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Masculinity and Its Public Health Implications for Sexual and Reproductive Health and HIV Prevention

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Introduction

This chapter describes some of the main findings emerging from research on men, masculinities, and programmes that seek to change social norms related to violent or gender inequitable views of manhood in ways that improve health. Sexual and reproductive health (SRH), and to some extent prevailing HIV prevention paradigms, have used a gender lens to focus on the vulnerabilities and disempowerment of women and girls. Research in the reproductive health field often collects data on sexual and reproductive health only from women (Greene and Biddlecom 2000), and, in a mutually reinforcing cycle, it often uses a gender lens to focus on women's disadvantaged position without addressing the role of masculinity in both contributing to gender inequities and putting men and their partners at risk. In this chapter, we seek to bring in this perspective, highlighting how applying a gender perspective to men and masculinities provides a more nuanced view of the health needs and rights of both men and women.

Underlying this approach has been the assumption that women were in monogamous heterosexual marital relationships, and that they are primarily responsible for any fertility regulation. Sexuality really has not figured in this vision. In contrast, HIV prevention efforts have reflected greater attention to sexuality and the diversity of sexual relationships from the outset.

Programme interventions and policy responses in the public health arena have therefore tended to follow the research by emphasising women's and girls' vulnerabilities and disempowerment, while applying stereotypes to men and boys as either disinterested, risk-taking, sexually predatory, or always in control of heterosexual relations.

The case has now been made quite effectively that reducing gender inequality is key to improving sexual and reproductive health and reducing HIV. Where cultural and economic conditions privilege men's control over resources, men indeed exert considerable control over the timing and nature of sexual relations, the number of children a couple has, whether or not they protect themselves from disease, and often women's access to health care. Feminist advocates fought for the recognition of women's human rights, including the rights to decide freely whether, when, and with whom to have children, and the rights to determine whether, with whom, and under what circumstances to engage in sexual relations. The 1994 Cairo ICPD

Programme of Action was informed by extensive research on and activism related to women's subordinate status in most societies (UNFPA 1994).

The ongoing challenge is how to translate the rhetorical support for gender equity into a more holistic approach to sexual and reproductive health and rights. A growing number and range of programmes have attempted in recent years to incorporate men (and to some extent, young men and boys) into public health interventions that address sexuality, reproductive health, and HIV prevention. These programmes are diverse in their reach, approaches, and effectiveness. Yet, women- (and more recently, girl-) focused services – and women-focused or girl-focused 'social change' interventions – are still largely the norm.

This limited take on 'gender' negates the ways gender roles harm men's health, sidesteps widespread male control over sexuality and reproduction, and misses opportunities to catalyse social change and improve women's *and* men's health by involving both sexes. We assert that men are essential to 'gender', that changing the harmful gender norms that undermine health requires everyone's participation, and that efforts to engage men and empower women benefit both sexes.

What a unilaterally 'gendered' approach to SRH and HIV prevention has meant for health programmes

The way gender equity has been defined in the context of health programmes has had three negative consequences for health and development.

Advances for girls and women continue to encounter gender-related obstacles

First, girls and women who have benefitted from advances in other areas are still finding themselves held back by limited notions of what it means to be female. Global discourse on empowering girls and women has generally centred on increasing girls' enrolment in public education, reducing early marriage, and empowering women economically. But even where we see progress in achieving these goals, girls and women still struggle (Barker 2007). In Latin America and the Caribbean, for example, where almost all girls are enrolled in primary school, and girls' enrolment often exceeds that of boys in secondary school (UNESCO 2008), girls still experience harassment and unwanted sexual advances that affect their health and their success in school. Research from Kenya shows that school environments in which female students reported that girls and boys were not treated equally by the teachers and school administration – reinforcing societal discrimination – greatly increased girls' chances of dropping out (Mensch *et al.* 2001). In parts of sub-Saharan Africa and much of South Asia, girls studying in coeducational schools similarly report harassment and sexual violence at the hands of male students and teachers (Dunne *et al.* 2003; Jeejheebhoy *et al.* 2005). Thus, even as girls and women are empowered and encouraged to study or work, little is being done to engage men and boys to create environments free of harassment and abuse.

Unfavourable stereotypes of men abound in sexual and reproductive health programmes

The negative stereotypes of men that influence their exclusion from many programmes include the sense that they are disinterested, do not care about sexual and reproductive health, which they view as women's domain, and do not see what is in it for them. Second is the notion

that men are invariably predatory in their sexual relationships and relations and unable to see their relationships with women as places for give and take and mutual respect and pleasure. Third, men are also viewed as being entirely in control of sexual relations, and reluctant to give up any of that control. Fourth, the recognition that men engage in risk-taking gives rise to the perspective that they are reckless to the point of not being interested in caring for their health or that of others. Finally, sceptics are suspicious that including men and boys may undermine gender equality, for example, men can appear 'politically correct' without actually ceding power and privilege.

If men were consistently like these negative stereotypes, there might be little point in engaging them. Fortunately, they are not. A growing body of qualitative and quantitative research on men's behaviours, attitudes, and lived experiences related to their sexual lives finds tremendous diversity among men in their attitudes, lives, and responses to their cultural contexts. Given the opportunity, many seem willing to question rigid gender norms. Still, if there is evidence that men and masculinities change, there also remains significant scepticism about whether they can change quickly and significantly enough to matter for this generation of women and girls (Barker 2007).

Working with men versus working with women is viewed as a 'zero sum game'

Men and boys can – and many do already – see that gender equality is not always a losing proposition. The tendency in the field, however, is to view women's and men's interests as competing directly with one another. Relationships based on greater equality and cooperation, a more equal division of household, and work activities outside the household, and equal pay to go with that equal division, are good for all of us – men and women (Barker 2007). Men in diverse contexts are coming to see the benefits of viewing their sexual and intimate relations in more equitable ways (Barker 2005). While giving up power and privilege is never easy, men in these studies voluntarily relinquished some of their power once they really understood the extraordinarily high costs of unequal power relations.

Given the risks, as well as benefits, male involvement poses to women's autonomy, privacy, and health, *how* men are included in reproductive health programmes is extremely important. The sexual and reproductive health field must address legitimate concerns as to whether engaging men and boys in gender equality will take away the already scarce resources for women's and girls' empowerment. Family planning, an important source of empowerment for women and for physiological and social reasons, must continue to address women's needs (Schuler *et al.* 1995, 1998). Though some worry that including men in service delivery may dissuade women from accessing services, strain existing services by increasing workloads, and channel scarce resources away from women to men, programmes and policies that integrate a holistic gender perspective have the potential to multiply the value of every dollar spent.

How to recognise women's greater sexual and reproductive vulnerabilities while acknowledging that men also face vulnerabilites?

The prevailing gender discourse in diverse fora has often ignored men's sexual and reproductive vulnerabilities, viewing them as secondary or as competing with women's needs and vulnerabilities. A 'relational' starting point on sexual and reproductive health is to acknowledge women's greater vulnerabilities on aggregate *and* to understand men as subjects of rights who

can and sometimes are made vulnerable by prevailing gender norms. Problematic norms may suggest men are invincible, cause them to delay seeking health care, and persuade them that unprotected, unplanned sex is more exciting than safer sex, or that they require multiple sexual partners to fulfil physical and social expectations.

Indeed, while men face health vulnerabilities in the sexual and reproductive health arenas, the fact remains that women bear the greatest costs of problematic sexual and reproductive practices and poor reproductive health. Research has consistently shown that men largely drive the spread of sexually transmitted disease, and that women bear greater health hazards associated with sexual activity and reproduction than men (Foreman 1999).

A few key statistics show how far we have to go in engaging men more fully in sexual and reproductive health, and also suggest the potential positive health impacts of shifting gender norms. Despite advances in encouraging men to use male contraceptive methods, women continue to bear the responsibility for family planning worldwide (over 74 per cent of all contraceptive use) (Barker and Olukoya 2009). The recent WHO-sponsored multi-country study showed some 30–50 per cent of women worldwide have suffered physical violence at least once from a male partner (WHO 2002). Approximately 600,000 women die of maternal-health related causes each year, the majority of these deaths preventable (WHO 2007). Girls and women are especially vulnerable to HIV and recent data show that young women account for 75 per cent of 15- to 24-year-olds living with HIV in Africa (Global Coalition on Women and AIDS 2006), over 70 per cent in the Caribbean, and nearly 70 per cent of the infected young people in the Middle East and North Africa (Levine *et al.* 2007).

While there is some evidence of encouraging men and boys to question rigid forms of socialisation and power, harmful gender norms continue to pose major public health challenges. Much more could be done to engage men in the support and care of the women in their lives.

The neglect of men's vulnerabilites

Both men and women are made vulnerable by men's gendered attitudes and behaviours. In some settings, for example, being a man means being tough, brave, risk-taking, aggressive, and not caring for one's body. Men's and boys' engagement in some risk-taking behaviours, including substance use, unsafe sex, and unsafe driving, may be seen as ways to affirm their manhood. The need to appear invulnerable also reduces men's willingness to seek help or treatment for physical or mental health problems.

In some settings, men have more chronic health conditions than women, die earlier on average, and face greater rates of injuries and morbidities related to occupational illnesses, traffic accidents, and violence-related injuries. Men in some predominantly male institutions, such as police forces, the military, or in prisons, also face specific risks due to institutional cultures that may encourage domination and violence. If prevailing notions of manhood often increase men's own vulnerability to injuries and other health risks, they also create considerable risk for women and girls.

These health-related vulnerabilities for men are exacerbated by class differences – lower-income men, and men of socially excluded groups are even more likely to suffer from illnesses and injuries, and these same issues play out in the realm of sexual and reproductive health. Low-income men, men who migrate for work, and men with limited access to health services (generally low-income men) are more likely to have STIs, less likely to seek treatment for those STIs, and more likely have higher rates of HIV (Saggurti *et al.* 2009). Young and adult men in violent, low-income, or conflict-affected settings may suffer from a sense of

helplessness and fatalism that contributes to lower rates of safer sex and health-seeking behaviour (Barker 2005).

In short, men suffer from poor health as a consequence of the same risk-taking and other behaviours that can harm their sexual partners, male and female. The vulnerabilities of masculinity are changeable and not simply determined by biology. Poverty and the economic and social marginalisation of men intensify these effects. Programmes miss out by not addressing masculinity and men's vulnerabilities as part of a comprehensive approach to health.

Programmes engaging men and boys in the struggle against gender inequality

The world has made the most progress in addressing gender inequality as it affects health in the sexual and reproductive health and HIV prevention arenas. The surge over the past 15 years in programmes that engage men has been lagged by an 'echo boom' of evaluations. These are providing the basis for a growing body of evidence that engaging men and boys in gender-specific, relevant programmes leads to improved health and other benefits. Emerging studies of programme models being implemented by a diverse range of institutions are showing that engaging men and boys can result in higher condom use, reduced rates of sexually transmitted infections, greater take-up by men of voluntary counselling and testing (VCT), and increased collaboration between couples on matters of sexual and reproductive health.

WHO and Promundo[1] recently reviewed 59 evaluation studies of programmes working to engage men and boys in health interventions in the areas of sexual and reproductive health, HIV/AIDS prevention, gender-based violence, fatherhood, and maternal and child health (Barker *et al.* 2007). The review classified the programmes by the extent to which they challenged harmful gender norms, and also ranked them with regard to their overall effectiveness, assessing whether the impact was on behaviours, attitudes, or knowledge, and combining this with the rigour of the evaluation design.

Few programmes engaging men and boys last for more than two to three years or get scaled up beyond the pilot stage. Yet the evidence we have from these indicates that carefully conceived programmes with men and boys can lead to positive changes in men's and boys' attitudes and behaviours related to sexual and reproductive health and HIV, maternal and child health, engagement with their children, their use of violence, and whether they seek out health care.

Programmes that seek to promote more gender-equitable relationships between men and women are more effective in producing behaviour change, as are programmes that address social context and not just the individual men. Programmes that include deliberate discussions of gender and masculinities and the benefits of transforming such gender norms appear to be more effective than programmes that merely acknowledge or mention gender norms and roles.

Integrated programmes that provide both individual engagement with men and community mobilisation or media-based messages were the most effective (Barker *et al.* 2007). Given that the ultimate goal of this work is to help men understand their choices and behaviours in a broader social context, the powerful effects of programmes that reach beyond the individual level, to men and boys' social contexts, including relationships, social institutions, gatekeepers, community leaders, and so on, make perfect sense.

Promundo's experience in applying their Programme H approach finds lower rates of STIs, higher rates of condom use, and more concern with their own health and their partners' health

as a result of well-designed and consistently applied group education and community campaigns (Pulerwitz *et al.* 2006).

Programmes can respect and affirm the caring and responsible roles men may play already in their families. In Turkey, where withdrawal is widespread, the failure to support withdrawal in favour of 'modern' and 'effective' methods of birth control used by women actively discouraged male involvement where it was already high (Rogow and Horowitz 1995). By helping men learn parenting and negotiating skills, for example, programmes can assist men in questioning their limited notions of masculinity, and can transform the basis of male–female relationships. Men who are more involved in the health of their families themselves enjoy better health and closer relationships with their family members (Miedzian 1991). Young men who want to see their children grow up seem less likely to take serious risks (Cohen 1998).

By increasing men's security about their own masculinity (Segal 1990), programmes can contribute to a greater capacity to understand and communicate openly with women. Supporting men who are the exceptions to dominant masculinity can be difficult, but offers substantial payoffs (Montoya 1999). The Society for the Integrated Development of the Himalayas in India, for example, identifies men who are the *exceptions* to the disengaged norm, and supports them in spreading their more positive views of women and more active roles in fatherhood (Barker 1997: 26). When provided with positive alternatives and the possibility of questioning the limited roles with which they were raised, men are often glad to adapt their behaviour in ways that challenge traditional rules of masculinity.

Public policy addressing masculinities and health

Most of the innovative work in recent years to involve men in questioning harmful gender norms that undermine health has occurred in the context of programmes. It is time now to be more ambitious and to expand this work to the policy level. There is a great need for increased implementation of policies, legal structures, or laws, especially in developing country settings, to engage men in achieving gender equality.

Policies and national guidelines ensure that good ideas for engaging men and boys are taken to scale. They define approaches and increase programme consistency around objectives and strategies for working with men. The formulation and implementation process can facilitate coordination across sectors. This helps to prevent male engagement from being interpreted as a strictly clinical mandate for treating men as reproductive health clients.

The general tendency is for governments to endorse gender equity internationally, but to have little to say in *national* development policies about men and their potential roles in achieving it. A few notable exceptions stand out, however; a few governments are beginning to include discussions of men's vulnerabilities, as well as the need to engage men in specific ways in achieving gender equality and ending violence against women. In South Africa, for example, engaging men has been made part of the gender equality agenda, even if implementation lags behind policy pronouncements (Redpath *et al.* 2008).

Paternity leave policies in some European countries show evidence of increased participation by men in child-rearing and an increased use of paid paternity leave, which men previously often failed to use. An example from a middle-income country is Costa Rica's Responsible Paternity Law, which includes awareness-raising campaigns and public support for mothers to request DNA testing from men. Nearly a third of Costa Rican children had been unrecognised by their fathers, with all of the implications for name, support, and inheritance that this implied. In 2001, the government took action and adopted the innovative Law of Responsible Fatherhood, whose intention is to expand men's roles beyond biological paternity to social

and cultural fatherhood. The law led to a dramatic decline in the number of children with unrecognised paternity – from 29.3 per cent in 1999 to 7.8 per cent in 2003 (Centro de Análisis Sociocultural – Universidad Centroamericana *et al.* 2005).

A consortium of Cambodian non-governmental organisations (NGOs) identified multiple male partnerships, the lack of reproductive health and HIV information among men, and poor couple communication as a major reason behind the spread of HIV and high maternal mortality in the country. The NGOs worked together for over two years to develop Male Involvement Guidelines and to advocate with the Ministry of Health to see they were integrated into the Strategic Plan for Reproductive Health in Cambodia for 2006–2010 (Greene *et al.* 2006).

The armed forces of most countries are groups with a heightened sense of masculinity, high levels of risk-taking, and an enormously influential role – for good or for ill – to play in the communities where they are deployed. The United Nations Population Fund (UNFPA) worked with the governments of nine countries to improve sexual and reproductive health and reduce the spread of HIV (UNFPA 2003). Their findings from settings as diverse as Benin and Botswana in Africa, Ecuador in Latin America, and Mongolia in Asia suggest the enormous promise of working with this captive audience of a huge fraction of a country's young men. In reporting on the initiative, UNFPA focused on changes in government institutions that would likely sustain the efforts to work with men.

As we seek to reduce gender inequities at a society-wide level, understanding the impact of policy change must be a priority for future innovation and research.

Conclusions

Social expectations of appropriate roles and behaviours for men and women, and the reproduction and reinforcement of these norms in institutions and cultural practices, are directly related to people's experience of health. In no area is this truer than in sexual and reproductive health and HIV. Programme planners have understood this and have made huge strides in addressing gendered social constraints to health in their work with both men and women.

NGOs have taken the lead in engaging men and boys in many settings, but the scale of their operations is limited. One solution is to form a network of NGOs to assemble the larger body of groups engaged in this work. MenEngage – a global alliance to engage boys and men in gender equality – is currently facilitating the sharing of disparate experiences and building the capacity of organisations of all shapes and sizes. Regional MenEngage consultations have brought together 75 like-minded NGOs in eastern and southern Africa, 65 in South Asia, and 80 in India alone. Additional consultations are planned for Southeast Asia and Latin America, and the network is building its membership in the Middle East and North Africa.[2] There are likely hundreds more NGOs keen to work with men and boys, whose experiences could provide platforms for taking gender equitable interventions with men and boys to scale. Many of these NGOs are also working with women and girls or are partnering with other groups that do.

The emerging conclusion from these programmatic efforts is that problematic gender norms are at the heart of poor sexual and reproductive health and the spread of HIV. These norms also represent a golden opportunity to improve health and well-being. The next revolution – already underway in a few places – will be to expand this understanding to the policy level. Both men and women stand to gain enormously from the processes of social transformation described here.

Notes

1 Promundo is a Brazilian NGO that has worked to engage men and boys in gender equality in Brazil and internationally. With partner NGOs, Promundo developed the Programme H group education and community campaign approach to engaging young men in achieving gender equality. For more information, see www.promundo.org.br.
2 For more information about the MenEngage Alliance, see www.menengage.org.

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