



Lisango Letemphilo

Presented By: Gift Dlamini

22 August 2024



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Kwakha Indvodza Background

Kwakha Indvodza (KI)

- A leading CSO in Eswatini,
- Active in (over) 32 out of the 59 Tinkhundla.
- Projects implemented from 12 offices and fixed community sites over last 3 years

Vision:

- A healthy, resilient and gender equal Eswatini, guided by positive and informed men and boys

Mission:

- Mentoring men and boys as allies for gender equality, social justice and well-being



KI Active Sites

Lisango Letemphilo Project Objectives

1. Conduct dialogues with Emaswati (men and boys) from different contexts across Eswatini to listen to their experiences in accessing health services.
2. Collect and analyse quantitative and qualitative data on men's experiences in order to inform future programming, as well as development and implementing partners and decision-makers in their work.
3. Host a Leadership Retreat with key decision-makers to share local data, experiences and discuss key areas of the response
4. Host the 2nd Men and HIV Implementer's Forum on International Men's Day 2022
5. Produce publications (grey literature, research reports, booklet on Voices of Men)



Kwakha Indvodza - Lisango Letemphilo Research Project

Research Title: Behavioural drivers for health services uptake by men in Eswatini

Research background

- Eswatini men are reluctant to access healthcare services due to facility and service provider barriers, they prefer informal providers and traditional healers (Mak et al, 2016).
- Fewer men living with HIV (92%) are aware of their status than women living with HIV (95%) (SHIMS 3, 2022)
- Reluctance to know HIV status due to systemic issues and gender norms

Objectives of the research study

1. To establish the reasons for infrequent visits to health facilities by men
2. To identify facility-based barriers and challenges which prevent men to take up health services.
3. To determine priority facility-based elements conducive and appealing to men
4. To give men a platform to voice concerns and solve challenges to their own barriers towards health service uptake.
5. To document a “Voices of Men” publication



Research Methods

1. Research approved by EHHRB: Application RH180/2022
2. Survey on attitudes towards HIV, health service uptake and gender equity conducted in 25 sites across country
3. Guided self administered questionnaires (choice of English or Siswati)
4. Close ended questions (15 each) on HIV risk self-assessment and gender equitable men (GEM scale)
5. Discussions / community dialogues with 25 groups
6. 825 boys and men (18 – 49 years), from rural and peri-urban selected based on budget and group availability within the project period.
7. Questionnaires analysed using Excel
8. Dialogues transcribed and content analysis conducted reports (12 guiding questions)



Lisango Research Sites



Research Groups and Location

Inkhubla	Community	Target group	No. Attended
Siphofaneni	Nceka	Community Men	35
Siphofaneni	Tamboti	Plantation workers	37
Kwaluseni	Mahlabatsini	Youth	44
		Mixed (youth and older men)	32
Ludzeludze	Nkamanzi		
Siphofaneni	Siphofaneni	Transport operators	47
Manzini	Milling	Industrial workers	31
Kwaluseni	Mbikwakhe	Community Men	30
Kwaluseni	Mhlaleni	Youth/ soccer team	31
Ludzeludze	Kudzeni	Community Men	34
Shiselweni II	Mathendele	Community Men	34
			46
Mbabane west	Thokwane	Plantation workers	
Lobamba	Mvutjini	Community Men	34

Inkhubla	Community	Target group	No. Attended
Kwaluseni	Mahhala	Job seekers (older men)	29
Mbabane west	Mangwaneni	Community Men	27
Mbabane west	Mahwalala	Community Men	36
Mbabane west	Bahai	Community Men	31
Mbabane west	Duvan	Construction workers	41
Kwaluseni	Mahlabatsini	Traditional healers	27
Manzini North	Manzini	People living with disability	34
Manzini North	Manzini	Key populations	22
Lobamba	Sigcaweni Lozitha	Religious men	25
Malindza	Malindza refugee camp	Asylum seekers	37
Kwaluseni	Logoba	Key population	25
Lobamba	Zulwini	Community Men	35
Kwaluseni	Mbikwakhe	Community Men	21

Research Methods

Guided self-administered questionnaires

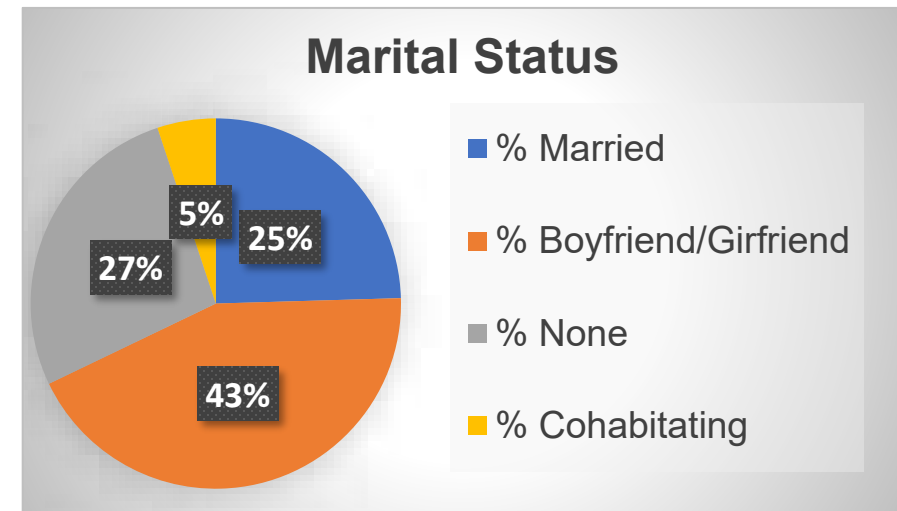
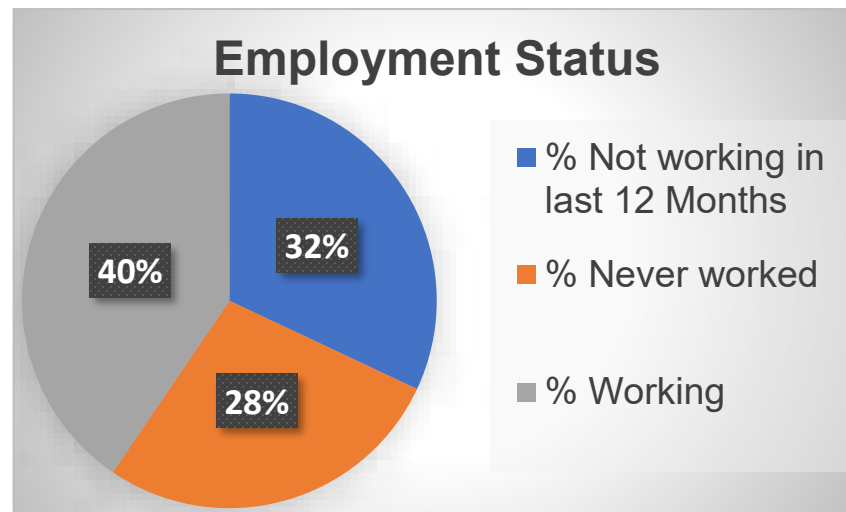
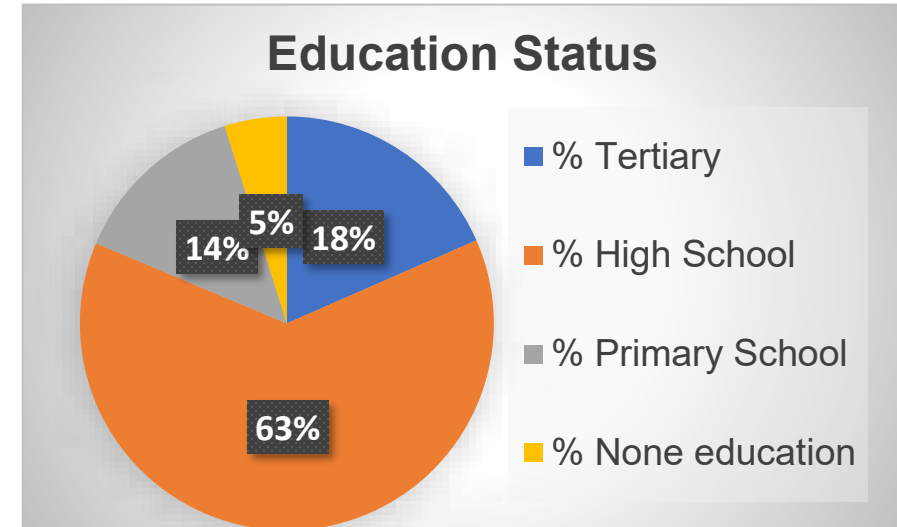
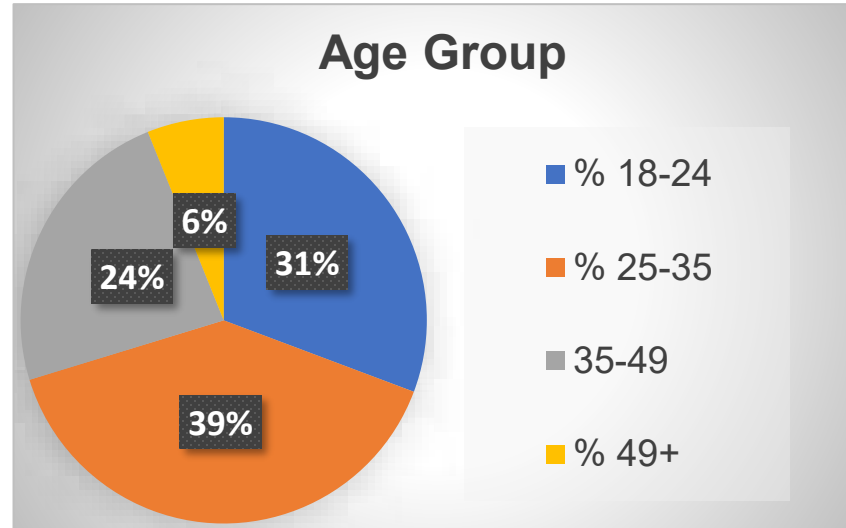


Group discussions / community dialogues



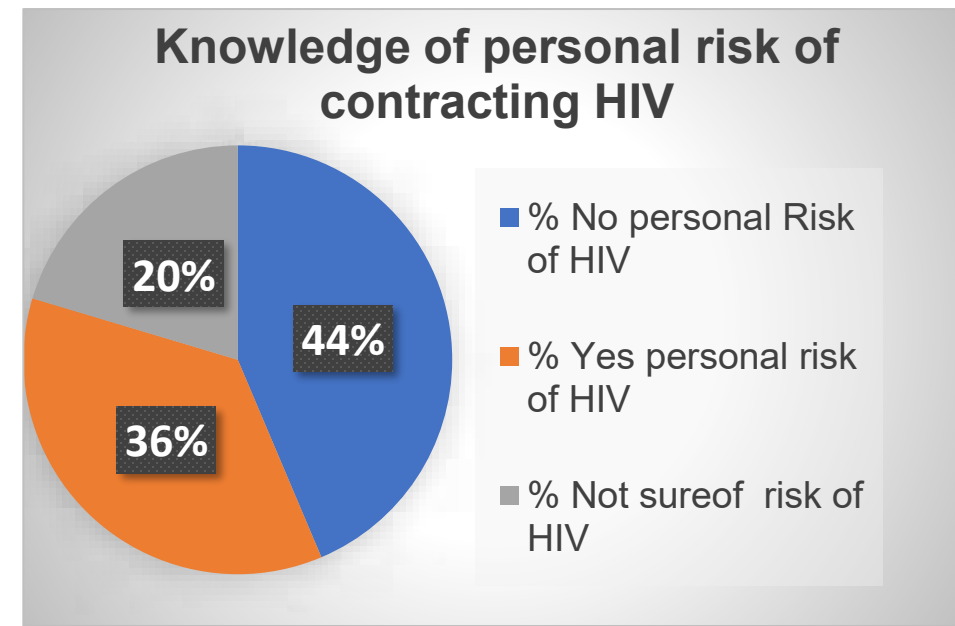
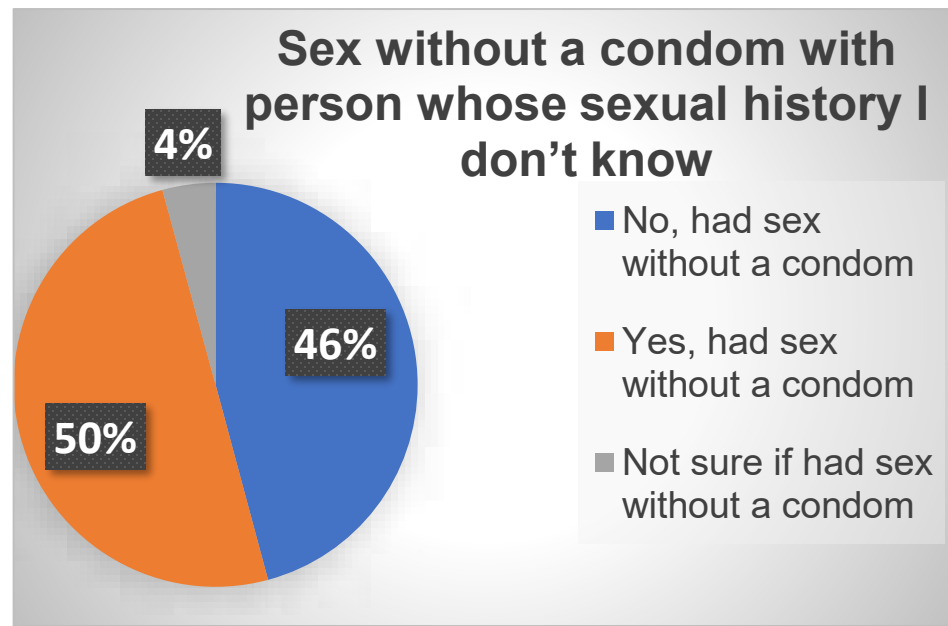
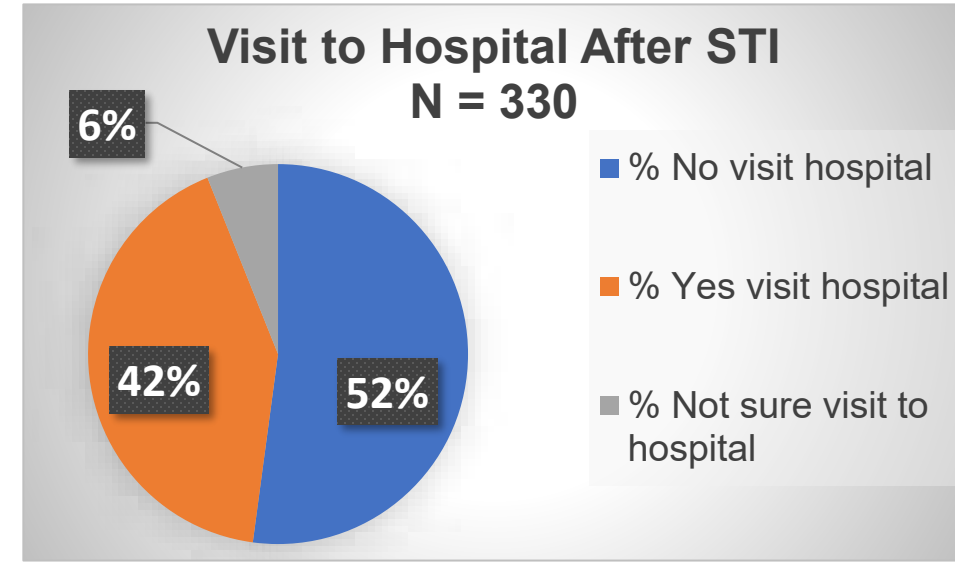
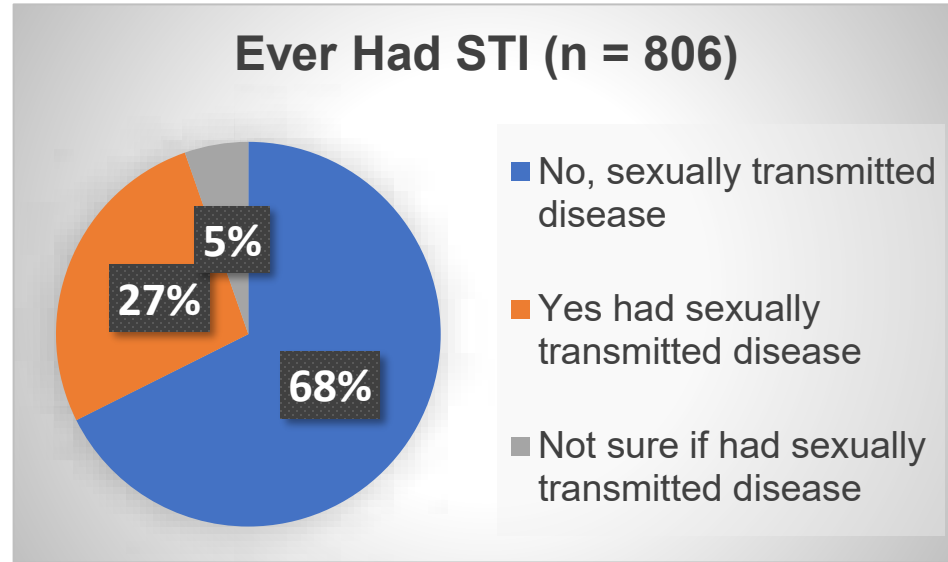
Research Results - Socio-Demographics

- Majority were 25 - 35 years (39%), with high school education (63%).
- 40% were employed. 28% had never worked.
- Most were in relationships with unmarried partners (43%).
- 6 religions represented with most Zionists (37%) and Catholics, protestants, spiritual, none, others



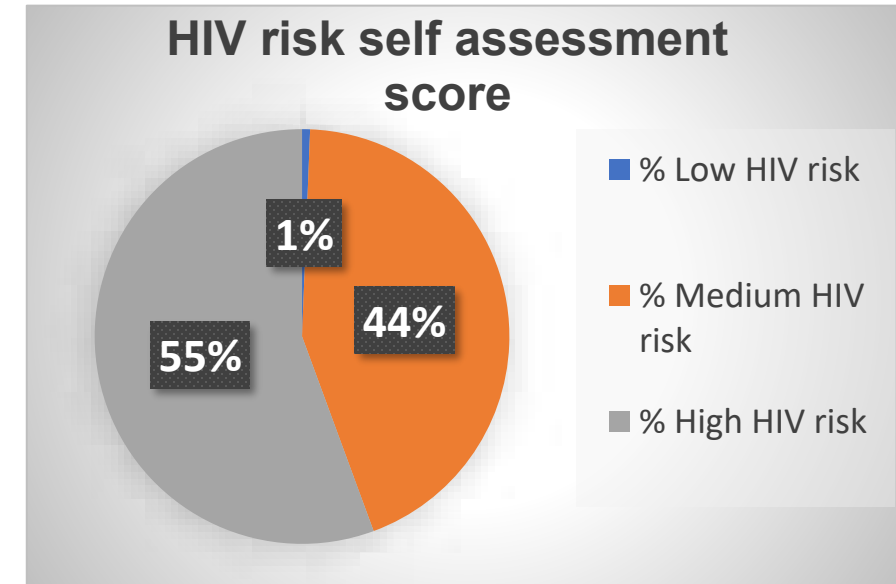
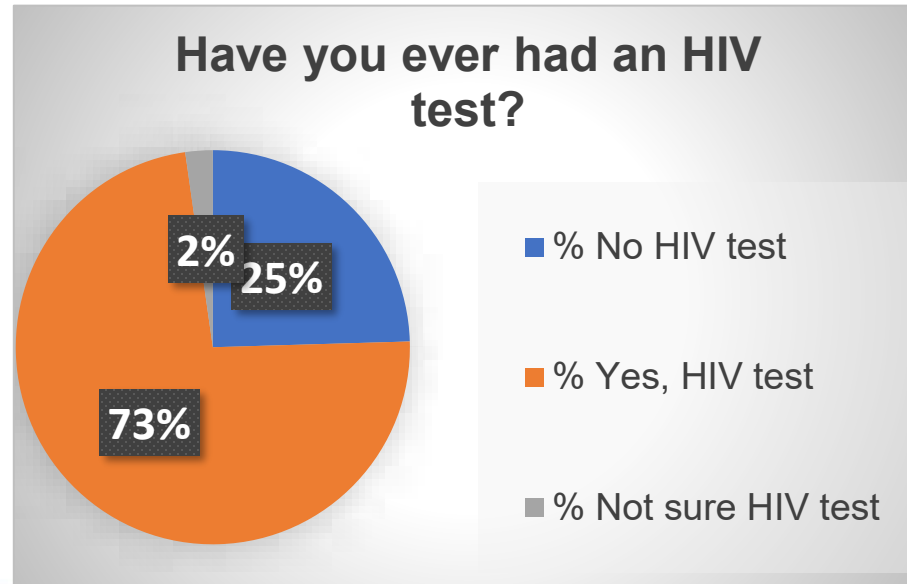
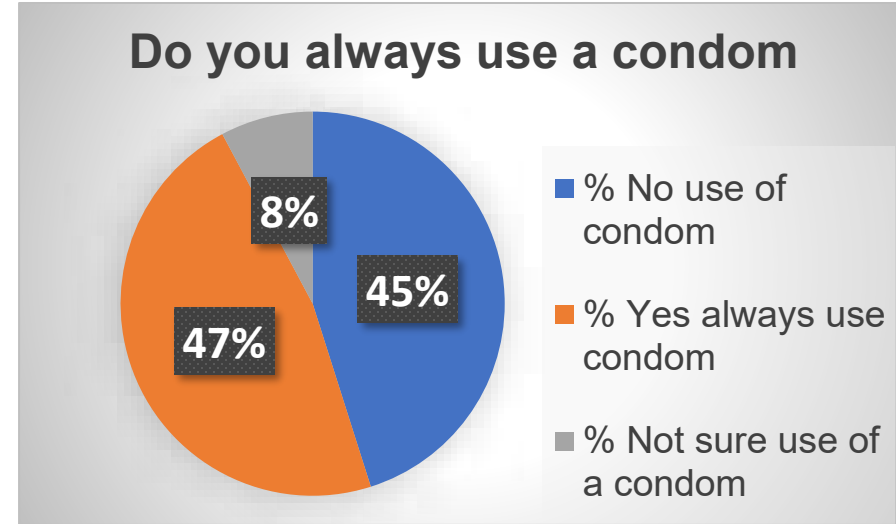
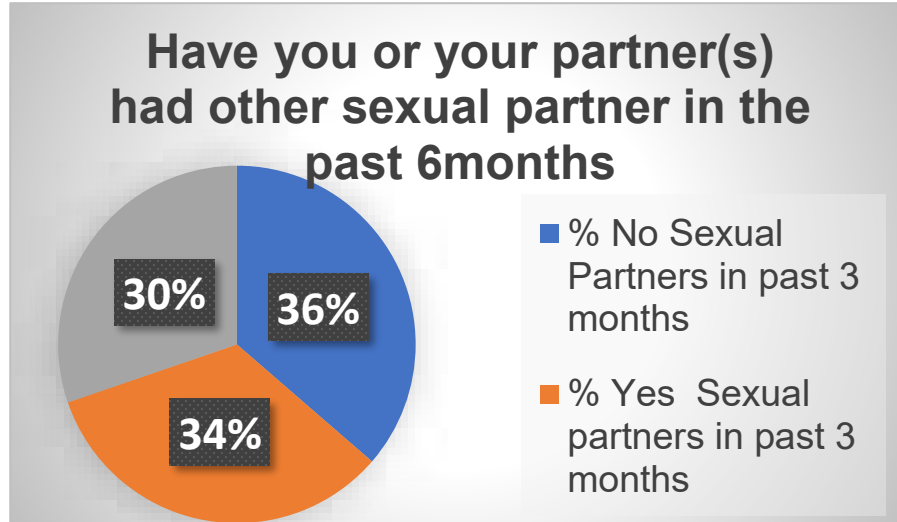
Research Results - Health risk self-assessment

- **STI infection (27%)**
- **Half did not visit health facilities when STI infected (52%)**
- **Almost half of men had sex without a condom with someone whose history they didn't know (50%)**
- **Men generally aware of own risk to HIV (36%)**



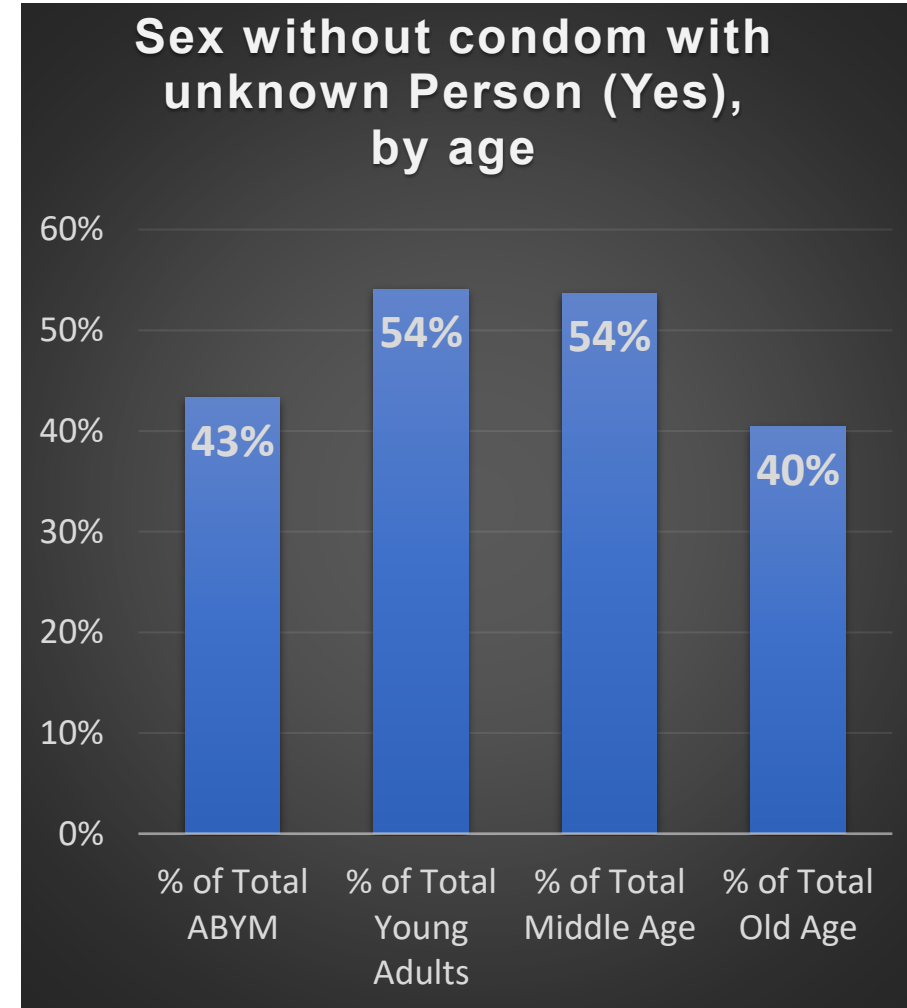
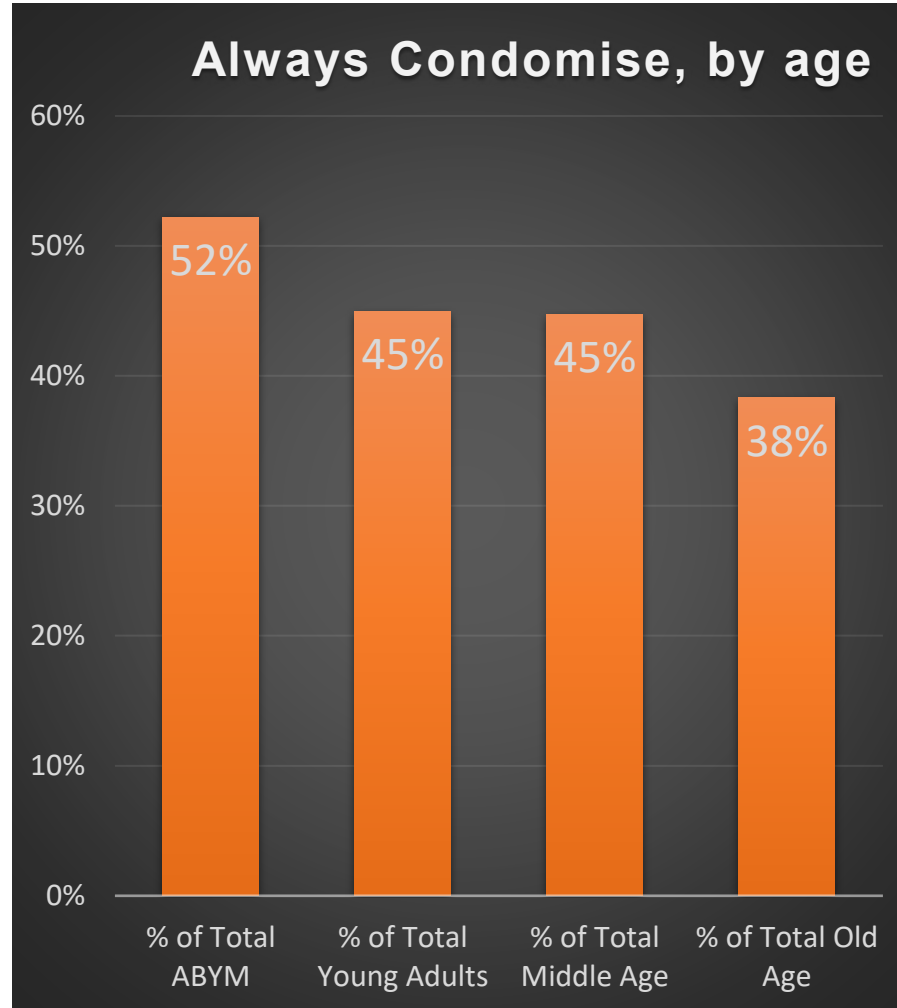
Research Results - Health risk self-assessment

- **Multiple sexual partners still common (34%)**
- **Inconsistent use of condoms (45%) with some paying for sex (16%)**
- **Some men never tested for HIV (25%)**
- **44% consider themselves at medium risk, 55% at high risk of contracting HIV**
- **Questions on STIs used as a proxy for HIV status,**
- **Results a concern to maintain 95-95-95 target**



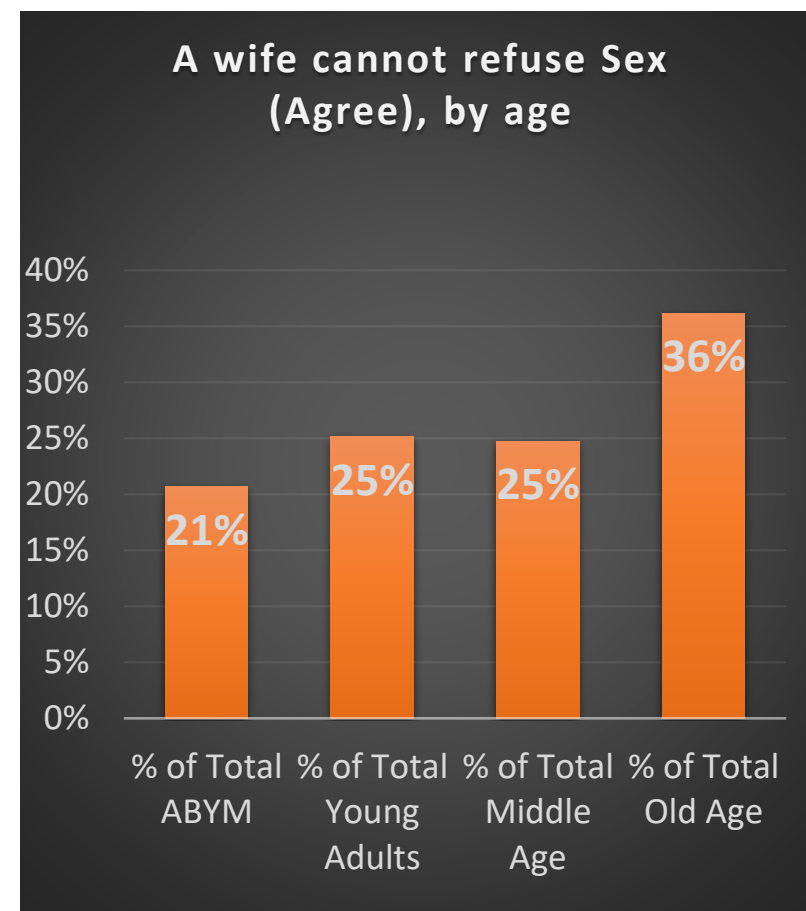
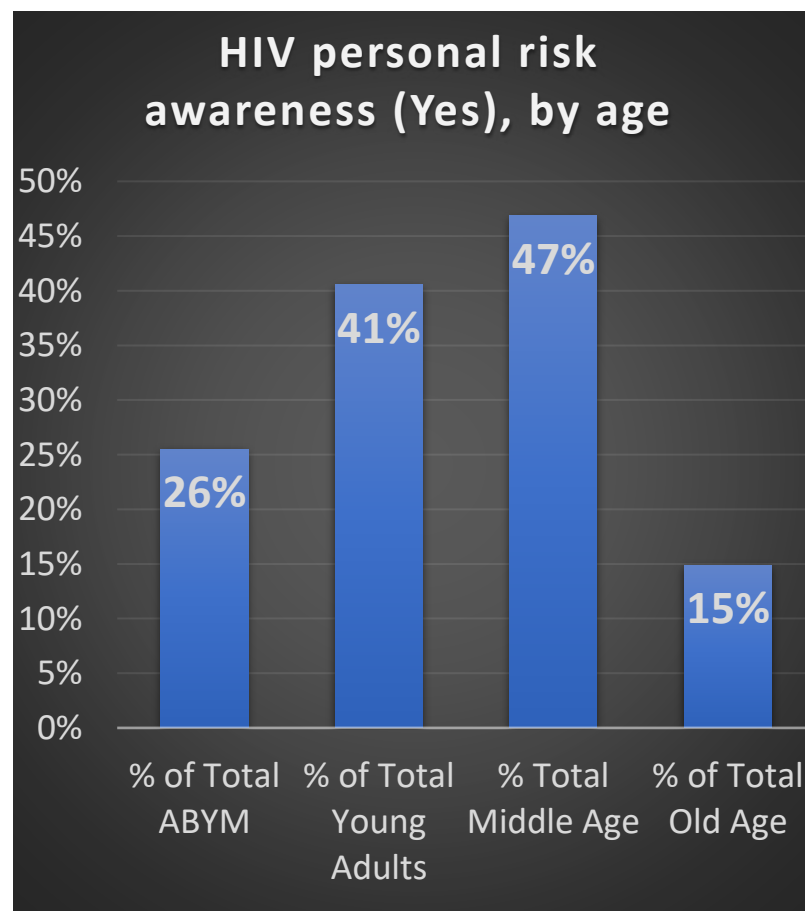
Research Results - Health risk self-assessment

- **More ABYM report consistent condom use, decreasing steadily with age.**
- **More young adults and middle-aged men have risky sexual encounters**
- **As expected, condom use amongst older men is lower**



Research Results - Health risk self-assessment

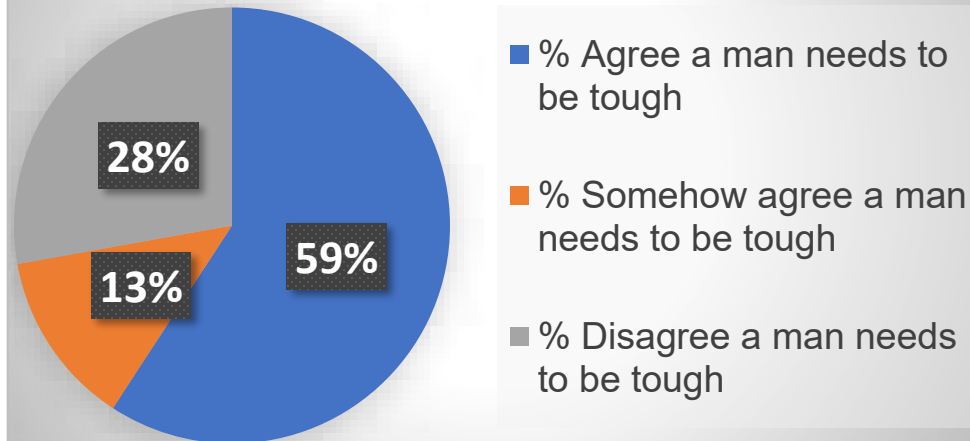
- **The middle-aged men and young adults are very much aware of their personal risk to HIV**
- **These groups also have more men who have sex without a condom with unknown persons**
- **The older the men, the more they believe married women should be sexually submissive**



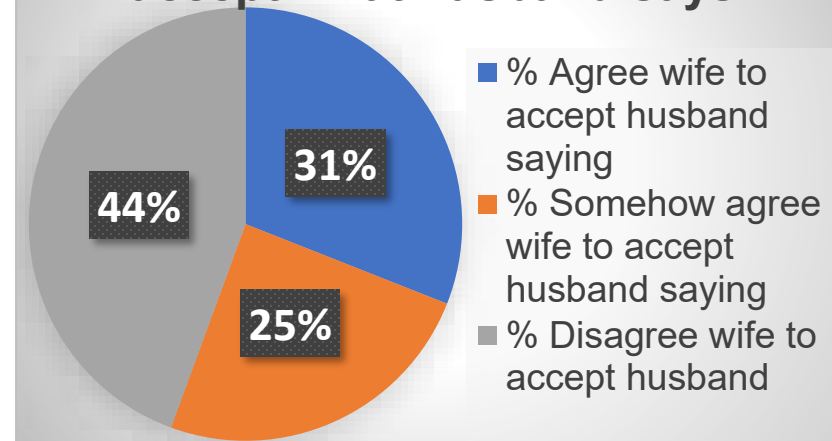
Research Results - Gender Equitable Men Scale (GEMs)

- **Most men believe that to be “a man” they need to be tough (59%+13%), while over half believe a wife has to respect and accept what husband says (31%+25%).**
- **Men feel that they should always be ready for sex (40%+21%), women can not refuse sex with husband (25%+18%)**

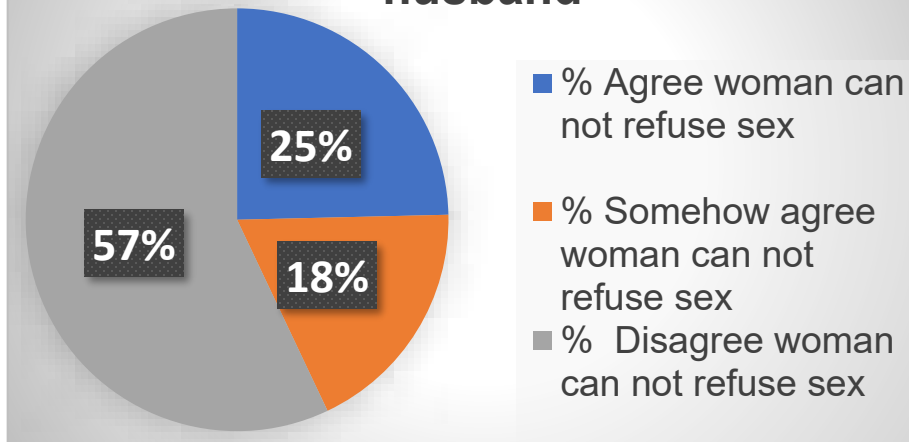
“A Man needs to be tough”



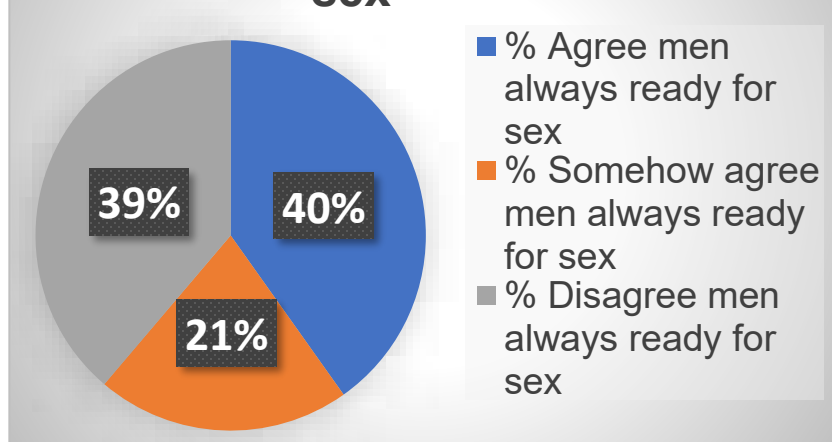
Wife has to respect and accept what husband says



Woman can not refuse sex with husband

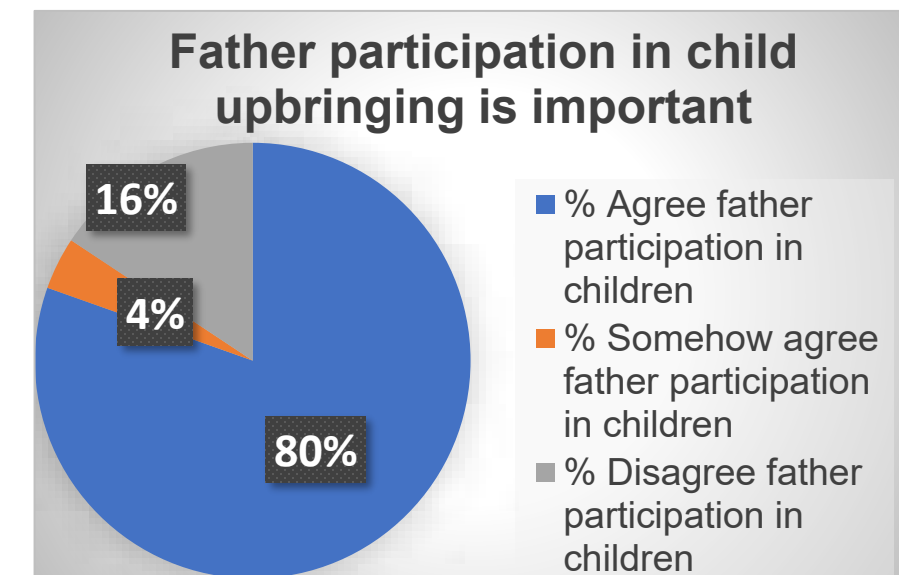
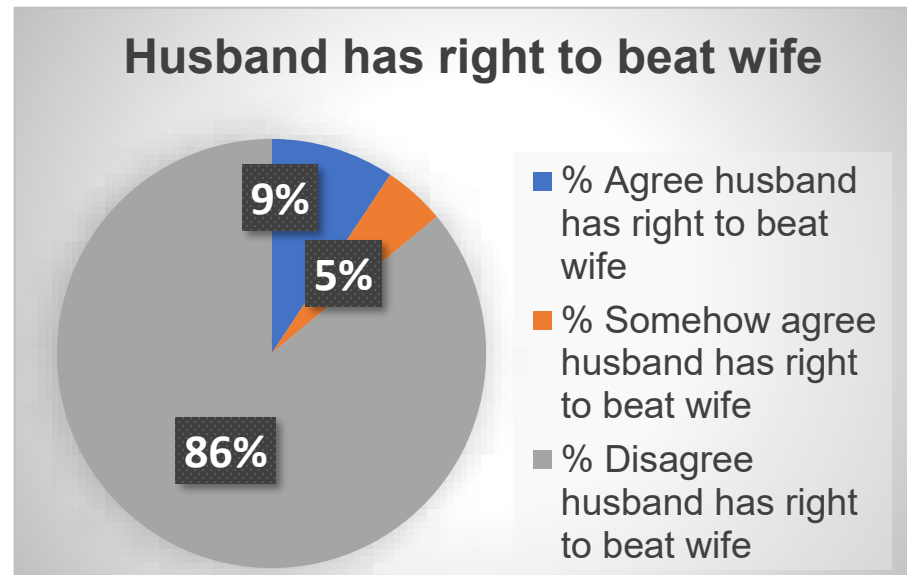
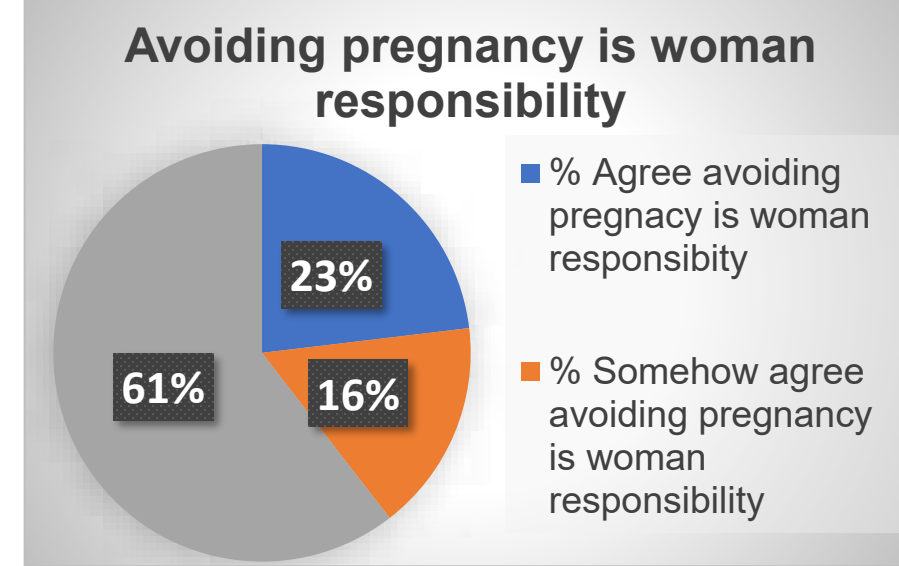
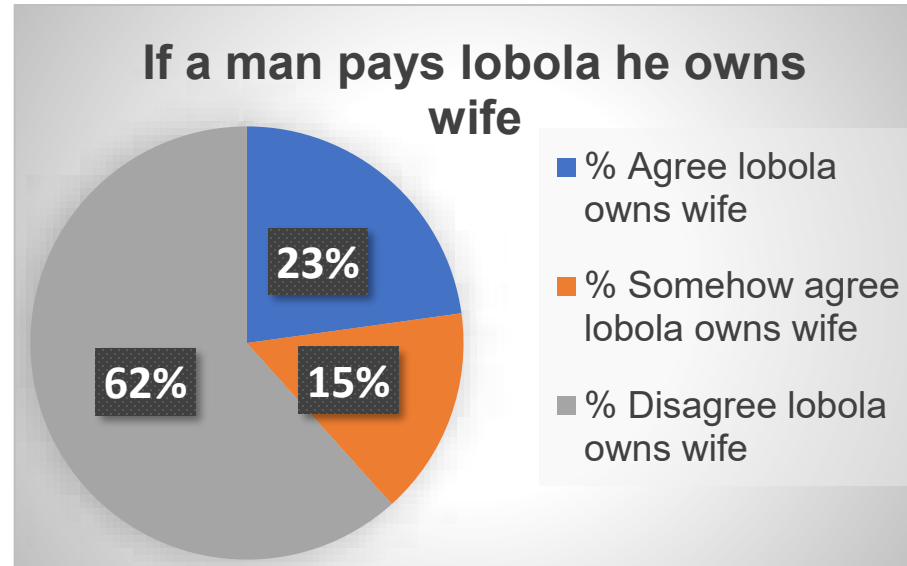


Men are always ready for sex



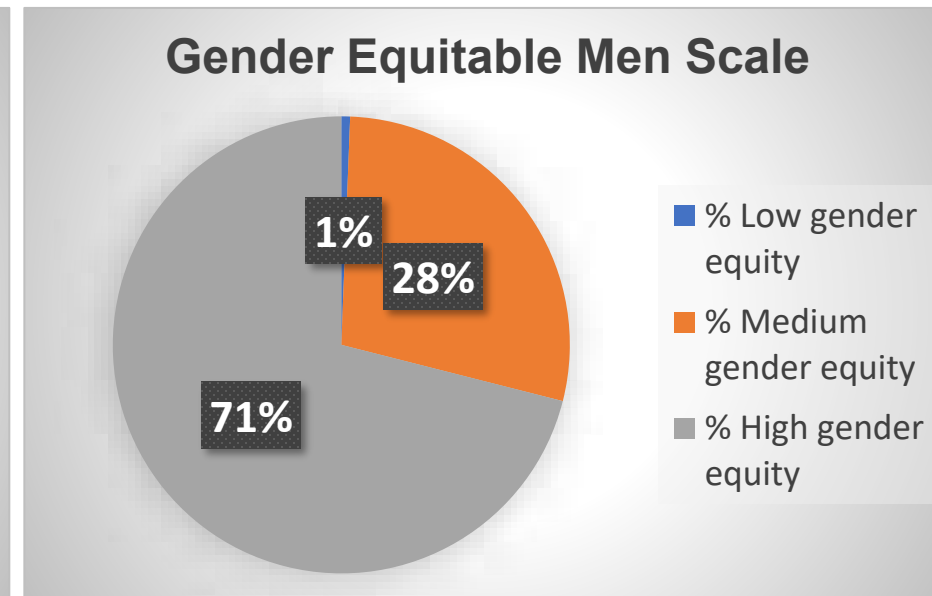
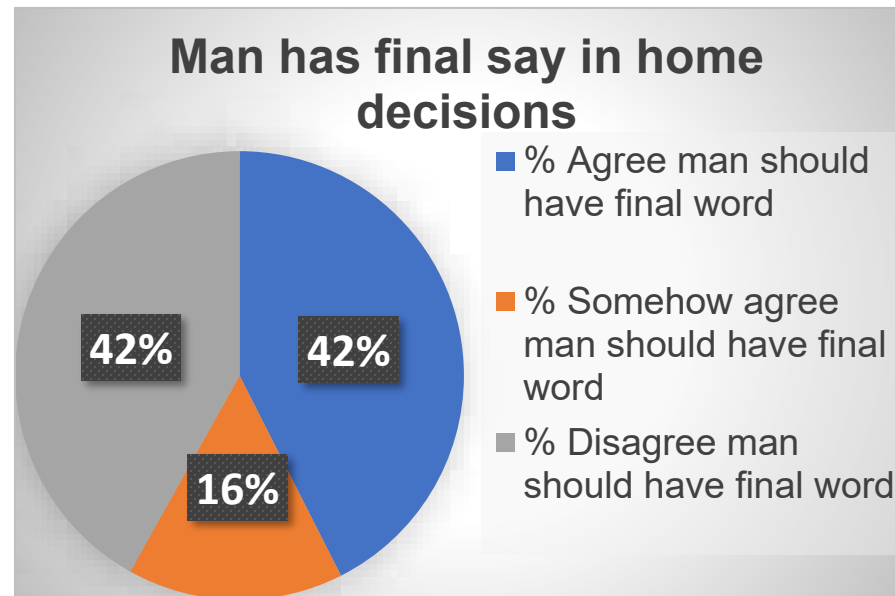
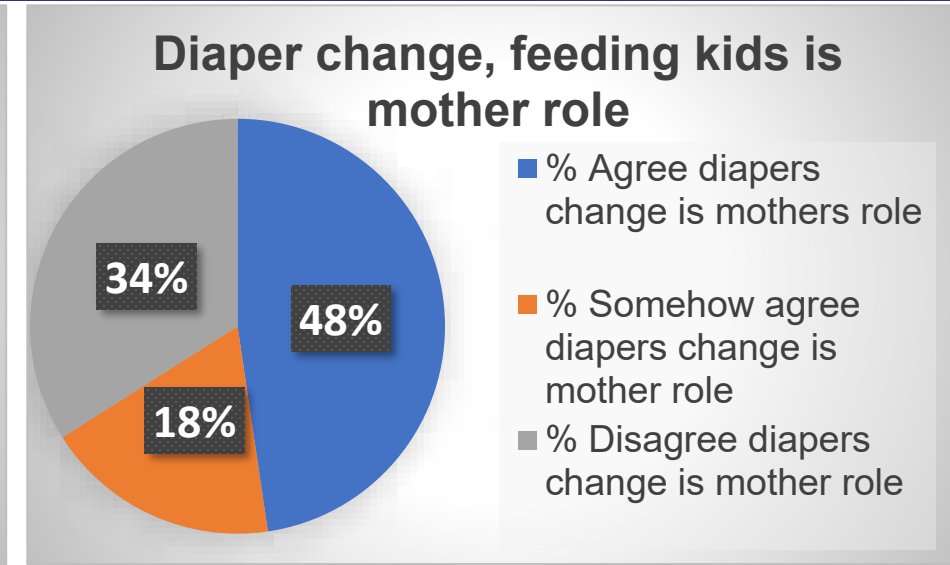
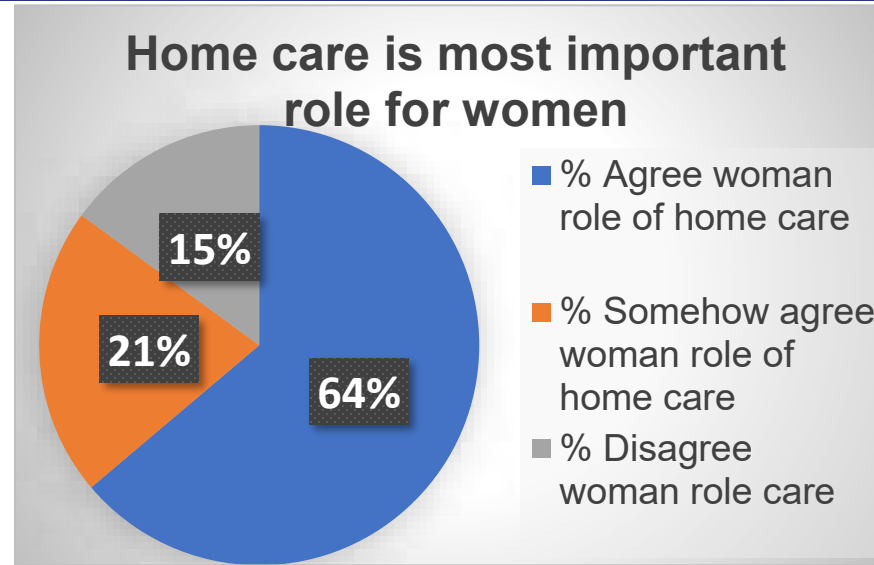
Research Results - Gender Equitable Men Scale (GEMs)

- **Lobola payment does not mean wife ownership (62%)**
- **Avoiding pregnancy is responsibility of both men and women (61%+16%)**
- **Husbands should not beat their wives (86%)**
- **Father participation is important in child upbringing (80%+4%)**
- **Some gender roles no longer followed while others are still followed**



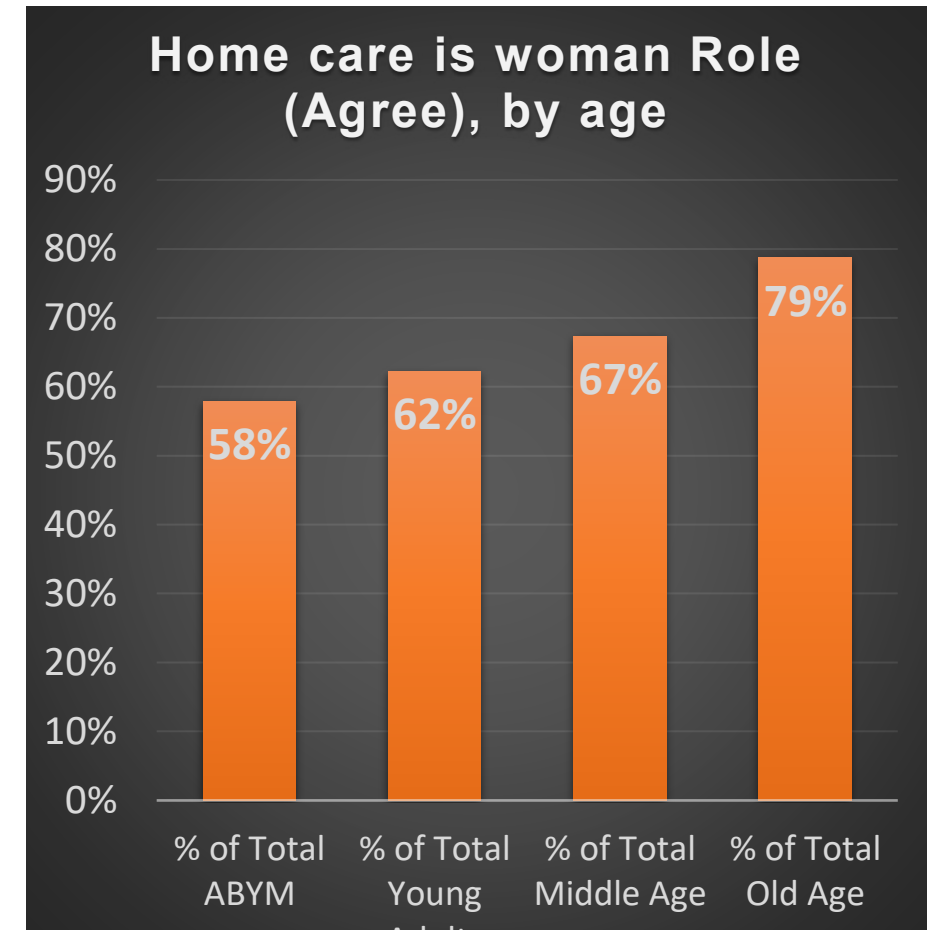
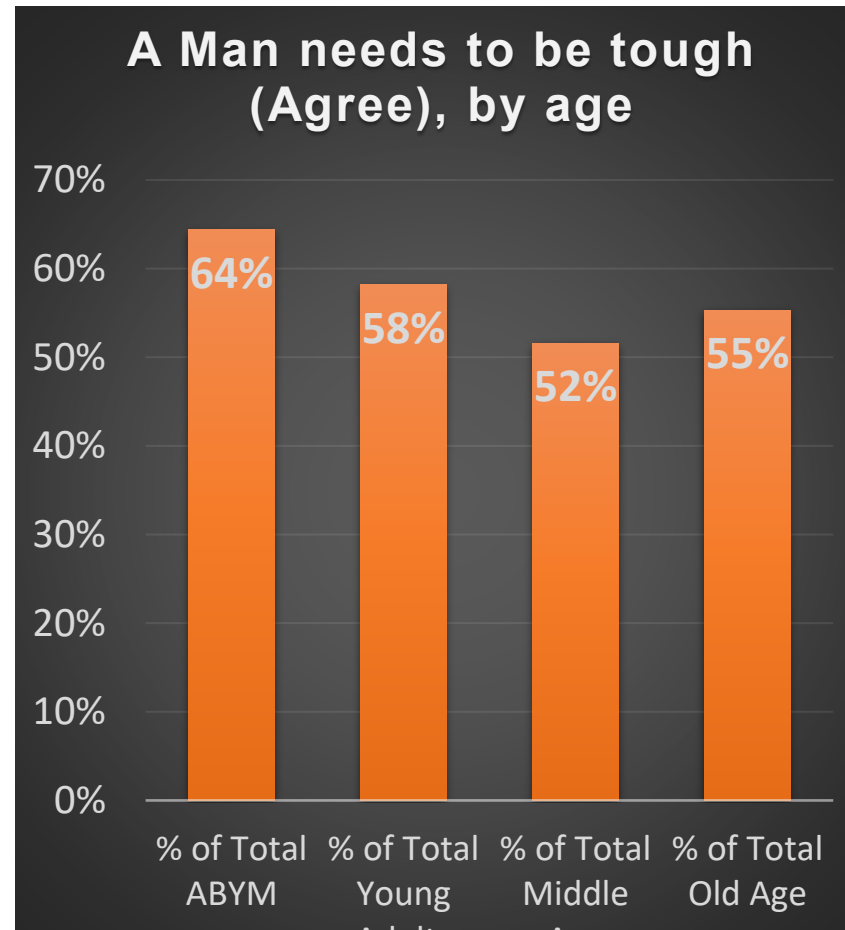
Research Results - Gender Equitable Men Scale (GEMs)

- **Homecare role and diaper change still considered woman roles**
- **Traditional role for men as home decision makers now split (42%; 42%)**
- **Average GEM score 32.75 out of possible 45**
- **Gem Scale is 0.73 borderline from medium to high gender equity**
- **71 % men had high gender equity score above 30/45; from 15 questions**



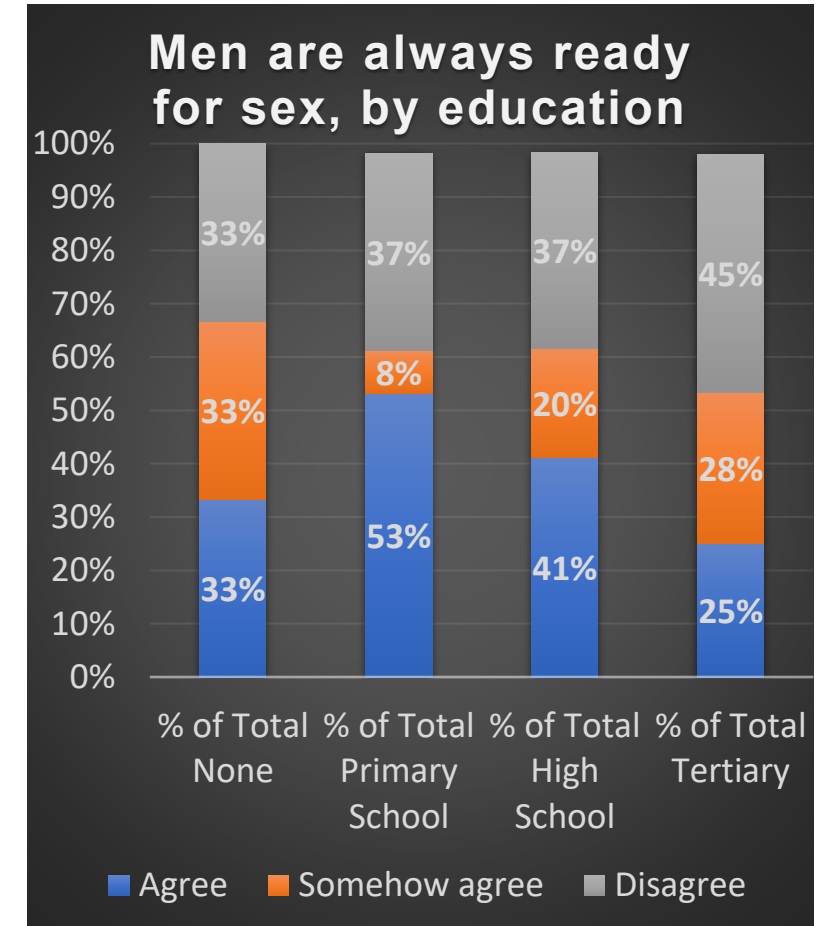
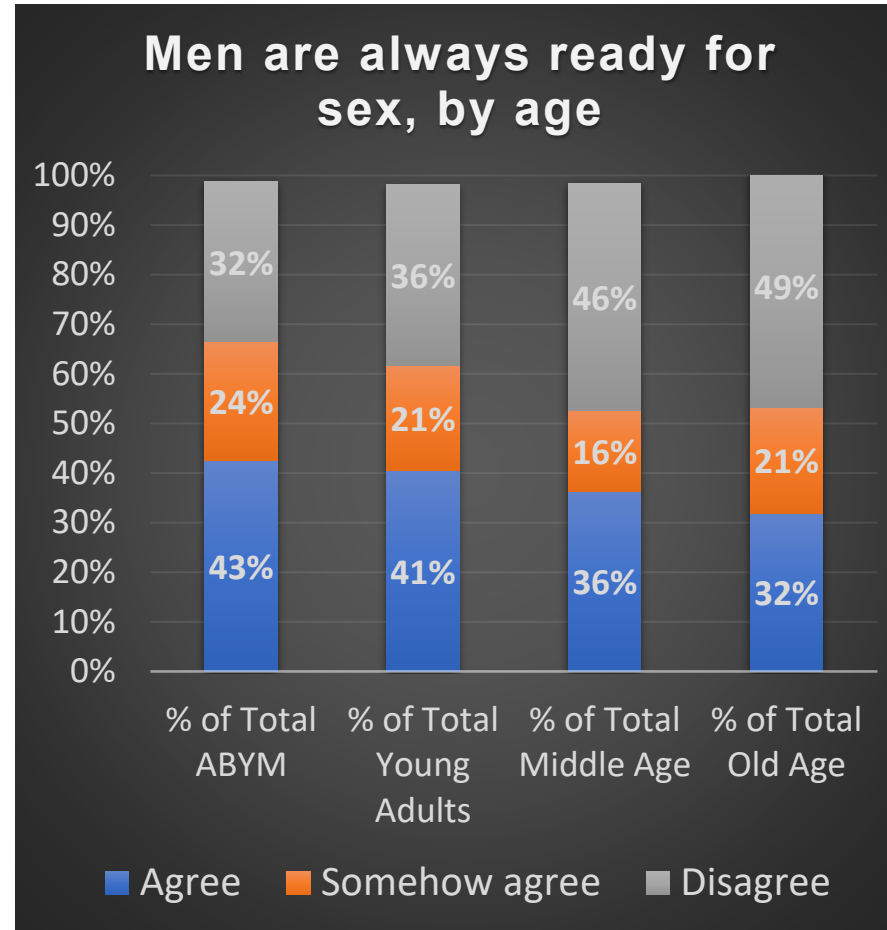
Research Results - Gender Equitable Men Scale (GEMs)

- **Most ABYM (64%) believe a man has to be tough. This decreases with age.**
- **Older men believe in more rigid domestic gender roles**



Research Results - Gender Equitable Men Scale (GEMs)

- **More than half of the men agreed or somehow agreed that men are always ready for sex**
- **ABYM had highest believers and old men had lowest believers**



Research Results - Dialogues Content Analysis

- All men knew someone living with HIV (close relative, family member, friends, brother, discordant couple, girlfriend)
- Knew through disclosure, discovery, rumors, call from facility, frequent care giver visits, sent to collect medication, refused unprotected sex
- Families support PLHIV on medication adherence, financially,
- Some families discriminate, reject, fear infection, develop toxic relationships
- For PLHIV, acceptance is difficult, fear discrimination, fear rejection



Research Results: Men Experiences At Health Facilities

Negative Experiences

- **Frustration - Long queue, long wait with no attention, referrals to other checks (TB)**
- **Harassment - Why STI infection**
- **Favouritism - Relatives and friends jump queue**
- **Unprofessional duty of care - Negligence, rudeness, shouted**
- **Isolated - Only man for 5 hours**
- **Judgemental based on previous visits**
- **Uncomfortable - Asked to bring partner**
- **Embarrassment - Left naked for long during examination, examined by female nurse and junior staff, lack of confidentiality**
- **Come back tomorrow in the morning - No services after lunch**
- **No special attention - Disabled**
- **Interrogated based on previous relationships and partners**
- **Failure to get sick note - Proof of visit to employer**

Positive Experiences

Friendly - At male health facility

Warm and gentle - long ago

Sometimes welcomed and helped beyond expectation -

Depending on their mood, our attitude and number of clients



Research Results: Expectations

Men expectations at facilities

- **Professional duty of care at OPD and registry**
- **First come first served treatment**
- **After lunch services and not to be told to come back tomorrow morning**
- **Get all needed medication and helpful information**
- **Senior male staff who understand men issues**
- **Male friendly clinics/corners with male staff for easy disclosure of problems**

Why male friendly clinics / corners?

1. **To access male friendly services / corners round the clock particularly after work services**
2. **To attract men so that they are able to seek health services**
3. **For men to open up on all their issues particularly STIs**
4. **To avoid long queues and competition with maternal health care and school children**
5. **To allow men to freely discuss issues that affect men**
6. **For privacy and confidentiality**
7. **To be attended to by male staff if possible**
8. **To allow equal access to health services**



Research Results - Barriers to health services access identified

1. **Service providers attitudes (lack of confidentiality, judgemental, disrespect)**
2. **Service delivery issues (privacy, waiting times, opening and operating times)**
3. **Access to health services challenges (costs, transport, services)**
4. **Gender norms (“men need to be tough”)**
5. **Cultural and religious beliefs. (Religion does not allow injections)**
6. **Personal - (Fear of injection, Fear of medication, Fear of unknown, Dependent on partner results, impatient to take ART daily)**



Research Results - Quotes



"[There are] long queues and you are mixed with some school going children and pregnant women and sometimes isolated as the only man attending that day."

Participant

"There was no one to interpret for me in sign language and show me directions around since I am deaf. I was disappointed such that am not even sure if I was given the right medication at the end of the day," complained Anthony Langwenya (48 yrs.) Manzini deaf association.

"Confidentiality is no longer applied since the facilities are now occupied by people who are well known to us."

Mhlengi Nkambule (35)

Research Results - Quotes

“We are not patient enough to wait in the long queues,”

Nhlakanipho Mantiwane (29)

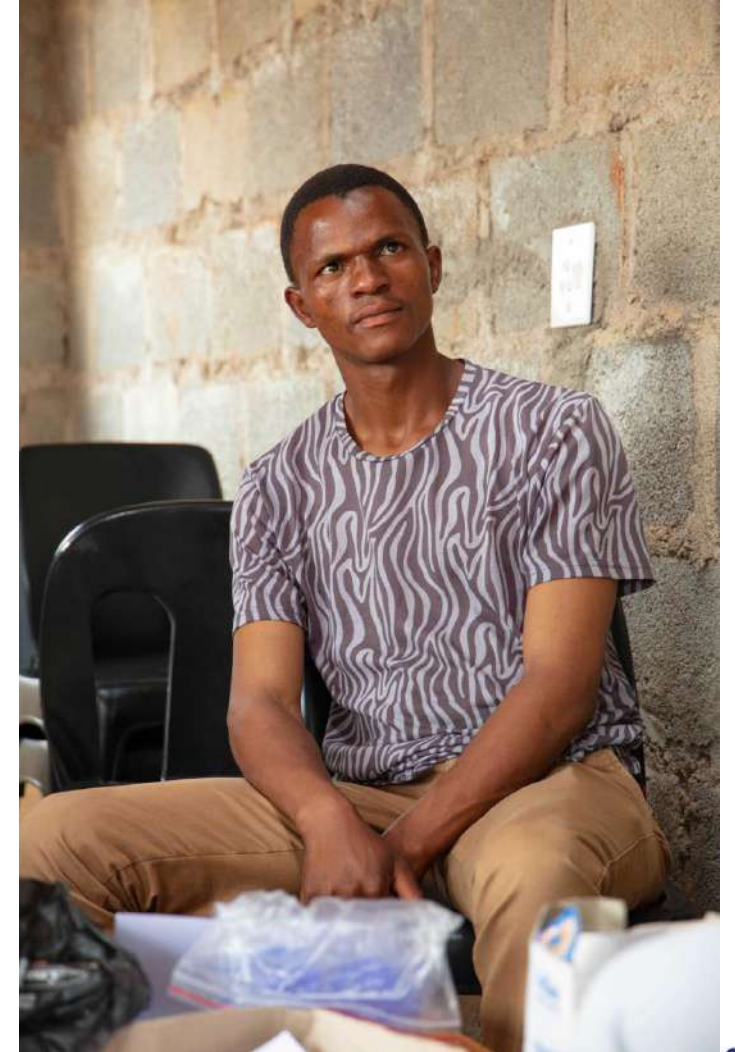
“It [the health facility] is not friendly because you have to pay double cost in order to accommodate your assistant since no one helps disabled people in the facility.” Phumelelo Khumalo (55 yrs), PWD Manzini region

“I am a very religious person who strongly believes in prayer,”
Collen Shabangu (24).

“I am a Swazi, my brother, and I first consult traditional healers and use natural herbs to maintain my health.”
Participant

Conclusions

- **Swati men generally aware of HIV and own risk to HIV particularly those related to lifestyle choices.**
- ***But* many engage in risky sexual behaviors.**
- **Some gender norms on masculinity directly influence HIV transmission and gender based violence.**
- **Modern health facilities sparingly used, mix of modern and traditional services.**
- **Men felt they are stronger and do not need as much health services as women.**
- **Men expectations: Separate male health facilities, male healthcare workers, flexible times for male health services, professional duty of care**





Thank you!



Contributors:

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