two concepts are referred to as sexual and reproductive health (SRH). However, for both sexual health and reproductive health to be achieved and maintained, both sexual rights and reproductive rights of all persons must be realised and fulfilled.[31]

Reproductive rights have been on the human rights agenda for over 20 years. These rights rest on the recognition that all couples and individuals must be able to decide freely and responsibly the number, spacing and timing of their children and must have the information and means to do so. They also have the right to attain the highest standard of sexual and reproductive health. Reproductive rights also include the right of all to make decisions concerning reproduction free of discrimination, coercion and violence as expressed in human rights documents.[32]

While reproductive rights have gained widespread recognition, sexual rights remain more contested. While grounded in core international human rights,[33] sexual rights include the right to freedom from all forms of discrimination based on sex, sexuality or gender. In practice this means that outdated legislation on homosexuality and abortion laws ought to be reviewed. Many countries, globally and in the Pacific, are not yet willing to do so.

21 SPC RRRT, *Awareness, Analysis and Action*
22 "Papua New Guinea," HIV AIDS Asia Pacific Research Statistical Data Information Resources AIDS Data Hub, accessed 12 November 2015, http://www.aidsdatahub.org/Country-Profiles/Papua-New-Guinea
23 United Nations, *The Millennium Development Goals Report 2015* (New York: United Nations, 2015)
24 UNFPA, *Engaging Men and Boys: A Brief Summary of UNFPA Experience and Lessons Learned* (New York: United Nations Population Fund, 2013)
25 UNFPA, *Engaging Men and Boys*
26 UNFPA, *Engaging Men and Boys*
27 "Defining Sexual and Reproductive Health," World Health Organization, accessed 03 November 2015, http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/
28 United Nations, *Programme of Action* (New York: United Nations, 1994)
29 "Defining Sexual and Reproductive Health," World Health Organization
30 United Nations, *Programme of Action*
31 United Nations, *Programme of Action*
32 United Nations, *Programme of Action*
33 IPPF, *Sexual Rights: An IPPF Declaration* (London, The International Planned Parenthood Federation, 2008)

Key themes

The submissions presented both orally and in writing to the Open Hearing covered a broad variety of topics. Amongst these submissions however, three key themes are apparent. The first theme is the importance of engaging men and young men. Submissions that dealt with this theme primarily describe the importance and impacts of engaging boys and men in sexual and reproductive health through reviews of the literature and regional case studies. The second is barriers to engagement of boys and men. Several submitters discuss barriers to engaging boys and men that they, other organisations, or men themselves face in accessing SRHR in the Pacific. Barriers described range from socio-cultural to political. The third theme apparent in submissions is the description of successful approaches to strengthen engagement with men and young men. Submissions describe numerous successful approaches to engaging boys and men, including: creating accessible health services, reviewing government policies, enabling supportive environments, strengthening community action and developing personal skills. These three themes are elaborated below.

The importance of engaging boys and men

Men are husbands, partners, fathers, brothers and sons, and their lives are intertwined with those of women, children and other men. Across the world, including the Pacific, rigid gender norms and harmful perceptions of what it means to be a man have far-reaching consequences on health and well-being. Promoting gender equality requires working with all gender identities.[34] Focusing on boys and men in SRHR discussions, policies and activities is one way that governments, CSOs, and community groups can affect change.

Men as clients[35] – Men have unique sexual and reproductive health needs which change over the course of their lives as their sexual behaviours change.[36] Traditionally, the SRH needs of men, beyond their roles as women's partners, have received little attention. However, while relatively few men require medical intervention *per se*, aside from HIV and STI screening and treatment, teens and young men do consistently require comprehensive sexuality education (CSE). This enables them to make informed decisions, behave responsibly and to learn how to communicate effectively with their partners.[37] Although the need for CSE is not unique to males alone, boys and men need to understand the function and consequence of power inequalities; and learn how to engage in ways that are sexually respectful not only to their partners but also to themselves.[38,39] Innovative methods of SRHR delivery such as interactive games and targeted films can address some of the unique needs noted for boys and men.[40,41]

As young men age, their need for medical reproductive health care generally increases and can include: treatment for male infertility, erectile dysfunction, vasectomy, diagnosis and treatment of prostate and testicular cancers.[42] Other male-specific sexual and reproductive health needs include: medical male circumcision (MMC) and the treatment of male-specific symptoms of STIs and HIV.[43]

Men as partners[44] – Men have a shared responsibility for decisions around contraception, preventing HIV or STIs. and as parents and caregivers. They also have a supportive and enabling role to play during pregnancy and childbirth or if their partner needs to access a safe abortion service. SRHR programmes for boys and men have been shown to effectively reduce men's risk-taking activities, prevent unwanted pregnancies, reduce the incidence of STIs, decrease the burden placed on women to manage SRH, reduce violence and tackle gender inequalities.[45]

Men as key agents of change[46] – Men play a key role in bringing about gender equality since men often exercise preponderant power in nearly every sphere of life, ranging from personal and relationship decisions to the government policy and programme decisions.[47] This includes the promotion of gender equitable fatherhood, advocacy against discriminatory laws and policies, changing attitudes and behaviours that are a cause and consequence of sexual and gender-based violence and women's inequality.

Gender norms, which are largely determined by cultural norms and expectations, have a fundamental bearing on SRH practices.[48] Gender equality can only be achieved when rigid norms are challenged as these norms perpetuate gender inequality and undermine SRHR for all.[49] Conversely, reproductive health initiatives that engage boys and men as agents of positive change can help to challenge dominant gender norms and contribute to improving gender equality and the SRHR context for all. As such, men play a fundamental role in not only supporting their own, but also women's reproductive health. If societal norms that inhibit women's reproductive health and rights are challenged at all levels of society, gender equality is subsequently strengthened.[50]

34 IPPF Submission
35 IPPF Submission
36 Adam Sonfield, "Looking at Men's Sexual and Reproductive Health Needs," *The Guttmacher Report on Public Policy* 5 (2002): 7-10
37 Sonfield, "Looking at Men's Sexual and Reproductive Health Needs"
38 "Delhi Declaration and Call to Action," MenEngage Global Symposium 2014 website, accessed 12 November 2015, http://www.menengagedilli2014.net/delhi-declaration-and-call-to-action.html;
39 Sonfield, "Looking at Men's Sexual and Reproductive Health Needs"
40 David Kakiakia Submission
41 UNFPA Submission
42 Sonfield, "Looking at Men's Sexual and Reproductive Health Needs"
43 Laura Pascoe, Maja Herstad, Tim Shand and Lucinda van den Heever, *Building Male involvement in SRHR: A basic model for Male Involvement in Sexual and Reproductive Health and Rights* (Cape Town: Sonke Gender Justice Network, 2012)
44 IPPF Submission
45 Pascoe, Herstad, Shand and van den Heever, *Building Male involvement in SRHR*
46 IPPF Submission
47 United Nations, *Beijing Declaration and Platform of Action* (New York: United Nations, 1995)
48 Sonke Gender Justice Network, *Policy Report: Engaging Men in HIV and BGV Prevention, SRHR Promotion, Parenting and LGBTI Rights* (Cape Town: Sonke Gender Justice Network, 2014)
49 UNFPA, *Engaging Men and Boys*
50 Margaret E. Greene et al., *Involving Men in Reproductive Health: Contributions to Development* (New York: United Nations, 2006)

Barriers to engaging boys and men

Despite the widely documented benefits of including boys and men in SRHR activities, submissions also highlighted current barriers to engagement in the Pacific region. The barriers raised by the submissions were largely from the experiences of the expert organisations and individuals. While the list below is not exhaustive, nor representative of any one country, it presents a picture of common challenges around engaging boys and men in the Pacific.

High-level barriers

- Laws that restrict sexual and reproductive rights, for example, the criminalisation of homosexuality and conservative abortion laws.
- Policy restrictions that prevent a wide range of health workers from providing services such as vasectomies.[51] Policies that require a husband's authorisation for a wife to receive health care.[52]

Interpersonal barriers

- Reluctance to access SRH care due to embarrassment. Extends to accessing reproductive services: for example feeling shame, shy, embarrassed and 'out of place' at antenatal education settings.[53]
- Conservative community and family settings. For example, young men often deny being sexually active due to fear of family and community response.[54]
- Religious objections from individuals and their communities. Many PICTs are very religious and sexual and reproductive health issues are often challenging to discuss and address.[55]

Gender barriers

- Traditional gender roles. Looking after families' reproductive needs has traditionally been the role of women.
- Men as perpetrators of gender-based violence. Research shows prevalence rates for gender-based violence in the PICTs are extremely high, with approximately 60-77% of Pacific Island women aged 15-49 years old experiencing physical or sexual violence over the course of their lifetime.[56]

Service barriers

- Poor geographic access to sexual and reproductive health services in much of the Pacific. Challenges with remote populations make service delivery difficult.
- Limited contraception options for men, including low condom use. Poor care-seeking behaviours and lack of access to appropriate services. SRHR services are often dominated by female staff which discourages men.
- Most SRH services are primarily focused on women.
- Reluctance among young men to use condoms due to preference for skin contact.[57]

Sexuality education

- A lack of formal and informal sexuality education. While comprehensive sexuality education (CSE) is in its infancy in several Pacific countries, many countries are yet to develop a national policy framework to ensure its sustainability.
- Peer education programmes have been reported to be an effective way to reach young people, including out of school adolescent and young men. However a tough funding climate restricts these programmes.[58]

How to strengthen boys' and men's engagement in SRHR activities?

The third theme present in the submissions was around successful approaches to address boys' and men's engagement in SRHR. It is important to note that, while population numbers are relatively small within the 22 PICTs, people are dispersed over vast geographical areas.[59] These different areas have varied social, economic, cultural, political and geographical contexts, including a varied commitment to SRHR. Any discussion concerning the people of PICTs needs to take into account the diversity of peoples, including within countries. Language, customary and gendered expectations are only some of the ways in which differences are noted. The report should not be considered an exhaustive examination of how to strengthen boys' and men's engagement in SRHR activities in the Pacific. Rather it is based on key messages from the oral and written submissions received by the NZPPD.

Improve health services

A common viewpoint to most submissions was that health services need to improve or adapt in order to be acceptable and accessible to the needs of men in the Pacific. This improvement needs to be from across the SRHR sector, from clinics to schools. Both government and non-government health services need to further develop programmes that engage men in SRHR. Government ministries have multiple responsibilities, including ensuring financial commitment to sexual and reproductive

51 Burnet Institute Submission
52 UNFPA Submission
53 Burnet Institute Submission
54 David Kakiakia Submission
55 SPC and PIFS Joint Submission
56 IPPF Submission
57 David Kakiakia Submission
58 Burnet Institute Submission
59 Note that high population densities are observed in some areas such as Ebeye, Marshall Islands; South Tarawa, Kiribati; and Funafuti, Tuvalu.

services in health budgets that ensures well-resourced hospitals and health centres. NGOs and other community groups also play an important role in providing targeted and effective programmes, often with little support/input from national governments and often with unique access to remote and rural areas. Sexual and reproductive health services also need to adapt to the interests of boys and men. Services that cater to the needs and interest of men are limited in many parts of the Pacific.[60,61,62,63] In PNG, young men report that sex education programmes within both the formal and informal education system are too disease-focused and often didactic. Education and health promotion programmes also need to be targeted to men. Despite more than a decade of global awareness-raising of HIV, many boys and men still have limited knowledge of the modes of STI transmissions. Surveys across the Pacific region find low rates of condom use, a high number of people with multiple sexual partners, and the common occurrence of commercial sex activities.[64] While HIV testing, treatment and counselling services are common throughout the Pacific, a recent study of young PNG men found that current approaches are too focused on disease and that there is little information available about other methods of contraception but condoms.[65]

Sexual and reproductive health access points, including clinics, need to be appropriate for men, so that they feel comfortable accessing services. In PNG for example, clinics are often staffed by young women, which in turn creates a barrier for many young men from being able to openly and honestly talk about SRH.

What may appear as a reluctance of young men to take an interest in SRHR services may therefore partly reflect the disconnect they feel towards current SRH programmes. Strategies that could strengthen men's interest and thus engagement in SRH includes; creating tools and resources that men find interesting; to go where men spend time; and to ensure facilitation for young men is done by young men.[66]

Similarly, in New Zealand, research suggests that Māori boys and men who are sexually attracted to other men are also at risk of late testing and treatment for STIs, including testing and treatment for HIV, because of the stigma and discrimination linked to homophobia and HIV-testing.[67] While HIV/AIDS services continues to be offered by many general SRHR service providers, additional efforts should be made to reduce the stigma associated with HIV/AIDS testing by further incorporating these services into mainstream SRH providers.

60 UNFPA Submission
61 Burnet Submission
62 IPPF Submission
63 KFHA Submission
64 IPPF Submission
65 Burnet Institute Submission
66 Check
67 Te Whāriki Takapou Submission

Innovative programmes need to be developed that engage men in SRHR in non-traditional situations. The limited data that exists on men's engagement in antenatal education programmes in the Pacific suggests that most expectant fathers do not attend any form of antenatal education. Yet, engaging expectant fathers is a low-cost strategy globally that has been shown to promote couple communication, increase contraceptive uptake and family planning, positively influence care-seeking behaviours for pregnancy and birth, and more. Research shows that pregnancy and the birth of a child are significant events for both men and women and expectant fathers are likely to be more open to new information during this time.[68] Additional benefits of antenatal education programmes for expectant fathers includes their preventative approach and that they can be delivered in areas with limited resources.

Pregnancy is a "window of opportunity" to engage men and boys.[69]

Programmes should also recognise the diversity of the male population and seek to engage marginalised groups as well as the mainstream. Recognising the diversity of males in SRHR programmes improve health outcomes and is a way to enhance gender equity.[70] By engaging boys and men, service providers must recognise that the category of 'males' is not a homogenous group and that any approach that stresses men's involvement needs to acknowledge both the commonalities and diversities of their lives. An important component is to address the SRHR needs of marginalised groups of men; for example men who have sex with men (MSM), homosexual men, male sex workers and prisoners. The needs of marginalised groups are often poorly understood and receive considerably less attention than the needs of mainstream groups such as heterosexual men and/or married men. To strengthen SRHR health services and programmes, the needs of these marginalised key groups must be incorporated into programmes and services. Allocating targeted resources, as well as equipping staff of SRHR and other health-oriented organisations with the skills to address the needs of these groups of men will support improved health outcomes for all.

Finally, education and health programmes should seek to address concerns, knowledge gaps and misinformation among men. In 2015 Marie Stopes Papua New Guinea (MSPNG) conducted a qualitative study into vasectomy provision which revealed that the primary barriers to men seeking

68 Burnet Institute Submission
69 Burnet Institute Submission
70 IPPF and MenEngage, *Men-streaming in sexual and reproductive health and HIV: A toolkit for policy development and advocacy* (New York: The International Planned Parenthood Federation, 2010)

vasectomies were a lack of knowledge and access to the procedure, misunderstanding and rumours. In 2009 only 17 vasectomy procedures were carried out in PNG by Marie Stopes and in 2014 that figure had increased to 1366 procedures. The study found that a number of factors supported the increased uptake of vasectomies and these included men's desire to limit family size, increased availability of vasectomy services, a concern for spouse's health, joint family planning decision-making and a supportive policy environment. Studies and observations by IPPF support the claims made by MSPNG.[71]

Men are underserved and overlooked in terms of family planning awareness. This is both a result of, and a contributor to, the prevalent belief that family planning is "women's business".[72]

Story of Success

Men in a PNG study cited their spouse's health and well-being, and joint decision-making, as primary factors for wanting to take contraceptive-responsibility. These factors point towards a willingness among PNG men to share the family planning 'burden' and the importance of providing men with contraceptive options.[73]

Implement comprehensive sexuality education

Universal and comprehensive sexuality education (CSE) is essential for the achievement of SRHR. The purpose of CSE is to give children and young people information, skills and values to have safe, fulfilling and enjoyable relationships and to take responsibility for their sexual and reproductive health and well-being.[74] For young men this means that they are empowered to share responsibility for family planning and the health and happiness of themselves and of their partners. Key to this is gender-equality training, counselling, and running workshops that address GBV and non-harmful ways of relating with partners.[75]

In order for CSE (or family life education [FLE] as it is often called in the Pacific) to be effective and sustainable, it must be supported by a national policy framework. In 2013, a study of eight PICTs (Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Nauru, Tonga, Tuvalu and Vanuatu) showed that all were at some stage of implementing a CSE curriculum into schools, yet only Fiji, Kiribati and Vanuatu have a national policy framework to support CSE/FLE, with Nauru and Tuvalu in the process of developing policies. Federated States of Micronesia, the Marshall Islands and Tonga have no national policy guiding CSE implementation at time of writing.[76,77] Traditionally, most sexuality education in the Pacific has been taught from a conservative and often religious perspective where abstinence has been the main message. However, it is crucial that national policies meet internationally agreed standards which include scientifically accurate, curriculum-based information about human development, anatomy and pregnancy. It should also include information about contraception, human immunodeficiency virus (HIV) and sexually transmissible infections (STIs). Comprehensive sexuality education further needs to encourage confidence and effective communication skills and address the social issues surrounding sexuality and reproduction, including cultural norms, family life and interpersonal relationships.[78]

Enabling boys and men to gain the knowledge and skills to improve their own SRH is critical for the overall improvement of SRH and also for challenging the idea that SRH is solely the responsibility of women. By increasing targeted options and information available, men are likely to feel more in control of their own health and environment.[79,80,81]

To support young men to develop their interest and understanding of SRHR, including gender equality, teachers need to be supported to deliver the right messages. Sexuality education, whether supported by national overarching policies or not, remains highly awkward and contested by many teachers (and their networks).[82] To best support teachers to feel confident in delivering CSE/FLE education, current barriers to effectively discussing SRHR (including personal values), must be included. Raising awareness amongst community members on the positive effects of CSE/FLE, as well as debunking common misconception with regards to CSE/FLE, can also help teachers feel supported.

It is not only school teachers that benefit from further and ongoing support to confidently deliver SRHR programmes. Health workers, both clinical and non-clinical staff and volunteers, should be supported in developing their personal skills when working with boys and men. Inter-personal skills training can further develop confidence, teach problem solving tools and communication skills while also addressing values and attitudes in relation to gender roles and sexualities. Addressing personal and professional barriers to working with marginalised key groups such as LGBQTI communities should also be included.

71 IPPF Submission
72 MSPNG Submission
73 Burnet Institute Submission
74 "What is Sexuality Education," Family Planning New Zealand, accessed 12 November 2015, http://www.familyplanning.org.nz/advice/sexuality-education/what-is-sexuality-education
75 IPPF Submission
76 SPC and PIFS Joint Submission
77 ARROW, *Pacific Young People's Sexual Reproductive Health And Rights Factsheet* (Kuala Lumpur: Asian-Pacific Resource & Research Centre for Women, 2014)
78 "Comprehensive Sexuality Education," United Nations Population Fund, accessed 12 November 2015, http://www.unfpa.org/comprehensive-sexuality-education
79 Burnet Institute Submission
80 IPPF Submission
81 UNFPA Submission
82 Family Planning Submission

Support informal education programmes

While several Pacific countries are in the process of implementing CSE/FLE, many young people do not attend formal education. Peer and informal CSE/FLE education can therefore play a supportive, yet important, role to the education system within PICTs. While universal access to CSE/FLE is an important goal in the Pacific not all young people attend formal schooling or feel equipped with comprehensive SRH knowledge. Community-based SRHR education programmes should therefore be available as an addition to formal CSE.

Peer education programmes aimed at engaging young men should be driven by trained male facilitators. Young men generally respond well to information passed on by their peers and should be delivered as part of a programme and not on an ad hoc basis. 'Edutainment' programmes (education delivered in an entertainment format) is one of several effective strategies to engage young men.[83] Programmes and facilitators should be targeting sports groups and other places where men get together and where they will feel safe to explore sexual and reproductive health and rights issues.

Story of Success

Interactive games aimed at reducing risk-taking and increasing health-seeking and gender equitable behaviour amongst young men, with a focus on SRH, were developed and piloted in PNG 2013/2014. Participants reported that the fun and interactive nature of the games created a non-threatening environment in which young men could discuss sensitive topics with their peers. Participants also pointed out that the focus of the games on storytelling and learning by 'seeing and doing' suited the PNG context.

UNFPA reports similar success for an edutainment project for adolescents and youth in Vanuatu in 2014. The programme allowed young boys to bring together their passion for music to create music with meaningful SRH messages and messages of youth empowerment.[84]

Finally, male 'champions', or SRHR role-models, should be utilised as agents of change.[85] Men with personal experience of a particular SRHR issue, such as the process and outcome of having a vasectomy, are in a unique position to dispel myths and rumours associated with the issue.[86] Utilising male champions is a cost-effective approach that can be used in ways that suit the needs

83 UNFPA Submission
84 UNFPA Submission
85 KFHA Submission
86 IPPF Submission

of the community. Information campaigns such as promotional or educational services should use messages that respond to the primary concerns of men, which might include issues such as land and the economic benefits of smaller family size.[87]

Story of Success

When IPPF in Burundi introduced non-scalpel vasectomy (NSV) to the country there was an initial disinterest and scepticism from local government and potential clients, as well as opposition from religious groups. Men feared that it would cause erectile dysfunction, while women believed that it would lead to promiscuity. Consequently, a pool of trainers worked hard to clarify misconceptions before eventually gaining support from local government and creating demand among men for the procedure.

Enable supportive environments

Health cannot be separated from other goals of any society. Creating a supportive social, cultural and physical environment that make positive SRHR choices easy, requires input from all levels of society. For example, parents need to be educated so they can support their children while the wider community, government and media can address social norms and create supportive environments that help improve the SRH of all.[88] The health needs of people will also vary from community to community, and within communities themselves. As such, programmes need to be able to address diverse needs and be driven by local people who are best equipped to understand their environmental context. A supportive environment should also offer people protection from the factors that can threaten good health.[89]

Communities play a central role for achieving results. What constitutes effective community action varies depending on the unique environment; however partnership, participation and engagement are key factors to achieving successful outcomes.[90] Communities have the ability to be innovative in their approaches to change in ways that national responses often cannot. Therefore the outcome of innovation and creativity will 'look' different from community to community. This ought to be considered a strength.

The realisation of improved SRHR commitment and investment also requires strong political leadership. Parliamentarians have an important role to play in creating SRHR-supportive policy and to reform restrictive legislation. Policies aid the

87 MSPNG Submission
88 Family Planning Submission
89 "Supportive Environments," Department of Health and Human Services, Tasmania Government, accessed 12 November 2015, http://www.dhhs.tas.gov.au/healthpromotion/wihpw/principles/supportive_environments
90 Health Promotion Agency, Community Partnership Fund Definitions, (Wellington: Health Promotion Agency, date unknown)

prioritisation of funding which in turn guides the focus of SRH activities.

Discussion around policy review at the Open Hearing largely centred on removing policy barriers to vasectomy. Vasectomy is one of the safest and most effective permanent contraceptive methods available. Still, vasectomy is a highly under-utilised method globally with only 3% of couples worldwide using vasectomy as their primary contraceptive method.[91] To improve the uptake of non-scalpel vasectomy (NSV) national health policy should reconsider downgrading the cadre of health professional required to perform NSV, from clinicians to nurses. The World Health Organization suggests this may be an option in some countries, if rigorous research is undertaken to prove safety.[92] For several Pacific nations, this would mean that a wider range of health professionals would be able to perform vasectomies which would free up clinicians' time and also minimise the cost of health care services. Changing national policy would have the added benefit of challenging the idea that SRH is primarily a woman's responsibility and help close the gap of the 650,000 women in the Pacific who report an unmet need for family planning.[93]

Parliamentarians attending the roundtable discussion also highlighted the importance of establishing or maintaining strong relationships with health care providers tasked with the implementation of SRHR programmes (both CSOs and state-owned service providers). That parliamentary decisions need to be anchored to SRHR issues as experienced by those working 'on the ground'.

91 MSPNG Submission

92 "WHO Recommendations – OPTIMIZEMNH," World Health Organization, accessed 12 November 2015, http://optimizemnh.org/intervention.php

93 NZPPD, *Youth Sexual Health: "Our Health, Our Issue." Report of the New Zealand Parliamentarians' Group on Population and Development* (Wellington: Family Planning New Zealand, 2009)

Recommendations

Following the day long Open Hearing, participating Pacific parliamentarians and NZPPD members participated in a roundtable meeting where key messages from the submissions were discussed and framed into recommendations.

It is not recommended to 'cherry pick' between the recommendations in this report as this would devalue the holistic framework within which the recommendations have been developed. NZPPD stresses the value of engaging entire community structures; from high level public policy to further development of personal skills, while ensuring that any call for change is locally driven. The Open Hearing identified several ways to strengthen boys' and men's involvement in broader SRHR activities. All areas identified here were recognised as important by the five countries with parliamentary representation at the Open Hearing: Papua New Guinea, Tuvalu, Kiribati, Tonga and Samoa.

The overarching recommendation which all parliamentarians agreed would advance the development of SRHR in the Region is the formation of a Pacific Region Parliamentary Group on Population and Development. At present, different PICTs report varied high-level engagement on population and development. For example, Tonga has recently established a Select Committee on population and development (for an eventual upgrade to a standing committee),[94] while several other PICTs are yet to form parliamentary groups.

Regionally, the Asian Forum of Parliamentarians on Population and Development (AFPPD) promotes parliamentarians' involvement in addressing and solving population and development (PD) issues in the Asia and Pacific region.[95] The formation of a Pacific region-specific parliamentary group would complement the work of AFPPD and add value and consistency to high-level PD issues in the Pacific.

94 "Tongan Parliament appoints new Select Committee for Population and Development," UNFPA Pacific Sub-Regional Office, accessed 12 November 2015 http://countryoffice.unfpa.org/pacific/2015/03/18/11712/tongan_parliament_appoints_new_select_committee_for_population_and_development/

95 "About us," The Asian Forum of Parliamentarians on Population and Development, accessed 12 November 2015, http://www.afppd.org/en/about-us/

Overarching recommendation

1. Form a Pacific Regional Parliamentary Group on Population and Development.

Objectives: Promote the population and development interests of Pacific Island Countries and Territories by focusing on the International Conference on Population and Development (ICPD) and the Sustainable Development Goals (SDGs).

Purpose of group	Strengthen the prioritisation of population and development (PD) issues nationally
	Allow for continuous and targeted SRHR advocacy nationally and regionally
	Advocate for the nationalisation of the SRHR targets of the SDGs
	Advocate for the national implementation of ICPD commitments
	Provide regionally coordinated responses to SRHR challenges in the Pacific
	Strengthen the Pacific voice in the region and globally on issues concerning SRHR
Membership criteria	Representatives from PICTs Parliamentary Groups on Population and Development
	PICTs Ministers and Parliamentarians with a proven interest in SRHR issues
	Preference to be given to MPs and Ministers who attended the 2015 Open Hearing who have endorsed these recommendations
Secretariat	UNFPA Sub-Regional Office of the Pacific
Supporting role	NZPPD (New Zealand)
	PGPD (Australia)

Additional recommendations

Policy review

2. Review current key documents and ensure that national policies are conducive to an increased uptake of vasectomies. It is recommended that a wide range of health professionals should be permitted to perform non-scalpel vasectomies in accordance with WHO standards and recommendations.
3. Develop, where necessary, a national policy framework that supports the sustainability of a comprehensive sexuality education/ family life education curriculum throughout the formal education system.

Improved health services

4. Develop antenatal programmes for expectant fathers that are father-friendly and that empowers men with the knowledge and skills needed to make informed decisions about SRH, healthy relationships and male involvement in family life.
5. Fund and support general health care providers to develop innovative methods of delivering SRHR information to boys and men. For example, interactive and positively framed games, or edutainment programmes, delivered by men for men.
6. Strengthen and expand general health care services that target the needs of boys and men of marginalised groups.
7. Incorporate HIV/AIDS services (testing, treatment and counselling) into general SRHR programmes to reverse the stigma associated with separate HIV/AIDS services.

Capacity development

8. Recruit and train health workers in best practice SRHR service delivery. This training should include inter-personal skills training to further develop confidence to deliver services aimed at boys and men, including key groups such as LGBQTI communities. Addressing personal and professional barriers to working with these key groups must be part of skills training.
9. Support teachers with further training that addresses current barriers to openly discuss SRHR so they are able to confidently deliver CSE/FLE in school settings.

Supportive environment

10. Identify different responsibility-areas, gaps and strengths for Governments and CSOs, ensuring transparent responses.
11. Strengthen the relationship between national parliamentary groups on population and development (or other parliamentary groups interested in SRHR issues) and SRHR CSO providers (in particular IPPF MAs).
12. Create positive resources about the important role male family members play in communities SRHR. Creating targeted and positive resources that can be distributed in local language throughout communities and via media. For example, positively framed antenatal booklets.

Community action

13. Support an increase in community-based SRHR education programmes that are delivered by trained facilitators, i.e. sports groups, religious groups, male-to-male peers etc.
14. Engage and train male SRHR ‘champions’. These men can assist in demystifying myths associated with male-specific reproductive services and encourage other men to take responsibility for the development of healthy families.

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