

# **ENLISTING THE MILITARY TO PROTECT REPRODUCTIVE HEALTH AND RIGHTS: LESSONS FROM NINE COUNTRIES**

Sylvie I. Cohen, PhD  
et al.

Technical Support Division

*Global conference on “Reaching out to Men in  
Reproductive and Sexual Health”,  
Dulles, D.C. 16 September 2003*

# Partnering with Men in Uniform

- Many countries have planned or are now implementing projects targeting men in uniform as a way to promote HIV prevention, engage men as partners in gender equity and the reduction of gender-based violence and improve their own and their partners' reproductive health status and protect their rights.

# Why The Army?

- UN involvement with this sector is mandated by several international and regional declarations, in the context of RH, HIV/AIDS and VAW
- Key role of defense sector in responses to poverty reduction, development, and emergency situations in the context of the Millennium Development Goals

## Why The Army?

### Part of the solution:

- A predominant male workplace
- UNFPA's long experience with employment-based population education programmes
- Importance of security sector in rights-based approach to programming, on issues of gender equity, GBV and HIV.

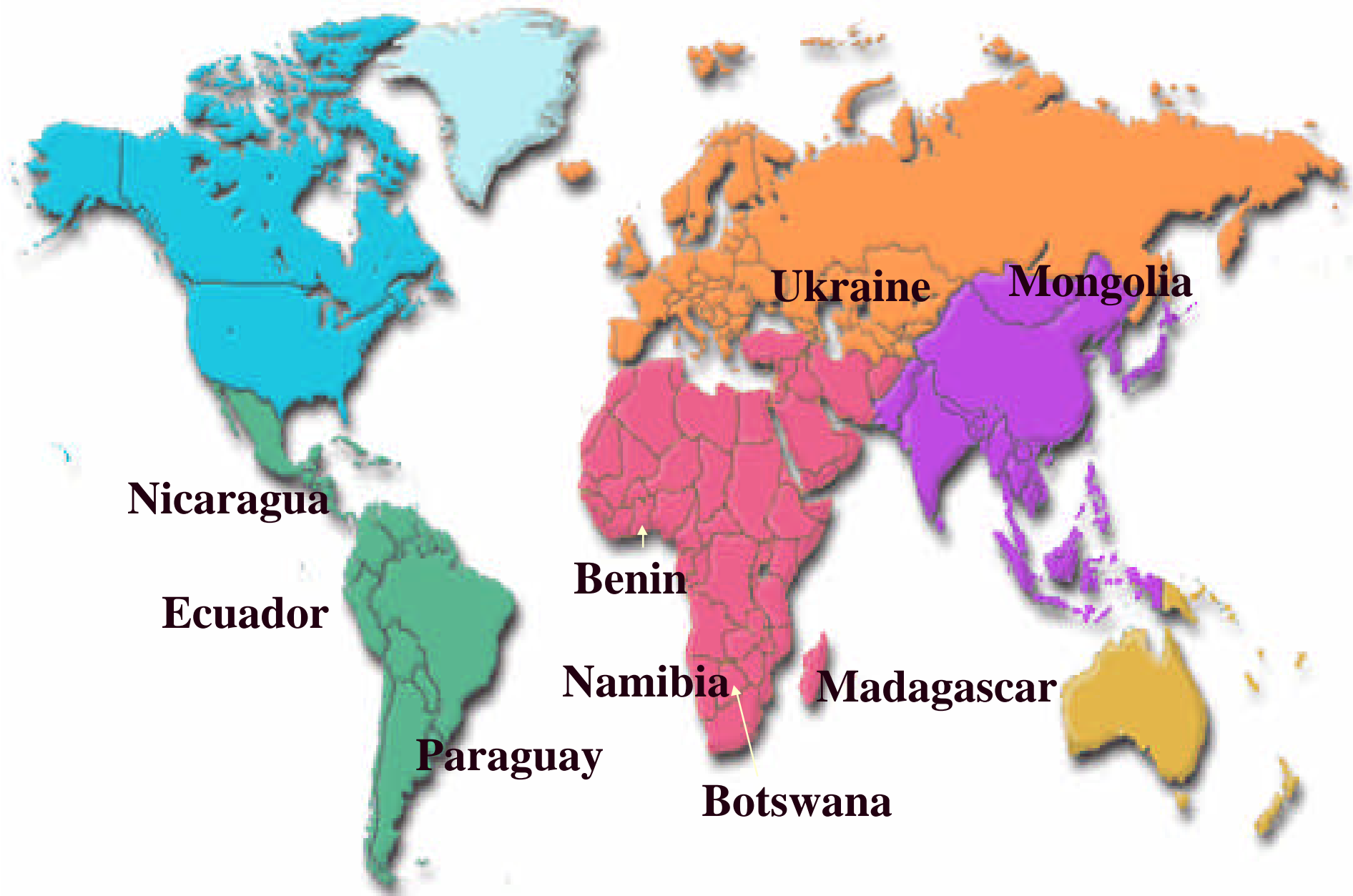
# Why the Army?

## Part of the problem:

- Age groups; structural factors related to socio-pol contexts, including poverty, reforms and democratisation, conflicts and demobilization
- Working conditions and power inequity [internal and external] create higher risks of acquiring STIs, HIV/AIDS, and of being involved in various gender and reproductive rights violations.
- Predominant attitudes *towards gender roles* tend to endorse stereotypical views of unequal sexual relations, and more generally, of unequal relationships with women.

# 9 Countries: National Contexts

- Focus on peace time
- Purposive sample: selected on-going projects
- Large variations among regions and countries in terms of prominence of RH, incl. HIV, gender roles and disparity issues
- Each case study describes context: development and population; RH, including unmet needs; HIV prevalence and country response; the situation of young people; gender issues, including gender-based violence; the military structure; and who did what in the projects



# Background on the Study

- This comparative study of country experiences across regions was undertaken as part of a UNFPA interregional project ‘Improving Gender Perspective, Reproductive Health and HIV/AIDS Prevention through Stronger Partnership with the Military’.
- It was conducted by UNFPA’s Technical Support Division, with generous support from the Swedish International Development Agency and in-kind contribution from the UNFPA Technical Assistance Programme regional advisors, country offices and national consultants.

# Main Questions:

- o What is the range of implementation approaches used so far: commonalities and differences
- o What is working and needs to be continued or can be expanded?
- o What is not working and needs a new more strategic approach?
- o What has not been addressed at all?

# Scope of Inquiry

- RSH information and services, including HIV/AIDS prevention, and gender equity issues
- Focus on policy and programme-related factors: internal to military, as well as partnership aspects with donors, other government agencies and civil society
- Learning more about the military as an institution: leadership; structure; culture, and history of projects
- Target groups: mostly leaders and managers; training cadres; young recruits; health personnel; women as staff and families.

# Approaches to achieve National Projects' Goals and Objectives

- ❑ **Prevention of HIV and other sexually transmitted infections** in Botswana Mongolia and Namibia
- ❑ **Improvement of armed forces' reproductive health service delivery capacity** in Benin; Ecuador, and Madagascar
- ❑ **Educating military personnel about population and reproductive health issues**, in Botswana and Ecuador
- ❑ **Integrating reproductive and sexual health services and education** in Nicaragua and Paraguay.

# Leadership's Political Will

- Genuine concerns for healthy staff and recruits, and social responsibility
- The political will to introduce reproductive and sexual health into the military arena is present and should be leveraged; however, one cannot overestimate advocacy efforts and time needed to introduce gender equity and human right issues

# Capacity Building

- Tapping the military's well-established training infrastructure, and establishing a core group of trainers in reproductive health and HIV, emerged as successful strategies to introduce lasting changes
- Training in reproductive and sexual health is being well integrated into the military curriculum in four of the nine countries studied
- However, monitoring of progress, and retraining are weak

# Range and clients of RH services

- Types of services offered on the base vary among regions
- Accessibility of health services to civilians and military families depends on the location of bases, and differs from country to country
- Main clients vary with focus of projects: HIV vs RH
- The needs of staff, including officers, contractual staff and women, are neglected at several levels

# Condom programming

- Condom programming in many projects, consists mainly of condom promotion.
- Condom use was promoted well in most projects reviewed. No data on evidence of condom use
- However, access to condoms for both permanent staff and conscripts was found to be severely deficient. None of the projects studied had adopted a satisfactory procurement system for condoms.

# Confusion with regards HIV Testing

- VCT rare [Hidden and] compulsory HIV screening and testing of YR adopted by the military in a number of countries [« blood donation »]
- Differences between YR and permanent staff; cost of retraining and treatment of care
- UN position also unclear: epidemiological and economic rationales versus rights-based approach

# Behaviour Change Communication: Cultural Clashes

- Participatory, interactive and peer-based communication and educational methodologies, including peer education and role models, are known to be more effective for social learning and behaviour change in confined environments such as prisons and military bases, but their adoption may be at odds with traditional military approaches.

## BCC strategies:

- Military teaching methodologies on RSH tend to be didactic and focus on knowledge transfer.
- More rarely do they address lifestyle, gender and ethical issues, or deal with feelings, beliefs, and life skills such as communication, empathy, stress management and conflict resolution.

# Some pilot innovations, however

- Peer education schemes
- Role modeling
- Incentives
- CBD
- Alliance with social marketing programmes
- Etc.

# Most projects favour collaboration with one department

- Choice of key lead departments not always based on feasibility study and knowledge of military structure
- Health departments versus training departments?
- Ideally, several departments should work in coordination

# Collaboration with other ministries

- Collaboration with health and education ministries [health, education, etc..] and national AIDS Committees, is quite uneven

# Collaboration with CSOs

- Civil society organizations have been valuable and welcomed to introducing and integrating reproductive health programming into the military arena

# Challenge 1: Vertical approaches

- *Funding and vertical approaches to HIV deter interest from adopting more comprehensive and sustainable approach to RH and gender mainstreaming*
- *In peacetime, project history and donors' interest account for a larger difference in focus of interventions and implementation strategies than development context and needs*

## What to do:



- *In order to implement the comprehensive ICPD vision, projects with the military should attempt to expand from the vertical and short-term programmatic approach favoured by many donors*

## Challenge 2: Coordination among departments

- *A major challenge to integration and coordination among departments comes from the organizational structure of the military itself, which is typically compartmentalized and hierarchical*

## What to do:



- *As the choice of a lead department is critical to the success of a project, a thorough understanding of military structure and culture is essential to effectively channel support to project activities*

# What to do:



- *Increase involvement of military sector in Population and Development committees and task forces, including national AIDS Committee, multisectoral RH committees, and health SWAps, at national and local level*
- *Encourage involvement of CSOs as technical assistants*

## Challenge 3: A workplace that presents specific cultural challenges

- *Predominant masculine and risk-taking culture, coupled with hierarchical organization of the military, poses challenges for implementing the values and gender perspectives embodied in ICPD*

## What to do [short term]:



- *Urgent need to promote a culture of consistent condom use for dual protection; [need to seize strategic moments such as leave and demobilization]*

## What to do [long term]:



- *Broadening leaders' understanding of reproductive health and HIV issues*
- *Reconsider policies on issues that contribute to a milieu that lead to risk behaviours and gender inequality [family leave, length of deployment, housing and accommodations, recreation, sexual services, condom policies, place and roles of women and their RH needs, and treatment of staff living with AIDS]*

# Challenge 5: Quality & Management of Integrated RH Services

- In general, the health services provided at primary level through military clinics do not meet standards established by ICPD [counselling, etc.]
- Forecasting the needs for and distribution of RH commodities, incl. family planning methods, condoms, HIV/STI tests or drugs were found equally weak

## What to do:



- *More attention needs to be paid to RH quality of care issues*
- *The military sector needs to strengthen its capacity in terms of condom procurement and distribution, using a marketing perspective that includes attention to clients preferences, pricing, placement, distribution, and takes full advantage of peer distributors, on-base health units, and collaboration with local health authorities.*

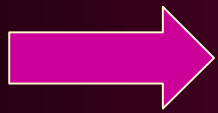
## What to do:



- *Help clarify situation and policies regarding HIV testing, access to treatment and social welfare of PLWAs*

## Challenge 6: M&E issues

- Few projects among those reviewed had conducted knowledge, attitudes and practices surveys to measure impact of educational activities on trainers, service providers and young soldiers.
- Attitudes, beliefs, and behaviour are not regularly assessed and changes are difficult to gauge, except anecdotally.



## What to do:

- *The initial project agreement with the military should include provisions for:*
  - *Needs assessments*
  - *Clear monitoring & evaluation mechanisms*
  - *Integrating curricula on reproductive health, including HIV and gender in military academies*
  - *RH commodities security, incl condom programming*
  - *Scaling up to all bases and divisions*

# Challenge 7: Gender equity Issues

- Most of the projects exhibited a gender bias, and met the needs of men more fully than those of women.
- This can be attributed, in part, to the fact that targeted beneficiaries were predominantly men, especially young men.

# Examples of Unmet Gender Equity Needs

- Works only on changing risky behaviours with so-called risk groups
- Exploits traditional gender roles to promote condom use
- Explains HIV transmission but not gender relations [medical model]
- Work with men in isolation from women's groups [on base or civilians]
- Assumes women do not need STI testing and treatment, nor other RH services

# Examples of unmet gender equity needs [C'td]

- Staffing policies, including those of service providers
- Women's participation in shaping training curricula
- Access to information, services and rules that promote safety of sexual relations
- Codes of conducts ignore issues of GBV
- No easy & equal access to RH services
- No counselling services
- Equal access to in-service training

## What to do:



- *Gender perspectives need to be better integrated into project design and monitoring and in code of conducts*
- *Women in military need a voice*

# What to do:



- *ICPD could inspire new military codes of conduct that address relations with civilian populations, lifestyles, and gender issues*
- *Clarify ethical, legal and constitutional aspects of reproductive health, HIV prevention and care, and gender relations in defence sector.*

## Challenge 8: Advocacy efforts

- Political will from the leadership at high levels is a prerequisite for getting buy-ins from the other departments and military base officers, but such efforts are often overlooked, and not organized or sustained.

# Code issues

- Codes of conducts are under-utilized for promoting new standards guiding ethical behaviour, gender equity, and social responsibility
- No consensus within the military and among donors about amending codes of conducts to enforce behaviour change and implement protection/respect of women or powerless groups/populations

# What to advocate for [among others]:



- Collaboration among key military departments, including academies, and with other ministries, to manage the RH/HIV/GBV projects
- Inputs and technical assistance from civilian organizations knowledgeable about specific reproductive health, gender and human rights related topics
- In-kind contribution to training
- Provision of RH commodities, including condoms

# Other issues that need advocacy:

- Policy change for housing, staffing, leave, etc..
- Amendment of codes of conducts re GBV and HR
- Accessibility to and quality of RH care
- Regular and user-friendly condom procurement
- HIV testing and treatment of staff and recruits with HIV
- MIS
- Resource mobilization

## What to do:



- *Advocacy efforts that appeal to the self-interest of the military, such as keeping its workforce in good health, or referring to its humanitarian role in emergencies, tend to be more successful than getting it to accept to address broader cultural, societal and ethical issues.*
- *Having personal access to military leaders is a definite advantage in this regard.*

# Challenge 9: Not Enough Resources

- In general, the funding allocated to projects was too small to accomplish or maintain project goals.
- Resources for materials and RH commodities were inadequate, leaving projects without adequate funding for replenishment of training materials and procurement of condoms and other RH commodities, to meet increased demand.

## What to do:



- *More resources are needed for this type of projects*
- *Need to build capacity of military to prepare proposals and raise funds from national budgets and international sources*

## What to do:



- *Donors must understand that greater external support is needed for the defence establishment – **urgently** – to move prevention up to scale – or all will be lost [reference to HIV only...]*

[Source: Civil Military Alliance]

# Conclusions

- Defence sector offers a **captive audience** with cohesive code of conduct, strong human resources and skills, training, health and communication infrastructures
- **Multiplier effect** of socializing young male recruits as gender equitable sexual partners and fathers.
- **Offer access to RSH** education and services to people who live in isolated communities near military bases.
- **Strong interest for STDs/HIV but competing interests with RSH**, gender and rights-based perspectives, unless donors are coordinated

# Next steps

- **RH agencies** have a comparative advantage for adopting a comprehensive long-lasting approach
- **Expand from STI/HIV to larger issues** such as RH, gender equity, gender-based violence and promotion of human rights
- **HIV specific policy issues** such as testing, continuum of prevention, care and treatment need clarification [“obsession” with HIV testing]

## Next Steps [ct'd]

- Address **needs of women** as staff, spouses, services and neighbours
- **URGENCY OF CONDOM PROVISION!!!**
- Address issues of **conflicts, peacekeeping** and reinsertion/demobilization
- **Knowledge sharing** to continue: Same study methodology can be used in conflicts and emergency situations