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2gether 4SRHR

Summary Findings From A Rapid Situational Assessment of
Sexual and Reproductive Health and Rights Needs Among Men and Boys in:

MALAWI

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Background:

Men and boys have diverse sexual and reproductive health and rights (SRHR) needs that often remain unfulfilled due to a number of barriers, such as social and gender norms relating to masculinity, a reluctance to admit ill health, limited access to health facilities, negative stereotypes of male clients by providers, services that do not cater to the needs of men and boys, and a lack of agreed-upon standards for delivering sexual and reproductive health clinical and preventative services.

Key global, continental and regional commitments have called for greater engagement of men and boys on SRHR. Only in recent years has a concerted effort been made in East and Southern Africa to consider the needs of men and boys more intentionally.

Rationale for the rapid situational assessment:

Men have shared responsibility, as partners, parents and clients, for decisions around their health and wellbeing, that of their families including decision making about when, whether and how many children they wish to have, to preventing sexually transmitted infections (STIs) and HIV and to promote SRHR in their communities. However, little is known of the extent to which:

- National policies and strategies incorporate male engagement or have dedicated male engagement strategies.

- Male social and gender norms and behaviours determine SHR outcomes of men and boys; and men and boys are accessing SRHR services.

To respond to these questions, the 2gether 4 SRHR Programme, a Joint United Nations Regional Programme that aims to improve the SRHR of all people in East and Southern Africa, commissioned the Health Economics and HIV/AIDS Research Division (HEARD) at the University of KwaZulu-Natal to undertake a rapid situational assessment[1] of the SRHR needs of men and boys in five countries in the region, including Malawi.

The purpose of the assessment was to examine the extent to which national laws, policies and strategies integrate issues relating to men and boys and assess the structural, social and behavioural drivers that facilitate or impede the uptake of SRHR services by adolescent boys and young men aged 18 to 34 years. This was followed by a validation meeting convened with representatives of the countries who reviewed the findings. This brief summarises the key findings of the rapid assessment, the policy review and inputs received during the validation meeting.

[1] Rapid situation assessment (RSA) refers to a methodology that uses a combination of qualitative and quantitative data collection methods. RSA draws on a variety of data sources to arrive at an understanding of certain health problems and of structures and services to address those problems and then formulating responses to deal with them. See United Nations Office for Drug Control, Crime Prevention, and United Nations International Drug Control Programme. Demand Reduction Section. (1999). Drug abuse rapid situation assessments and responses (No. 36-37). United Nations.

Global, continental and regional commitments on male engagement

promote gender equality in all spheres of life, including family and community life, and to encourage and enable men to take responsibility for their sexual and reproductive behaviour and their social and family roles.

African Union Initiative on Positive Masculinity

is a commitment by Heads of State and Government; the private sector; religious and additional leaders; academia; civil societies; women and youth to accelerate the prevention and elimination of viol all levels. It includes a commitment to ensure that the necessary policies measures are put in place by Member States to address any form of impunity.

The Southern African Development Community (SADC) Regional Strategy for SRHR (2019-2030)

calls for Member States to engage men and boys as partners, and as individuals with their own SRHR needs. It also urges Member States to ensure that services meet the specific SRHR needs of men and boys.

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Methodology:

The 2gether 4 SRHR is a regional programme with applied learning in countries. Malawi was included in the assessment as it was a focus country in the first phase of the programme. The Family Planning Association of Malawi (FPAM), Center for Development of People (CEDEP) and UNFPA Malawi provided valuable support in the undertaking of the assessment. The assessment used a mixed-methods approach.

Study site and Sampling: The assessment was conducted in Mulanje, Nkhata Bay and Mchinj districts. Sites in each district included a mix of rural and urban settings purposively selected to ensure that the assessment captured the SRHR realities of adolescent boys and young men in diverse environments.

Samples were drawn from adolescent boys and young men who had been involved in SRH programmes and those who had not.

Recruitment:

For the quantitative survey, respondents participating in male engagement programmes were purposively selected from the youth clubs coordinated through the District Youth Network structure. These were organized through the Government District Youth Offices. A selection of youths from individual clubs was at the discretion of the youth leadership. One aspect to note was that while some youth clubs were organized around health service delivery, others were not connected to health services. Participants were recruited as follows in the participating districts:

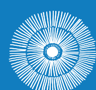
- Mulanje: Respondents participating in male engagement programmes were selected from the catchment areas of Namasalima, Thembwe and Mimosa health centres. Respondents not participating in male engagement programmes were recruited from the catchment area of Kambenje Health Centre.

- Nkhata bay: Respondents not participating in any male engagement programmes were drawn and recruited from youth clubs around Biya School in the northern part of the district.

- Mchinji: Respondents participating in male engagement programmes were recruited from Mduwa and Simphasi. Respondents not participating in any male engagement programme were recruited from the Kapondo area.

Focus group discussion participants were recruited from taxi and bus ranks, business centres, marketplaces or clinics with the support of local administrators, chiefs, civil society programme managers, and health service providers. These participants were not the same adolescent boys and young men who had completed the survey.

Providers of (adolescent) SRH services and SRH programme implementers, national-level government officials and policymakers were identified through snowball sampling.



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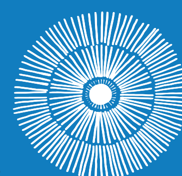

Data Collection:

The assessment used various data collection methods including:

A quantitative face-to-face survey:

administered to 200 adolescent boys and young men to identify their SRH need, knowledge, attitudes, norms and behaviours and their exposure to SRH interventions. Participants completed the survey questionnaire using digital tablets. The adolescent boys and young men were interviewed at a central location but came from different clubs in the selected area. Fifty participants were recruited in each district who were participants in male engagement programmes and 50 who were not involved in any programmes.

Focus group discussions:

Five focus group discussions comprising 5–10 participants were held. Efforts were made to balance the focus groups between adolescent boys and young men younger than 26 and those between the ages of 27 and 34 years. The purpose of the focus group discussions was to assess the thoughts and feelings of the participants about SRHR services offered in their community.

Key informant interviews:

were conducted using a semi-structured questionnaire with five SRH service providers and SRH programme implementers, identified through snowball sampling[2]. The purpose was to gain insights on the provision of clinical and non-clinical services in accordance with the global International Planned Parenthood Federation (IPPF)-United Nations Population Fund (UNFPA) package of SRHR services for men and boys, challenges and successes of serving adolescent boys and young men , the use of evidence-based approaches, guidelines and innovations to inform programme interventions and approaches, and the impact of COVID-19 on services and programmes on SRH.

Seven national government officials and policymakers:

were interviewed to understand the current SRHR policy context, the use of data to inform policy, budgeting implications, innovations and challenges around scaling up approaches for adolescent boys and young men. The Ministries of Health and Education were represented in the sample, as well as large civil society organizations working on SRHR and operating on a national scale.

Ethical clearance was obtained from the University of KwaZulu-Natal (BREC/00003894/2022) and the National Commission for Science and Technology in Malawi (NCST/RTT/2/6).

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[2] Babbie, E. R. (2020). The practice of social research. Cengage AU.

Key Findings:

Sample characteristics:

The median age for the sample of adolescent boys and young men was 24 years of age. Just over one third had completed secondary schooling (35.1 per cent). Just under half reported having sufficient food in the previous 12 months.

Men as clients:

The adolescent boys and young men services most commonly available in communities were HIV testing and counselling services (97.6 per cent), male circumcision services (84.4 per cent) and STI testing services (91.5 per cent). Less than one third of adolescent boys and young men knew where to access information and counselling on sexual myths and cultural barriers to SRH (30.8 per cent). Just over one quarter (26.1) indicated that they knew of the availability of vasectomy services in their community and over one quarter (27.5 per cent) knew of information, counselling and treatment for male reproductive cancers in their community.

Men as partners:

The majority (84.4 per cent) of adolescent boys and young men indicated they would support their partner to access HIV services, while less than two thirds (61.6 per cent) of the adolescent boys and young men indicated that they would support their partners to access pregnancy services. About a quarter (26.1 per cent) indicated they would support their partner to access safe abortion services. Approximately one fifth (20.1 per cent) of adolescent boys and young men indicated they had perpetrated at least one form of intimate partner violence. The median gender equitable scale score is 33 (range: 23–43), where a higher score means more equitable scores.

Men as change agents:

Nearly a third (32.2 per cent) of adolescent boys and young men were involved in a health-focused non-governmental organization (NGO) programmes/activities in their community.

Psychosocial characteristics:

Most (81.5 per cent) respondents agreed with the statement that most people with HIV are supported by their families when they disclose their HIV status. A small percentage (3.8 per cent) of adolescent boys and young men indicated they felt sad all the time (5 to 7 days per week) in the previous month and 3.3 per cent felt lonely all the time in the previous month. A minority (3.3 per cent) also indicated they occasionally felt lonely (3 to 4 days per week) in the previous month. Over one tenth (11.8 per cent) of adolescent boys and young men indicated they occasionally (3 to 4 days per week) felt hopeful about the future in the previous month.

Table 1: Indicators from the quantitative survey for adolescent boys and young men in Malawi, 2023 (n=210)

Men as clients:	Median/ %
Per cent indicating HIV testing and counselling available in community	97.6
Per cent indicating voluntary medical male circumcision is available in community	84.4
Per cent indicating STI testing is available in community	91.5
Per cent indicating information and counselling on sexual myths and cultural barriers available	30.8
Per cent indicating vasectomy services are available	26.1
Per cent indicating information and counselling and treatment for male cancers of the reproductive organs available	27.5
Men as partners:	
Per cent indicating they would support partner to access HIV services	84.4
Per cent indicating they would support partner to access pregnancy services	61.6
Per cent indicating they would support partner to access a medically safe abortion	26.1
Men as change agents:	
Per cent indicating they were involved in health-focused NGO	32.2
Psychosocial variables	
Per cent perpetrated IPV	20.1
Median score on Gender Equitable Men Scale (Range)	33 (23-43)
Per cent agree that most people are supported by their families when they disclose their HIV status	81.5
Per cent that felt sad all the time (5–7 days per week) in the previous month.	3.8
Per cent that felt lonely all the time (5–7 days per week) in the previous month	3.3
Per cent indicated they occasionally felt lonely (3–4 days per week) in the previous month	3.3
Per cent indicated occasionally felt hopeful about the future (3–4 days per week) in the previous month	11.8

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Key findings from the policy review

Paying attention to policy and guidance on male SRHR:

The National Sexual and Reproductive Health and Rights Policy (2017–2022) comprehensively addresses the needs of men as clients of SRH services, and their role as partners and fathers. It includes most of the recommended package of services as defined in the global SRHR service package for men and adolescent boys, including contraception, STIs, HIV and AIDS, male cancers, infertility, support to pre- and postnatal care, sexual and gender-based violence support, and information and counselling. Areas not included in the policy are the management of disorders of the male reproductive system, and the role of men in comprehensive abortion care.

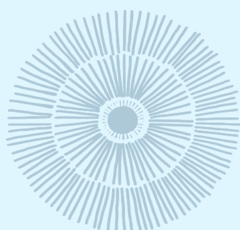
The national policy is the only policy that makes provision for all health care levels to offer men aged 40 years and above prostate cancer screening services. It includes a dedicated section on male involvement and lays out the roles of different ministries to involve men in SRH.

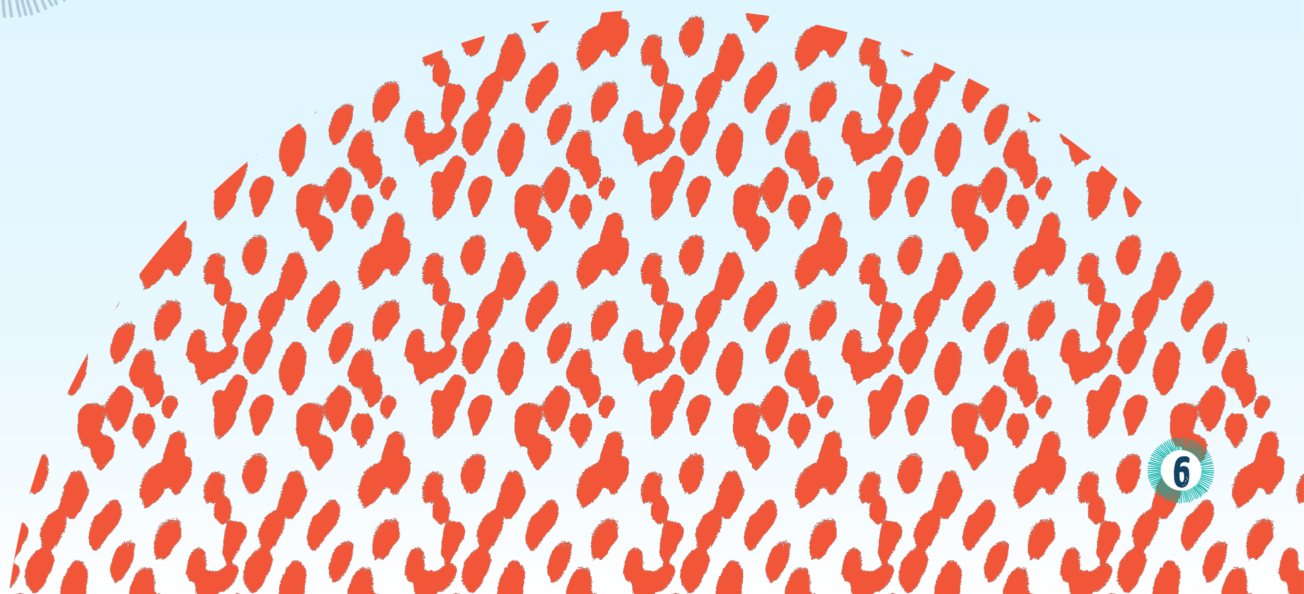
National statistics on male involvement, and the burden of SRH-related conditions among men are not readily available in the policy document. There is a need for Malawi to consider how to strengthen the linkages between the national SRHR Policy and translating this into national policies and strategies relating to Universal Health Care and Community Health. For example, the policy makes provision for a broad package of men's health services, however, the essential health services packages only include male condoms and HIV services. There is also a need to strengthen coherence within policies, for example, the National Youth Friendly Health Services Strategy (2015–2020), while problematizing the low contraception uptake among boys in its introduction, only focuses on operationalizing female contraceptive services.

There is a need to ensure that the provision of SRHR-related services, commodities and activities for men and boys are included within Malawi's national budget and national monitoring and evaluation frameworks and systems and are being tracked to inform policymakers during the policymaking cycle. For example:

- **The Gender Policy (2015),** *which seeks to mainstream gender issues in HIV and AIDS programmes, only tracks progress relating to female clients through its mainstreaming mechanisim.*

- **The National HIV/AIDS Strategic Plan (2020–2025),** *which budgets for activities with adolescent girls and young women, but not adolescent boys and young men.*





The lack of dedicated budgets to support programming for men and boys, and the dependence on external funding, undermines the sustainability of interventions such as initiatives with male champions and adolescent boys and young men clubs that have been discontinued.

A technical working group of the Ministries of Health and Education does promote intersectoral collaboration. The Ministry of Education participated in the development of the new National Health Strategic Plan. The noted silence on sexual and gender diversity in health policy was also palpable in the Ministry of Education, whose informants indicated that the topic does not appear in the comprehensive sexuality education (CSE) curriculum for cultural reasons. Further sensitivities to the provision of CSE and linked services for school-going youth were voiced in the interviews. Informants noted that commitment 4.4. in particular (i.e. access to services within the learning environment) is a point of controversy and reportedly impedes the renewal of the country's East and Southern Africa commitment to young people's access to SRHR since 2021.

Our policies in education are still restrictive when it comes to how much information you can give on sexual and reproductive health.

-Programme implementer A, Malawi

There is a need for national policies, strategies and guidance documents to better articulate the role of men as change agents in SRHR. Where included, such as in the SRHR policy, these tend to be framed as broad outcome statements such as "empower men to promote and patronize SRHR services" (p. 32), but how these will be realized is not clearly defined. There is a need for the country's policy discourse to consider the needs of men in all their diversity. Only the HIV/AIDS Strategic Plan makes reference to men who have sex with men, while silent on meeting the needs of trans men or gender non-conforming identities.

Addressing male health-seeking barriers and service gaps

According to informants, STIs were one of the most pressing health challenges for adolescent boys and young men. Yet, health facilities reported that to a large extent they were unable to attract adolescents and young men aged 14 to 19 years old to screen, treat and prevent the onward transmission of STIs.

Key barriers for respondents accessing services included the distance and costs of travel for young people to access SRH services. Respondents also cited facility stock-outs as a key reason for the low uptake of services by the adolescent boys and young men.

> ***As the youth, we receive counselling but what we struggle with is the provision of services like contraceptives; they aren't available. They are scarcely available and accessible. Others travel as far as Chintheche to get things like condoms.***
>
> *- Malawi, focus group1, participant 1.*

The focus groups revealed that there is limited exposure in early and middle adolescence to CSE, and where information is provided this often excludes information on available services, sexual maturation and relationships. Adolescent boys and young men also face cultural challenges relating to taboos to discussing sex within the family, with older men, with many relying on their peers and the internet for information and guidance. Adolescent boys and young men believed that most SRH programmes targeted adolescent girls and young women. Key informants indicated that men preferred services that were distinct from women's health programmes or services, but that these are currently not available to them.

At the same time, men are also seen to maintain a distance between themselves and the health service, even where these were more easily available. This also applies to supporting their partners during prenatal and postnatal care, which is still viewed as a woman's business. Despite the clear policy guidance on male involvement in the national SRH policy, interviewed clinical staff admitted that this is not encouraged at facility level and the clinical set-up has, for the most part, remained the same, and cannot accommodate the involvement of male partners. Informants indicated that more needs to be done to operationalize the policy intent to involve men in maternal and child health. As one hospital manager from Malawi phrased it aptly:

> ***we cannot expect women to tell their husbands, as we have done.***

SRH programmes targeting adolescent boys and young men are not uniformly accessible, and are dependent on development partners, and lack sustainability. In some areas participants reported that there were no male engagement interventions available in their area. According to local NGOs there are interventions being undertaken with male action groups on gender and SRHR issues in some areas. However, in another site, informants noted that the work with male champions and groups had ceased to exist when an implementing partner withdrew its funding.

Highlighting and supporting promising practices

Condom campaigns were regarded as a successful approach for engaging men as they draw large numbers of men to the sites. Initiatives on male involvement in maternal and neonatal child health care such as the Safe Motherhood and Male Championship programmes have been described in the peer-reviewed literature. Traditional leaders are critical stakeholders in determining the success of these interventions. It was noted that some leaders had put in place ‘pressure techniques’ by instituting bylaws that penalize men if they do not accompany their partners to antenatal care and are present at the delivery[3].

Recommendations:

- Provide male-friendly SRHR/HIV/gender-based violence integrated services delivered through targeted adolescent boys and young men clinics and community distribution agents.

- Support the implementation of the recently completed National Male Engagement Strategy (2023–2030) to fulfil SRHR and HIV needs for men while responding to the needs of women.

- Support the review and revision of national policies and strategies such as the Gender Policy and SRHR Policy to ensure they actively provide for the SRHR needs for men.

- Conduct knowledge management and monitoring of SRHR interventions towards accountability in meeting the SRHR needs for adolescent boys and young men as users and agents of change.

- Develop a national guideline for the provision of SRHR services to adolescent boys and young men, and a curriculum to train health care workers to provide quality SRHR services for adolescent boys and young men.

- Conduct national awareness campaigns/programmes aligned with social and behavioural change communication approaches to counter negative social norms that prevent men from adopting health-seeking behaviours.

- The government through the Ministry of Gender to engage partners (via Technical Working Group) and donors to increase funding for SRHR service provision targeting adolescent boys and young men.

[3] Manda-Taylor, L. et al. (2017). "Changing times? Gender roles and relationships in maternal, newborn and child health in Malawi." BMC Pregnancy and Childbirth 17: 1-13

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