

Global Dialogues



Let's meet in cyberspace!

By Fortune Sibanda

Join the Cyber Dialogues
www.gemsa.org.za

March 4
 8am-10am, NYC time
 3pm-5pm, SA Time
 The equal sharing of responsibilities between women and men, including care-giving in the context of HIV/AIDS

March 6
 8am-10am, NYC time
 3pm-5pm, SA Time
 The gender perspectives of the financial crisis

March 9
 9am-11am, NYC time
 3pm-5pm, SA time
 Equal participation of women and men in decision-making processes at all levels (CSW review theme)



GEMSA Namibia facilitator Sarry Xoagus-Eises (left) running a cyber dialogue
 Photo: Colleen Lowe Morna

Conference delegates and activists from around the world will meet in cyber space during three online discussions hosted by the Gender and Media Southern Africa (GEMSA) network and Gender Links (GL). Each discussion focuses on key conference themes, as well as breaking news reported in the GEMSA/GL conference newspaper, the Daily Links @ CSW.

Launched in 2004, cyber-dialogues are real time moderated online discussions. Gender Links sees the dialogues as playing a crucial role in empowering women by enabling them to use information communication technologies (ICTs) to engage with others on issues such as gender justice, equality, governance and care work.

During the 2008 16 Days of Activism Campaign, Gender Links and GEMSA collaborated with local and regional partners from 14 Southern African countries to host daily dialogues in English, French, Portuguese, Sotho and

four Nguni languages (Zulu, Ndebele, Xhosa and Swati).

The dialogues focused on, among other topics, financing for gender equality, the role of the media in eradicating gender violence, human trafficking, making information technology (IT) work for gender justice, gender and violence in public transport, the rights of disabled persons, and xenophobia.

On the international level, Gender Links collaborated with the United Nations Fund for Women (UNIFEM) and the World Bank to host 7 cyber-dialogues during the Beijing Plus Ten review conference in March 2005. Drawing on international participants, the Beijing Plus Ten dialogues attracted more 330 users world wide, and had a panel of 28 experts from 18 countries.

This year during CSW, the first cyber dialogue on 4 March will focus on the priority theme "The equal sharing of responsibilities between women and men,

including care-giving in the context of HIV/AIDS," while the 6 March dialogue will focus on "The gender perspectives of the financial crisis." The last dialogue on 9 March will be on the "Equal participation of women and men in decision-making processes at all levels."

A panel of experts will take part in the dialogues, and gender and media activists from Mauritius, Tanzania, Namibia, and Botswana are among some of the participants that will be joining the chat. A group of care givers from Orange Farm in South Africa will also be joining in, adding their voices to the global dialogues happening at the conference.

If you want to take part in these exciting discussions, please log on to the GEMSA website on www.gemsa.org.za and read the instructions on how you can register to participate.

Lets meet in cyberspace!

Men should go for fertility testing

By Arthur Okwemba

An infuriating, yet widespread, characteristic of our society is how blame is heaped on women, pretty much whenever something goes wrong, especially in relationships. This is particularly painful when couples are unable to have a baby. The blame is always leveled against the woman.

She goes through a series of fertility tests and hops from one doctor to another, just to determine her ability to have a baby and faces flak from in-laws for her failure to give them a child. In some instances, the husband, under the insistence of his family or on his own volition, may decide to marry a second wife who can do what the first wife has failed to achieve. However, as all this plays out, people rarely question the man's ability to father a child. There is a misconception that fertility issues are women's matters. Society believes that men are prolific, even when they have no sperm count at all or their sperms are deformed or immotile.

After several conversations with men on why they do not first go for fertility tests before pressing their wives to do the same, it dawned on me that one thing a man dreads most is to have someone assess his fertility. Yet, in many cases, women go through harrowing and expensive experiences when the infertility problem lies with the man. Similarly, the cost of doing sperm analysis - the main test done to establish if a man is fertile or not - costs under US\$20 in most public hospitals in Kenya and other African countries. Conversely, a woman's hormonal analysis and tubal tests costs at least US\$250 in the cheapest private outlet. In view of the cost and the fact that close to 50% of contribution to infertility rests with the man, would it not be better and cheaper for men to undertake fertility tests before requiring their wives or partners to do so?

Troubled by these questions, I decided to go for fertility testing just to understand what is involved and to use my experience to encourage other men to do the same.

When I arrived at one of the leading private hospitals in Nairobi and requested to undertake a semen analysis, the nurses at reception looked at me with astonishment and asked a raft of questions: Has a doctor sent you? Are you having problems getting children? Are you suspecting yourself? Is your wife fine? Are sure you want to do this? All these questions were intimidating, but I gathered the strength to go ahead.

One nurse cautioned me that fertility issues are very depressing and I needed counseling first. This annoyed me, since health care professionals rarely raise the same concerns for a woman. They receive neither counseling nor preparation for the outcome of such tests, because the society thinks being infertile is part of a woman's reproductive health problem.

Back to the nurse. Not satisfied with my answer, she referred me to another man, also unsatisfied with why I wanted to the test, he referred me to yet another man, who finally allowed me to see the doctor.

The doctor too raised her questions, but eventually requested the laboratory to do the test. When I took the doctor's note to the laboratory technician, he looked at me with astonishment. He whispered to me, "Your case is special, wait here for me as I prepare the room." At this moment, my nerves were at a breaking point.

After a few minutes, he came back, beckoned me from other patients in manner that suggested something was wrong with me. I followed him to a room in the hospital's basement. Here, we met three women who were having tea. Without uttering a word, he gestured to them to leave the room immediately. I was then ushered in yet another small cubicle within this room that had a bed. At this point the laboratory technician removed a small bottle from his pocket.

"This is where you are expected to place your semen after masturbation," he said, speaking in very low tones. He said I could do it in this small cubicle or a place near the hospital, since the semen must return to the laboratory within 30 minutes from the time the ejaculate is collected. I opted to do it outside the hospital.

It was abundantly clear that health providers are part of those perpetuating this myth that fertility issues are only a woman's issue. They are also to blame for the stigma and fear around male fertility testing. I wondered if other men would have the nerves to do it.

When a woman walks into the hospice and requests a hormonal or tubal test, no one raises eyebrows. The only question she is asked is if she has the money for the tests.

These perceptions and attitudes result in physical, emotional, and verbal abuse of women by their husbands and in-laws if they cannot conceive, even if in reality the problem lies with the man, usually glorified as prolific and a hero who has to put up with a barren woman.

This needs urgent attention by men and women who believe in gender equality and women's human rights. A robust campaign enlightening the public, men in particular, of the man's contribution to infertility, and why he should undertake semen analysis, needs to commence immediately. Until we project issues of infertility as both a man and woman's problem and why men should shoulder part of the burden, then women will remain victims of this unfair societal treatment.

Arthur Okwemba is a Kenyan journalist with the African Woman and Child Feature Service.

Listen to women's voices

By Perpetual Sichikwenkwe

The Non-Governmental Organisation (NGO) Committee on the Status of Women has called for governments to put their ear to the ground during CSW 53. Speaking to *Daily Links @ CSW* at the NGO Consultative meeting held Sunday at the New York Medical Center, NGO Committee Chairperson Vivian Pender noted that for the changes being

talked about this week to become a reality, "women have to be at the table, lead the process, lending their voices, their experiences and their unique perspectives."

Pender noted that women still comprise the majority of the world's absolute poor, the world's migrants and those without access to education. She pointed out that disparities in equal pay for equal work, unpaid care work, continued high maternal mortality, escalating HIV infection rates, and a pandemic of violence against women are all clear indications that commitments to gender specific issues must be redoubled.

With this year's 53rd United Nations Commission on the Status Women (CSW) theme "The equal sharing of

responsibilities between women and men, including care-giving in the context of HIV/AIDS," Pender noted that advocacy and raising public awareness are crucial for change.

The NGO Committee on the Status of Women was established in 1972 as a substantive committee of the Conference of NGOs in Consultative Status with the United Nations. It supports of the UN Commission on the Status of Women and works to promote women's rights and their advancement worldwide through the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Beijing Platform for Action, UN Security Resolution 1325 and the Millennium Development goals (MDGs).



Arthur Okwemba with his new born baby

Photo: Rosemary Okello