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GENDER EQUALITY AND EQUITY IN ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH CARE AMONG MEN AT THE BOANE DISTRICT HEALTH CENTER-MAPUTO, MOZAMBIQUE, 2020

Suzana Ivete Alfredo Manhiça

Janete Ismael Mabui Gove*

*Corresponding Author

ABSTRACT

Sexual and reproductive health is the state of complete physical, mental and social well-being in all aspects related to the reproductive system. This implies that people must be able to obtain satisfaction and security in their sexual life, have the ability to reproduce including the freedom to decide when and how many children they want. However, the achievement of sexual and reproductive rights is impossible without male participation as users and partners in the SRH. It is imperative, therefore, that men take responsibility by invest in their own health and supporting the autonomy of women. The study aimed to analyse the factors that contribute to the use of sexual and reproductive health services among men in the district of Boane. Study is carried out in the health center of Boane district health services for women, it should be noted that for the materialization of this research, a cross-sectional descriptive study was used in a qualitative approach, non-probabilistic sampling for convenience, were part of the research 22 male users of the health service. There were asked about the use of Sexual and Reproductive Heath Service (SRHS), the moment they used it, the type of services offered to men and if they were adequate. The data were collected in December 2020, through interview, where the semi-structured interview guide was used for this purpose. It is worth mentioning that at all time of the research the ethical precepts were respected. Results: Most of the interviewees (17) reported that they had heard of SRHS, (11) of the interviewees said that they offered family planning services and (08) said that they were unaware of the services offered (12) of the participants said they had never used the services and (08) said they did when they accompanied their wives. (15) of the interviewees said that they did not have an expectation when they went to these services: There were (02) who did not know if the services were adequate and (20) said that they were adequate. We concluded that there is a need for the most outstanding implementation of the drawn policies, new strategies in the approach of this question between men and adequacy of services so that they did not continue to be segregators and perpetuating the managing of gender.

Introduction

Sexual and reproductive health is the state of complete physical, mental and social well-being in all aspects related to the reproductive system. It implies that people must be able to obtain satisfaction and security in their sex life, having the ability to reproduce including the freedom to decide when, how many children they wants (UNFPA, 2017).

It is known that reproductive sexual health is a human right in which individuals must have a pleasurable and safe sex life, receiving information about sexuality and the prevention of sexually transmitted diseases and HIV (STD/HIV/AIDS) and the freedom to decide if they want to have children, when and how often.

SRH includes equal access to quality and adequate information, SRH products and services for men and women and other groups as well as sexual autonomy, in making decision for reproduction. Globally, male use of SRHS is still low when compared to the one used by women. In this perspective and challeging for the national health system, the issue of raising awareness of men in the care to be taken of their sexual reproductive health and that of their partner.

Since 1990, sexual reproductive rights have been recognized as international health topic and development agenda. They remain critical, thus constituting a concern of several nations, which is why they have been instituting in the objectives of sustainable development and the 2030 agenda of the African Union, and has gender equality as an indicator of development (Santag, 2019).

However, in order to achieve sexual and reproductive rights, male participation as users and partners of these services is indispensable. On the other hand, men should not be responsible for women's decisions, but assume themselves as full and equal partners investing in their own health and supporting women's autonomy. Gender issues interfere with access to health care. The way services are organized and provided can serve as an impediment to access to health care and health information, support services and determine the results of these meetings.

Services must be provided with equality and dignity. They must also be accessible, acceptable and inclusive for all (WHO, s.d). The involvement of men is necessary as it involves all strategies to improve SRH. There are SRH issues related to men exclusively and must be addressed in the provisionof SRH (WHO, 2001). It is in this light that the study aimed to analyze the factors that contribute to the use of sexual and reproductive health services among men in the district of Boane.

Methodology

As previously mentioned, the survey was carried out in the municipality of Boane, limited to the North by the district of Moamba to the South by the district of Namaacha, to the East by the city of Matola and to the West by the district of Boane. It has a surface of 804Km, a population of 134.066 inhabitants, of which 64 806 are men and 69200 are women (INE, 2012).

A descriptive cross-sectional study with a qualitative approach was conducted with the aim of analyzing the factors that contribute to the use of sexual and reproductive health services among men in the last quarter of 2020. The study population consisted of 22 men between the ages of 18 and 50. The sample was defined according to the saturation criterion that according to Minayo (2010). In qualitative studies it is ruled out if the use of the sample calculation, therefore it is enough that the qualitative objectives are answered satisfactorily.

The non-probabilistic sampling technique was used for convenience as only men present at the health unit and who agreed to participate in the study were included. Men who were debilitated were not included. Sociodemographic variables includes: Knowledge about SRH sexual and

reproductive health services. If SSR consultations, barriers in accessing SSR services, the interview technique was used as an instrument, the semi-structured interview with pre-defined questions.

Data collection

The interviews were carried out with the approval of the protocol by the institutional bioethics committee for health at ISCISA. The researchers presented at the health unit on previously scheduled days. The contacts with the participants were made with the help of professionals from the health center and the interview took place in a private place and prepared for the purpose. Thus, 5 visits to the health unit were planned until reaching saturation levels. The responses of the interviewees, as they were to guarantee confidentiality, were previously coded.

Data analysis and processing

The collected data interpreted and analyzed through the use of descriptions and narratives, through content analysis according to Barding 2009, which organizes the stages of the analysis in three phases:

1. The pre-analysis which consists of an exhaustive Reading of the material collected for a better understanding of the ideas;

2. The exploration of the material consisting of realizing and organizing the speech of the subjects of the research in order to transform the data into information

3. The inference or interpretation of the results consisting of the analysis and discussion of the results obtained.

Ethical considerations

The research consisted of a dialogue with male individuals aged between 18 and 50 years old, present in health care service. After obtaining consensus with the participants, they were invited to participate in the study where the participant's information sheet was offered in writing, which contains the objectives and procedures of the study, as well as the risks and benefits.

To guarantee autonomy, participants were informed about the non-obligation to participate in the study, the right to withdraw from the study at any time without any judgement.

To guarantee anonymity, during data collection pseudonyms were used to preserve the identity of the participants. The interview was done individually, in an isolated place to guarantee the confidentiality and preservation of the participants. The data were kept in a place where only the researchers have access and the results were presented without the study participants being recognized. To minimize the risk of infection with the new corona vírus, all the rules for prevention and separations were observed.

This is a non-invasive study. The participants did not receive any financial remuneration of material or goods for participating in the study, but at the end of the interview, doubts were clarified regarding to the topic.

Study Limitation

Difficulties in accessing participants due to the low affluence of men to health center, especially in the SRHS due to the influence of the pandemic of the new corona virus, gender issues and and due to lack of knowledge of the services.

Results and Discussion

In a total of 22 male participants who attended the Boane health center at the time of the interview. The population was chosen purposely taking into consideration the urban rural environment, a corridor to various points in the South of the country and why this rural population usually does not have access to information; the characteristics of the subjets are shown below.

Ages	**N**	**%**
18-20	04	18.1
21-25	03	6.6
26-30	05	22.7
31-40	05	22.7
41-45	05	22.7
School level	**N**	**%**
Primary	05	22.7
Secondary	14	61.6
Without schooling	03	13.6
Marital status	**N**	**%**
Married	03	13.6
Single	08	36.3
Union in fact	09	40.9
Divorced	01	4.5
Empoyability	**N**	**%**
Unemployed	07	31.8
Employed	10	45.4
Students	05	22.7

The characteristics of the interviewees determined the types of responses obtained in this study since according to Australia (2010), socioeconomic barriers, levels of education and income, influence the quality of health care that individuals would receive, as they contribute to delay in the search for health care, in access to care and in the establishment of diagnosis and treatment on the other hand, low income prevents the purchase of medicines, the demand for and access to health care.

These socioeconomic factors, perpetuate gender inequalities, violate human rights and inhibit the reach of elevated levels in sexual and reproductive health. Two decades past and currently on the 2030 agenda and sustainable development goals (IPDF and UNFPA, 2017).

For this reason, according to Hartman, et al. (2016), the achievement of high levels in SRH, depend on respect, protection and compliance with the rules of gender equality, human rights such as non-discrimination, privacy, confidentiality, life, freedom, security, education, information and health.

Low level of education is still on obstacle to understanding health messages and understanding seeking health services. Since the disease is still interpreted according to culture factors with a focus on gender norms, which together with the low educated level perpetuate risk behaviors among men.

Knowledge of the existence of sexual and reproductive health services

Most respondents (17), reported that they had heard of sexual and reproductive health services, although they could not give details about it and only 5 said they have never heard. According to the (PPF and UNFPA 2017), men are spouses, partners, parents, siblings and children. Their lives are intertwined with women, children and other men. Gender norms and the perception of what it means to be a man translated serious consequences for health outcomes. After such norms influence choices and act as barriers to the search for services and good Family health.

In many contexts, women do not have the power to make decisions about sexual and reproductive health choices, including the use of contraceptives, however when men are involved in contradicting gender inequalities and promoting the choices of equity, health and a happy relationship (IPPF and UNFPA, 2017), although the majority of respondents have

had of SSR, there is a minority that has never heard of it. This puts them at risk, since the lack of knowledge of these services can mean not being used, which contributes negatively to the access of these services. That should lead us to reflect on where men go, in face of needs in SRH.

According to Ribeiro, et al. (2015), is still a challenge to include men in the health services, and research points to the difficulties of health institutions in welcoming men which retraces all efforts made in this area. The lack of knowledge SRH, may be related to the low literacy of the interviewers on the other hand, but it may also be due to the lack of publicity of these services to be used by men and other gender and not only for women.

Services offered to the men

(11) Participants said that they offer Family planning services with distribution of contraceptives and preservatives to prevent STIs, (08) participants said that they did not know the type of services offered, and the remaining 03 said that they use when they are sick.

E8: Care to be taken in sexual relations, how to prevent unwanted pregnancies and how to take care of our health in general.

While many sexual and reproductive health services focus on women as end users, most SRH products and services are available to provide men with spacing skills or limit pregnancy, prevent and treat STDs/ HIV/AIDS and improve his sexual health (Health communication capacity collaborative, 2017)

Also according to the same author, products and services that includes: male condom, vasectomy, testing and treatment for STD/HIV can be identified. Some services and products are not available in low-income countries include services for infertility, impotence, cancer of the male reproductive system and sexual health and psychosocial (health communication capacity collaborative 2017).

It is important to recognize the different contexts and masculinities and the way in which they influence the provision of SSRH, because the approaches must be adapted to the local context and the needs between men, their partners and families. The involvement of men in the design phase of programs and policies so that they are relevant, equitable and effectiveness is crucial.

The language, access and approaches of these services must respond to the needs of different sexual and gender orientation, without stigma (Hook et al, 2018).

Among the respondents there seems to be some knowledge, about the type of services that can be offered to men. This knowledge is limited, it is necessary to understand that these do not see the services as directed to them in their locations. It is common to observe that services are related to women, as they are the potential users. There is yet another group that does not know the type of services offered. These reasons also condition the satisfaction of SRH needs by men.

Use of SRS

About this issue among the interviewees, 18 said that, they used it in their wives diseases, 04 said that they never needed to use it.

E9: I never used it because. I don't know what to do there.

Multiple barriers make SRHS inaccessible to men, these include lack of knowledge of the existence of services, access to services, beliefs and misinformation about sexual and reproductive health products and services offered to men, norms and gender roles including social norms around male fertility, the role of responsibility in reproduction and Family planning, (Leibtag, 2017). When men use health services less, negative health outcomes and shorter life expectancy can be expected (Australia, 2010). Men who exhibit stereotyped masculinities are described as strong, independent, and unable to seek health services or care about their health. These risky behaviors are used to show masculinity for him and others. But this is not always the case, because cultural origins influence such behaviors, leading to their disparity from one place to another (Australia 2010).

According to Leibtag (2017), while many SRHS focus on women as a single user. There are an increasing number of SSR products and services designed to provide men with skills to space or limit pregnancy, prevent and treat STDs and boost their health. Men often avoid health services due to the belief of not wanting to show weakness as it compromises their leadership position and internal perceptions of masculinities. Social norms related to the search for care and the disclosures of HIV state are barriers to access and to adherence of services (communication capacity collaborative 2017).

To promote SRH products and services for men there is a need to address the social norms that directly or indirectly affect that behavior. Barriers to use the SRHS and their products, for example in the case of ART services, gender social norms influence adherence to treatment. The majority of respondents said they had never used SRHS.

This fact is worrying and demonstrates the fact that statistics still describe high rates of pregnancies and STI/HIV/AIDS, that perpetuate of gender barriers, domestic violence and other health consequences. The non-use of services is related to the lack of knowledge of their existence. The type of services that are offered to men, the environment created for the reception of men, the interplay of these services with women among others contribute to the non-use of those services by men.

Situations where you used SSSR

(8) Interviewees said they used the services when they were accompanying the partner, (12) never used and the (02) said they used to prevent and treat them. They guarantee to prevent diseases following the information. The image of the men's ownings is pointed out as the reason for the use of the services for male.

The stereotypes of a strong and self-sufficient man is seen as a difficulty as a demand of health care, with fear of demonstrating male fragility. The interaction of different factors such as biologically, genome, age and other certain health as educational, gender, employement, availability and kind of services provided have defined the results of health, and these influence the actuators and male behaviors.

According to MacPherson, et al. (2014), the gender differences in access to information and resources have an impact on various sócial – economic levels, so it must need to understand how the gender vulnerability influences the health results. The answers to the health sector, so that this section prepares to respond to the needs of men with equity and allocate more resources if applicable.

To preserve this self-picture, men do not seek the services by problems related to their health but of their partnership, being the only time men use these services, with the motivation to accompany their partner. These motivators can not provide the attention that should be provided to men because when accompanying the partner, the focus of the consultation is the women. Thereby the need to evaluate to what extent these services may be directed to male health.

Men's expectations when using SSRH

(15)Participants mentioned that there is no expectation when

using SSRH, (03) has expectation to prevent pregnancy, (04) expectations to receive care for his wife.

E5: I have no expectation but with it I have to control pregnancy.

The expectations of men when driving to SRHS, they were facing care for their partner. It is important that men address the services of the health and the type of service that they could receive.

Men need to predispose whatever to seek information, which leads them to take control of their health, reducing risk behaviors and seeking help when necessary. Aspects that enables them to work, support, caring and contributing to the good-standing of family, friends and community in general (Australia, 2010).

According to Strey and Kohn (2017), men appear in the agenda of the reproductive sexual programs, as women partners in the attention of reproduction, and are approved by the increase in the HIV/AIDS indicators and the domestic violence. The one in accordance with Kohn and Strey (2011), APUD STRY et al.(2017), speaks whether me, not by the concern about his health, but as a cause of problems for women.

These factors make the man invisible and may reinforce the stereotypes that feminine sex is that it really needs care. Unaware to make it easy to make the male behavior in the search for help is to project and provide services that address a series of barriers related to the genome to the health care (Australia, 2010).

According to the department of health and agency (2020), barriers related to access to health care in developed countries, include: Reduced health center, with few spaces and spatial resources insufficiently in rural areas; insufficient number of male health providers, high cost with health care, literacy, low needle site, week culture of use of appropriate services and information, interpretation of services and information in other languages.

Most men living in remote areas speak only local language, limited knowledge of how to have appropriate access to the services of males, feeling shame in the area of sexual and reproductive health, particularly for men. Few existing or inexistences and specific services for men, this paradigmatic in the concern to the sexual and reproduction, shows a need for reflection on the type of services that it intends to be tightly, without these stereotyped. Men feel as participants and not priority to sexual and reproductive health services, their expectations when looking for these services were facing their companions. This fact associated with the lack of divulgation of these services men leads.

Aspects to change in the SRHS

(04) Mentioned that it should change the way the information and treatments are dismissed, (03) said they should give it to concribe the srevices, (15) did not respond to this question.

E3: Changing the methods, the explanation that the DOO of the mentioned are not clear.

The sustainable develop objectives give a visibility to the mechanisms required for male survival in the SRHS, this linked global health and the develop agenda. It implies that working with men for the progress of SRHS and sexual rights is neccessary to ensure healthy lives and promote well-being for all in all ages. The challenge harmful generally standards are essential to comply with SDG-5 to achieve gender equality (Hook, et al 2018).

The interviewees reported the need for change how the information and treatments are provided. This may be related to problems in the communication, which has not allowed to have clarity of what it was, but may also be related to the fact that the information was aid to the women and not to the man. The difficulty of their involvement in the aspects of sexual and reproductive health, still have among the participants those who referred to them that these services should be more released, since the SSR were designed in the perspective of the binomial and the smelling of the country.

Suitable services for men

Of the interviewees, (20) agreed that information, advice and treatments are suitable for both, 02 referred that they didn't know if it was appropriate.

"It is suitable because they can help, because I will be likely to care of it during pregnancy and everything else".

A suitable service promotes better health and well-being. Inappropriate access is related to the psychological stress, low levels of mental health, high hospitalization and high morbid and mortality. However, access to health services has been demonstrated to be critical in the most advanced ages (Hao DT et al. 2020).

SRHS is considered to the women's dominance, men dominate decision making in patient's financial plans in relation to Family members and use of contraceptives by partners, thus to state a contradiction and continue to be distant from the fuser's questions that constitutes a challenge in patriarchal societies (Kabagenyi et al 2014 apud Hook et al).

According to Hook, et al. (2018) to face these disparities the SRHS programs should make the generating processing of generous taking into account the life cycle, because the factors that influence the environment of the men to depend on the phase of life in which they are masculine quality of the quantity. They have a considerable environmentally and centered environments, where the men will receive advice and services in a separate room of women and children. The flow of services to men should not be overpose in the waiting area, counselling and procedures with providers dedicating proper time for advisory procedure, services available for men in convenient places and schedules for them including nights and weekend, delivering of sports services, training and services faced to young people and adolescents, The most important is that services are comprehensive for men and women (Communicating Apud Hook et al.).

In the perspective of the interviewees the services are suitable for themselves, referring to whether the care that disadvantages their companions, since most of the mentioned has used these as a partner. This fact does not offer a clear view for what really should be dispensed to man. Because as a partner, the focus of the care directed towards the women and men is only involved to perform tests and treatments required for both.

Benefits to use SRHS

(09) Of the participants said it is important to prevent pregnancy. (06) Said they have the advantage of getting information for both, (05) they said you can't know the advantage of using the SRS.

E5: It has an advantage, i came to do because will have information to help my wife. The majority of the interviewees agreed that there are advantages when using SRHS as well as any other service. However, by the answers realizes whether that the visa is focused on the care that these services will have the women.

According to IPPF and UNFPA (2017), men had great needs in relation to contraception, prevention and treatment of ITS/HIV/AIDS, sexual dysfunction, infertility and male cancer. These needs had been negleted due to the combination of

various as a thus of services, behaviors that lead to the new looking for the services of among men, lack of patterns to offer clinical and preventive services to men.

According to WITO (2012) apud Hook et al., the needs of SSRH of men can't be covered by traditional SRHS. 6 million years of life are lost adjusted by incapacity (DALYs), for the treatment of prostate cancer and 1 million to infertility, this awareness of the men to their needs, makes them have the visa of users in the perspective of partners. These aspects should lead to the reflection on the type of services that are dispensed to man. Preventing invasive in terms of health programs and perpetuating the inequality of gender.

One of the greatest benefits that men would have to use these services, it would be that they can decide on their reproduction benefiting from the services and products offered, as well as information for themselves and their community. The involvement of men is necessary, in that it involves all the strategies to improve SRHS. However, there are smear-smells of manufactures in exclusive man and should be addressed in the pressure of SRHS.

Final considerations

Access to the sexual and reproductive health care of men is still deficit. There is no knowledge of these services on the part of men, and the type of care offered to them.

The SRHS is used by men only when they play the role of escorts and not by the needs of the men. The factors contribute to the weak treatment of the STI and elevation of HIV/AIDS index and other intercourse in sexual and reproductive health. A need to improve the implementation strategies of the man's inclusion policy in the care of SRHS.

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