BOOK REVIEWS


*Men in Bangladesh, India and Pakistan: Reproductive Health Issues* is a timely publication that assesses how well these countries have been able to get men to be an integral part of reproductive health programs. This publication was motivated, in part, by the 1994 International Conference on Population and Development (ICPD) held in Cairo. Among the goals of this conference were getting men to be supportive of their partners’ reproductive health needs and promoting men’s active involvement as sharing and responsible participants in family life. In determining men’s roles in reproductive health, the authors consider three countries that, combined, make up approximately 20 percent of the world’s population.

The book provides a useful assessment of how the three countries have integrated or failed to integrate men into the reproductive health agenda while providing the social, economic, historical and religious context for gender equality. The authors use a combination of data from qualitative and quantitative sources to assess that past history of efforts towards improving reproductive health and understanding the context in which men and women negotiate reproductive health decisions. The book focuses on the challenges faced by national governments, NGOs, and program planners in getting men interested in their own reproductive health as well as that of their partners. These challenges include poor couple communication, a history of female-focused health communication messages and service delivery systems, and a lack of data and research on the nature of household decision-making around reproductive health issues.

Despite the commonalities which these nations share based on common historical roots (they were partitioned in 1947), the authors also point to the unique history each country has had, including mixed results in implementing family planning programs. In Bangladesh, the efforts to lower the total fertility rate have been quite successful, with much of the success due to the work of a female community-based delivery system whereby women deliver contraceptive supplies door-to-door. With the cultural restrictions in women’s freedom of movement, this system effectively meets the needs of Bangladeshi women, but is less effective for men. Although India has a long history of promoting family planning, the overemphasis and somewhat coercive nature of the early vasectomy program, combined with the heterogeneity of the population, have led to less than stellar results in reducing the TFR. In Pakistan, despite four decades of promoting family planning, the current contraceptive prevalence rate (including traditional methods) is only 24 percent. In Bangladesh, men account for only 10 percent of contraception use, while in Pakistan they account for 19 percent, and in India for 14 percent.
The authors make the point that reproductive health care is not simply family planning. With the rising concerns of AIDS and other sexually transmitted infections, men's reproductive health is not limited to simply being a supportive spouse or partner to women during childbearing. Even with the astonishingly low rates of condom use, particularly in India and Bangladesh, some progress is being made towards getting men to be sexually responsible. In addition, some of these countries are making progress towards getting men to promote safe motherhood through being active participants in getting women to go for prenatal and antenatal visits. On the issue of contraception, the dearth of contraceptive methods available for men makes it difficult to get men to be the sole contraceptive users. At the same time, men in these countries often dominate the decisions regarding how many children their wives will have. One of the biggest obstacles is getting couples to make joint decisions about how many children to have and how to time them.

This book is useful for researchers interested in reproductive health issues in South Asia, program planners in the region, NGOs and governmental organizations. However, the book has some limitations. The organization by topic, rather than by country, leads to a fragmented style. The authors discuss some important historical and social differences between the countries but do not show how these differences may have affected the effectiveness of family planning and reproductive health programs. In addition, the authors neglect to mention other efforts worldwide, particularly recent efforts in Africa, to incorporate men into reproductive health programs. In conjunction with other research on the international push to incorporate men into reproductive health care, this book makes an important contribution. It also takes a first look at how these countries are attempting to meet the Cairo ICPD goals and highlights the need for country-specific research and sensitivity to gender and cultural issues in the planning and implementation of health programs and interventions.

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