

## Questions to panelists in Q&A that there was not time to address.

### TO THE YES TEAM

#### **\*Joshua Akinyemi**

My question is to the YES team: The topic is a complex issue. In many contexts where socio-cultural norms are very strong and are opposed to permanent method, who takes decision for either vasectomy or tubal ligation?

- **(Yes 1) - We would say that in a social context where there is opposition to permanent contraception, neither vasectomy nor tubal ligation are likely to be considered by the users and that other contraceptive methods are a better fit.**
- **(Yes 3) - In the context of equal and positive norms for permanent methods for both men and women where reversible methods are also equally accessible, only the person undertaking the procedure would make a decision to proceed (which in an equitable world would be equally accepted by partners within a relationship or an individual's choice without a relationship)**

#### **\*Paula Miranda-Ribeiro**

The YES team seems to be talking only about the "traditional" couples. What about other types of couples or individuals? Shouldn't we go beyond marital fertility?

- **(Yes 1) - This topic specifically considers couples having sex that could result in a pregnancy, the majority of which would be heterosexual cisgender couples, either married or unmarried. Regardless of the traditional or untraditional nature of their relationships, vasectomy is still an option for sperm-producing members of a dyad, and if all other factors in a relationship are equal, vasectomy is a cheaper, easier, and more easily reversed means of permanent contraception. Further, the individual reproductive autonomy of sperm producers should be considered alongside the reproductive autonomy of their partners, and if a relationship is such that both users desire their own means of sterilization, they would be free to seek it.**
- **(Yes 2) - Vasectomy or tubectomy are the only methods options to consider for fertility stopping behavior (outside of abstinence) no matter what the marital arrangement is. Between the two in any man woman dyad we would imagine either a man has it or a woman. Clearly it could then be equal ratios of male and female sterilization amongst the sub group of man woman dyads that are considering methods for fertility completion.**
- **(Yes 3) - In an equal world there would be equity of access including cost parity through government subsidy for individuals seeking a vasectomy or a tubal ligation as well as (although this of course does not remove the inherent differences in risk of complications etc)**

#### **\*Monica Ewomazino Akokuwebe**

For the Yes team, equity in choice, preference and autonomy of sexual and reproductive health may be effective in developed countries, unlike in African countries where sociocultural, patrilineal and the husband families make the choice and preference of reproductive health for the females.

- **(Yes 1) - It seems clear that these situations do not represent a gender equitable environment, and that even in developed countries, there are barriers to gender equity that prevent deeper adoption of vasectomy as a means of contraception for individuals or couples.**

- **(Yes 2) - Our definition of gender equity would include gender equitable norms especially around sex and reproduction. We argue that when these conditions exist we should see parity in male and female sterilization. But yes in most societies the enabling conditions for gender equity are skewed or lacking, As noted in the example from US, where systems, institutions, policies are also out of balance and seem to disproportionately place the burden of contraception on women.**
- **(Yes 3) - Changing social and cultural norms in relation to control by men of contraceptive choices for women and into uptake of male methods can be both an indicator and an outcome of a gender equitable world.**

## **TO BOTH TEAMS**

### **\*Joshua Akinyemi**

What do the debaters have to say about some who opt for tubal ligation without the knowledge of their partner? In such places, how can we achieve equality of both methods

- **(Yes 1) - The complete reproductive autonomy of the sperm or egg producing partner should be considered, and in these situations either partner should feel free to pursue the sterilization method relevant to them. Equality will depend on removal of the barriers that prevent method uptake, including access, stigma, cultural barriers, and more.**
- ***(No 1) - I believe that having to hide a tubal ligation from the knowledge of the partner is a sign of low gender equity in the relationship. There is a reason why women would hide and the reason is that men would be against it. But if partners are clearly discordant, women's desire for fewer children must prevail even if hiding a secret is necessary. Changing culture might take decades. Women's lives need immediate action.***

### **\*Olugbenga Adewinle**

If taking decisions among couples is subjective among cultures across the globe, how then can equity of sexual and reproductive rights for men and women lead to about the same number or more vasectomies as tubal ligations?

- **(Yes 1) - Each individual culture would have many considerations, but overall, equity of sexual and reproductive rights would infer a more objective approach to sterilization, and therefore, an increase in methods that are easily accessible, low cost, highly effective, and so forth.**
- **(Yes 3) - Currently there are more reversible methods for women than men, and if equity of choice is afforded to all women regardless of where they live there is likely to be a relatively low uptake of a permanent method. In an equitable world where an increasing proportion of men take on shared contraceptive responsibility this would lead to a greater increase in vasectomy given the few options available. In a world with an equitable number of methods for women and men you would expect parity in uptake of permanent methods, regardless of relationship type.**
- ***(No 1) - Exactly. There are several reasons why it would not necessarily be the same. We covered those in our presentation.***
- ***(No 2) - Yes, I think this speaks to the points raised by the "no" side – which is to question why these measures would be taken as indicative of gender equity***

**\*Emmanuel Olamijuwon**

Could the panelists comment on the value of both partners having a vasectomy or tubal ligations in a world with equity of sexual and reproductive? If only one partner in a union needs to have one of these methods, how likely is it that the numbers would be the same, giving consideration for differences in the population of men and women in the population?

- **(Yes 1) - While it is unlikely that both partners being sterilized would significantly add to the effectiveness of contraception within a couple, in a world with equity in gender and reproductive rights a more objective and gender-neutral approach to contraception might be more common, resulting in an increase in vasectomy.**
- **(Yes 2) - We have no or limited data on men like we have on womens reproductive health. Its difficult to comment on these questions which require data for modeling how and under what conditions the percentages will be the same. However we look at examples like Australia where rates of Vasectomy are much higher than tubectomy and may manifest the same complexities of multiple sexual arrangements and argue that in countries where there is higher parameters of gender equity and men are more open to take on this burden you can see similar or higher rates of vasectomy. Australia too is not a perfect example of gender equity so we also acknowledge that gender equitable norms will continue to change and become more and more equal but its not some absolute numeric goal.**

**\*Laura Wong**

I'm on the NO side. However, following Joe's: It looks to me that the assumption behind the original question is that children are born inside a forever and monogamous male/female union. If that is correct, I wonder if we are answering the right question.

- **(Yes 1) - See above for previous answer regarding monogamous unions.**
- ***(No 1) - Good point. The question wasn't clear about the nature of the relationship and the meaning of gender equity. But it was a good exercise.***
- ***(No 2) - Yes, I think it is interesting to question whether our demographic units of analysis (such as the "couple") are of interest when we consider a gender equitable world.***

**Monica Ewomazino Akokuwebe\***

This debate is tough as to say yes or no. However, the choice or desire to say I do not want more children usually stems from the men. The man will say I do not want more children as he would have had male children. However, decision of women not to have more children happens when the life of the woman is threten with reproductive health matters. In African countries such as in Nigeria, men have the autonomy and freedom to seek for the type of reproductive methods in stopping birth of children. But the men in Nigeria will or may not go for such afoementioned reproductive methods (vasectomies or tubal ligations) of stopping birth. Infact, the man will ask the woman to go for such such method, the male will not agreed to go for permanent method of not giving birth. So you see that 'the masculinity' or patrichal perspcetie or orientation sets in. So in paper writing, alot of demographers or other experts usually comes with equity achievement between men and women in sexual and reproductive health.....

.....but in reality, there is no such equity in sexual and reproductive health among men and women, especially in African countries such as in Nigeria.

- **(Yes 1) - And certainly in a world where that equity is more common, we would see some of these cultural barriers fall.**

- *(No 1) - I totally agree. Just to add more noise, in Latin America you would observe the opposite: women might want to stop fertility while the man may wish to continue or doesn't care.*
- *(No 2) - I think this is an interesting point, and negotiating masculinities is important. When we consider a 'gender equitable' world, however, would these concepts still be an issue as they are now? It speaks to how difficult it is within academic and demography to envisage how our work would look in a world quite different from our own.*

**\*Monica Ewomazino Akokuwebe**

This debate can be focused on both male and female...in a separate groups first to see the challenges they are facing as couple or not. Then bringing both couples in exposure interventions that can introduce them to equity in sexual and reproductive health matters. This type or aspect of intervention cannot be done once, but should be a regular interventions for both men and women including couples.

- **(Yes 1) - Certainly in a world with total gender and reproductive equity we would see a reimagining of contraceptive counseling services such that men, women, gender nonconforming, and couples are all considered in toto.**

**\*Elizabeth Nyirenda**

When couples reach their reproductive goals, the man can take on the responsibility of contraception by undergoing a vasectomy because a woman would have taken on the responsibility of contraception to limit and space births to reach their desired number of children

- **(Yes 1) - Certainly a great example of sharing of the reproductive burden!**
- *(No 1) - I think switching the main person responsible for contraceptive at the end of the reproductive life is a great idea and should be practiced more often, however, for a variety of reason covered in our presentations, I do not think this is suffice because relationships may not last forever and women who do not want children might need to rely on other method to continue to avoid pregnancies. Plus, putting her own decisions on men's shoulders is too risky. Other gender unequal structures of society will continue to penalize women.*