

Young men and community gatekeepers' involvement in sexual and reproductive health in Malawi, Burundi and South Sudan

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Background

The Women's Integrated Sexual Health Lot 2 programme (WISH) is a consortium that is managed by the International Planned Parenthood Federation (IPPF) and brings together five internationally recognised leading organisations in their field to provide integrated and holistic reproductive healthcare in the implementing countries. The programme's outputs include individual and community choice and seeks to challenge community norms and cultural barriers hindering women accessing sexual and reproductive health (SRH) information and services. WISH2ACTION priority groups include people living in poverty, young people, and people living with disabilities.

As part of programmatic research to inform the WISH2ACTION programme, commissioned a formative research study to examine key social, cultural, and religious reasons why young men lack involvement in family planning; and to understand how community gatekeepers influence uptake of sexual and reproductive health (SRH) information and services in communities. Three countries were involved in the study namely Malawi, Burundi, and South Sudan.

Many barriers affect young men's involvement in decision-making on, and uptake of family planning and contraceptive use. These include male dominance and limited understanding or misunderstanding of contraceptive methods. To facilitate effective interventions, there is a need to understand these factors within their cultural context. Similarly, the role of gatekeepers as custodians of culture is crucial in SRH issues that are inseparable from value systems. To design appropriate interventions, the extent to which the role of gatekeepers facilitates or hinders SRH, requires greater understanding.

WISH formative research examines key social, cultural and religious ideas that have a positive or negative influence on young men's involvement in family planning. It also looks to understand how community gatekeepers influence uptake of SRH information and services in communities that have a social, cultural and religious foundation

Methodology

The study used a qualitative approach complemented by a literature review of relevant studies in the focus countries and an analysis of key relevant SRH indicators from national surveys. Data collection was done through focus group discussion (FGDs), In-depth interviews (IDIs), and key informant interviews (KIIS).

The study was conducted in areas where the WISH2ACTION implementing partners, FPAM, ABUBEF and RHASS, were working with study sites were purposively selected:

Country	District / Province	Rural / semi-urban
Malawi	Lilongwe	Rural
	Kasungu	Rural and Semi-urban
Burundi	Rumonge	Rural
	Kirundo	Rural
	Bujumbura	Semi-urban
South Sudan	Wau	Rural
	Juba	Semi-urban

The study targeted young men and women, especially those who had never been married or been in a relationship. Young men and women were defined as youth from the consensual age of 18 to 24 years. The study also targeted selected community gatekeepers who were predominantly community leaders, traditional leaders and religious leaders. In Malawi and South Sudan, community health workers were also interviewed as community gatekeepers.

Findings

An analysis of findings across the three countries shows the following overlapping themes:

- In all the three countries at individual level, young men displayed some general knowledge and positive attitude towards contraception. However, at community level, when probing around social norms and community beliefs, it was clear that there were generally negative attitudes, perceptions, beliefs and social norms around contraception.
- In all three countries, SRH and FP services were not youth friendly and were characterized by judgmental health workers, lack of confidentiality, shortage of contraception methods, hard-to-reach health facilities (due to long distances), and in extreme circumstances unavailability of health centres. This negatively affected young men's SRH uptake.
- Gender roles and stereotypes also emerged in all three countries as a significant factor in explaining young men's lack of involvement in contraception. There were perceptions and beliefs that the role of women was to bear children, and that 'women were weak-minded' and that men therefore had to make decisions in relationships. In the context of the negative community beliefs reported above, (young) men therefore seemed to demand that women should not use contraception
- In all three countries, the role of parents was also very significant in perpetuating negative beliefs and norms that discouraged young men from using contraception methods. In addition to the social expectations, many parents seemed to believe that contraceptives would encourage the youths to be promiscuous and disrupt their education.
- In Malawi and Burundi, community gatekeepers displayed positive attitudes towards contraception and reported that they some initiatives - such as community sensitization and mobilization - to facilitate SRH services uptake. The picture was different in South Sudan where gatekeepers, particularly traditional leaders, had negative attitudes towards contraception among young people, insisting that young (unmarried) people should abstain, and that a man was respected when he has many kids.
- Gender-based violence emanating from men's reaction to women who went against conservative cultural norms as reported above; and the belief in having as many children as possible, were common in Burundi and South Sudan. As discussed, these factors also negatively affected SRH services uptake among young men.

The following findings overlap for Burundi and South Sudan:

- Men discouraging women from using contraceptives is associated with gender-based violence (GBV).

In Malawi and Burundi, it emerged that community gatekeepers had positive attitudes towards contraceptives. Some reported taking part in promoting the use of contraceptive methods through community mobilisation.

Barriers and enabling factors affecting young men's involvement in decision-making on, and uptake of family planning and contraceptive use in the three countries

	Barriers	Enabling factors
1	Contraception is strongly associated with marriage and adults, and if young women use contraceptives, they are considered promiscuous or as engaging in transactional sex.	<p>Young men in Malawi and Burundi have fair knowledge and positive attitudes towards contraceptives. Though, due to strong community norms, this is not necessarily translated to contraceptive uptake.</p> <p>Gatekeepers have a positive role in promoting contraceptive uptake in Malawi and Burundi. However, in South Sudan gatekeepers have negative attitudes.</p> <p>Youth clubs reported to have a positive role in promoting contraception uptake and open discussions.</p>
2	Fertility is strongly valued, and contraceptive use is perceived to affect fertility in the long run	
3	The use of contraceptives is perceived to lead to side effects such as heavy bleeding, which leads young men to seek other sexual partners.	
4	Women may use contraceptives secretly, but this can lead to adverse outcomes such as GBV	
5	There is a widespread negative experience of health services by youth, who are often met by judgmental attitudes and a lack of respect for confidentiality.	
6	Parents tend to be unsupportive of youth uptake of contraception as they believe it will lead to promiscuity and dropping out of school.	

Recommendations

Issue	Recommendation	Target audience
Negative community norms and beliefs hinder contraceptive uptake among young people.	Develop and implement a comprehensive social change intervention that includes media communication, community mobilization and advocacy for young people. These interventions should consider contextual factors such as socio-political background and culture.	Communities including young men; gatekeepers; young women, and parents
Youth fora are weak	Support community youth fora through capacity building on SRH and contraception, peer communication, providing recreation materials, communication materials, and such contraception methods as condoms	Young men and women
There is a need to harness community gatekeepers' positive attitudes and role	Capacity building intervention for gatekeepers on SRH, contraception and youth, as well as parents.	Community gatekeepers, parents

Issue	Recommendation	Target audience
There is limited knowledge, and negative beliefs towards SRH and contraception among young people.	Advocate for inclusion and implementation of comprehensive sexuality education (CSE) in the school curriculum.	Young men and women; teachers; policy makers
Health facilities are often unavailable and contraception is inaccessible .	Introduce and promote youth friendly FP mobile clinics. Set up youth friendly FP community health centres.	Young men and women
There is limited understanding of influential gatekeepers on young people and SRH (beyond traditional leaders and religious leaders, such as community health workers).	Mapping exercise to identify influential gatekeepers on SRH related to young people so they can be targeted with some of the above interventions.	Gatekeepers e.g. Community chiefs, Religious leaders and service providers
There seems to be a confusion in communities between perceived and real contraception methods side effects.	There is a need for a research and communication strategy to clarify real versus perceived side effects of contraception methods.	Community members

Malawi

Key factors that influenced young men's involvement in contraceptive uptake

Interpersonal factors:

Knowledge of contraceptives did not necessarily lead to their uptake and collective knowledge of contraception was limited and superficial which contributed to many young men not using them.

The young men generally indicated that it was good to practice contraception;

- It helped in child spacing and thus gave room to mothers to take care of one baby before having another
- Improves the health of the mother and avoided spreading resources too thinly
- Protecting young people from early and unplanned pregnancies, while condoms protect people from sexually transmitted infections (STIs)

There were positive attitudes towards contraception among those interviewed. However, the community attitudes were generally negative and heavily influenced by norms and beliefs.

- Some young men and women interviewed, indicated that they use contraceptives.
- Those not yet married used them to protect themselves from STIs and early and unwanted pregnancies.
- For those who were married and had at least one child, contraceptive methods were used for child spacing and to limit the number of children.
- Young men who were married, generally reported a preference for implants, the pill and condoms. The implant was popular because it lasts long (5 years) and minimizes the inconvenience of accessing contraception frequently. The pill was said to demand less expertise from health workers than for example implants. Young men felt that condoms were the method they had most control over. They reported that this was because they were designed for them to use and were readily available in shops and clinics.
- Young men who were not married mentioned condoms and the use of the injection as the most commonly used contraceptives.
- The injection was popular as it prevented pregnancy for about three months. These young men also preferred male condoms because they were designed for men and readily available in shops and health centres as reported above. However, some young men disliked condoms because they easily ran out and at the health centre they were only given a few condoms per visit. This meant buying condoms all the time.
- Many young men were reluctant to visit the health centres as they were seen as unfriendly towards the youth. They therefore preferred to try to convince their partner to get the injection. There was however no guarantee that their partner would agree.
- Young men and women were also reluctant to use contraceptives because they were afraid of their parents, who would reprimand them on the basis that they will fail or drop out of school. .

Decision making dynamics

- There were mixed findings regarding who makes the decision to seek SRH and FP services. Some young men reported that unmarried couples often agreed on using contraceptive methods, especially as they would still be schooling or pursuing their careers. Falling pregnant also often led to early and unplanned, and sometimes forced marriages.
- Most of the women interviewed were married and gave the impression that couples discussed and agreed on family planning, and that their partners actually encouraged them to use contraceptives to avoid big families.
- Some interviewees indicated that while young men may make suggestions on contraceptive methods in a relationship, women often made the final decision because they suffer consequences such as poor health due to frequent childbearing.

Community factors: perceptions, beliefs, misconceptions and norms

- In the local language (Chichewa), SRH is often called “ubeleki”, which literary means ‘reproduction’. Family planning is commonly called kulera, which literary means ‘raising up a child’. Since kulera means “raising up a child”, the connotation is that using contraception should happen within marriage, among people who already have children, or among adults
- Contraceptive methods are meant for adults and for women. Young women also reported that if their partners accompanied them to the clinic to access SRH services, their partner’s friends would undermine them.
- A woman who uses contraceptives was said to be ‘too watery’ and even affected the stamina of the man by making his joints and back weak and painful. Nkazi akatenga njira za kulera sakoma means that a woman who uses contraceptive methods is not ‘sweet’ in bed.
- A woman who uses contraception will never have a child again because it ‘burns the womb’ (“Kulera kumawotcha chibelekelo”) or makes it dry and ‘kills our seeds.’ (“Njira zolera zimapha njere zathu.”).
- Since contraceptive methods prevented STIs and pregnancy, young people would use this sense of security to indiscriminately engage in sexual activities. This would ultimately disturb their education and expose them to effects such as barrenness.

The role of community gatekeepers in SRH uptake

Community gatekeepers including traditional and religious leaders overwhelmingly expressed positive attitude to contraceptive use even among unmarried young people. They believed that it would reduce infant and maternal deaths, prevent unwanted pregnancies and help with child spacing.

There were also gender stereotype among gatekeepers. Adolescent girls were often perceived by gatekeepers as unstable and did not care about protection during sex, while boys wanted to protect themselves.

At community level, gatekeepers, especially traditional leaders, often organized community meetings to discuss SRH issues affecting the community.

Community perceptions and beliefs about contraceptive methods

Community gatekeepers echoed community beliefs and misconceptions that discourage young men from accessing SRH services bemoaned the influence of parents in perpetuating these beliefs and discouraging young people from using contraceptive. Some of the misconceptions include:

- A woman is not attractive in bed
- Ongoing periods (bleeding) and a high sex drive among women who used the implant – something which would pose a threat to both the woman’s health and a couple’s sex life.
- Girls who used contraceptives might find it difficult to get pregnant.
- Condoms could bring mistrust to relationships as partners might use them with other sexual partners.

The gatekeepers were ambivalent about these community beliefs, calling reported side effects of contraceptives rumours, but also appearing to endorse beliefs that contraceptive use could lead to promiscuity.

Community mobilization: gatekeepers, especially traditional leaders, often organized community meetings to discuss SRH issues affecting the community. Religious leaders mostly talked about their role in presiding over congregations and giving sermons where they encourage people, including young people, to go to the hospital or clinics to access SRH services.

Societal and structural factors

Regulating roles and behaviour

A significant finding among traditional leaders from both districts was that traditional leaders had passed a by-law that prohibited women from giving birth at home or with community birth attendants (azamba), and in some cases compelled people to use contraception.

This by-law was initiated at traditional authority (T/A) level, covering many villages in a district. This decision was taken after women increasingly had complications that resulted in infant and maternal

deaths. Community volunteers, sanctioned by the traditional leaders, work hand-in-hand with community health workers (Health Surveillance Assistants) to monitor that this by-law is adhered to. Those who violate it may be liable to pay a fine in the form of cash or a goat.

These by-laws also apply where men deny their wives access to contraception. There were reports of some men refusing their wives to use contraceptives.

Challenges with health facilities

Community gatekeepers bemoaned the fact that community members seeking contraceptives had to cover long distances to access health facilities. This was compounded by the fact that the communities experienced transport problems.

The problem of unfriendly health personnel was also echoed by community gatekeepers. While young people mostly referred to their experience, community gatekeepers expressed this as a general problem for all health clients. Bribery and alcoholism among health workers was also reported.

Young men's perception of the role of community gatekeepers

- Some did not corroborate that traditional leaders facilitate SRH uptake by accommodating FP organizations and initiatives and youth clubs. To the extent that they accommodated SRH initiatives, traditional leaders were perceived as facilitating SRH uptake.
- Young people highlighted the roles of traditional leaders in mobilizing community members through community meetings where SRH issues were discussed and formulating and enforcing by-laws that regulate health seeking behaviours such as antenatal visits among pregnant mothers.
- In other communities, young men felt that traditional leader facilitated SRH uptake but often only targeted married people.
- In other communities however, young people felt that traditional leaders did not have much interest in issues of contraception. One reason given was that most of them were old and done with bearing children.
- Regarding religious leaders, young people interviewed overwhelmingly indicated that most religious leaders discouraged young people from using contraceptives, by teaching that it was a sin.

Burundi

Key factors that influenced young men's involvement in contraceptive uptake

Interpersonal factors: Though there was considerable awareness of contraception among participants in Burundi their knowledge was not always accurate. SRH was used interchangeably with contraception. Young men and women talked of contraception being about child planning, spacing and protection from STIs. Though young men had some knowledge of contraceptive methods, young women seemed to have more knowledge of the different types of contraceptives.

Women using contraceptives without partner's knowledge leads to gender based violence.

Most young men and women felt that:

- Contraceptives to prevent pregnancy and spacing childbirth was a smart choice as it could mitigate against hardship
- Some young men had negative attitudes towards the use of certain contraceptive methods mostly due to their perceived negative side effects and complications.
- Young men of between 18 to 20 seemed to connect contraceptive use to marriage and that it was thus not relevant to them.

Decision making dynamics

- There were mixed feelings about decision processes in relationships with regards to FP and contraceptive use. Some respondents strongly stated that the decision-making should normally be the process that involves two people (both spouses).
- Young people held mixed views on who should take the final decision regarding family planning. Some said that the final decision should be with men
- Most young men agreed that it was important to use contraceptives but felt that it was the women's responsibility to prevent unwanted pregnancy and STIs.
- Most of the men interviewed said that the opinions of others in their social network may influence their contraceptive decision making.

Community factors: perceptions, beliefs, misconceptions and norms

- Young men said they had heard that contraceptives were dangerous to women's health as they could damage their womb.
- In Burundian communities, talking about contraception was still viewed as a taboo and only certain categories of people could discuss this and seek information and services.
- The community believed that only couples who were married or those that were about to get married could seek SRH services
- Young men said that adults did not want to provide information as they (adults) felt that the men were too young and should not be involved in SRH
- Young women and women said that they did not want to go for FP services because it was against their religious beliefs and they want children.
- Gendered roles of men and women influenced young men's attitude to contraception. The majority indicated that they had other important issues, such as fending for their families, to take care of. As such they often did not have enough time to accompany their partners to clinics
- The majority of young men and women identified religious beliefs as barriers to reproductive health.
- Discussions around sexuality, especially that of adolescents are still considered taboo, and many parents found it inappropriate to discuss sexuality with their children. This hindered young women and men from making informed and objective decisions around contraception

Societal and structural factors

- Social economic status and family background. Some young men interviewed felt that they decided to seek information on SRH based on their family economic situation and because of the way they had been raised.
- Free access to maternal and child health for women makes it easier for women to have many

children, and hence were not concerned about family planning.

- Even though the majority of participants had a positive encounter with some healthcare providers, some young women and men said that the judgmental attitudes of some health providers made them feel ashamed to ask for help. Lack of professionalism and confidentiality among healthcare workers was also raised. Some participants said that after visiting the clinic, information was given to their guardians and they still wonder who divulged it.

The role of community gatekeepers in influencing SRH and contraception uptake

The gatekeepers interviewed associated SRH and contraception with child spacing and contraception mostly applied to married people. All gatekeepers interviewed had positive attitudes towards contraceptives. They thought that SRH is essential for the health of families and communities.

Many gatekeepers showed concern about overpopulation and the high rate of maternal death in their communities. and this motivated many to be involved in education awareness and sensitization.

Some gatekeepers went to the extent of challenging some religious beliefs.

Some religious leaders stated that they had tried to convince religious believers and other people in their circles to use modern contraceptive methods. They even used Bible messages to convince the believers.

Gatekeepers were asked about possible reasons why young men should be involved in contraceptive use. The majority said that it was for the health and safety of the mother and child. However, they also said that men should be involved so that they could protect their heirs.

Though the majority of gatekeepers had positive attitudes towards contraceptives, they were still misinformed about the side effects of certain contraceptive methods used in their communities.

Role of community gatekeepers

- The majority of gatekeepers interviewed were involved in SRH at community level. Many religious leaders and community healthcare workers promoted contraceptive methods.
- Some gatekeepers used their political position to sensitize people to contraceptive methods.
- However, some of the gatekeepers who were involved in awareness raising, felt safer to talk about traditional contraceptive methods for fear of being judged by their peers and or believers. This came up often in KII's with gatekeepers in Kirundo and Rumonge.

Community factors: perceptions, beliefs, misconceptions and norms

- Some gatekeepers felt that contraception was embedded in people's culture, as their forefathers had used traditional ways.
- Religious beliefs and practices: Participants overwhelmingly indicated that religious beliefs were a barrier to men's uptake of contraception.
- Given the prevalence of the belief that using contraceptives is a sin, religious leaders said they had to choose carefully what to say with regard to contraceptive methods.
- Some believers confessed to religious leaders that they had sinned after using contraceptive methods. As a result, some religious leaders preferred to refer these believers to health centres for professional support.
- Gatekeepers also affirmed that even younger men believed that men should produce as many children as they could.
- A female gatekeeper stated that men still believed that FP services were for women only and that only women should visit clinics for such services.

Societal and structural factors

- **Government policies:** Amongst the gatekeepers interviewed the majority stated that people sometimes misinterpreted government policies. They believed that men in certain communities misinterpreted the policy which provided maternal and child health services to women and used it to give produce more children as they could now afford medical bills.
- Young men, especially newly married ones or those who were about to get married, showed interest in knowing more about birth control. This was attributed to socio-economic hardship.

- Some religious leaders were involved in contraception awareness raising through couple counselling programmes at their churches. Most of these programmes were designed to support

South Sudan

Key factors that influenced young men's involvement in family planning

Interpersonal factors

Many young men that were interviewed admitted that they had never used any contraceptives, with only a few admitting using them. This reluctance appeared largely to be due to misinformation relating to the side-effects of contraceptives, particularly around infertility. The lack of knowledge around contraceptives was linked to low literacy rates (estimated to be 27% by Voice of America), which in turn affected young men's involvement in SRH matters. Misinformation about contraceptives also appeared to be an important factor for many young men not participating in SRH matters.

Young men were not comfortable with some family planning methods. Thus, a married female respondent reported that men did not enjoy sex when using a condom

Decision making

- The analysis revealed that in most households, men's decisions on contraception dominated. However, some women also had a voice and could take decisions independently.
- Mistrust among couples seemed to be a key inter-personal factor. Many young men were reluctant to allow their partners to use contraceptive methods because they thought that they would end up having multiple sexual partners, as they might have a sense of being safe from unplanned pregnancies and STI.
- Young women who used contraception were sometimes seen as prostitutes who did not want to have children and this would inhibit young men's participation in contraception
- There was also a perception among young people that using condoms presupposed that one of the partners had an STI, a condition no one wants to be associated with
- Young men associated young women's use of family planning methods with exposure to risky sexual relationships, sometimes also linked to wanting money from men

Community factors

- Traditional/customary practices are very dominant in South Sudan, even among the educated sectors of the community. Young men were aware of family planning and related benefits but because of cultural beliefs and values, rarely practiced it for fear of being ostracized by the community, often on the recommendation of the elders who are the custodians of culture.
- Young men were also discouraged from considering contraceptive use by the belief that sex was only for adults.
- Religion was another fundamental barrier to family planning also among young men. Both Christianity and Islam were invoked to oppose family planning activities such as the use of condoms and contraceptives and abortion. But they were supportive of natural methods which they interpreted as having been recommended by God

Societal and structural factors

- Compared to other services such as STI treatment, maternity services and nutrition - FP services were inadequate. One of the gatekeepers lamented that people rarely use contraceptives because the services were so scarce that some women were not even aware of them

The role of community gatekeepers in influencing SRH and contraception uptake in South Sudan

- Most key gatekeepers such as religious leaders, chiefs and community leaders had negative attitudes towards contraception among youth. They emphasized that instead young people needed to abstain. This, even though young men and women actually engaged in sexual activities and were influenced by pornography and other social media activities

Community factors

- The traditional practice of wife inheritance and forced marriages also often worked against SRH and contraception. The dominant culture in Juba and Wau valued a high number of children. This placed social prejudice against contraception, with a lot of pressure for women to get pregnant.
- The stigma of being perceived as being immoral was one of the greatest challenges that frustrated family planning uptake among young people. These stereotypes were implicitly (and sometimes explicitly) endorsed by traditional leaders as they rarely spoke out against them.
- Although youth centres in the communities were included in this study, most of the community leaders interviewed did not know what took place at these centres. Some were even unaware of their presence. This lack of knowledge resulted in community leaders rarely supporting the youth activities at youth forums, including SRH-related activities.

Recommendations from gatekeepers

- The respondents suggested several ways to improve gatekeepers' role in facilitating uptake of SRH among young men and women as follows:
- The leaders should co-operate with organizations working with contraceptives.
- Religious leaders would benefit from being trained and supported in taking forward the family planning agenda.
- There is a need to shift negative community attitudes through increased community sensitization and awareness about SRH and young people.
- Issues around contraception should be addressed frequently on radio, during meetings and specific events.
- There is need for dialogues with cultural and religious leaders on the significance of youth participation in SRH.
- Gatekeepers need to provide advice and guidance on family planning, especially for the young people at the youth centres.