

Gender Norms and Gender Equity as Behavioural Drivers for Health Services Uptake by Men in Eswatini

Dr Mary Mhazo,¹ Tom Churchyard,¹ Gift Dlamini,¹ Sibusisiwe Gamedze¹

¹. Kwakha Indvodza

INTRODUCTION

- HIV prevalence in Eswatini is (27.3%) and still among the highest in the world (SHIMS 2) though incidence declined by 31% since 2010 due to high treatment coverage (86%). Fewer HIV positive men (75%) are aware of their status than HIV positive women (84%). (Avert 2020). Previous studies to understand Swazi men's health-seeking behaviours revealed that men are reluctant to access healthcare services or avoid sexual health services due to facility and provider barriers resulting in them preferring informal providers and traditional healers (Mak *et al*, 2016). This threatens progress made in HIV control and leaves women and young girls at risk of infection. In 2018, about 90% new HIV infections were among adolescence boys and girls (15 to 24 years) of which 31% occurred among young women (ICAP 2022). Kwakha Indvodza "Building a man" a non-profit organization which specializes in community-led health and behaviour change interventions with men and boys conducted a socio-behavioural research on gender sensitivity and health seeking behaviours of men in Eswatini. Groups of men (17) aged 18 – 49 years from selected rural and urban areas nationwide participated in the survey.
- Objectives**
 - To collect preliminary qualitative and quantitative data on men s' health seeking behaviours and their perceptions on gender equity.
 - To conduct dialogues with men and boys from different socio-economic backgrounds across Eswatini in order to understand their knowledge, attitudes and barriers towards health services uptake

METHODS

- A survey to collect qualitative and quantitative data on attitudes towards HIV, health service uptake and gender equity was conducted across the country
- Guided self administered (Figure 1) and group discussions / community dialogues (Figure 2) from a choice of either English or Siswati, the mother tongue.
- Close ended questions (15 each) on health risk self-assessment and gender equitable men (GEM) scale were assessed.
- 599 men (18 – 49 years) from selected rural and peri-urban areas participated; (Employment status - 46 % working, 54 % non working; Marital status - 26% married, 5% cohabitating, 44% in a relationship and 25% single. Education status – 6% none, 14% primary, 64% high school, 17% tertiary).
- Data from questionnaires were analysed using MS Excel and iterative trend analysis performed on the dialogue responses



Fig 1: Guided self administered questionnaires



Fig 2: Dialogues with men

CONCLUSION

- Eswatini men are aware of their risk to HIV and other diseases. Nonetheless, many engage in risky sexual behaviors with multiple concurrent partners and without using condoms. The men who participated in this study use modern health facilities sparingly, with many choosing a mixture of both modern and traditional facilities.
- Other gender norms that directly influence HIV transmission and violence are still strictly followed in Eswatini, meaning women and girls are at-risk.
- Decision making about sexual relationships remains main the role of men.
- Care roles are perceived to be mainly women's responsibility though the majority of men acknowledge importance of fathers' role in their children's upbringing.
- Research shows gender equitable men scale for Eswatini is 0.7 (mean score 32.5/45) indicating progress towards gender equity and adoption of positive masculinities.

RECOMMENDATIONS

- Findings to be documented into a publication capturing the voices of Swati men on HIV and gender norms, to be shared with key stakeholders (implementing partners, other CSOs, policy makers, development partners, communities).
- The publication will inform future programming and the development of gender-sensitive best practices in health services provision for men.

To hear from the participants themselves, scan the QR code below.



RESULTS

Health risk self-assessment

- Men engage in sex without a condom with someone whose history they are unaware (52%), have other sexual partners (35%) or believe those circumcised are safe from HIV (43%). When they get an STI, they do not always visit a healthy facility (50%).
- Prevalence of STI infection is 29 %, similar to national HIV prevalence (not asked by this study). STI transmission may therefore be an accurate proxy indicator for HIV. HIV testing was high (77%) and men believed that they are at risk to HIV infection (35%).

Gender Equitable Men (GEM) Scale analysis

- Men believe care roles are for women (66 % on home care; 49% on diaper change), men should have final say in home decisions (45%), men need to be tough (63%), wife has to respect what husband says (26%), wife can not refuse sex (26%) and that men are always ready for sex (39%). (Figure 3),
- Most men believe that avoiding pregnancy is not solely a woman responsibility (63%), paying lobola (bride price) does not mean wife ownership (62 %), husband has no right to beat wife (86%), women should not tolerate violence to keep their families together (81%) and that a father's participation in their children's life is important (86%).
- Gender score was 32.5 / 45 or 0.7, just above medium gender equity level.

Dialogues analysis

- Highlighted barriers to health services access are related to service providers attitudes (lack of confidentiality, judgement, disrespect), service delivery issues (privacy, waiting times, opening times), access to health services (costs, transport and services), gender norms (men need to be tough) as well as cultural and religious beliefs.
- Consensus was on need for separate male facilities, male healthcare workers, flexible times for male health services and that men believe in self-examination, are stronger and do not need much health services as women.
- Strong beliefs on gender norms are commonplace but there are some changes in gender norms regarding positive masculinities. Other attitudes directly influence HIV transmission ("a man always ready for sex", "a wife cannot refuse sex", "men pay for sex"); or prevent women from making decisions and/or perpetuate violence against women ("a man has the final say", "a wife should respect her husband", "men must be tough").

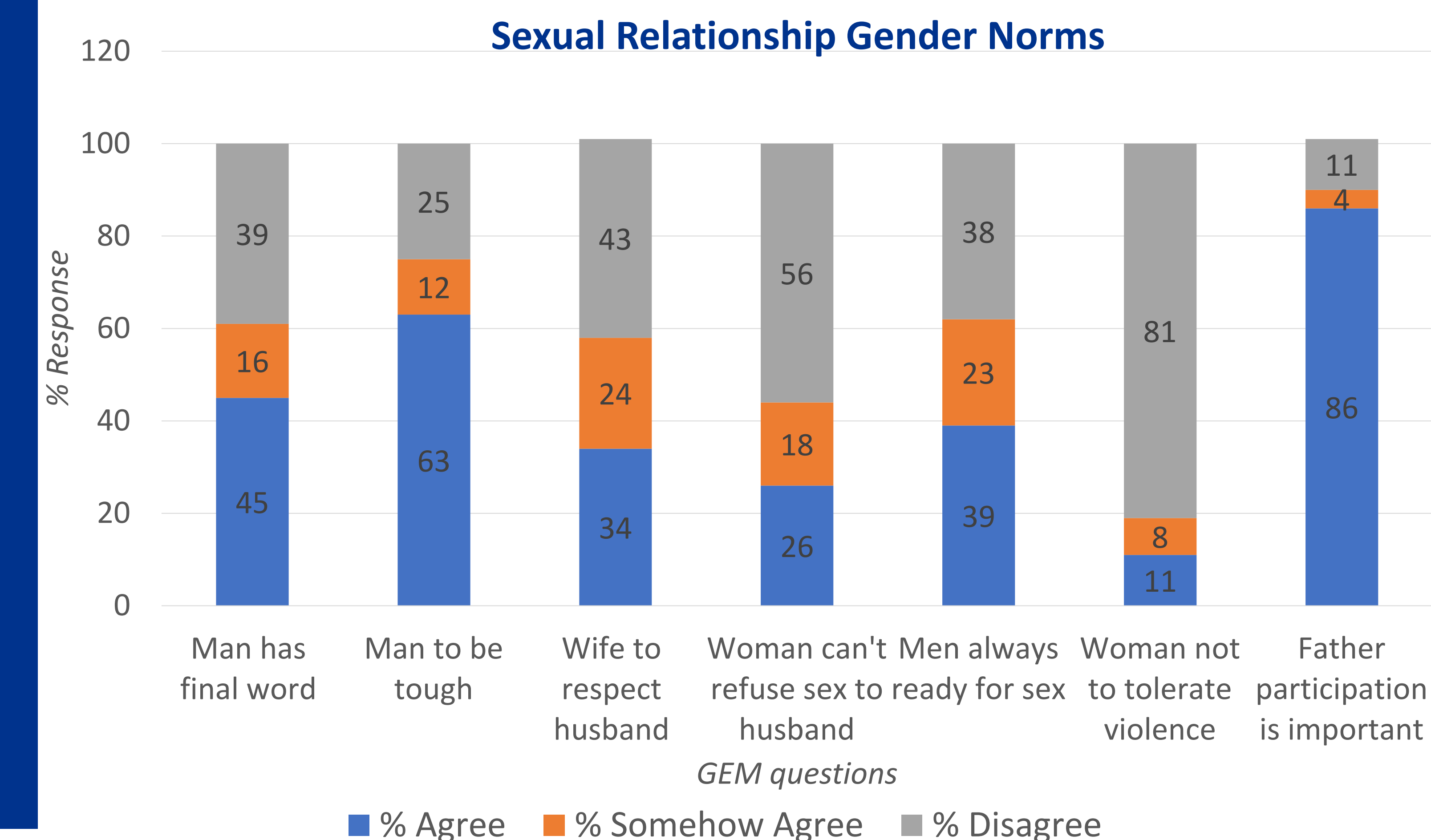


Fig 3: Sexual relationship gender norms responses (n=599)