



UNIVERSITY OF CAPE TOWN
IYUNIVESITHI YASEKAPA • UNIVERSITEIT VAN KAAPSTAD

**Evaluating the Impact of the Movement for Change & Social Justice's Men's Forum on
the Effective Engagement of Men with Health Care Services in Gugulethu**

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Master of Public Health

School of Public Health & Family Medicine

Thesis in partial fulfilment of the degree of Master of Public Health

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Acronyms & Abbreviations

COVID-19 – Coronavirus disease - 2019

DoH – Department of Health

NDoH – National Department of Health

GBV – Gender-based violence

HIV – Human immunodeficiency virus

MCSJ – Movement for Change and Social Justice

MSM – Men who have sex with men

NGO – Non-governmental organisation

SRH – Sexual and reproductive health

TB – Tuberculosis

TAC – Treatment Action Campaign

UCT – University of Cape Town

Terminology

Health literacy – the degree to which people can acquire, process, and comprehend basic health information and services necessary to make appropriate health choices (Ferguson, 2012).

Instant Money Voucher – a digital account that allows instantaneous monetary transactions to be performed remotely to a valid South African cell phone number. A voucher and pin are created and used to collect money at an ATM (Standard Bank, 2021).

Patient activation – a patient's keenness and capacity to take independent actions towards managing their health and care (Hibbard, 2013).

Patient compliance – a patient's adherence to medical advice (Hibbard, 2013).

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Abstract

In most parts of the world, men engage much less with health services as compared to women, are less inclined to access preventative services, and have a higher probability of dropping out of care. The Movement for Change and Social Justice is a non-profit organisation focused on empowering the community and ensuring that individuals have sufficient knowledge on health and social matters. In line with this objective, the organisation established a Men's Forum – a program intended to create a space for men to express themselves freely without fear of judgment, as well as foster knowledge on health and social issues that concern men. The purpose of this study is to evaluate how activities of the MCSJ Men's Forum worked to promote or hinder men from effectively engaging with health care services in the community of Gugulethu. Participants were purposively sampled, and a total of 12 were engaged in semi-structured in-depth interviews. The qualitative study made use of Braun and Clarke's 6-phase approach to thematic analysis. The findings reflected seven main themes guided by the Masculinities and Men's Reproductive Health Practices and Outcomes conceptual framework. The study concluded that the Men's Forum plays a vital part in the support and empowerment of men across various age groups in optimising their health, acting as a conduit for health information and services. The implications of this study could mean it essential to include and train community health workers in engaging men with health care services regularly with an additional focus on privacy and cultural sensitivity regarding male patients in soft skill training. Engagement through facilitating health screenings, talks, dialogues, and workshops in the community as part of community outreach health practices could aid in spreading awareness and encourage future access for men.

Keywords: men, Men's Forum, sexual reproductive health, health care services, dialogues, help-seeking behaviours

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Acknowledgements

I would like to thank

- my parents, Rosa and Ushotanefe Useh, for their prayers, encouragement, and unwavering mental and emotional support
- my supervisors, Professor Chris Colvin and Dr Nonzuzo Mbokazi, for their academic guidance, constructive and objective criticism, patience, and dependability
- MCSJ for allowing me to conduct my research on their organisation
- Mr Isaac Mangwana for all his help with navigating the Gugulethu research site
- the facilitators and participants of MCSJ Men's Forum for their willingness and honesty in participating in this study
- my friends and colleagues from the division of the Social and Behavioural Sciences UCT Master of Public Health program for their advice, encouragement, and support
- and most importantly, my Heavenly Father for providing me with all the above and giving me the wisdom, insight, strength, and perseverance to complete this study.

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Evaluating the Impact of the Movement for Change & Social Justice's Men's Forum on the Effective Engagement of Men with Health Care Services in Gugulethu

Health-seeking behaviours amongst men have been described as relatively poor (Dzinamarira & Mashamba-Thompson, 2019; UNAIDS, 2017; Gavarkovs et al., 2016; Peacock et al., 2008). In most parts of the world, men engage much less with health services as compared to women, are less inclined to access preventative services, and have a higher probability of dropping out of care (Beia, Keilmann, & Diaconu, 2021). Amongst men, falling ill is often believed to be a sign of weakness (Mills et al., 2012). The perception they generally hold of health services being feminine, combined with the aforementioned belief, negatively impacts the rates at which men seek care (Mills et al., 2012). Alongside socially determined stereotypes like masculinity, poor health-seeking behaviours have also been linked to sociocultural factors such as gender norms and practices, poverty, and avoidance of HIV-testing services in hard-to-reach populations such as men who have sex with men (MSM). Furthermore, concerns regarding confidentiality, inconvenient hours, and environmental influences such as distance to facilities contribute to these poor health-seeking efforts in men (National Department of Health South Africa [NDoH], 2020; Dzinamarira & Mashamba-Thompson, 2019; Colvin, 2019; Nzama, 2013; Mills, Beyrer, Birungi, & Dybul, 2012).

In Western Cape, South Africa, a partnership was formed between organisations and individuals based in Gugulethu, resulting in the creation of a social movement known as the 'Movement for Change and Social Justice' (MCSJ). Launched in 2016, the organisation was initially formed around a series of interim campaigns. MCSJ has since matured into a formal social movement. The organisation borrows effective approaches from other movements and non-governmental organisations (NGOs) for community-based organising in efforts to work effectively with governments to improve services (Colvin et al., 2020). MCSJ continues the

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practice adopted by groups such the Treatment Action Campaign (TAC) that successfully struck a balance between maintaining pressure on government to deliver, and working together with authorities to create more equitable, sustainable, and acceptable solutions (Trafford & Majola, 2018).

MCSJ's objective is to empower the community and ensure that individuals have sufficient knowledge on health and social matters (Colvin et al., 2020). This organisation is primarily focused on health issues, including matters around the high rates of TB, HIV, and chronic diseases in the community, as well as the access to, and quality of, healthcare services. Their concern was that health has become commodified, and people from impoverished backgrounds do not have the money to spend on health. Using their campaigns and a responsive approach to emerging issues, MCSJ aims to motivate active citizenship in support of a multisectoral collaborative approach and keep strategic pressure on local authorities to improve service delivery (Trafford & Majola, 2018).

The organisation hosts several public events and training sessions that focus on working, particularly with men. It has worked together with local health services and educational institutions. They aim to better understand why men struggle with accessing health services, particularly HIV testing and treatment, to improve their links to healthcare. MCSJ wants these training sessions to be the first step toward getting men front and centre in the fight against gender-based violence (GBV) (Colvin et al., 2020). The concept of a 'Men's Forum' in other South African-based programs has primarily related to addressing social issues such as family violence/GBV, drug and alcohol abuse (South African Government News Agency, 2012; Moloi, 2016; Botha, 2007), harmful traditional practices (African News Agency, 2019), as well as promoting community building, fatherhood, and leadership training (Moloi, 2016). Addressing similar matters in line with the organisation's main objective, the MCSJ established the MCSJ Men's Forum – a strategy meant to create a space

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for men to express themselves freely without fear of judgment, as well as foster knowledge on health and social issues concerning men.

Epidemiological evidence accumulating in sub-Saharan Africa regarding the low levels of access to health services in males compared to females has indicated bad outcomes of health for men, such as increased rates of mortality (Sharma et al., 2017; Mills et al., 2012). The proposed study's area of interest sought to evaluate and understand the impact of the Men's Forum's activities in engaging men with health care services in Gugulethu. The study aims to assess how these activities work to promote or hinder men from effectively accessing health care services within the community. According to Sharma et al. (2017), studies have shown that men are more responsive to community-based interventions as these have been observed to improve their engagement with healthcare. The male influence within male peer groups is also reported to be a key element in achieving this (Department of Health & Human Services, 2015).

Investigating the impact of MCSJ's Men's Forum, a community-based program founded in Gugulethu, aims to contribute to the body of knowledge on methods that can be adopted to improve the health outcomes of men in Western Cape communities and possibly the broader South African population. The findings may also be used to understand how programs that engage men may work to improve men's access to health services and better tailor programs to assist in achieving positive health outcomes. The study will draw on the conceptual framework of Masculinities and Men's Reproductive Health Practices and Outcomes (Rakgoasi, 2010) to describe and explain the research findings. This framework considers the relationships between a man's background, the individual, and their sexual and reproductive health practices and attitudes.

Methods

Research Design

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The research was approved by the Human Research Ethics Committee of the Faculty of Health Sciences at the University of Cape Town. This study used a qualitative research approach due to the method's ability to explore, describe and explain a naturally occurring phenomenon of interest (Ploeg, 1999).

Setting

Locations of research were in Gugulethu at both the Sonke Gender Justice and MCSJ offices, as well as the University of Cape Town (UCT), Medical campus in Observatory. Due to the Coronavirus disease (COVID-19) pandemic, restrictions on physical contact, such as social distancing, were implemented. Considering this, interviews primarily took place over Zoom – a virtual meeting platform. All interview participants were black males of Xhosa origin living in Gugulethu. Gugulethu is a densely populated community with many of its residents dwelling in informal housing. It is one of Cape Town's oldest but quickest developing township communities (Gaqa, 2018).

Recruitment & Enrolment

In this study, the population of men associated with MSCJ Men's Forum, collectively referred to as its members, was purposively sampled (Barbour, 2001). The sample was made up of MCSJ staff who facilitate the Men's Forum and those who attend, interchangeably referred to as its participants. Attendees who regularly partook in sessions, attending each activity of interest at least once, as well as those who utilise health facilities in Gugulethu, were included in the sample. Activities of interest needed to include interactive and educational activities such as workshops, talks, and dialogues. The reason for these criteria is because the influence of these activities can be clearly assessed concerning their impact on the outcome of interest– men's access to, and engagement with, healthcare services.

The Men's Forum's facilitators, who served as gatekeepers to the population under study, were identified by contacting MCSJ organisation. Selected facilitators were asked to

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relay information about the intended study to participants of the Men's Forum. Facilitators then recruited interested members who fit the criteria of the purposive sample. Participant names and contact details were collected and subsequently contacted per the researcher's interview planner. Male participants younger than the age of 18 were excluded from the study as they were still below the age of consent.

Research Procedures & Data Collection

Data was collected through one-on-one, semi-structured interviews. The advantages of an interview are the way it allows participants to express their views privately, as well as not having a rigid framework imposed by the researcher (Bolderston, 2012). Semi-structured interviews provide a more flexible technique for the interview process (Ryan, Coughlan, & Cronin, 2009). This is because, although it has a relatively set agenda, the interviewer is not restricted by it and can choose to explore the respondent's train of thought (Bolderston, 2012).

Consent forms were provided before the start of the interview for participants to sign. These were emailed to facilitators of the Men's Forum, who printed and distributed them to study participants. In addition, the facilitator, also proficient in IsiXhosa, was asked beforehand to be present at the online meeting to assist with translation when necessary. The facilitator was also asked to scan and email consent forms that could not be physically retrieved by the researcher. Money used to cover printing, scanning and internet fee expenses on behalf of participants was sent via an Instant Money Voucher to the facilitator present at the interview site.

The researcher conducted in-depth interviews in English as all participants, apart from one, were conversational in English. For the participant who preferred isiXhosa as his primary language of choice, a facilitator remained present during the interview to assist in translating and clarifying questions for him, as well as his responses given in isiXhosa. The

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in-depth interviews were conducted in a reserved area to maintain privacy. These interviews were audio-recorded with the consent of participants, and notes were taken. The interviews lasted approximately 30 minutes to an hour. Participants who accessed Zoom from internet cafés where computer facilities were used for interviews were reimbursed (R50) for transportation. Mobile data was bought for participant interviews that took place using the Zoom application on the facilitator's smartphone. These payments were made through Instant Money Voucher transactions. The data and café costs of participants were also covered by the researcher.

Data Analysis

To adequately grasp the impact of various Men's Forum activities on the effective engagement of men with health care services in Gugulethu, thematic analysis was used to identify themes that highlighted outcomes. The rationale for using this method of analysis is that its approach allows for concepts and meaning to be extracted from data and involves identifying, examining, and recording themes or patterns (Javadi & Zarea, 2016), encouraging a deeper investigation into the subject matter. Steps based on Braun and Clarke's (2012) six-phase approach to thematic analysis were used to conduct a thematic analysis for this qualitative study.

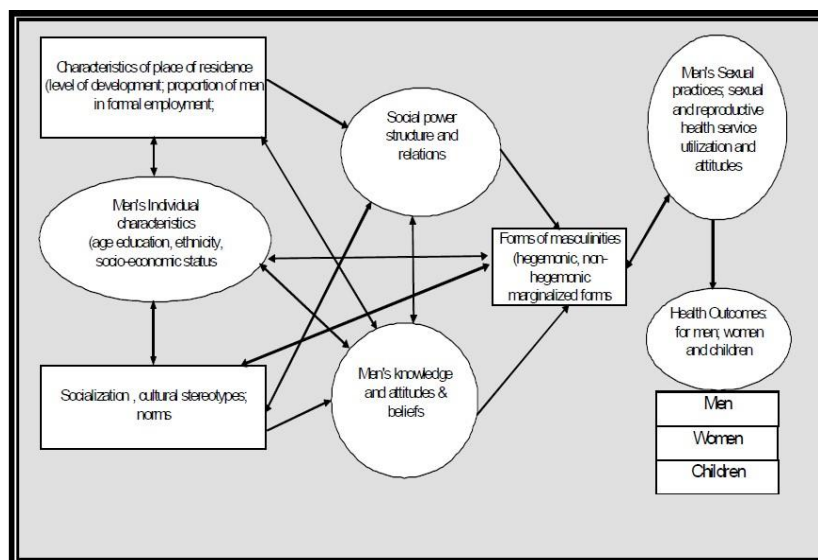
Phase one of the analysis involved becoming familiar with the data, followed by phase two where initial codes were subsequently generated. In phase three, the researcher searched for themes which were then reviewed in phase four. In phase five, themes were named and defined before finally producing the report in phase six (Braun & Clarke, 2012). Codes were derived from data using both deductive and inductive approaches, out of which a framework of analysis emerged. Transcripts were coded using NVivo 12 software and closely examined to identify broad patterns and themes guided by research questions and subthemes identified solely from the data.

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Conceptual Framework

Figure 1

Masculinities and Men's Reproductive Health Practices and Outcomes



Note. Conceptual framework: Masculinities and Men's Reproductive Health Practices and Outcomes. From "Men, Masculinities and Sexual and Reproductive Health in Botswana," by Serai Daniel Rakgoasi, 2010, p. 58.

(https://wiredspace.wits.ac.za/bitstream/handle/10539/9406/Men%20Masculinities%20and%20HIV_thesis_revised25x.pdf?sequence=1).

The conceptual framework, *Masculinities and Men's Reproductive Health Practices and Outcomes*, developed by Rakgoasi (2010), is used to understand the research findings, particularly themes relating to how Men's Forum activities impact the effective engagement of men with health care services in Gugulethu, additionally guiding the analysis. The framework shows the relationships between the individual man, his background, and his sexual and reproductive health (SRH). It is anticipated that men's individual characteristics such as socioeconomic status, age and level of education influence their SRH practices and

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attitudes. However, this influence is expected to be mediated by various other contextual factors (Rakgoasi, 2010).

The framework demonstrates men's adherence to socially constructed ideas about their manhood which is positioned at the intersection between their individual attributes and their SRH practices and attitudes. It posits that these practices and attitudes have additional implications for their partners and children. Rakgoasi (2010) further explains that these contextual factors every so often affect socialisation in early childhood, which may resultantly influence the type of identity a man builds for himself in adulthood. This is either by actively challenging the cultural conditioning or identifying with it.

The framework additionally recognises the gendered process of SRH and that it happens within a web of social and structural power relations typically based on gender norms. The main theory of the framework is that men's sense of masculinity is likely to influence men's SRH practices and attitudes both directly and indirectly. The framework incorporates men's health knowledge, particularly on HIV/AIDS as a factor that affects men's SRH. As a result, men obtain knowledge and information about the prevention and transmission of diseases from health information, education campaigns and programme interventions (Rakgoasi, 2010).

It is significant to note that the way knowledge and attitudes are ultimately translated might be done through the 'lens' of masculinities. Therefore, the nature of one's masculine identity determines the confounding effect of masculinities on men's SRH. Rakgoasi (2010) further explains that masculinities regarded as positive will most likely result in sexual practices that reduce the risk of negative health outcomes, while masculinities regarded as negative will have the opposite outcome. Furthermore, men's sense of masculinity has the inclination to mediate or confound their experience of SRH programs and services in addition

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to their experience of structural processes such as unemployment and poverty (Rakgoasi, 2010).

Data Quality & Study Rigor

The researcher engaged in regular check-ins with supervisors. While full double coding of the data was not conducted, the continuous interactions between the researcher and members of the research team strengthened the trustworthiness of the findings produced (Maher, Hadfield, Hutchings, & de Eyto, 2018). Furthermore, the researcher's positionality was also addressed. The researcher possesses a perspective and training in the social and behavioural sciences and is aware of her position as a black, non-IsiXhosa-speaking woman attempting to understand the lived experience of IsiXhosa-speaking men accessing health services. In light of this, the researcher made efforts to gain awareness of the sensitivity around health matters for men, differences in gender and sex, as well as the role that culture is likely to play in their community. The researcher did this by establishing a rapport with participants. This was important in creating an environment where they felt comfortable enough to freely express themselves in conversation about their experiences and perceptions, programs they engage with, and their use of health care services.

The researcher sought input from individuals familiar with both the language and community of Gugulethu. Lacking in-depth first-hand experience with qualitative research, supervisors' input provided guidance to better navigate the research process. Additionally, the researcher kept a reflective diary where subjective reflections, thoughts, impressions, questions, and concerns were documented post-interview, assisting as an audit trail. Documenting the process further maintained the reflexivity and reliability of the work conducted (Darawsheh & Stanley, 2014).

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Findings

MCSJ Men's Forum sessions are conducted fortnightly on Thursdays for two hours between 11 A.M. and 1 P.M. This schedule was said to have been established to avoid the likelihood of participants developing a disinterest in attending too many consecutive sessions. Activities that constitute the Men's Forum include, but are not limited to, dialogues, workshops, trainings, talks surrounding health and social issues, summits, seminars, community outreach clinics, and marches. Facilitators mentioned how the Men's Forum is not a stand-alone programme. It is required to report monthly to parent organisations –UCT and MCSJ civil movement organisation, though desires to eventually become an organisation of its own.

A total of 12 members (three facilitators and nine attendees) of MCSJ Men's Forum in Gugulethu were interviewed. On average, participants of the study had been a part of MCSJ's Men's Forum for approximately two years as the program was established in late 2018. From the process of thematic analysis applied to transcripts, seven main themes and 16 subthemes apparent in the data were identified and explored using the Masculinities and Men's Reproductive Health Practices and Outcomes conceptual framework developed by Rakgoasi (2010). In the section below, the framework is used as a lens to understand the ways in which the Men's Forum and its activities influence various critical aspects identified in the study and, resultantly, their impact on men's access to health care services.

Characteristics of the Men's Forum & Its Members

The following explores the characteristics of the organisation and its participants – the underlying components that contribute to MCSJ Men's Forum activities, how they function, the manner in which they are organised and by whom.

Running MCSJ Men's Forum

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There are several structures involved in running the Men's Forum. A facilitator spoke of what they referred to as 'organisers' in the social movement. This is essentially another term referring to facilitators – those who plan and conduct Men's Forum sessions. Another structure described as a component of the parent organisation, MSCJ, is called "Chapters". These are branches of the organisation founded in different communities that consist of their respective members. The Chapters are made up of 15 people, including men, women, and individuals with political and religious affiliations. Facilitators explained that they choose topics concerning their communities and explore them further during meeting discussions. The third structure described was a secretariat. The facilitators reported assisting said secretariat created by the Men's Forum. This body consists of six other people involved in running the initiative, comprising a secretary, the organiser, a chairperson, a deputy, and members from Gugulethu who are familiar with the social language and structure of the community. Finally, the involvement of the community is seen as essential to the structure and organisation of activities.

Organisation of Activities & Collaborations

Facilitators spoke about how they met separately with Chapters on a weekly basis. The meeting is based on a topic chosen by a group of men and discussed for over an hour. The group of discussion topics are guided by the health calendar and informs the structure and content of activities for the following month. Additionally, facilitators reported being actively involved in setting up activities. They stated they would arrange for and schedule experts on certain topics and structure how discussions on these topics commence. Furthermore, facilitators explained how they go into the community and inquire about various problems faced with the objective of addressing these issues within their capacity as the Men's Forum. Facilitator 2 spoke about how they research a particular issue presently marinating communities and gave an example of GBV where they would plan and call

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community dialogues. These would take place in a community hall where people are gathered in large numbers and workshopped with knowledge about the issue relayed to them in a structured manner. Facilitator 2 stated that,

When it comes to us as...implementors, we see, that 'okay, how can we do this...? If the number was high of people dying of HIV, what can we do?'... So, that's why we are trying to do these things and we involve more men into these trainings, these workshops, uh, these talks, you know, and more seminars and more summits...

The facilitator explained that if found necessary, the Men's Forum will approach a partnering organisation suitable to assist on a particular topic and work with them towards the goal of improving health and social outcomes. He stated,

... MCSJ is still a small organisation, a social movement, so we can't be able to do it [on] our own, so we'll have to utilise what we have in the community... The likes of Desmond Tutu, they have, like, what we call 'imbizo' every month. And then we go to Sonke. We go to other organisations that are dealing with, like, [middle-aged] men and we can be able to say, okay, 'we want to do this in this age group, so can you assist us here? Can you collect men and bring them in one space? We have a session for them'... So, we have those [kinds] of, like, partnership.

The facilitator discussed that the activities are tailored to fit different age groups and highlighted that the challenges they encounter differ as well. The facilitator listed and described these categories, with the first group being between the ages of 12 and 19, the second category being between ages 19 to 35, and the third being between the ages of 40 and 60, all exploring different life events particular to their age groups.

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As mentioned above, the Men's Forum collaborates with members from various organisations, which include the Department of Health (DoH), health facilities such as clinics and day hospitals, NGOs, and other social movements that offer their knowledge and expertise at events. These events are namely: Men's Forum health talks, workshops, dialogues, and community outreach activities. Facilitators shared how they usually invite a health promoter or health professionals to give expert knowledge and advice on a particular topic at talks and workshops hosted by Men's Forum. Facilitator 1 said, "in health talks, it's to understand about your health, you know... You must know your body, you must know your health, where you're standing, hence when we called them, we said, 'Zazi', which means 'know yourself'".

Facilitator 3 reported the number of participants to range from about 25 to 40 people in attendance. Inviting these professionals was described as a method used to help men acquire reliable information from experts. The facilitator mentioned that health workshops conducted by people who actively engage participants by allowing them to be part of discussions or ask questions were especially effective when teaching about a topic. Participant 4 recounted his experience at a health workshop on diabetes that taught him the importance of going for check-ups. He further mentioned learning about how the disease may likely compromise the immune system if left untaken care of, as well as the awareness gained concerning health conditions that uniquely affect men, such as testicular cancer.

As the Men's Forum possesses a collaborative characteristic of working with various organisations, its members are likely to partake in activities or campaigns that may require less stringent efforts to maintain participants' privacy and confidentiality during sessions. Facilitator 1 explained that trust is a big contributor to how comfortable participants are in sharing private details about themselves or their lives. Opening the Men's Forum sessions to

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people who are neither members of the forum nor guest facilitators or speakers can become a barrier. Facilitator 3 argued that it might discourage men from freely engaging.

In a discussion session where men would otherwise feel at ease with speaking about intimate matters, the presence of cameras and people they neither know nor have a rapport with appeared to diminish favourable conditions, which prevented participants from benefiting to a larger extent from these activities. Consequently, facilitators felt that participants who refused to actively participate in discussions or make contributions indirectly negatively impacted other men who could have stood to benefit from the undisclosed information. Participant 3 shared how he observed that most men preferred not to share their personal health problems. He described how the advice and experiences shared by more mature men are valued, especially by him and his peers that are considerably younger. It reportedly influenced their decisions to avoid unpleasant experiences and prioritise their health. Withholding such information diminishes the potential positive impact these dialogues and discussions could be having on men's future health care practices.

Recruiting

Facilitators highlighted a few methods and locations where they recruit new members to the Men's Forum. These locations are communities, MCSJ Chapters, sports clubs, places of work and churches. Many members are, however, unemployed. Several participants recalled how peers introduced them and, in turn, encouraged their own friends to join the programme. It was noted that men who were recruited to take part in Men's Forum activities are additionally given the opportunity to play active roles within the Men's Forum organisation itself. Participant 9 described his motivations for joining the Men's Forum, saying,

... I joined Men's Forum and I think '[since] I'm not working, I can do something for the community'. Ja, I can try to do something in my power for the community to help

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other people, because I've already [gotten] help myself... I must try to help other people also...

Members shared how they encountered men who were interested in finding out more about the Men's Forum and how to access it. When asked how the Men's Forum advertises its platform, Facilitator 1 mentioned that visiting health facilities was the main method of spreading awareness about the initiative.

Facilitators and participants who volunteer, and are capacitated to conduct sessions, visit health facilities where they spread knowledge about nutrition, HIV/AIDS, and other health matters. Additionally, small incentives such as food or a transport voucher are used to draw the attention of men from the community. Facilitator 1 said,

... when you see them in the street, it's not that they're working, you know... some of them [were] like, 'Uh... I'm frustrated. Let me just go to that workshop. I know that we're going to be given food,' because even myself when I was called... to join, they said '... there's R20' [laughs].

He further added,

... I went there, but when I came there, I saw the opportunity because I'm like that... So, I saw the opportunity that no, it's not about the plate that I'm getting there. It's not about the R20 that I'm getting there, there's [a] lot that I can achieve here, you know. So, I wanted more instead of getting less.

Some men, though being incentivised to join, realised they stood to gain more from engaging in activities. A participant shared that despite many attendees of the Men's Forum residing within the vicinity of the organisation, a number of participants reside further out of the community. For instance, participant 9 said,

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... the organiser, when they talk with the people [and] say, 'Okay, if we finish, we're going to get food, money [for] transport and we're going to pay', you see. End of the day, [nothing that was said was delivered] and [that causes] trouble now... When maybe, classes [were] this week, and by next week must be the classes, you try to get people [they will start to say] 'No, you're a liar. You promise people... 'that' and 'that' and 'that', [and at the] end of the day [nothing is delivered]'.

These members usually depend on the Men's Forum to assist though the initiative has limited resources and capacity to do so. Participants do not usually return due to the costs of making attendance. The Men's Forum is not able to consistently subsidise participants and may lose them as a result.

Men's Knowledge, Attitudes & Beliefs

The following looks at the role Men's Forum plays in educating men; the level of knowledge men have about their health and health facilities; men's attitudes towards health-seeking; and what motivates their participation in activities.

Leadership Training

Facilitator 2 described leadership training as capacitating and building leaders out of members. These members will, in turn, oversee the running of MCSJ branches in surrounding communities with the intention of being drivers of change. Training appears to change the way members think as they are informed and educated about various health issues. This activity is made available to all members of the Men's Forum, and those who are interested are encouraged to partake. The different trainings offered are Parenting-, HIV-, and GBV training which was said to be conducted by partner organisations such as Sonke Gender Justice.

Imparted Knowledge & Skills, & Behaviour Change

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Men who frequented the Men's Forum were said to come with the intention of acquiring information from these sessions. Attendees had disclosed their lack of awareness regarding knowledge on certain topics, particularly that which affected them as men. For instance, a participant communicated how being workshopped by health workers about prostate cancer and other types of cancers, including their signs and symptoms, had broadened his knowledge about the inner workings of the male anatomy. A facilitator noted that once participants understood the topic, there was a change in behaviour and how they approached situations as a result.

An outcome of note concerning workshops was that they were instrumental in getting members to volunteer at health facilities. Participant 1 shared that upon completing a COVID-19 workshop, Men's Forum members were asked to volunteer at clinics to help. He said,

So, I think taking part in these workshops, for me, has helped me a lot, you know. And health-wise uhmmm... I'm not a very sickly person so, I didn't really go to the clinic ... The only reason now that makes me go to the clinic is because of – I'm volunteering, you know, and uh... now I would know where to go if I need something from the clinic, I would know who to talk to and I would know how to, you know, communicate...

The Men's Forum intends to capacitate men with the necessary knowledge and skills to contribute during Men's Forum sessions. Participants were taught about COVID-19 safety procedures and played roles in disseminating this information in public places of care. A facilitator expressed how he believes that power lies in knowledge and observed the relevance of short courses they offer to help educate men and impart this knowledge.

Improvement in Perceptions & Help-Seeking Behaviours Concerning Health

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An improvement in the perception of health and help-seeking behaviours in men was noted by reports of a positive shift in men's thoughts and behaviour regarding health facilities and health issues. Participants expressed how their engagement with Men's Forum's activities provided them with an understanding that led them to actively take responsibility for their health. This involved adopting a different mindset— one posited toward caring for their own health. Participant 7 spoke about regularly practising health-conscious activities such as visiting facilities and testing two- to three times a year, especially if he felt he had partaken in risky behaviour. For participant 8, accepting health services from a female health professional that involved an invasive procedure where he required a catheter change was something he held reservations about for a long time. He expressed how he later became open to being helped by a female clinician after continuous engagement with the Men's Forum.

Motivated Attitudes

Facilitators reported to be motivated by the interest participants showed through their attitude, particularly the active engagement during sessions (i.e., asking questions and mentioning how they were challenged by what was learnt). This interest appears to indicate a need for the kind of intervention met by facilitators and the services they provide through the Men's Forum. Similarly, participants emphasised their desire to attain knowledge and information about men's issues that are often left unspoken. The intrinsic desire to know what is happening, both in their communities and with their personal health, appears to fuel participants' desires to acquire new knowledge.

Men's Sexual Practices, Sexual & Reproductive Health Service Utilisation, & Attitudes

The following looks at health-related practices and the use of health services by Men's Forum participants, and how the initiative's activities contribute to these practices.

Impact of Dialogues & Workshops on Health Service Utilisation Among Men

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It appears participants of the Men's Forum are informed about health facilities, mostly through dialogues. Participant 5 recalled a dialogue that exposed him to facilities available to men in his community. He stated that that was where he heard about the Men's Clinic in Gugulethu for the first time. A facilitator highlighted that a disadvantage to some activities is that lengthy dialogue-, training- or workshop sessions appear to result in the loss of interest participants have in further engaging. On the other hand, participants felt like they did not receive adequate information during sessions. Participant 4 stated how he was not satisfied with the information given at a workshop activity which he considered too short a space of time,

Uhm, the main reason was that it was only for one day, uhm, and I felt that they left [out]some of the issues, uhm, in that ... short [space] of time, uhm... during the time that they were going to do workshop for us.

Mobilising Men & Community Outreach Clinics

Participant 9 spoke of an activity he described as "outreach clinics". This was explained as an outdoor activity in the community where men get screened and tested for HIV, high blood pressure, high blood sugar, and other health conditions by health personnel at stalls. Another participant who volunteers at a day hospital said he encourages men to take responsibility for their health and promotes clinic attendance as well as health facilities as a place where men can feel safe and free to go. Facilitator 3 spoke about mobilising men to engage in sessions where the Men's Forum organised health services such as HIV testing and health screening for high blood pressure and diabetes. These sessions were where some men wound up learning about their critical health statuses.

Furthermore, activities such as marches in support of health conditions have been used to create awareness surrounding health issues. Attention focused on such matters

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seemed to elicit curiosity in participants regarding their personal health statuses, leading to the engagement with testing facilities. Participant 2 described his experience, saying,

I think it was a health issue, I don't know but I saw a lot of men, a lot of church men. It was only men. It was a march. Actually, we participated later, and I got-- I--, I thought I must just go for a diabetes test so that I must just know my status ... When there's a lot of men, it's more attractive to other men that we have to join that group and we have to know what that crew is representing.

The presence of other men showing interest and actively participating further promoted these activities. In the community, participants get involved in initiatives like condom distribution where they aim to potentially find and bring back to care men who have defaulted on HIV treatment. Participant 6 shared his experience, saying,

... we saw the guys mos. They [are] sitting there [at] the corner, they're doing nothing. Some of them, they're same [as] me – we don't have work, a job, for example. So, we try to find out what exactly are our issues so that... we can ... help those guys that are defaulters, those guys that have a lot of issues in their houses, those guys that don't have jobs – so what we can ... help each other.

Social Power Structure & Relations

The following considers social power structures and relations between men in their various roles within the Men's Forum space and how members relate with each other during sessions.

Social relations: Dialogues, Discussions, & Active Engagement in the Men's Forum Space

A dedicated facilitator who takes a hands-on approach and makes an effort to assist participants with their health queries was noted as essential to the successful operation of

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activities and achievement of desired outcomes. This type of social interaction was noted to contribute positively toward activity outcomes relating to men's engagement with health care services. Men's Forum attendees often sought the help and guidance of facilitators, trusting them to provide accurate knowledge on matters of interest. Facilitator 1 emphasised the importance of listening to participant concerns, delivering on promises made, and ensuring participants can trust the information facilitators share about expectations upon visiting a health facility. The inability to meet these conditions was said to have ultimately resulted in the loss of participants.

Ingroup Competition

Discussions during activities usually act as a promoter as they engage all members and are often more fruitful than a one-sided, instructional approach. However, a barrier to this group activity is the unhealthy competition between its members. A participant said this was usually caused by behaviours of those who view themselves as the smarter group based on where they are from; perceived favouritism due to friendships between facilitators and participants; and feelings of entitlement over the Men's Forum, particularly from participants who live in the same vicinity as the initiative's location. The participant further expressed how these factors anger other participants and cause conflict during dialogue debates to the extent that people walk out and the session is adjourned.

Socialisation, Cultural Stereotypes, & Norms

The following looks closely at the learnt behaviours of men in the community, the gendered norms maintained by men and the manner in which the Men's Forum impacts these learnt behaviours through interactions with activities.

Socialisation Through Men's Forum Activities

There are certain components of Men's Forum activities that play a significant role in the resocialisation of participants that serve to assist men in unlearning inaccurate

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information and unconstructive habits. These essentially exposed them to different, useful ways of operating in favour of their own health. Facilitator 3 spoke about how visual aids presented to participants, such as 20-25-minute video documentaries and role-plays on discussion topics during sessions, promoted men's engagement with activities. This approach was said to convey messages from a more realistic angle rather than just a theoretical perspective. Participant 6 recounted his experience, saying,

... they take us also to do something like a drama... like acting. Acting as if someone is going to the clinic, to the facilities, and someone is going to attend, maybe someone who has TB, HIV, he's going to the clinic, and take medication like stuff like that, you see. There's a lot of activities that happen there... lot of activities, something that we can see – demonstration. That's why they inspired me.

Some activities are interlinked and have a natural transition, flowing from one into another. Facilitators spoke about their desire to obtain information from participants during dialogues as they aim to actively engage men in discussions. Participants may enter discussions or debates on topics or choose to engage in a Question-and-Answer session with facilitators or guest experts who are able to correct any inaccurate assumptions initially held. Facilitator 1 advocated,

You must know your health as a man, you know. You mustn't 'Bluetooth.' Uh, when we say 'Bluetooth,' it's like when my wife is or my girlfriend is healthy, which means I'm healthy. So, so you're 'Bluetoothing' now *chuckles*. You're not going straight for the tests and everything. So, hence with men, most men, they die, or they get sick.

Dialogues additionally provide opportunities for debates where men can gain understanding from the perspective of other men. Participants spoke about their experiences disclosing

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issues, personal or otherwise, around their peers. They had expressed their comfort in sharing intimate details about their lives with other men.

Gendered Norms Expected in Health Facilities

Regarding men's relations with health facilities and health staff, in particular, it appeared that the socialisation of men concerning gender roles and norms influences their interactions with the health care system. It was observed that participants were conflicted by their perceptions of the health care system and the gendered norms assigned within this system. Participant 1 shared,

Because of the stigma, because of the-- basically not knowing, not having that information, you know. I only thought that the clinic was only for women, and us men, we were so very much ashamed of going to the clinic. So, joining the Men's Forum has helped me to be able to get up and go to the clinic and, uhm get assistance on whatever that I need.

Participant 9, who was more mature in age, stated that though he currently accepts treatment administered to him by a female clinician, he was not always open to it. He disclosed that, "lots of old men ... don't want to be treated by the women. Some say 'no, you're a child', you see. If it can be... man-to-man, it can be easy." He further expressed that through his increased involvement with health facilities via volunteering opportunities encouraged by the Men's Forum, he has since familiarised himself with the reality that more female staff are working in these occupations than men. He continued that if there are no male staff available, there will be a question of who will tend to him as waiting to be assisted by a male nurse is impractical.

Forms of Masculinities

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The following considers male identities present in the Men's Forum and the ways in which the initiative influences masculinity, perceptions, and practices around men's health. There was a significant emphasis on male identity, particularly hegemonic masculinity, in the Men's Forum. This was observed to be carried by all members. Hegemonic masculinity is described as a set of values created by men in power that works to include, exclude, and organise society in ways that are unequal in gender (Jewkes et al., 2015).

Furthermore, it is said to combine several features such as a hierarchy of masculinities, differential access among men to power (over other men and women), as well as the interplay between men's ideals, men's identity, interactions, patriarchy, and power. In Gugulethu, the predominant forms of masculinity involve the notions of having undergone initiation rituals as a man as well as providing and heading households (Mayekiso, 2017). Additional framings of masculinity within the community include being a person who is seen to be free and independent, being a womaniser, being able to exert dominance over women/ their female partners- violently or otherwise, risk-taking, and participation in criminal activities. The majority of these framings can be typically observed as negative, usually posing a challenge to the Men's Forum's transformative efforts.

The masculine identity was observed to act as the foundation on which the Men's Forum and many of its activities are based, informing how they operate. Men's Forum appears to construct and introduce a type or types of masculinities that could be identified by positive health practices founded on knowledge and accurate information. Facilitators spoke about how harmful cultural masculine ideals marked by negative stereotypical masculine practices and closed mindsets hinder men from benefiting from the initiative's activities. Facilitator 3 stated that, in trying to improve such thinking, the Men's Forum is challenged by these stereotypical attitudes. He remarked that they do not serve to help but actively hinder

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progress and intended outcomes of activities as men refuse medical advice from clinics and health experts.

In sessions, participants converse about their health and experiences, particularly as men. Participant 1 shared his experience, saying,

... I got to understand better, you know, as a man, because ... the programs that Men's Forum has, they focus only on men. So even the questions that I have, even the opinions... getting [information] from other people, I get to understand better, as a man.

Participant 6 spoke about his experience, saying,

Because I [didn't] have that knowledge, that's why I told myself that I think 'go there'... I got a lot of understanding [on] what [exactly] a Men's Forum [is], you see. Yes, it's [about] becoming a man, you see, because [it] motivate[s] you to be a real man.

The Men's Forum, as its name suggests, functions as a strategy directed toward men with a focus on informing and equipping them with knowledge and skills through activities specifically tailored to members of their communities. A facilitator mentioned that the initiative aims to align with the idea of what it means to be 'a man' within this society.

Perceptions & Outcomes

The following considers the main perceived outcomes and includes the overall perceptions of members regarding the initiative as well as its activities. These outcomes were noted to act as factors that influence and encourage men's access to health care services.

Perceptions About the Men's Forum

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Most participants perceived the initiative as a platform to discuss, encourage and motivate each other as men, particularly concerning access to health facilities. Members understood the Forum as an appropriate place to share and introduce ideas and issues mainly relating to men. Participant 7 explained,

Mmh, personally what I understand about the Men's Forum is, uh, it's a platform whereby men, uh, discuss issues, sensitive issues, which, uh, at times they find...difficult to discuss with, like their female partners or any other person, other than within themselves.

Several participants described the Men's Forum as a positive initiative and safe space where they felt free to express their vulnerabilities pertaining to health and social issues, debate over, and speak about their problems. Facilitator 3 expressed his views, saying, "...I see Men's Forum as a structure that is necessary and that is also important to fulfil the role that men [are] supposed to play in our own community." Members further detailed it as something that brought positive shifts in mindsets as they unlearned and traded harmful behaviours and inaccurate information for new perspectives, knowledge, and a positive masculine role in society.

Creation of a Safe Space

A perceived outcome of significance was the creation of a safe space for men. This space was described as an environment specifically for men where they felt comfortable opening up, being received without judgement and feeling at liberty to express themselves around other men. Facilitator 2 shared that,

...when we run our sessions or if there's a training that is being conducted, we treat everything that is being said there as confidential as much as we can, even if one wants to talk to you privately, you can be able to say, okay 'let's go to this private

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room and then we can talk, and then if there is any help I can assist and if there's any referral I can refer you.

With the gap observed between men and the use of health services, a facilitator voiced that the Men's Forum sought to engage men in an environment favourable enough to discuss the reasons for this phenomenon. To achieve this, the Men's Forum felt the need to create and maintain a confidential and non-judgmental space for men to openly discuss issues pertaining to their health and well-being.

Establishing Awareness & Actively Connecting Men with Care

Another significant outcome is providing members with the knowledge that creates awareness surrounding the access to and use of healthcare services. Participant 5 shared his views, saying,

... MCSJ [Men's Forum] has empowered me when it comes to other facilities because I wasn't quite aware there was an organisation called Kheth'Impilo for instance, you see, until I attended MCSJ [Men's Forum] then I quite got to understand the other organisations that do testing such as Kheth'Impilo and them.

Several participant responses echoed the same sentiment as many reported becoming educated about and acquainted with healthcare facilities and services that they felt appropriately catered to their needs. Men's Forum facilitators highlight this outcome as a goal achieved through disseminating accurate information. Furthermore, facilitators have been observed to directly play a key role in the process of connecting men to care. Facilitator 3 went on to describe one of these experiences,

There's a guy that stays close to my mom, I think he's 56 years old, he came to one of our activities, because I went to recruit them to participate in the activity. Then

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because he went to the activity and he saw that there were different tests and screening that were provided, he was interested to go and do some of those tests because it's not in the clinic, it's in the community – he's not going to wait too long, it's going to be quick, quick, quick. He told me that he did HIV – he was negative. High blood – his high blood was too high, and he did diabetes – his sugar levels were a big, big problem, and then, he was admitted right on the spot [by the nurses].

By providing these activities, the Men's Forum facilitators were able to increase the number of men engaging with health care services by side-stepping common deterrents such as long waiting cues and concerns about being viewed as weak or unmasculine due to visiting health facilities, particularly as men. Additionally, activities were able to funnel men through to health facilities where they could receive the critical care needed.

Discussion

The study's main aim was to evaluate how the Men's Forum activities worked to promote or hinder men from effectively engaging with health care services in Gugulethu. The study assessed the perceptions, experiences, intentions, and motivations of members regarding the program. It additionally explored the components and mechanisms of the initiative's activities alongside their various promoters and barriers. These were assessed through the conceptual framework, Masculinities and Men's Reproductive Health Practices and Outcomes, developed by Rakgoasi (2010). The conceptual framework illustrates the adherence of men to socially constructed ideas about their manhood that might lie at the intersection between men's individual attributes and their SRH attitudes and practices. The framework's main premise is that men's sense of masculinity is likely to influence their SRH attitudes and practices both directly and indirectly through other variables (Rakgoasi, 2010).

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According to the framework, individual characteristics of men such as socioeconomic status, age and level of education influence their SRH practices and attitudes (Rakgoasi, 2010). It was noted that the majority of the Men's Forum members were unemployed, Xhosa men. The Men's Forum's efforts to bring health professionals, screening and testing facilities to men in the community bridged the gap created by health determinants such as economic, cultural, social, and environmental influences. This, in turn, had a direct positive impact on participants' abilities to access healthcare services effectively.

Chief perceptions carried by members regarding the Men's Forum were that the initiative provided a safe space for men to freely express their vulnerabilities, especially that which pertained to health and social well-being. Considering the initiative's characteristics and social structure of relations between members, the Men's Forum was further understood as a platform men used to encourage and motivate each other, unlearn harmful behaviours, and gain accurate knowledge and new perspectives.

Regarding the knowledge, attitudes and beliefs shared by members, the study noted a number of activities promoting the engagement of men with health services. These were dialogues, workshops, public marches and talks from health experts that often linked men to care. From the above, health talks, dialogues, and workshops appeared to be the most educational activities, and contributed to improved levels of health literacy among participants. The improvement in health literacy is reported to significantly increase the chances of favourable health outcomes (Nutbeam, McGill, & Premkumar, 2018; Ferguson, 2012) for one's health, as well as that of their family and community (Sørensen et al., 2012).

The Men's Forum's collaborative component that helped link men to health professionals provided the initiative with the capacity to deliver accurate knowledge to participants. Health talks served to provide expert advice, address, and correct health-related misconceptions, as was seen in the practice of "Bluetoothing". Dialogues opened the floor for

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discussions on health topics, challenging initial perceptions and attitudes towards health and sparking curiosity as well as the desire to learn. With the change in attitudes, it is believed that participants' intrinsic motivation fuelled their desire to acquire new knowledge, which encouraged them to participate, and in turn, served to motivate facilitators.

Dialogues further assisted in informing men about health facilities like the Men's Clinic present in Gugulethu as an alternative to general clinic facilities and day hospitals. The findings on dialogues are consistent with literature that has used this strategy to informally educate and share health knowledge amongst community members. A mixed-methods study done by Wegs and colleagues (2016) evaluated the impact of a CARE intervention that drove community-level dialogues about sexuality, gender, and family planning on household-level gender dynamics, as well as the reported use of family planning among Kenyan men and women. The study found that an intervention supporting and encouraging communication and dialogue about sexuality and gender norms can positively alter gender relations and family planning usage, especially for women. They found that public discourse led to conversations on family planning as couples spoke about what they had learnt.

Workshops were further observed to contribute towards enriching the health literacy of participants, including those who facilitate activities as capacitated members of the Men's Forum. Additionally, some outcomes of health-related workshops resulted in the recruitment of members as volunteers at health facilities. The decision to involve members in this manner directly linked them to health services where they are given the opportunity to engage and familiarise themselves with health services. From this, it can be observed that men's interaction with the health environment on a volunteer basis may potentially serve to actively peel back the perception of a feminised healthcare system and encourage the use of healthcare services amongst men.

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Rooted in the social identity of masculinity, MCSJ's Men's Forum as a community-based strategy plays a significant role in educating men about their health, health conditions and the use of health facilities. The barrier posed by harmful cultural masculine ideals marked by negative stereotypical masculine practices and closed-mindedness were said to not only hinder men from benefiting to a larger extent from the activities offered, but further hindered medical intervention. Men often cite hegemonic forms of masculinity as the reason for not taking care of their health due to the interest in such perceived as effeminate (Tyler & Williams, 2014). The Men's Forum has shown significant promise in engaging men, promoting overall positive social interaction and support, as well as linking more traditional masculine ideals like resilience, autonomy, and control with the decision to care for and prioritise one's health.

Inasmuch as it appeared that no Men's Forum activity, in and of itself, posed a hindrance to men's engagement with healthcare, it was observed that the ways in which activities were conducted seemed to deter or slow down progress when unfavourable conditions were created. Mechanisms used to impart accurate knowledge as well as how participants are engaged were seen as critical elements. Oliffe and colleagues (2020) echo this sentiment in their research. Activities affected by unfavourable conditions such as unhealthy competition between members, lengthy dialogue-, training- or workshop sessions, and not providing participants with sufficient information were otherwise successful in engaging more men with healthcare. Inside the Men's Forum space, it was apparent that a lack of privacy, trust, and confidentiality often led to the refusal to disclose perceptions and experiences valued by other men. Similarly, privacy, trust, and confidentiality, otherwise maintained, were noted to produce positive results and subsequent engagement with health facilities, social support, and camaraderie amongst men.

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In addition to the above-mentioned, a non-judgemental attitude seemed to create the ideal environment that encouraged open and honest conversations within the Men's Forum. The act of vulnerability in this regard, when met with the appropriate support and guidance of other men, particularly facilitators, as they provided the necessary advice and direction regarding what to expect, encouraged participants' use of these facilities. Furthermore, literature highlights how sharing amongst each other; use of testimonials and peer support to encourage other men to take responsibility for their health; promoting a team spirit; drawing on relatable language and styles, show promise in engaging men and enabling help-seeking behaviour (McGrath, Murphy, & Richardson, 2021). Together with the application of a positive male identity and recognising that the non-clinical nature of the community setting serves as a key enabler towards men's engagement with health promotion (Oliffe, Rossnagel, Bottorff, Chambers, Caperchione, & Rice, 2020), the findings suggest that Men's Forum is an essential strategy in supporting and engaging men with health care.

Limitations

The study has limitations it wishes to acknowledge. Additional material from meeting minutes did not inform the findings, nor were any observations conducted respectively due to insufficient information recorded on health-related activities organised by the Men's Forum and the enforced COVID-19 safety restrictions. However, the quality of information gathered from interviews was rich and proved sufficient in achieving saturation of information. The study did not explore MCSJ Men's Forum's impact on mental health access for men in Gugulethu, as mental illness in South Africa is a burden of disease that contributes up to 42% (Booyesen, Mahe-Poyo, & Grant, 2020). The study primarily focused on the access to basic health services made available in the public sector as this is the main source of healthcare for community members (Visagie, Schneider, Scheffler, & Schneider, 2015). Participants who reside in Gugulethu and interact with MCSJ Men's Forum are predominantly black

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heterosexual Xhosa males, resulting in the limited investigation of perceptions and experiences of other races and diversities in sexual health.

Implications

This study highlights the role that the Men's Forum as a community-based strategy plays in part of achieving the South African National Integrated Men's Health Strategy 2020-2025 goals. The strategy is a framework of action working towards ensuring that all-male South Africans are helped in order to live a long and healthy life (NDoH, 2020). In line with the framework's objectives, the Men's Forum intends to empower male individuals of various ages towards optimising their health, educating, and linking men to care. Furthermore, patients engaging in their own care has been recognised as a cornerstone of health system reform (Hibbard, 2013). In drawing attention to this strategy, it may additionally assist in engaging men as patients in their personal care. Patient activation (Hibbard, 2013), which is described as the patient's willingness and capacity to take independent actions towards managing their health and care, can be achieved through Men's Forum's preventative approaches. This, in conjunction with strengthening linkages with outreach hospital staff and community health workers to ensure the clarity and ease of referral and follow up processes may aid in the reduction of the burden on the health system and increase patient compliance in men (Hibbard, 2013).

In light of the findings, it might be essential to ensure the inclusion and training of community health workers in engaging men with health care services on a regular basis. Engagement through facilitating health screenings, talks, dialogues, and workshops in the community as part of community outreach health practices could aid in spreading awareness and encourage future access for men. These events could be arranged by the Department of Health with the involvement of community-based strategies in collaboration with health staff and other volunteer organisations. Additionally, aspects such as privacy and cultural

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sensitivity regarding male patients could be emphasised in soft skill training in the event activities become authorised as formal, regular health practices or part of routine community-based health promotion.

Conclusion

Using the Masculinities and Men's Reproductive Health Practices and Outcomes conceptual framework, the study explained themes relating to how Men's Forum activities impact the effective engagement of men with health care services in Gugulethu. The findings demonstrate that MCSJ Men's Forum appears to fulfil an essential social function by providing a space where men encourage other men and feel at liberty to express themselves without judgment. The initiative coupled this with a health focus that seeks to improve men's health literacy within their community. Providing these conditions has been observed to result in favourable outcomes concerning the improvement of men's willingness to engage with health care. MCSJ Men's Forum, through its educational activities, acts as a conduit for providing health information and services. It empowers and supports men in optimising their health as well as that of their fellow men and does so across various age groups and stages of life. The initiative achieves this through educating and improving health literacy through workshops, talks, and dialogues with collaborative partners; creating health awareness using various activities such as marches and partaking in volunteer work at health facilities; conveniently linking men to health care services such as screening by health personnel through community-based activities; and most significantly, creating a safe space that men can access when taking steps towards caring for, and improving their health outcomes.

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Appendix

Copy of consent form



UNIVERSITY OF CAPE TOWN
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Title: Evaluating the impact of the Movement for Change and Social Justice's Men's Forum on the effective access to health care services for men in Gugulethu.

Department of Public Health, Social and Behavioural Sciences

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Human Research Ethics Committee email address: hrec-enquiries@uct.ac.za

INFORMATION SHEET

This study seeks to evaluate the impact of the Men's Forum under the Movement for Change and Social Justice, and how its activities work to promote or hinder men from effectively accessing health care services in Gugulethu. The study also seeks to identify the perceived promoters and barriers to the Men's Forum as a strategy to promote effective access to health and HIV services for men in Gugulethu, as well as distinguish and understand impactful activities from those that have been less effective in the Men's Forum program. Lastly, the study looks to explore the intentions, motivations, perceptions and experiences of MCSJ facilitators and participants of the Men's Forum.

CONFIDENTIALITY

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Any identifying details collected will remain confidential. The researcher will make efforts to ensure that you remain anonymous and all information provided within the interview will be kept confidential. All information will be safely stored in a secured folder. Your participation within the interview process will be much appreciated.

PROCESS

Interviews will be conducted face-to-face (either on Zoom/Skype or in person in a private room/area to ensure privacy) with the researcher and will last approximately 30 minutes to an (1) hour. In the case of participants who may require a translator, one will be provided who will also be required to sign the document in order to maintain the confidentiality agreement.

The interviews will be audio-recorded and safely stored on the researcher's computer hard drive. All names will be kept confidential and pseudonyms (false names) will be used. Once the study is completed and published, the recordings will be deleted within the specified by UCT's research protocol. Participants will also be compensated for travelling expenses incurred. These are merely small benefits and will not be used to obtain compliance from participants.

RISKS

There are no potential risks from taking part in this study. If there is any emotional harm experienced due to the questionnaire, the interview will be paused. If there are no signs of improvement in your condition, the interview will be stopped, and you will be referred to a health worker at Gugulethu Wellness Centre.

WITHDRAWAL FROM STUDY

You will not be forced to take part in this study. Your participation in this study is therefore voluntary and at any point in this study, you are allowed to withdraw from participation without needing to state a reason and no prejudice or penalties will be held against you. Should you wish

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to withdraw, the researcher will not use any of the information provided without your signed consent. All information collected in this study will be kept private and confidential. If so desired, you will not be identified by name nor affiliation.

In case of any concerns or issues about this study or any questions you wish to ask/need more clarity on, you can contact my supervisors:

Christopher Colvin – cj.colvin@uct.ac.za

Nonzuzo Mbokazi – nonzuzo.mbokazi@uct.ac.za

Consent Form

By signing this document,

I,, voluntarily agree to participate in this research study. I understand that even if I agree to participate now, I can withdraw at any time or refuse to answer any question without any consequences of any kind. I understand that I can withdraw permission to use data from my interview within two weeks after the interview, in which case the material will be deleted. I have had the purpose and nature of the study explained to me in writing, and I have had the opportunity to ask questions about the study. I understand that participation involves answering a questionnaire in a face-to-face interview. I agree to my interview being audio-recorded. I understand that all information I provide for this study will be treated confidentially. I understand that in any report on the results of this research, my identity will remain anonymous. I understand that disguised extracts from my interview may be quoted in the final mini research dissertation. I understand that signed consent forms and original audio recordings will be retained in the researcher's computer hard drive until the completion of this study. I understand that I am free to contact any of the people involved in the research to seek further clarification and information.

I agree to take part in this research study.

