

Ministry of Health  
REPUBLIC OF BOTSWANA

**Policy Guidance to Male  
Involvement in SRH, HIV/AIDS  
and Gender Based Violence  
Prevention and Management:  
An Addendum to Sexual and  
Reproductive Health (SRH)  
Policy Guidelines and  
Service Standards**

2008



# Foreword

The 1994 International Conference on Population and Development (ICPD) was not only a milestone on the paradigm shift from Maternal and Child Health to Sexual and Reproductive Health and Rights service delivery modality. It was also a critical starting point for Male Involvement (MI) and participation in Sexual and Reproductive Health matters.

Male Involvement and participation is embedded in the subsequent ICPD Programme of Action, which acknowledged “male responsibilities and participation” as critical aspects in improving Reproductive Health outcomes, achieving gender equality, equity and empowering women.

As part of efforts to operationalize the ICPD programme of Action in Botswana, the Ministry of Health, put in place the Sexual and Reproductive Health Policy Guidelines and Service Standards (2001), aimed at guiding SRH service provision. During the development of this document, the Male Involvement in SRH component was not established. Therefore the SRH Policy Guidelines and Service Standards do not address the MI in SRH component in depth. It is against this background that the addendum to the SRH Policy Guidelines and Service Standards was prepared to address the gap on the male involvement and participation component. It is designed to support the SRH programme policy framework. It is an initiative that reaffirms the government’s commitment to regional, continental and international declarations towards effectively integrating MI in SRH, management and prevention of STI/HIV/AIDS and Gender Based Violence.

The Ministry of Health through the SRH division presents this document as a guiding tool in its continuing efforts to engender Sexual and Reproductive Health. This document shall be useful for both programme managers and service providers at the national, regional and at facility levels for improved service delivery.



**V.M. LEBURU**  
Chief Health Officer  
Sexual And Reproductive Health Division  
Department Of Public Health

# Acknowledgement

The establishment of the Male Involvement in SRH, HIV/AIDS and Gender Based Violence prevention and management component project of the SRH programmes, and within which this addendum to the SRH policy guidance and service standards is being developed, is a part of the Botswana Government and UNFPA 4th country programme of assistance. The Ministry of Health appreciates the technical and financial support provided by UNFPA. In this regard the Ministry of Health acknowledges in appreciation the critical role played by UNFPA Botswana Representative, Ms Argentina Matavel.

The Ministry of Health, SRH Division and the Male Involvement in SRH project team are particularly grateful to the technical guidance of Ms. Zeline Jatu Pritchard, the International Consultant contracted by UNFPA. Her technical expertise and contribution were very critical in the development of this document.

After the initial drafting, several individuals and officers, especially members of the SRH division were consulted. Their inputs and contributions in validating this document are acknowledged with appreciation.

We take this opportunity to acknowledge with appreciation, the role played by Ms. Alla Moyo, The NPPP (UNFPA/in the development of this document.



**Ms. K. Motlhanka**

Principal Health Officer  
(Male Involvement in SRH)  
Sexual And Reproductive Health Division  
Department Of Public Health

# Table of Contents

	Page
<b>Foreword</b>	ii
<b>Acknowledgements</b>	iii
<b>List of Acronyms</b>	iv
<b>Section I: Overview</b>	
1.1 Overview	1
1.2 Background	1
1.3. Rationale	2
<b>Section 2: Policy</b>	
2.0: Policy	4
<b>Section 3: Gaps in Male Involvement</b>	
3.0 Gaps in Male Involvement and Participation	5
<b>Section 4: Addressing Gaps in Male Involvement</b>	
4.0 Addressing Gaps in Male Involvement and Participation	6
<b>Section 5: Cross Cutting Issues:</b>	
5.1. Capacity Building	7
5.2. BCC/IEC	7
5.3. Sexual and Reproductive Health Counseling	7
5.4. Logistics and Supplies	7
5.5. Monitoring and Evaluation	7
<b>Bibliography</b>	8

## List of Acronyms

AIDS	Acquired Immunodeficiency virus
ARVT	Anti Retro Viral Therapy
ASRH	Adolescent Sexual and Reproductive Health
BCC	Behavioral Change Communication
FP	Family Planning
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication I
ICC	International Criminal Court
ICPD	International Conference on Population and Development
MI	Male Involvement
MOH	Ministry of Health
NGO	Non Governmental Organization
PEP	Post Exposure Prophylaxis
PMTCT	Prevention of Mother To Child Transmission
RH	Reproductive Health
SADC	Southern African Development Community
SMI	Safe Motherhood Initiative
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
UNFPA	United Nations Fund for Population
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
VCT	Voluntary counseling and Testing
WAD	Women Affairs Department
WHO	World Health Organization

# Overview

The Government of Botswana as a signatory to the International Conference on Population and Development (ICPD) joined other nations in a paradigm shift from a demographically driven focus on family planning to a health driven focus on sexual and reproductive health (SRH). The ICPD Programme of Action urged that:

*“... special efforts should be made to emphasize men's shared responsibility and promote their active involvement in responsible parenthood, sexual and reproductive behavior including family planning; prenatal, maternal and child health; prevention of sexually transmitted diseases, including HIV; prevention of unwanted and high-risk pregnancies; shared control and contribution to family income, children's education, health and nutrition; recognition and promotion of the equal value of children of both sexes. Male responsibilities in family life must be included in the education of children from the earliest ages. Special emphasis should be placed on the prevention of violence against women and children”.*

*(ICPD,POA: paragraph 4.27)*

The ICPD advocates forging of partnerships between men and women, so that men can better understand the magnitude and range of reproductive illnesses, that affect themselves, women and children. Once empowered with knowledge, men will assume greater responsibility for the sexual and Reproductive Health of their families.. It links a primary health care approach with a human rights dimension. Since the ICPD, the Government of Botswana has enacted other policies including the Sexual and Reproductive Health Programme (2001) which supports the SRH approach of addressing the needs of individuals throughout the life cycle.

The Continental Policy Framework on SRH and Rights adopted by the African Union in Gaborone in 2005 and the Maputo Plan of Action adopted by African Ministers of Health in Maputo in 2006 support the ICPD and reinforces the importance of improving SRH services including HIV/AIDS.

In the past, reproductive health focused almost entirely on women and children. In recent years, this focus has gradually expanded to include men's responsibility for their own reproductive health as well as that of their partners, and their understanding of their family and social roles in sexual and reproductive health issues.

## 1.2 Background

In Botswana, the development and implementation of the Programme of Action on Male Involvement falls within the framework of the Government of Botswana and UNFPA programme of Assistance (2003-2007), whose overall goal is to support the quality of life of the people of Botswana. The overall goal of the project is to strengthen institutions and programmes for enhancing male involvement in SRH matters in order to reduce the transmission of STI, HIV/AIDS and prevent GBV. One main objective of the programme is to use standard guidelines for integrating male involvement issues in SRH information and service delivery. It is within this context that an “addendum” to particularly address the male involvement and participation gaps in SRH is being developed to supplement the current Policy Guidelines and Service Standards first published in 2001 and revised in 2004.

### 1.3 Rationale

Male involvement is embedded in the International Conference on Population and Development Programme of Action which includes male responsibilities and participation as critical aspects for improving Reproductive Health (RH) outcomes, achieving gender equality, equity and empowering women. This mandate contributes to broadening the concept of gender so that it now includes men.

Males have sexual and reproductive health problems which need to be addressed. Conditions of the male reproductive system include STI/HIV and AIDS, fertility problems; midlife concerns, such as andropause and sexual dysfunction. Serious conditions include none malignant genito-urinary conditions and malignancies of Prostate, testicles, and genito-urinary organs.

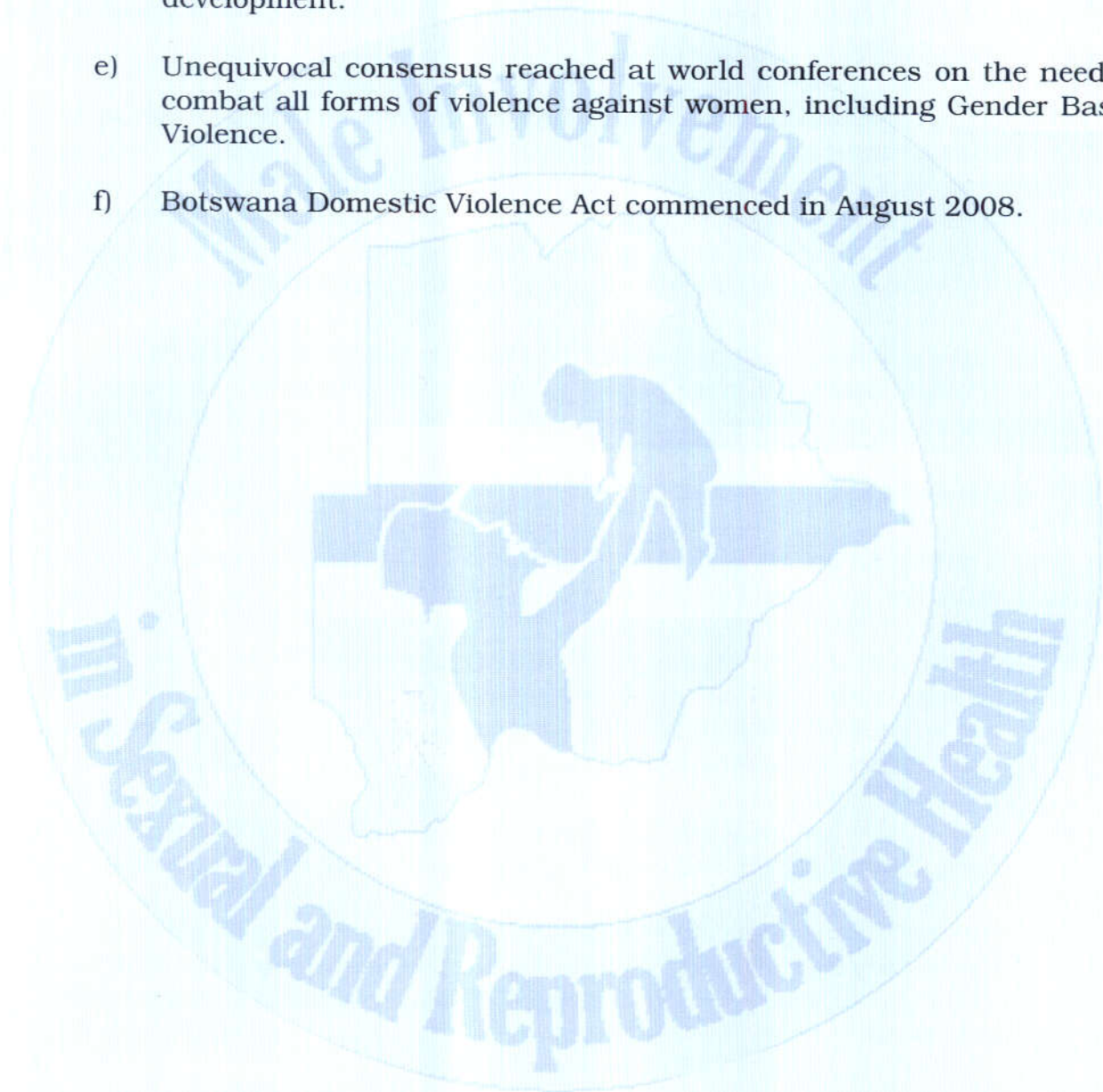
Vulnerability of males to SRH problems, their roles and responsibilities in prevention and care, including the prevention of gender based violence, are important aspects of a gendered approach to prevention interventions. Empirical and anecdotal evidence indicates that often, cultural beliefs and expectations of manhood or masculinity encourage risky behavior in men. Masculinity requires males to play brave by not seeking help or medical treatment if they are faced with ailments including STI/HIV and AIDS.

Violence against women is more common and arises from the notion of masculinity based on sexual and physical domination over women. Gender Based Violence (GBV) is a cross-cutting issue in all the sectors, exists within family and community spaces, and is entrenched within the existing ethno-cultures, and its consequences are grave.

The Ministry of Health has placed MI in SRH high on its development agenda in response to:

- a) African Union Continental Policy Framework on SRH and Rights adopted by the African Health Ministers in Gaborone in 2005 laying the basis for concerted action to address the neglected SRH issues, including male involvement in SRH for Africa.
- b) Maputo Plan of Action adopted by African Ministers of Health in Maputo in 2006 which Operationalized the Continental Policy Framework and focuses on the integration of SRH Services into primary health care.
- c) Government of Botswana commitment to the implementation of the ICPD Programme of Action by developing a National Population Policy (NPP), approved by parliament in 1997; key elements of the policy of which include, addressing reproductive health, male participation in family life, low fertility, low morbidity and socio-cultural & legal issues relating to the enjoyment of sexual and reproductive rights by both males and females.

- d) Objectives of the National Population Policy consistent with the Millennium Development Goals(MDG) which emphasized commitment to eradicating extreme poverty and hunger, promoting universal primary education, gender equality & women empowerment, reduction of child mortality, improved maternal health, reducing STI/HIV/AIDS prevalence and other diseases and promoting global partnerships for development.
- e) Unequivocal consensus reached at world conferences on the need to combat all forms of violence against women, including Gender Based Violence.
- f) Botswana Domestic Violence Act commenced in August 2008.





## 2.0 Policy

The Government of Botswana recognizes the need to strengthen and accelerate the active involvement and participation of males, including adolescents and youth in Sexual and Reproductive Health (SRH) issues and in reducing the escalating transmission of Sexually Transmitted Infections (STI) including HIV/AIDS, and to prevent Gender Based Violence (GBV) in communities.

The Government is committed to the SRH approach which strives to enable individuals, families and communities to take necessary actions to promote and protect their own health and that of their partners. It further places high priority on identifying effective ways of involving males and ensuring that they equally assume specific responsibilities and play significant roles in addressing each and every aspect requiring action in SRH, prevention and management of HIV related problems, and GBV.

With interactions between sexual and reproductive health and STI/HIV/AIDS more widely recognized, and GBV more pronounced, the Government of Botswana believes that males need to be involved in community activities of SRH, STI/HIV/AIDS, and GBV to deepen their understanding about their health problems and relations with women and other men and create an enabling environment for change.

This policy guidance on MI is designed to support the SRH programmes on how to fully involve males, including adolescent boys and youth throughout Botswana.

While taking into account the Ministry of Health's programmatic, and other constraints, the SRH Division, with UNFPA support will undertake the following actions to ensure that male involvement is effectively integrated into and deliberately considered within SRH Division's policy, programs, and strategies:

- a). Update the National Health Policy to guide future activities in the areas of SRH, human rights, education, gender, and other relevant areas;
- b). Support traditional and local NGOs, men's groups, women's groups, community leaders, and religious organizations to ensure that MI activities are culturally appropriate and will reach all stakeholders, including adolescents and youth;
- c). The SRH Division will continue to work in close partnership with traditional and local groups at the community and district levels; and at central level, advocate with policymakers, to promote broader education and dissemination of information on MI activities;
- d). Establish a regular liaison with other donors/activist groups to gather information and develop a framework for research and advocacy that will enhance collaboration and coordination of MI efforts, share lessons learned, and stimulate public understanding of MI as a behavior change human rights;

### 3.0. Gaps in Male Involvement in SRH

It is the responsibility of each health service provider in Botswana to play an active role in enhancing the full participation of males including adolescent boys and youth in SRH matters including STI/HIV and AIDS and GBV prevention.

To enable appropriate action when designing and implementing SRH programmes; service providers must be aware of existing gaps impeding the full involvement and participation of males in SRH in Botswana.

These gaps include and are not limited to:

1. Inadequate male involvement in assuming greater responsibility in SRH matters including STI/HIV and AIDS and GBV prevention.
2. Minimal male involvement in RH programmes such as FP, SMI, ASRH, PMTCT, ARVT, IPT, and VCT (attributed to socio-cultural barriers, lack of knowledge, opportunity, confidence and assertiveness).
3. Inadequate justification or clarity concerning the objectives of male involvement.
4. Limited programmes that promote male family planning methods, including vasectomy; inadequate culture-specific data for counseling potential vasectomy clients
5. Inadequate male participation in the prevention of harmful socio-cultural SRH practices including GBV.
6. Inadequate male involvement in reproductive health services or programme development.
7. Limited health care services, particularly sexual and reproductive health services for males.
8. Inaccessible information for males on reproductive health issues and on their role in promoting reproductive health.
9. Insufficient and inadequately trained service providers in health facilities to deal with the health of males and service providers are mainly female.
10. Weak intersectoral collaboration, coordination and integration of SRH services
11. Slow uptake of MI services resulting in minimal positive male role models for adolescents and youth
12. Slow mainstreaming of gender into the SRH programmes

## 4.0 Addressing Gaps in Male Involvement

Investing in the well-being, sexual and reproductive health of both males and females, including adolescents, young boys and girls can yield dynamic individual and social behavior change in SRH; HIV; AIDS and GBV issues. Men, women, boys and girls are often constrained by gender roles. Providing them with the skills, knowledge and power to make informed SRH; HIV/AIDS and GBV related decisions in their communities is a powerful investment.

Action necessary to address the gaps hindering optimal male involvement in SRH matters include but are not limited to:

1. Providing males (including adolescents/youth) with the skills, knowledge to empower them to make informed SRH;HIV/AIDS; GBV decisions.
2. Accelerating STI,HIV/AIDS,GBV prevention programmes targeting males within their specific age groups. Interventions should aim at male adolescents and youth as they are more likely to adopt new behaviors and roles.
3. Exploring new, innovative and traditional ways of involving males in RH programmes (FP, SMI, ASRH, STI, HIV/AIDS, PMTCT, ARVT, IPT, and VCT).
4. Establishing community based male groups to act as catalysts in social mobilization for males to utilize services for RH and prevention of GBV.
5. Developing BCC strategies and IEC materials to support male education and involvement in SRH services.
6. Building capacity for traditional healers to provide appropriate information on SRH
7. Re-orientating and training of health providers on MI in SRH issues to effect service provision and behavior change of individuals and families in local communities.
8. Providing services addressing men's SRH needs throughout their life cycle.
9. Accelerate gender mainstreaming into SRH, STI/HIV/AIDS and GBV prevention services.
10. Engendering monitoring and evaluation to capture male specific information
11. Sensitizing individuals, families and communities on legislation relating to SRH and GBV.
12. Educating communities, including adolescent boys and girls on human rights and community mobilization to counter the harmful SRH practices and Gender Based Violence (GBV).
13. User friendly and gender sensitive fertility management services should accommodate married, single, young and older clients who are in need.
14. Counseling should be available to men and boys on infertility, sexual dysfunctions and other fertility related changes.
15. More research on male infertility including sexual dysfunction should be conducted with results disseminated to communities.
16. Gender sensitive cancer screening services for diagnosis and management of cancers of the reproductive system should be availed to all.
17. Strengthening intersectoral collaboration, coordination and integration of SRH services.

## 5.0 Cross Cutting Issues

### 5.1 Capacity building

Male involvement in SRH should be integrated in all pre-service and in-service training for service providers, including at the graduate and postgraduate levels. Standardized training manual should be developed.

Trainer of trainers should be conducted in every district and capacitated to conduct district in-service training of service providers.

Integrating male involvement in SRH training in family life education programmes.

### 5.2 Gender sensitive BCC/IEC strategies

BCC/IEC is a thread that runs throughout SRH, addressing each pillar of SRH programming. It provides the facts necessary to make decisions and choices; and it impacts behavior change. It is required at all levels and thrives using a multi-disciplinary/multi-sectoral approach.

Gender sensitive BCC/IEC strategies addressing male issues in SRH should be implemented and continuously reviewed.

### 5.3 Counseling

Counseling in SRH is a priority service, yet ineffective if health providers are not equipped with the necessary skills to effect their role as counselors. Counseling in SRH is a key tool in dealing with males and their peers. Sexual and Reproductive Health Counseling services should be strengthened and engendered.

### 5.4 Logistics and Supplies

Male involvement should be seen throughout the entire process of forecasting, procurement, maintenance, storage and distribution of materials, commodities and supplies and at all levels where supplies and commodities are needed for SRH related programmes. Training should constantly be available to keep logistics and supplies staff abreast of current trends.

### 5.5 Monitoring and Evaluation

Routine monitoring of outcomes will indicate whether or not SRH is meeting its aims and objectives of male involvement in SRH, STI/HIV/AIDS and GBV.

The current indicators for SRH service utilization, STI, HIV and GBV should be sex-disaggregated and gender sensitive in order to capture impact and gender relations. Other SRH programmes monitoring indicators targeting males should be developed as current indicators are mainly female-based.

## Bibliography

1. Ministry of Labour and Home affairs (Women's Affairs Department) 1998: Report on a review of all laws affecting the status of women in Botswana. Gaborone, Botswana.
2. Center for Disease Control and Prevention (CDC). 2003. "Costs of Intimate Partner Violence Against Women in the United States", National Center for Injury Prevention and Control.
3. Central Statistics Office (2004): Botswana AIDS Impact Survey II: Statistical Report. Gaborone, Botswana
4. Central statistics Office (2005): Health Statistics Report 2003: Statistical Report, Gaborone, Botswana
5. Ministry of Finance and Development Planning (1999): National Implementation Plan of Action for the National Population Policy and Programmes (1998-2008), Gaborone, Botswana.
6. UNFPA (2004), The New York Call to Commitment: Linking HIV/AIDS and Sexual and Reproductive Health.
7. Ministry of Health (2001) National sexual and Reproductive Health Programme Framework, Gaborone, Botswana.
8. Ministry of State President (2003): Botswana National Strategic Framework for HIV/AIDS 2003-2009, NACA. Gaborone, Botswana.
9. Ministry of State President (2006): National Strategy for Behavior Change Interventions and Communications for HIV and AIDS, NACA. Gaborone, Botswana.
10. Ministry Of Health, DHC (2003): National Sexually Transmitted Infections Country Programme. Gaborone, Botswana
11. Ministry of Labour and Home affairs, WAD, (1998): National Gender Programme Framework. Gaborone, Botswana.
12. Ministry of Labour and Home affairs (Women's Affairs Department) 1999: Report on the study of the socio-economic implications of Violence Against Women in Botswana. Gaborone, Botswana.
13. Ministry of Health, Family Health Division (2004): Policy Guidelines and Service Standards in Sexual and Reproductive Health. Gaborone, Botswana.
14. African Union (2005): African Continental Policy Framework on Sexual and Reproductive Health and Rights. Gaborone, Botswana.
15. African Union, African Ministers of Health (2006): Maputo Plan of Action: Integration of Sexual and Reproductive Health Services into Primary Health Care (PHC). Maputo, Mozambique.
16. Ministry of Health, Sexual and Reproductive Health Division (2007): A National Strategy and Programme of Action for Male Involvement in Sexual and Reproductive Health, The prevention of HIV/AIDS and Gender Based Violence. Gaborone, Botswana
17. Ministry of Health, Sexual and Reproductive Health Division (2007): Study Report on Factors shaping Male Involvement in Sexual and Reproductive Health, The prevention of HIV/AIDS and Gender Based Violence in selected Districts of Botswana. Gaborone, Botswana.



Sexual and Reproductive Health Division  
Department of Public Health  
Ministry of Health  
Tel: 363 2272 / 363 2169