



**Sexual Health &
Family Planning
Australia**

Leading the way in sexual and reproductive health

Submission No. 8
(Pacific Health)

Standing Committee on Health and Ageing
House of Representatives
PO Box 6021
Parliament House
CANBERRA ACT 2600
AUSTRALIA
Transmission: haa.reps@aph.gov.au

de 28 Sept 09

Sexual Health and Family Planning Australia (SH&FPA) the national peak body of the eight State and Territory reproductive and sexual health and family planning organisations is pleased to make a formal submission to the House of Representatives Standing Committee on Health and Ageing on its Roundtable Inquiry on regional health issues jointly affecting Australia and the South Pacific.

SH&FPA has a thirty year history of working in the South Pacific, in partnership with in country organisations to build capacity (organisational and technical) and deliver reproductive and sexual health education.

Reproductive and sexual health and family planning are key drivers to the eradication of extreme poverty and hunger, gender equity, environmental sustainability and reducing maternal mortality.

Increasing knowledge and awareness of reproductive and sexual health contributes to reducing HIV/AIDs and STIs, gender based violence and increasing the opportunities young people have over the course of their lives.

The success of SH&FPA's Men and Boys Behaviour Change program currently being implemented in PNG, the Solomon Islands and more recently in Timor Leste highlights how community based programs are able to affect sustainable positive change not only for participants, but there families and communities.

Please find attached a list of in country contacts for the Committee whilst they are in both PNG and Timor Leste, I would prefer that these contacts are not made publicly available.

Should you or the Committee require any further information on the projects detailed in our submissions or our other activities in the region, please do not hesitate to contact me.

Yours sincerely,

Naomi Knight

Level 1, The Realm, 18 National Circuit
Barton, Canberra City ACT 2600
GPO Box 2138 Canberra City ACT 2601 Australia
ABN: 20 86 09 35 679
Telephone: 02 6198 3415 Fax: 02 6198 3333
Internet: www.shfpa.org.au



**Sexual Health &
Family Planning
Australia**

Leading the way in sexual and reproductive health

**SUBMISSION TO HOUSE OF REPRESENTATIVES STANDING
COMMITTEE ON HEALTH AND AGEING**

**Roundtable forum on regional health issues jointly affecting
Australia and the South Pacific**

Contact: Naomi Knight, Chief Executive Officer

ABOUT US

Sexual Health and Family Planning Australia (SH&FPA) is a national federation of eight independent state and territory sexual health and family planning organisations. These organisations provide one to one clinical and counselling services as well as community and workforce education programs, research, clinical practice training, resource development and community participation programs.

The advocacy work of SH&FPA seeks to achieve specific changes in policy, strategy, laws, funding, program and service provision to improve sexual and reproductive health and rights for all Australians.

SH&FPA has over thirty years experience in International development work in Asia and the Pacific and our work seeks to build the capacity of our in-country partners to deliver reproductive and sexual clinical, education and health promotion / prevention programs.

Family planning is a key driver to achieving a sustainable reduction in poverty. When women are able to determine and plan the number, timing and spacing of their children, they increase their own chances of survival, reduce infant mortality, increase the quality of life of their living children and increase their opportunities for education. All these add to the productiveness of their community.

SH&FPA believes that knowledge about and freedom of choice in reproductive and sexual health is a basic human right.

SH&FPA's member organisations are:

- Family Planning New South Wales
- Family Planning Welfare Association of Northern Territory
- Family Planning Queensland
- Family Planning Tasmania
- Family Planning Western Australia Sexual Health Services
- Family Planning Victoria
- Sexual Health and Family Planning ACT
- Sexual Health information networking and education SA

SETTING THE SCENE

The World Health Organisation statistics highlight the situation of women and children in PNG and Solomon Islands.¹

Australia	PNG	Solomon Islands
Adolescent fertility rate (is the average number of children that would be born to a woman over her lifetime 15-44 if she were to survive)		
16	77	72
Maternal Mortality Ratio (per 100,000 live births)		
4	470	220
Infant Mortality Rate (per 1000 live births)		
5	54	55
Deaths due to HIV /AIDs (per 100,000 population / yr)		
<10	56	

These statistics demonstrate the overwhelming importance of achievement on the Millennium Development Goals including:

- MDG 1 of the eradication of extreme poverty and hunger;
- MDG 2 promoting gender equality and empowering women;
- MDG 3 achieving universal primary education; and
- MDG 7 ensuring environmental sustainability.

Achievement of MDG, 8 to develop a global partnership for development, is dependent on having trusted and effective relationships across national borders:

The work of SH&FPA with Family Planning Organisations across the Pacific, including in PNG, the Solomon Islands and Indonesia are examples of the successful achievement of MDG 8 as our work is built on well developed trusted relationships in a capacity building framework with records of effective program development and implementation.

¹ <http://www.who.int/whosis/en/index.html>

1. INNOVATIVE APPROACHES

1.1 MEN AND BOYS BEHAVIOUR CHANGE PROGRAM

Literature and program success has provided evidence that efforts to engage men and boys in changing gender-based inequity in health are effective. Comprehensive, multi-theme programmes (in contrast to short term interventions) that include specific discussions about salient, social meanings of men and masculinity seem to show the highest rates and levels of effectiveness in engaging men and boys in gender equality.

In 2007, Gary Barker chaired a literature review of the area for the World Health Organisation. The key findings from the review were:

- Well designed programmes with men and boys showing compelling evidence leading to change in behaviour and attitudes;
- Programmes using a gender-transformative approach² had a higher rate of success;
- Integrated programmes and programmes involving community outreach, community mobilization and mass-media campaigns show effectiveness in producing behaviour change;
- There is evidence of behaviour change in all programme areas (sexual and reproductive health and HIV prevention, treatment, care and support; fatherhood; gender based violence; maternal; newborn and child health; and gender socialization);
- Relatively few programmes with men and boys go beyond the pilot stage or short term time frame;
- Group sessions of between 2-2.5hrs should be weekly over 10-16 weeks;
- Group educational activities should include critical reflections about masculinity and gender norms and focus on building skills such as how to use a condom, changing nappies, bathing children and to express feelings without violence / manage anger and resolve conflict in couple relationships; and
- Well-trained facilitators are a key factor to success of group education programmes.³

SH&FPA's Men and Boys Behaviour Change (MBBC) program was first implemented in the Solomon Islands. Following the success of this program, SH&FPA began work in PNG with HELP Resources to implement the MBBC program, as well as working with a committed male advocate to implement the program in Timor Leste.

² Gender transformative men and boys' programmes include deliberate discussions of gender and masculinity and clear efforts to transform such gender norms, as opposed to programmes that acknowledge or mention gender norms and roles.

³ Barker G et al (2007)

The success of the limited activity in Timor Leste since 2007 alongside the clear imperative for change, has resulted in SH&FPA committing to implement the program until at least 2012. Consultations are now occurring with interested in-country civil society organisations to develop appropriate networks and partnerships, to contextualise the MBBC program and ensure its future delivery achieves sustainable change.

In PNG, the MBBC program is currently being implemented in East Sepik Province across all six districts: Wewak, Angoram, Wosera Gawi, Ambunti – Dreikir, Maprik and Yangoro – Saussi. Due to the tyranny of distance, the main focus of work has been in Wewak and Angoram.

SH&FPA's recent external evaluation of the PNG MBBC program confirmed that the fundamental rationale for the program, that men's views of themselves in relation to their own precepts of masculinity, what is to be 'strong' and 'manly' in contemporary PNG, has been challenged and to a degree 'lost' during the colonial and early missionary years as the traditional ways for men to share knowledge and ideas about men's role in community (eg whilst staying in *hous man / hans boi*) have been eroded. This has left a vacuum for men and boys trying to find their way in the new PNG.⁴

SH&FPA's MBBC program allows participants to explore the meaning of masculinity and their roles as Man, Partner, Father and Decision Maker in their personal lives, as well as within their families and as an integral part of their community/village, within a PNG context.

The MBBC offers a valid, culturally safe environment for discussion about:

- Men's views of themselves and their many roles
- Relationships between younger members of the community and their elders
- The relationship between population growth and rural development and the relationship between family size and poverty.

HOW THE MBBC PROGRAM WORKS

SH&FPA's in country partner HELP Resources has been involved in the design and delivery of training in sexuality (gender and human rights) and sexual health for over ten years. During this time they have developed a large network of well trained sexual health workers (50% men and 50% women) many of whom are volunteers who have been and remain committed, active and excellent role models.

HELP Resources use locally adapted adult education methods, they train their own trainers and have focused specifically on men and boys since 2004.

20 Trainers work across the six districts. Through their own community contacts, requests from schools, churches and other community organisations and / or

⁴ O'Connor M (2009)

entering co-ordinated activities being run by other non government organisations, the local Trainer will be engage in delivering the MBBC program.

Using resources developed by SH&FPA and HELP Resources, the trainer delivers the program through a series of weekly meetings. The topics covered include:

- Understanding men
- Men and boys health and sexuality
- Addressing family planning, STIs and HIV with men and boys
- Men as partners, fathers and decision makers
- Communication and sexual health
- Gender
- Working with young men
- Behaviour change principles and practice.

The number of participants per group averages 25 and whilst the groups are advertised as being for men only, women have sought to attend in some instances. In those instances, with agreement from the men, the women have been able to stay. This, however, is not the norm.

Catholic Church organisations and leaders (Sepik Centre for Hope, Catholic Church's HIV / STI arm/ local priests) have been willing to partner with the MBBC. In one instance a priest vacated his house for the training and attended the training himself.

This support together with growing government support from the Provincial and District Education offices, Provincial Health Offices, the Police and Correctional facilities highlights the level of interest in the MBBC program being widely available within the community.

THE RESULTS

A recent report released by the Australian Government revealed that 2 out of 3 PNG women experience domestic violence⁵. These figures shine a light on the daily trauma PNG women and children experience.

SH&FPA'S recent evaluation of the MBBC revealed the following program benefits:

- Making pregnancy safer in PNG;
- Reducing gender based violence;
- Promising results in STI/HIV prevention, treatment, care and support⁶.

In the words of one PNG woman:

"My husband used to go out all day, come home, drink, smoke, eat and go to bed; now he goes to the haus sik with the kids and me, helps at home, is happier within himself. My life has completely changed in a positive way."

⁵ http://www.ausaid.gov.au/hottopics/topic.cfm?ID=3774_3594_9152_140_

⁶ O'Connor M (2009)

THE FUTURE OF MBBC

SH&FPA has now incorporated the MBBC program into its PNG multi-year funded project COMPASS, through until 2012. AusAID, through the PNG – Australia Sexual Health Improvement Program (PASHIP), funds this project.

Over the next twelve months, SH&FPA will be working with HELP Resources to upgrade the existing training manuals, supporting the development of organisational capacity in networking with other organisations including Provincial and District government departments; and seek the to undertake follow-up programs as well as expand the reach of the program across PNG.

SH&FPA's recent evaluation also highlighted the interest of women and girls in this kind of program as well as the need for women and men to have a safe space to "let men know what women want them to know about women." In the same way men felt that they needed agency to let women know about their views and needs.

How these needs might be best addressed will be considered over the coming year/s.

1.2. SOLOMON ISLANDS

Raising young peoples awareness of sexual and reproductive health and making the connection between population and the environment

SH&FPA has a long history of working in the Solomon Islands, with our sister organisation Solomon Islands Planned Parenthood Association (SIPPA) and with Live and Learn Environmental Education.

The Solomon Islands is one of the countries in the Pacific that has a very youthful population. 45 % of the population is under 15 years of age (2002) with a 2.7% population growth rate compared to 24% of under 15 year olds and a 1.5% population growth rate for the greater Oceania region. Education and employment opportunities are one of the major problems faced by the country and urban drift in search of employment is increasing. The armed conflict of 2001 continues to have a disruptive influence on the social, economic and cultural fabric of the country, with social institutions and the central economy still recovering from the conflict. Young people are regarded as one of the most vulnerable groups in the country as they are often having unprotected sex which puts them at risk of STI/HIV and teenage pregnancy.

Knowledge of sexual and reproductive health is generally very poor. Sexual health problems, prostitution and drug usage are increasing among young people as families relocate to urban areas in search of employment. National Statistics show that Teenage Pregnancy and Sexual Transmitted Infections (STI) are on the rise among young people. Correcting of myths surrounding sexual health issues and educating young people on healthy choices is a major priority.

Population and environment are closely linked and interdependent. High population growth puts stress on existing land and resources while resulting poverty often forces communities to sell natural resources to survive. Conversely, 70% of the people living in poverty need a sustainable natural environment in order to survive.

Environmental themes and topics for community and school education awareness programmes for the past years have been focused on issues of unsustainable logging practices, managing water scarcity and advocacy skills. However, little emphasis has been put on helping communities realise that increasing population has other impacts on the sustainability of environment. This includes great risks to the social, health, environmental and economic stability of countries such as Solomon Islands with a high population birth rate, if not addressed.

SH&FPA's work in recent years has sought to address both the issues of raising young peoples' awareness and knowledge of sexual and reproductive health issues and the links between population and the environment. During the course of 2009 2010, SH&FPA will be working with both organisations to continue the following

programmes, as well as working to facilitate increased networking and resource sharing between the two organisations.

Project 1- Strengthening Youth Participation and enhancing empowerment in Sexual and Reproductive Health

The goal of this project is to Strengthen Youth Participation and Enhance Empowerment on Sexual Reproductive Health services and information to young people of the Solomon Islands.

The SIPPA youth program empowers youth by the use of youth FM radio, face-to-face provincial workshops, schools focus groups and a youth friendly health centre and drop- in centre. SIPPA also works closely with the youth coordinators from the various church youth groups.

SIPPA, in its programs and activities, has recognised the need for youth participation in sexual and reproductive health programs and that the success of programs designed for youth can only be effective and achieved through the strengthening of the youth arm of the organisation and the availability of funding. This is also achieved through continuous training of Community Based Educators and effective dissemination of relevant and appropriate reproductive and sexual health information to youth in the country.

The SIPPA Youth Net radio program, popular with many young people in Solomon Islands will continue with different young people of different backgrounds. SIPPA will continue with radio spots in the FM station and Solomon Island Broad Casting Cooperation (SIBC). Like the Youth Net radio program, this is also popular. SIPPA also will aim to increase awareness programs on reproductive and sexual health for in-school youths and extend the program to new schools especially in the Provinces.

SIPPA continues to receive many requests from youth groups to provide targeted talks on reproductive and sexual health and aims to disseminate information on such issues at rallies, conferences and the SIPPA youth-friendly centre.

SIPPA has identified that music and sport are two very effective mediums for interacting with young people and providing education on reproductive and sexual health. SIPPA will target music concerts where a large number of young people are attending to provide community education to the young people. SIPPA will also develop a partnership with either a football or soccer federation such as the Solomon Islands Football Federation to integrate reproductive and sexual health information within the football culture

Project 2- Population Environment Community Education.

SHFPA has been working closely with environmental organisations on the delivery of joint community education workshops. Preliminary workshops in the Solomon Islands have led to the development and testing of community education materials in the form of Learning Circle Modules to be used by community educators.

The Population Environment Community Education project aims to support 'Live and Learn' programs on environment and human sustainability livelihood programme, particularly in implementing the currently developed ***Population and Environment for Sustainable Livelihood Learning Circle module*** to target community learning centres and rural training centres. The broad objectives of the module are:

- To enable communities and schools to explore the links between environmental issues and population and its social and economic impacts
- To support community learning centres' and rural training centres' community outreach activities on population environmental and livelihood themes and topics.

Project Outline

The goal of this project is to build the capacity of the LLEE community educators to deliver high quality reproductive and sexual health information as part of the developed ***Population and Environment for Sustainable Livelihood Learning Circle module***.

LLEE and Solomon Islands Planned Parenthood Association (SIPPA) will work in partnership to identify available reproductive and sexual health resources, identify resource gaps and develop appropriate resources applicable to the learning circle module,

LLEE and SIPPA will work in partnership to build the capacity of the community educators to provide reproductive and sexual health information sessions. This will include an assessment of the current training needs and development and implementation of training sessions for the community educators.

2. CROSS BORDER COLLABORATIONS

Over the last eighteen months SH&FPA has been a key player in developing a collaborative network involving the family planning organisations of PNG, Solomon Islands and Indonesia to create dialogue and develop strategies to jointly address the cross border management of HIV and STIs, as well as address issues of gender based violence across the border, incest and interfamily marriage.

During two face-to-face meetings agreement has been reached on a work plan and advocacy strategy to garner the commitment and leadership of national governments to address these issues. In coming months:

- each country (PNG, Solomon Islands, Indonesia and Australia) will be map issues associated with cross- border management of HIV/STIs and gathering relevant data
- Issues to be compiled into a summary paper (SH&FPA and IPPF to co-ordinate)
- Discussions to be held at national level between member associations and Government (Health/ Foreign Affairs) to sensitize Government to the identified need
- Member Associations to seek National Government agreement to a meeting between the 4 nations (Government, Member Associations and IPPF) to develop an effective regional response, including funding options

It is through SH&FPA's ongoing commitment to building relationships based on trust and strengthening capacity, that these kind of cross- border non government organisation collaborations are able to develop and in turn it is through these activities that national governments are challenged and encouraged to develop and fund sustainable programs.

RECOMMENDATIONS

- That consideration be given to auspicing the MBBC program at the most senior levels in PNG and the Solomon Islands, with a view to more extensive roll-out of the program to address the underlying factors contributing to the high rates of fertility, sexual and domestic violence, maternal and infant mortality and morbidity, poor education and high levels of poverty in the community.
- Note the importance of the engagement of youth and youth education in achieving sustainable improvements in the reproductive and sexual health of communities in PNG and the Solomon Islands and support strategies to increase youth participation.
- Recognise the specific challenges of cross- border management of reproductive and sexual health issues, such as the proliferation of HIV and STIs. Note activities of the existing working group, coordinated by SH&FPA, to

define the scope of the problem across Solomon Islands, PNG, Indonesia and Australia. Once the scoping report is available, seek a meeting of relevant international government agents to discuss ways to develop and fund strategies to address the identified problems.

References

Australian Government (2009) **Stop Violence: Responding to Violence Against Women in Melanesia and East Timor Commonwealth of Australia**
<http://www.who.int/whosis/en/index.html>

O'Connor Miriam Dr, (2009) " Evaluation: Men and Boys Behaviour Change Program"
HELP Resources, Family Planning NSW and SH&FPA

World Health Organisation statistics <http://www.who.int/whosis/en/index.html>
accessed 25 September 2009

World Health Organisation (2007). Engaging men and boys in changing gender based inequity in health: Evidence from programmatic interventions. Geneva Gary Barker, Christine Ricardo and Marcos Nascimento