

# BOPHELO

THE COMMUNITY ISSUE



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WHY BOPHELO?

The ability to preserve time can be attributed to a number of things, matters that are within our control and those things we cannot control. Within this, our biggest consideration is how we care for our health. Taking care of our health requires having the right information on hand, even from the research science that informs solutions. Most of the time acquiring that information occurs when our health is already compromised, and we need to know how to deal with the outcome. We preserve time so that we can experience more of life, sustainably. Doing this in a country facing numerous challenges, including high rates of HIV/AIDS, tuberculosis, and non-communicable diseases while still trying to recover from the Coronavirus pandemic.

The SAMRC plays a crucial role in addressing these challenges through its research and science advocacy. Efforts made to lead in this area, and also in such a pivotal time demands cutting across communication lines to reach the South African population. This magazine is a SAMRC Corporate Marketing and Communications effort, to reach you with the research science, that will equip you with health information to advance your life. Taking up a new strategic approach to speak to various audiences in what we hope translates into the most possible simplicity. Bophelo meaning Life, is one way of building on the idea that health research science concerns us all, enabling conversations where there’s an understanding of the kind of research being done on health and related social issues.

*Yours in service:*  
**The South African Medical Research Council**



### VALUES

Pioneering	Ukusungula/ubuvulindlela	Boitsanaape
Partnering	ukubambisana/intsebenziswano	Tirisano
Excellence	Ukugqwesa/ubuchule	Bokgabane
Respect	Intlonipho	Tlhompo/Tlotla
Integrity	Intembeko	Botsitso
Citizenship	Ubunini	Bodudi

### VISION

Building a healthy nation through research, innovation and transformation.	Sakha isizwe esisempilweni ngophando-nzulu, ngobuchule nokuqwalasela inguqu	Go aga sechaba seo se itekanetseng ebile se ikaegile ka dipatlisiso, bonetsetsi le boitlhamoledi.
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### MISSION

To advance the nation’s health and quality of life and address inequality by conducting and funding relevant and responsive health research, capacity development, innovation, and research translation	Ukuphucula impilo nobomi besizwe ngokulinganayo, siqwalasela iifuno zempilo ngokwenza uphando-nzulu, songeze amathuba ngezimali ukwandisa uqeqesho nenguqu kwezenzulu-lwazi.	Go tsweletsa pele boitekanelo le boleng jwa matshelo a setshaba ka go samaga le gosalekalekaneng, re tsweletsapele dipatlisiso tsa maphelo tse di nepagatseng, di bontsha dikatlego, ikgodiso le boitlhamoledi mme ebile re diatswa le go ditshegetska ka matlole.
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## THE SOUTH AFRICAN MEDICAL RESEARCH COUNCIL

The mandate of the South African Medical Research Council (SAMRC), in terms of the MRC Act 58, 1991 (as amended), is to improve the health and quality of life of South Africans. This needs to be realised through research, development, and technology transfer.

The SAMRC was established in 1969 and is dedicated to improving the health of people in South Africa, through research, innovation, development, and technology transfer. The scope of research includes laboratory investigations, clinical research, and public health studies.

We conduct research on South Africa’s quadruple burden of disease: maternal, newborn, and child health, HIV/ AIDS and TB, non-communicable diseases, and interpersonal violence. Our work is to acquire evidence-based information to inform health policy and practice and improve the quality and health status of people in South Africa.

We are the largest local funder of health research, medical diagnostics, medical devices, and therapeutics. We are pioneers in cutting-edge medical innovations focusing on genomic research, the development of novel treatment regimens, vaccine development, diagnostic tools, and the development of new drugs and devices.

Transformation remains an integral part of building sustainable health research capacity in South Africa. Through Self-Initiated Research (SIR) grants, the Mid-Career Scientist programme, the Bongani Mayosi National Health Scholars Programme, and other programmes and platforms, the SAMRC will continue to address gender, racial, institutional, and geographic parity, and strengthen our capacity to flourish in the 21st century. As a custodian of health research, the SAMRC is building a healthy nation through research and innovation.



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PRESIDENT & CEO

# Foreword

The conversation about men's health in South Africa is overdue. Despite advances in medicine and public health, a significant number of men still suffer in silence, their well-being compromised by the weight of societal expectations, economic burdens, and a lack of access to appropriate care. This edition of Bophelo magazine is an opportunity to confront those challenges, address the stigma surrounding men's health, and advocate for a future where wellness is a priority, not an afterthought.

One of the most pressing health challenges for South African men today is the growing prevalence of noncommunicable diseases (NCDs). These chronic conditions including hypertension, cardiovascular diseases, diabetes, mental illness, cancer, and respiratory conditions are not just medical issues. They are complex problems deeply linked with social dynamics, mental health, and economic stability.

For South African men, the stakes are particularly high. Many men are primary breadwinners, heads of families, and pillars of their communities. When their health falters, the ripple effects extend far beyond the individual, impacting families and society at large. The burden of NCDs is therefore not just personal, but profoundly social and economic.

South Africa is witnessing an alarming rise in NCDs, with these diseases now accounting for a significant portion of mortality and morbidity. For men, the reality is stark: socioeconomic pressures, cultural expectations, and lifestyle factors converge, making them especially vulnerable.

NCDs often develop silently, with symptoms often absent until complications arise. This late detection can lead to severe health consequences, including heart attacks, strokes, kidney failure, and other life-altering conditions. Beyond the physical toll, the psychological burden of managing chronic conditions is immense, affecting self-esteem, social relationships, and the ability to fulfill societal roles.

In a country where healthcare access is deeply inequitable, men from under-resourced communities face significant and disproportionate hurdles in managing NCDs. Limited access to diagnostic tools, medications, and regular medical care exacerbates the impact of these diseases. The financial implications are equally daunting, with the cost of managing chronic conditions often becoming unsustainable for individuals and families.

Stress, both a contributor to and a consequence of NCDs, further complicates the picture. Economic pressures tied

to managing chronic illnesses can lead to a decline in mental health. Addressing these systemic barriers requires a collective effort from policymakers, healthcare providers, and society at large.

One of the most significant obstacles to improving men's health is stigma. In South African culture, men are often expected to be strong and self-reliant. For example, admitting to a chronic illness such as diabetes or hypertension is perceived by some as a sign of weakness. This stigma delays health seeking, diagnosis, and treatment, and isolates those in need of support.

Health complications, such as physical limitations or conditions like erectile dysfunction associated with NCDs, are particularly difficult for men to discuss, compounding feelings of shame and helplessness. This cycle of isolation can lead to depression, further impacting both mental and physical health.

We must challenge these cultural norms of masculinity and redefine what it means to be strong. True strength lies in taking control of one's health, seeking help when needed, and prioritising wellbeing. This cultural shift is essential to improving health outcomes for men and fostering a more supportive environment.

It is needless to state that education is the most powerful tool in the fight against NCDs and that is what we are trying to do with this edition of Bophelo. We want to raise awareness about men's health and to emphasise the importance of regular check-ups, healthy eating, and physical activity. On top of that, workplaces, community centres, and digital platforms should offer valuable spaces to disseminate information and encourage open conversations about health.

Support networks and peer groups can also play a vital role. When men see others taking proactive steps toward wellness, it normalises the behaviour and creates a ripple effect. This collective approach can break down stereotypes, reduce stigma, and inspire change.

The SAMRC remains committed to advancing research, fostering innovation, and advocating for equitable healthcare. Together, we can empower and support men to take charge of their health and build a healthier, more resilient society.

**Professor Ntobeko Ntusi**  
President and CEO of the SAMRC



# Why does Prostate Cancer Deserve Our Attention?

Prostate cancer, often referred to as a silent killer, is stealthily emerging as one of the most common cancers among South African men. Despite its prevalence, awareness about this disease remains shockingly low. For men, especially those over 50, understanding prostate cancer and advocating for early detection is not just important, it can be life-saving.

## Prostate Cancer

The prostate, a small but vital gland nestled below the bladder, produces seminal fluid. When cancer takes hold, cells begin to multiply uncontrollably, often forming a tumour that can go unnoticed for years. By the time symptoms such as difficulty urinating or pelvic pain manifest, the cancer may have already advanced, complicating treatment.

Several factors elevate a man's risk of developing prostate cancer. Age is a significant contributor, with men over 50 facing the highest risks. Family history also plays a role if close male relatives have battled the disease, you are more likely to find yourself in the same fight. Furthermore, South African men of African descent are disproportionately affected, often facing more aggressive forms of the disease. Lifestyle factors, such as a poor diet and lack of exercise, further increase susceptibility, underscoring the urgency of proactive health measures.

Routine screening is the front-line defence against prostate cancer. The Prostate-Specific Antigen (PSA) test, a simple blood test measuring PSA levels coupled with the Digital Rectal Examination (DRE), is essential for early detection. Men over 50 should begin regular screenings, while those of African descent might consider starting as early as age 45. Early detection can significantly alter the course of the disease, making it far more manageable.

Thanks to advancements in medical technology, diagnosing and treating prostate cancer is becoming

increasingly sophisticated. Techniques like multi-parametric MRI scans provide detailed images, allowing for precise identification of cancerous areas, while biomarker testing helps determine the aggressiveness of the disease. This shift toward personalised treatment means therapies are tailored to each patient's unique needs, offering options ranging from targeted therapies to innovative immunotherapy and minimally invasive surgeries.

Yet, the battle against prostate cancer extends beyond physical treatment. Emotional well-being and mental health support are essential components of the recovery journey. The impact of this disease can reach far beyond the physical realm, affecting mental health and overall quality of life. Comprehensive care must address these emotional and psychological needs, ensuring that men are supported through every step of their journey.

## The Fight Against Prostate Cancer

For South African men, the fight against prostate cancer is urgent, but it's not a solitary battle. By taking proactive steps, men can protect their health and inspire others to do the same. Engaging in conversations about prostate cancer is vital, as it breaks the silence and encourages those around to prioritise their health and seek screenings. A balanced diet and regular exercise can help reduce cancer risk while keeping up with the latest research and advancements in treatment options empowers men to make informed decisions about their health.

The battle against prostate cancer requires collective awareness, action, and support. With early detection, advanced treatment options, and a robust community network, South African men can confront this silent assassin and secure a healthier future for themselves and their families.





# Navigating Diabetes

## Amid Social and Economic Challenges for South African Men



For South Africa to combat the rise of diabetes in men effectively, there needs to be a fundamental shift in how men approach health and wellness. Breaking down the barriers of stigma, improving access to healthcare, and fostering a culture that prioritises preventive care, both in terms of prevention of disease and complications associated with disease progression, are crucial steps toward a healthier future.

Diabetes, a chronic condition affecting millions worldwide, is not just a matter of physical health. It is deeply intertwined with social dynamics, economic conditions, and mental well-being. In South Africa, the impact of diabetes on men's health is significant, not only because of the high prevalence of the disease but also due to the unique social, economic, and cultural pressures that come with being a man in this complex society. Addressing men's health in the context of diabetes in South Africa goes beyond controlling blood sugar levels; it calls for an understanding of how this disease influences men's roles, relationships, and overall quality of life.

### The Rising Burden of Diabetes in South Africa

Diabetes is rising at an alarming rate in South Africa, with an estimated 4.5 million people currently affected. Among them, men are particularly vulnerable due to various lifestyle factors, socio-economic pressures, and an often stoic approach to health that discourages proactive medical care. As a leading cause of death in the country, diabetes places immense pressure on healthcare systems, with ripple effects that reach far beyond the individual, infiltrating families and communities. South African men that are primary breadwinners and heads of families, bear a unique responsibility that can be compromised by the debilitating effects of this disease.

For men, diabetes often manifests as a silent enemy. Many are unaware of their condition until complications arise. This is partly due to societal expectations that discourage vulnerability or prioritise financial responsibilities over health concerns. This negligence has dire consequences in the advanced stages of diabetes, including an increased risk of cardiovascular diseases, nerve damage, and even amputation. Beyond physical symptoms, diabetes also brings psychological challenges, affecting a man's confidence, social relationships, and ability to fulfil traditional roles.



Socio-Economic Pressures and Access to Healthcare

In South Africa, access to healthcare is deeply inequitable, with a considerable gap between private and public healthcare systems. For men from lower-income households or under-resourced areas, diabetes management can be a challenge. Access to medication, monitoring equipment, and regular medical consultations is limited, leading to poorer outcomes.

Moreover, the economic implications of diabetes are substantial, both at the individual and societal levels. Men with diabetes may experience reduced productivity due to fatigue and other symptoms, leading to income loss. This impacts not only their livelihoods but also that of their dependents, contributing to a cycle of poverty. The financial strain of managing diabetes can create further stress, which in turn exacerbates health conditions, especially given that stress is a known factor in worsening diabetes symptoms.

The Social Stigma Around Men’s Health

Societal standards in South Africa often expect men to embody strength, resilience, and self-sufficiency. This societal expectation contributes to the notions around men’s health issues, especially chronic illnesses like diabetes. Admitting to having a disease that requires ongoing care and lifestyle changes can be perceived as a sign of weakness. As a result, many men delay seeking help, downplaying symptoms, or ignoring the need for medical intervention altogether. This reluctance to prioritise health is partly cultural, but it is also fuelled by fear of judgment and a lack of awareness about diabetes and its long-term implications.

The stigma around men’s health can also lead to isolation. Diabetic men who experience complications like erectile dysfunction or other physical limitations often avoid discussing these issues due to shame or embarrassment. This isolation can lead to depression and a sense of helplessness, creating a vicious cycle that impacts both mental and physical health. Encouraging a shift in cultural norms, where health is seen as a priority rather than a vulnerability, is essential in changing the narrative for men with diabetes.



The Importance of Education, Awareness, and Physical Activity

Education is key in managing and preventing diabetes among South African men. For many, a lack of knowledge about the causes, symptoms, and management of diabetes leads to late diagnosis and inadequate control. Raising awareness about the importance of regular medical check-ups, healthy eating, and physical activity can be transformative in preventing the onset of diabetes or managing its effects.

Educational programs targeting men should also focus on breaking down stereotypes and encouraging open discussions about health. Men’s health initiatives can be introduced at workplaces, community centres, and through social media campaigns, emphasising that seeking help and prioritising health are strengths and not weaknesses. Peer support groups and mentorship programs can also provide men with the resources and community support they need to tackle diabetes without fear of judgment.

Community-based interventions, such as mobile health clinics and culturally relevant health education programs, can reach men who might not otherwise engage with the healthcare system. By integrating diabetes management with other community services, these programs can provide men with a comprehensive support network,

reducing the feeling of shame and ensuring that men from all walks of life have access to the care they need.

Regular physical activity, at least 30 minutes of moderate-intensity exercise five times a week, is a cornerstone of diabetes prevention and management. Exercise helps to regulate blood sugar levels, improve insulin sensitivity, and maintain a healthy weight and a healthy image. Exercise also helps to reduce stress, anxiety, and depression, which are common among men dealing with chronic illnesses like diabetes. Community-based exercise programs and support groups can also provide a sense of camaraderie and motivation, encouraging men to stay active and prioritise their health.

A Path Forward:

Creating spaces where men feel empowered to talk openly about their health, seek medical advice, and make informed lifestyle changes is essential. This shift not only benefits individual men but also has positive impacts on families and communities, creating a ripple effect that can transform society. South African men face numerous challenges, but with a stronger support system, better healthcare access, and a focus on education, the fight against diabetes can be won.

In reimagining men’s health, South Africa has an opportunity to address the silent yet pervasive threat of diabetes, ultimately building a healthier, more resilient nation.





# Men and the Cost of Tobacco Smoking:

## South Africa's Preventable Health Crisis

South Africa is facing a silent but deadly challenge, one that disproportionately impacts men and that is, tobacco smoking. According to Tobacco Atlas, each year around 42,100 South Africans lose their lives to tobacco-related illnesses, which include various types of cancer and cardiovascular diseases, among many other diseases. These numbers are rising, especially among men.

### A Deadly Connection

Tobacco smoking is a primary cause of lung cancer, responsible for 9 out of 10 cases worldwide. Men, in particular, bear a higher risk of developing lung cancer and face higher mortality rates from it. In part, this is because men are more likely to smoke and are less likely to seek early healthcare intervention when symptoms arise. South Africa's struggle with tobacco-related diseases is only expected to intensify if nothing is done to intervene to reduce tobacco use. The recent Global Adult Tobacco Survey South Africa (GATS-SA) findings reveal that men continue to lead in smoking rates, which could explain why cancer diagnoses among South African men surged by 56.3% between 2008 and 2019.

### Cultural Influences on Men's Smoking Behaviour

In many societies, smoking has long been framed as a "masculine" activity, with early advertising portraying it as a sign of toughness and independence. Globally, men are more likely to smoke than women, and South Africa is no exception. GATS-SA 2021 reports that South African men are four times more likely than women to be currently smoking. Men also smoke more frequently, taking longer puffs, and leaving fewer cigarette remnants behind. They also face a higher exposure to second-hand smoke in public places, workplaces, and even at home. Without stronger tobacco control and targeted interventions, South Africa risks a surge in tobacco-related diseases.

### Smoking Starts Young

Alarmingly, smoking habits often start early. The GATS-SA survey found that the average age of smoking initiation among South African men is 17.4 years, with about 20% starting before age 15 and nearly 75% beginning by age 19. This early initiation not only leads to long-term nicotine dependence but also increases the risk of severe health problems later in life, making preventive measures for young people more critical than ever.

### The Struggle to Quit

As more men start smoking at younger ages, the challenge to quit grows. Many men recognise the need to stop smoking for their health, with GATS-SA 2021 data showing that 62% of men who attempt to quit are motivated by health concerns. Other reasons include the desire to set a positive example for children (42.2%), concerns about second-hand smoke (41.1%), financial costs (30.8%), and family disapproval (28.8%). However, many men struggle to quit on their own, underlining the importance of accessible support systems for those aiming to break free from nicotine.

### The Financial Costs of Smoking

The economic impact of smoking goes beyond personal health; it also strains household finances. GATS-SA findings reveal that men in South Africa spend more on smoking than women, with a median of R24.90 per cigarette pack and a median monthly cost of R273.10. For families, these expenses often divert resources away from essential needs, making the economic burden of smoking one that affects entire households. These financial strains add yet another reason for comprehensive smoking cessation programs to become a national priority.

### A Glimmer of Hope and a Call to Action

While the challenges are significant, there is hope. The GATS-SA survey found that an overwhelming 92.3% of men acknowledge the harm smoking causes. This broad awareness offers a unique opportunity for public health campaigns, community education, and targeted support services aimed at reducing smoking rates among men.

With tobacco use so deeply ingrained, South Africa's approach must be comprehensive. The higher prevalence of smoking among men calls for multifaceted solutions, including education, targeted cessation programs, and policies that encourage a smoke-free culture. By making this shift, South Africa can work toward a future where tobacco no longer claims the lives and health of its people.

The tobacco crisis among men in South Africa is a preventable health issue that demands urgent action. As awareness grows, so too must support systems, policies, and public health initiatives that empower men to lead healthier lives. Now is the time to take decisive steps against tobacco use—an investment that would save lives, reduce healthcare costs, and create a healthier, tobacco-free South Africa.





# Men's Mental Health:

## The Hidden Crisis Fuelling Violence in South Africa's Colleges

### Towards a Safer, More Respectful Campus Culture

In the intricate landscape of South African higher education, a silent crisis lurks among male students, one that intertwines poor mental health, emotional [in] expressiveness, reluctance to seek help, and violence perpetration. A formative study conducted by the Gender and Health Research Unit of the South African Medical Research Council (SAMRC) between 2018 and 2019 delved into these troubling dynamics, engaging 88 male students aged 18 to 30 from various Technical and Vocational Training colleges and universities. The goal was clear: to uncover the contextual factors behind sexual violence perpetration and ultimately develop a mental health promotion and sexual violence prevention intervention tailored for male students.

The findings paint a stark picture, revealing a pervasive rape culture on South African campuses. Male students often express a sense of sexual entitlement toward their female partners, coupled with a troubling normalisation of sexual harassment against their peers. Beneath this toxic atmosphere lies a deeper issue: many male students grapple with poor mental health, largely driven by financial stress. The weight of economic pressures has left them feeling demotivated and disillusioned, affecting their academic performance. A prevalent theme in their narratives is the anxiety over providing for their children and families, often fuelled by expectations from the mothers of their children who equate financial capability with personal worth.

Resentment toward the South African government was a recurring sentiment, with many expressing disappointment over the lack of job opportunities for Black African youth from disadvantaged backgrounds. This hopelessness, coupled with societal pressures to fulfil traditional masculine roles, creates a perfect storm for mental health challenges, leading some students to question their masculinity and contributing to the development of depression.

Anger and emotional dysregulation were significant themes among the students. Many reported a struggle to express their feelings, adhering to a cultural expectation of solidness that discourages vulnerability. This emotional inexpressiveness can often be traced back to their upbringing, where the messages surrounding masculinity

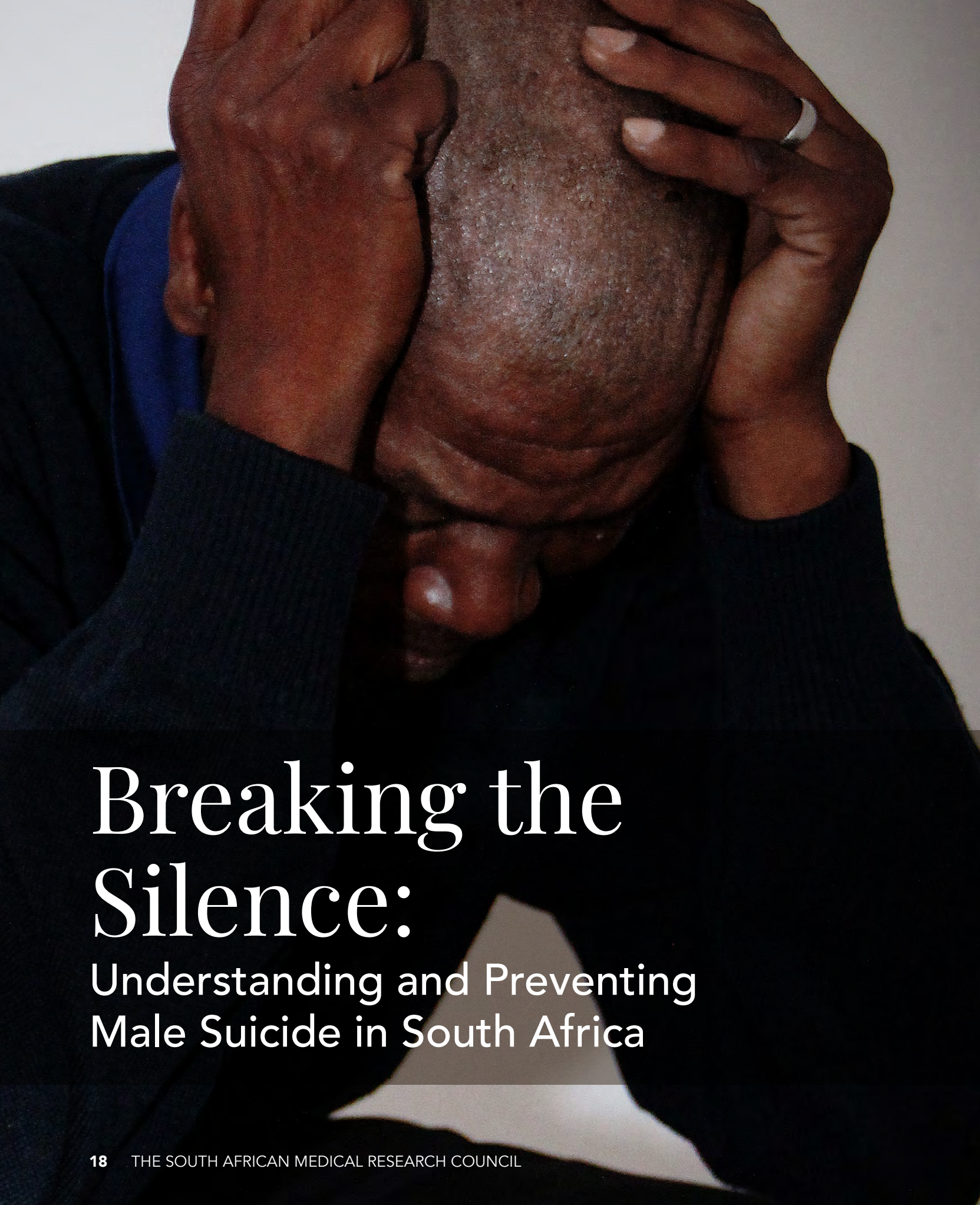
emphasised self-reliance and endurance over emotional openness. As a result, when faced with mental distress, these students were reluctant to seek help, opting instead to bottle up their emotions. This internal struggle often manifested outwardly, with some resorting to violence as a means of expressing their frustration both in relationships with female partners and in confrontations with peers.

These findings emphasise a critical connection between mental health and violence among male students, providing a foundation for the development of targeted interventions. Recognising the co-occurrence of violence perpetration and mental health issues in men who date women, a research team is now working on a combined intervention funded by the Ford Foundation. This initiative aims to adapt and pilot evidence-based programs, such as Stepping Stones and Self-Help Plus, at one college and one university campus. The ultimate goal is to foster healthier emotional expression among male students, improve their mental well-being, and significantly reduce instances of sexual violence.

As South African colleges and universities grapple with these complex issues, addressing the intersections of mental health, emotional inexpressiveness, and violence is imperative. By understanding the nuanced experiences of male students, we can pave the way for interventions that not only enhance individual well-being but also contribute to a safer, more respectful campus culture. It is time to break the silence, confront these challenges head-on, and cultivate a generation of men who value emotional health and respect in their relationships.







# Breaking the Silence:

## Understanding and Preventing Male Suicide in South Africa

Male suicide is a silent crisis with urgent implications for public health. In South Africa, suicide rates among men are 4.4 times higher than among women, with 11.5 suicides per 100,000 people reported in 2020/21, this according to the SAMRC Burden of Disease Research Unit. This troubling trend is not unique to South Africa; globally, male suicide rates are disproportionately high. Yet, the underlying reasons behind this gender disparity remain insufficiently explored.

### The Hidden Drivers of Male Suicide

One hypothesis for this gender divide in suicide rates points to the methods typically employed. Men who attempt suicide are more likely to choose violent methods, such as hanging themselves or shooting themselves with a firearm. Conversely, women tend to use less immediately fatal methods, like self-poisoning or overdose, which allow for greater opportunity for medical intervention and rescue.

However, there's more at play than just the methods used. Cultural and social influences surrounding masculinity also seem to contribute significantly to this trend. SAMRC research reveals that young men in South Africa often feel bound by traditional ideals of masculinity. These ideals, such as toughness, self-reliance, and an expectation to endure hardships in silence can deter men from seeking help for mental health struggles. As a result, they may turn to maladaptive coping strategies, including alcohol or drug use, further escalating the risk of suicide.

### Masculinity, Isolation, and Mental Health

Rigid gender norms and restrictive ideals about what it means to "be a man" place many men at risk. Traditional masculinity often demands that men avoid vulnerability, endure suffering privately, and uphold a standard of emotional control and autonomy. This isolation can amplify feelings of shame, defeat, and hopelessness, which are known drivers of suicidal behaviour.

Importantly, a common misconception links suicides exclusively to depression. While many people with depression may have thoughts of death, not all those who are depressed attempt suicide, and not everyone who dies by suicide is depressed. In fact, rates of depression are higher among women, but suicide rates are markedly higher among men, pointing to the complex mix of factors that contribute to suicidal behaviour in men. Factors such as exposure to trauma, poverty, unemployment, poor impulse control, substance use, and even gambling can all increase the risk of suicide.

### Reaching Men Where They Are

What can be done to reduce suicide rates among men in South Africa? Expanding access to evidence-based treatments for emotional and substance use problems is key. However, the presence of services is only part of the solution. For prevention efforts to work, men need to feel comfortable seeking help, and this requires male-friendly mental health services. Taking mental healthcare to spaces frequented by men, such as sports clubs, this could bridge the gap. Integrating physical activity into mental health treatment, an approach many men find more acceptable, is another promising strategy.

Encouraging emotional expression is crucial. Men need support in learning to manage and communicate their feelings in adaptive ways. This can help them build resilience and prevent suicidal behaviour.

### Building a Holistic Approach to Suicide Prevention

Suicide prevention needs to be part of a broader, multi-faceted strategy that tackles societal and systemic contributors to male suicide. This includes strengthening mental health systems, fostering social connectedness, promoting financial stability, and curbing substance abuse. Restricting access to lethal means and providing crisis intervention services can also make a measurable difference. Importantly, challenging traditional gender roles in South Africa and promoting a culture that sees mental health as a vital aspect of strength could empower men to seek help without stigma.

For those in immediate need, organisations like SADAG ([www.sadag.org](http://www.sadag.org), 0800 567 567) and LifeLine ([www.lifelinesa.co.za](http://www.lifelinesa.co.za), 0861-322-322) are invaluable resources offering support to those at risk. Suicide is preventable, and effective treatments are available. Reaching out, staying connected, and cultivating supportive spaces can save lives.

Changing the outcomes produced by male suicide in South Africa calls for bold, compassionate action across all sectors of society. By addressing the restrictive ideals of masculinity, providing accessible support systems, and reinforcing the message that asking for help is a strength, we can work toward a future where fewer men feel that ending their life is the only way out.





# Behind Bars and Beyond:

## Confronting the Mental Health Impact of Sexual Violence on Incarcerated Men

Sexual violence leaves lasting scars on the mental health of survivors, contributing to conditions like Post-Traumatic Stress Disorder (PTSD), depression, and substance use disorders. While much of the research on this issue has focused on women and children, male survivors are also deeply affected yet their experiences remain largely overlooked. For men, especially those incarcerated, societal expectations of masculinity create a unique mental health challenge that is complex and often stigmatised.

### The Struggle of Male Survivors

In many cultures, men are expected to be resilient, self-sufficient, and emotionally controlled. This social conditioning creates significant barriers for male survivors of sexual violence, who may feel their trauma undermines

these ideals. Particularly for men assaulted by other men, this trauma can produce distressing confusion regarding identity, masculinity, and sexual orientation, compounding feelings of shame and isolation.

In 2014, SAMRC researcher Dr. Sebenzile Nkosi examined this conflict in her study. This research investigated how men's mental health is affected by sexual violence in the context of masculine norms. Her findings revealed that men who internalised rigid ideals of masculinity such as the need to appear tough and unaffected, were less likely to report being affected by depression, even after experiencing sexual victimisation. Social expectations that prioritise emotional impassivity and control over vulnerability often limit men's ability to recognise and express psychological distress, including symptoms of depression such as low mood, sadness, hopelessness,

and social withdrawal. Consequently, men's decreased likelihood of acknowledging or developing depression can be problematic, as their trauma may instead manifest through behaviours associated with invulnerability. These behaviours often include destructive actions, such as outbursts of anger or acts of aggression toward others, including other men, intimate partners, or children. These insights reinforce the need for mental health programs that encourage men to reassess these norms, which, although pervasive, prevent many from confronting and healing from their experiences of victimisation.

### Confronting Sexual Violence in South Africa's Correctional Facilities

Nkosi's research was conducted in correctional facilities in Tshwane, Gauteng, where sexual violence rates among male inmates are significantly higher than those in the general population. Correctional settings globally are marked by elevated risks of both sexual and physical violence, yet these environments have received limited research and intervention. This lack of attention not only endangers inmates, the mental health and safety of incarcerated people, but also has societal consequences. Neglecting rehabilitation for incarcerated men often means they return to society without having healed from their trauma, which can perpetuate cycles of violence and crime.

Nkosi's findings highlight the importance of addressing the unique challenges faced by men who survive sexual violence in detention facilities. Failing to protect incarcerated men and support their mental health can hinder the rehabilitative goals of the correctional system, increasing the likelihood of reoffending.

### New Research to Address the Crisis of Violence in Correctional Facilities

Building on her previous work, Nkosi now leads a National Research Foundation funded study to assess the prevalence and risk factors for inmate-on-inmate sexual and physical violence among incarcerated men across Gauteng's correctional facilities. Partnering with other SAMRC researchers, and a human rights organisation

called Just Detention International – South Africa, this new project spans all eight correctional management areas in Gauteng. The study aims to provide the first comprehensive, province-wide data on sexual and physical violence among incarcerated men and is poised to uncover critical insights into the factors that contribute to violence within these environments.

These findings will play an essential role in shaping evidence-based interventions aimed at preventing sexual violence in correctional facilities. With its focus on risk factors and prevalence rates, Nkosi's research could pave the way for policies and support systems that acknowledge the unique mental health needs of male survivors in correctional facilities, ultimately aiding their rehabilitation.

### Supporting Survivors and Strengthening Justice

Protecting the mental health of incarcerated men is not only about personal healing; it's a crucial step in building a safer and more just society. South Africa's epidemic of violent crime and the cycle of reoffending can only be addressed with a justice system that safeguards the well-being of its detained population, rehabilitates people convicted of offenses, and encourages personal transformation.

Nkosi's work calls attention to the need for interventions that empower male survivors to confront and heal from their trauma without stigma. By creating detention environments that foster respect, empathy, and mental health support, her research highlights a hopeful path forward, one that addresses the complex intersections of masculinity, trauma, and rehabilitation within the justice system.

Understanding and supporting the mental health needs of male survivors of sexual violence is crucial to fostering a healthier, safer society both inside and outside correctional facilities. By challenging harmful ideals of masculinity and recognising the lasting impact of trauma on male inmates, Nkosi's work could contribute to a more compassionate approach to justice and rehabilitation in South Africa.





# More than just the headlines:

## The Continued Crisis of Intimate Partner Femicide in South Africa

As one of the countries with the highest rates of femicide in the world, South Africa’s struggle against gender-based violence (GBV) is far from over. The latest findings from the South African Medical Research Council’s Gender & Health Research Unit, which has meticulously tracked femicide rates for over 20 years, sheds light on a troubling change in the downward trend: the surge in intimate partner femicide (IPF) during the first year of COVID-19.

The most recent research, conducted during the first year of the COVID-19 pandemic, reveals that three women continue to be murdered each day by an intimate partner, a grim statistic that has not changed since 2009. An even more troubling finding is that in 2020/21, intimate partner femicides accounted for a staggering 60.1% of all femicides reported in the country. This increase demands urgent attention, as it

reflects a disturbing normalisation of violence within intimate relationships.

### The Latest Research Findings

Utilising a comprehensive methodology that analyses data from medico-legal laboratories and police investigations, the study paints a vivid picture of the femicide landscape in South Africa. There’s a significant decline from 1999 to 2009 but no change in overall femicides since 2009. It’s a paradox that reveals the need for systemic change in societal attitudes and behaviour that normalise, tolerate, and accept the use of violence in society and relationships, support for organisations delivering care and support to victims and survivors, and effective case management for domestic violence and other key drivers of severe violence against women.

One of the most alarming aspects of the report is the sharp increase in cases with unidentified perpetrators. In 2020/21, nearly 50% of femicide cases involved perpetrators whose identities were not established during police investigations, up from 30% in previous years. The report also reveals that less than 1 in 5 intimate partner femicide cases led to a conviction. This is evidence of weakening justice and police systems and our failure to ensure justice for women killed in our country.

Although the study found an increase in femicides perpetrated by intimate partners during the first year of COVID-19, the study provided clear evidence of the role of alcohol. One of the unintended outcomes of the femicide study during the first year of COVID-19 was identifying alcohol as a significant risk factor for femicide. The research indicates a notable decrease in both overall and intimate partner femicides during COVID-19 periods of strict alcohol bans, only to see rates rebound sharply once restrictions were lifted. This correlation underscores the urgent need for holistic approaches to combat GBV. These holistic approaches must not only address the acts of violence but also the societal and environmental factors contributing to them such as high levels of alcohol drinking.

Professor Naeemah Abrahams, Chief Specialist Scientist at the SAMRC Gender & Health Research Unit, asserts that “femicide is preventable.” Her assertion is grounded in the extensive research that accentuates the need for multi-faceted interventions addressing poverty,

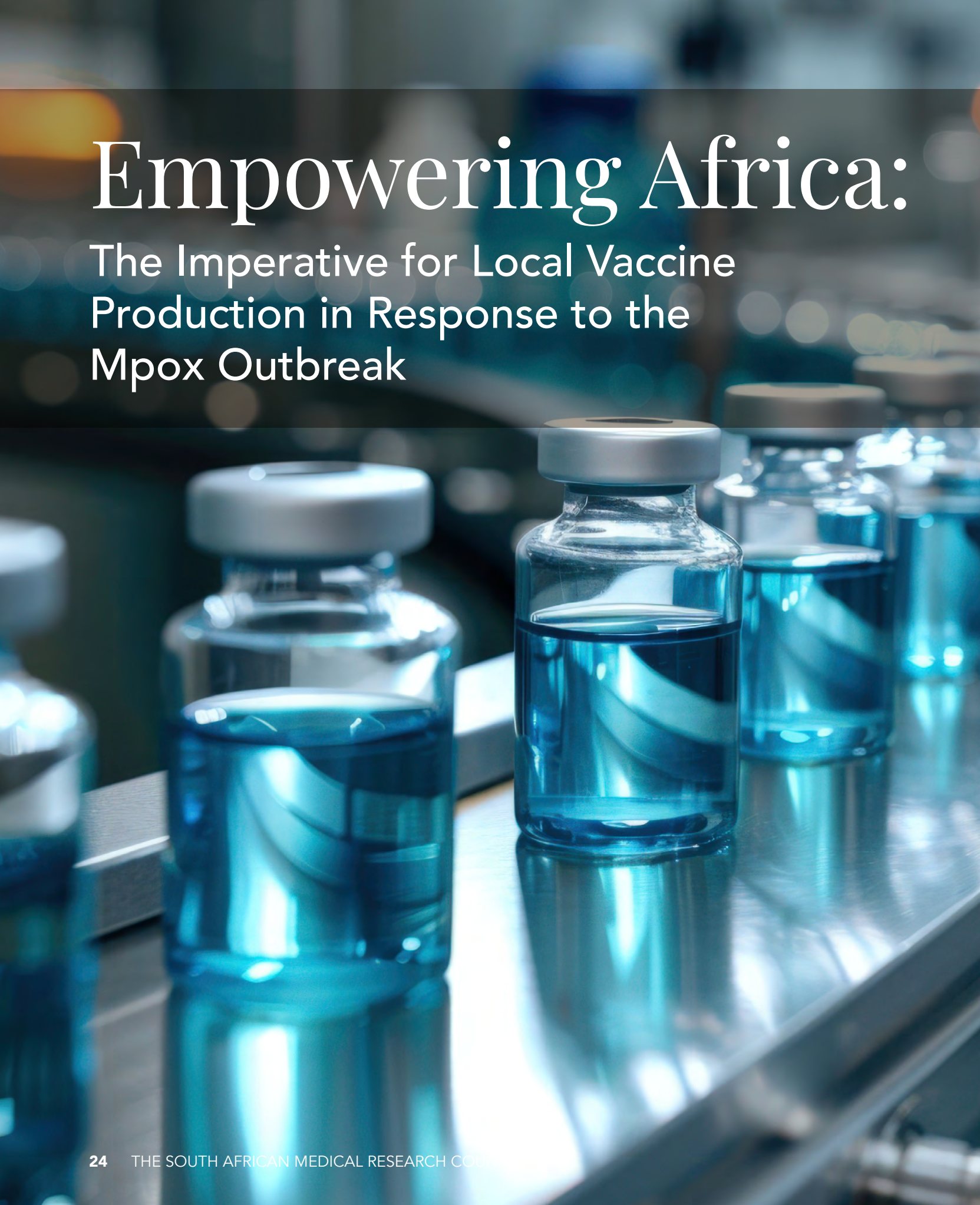


childhood violence, unemployment, and societal norms around gender and violence.

Despite two decades of awareness-raising and research, South Africa appears to be stagnating in its efforts to combat femicide. As the study reveals, the time for action is now. The implementation of the National Strategic Plan on Gender-Based Violence and Femicide (NSP-GBVF) and the National Integrated Femicide Prevention Strategy must be prioritised and adequately funded to create meaningful change.

As the nation reflects on these findings, South Africans must unite to end femicide. Each life lost is a stark reminder of the urgent need for systemic change. The voices of the victims must not be silenced, and their stories should not fade into obscurity. Only through collective action and a commitment to prevention can South Africa hope to break the cycle of violence that claims the lives of so many women.





# Empowering Africa:

## The Imperative for Local Vaccine Production in Response to the Mpox Outbreak

The recent Mpox outbreak has ignited discussions around Africa's capacity to produce vaccines and respond effectively to health crises. As the continent grapples with persistent health challenges such as Tuberculosis, Malaria, and HIV/AIDS, the spotlight is now on the urgent need for local vaccine production facilities and a robust scientific community to safeguard public health.

### An Impact on Health

Historically, Africa has struggled with delayed access to new medicines and technologies, often reliant on external sources for vaccines and treatments. The COVID-19 pandemic starkly illustrated this vulnerability, with many African nations facing significant challenges in securing life-saving vaccines. The Mpox outbreak has underscored the necessity for African countries to build their infrastructure for vaccine development and production.

The Africa Centre for Disease Control and Prevention (Africa CDC) has emphasised the need for approximately 10 million doses of Mpox vaccines to effectively manage the outbreak. However, as of now, only around 280,000 doses are available, less than 3% of the required amount. This inequity in vaccine distribution is not an isolated incident; it reflects a broader trend of affluent nations hoarding vaccines, leaving many African countries in precarious positions.

In response to these challenges, innovative collaborations have emerged within South Africa, highlighting the potential for local vaccine production. Institutions such as the South African Medical Research Council (SAMRC) and the Council for Scientific and Industrial Research (CSIR) are at the forefront of developing strategic partnerships to enhance health research and innovation. One notable example is the partnership between SAMRC and PATH, which resulted in the establishment of the Global Health Innovation Accelerator (GHIA). This initiative aims to tackle the deficiencies in the health innovation system in South Africa and strengthen the capacity for local vaccine production.

Furthermore, the establishment of an mRNA vaccine hub at Afrigen in Cape Town marks a significant step toward self-sufficiency. This consortium, which includes SAMRC and Biovac, is focused on sharing technology and expertise with local manufacturers, ensuring that Africa is better equipped to respond to future health crises. Such initiatives demonstrate a growing recognition that Africa must take charge of its health security by investing in homegrown vaccine production.

The fragmented state of immunology education in Africa poses another challenge. Many medical schools lack the necessary facilities and funding to produce qualified professionals in the field. This has led to a reliance on international education and training programs, which may not adequately prepare graduates for the unique health challenges faced in Africa. Philanthropic efforts, such as those from the Chan Soon-Shiong Family Foundation, have sought to bridge these gaps by offering scholarships and support to aspiring researchers in biomedical sciences.

Despite these initiatives, the road ahead remains complex. The need for sustained investment in local scientific training and research institutions is critical for ensuring that Africa can respond effectively to health emergencies. Governments, funding agencies, and international organisations need to collaborate in fostering an environment conducive to research and development.

As the diseases continue to evolve, they serve as a clarion call for Africa to prioritise local vaccine production and invest in its scientific capacity. By empowering the continent to produce its vaccines, Africa can not only enhance its ability to respond to current health crises but also build resilience against future pandemics.

The conversation surrounding vaccine production in Africa is not merely an issue of health; it is a question of equity, self-determination, and the right to health for all. The time has come for Africa to invest in its health infrastructure and take charge of its health destiny, ensuring that no community is left vulnerable to outbreaks and diseases.





# Rising Temperatures, Rising Risks: Safeguarding Health in South Africa's Minibus Taxi Rides

A new study by the South African Medical Research Council's (SAMRC) Climate Change and Health Research Programme has turned the spotlight on the risks of heat exposure in a surprising but essential setting: the minibus taxi sector.

As temperatures steadily rise worldwide, the impact on vulnerable populations becomes more severe. For people like pregnant women, young children, the elderly, and those with disabilities, heat exposure isn't just uncomfortable, it's a threat to their health. Yet, many lack access to crucial resources that could protect them from dangers like dehydration, exhaustion, and heat stroke while using minibus taxis and this research reveals that both drivers and passengers in minibus taxis are facing dangerous heat levels.

Titled "Heat Exposure and Health Risks in the Minibus Taxi Sector," the study explores just how significant this issue has become for one of South Africa's most widely used transportation systems. Collaborating with partners like the National Treasury Cities Support Programme, the Swiss State Secretariat of Economic Affairs, the World Bank's City Resilience Programme, and a minibus taxi association, the SAMRC aimed to find answers to three essential questions:

- Are drivers and passengers in minibus taxis exposed to extreme heat?
- What specific heat conditions do they experience within the vehicles?

- How do these indoor temperatures compare with the outdoor environment?

The study's findings were alarming: temperatures inside minibus taxis reached as high as 39°C. For drivers, who spend more than 11 hours a day in these vehicles, this extreme heat poses a daily health risk. For passengers, it is also a serious concern. Professor Caradee Wright, Head of the SAMRC Climate Change and Health Programme, emphasised the gravity of the situation. "More than 16 million South Africans rely on minibus taxis as their primary mode of transport. This high demand, coupled with a lack of shade and access to drinking water at taxi ranks, calls for immediate intervention."

## Solutions to Combat Dangerous Heat

The SAMRC study didn't stop at highlighting the problem, it also outlined actionable solutions to alleviate the heat burden on minibus taxi users. The team proposed repositioning taxi engines to reduce heat within the cabin, darkening or tinting windows to minimise sunlight, and strategically installing fans to improve airflow. The research group plans to expand this study with a larger sample size in Johannesburg and Nairobi, and more public awareness through materials like posters and flyers, encouraging stakeholders across the sector to engage in this pressing issue.

## Passenger Perceptions

Another branch of the SAMRC's work also recently examined heat health perceptions in the minibus taxi sector within Tshwane. This study, conducted in partnership with the City of Tshwane (CoT) and the Tshwane Taxi Industry (TTI), revealed valuable insights into how passengers perceive and cope with heat-related discomfort. Led by Professor Wright and a team of SAMRC researchers, the study collected responses detailing the frequent experiences of headaches, dizziness, sweating, and confusion among passengers. The findings will soon be published in the South African Journal of Science.

Funded by the National Research Foundation and the SAMRC, the study, titled "Assessing Heat-Related Health Perceptions in the Minibus Taxi Industry in Tshwane" highlights the need for quick and effective adaptations to protect public health in the face of rising temperatures. The SAMRC acknowledges the invaluable support of numerous partners, including the Castle Gate Mall, which is crucial for moving forward with solutions that safeguard millions of South Africans relying on minibus taxis each day.

With South Africa's scorching summers and the effects of climate change intensifying, heat-related health issues in the transport sector are likely to escalate without meaningful intervention. The SAMRC's commitment to

collaboration, research, and outreach in tackling this issue reflects the organisation's goal of creating a safer, healthier environment for all.





# Trust and Transparency:

## How Budget Investments Can Strengthen the NHI in SA



In the quest for universal healthcare in South Africa, the implementation of the National Health Insurance (NHI) has emerged as a critical initiative. As the nation grapples with significant health disparities and challenges, understanding the importance of budget allocations becomes paramount in building public trust in the NHI. These financial commitments not only reflect the government's dedication to improving health outcomes but also play a crucial role in fostering confidence among citizens regarding the efficacy of the health system.

### The Vital Importance of Health Budget Allocations

The allocation of funds to health is not merely a line item in the national budget; it is a statement of priorities and

values. Sufficient financial resources are necessary to address immediate healthcare needs, enhance service delivery, and ultimately lay a foundation of trust for the NHI. When the public sees tangible investments in health, such as increased funding for health worker salaries and infrastructure improvements, their confidence in the system grows. Conversely, inadequate funding can lead to scepticism and resistance to initiatives designed to enhance healthcare access for all.

### A Trust-Building Measure

A critical area where budget allocations can make a significant impact is in addressing workforce shortages. South Africa faces a pressing need for qualified healthcare professionals, yet many newly graduated doctors struggle

to find employment within the public health system. Without sufficient funding to fill these essential positions, the burden on existing healthcare workers increases, leading to longer wait times and diminished quality of care.

Filling these posts is essential for public confidence in the NHI. When communities see their healthcare facilities staffed with qualified professionals, they are more likely to believe that the NHI can meet their healthcare needs effectively. On the other hand, if staffing issues persist, public trust will erode, undermining the NHI's objectives.

### Foundations of Trust

Budget allocations that support vital programmes like school nutrition and early childhood development are also crucial for building trust in the healthcare system. Proper nutrition is foundational for children's health and development, and adequate funding for nutrition programmes can significantly impact public health outcomes.

However, if subsidies for these programmes are insufficient, vulnerable children may miss out on essential nutrition, which can lead to long-term health issues and diminished trust in government efforts to improve health. Investing adequately in these initiatives not only supports children's physical and cognitive growth but also demonstrates the government's commitment to social determinants of health.

### Ensuring Accountability

Child grants play a crucial role in alleviating poverty and supporting families, but their value often fails to keep pace with inflation. Many households rely on these grants to meet basic needs, and insufficient increases can lead to rising food insecurity. If the government can link child-support grants to objective measures of need, it will enhance accountability and public confidence in social safety nets.

Furthermore, extending social-relief measures beyond immediate crises, such as the COVID-19 pandemic, can strengthen the government's credibility. By supporting vulnerable populations, particularly women caregivers, the government can demonstrate a commitment to inclusive recovery that aligns with the goals of the NHI.

### A Test of Commitment and Transparency

For the NHI to gain public trust, it is crucial that funding is allocated transparently and effectively. Citizens need to understand how funds are being utilised, particularly in areas such as health-technology assessments and facility upgrades. Ensuring that resources are used wisely will help cultivate confidence in the NHI as a viable solution for improving health outcomes.

The government's commitment to raising excise taxes on alcohol and tobacco products can also contribute to funding for health initiatives. However, these taxes must be substantial enough to discourage consumption and generate meaningful revenue. Failing to increase these taxes in line with health recommendations could undermine efforts to improve public health.

### An Integrated Approach to Trust

The relationship between climate change and health highlights the need for a comprehensive approach to budget allocations. By investing in strategies that mitigate climate risks and enhance healthcare infrastructure, the government can address both immediate health challenges and long-term environmental sustainability.

Demonstrating a commitment to environmental health will not only improve public health outcomes but also foster trust in the government's holistic approach to wellbeing. Initiatives to reduce air pollution, for example, can lead to better respiratory health, creating clear co-benefits for both health and the environment.

### The Path to Trust and Health Equity

As South Africa moves forward with the NHI, the importance of budget allocations cannot be overstated. Adequate funding is essential for addressing workforce shortages, enhancing nutrition programmes, and ensuring the efficacy of child grants. By prioritising these areas and ensuring transparency in funding decisions, the government can build public confidence in the NHI.

Ultimately, cultivating trust in the NHI requires meaningful engagement with citizens, demonstrating that their health and well-being are at the forefront of government priorities. With the right financial commitments, the NHI has the potential to transform healthcare in South Africa, leading to improved health equity and outcomes for all citizens.





# From Awareness to Action:

## Confronting health stigma in a modern society

Stigma is a well-documented barrier to health-seeking behaviour, engagement in care, and adherence to treatment across a range of health conditions globally, and is often overlooked. It can have profound effects on an individual's health, both mentally and physically. For example, stigma surrounding mental health conditions

can prevent individuals from seeking help or continuing treatment. This can lead to worsening symptoms and a lower quality of life. People may internalise negative beliefs, leading to self-stigma, which can result in feelings of shame and reduced self-esteem.

### An Impact on Health

This feeling of shame can also impact physical health. For example, individuals with stigmatised conditions like HIV may avoid seeking medical care due to fear of judgment or discrimination, leading to untreated health issues and poorer health outcomes. The guilt related to seeking help can lead to social exclusion, where individuals are isolated from their communities, adding to feelings of loneliness, depression, and anxiety, further exacerbating health problems. The stress of dealing with shame can have direct physiological effects, such as increased blood pressure and weakened immune response; while prolonged stress can lead to unhealthy coping mechanisms, such as substance abuse. Stigmatised individuals face barriers in accessing healthcare, education, and employment, further limiting their opportunities and resources, leading to poorer health and socioeconomic outcomes.

Stigma, amongst other factors, increases the risk of HIV and unintended pregnancy among adolescent girls and young women (AGYW). Further, stigma significantly impacts access and use of sexual and reproductive health (SRH) services, particularly family planning and HIV prevention services for AGYW. Consequently, AGYW has high rates of HIV infection compared to their male counterparts and a high unmet need for family planning, leading to AGYW having high rates of unintended pregnancies.

To alleviate the HIV burden among AGYW, the Global Fund to Fight AIDS, TB, and Malaria has invested in a combination HIV prevention intervention, now called the My Journey Programme, for AGYW. This programme was implemented in South Africa from 2016 through 2024. Combination HIV prevention interventions, which merge effective biomedical, behavioural, and structural interventions for combined delivery, are one of the key strategies for reaching the 95-95-95 targets and achieving the SDG goal of ending the HIV epidemic by 2030.

Researchers from the Health Systems Research Unit (HSRU) evaluated the above-mentioned combination HIV prevention intervention between 2018-19 (the HERStory 1 study), 2020-21 (the HERStory 2 study), and 2024 (The HERStory 3 study). Dr Kim Jonas led 2 of these evaluations (HERStory 2 and 3), which found that stigma consistently hinders access to HIV and pregnancy prevention methods among AGYW. Specifically, the study found that AGYW do not access and/or use pre-

exposure prophylaxis (PrEP) to prevent HIV infection due to the stigma attached to it. PrEP is perceived as HIV treatment (ARVs), as one girl reported that she did not want to take PrEP because in her understanding it is the same as ARVs. A young female participant reported that she had been concerned about PrEP stigma related to people mistaking it for ARVs, and also the assumption that PrEP users are promiscuous. Other research among adolescents and young people in South Africa identified these and other barriers to HIV treatment: stigmatising social norms lead to concerns about being identified as living with HIV, challenges coping with an HIV diagnosis, anticipated stigma in the health facility, concerns about confidentiality in the health facility, school absences, inflexible clinic scheduling, and fears that health workers will lack sensitivity and compassion.

With regards to family planning, scientists in the HSRU have found that fears of being seen at the clinic and being judged by healthcare providers for engaging in sexual activities while still young continues to be one of the barriers in accessing family planning among AGYW. General fear of being seen at the clinic for family planning and other privacy issues was also cited a number of times by AGYW, stating that it is difficult for them and other AGYW to just visit the clinic for these services. This "clinic" stigma, which can be attributed to AGYW's perceptions of the attitudes and behaviours of both healthcare staff at the facility, has serious (unintended) consequences. AGYW may not want to return to the facility for follow-up appointments for their family planning, fearing being scolded and stigmatised by nurses or other clinic staff, thus missing their next pregnancy prevention method dose and fall pregnant as a consequence. Further, if pregnant, AGYW may not come to the clinic for antenatal care on time or seek abortion care services due to fears of being judged for falling pregnant while still young, or being discriminated against for seeking abortion care. Both these negative outcomes have serious long-term consequences for AGYW's health and wellbeing, through to adulthood.

Stigma also has a significant impact on men's health, particularly in the context of mental health. Men are less likely than women to seek help for mental health issues due to societal expectations of masculinity, which often emphasise strength and self-reliance. Men may avoid seeking medical care and withdraw from social interactions due to fear of judgment or discrimination, leading to poorer health outcomes. Societal views on masculinity



often discourage men from expressing vulnerability or seeking help. Many men feel pressured to conform to these norms, which can prevent them from acknowledging their health issues and seeking necessary care. From a young age, many men are taught to suppress their emotions, which can lead to a lack of emotional literacy. This makes it difficult for them to recognise and articulate their health needs, further delaying or preventing them from seeking help.

Much of the research in the HSRU has focused on AGYW. Scientists in the focal area (sexual and reproductive health of vulnerable populations- SRH focal area) has also conducted research among boys and young men in the Championing Safe South Africa project which is led by Prof Cathy Mathews and Mr Akhona Rasmeni. In this project, researchers tackle social norms through an intervention that integrates prevention of both HIV risk and sexual violence perpetration, with a purposive focus on adolescent boys by correcting misperceived social norms combined with behaviour change among boys in school. Correcting misperceived social norms create a potentially powerful risk or protective pathways for interlinked risks of HIV and IPV. Thus, changing norms is one important approach to address stigma, but must be combined with behaviour change strategies which can contribute to the prevention of HIV and IPV among men.

What is needed

To reduce the unmet need for family planning and unintended pregnancies among AGYW, a multi-level

approach to address the current barriers to access and use of contraceptives, including myths and miscommunication about contraceptives and stigma around accessing health services for family planning is needed. Similarly, to address improve uptake and continuation of PrEP among both men and women requires a multi-level, targeted and contextualised approach to address PrEP stigma, improve PrEP knowledge and awareness, including positive messaging about HIV prevention methods is needed. There is an urgent need to improve the availability and accessibility of SRH services for both men and women; and the SRH services should include, amongst other things, sexual rights and confidential stigma-free, unbiased contraception counselling on options and services; treatment and prevention of STIs including HIV; and information and counselling services about sexuality. More efforts are needed to increase awareness of PrEP and address the stigma around PrEP use. There is a need to improve and promote positive PrEP messaging in communities to destigmatise PrEP and address misinformation. Increasing public knowledge about HIV prevention and treatment to dispel myths and misinformation, thereby reducing the stigma around it can help improve uptake of PrEP and reducing rates of HIV infection among men and young women at large.

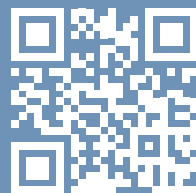
Addressing stigma involves promoting health education and awareness, fostering supportive communities, and implementing inclusive policies. By reducing stigma, we can improve health outcomes and enhance the quality of life for all.







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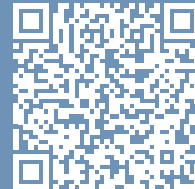
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