Urgency and optimism: masculinities, gender equality and public health

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overview

This *focus* examines the presentations of four panellists at the Gender, Culture and Rights workshop, whose papers spoke of men's willingness to play a more active role in promoting gender equality and of the urgency with which interventions be conducted to end violence and to reduce the spread and impact of HIV/AIDS.

keywords

masculinity, gender, public health, violence

Presentations by Jane Chege, Regis Mtutu, Mokgethi Tshabalala and Rabi Gobind all addressed the issue of men's roles and responsibilities in promoting gender equality, ending violence against women and reducing the spread and impact of HIV/AIDS. Each described efforts currently underway in South and Southern Africa.

Jane Chege of the FRONTIERS Program of the Population Council described the diagnostic phase research her organisation has been doing in Soweto in collaboration with EngenderHealth and Hope Worldwide to better understand gender norms and practices in Soweto. Mokgethi Tshabalala addressed the lessons Hope Worldwide has learnt in implementing the Men as Partners (MAP) initiative in Soweto in collaboration with EngenderHealth while Regis Mtutu discussed the work of *Padare/Enkudleni/Men's Forum on Gender*, an NGO based in Harare and working in 17 different districts of Zimbabwe. Finally, Rabi Gobind of the South African Department of Health's Men in Partnership Against HIV/AIDS (MIPAA) initiative, described a range of initiatives undertaken by national, provincial and local government in South Africa and recommended broader regional collaboration to promote constructive male involvement across Southern Africa.

Two themes cut across all presentations made. The first theme was one of optimism about men's willingness to play a more active role in promoting gender equality and their very personal stake in doing so. The second cross-cutting theme was one of urgency: all four panellists argued that the devastation wrought by domestic and sexual violence and the rapid spread of HIV/AIDS make it imperative that rigorous, evidence-based efforts be made to engage men in striving to end violence and to reduce the spread and impact of HIV/AIDS.

In their presentations over the course of the conference, Robert Morrell, Sibongile Ndashe, Wendy Isaack and Mongezi Guma, all suggested that contemporary gender roles are undergoing substantial contestation and shifts due to, amongst other factors, the changes brought about by a new and democratic dispensation, a Constitution that unequivocally protects the rights of women and of gays and lesbians, and an increasingly globalised and de-industrialised economy.

Similarly, the speakers in the session on masculinities, health and gender equality all

pointed to the fact that the twin epidemics of HIV/AIDS and endemic levels of violence against women and children have forced some men to re-evaluate dominant gender roles and relations. In their presentations, all four speakers were optimistic about how some men are responding to these new pressures, demands and opportunities. In different ways, each also suggested that many men indicate that they find many aspects of traditional masculinity oppressive, and experience social expectations of them as rigid and claustrophobic.

In her presentation, Dr Jane Chege described findings from diagnostic phase research conducted by the Population Council as part of an evaluation of a MAP programme currently being implemented in Soweto by EngenderHealth and Hope Worldwide. The stated purpose of this research was 'to identify gender norms and HIV/reproductive health issues relevant to Soweto socio-economic context' and to use 'the findings to inform the design and implementation of the ongoing MAP project'. The diagnostic phase consisted of 14 focus group discussions (FGD), 12 of which were conducted with single sex groups of men and women. Ages of FGD participants varied from 15-24, 25-34, and 35-54 years. Of the 143 participants, all were African except 1 coloured male and 1 Indian male. In addition, 20 in-depth individual interviews were held with community members of different ages. These included community and opinion leaders such as teachers, pastors and police officials. A majority of the study participants were unemployed.

Chege reported that this qualitative research indicated that men and women held both 'traditional and progressive' views on gender with older men and women more likely to support the notion that 'the man is the head with overall responsibility to provide for family needs and maintain discipline' and that 'women's major role is child-bearing and rearing'. When asked about attitudes towards men's greater involvement in the domestic sphere, some participants expressed the notion that 'men who undertake domestic chores are seen in the community as weak, or possibly bewitched by their partners with *muti*[1] so that their female partners 'can rule over them'. Study participants reflected these views in the following ways:

> *'They say we are equal… no we are not equal, we will never be equal.'*
> (Male FGD, 25-34)

> *'Ja, Fifty-fifty [equal rights of men and women] also contributes [to gender based violence]; it's a problem. Man used to be the head. There are no two bulls in one kraal – two heads; it should be fifty six, forty four [instead of fifty-fifty].'*
> (In-depth interview, male age 35)

> *'They can say that one is chauvinistic or whatever but a man is the head of the household. A woman is a neck, she is balancing the head that it must not fall.'*
> (Male FGD, 35-45)

Many men indicate that they find many aspects of traditional masculinity oppressive

Those holding more progressive definitions of gender roles, appeared to be challenging traditional gender 'ideals' and seemed to be in the process of redefining masculinity. These participants commented on 'present day realities', recognising that 'women are bread-winners and many are single parents'. They also held a number of quite negative views about contemporary men in Soweto including those that men are very often 'detached from the family, fail to assist in domestic activities' and engage in high levels of 'unacceptable

behaviour such as alcohol and drug abuse'. Many of the younger men spoke of their frustrations and disappointments with their own fathers, arguing that for them it was often hard to identify positive male role models. As a group, they felt strongly that men should 'assist in domestic chores; support children they have fathered, and should provide emotional support'. Chege offered the following quotes from younger male research participants whose words reflect an openness to greater gender equality and to more flexible gender roles.

'And as a married man or a man that has paid lobola, *it does not give you a right to rule your wife and to tell her what to do and what not to do, you understand he must respect her.'*
(Male FGD, 15-24)

Contemporary gender roles compromise both men's and women's health

'…when you are a real man, when you have a child, you must not let your child roam on the street, and say that it is not your child. If it is your child, it is your child, go straight there, support them and at the end of the day you will know even if you die that you have at least left something for your child, the one that you know that it is your child, not somebody else's.'
(Male FGD, 15-24 years)

'I think real men don't rape – when you are a real man you don't beat up your girlfriend or your wife.'
(Individual interview, male 15-24)

Interestingly, the views expressed by some women indicated that their vision of gender equality was relatively limited and did not challenge existing power relations in fundamental ways.[2] As one woman said:

'There is this law or policy that deals with the gender [issues]. Yes, but that doesn't mean we don't have to respect our men. Men respect us very much and they are the heads of our families. They are our children, we brought them to this world, and they are our husbands as well. We have to respect and look after them. But now it doesn't mean that the father must be a bully. He has to treat me like a flower, as much as he wants me to take him as a father. If I say to him, I want to go to Tsepo's funeral, he does not have to prevent me because he is the father and he makes the rules. He also has to satisfy my needs as a woman or as his partner.'
(Female, mixed group)

In talking about men's and women's attitudes towards sex, Chege indicated that many men held attitudes that suggested that they 'think sex for women is not just for creating a bond but a tool to receive financial and other support'. In other words, there is an 'unspoken agreement' that 'if a woman accepts support she has consented to having sex'. In the context of HIV/AIDS, Chege also described important gender differences in views regarding condoms; she said women thought that men did not want to use condoms whereas a significant number of men said that 'they want and should use condoms'.

In his presentation, Mokgethi Tshabalala stressed that 'contemporary gender roles compromise both men's and women's health'. He cited alarmingly high rates of HIV and linked this to very high rates of violence against women. His claims are borne out by official statistics that make startlingly clear the extent and severity of these two public health crises. A 2002 UNAIDS report describes an adult HIV-prevalence rate of over 20% (UNAIDS, 2002), while a 2001 South African Medical Research Council report indicates that in many parts of the country, up to 30 % of adults are estimated to be infected (South African Medical Research Council, 2001).

Tshabalala also discussed the ways in which HIV/AIDS disproportionately affects women's lives. Recent research supports his claims. For instance, a recent report released by the University of the Witwatersrand in April 2004 indicates that women make up 77% of the 100% of South African youth between the ages of 15-24 who are infected with HIV/AIDS.

Women's greater vulnerability to HIV/AIDS is in part explained by the very high levels of sexual and domestic violence reported across the country. For instance, almost one-third of sexually experienced women (31%) reported that they had not consented to their first sexual encounter and that they were coerced into sex. Research also indicates that many women continue to experience violence throughout their lives; a study in 1991 reported that violence was present in 50% to 60% of marital relationships (Vogelman and Eagle, 1991).

Tshabalala argued that men, too, are adversely affected by contemporary gender roles. He argued that many men are encouraged to equate a range of risky behaviours – the use of violence, alcohol, and substance use, the pursuit of multiple sexual partners, the domination of women – with being manly, while simultaneously encouraging men to view health-seeking behaviours as a sign of weakness.

This contention is borne out by newer research that reveals that men are significantly less likely to use voluntary counselling and treatment (VCT) services than women, and access anti-retroviral (ARV) therapy far later and with much more compromised immune systems than women. For instance, a 2005 survey of 2 500 men and women between the ages of 15-34 in Soweto, revealed that only 28% of men had ever been tested for HIV compared to 55% of women in the same age cohort (Chege et al, 2005). Similarly, a recent study of ARV treatment in Johannesburg conducted between April and June 2004, reported that women accessing ARVs 'outnumbered men by a ratio of 2 to 1' (Hudspeth et al, 2004). This same study reported that women's CD4 count at initiation of treatment was also significantly higher than men's (100 cells/µl in women and 85 cells/µl in men), and concluded that the observation that two-thirds of patients were female, with 23% of women referred from prevention of mother-to-child transmission programmes, underscores the need for programmes that target HIV-infected men. These findings were similar to those reported in a study of VCT uptake in the Khayelitsha clinic outside Cape Town, South Africa, where fully 70% of patients were women (Coetzee et al, 2004).

Many women continue to experience violence throughout their lives

Having provided a rationale for an intervention that encourages men to support more gender equitable behaviours and that promotes increased health-seeking behaviours amongst men, Tshabalala went on to describe the MAP initiative that Hope Worldwide has been implementing with technical assistance from EngenderHealth. The programme, he said, works with men to achieve four primary goals: to encourage men to reduce their risk-taking behaviours; to become actively involved in efforts to reduce the spread and impact of HIV/AIDS; to encourage men to take a stand against sexual and domestic violence; and to foster men's full support for gender equality.

Tshabalala stressed that the MAP programme utilises a human rights framework that makes explicit to men that domestic violence and sexual assault are a violation of constitutionally-enshrined human rights. Operating in Gauteng, the Eastern Cape, KwaZulu-Natal and the Western Cape, Hope Worldwide's MAP programme is linked to the broader South African MAP network. Together with the nearly 50 organisations that make up

the MAP network, Hope Worldwide uses a range of strategies to achieve its goals. Tshabalala described these as including: workshops, community education events, media advocacy, community mobilisation and the use of the arts as a vehicle for change. All these strategies, he said, serve to encourage men at all levels of society to 'take action to end violence and promote gender equity in their personal and public lives'. While believing strongly that men have a very real investment in change, he said that men can still be resistant and blind to male privilege. Drawing from his own experiences, he described having had a conversation with his wife about family planning strategies and focusing only on methods she might use until – to his surprise and indignation – she pointed out that he had not mentioned vasectomy as an option. To address this kind of resistance to change, Tshabalala emphasised the importance of engaging all sectors of men in society, especially those who shape public opinion.

Men gain much from less rigid gender roles and more gender equitable relationships

In his presentation on the work being done with men to address HIV/AIDS, violence against women and gender equality by *Padare* in Zimbabwe, Regis Mtutu, like the speakers who preceded him, argued that men gain much from less rigid gender roles and more gender equitable relationships.[3] He drew on his personal life to explain this:

> *In Zimbabwe, where sometimes it's very difficult to get fuel and mealie meal because of shortages, my wife could just stand back and say, 'You are the father, you are the man, do it.' So when you assist each other in that huge responsibility – school fees for the kids and all that – you really sit together, plan and say okay, we'll cut here. I find that reduces the stress because you really feel that you are doing it with the other person. I think it's something that we don't often take enough time to really communicate to men and say, 'Hey guys, if you address this thing, it would actually mean as men we are not only better off in life, but actually, it's better for our family, for our communities as a nation.'*

He went on to say that contemporary gender socialisation encourages men to take unnecessary risks and wondered aloud about alternative possibilities, saying:

> *As I was growing up, I had a relationship with my friends where we really supported each other, but in very negative ways – like how we would support each other to have our first sexual experiences. Is it not possible to have the opposite of that? Doing this has been very fulfilling. My friends say 'no, in this manner I think you are going astray', and we discuss that in a very positive atmosphere without feeling defensive, but instead support each other. I feel that this work has given me the opportunity to be able to do that – this leaning on each other has been very rewarding as well.*

Mtutu also paid special attention to the ways in which *Padare* has reframed cultural concepts related to masculinity in the service of promoting gender equality and greater male involvement in HIV/AIDS-related prevention, care and support. He said:

> *I like the notion of appealing to positive notions of masculinity. Typical masculinity defines men as 'risk takers'. Getting tested for HIV is taking a risk, standing up for gender equality is taking a risk, but taking the risk in a very calculated positive manner that benefits us all. We need to advance this agenda.*

Padare, he said, also appeals to notions of masculinity to encourage men to play a role in prevention of mother-to-child transmission

programmes (PMTCT); activists use men's interest in maintaining their family name to argue for full support for PMTCT programmes so that the children they father are born healthy and HIV-negative. In addition to promoting men's involvement in PMTCT efforts, he stressed that *Padare* promotes a different kind of parenting – one based on responsibility, full involvement and shared decision-making.

In describing their programme priorities, Mtutu emphasised the need for male and female gender activists to work more deliberately with young men and boys, saying:

> *I think the women's movement has done tremendous work in focusing on the girl child. But I always ask myself: What are the implications of this? Is the re-socialisation of the girl child producing a clear-minded young girl, a young woman who is aware of her rights? And who do these young women have to deal with? They are dealing with young boys – young men who are still 'doing time', who are still in the prison of masculinity and patriarchy. We need to be able to re-define gender roles from an early age, so that when these two meet, when they start falling in love, engaging, they are doing so on an equal level, because when that empowered young girl engages with this young man who cannot engage, all he can do is resort to violence, sexism and so forth. Let's really look at how we re-socialise the young boy from that early age onwards.*

In closing, Mtutu put out a call for male gender activists to interrogate and challenge their own and others' homophobia and discriminatory practices oppressing the gay, lesbian and bisexual communities, saying 'the whole question of gay relationships, to me, also goes to the core of patriarchy, of re-defining manhood. I think we have to make a very conscious decision to address this issue'.

In his presentation, Councillor Rabi Gobind emphasised the work that the government is already doing to promote gender equality and he articulated a vision of how work on men and gender equality might be expanded to reach more men and a greater number of countries in the region.

Like the other members of the panel, he drew on his own personal experiences and talked about how important it is that men reflect on their own experiences in the ways that other panellists had done. He talked of his own struggles to shed patriarchal habits within the home and thanked his daughters for always holding him accountable.

Change from rigid gender roles and relations towards greater gender equitability is in men's interests

Gobind emphasised the importance of South Africa's newly established democratic constitution, the enactment of legislation that promotes gender equality and the appointment of women into senior positions within government, as important mechanisms to shift social norms about gender roles and gender equality.

He also described the work of the Men in Partnership Against AIDS (MIPAA) Initiative organised by the Department of Health, and launched after a national Men's Imbizo held in Cape Town in 2002 and attended by the Minister of Health and the Deputy President. Gobind described MIPAA as a national initiative with structures in many urban and rural parts of the country. Based on the successes of MIPAA, MAP and other similar initiatives, he argued for the establishment of one national men's organisation in South Africa, representative of all nine provinces based on principles enshrined in the Constitution, which should embody international commitments/declarations.

Over the course of the discussions, each panellist made the case that change from rigid gender roles and relations towards greater gender equitability is in men's interests, and used compelling data and personal stories to

support this contention. Whilst this analysis lends itself to greater optimism about the possibility of establishing a more gender equitable and healthier society, there are a number of reasons why it is important to be careful about the kinds of claims made.

Firstly, work with men to promote gender equality is relatively new and, as such, does not have a large evidence base from which to make claims about success. To date, very few programmes have been rigorously evaluated and little is known about what kinds of male involvement programmes work best. At a time when funding for services for survivors of domestic and sexual violence remains woefully inadequate, it is important that money spent on male involvement programmes be informed by a solid evidence base and that they are rigorously implemented.

Gender is a critical determinant of public health and social wellbeing

Secondly, in South Africa, like elsewhere in the world, there are what one panellist described as deeply entrenched attitudes 'running across all forms of life'. Whilst a growing body of research suggests that contemporary notions of masculinity are associated with a range of public health problems (Courtenay, 1998), it is also true that the current gender order confers upon men a range of privileges and powers sometimes referred to as the 'patriarchal dividend'. It seems prudent to recognise this and to expect that some men in South Africa will actively oppose and undermine efforts to foster men's support for gender equality. This 'backlash' against gender equality has been substantial elsewhere. It seems naïve to imagine that it is not present in South Africa too.

Thirdly, gender is a critical determinant of public health and social wellbeing. It is not, however, the only one. At a time when privatisation of key public services such as water, electricity and health services puts additional strain on communities already reeling from HIV/AIDS and other diseases, it is important that gender activists join with those working to address broader structural factors such as neo-liberalism, debt and structural adjustment and demand more just and equitable forms of globalisation. Arguing for greater male involvement in HIV testing is of limited value when neither men nor women can afford the user fees added by national governments, as was the case in Zimbabwe in the early 1990s, when the number of visits at one government clinic fell from 1 200 to 450 after user fees were imposed due to an International Monetary Fund structural adjustment plan (Davis and Fort, 2004). In the same way, increasing men's demand for HIV services must go hand in hand with increased availability of those services. In some places, this will require putting pressure on national, provincial and local government as well as the private sector to make sure that medications for AIDS-related opportunistic infections as well as ARVs are available and affordable.

To be effective, then, gender activists working to foster men's active support for gender equality will need to present compelling arguments that make the case that gender equality is, in fact, in men's interests but, in doing so, will need to be honest about the unearned privilege men will need to give up, and the integrity needed to do this. Gender activists will also need to connect local issues to broader global forces and struggles – especially those related to poverty and the structural forces behind it. To do this, we will need to work at many levels, simultaneously rooting our efforts in local communities, while also finding the balance between pressuring and assisting the government to meet their stated commitment to socio-economic rights embodied in the Constitution.

Notes

1. Traditional medicine procured from a *sangoma* or traditional healer.
2. Household survey data based on interviews with 2 500 men and women conducted as an additional part of this diagnostic phase research, and reported on in April, indicated that there were not large differences between men and women's attitudes towards gender equality. About 19% of both men and women had high levels of gender equitable attitudes, 55% of men and 57% of women had medium levels, whereas 25% of men and 27% of women had low levels (Chege et al, 2005).
3. The quotes used here were recorded in an interview following shortly after the panel discussion and are excerpted from a chapter on male gender activists forthcoming in 'Defending our Dreams: Global Perspectives from Young Feminists. Perspectives for Now and the Future' edited by Shamillah Wilson, published by Zed Press.

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