SESSION 78

CHANGING GENDER ROLES AND MALE DISEMPOWERMENT IN RURAL AND URBAN EAST AFRICA: a neglected dimension in the study of sexual and reproductive behaviour in East Africa

Paper prepared for the XXIV IUSSP General Population Conference Salvador, Brazil, 18-24 August 2001

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Summary. - Patriarchal structures and stereotyped notions of gender hide the increasing disempowerment of many men in rural and urban East Africa. Socio-economic change has left men with a patriarchal ideology bereft of its legitimizing activities. Unemployment or low incomes prevent men from fulfilling their male roles as heads of households and breadwinners. Women=s roles and responsibilities have increased. This affects men=s social value, identity and self-esteem. Multipartnered sexual relationships and sexually aggressive behavior seem to strengthen male identity and masculinity. Initiatives to improve sexual and reproductive health are based on a stereotyped and static understanding of gender roles and relations. They constitute barriers for effective strategies to improve sexual and reproductive health of both women and men. There is a serious need to consider how socio-economic changes have affected traditional gender roles and male sexual behavior.

Key words - Male disempowerment, poverty, masculinity, sexuality, behavior change, East Africa.

1. Introduction

The AIDS epidemic has thrust sexuality, sexual practices and sexual behaviour into the spotlight - not only as major public health issues but also as demographic issues. However, while demographers concentrated on women, men have had a low profile as subjects in demographic research (Greene and Biddlecom, 1997).

Thus, before the ICPD (International Conference on Population and Development) in Cairo, September 1994, men, their role as (responsible) partners and also their own sexual and reproductive health needs had not received much attention - in spite of men=s prominent sexual and reproductive role. The final ICPD document (1994), however, clearly recognised the need to address and involve men, in order to improve women=s reproductive health. With deteriorating sexual and reproductive health, particularly in Sub-Saharan Africa, and more women than men now being HIV infected (often by their own husband), >male involvement=, >men as responsible partners=, and not the least >male sexuality and sexual behaviour= have become increasingly unavoidable issues on the sexual and reproductive health agenda. This was clearly reflected in the Cairo + 5 meeting in The Hague, February 1999. Operational attempts, though, to reach men are very few, and have not yet been given high priority neither by local governments, donor agencies, NGO's nor researchers. The 'male issues' is, however, gaining importance. This has been particularly clearly demonstrated by UNAIDS (2000), and also at the recent AIDS conference in Durban, SA.(2000). Surprisingly, and even if attention is given to male involvement, it is not a priority issue in the documents

However - and as shall be demonstrated in this paper - although sexual and reproductive health behaviour in Sub-Saharan Africa is drawing increasing attention there is an inadequate understanding of the structures and processes influencing, in particular male sexuality and male sexual behaviour. Consequently, the aim of this paper is to illuminate underlying and so far overlooked factors which contribute to an understanding of such structures and processes and how they have affected men=s lives, masculinities and eventually men=s sexual behaviour patterns.

This paper pursues four arguments that are based on research by this author over more than one decade in rural and urban east Africa. First, socioeconomic change in rural and urban East

Africa has increasingly disempowered men. Second, this has resulted in men's lack of social value and self-esteem. Third, with unemployment and incapable of fulfilling social roles and expectations, male identity and self-esteem have increasingly become linked to sexuality and sexual manifestations. Fourth, in their frustrated situation, multi-partnered sexual relationships and sexually aggressive behaviour seem to have become essential to strengthen masculinity and self-esteem.

Based on this, the following issue is pursued: 'Are disempowered men in East Africa motivated for responsible sexual behaviour and HIV/AIDS prevention?'. This issue raises at least three questions that bring gender and gender relations to the center stage: 1) Are men in East Africa really disempowered? 2) How does this affect their gender identity and gender relations? 3) How does this affect their sexual behaviour?

2. Background

Already in mid-1980's, research by this author in rural Kenya (Kisii District) revealed that because of fundamental socio-economic change in the 20th century, conventional and stereotyped assumptions about men and women, their roles and relations needed to be reconsidered and reconceptualised (Silberschmidt, 1992a; Silberschmidt, 1992b). Collapsing traditional structures, the emergence of new unstable situations, new social roles, norms and values had affected male and female gender identity and the relations between sexes. However, the main contention of this research – and in contrast to conventional wisdom - is that socio-economic change has affected men more deeply than women. Men's roles and identities have been challenged and undermined, whereas those of women have, in some ways, been strengthened (Silberschmidt, 1999).

In the mid-1990's, using the findings from Kisii as a stepping stone, an investigation of the impact of socio-economic change on the lives of men and women was pursued in an urban context in Tanzania (Dar es Salaam). The aim was to test if the findings from Kisii had a wider applicability and relevance. As shall be discussed below, the research from Dar es Salaam supports the Kisii findings. This means that there is a strong need to rethink stereotyped assumptions about men and women. It underpins in particular an urgent need to explore the interaction between men's changing roles, their gender identity and their sexual and reproductive behaviour. It also reveals that efforts to halt the HIV/AIDS epidemic will have no effect unless men are targeted. So far, slogans such as 'women should stand together to fight AIDS' continue to be very common in East African settings. Findings from the above research seriously question this one-dimensional approach. They highlight the fact that HIV/AIDS efforts need to be based on an understanding of the implications of changing male roles on men's sexual and reproductive behaviour. They also stress the need to develop strategies specifically aimed at men.

A part from the fact that male sexuality and male sexual behaviour are sensitive issues - one major obstacle has been that there is a serious lack of documentation and knowledge about men. In the development debate and also in research, the life situation of men and the changes that it has been submitted to during the process of socio-economic change in the twentieth century has been seriously neglected - contrary to that of women. Over the past almost three decades, it has been widely documented that socio-economic change and break-down of traditional social institutions in Sub-Saharan Africa have left women in a disadvantaged and

vulnerable situation with increasing burdens and responsibilities. Precisely, because of patriarchal structures working to the detriment of women and to the benefit of men, hardly any attempts have been made to investigate and analyse the impact of socio-economic change on men=s lives. A well-known fact, though, is that economic pressure and gender conflicts are escalating. An increasing number of men have become estranged from their families and desert them. They withdraw from domestic roles and responsibilities leaving women on their own to take care of their children. In addition, men=s income (if any) tends not to be pooled into their own households but is rather used on personal consumption. Alcoholism has become a major problem, and so has men=s sexual networking with more or less casual partners.

With different historical and economic developments in rural Kenya and urban Tanzania, my studies necessarily show many differences. However, both areas suffer from significant economic recession, high maternal mortality, and high HIV infection rates with more women now being infected than men (UNAIDS, 2000). Also in terms of men's situation - there are many similarities. In both rural and urban areas men are in a bind between the culture they espouse, the discontent and powerlessness they feel as a result of their subordinate economic status. With poverty and lack of income earning opportunities in many other rural as well as urban parts of the developing world, the described phenomena can no doubt also be found elsewhere. Obviously, one should be doubtful of generalisations that claim to find the same phenomena and behaviours of individuals situated in very different settings. It would be a mistake however, not to recognise basic similarities and differences when they are there.

3. Research findings

3.1. Methodology

As mentioned above, research – mainly based on qualitative interviewing with both men and women, case studies, life histories and focus group discussions - was carried out, first, in rural and then in urban East Africa. Focus for the research was on changing gender roles and relations as well as sexual and reproductive health and behaviour by men and women.

Research in Kisii was carried out at different periods from the mid1980's to the mid1990s. Research in urban Dar es Salaam took place during one year (1996-97). The initial field study (1984-86) in Kisii consisted of both survey data (723 women and 200 men in their reproductive age) as well as qualitative data. The subsequent studies were based on qualitative data collection, life histories and focus group discussions with a selection of men and women (Silberschmidt, 1991, 1992a, 1992b, 1995, 1999). All interviewees belonged to the Gusii tribe, and were either Catholics or Seven Days Adventists. The vast majority had not completed primary education.

The qualitative data collection in urban Tanzania took place during a one year field work (1996-97) in three low income squatter areas of Dar es Salaam: Manzese, Tandale and Vingunguti/Buguruni. In depth interviews were carried out with 38 women and 53 men by means of structured, semi-structured, and open-ended interviews. In addition, and in order to discuss major issues that came up in the in-depth interviews, thirteen focus group discussions (each with 8-10 participants) were conducted with different groups of men (aged 16-65) and

women (17-69). The interviewees had different religious and ethnic backgrounds – with a majority being Muslims. The majority had a primary education. 7 out of the 53 men had attended secondary school. Only one of the 38 women had attended secondary school.

3.2. Findings

My research reveals that even if men are benefiting from patriarchal structures, a majority is caught in a paradoxical and frustrating situation where their male roles are being seriously undermined.. On the one hand, men are the acknowledged heads of households, and they have the formal authority. On the other, lack of employment or low/insufficient income prevent men from fulfilling their expected roles as men, husbands, and in particular as providers of the needs of wife, children and other dependants. In this process, many men have become >figure= heads of household. A provider/breadwinner ideology, though, has emerged both in rural and urban areas and so has a new type of social value system whereby men=s social value is most readily measured in economic terms. Faced with unemployment and with a general tendency for men to use whatever income they may have on investments outside the household (often on alcohol and casual sexual relations) deference and respect from wives are decreasing. With many men not being able to afford a proper marriage (which still requires the transfer of a bride price), marriage is increasingly being replaced by temporary cohabitation. Such =unions= are often characterised by antagonism and violence, and more and more households end up being headed by single mothers. In order to survive with their children, women have taken on new roles and responsibilities and - most importantly control. Many men are faced with contempt from women who have no illusions about husbands as responsible providers and fathers (Silberschmidt, 1991; 1992; 1999; 2001).

In this process, men=s authority is increasingly challenged. Authority requires a material base - contrary to responsibility that is culturally and normatively constituted (cf. Kandiyoti, 1988). Men's difficulties in providing financial assistance to the household has undermined their social roles as heads of households and their roles are becoming peripheral. In contrast women have become invaluable contributors to the needs of the household. Not because they have attempted to take over male roles, but because men have not been able to support their families and live up to their (prescribed and expected) role as head of household. As a result, many men have lost control of their households, including their wives, and they feel helpless and inadequate. Not being able to live up to social roles and expectations has serious consequences for male gender identity, social value and self-esteem (Silberschmidt, 1999; 2001), not to mention their sexual and reproductive behaviour.

Sexual and reproductive behaviour does not take place in a vacuum but in (changing) social contexts where men and women are submitted to ascribed gender roles, norms, values and expectations. Most importantly, these are different for men and women, meaning that certain roles and behaviours are expected and accepted by each gender. However, though still anchored in traditional values, present norms and values have become conflicting and contradictory. In this situation, and - as shall be shown below - with male identity deeply rooted in a man's ability to control women, and with male >honour= intimately bound up with the behaviour of his wife, men have to find new ways to manifest themselves as men. As many role expectations and psychological traits (such as aggressiveness and violence) attached to masculinity are closely linked to attempts to exercise control over (many) women,

male aggressive and violent (sexual) behaviour - even rape - seems to have become male strategies in pursuit of control, social value and self-esteem. Such behaviour seem to strengthen male gender identity. It also seems to be a legitimate and accepted way of demonstrating masculinity.

The more frustrated men are the more pronounced - men and women agree - is their need to >relax= and to demonstrate their masculinity: >If you cannot be a breadwinner, you can be a seducer=. This argument is reinforced and legitimised by the belief that men are naturally polygamous (contrary to women), and men =need a lot of sex=. Such >biological facts= are associated with nature, and thereby placed beyond dispute. Consequently, and in situations where men need to strengthen their self-esteem and masculinity, safe sex messages such as >stick to one partner= do not even become meaningless. They are also in contradiction with male gender identity. As it is an accepted fact that men have a justified need for many partners, safe sex messages contribute to undermining many men=s search for masculinity. A recurrent observation by men as well as women interviewed is that 'a >real= man needs to demonstrate that he can handle more than one partner'. Both genders are fully aware of this fact. However, men have not yet realised that their pursuit of masculinity and social value is potentially lethal to themselves - to women and to the future generations.

Summing up, research findings indicate that there is a strong link between, on the one hand, men's capacity for being breadwinners, and, on the other, masculinity and sexuality. They also stress that men as well as women agree that a man cannot stick to one partner. Male sexual responsibility, though, vis à vis their sexual partners is almost non-existent. Even if condoms are now more widely referred to and also used, in particular in the urban study, interviews also clearly demonstrate that when a man has intercourse with the same 'stranger' a couple of times, that person is no longer a stranger, and condom use is stopped. It is a well-known fact and well described in literature that it is extremely difficult - not to say almost impossible - for women (married women in particular) to negotiate for safe sex measures, considering the prevailing gender relations. Even if women have become much more self-confident and even independent, in sexual matters most women are still at a loss. Women interviewed would all agree that to ask the husband to use a condom – when they know that he has been with other partners - would be to disclose their disrespect too openly. Besides, a common argument is that their husband would then have a reason to accuse them of having not been faithful.

Risk assessment in terms of contracting a STD or HIV infection is low by the men interviewed. 'You never know if you will be run over by a *matatu/dala dala* (local bus in Kenya and Tanzania, respectively) to-morrow', men would argue. But of course, 'why should this prevent me from walking in the street?' men would ask. Thus, the general attitude by men interviewed - who admitted having several partners at the same time, and who were well aware of the risk of contracting HIV/AIDS – was. 'why should it hit me?'

As demonstrated above, men=s need to manifest masculinity through high-risk sexual behavior is high. Little, however, is known about how men in various cultures view their own sexuality, sexual roles and behaviors, and how they perceive these roles and behaviors as they relate to women=s concerns. Even less is known about how men view their own health.

4. Discussion of findings

4.1. Masculinity/masculinities and performing masculinity

The above findings raise the question of what is masculinity and why is it so valuable? In order to answer this question, it is first of all important to stress that masculinity impinges on a number of different elements, identities and behaviours that are not always coherent. They may be competing, contradictory and mutually undermining. Moreover, masculinity is always liable to internal contradiction and historical disruption (Cornell, 1995; Bourdieu, 1998). Masculinity may also have multiple and ambiguous meanings that may vary across cultures, and alter according to context and over time. As such, there is not one but several masculinities.

According to Morrell (2001:208) the notion of performing masculinity conveys the idea of agency. It captures the reflective ways in which men act. 'Men are conscious of their masculinity and they deploy it in various ways – sometimes instrumentally in order to achieve a particular objective. Mostly, however, men are not conscious in this introspective way, and they 'perform' masculinity in terms of a set of gendered ideas, norms and values which have been fashioned to constitute their own gendered identity' (ibid). While men may have multiple ways of behaving the performance of masculinity is ultimately located within gender power structures which locate and place limits on their particular performance. Thus, performing masculinity, is both about men making and remaking masculinity, about also about challenging hegemonic masculinity and reconstituting it.

Consequently, and in order to analyze the linkage between masculinity and sexuality in an East African context, there is a need to explore the inherent meaning of maleness (as opposed to femaleness) in this context, and to establish the basic gender differences. As definitions of masculinity vary over time, there is a need to understand both the current pattern of masculinities, and also to look back over the period in which this pattern came into being – because present masculinities may still be strongly rooted in the past.

4.2. Male sexuality/sexualities

As documented in numerous studies, in earlier times, most households in East Africa were polygynous. This permitted men to have sexual relations with several women, and men were not used to sexual abstinence. Such traditional norms and values defining men and masculinity are still deeply imbedded in most men interviewed – even if most men do not have several wives because they cannot afford it (lack of land, lack of money for brideprice etc.). Most boys grow up believing that they are the superior gender, and that their identity as men is defined through sexual ability and accomplishment. >A man who cannot handle several women is not a real man=, men would argue both in Kisii and in Dar es Salaam. And women would agree. However, they would also agree that such a man would not make a good husband – and they certainly did not want such a husband. Most 'married' women, though, were well aware that they had precisely ended up with such a husband.

It is important to note that men and masculinities have not been left untouched by colonialism and integration in the world economy. In many parts of Africa, male migration became common. Linked to this, sexuality was taken out of the household (Silberschmidt, 1999, White 1990 and many others). Moreover, the European/American pattern of men=s investment in patriarchy has been extended across the world. The media celebrate violence to an extent where masculinity has almost become synonymous with toughness and aggression. This means that boys/men in East Africa are socialized into a masculinity with the aura of violent and aggressive behaviour. Such behaviour has been reinforced by poverty, lack of access to education and employment. Men are expected to perform certain roles, including being sexually aggressive, and they may not see any wrong in sexual violence. They are entirely justified - they are just exercising their right. They are authorized by an ideology of supremacy (as also suggested by Cornell, 1995; Lindsey, 1994).

On the other hand - as also observed in the masculinity literature - while masculinity is power >masculinity is also terrifyingly fragile because it does not really exist in the sense we are led to think it exists, that is, as a biological reality ... it exists as ideology; it exists as scripted behavior; it exists within >gendered' relationships (Kaufmann,1987:13). This is because the male gender is constructed around at least two conflicting characterizations of the essence of manhood. First, being a man is natural, healthy and innate. But second, a man must stay masculine. He should never let his masculinity falter. Masculinity is so valued, so valorized, so prized, and its loss such a terrible thing that one must always guard against loosing it (Cornell, 1995). As a result, men should always be on guard and defend and demonstrate their masculinity. Moreover for men – and most importantly - there is a strong correspondence between masculinity and sexual activity - not to mention status - which is the inverse for the female system. It is worth noticing, though, that male >honour= is dependent on women=s appropriate behaviour. Therefore, femininity and female sexuality represent an active and threatening power to male identity and masculinity.

5. Masculinity versus femininity

The awakening of a consciousness of sexual identity, and the incorporation of the dispositions associated with a determinate social definition of the social functions incumbent on men and women come hand in hand with the adoption of a socially defined vision of the sexual division of labour (Cornell, 1995; Bourdieu, 1998. As such, these constructs are not static and a-historical but historically and socially constructed. Nevertheless, they still seem to have some universal overtones with men benefiting from inherited definitions of masculinity and femininity. While, on the one hand, and as mentioned above, masculinity almost world-wide has increasingly become constructed from men=s wage-earning powers, on the other - and more fundamentally - my research finding also underpin that notions of masculinity are closely associated to male >honour=, virility, sexuality, sexual performance and fertility. The same observations are made many other parts of the world (Lindisfarne & Cornwall, 1994; Cornell, 1995). This means that for men there is a strong (not to say universal) correspondence between masculinity, sexual activity and status that is the inverse for the female system. In fact research findings from both Kisii and Dar es Salaam clearly indicate that male sexual activity does generate categories of masculinity. Sexual modesty gives social value to women - but not to men. Sexual potency gives social potency to men - and not the least - self-esteem.

According to Kimmel (1987) and many others, masculinity and femininity are relational constructs; the definition of either depends on the definition of the other - though present images of femininity and masculinity/sexuality are often blurred. This is in line with my own research findings. It is also in line with observations by Bourdieu (1998) based on his studies among the Kabyles in North Africa. In this work, Bourdieu stresses the link between masculinity, sexuality and violence. Bourdieu=s categorisations of basic gender constructs and gender differences are useful in this context - even if they do tend to present a static picture and do not elucidate that there are different masculinities. According to Bourdieu, femininity and masculinity as well as female and male sexuality reflect the following oppositions:

Femininity	<u>Masculinity</u>
directed towards inside house, food, utensils, children centripetal	directed towards the outside world defending >his honour= centrifugal

Female sexuality	Male sexuality
modesty restraint downwards introvert secret	no modesty no restraint upwards extrovert public

This stereotyped picture which is very static and does not allow for the multiplicity of masculinities that do exist is dangerous. At the same time, though, these competing differences between femininity and masculinity as well as female and male sexuality (and the norms and values surrounding them) are revealing and useful to have in mind. Even if there is no set of characteristics that define femininity and masculinity, there are some enduring and pervasive features: femininity becomes associated with the private sphere and with traits that suggest passivity and subordination. Masculinity, on the contrary, becomes associated with the public sphere, and with authority and dominance. In fact, masculinity is shaped in relation to a general symbolism of difference – the opposition of femininity and masculinity. With female sexuality being associated with modesty, restraint and secrecy and male sexuality with the opposite it becomes clear that there are different norms, values and expectations that are associated with being a woman and being a man. Moreover, and in particular in relation to sexuality, what gives social value to a man does not give social value to a woman. Consequently, men and women constitute two groups with different interests. The relations between them are based on an overall structure of power – and the subordination of women to men.

However, as the above research demonstrates, it is precisely this power structure that is being increasingly challenged by women – because many men have become 'figure' heads of household. While men's interests are to defend patriarchy – because they profit from the 'patriarchal dividend', women's interests are to change – and to 'domesticate' men. However, and as asked by one of my Kenyan colleagues 'how to domesticate men without stripping them of their masculinity?'

Men, though, are also prisoners and victims of their role as the dominating sex (Kimmel, 1987; Kaufmann, 1993; Cornell, 1995; Bourdieu, 1998). To exercise domination is not >inscribed= in men=s nature. It requires a long >socialisation work=. Just as >noblesse oblige= - men are obliged to play their prescribed roles where >honour= is central. Thus, the male privilege is also a trap. Men have ended up in a straitjacket. Contrary to women, who can only loose their >honour= (through infidelity), a >real= man must fight for it - he must use violence to achieve glory and public recognition. Pursuing masculinity is therefore an exposure to vulnerability. Most importantly, masculinity is constructed in front of and for other men and against femininity because what men fear most is being feminine.

Summing up, women and men constitute two groups surrounded with different norms, values and interests, and it is women=s interest to challenge and change men. According to Cornell (1995:232), this is not an easy task. This is because >.... attack on men in Lacanian terms .. means attacking the Phallus ... in more orthodox Freudian terms it means reviving the terror or castration ... this suggests a depth of resistance likely to be met=. It should be kept in mind, though, that men and women also have many common interests.

Consequently, with masculinity and the phallus being at stake, and with men benefiting from inherited definitions of femininity and masculinity the following question raised by one of my Kenyan colleagues becomes very relevant: How to 'domesticate' men without stripping them of their masculinity?

6. Conclusions

With strategies to empower women figuring prominently on the national and international agenda, with sexual and reproductive health and rights being advocated (including women=s rights to say no to sex), there are often problems about how such empowerment becomes translated into convictions and into action. Also, questions about how far genuine empowerment is possible for women without major changes in social attitudes are being raised increasingly (Rowlands, 1997). Moreover, the question of empowerment is only meaningful in a social context where men also exist, and strategies to empower women need to consider the negative consequences of male disempowerment.

Linked to this, it can be questioned if efforts to empower women may have unintended and negative consequences for women, in particular in terms of their sexual and reproductive health unless these trends are balanced against efforts to deal with men=s increasingly frustrating situation. This is a major development issue that has so far remained unnoticed on the development agenda.

However, the concept of >male involvement= which is now surfacing on the sexual and reproductive health agenda reflects the recent emphasis in population policy and programs on encouraging men to be supportive and involved partners. It recognizes that the health- and socio-economic problems of women cannot be solved without involving men (ICPD Programme of Action, 1994). Thus, changes in gender roles and relationships are needed, and governments are encouraged to provide education and services addressing the reproductive health needs of both men and women. However, there is no generally accepted understanding of what male involvement actually means. <u>The above research, however, clearly indicates tah while there is an urgent need to involve men, such involvement cannot take place unless men feel that they will also benefit themselves from such involvement: that involvement does not mean loosing their masculinity – on the contrary.</u>

Efforts – in particular operational efforts - therefore, to address men are charged with considerable difficulties. First of all, because men's changed roles, their disempowerment and the consequences for their sexual behaviour seem to have escaped the general attention among local governments and also donors. Moreover, a focus on male sexual and reproductive behaviour addresses and threatens established male privileges in societies that are strongly patriarchal. Also, men=s interest in maintaining patriarchy is defended by all the cultural machinery that exalts hegemonic masculinity. In addition, there has been a profound fear that activities aimed at men might result in being at the cost of those aimed at meeting women=s urgent needs.

In order to redress this situation, a new concept in relation to >male involvement= was introduced at the Cairo + 5 meeting in the Hague (1999) - >positive role models=. The concept of >positive role models=, though, is not clear either. This has led to uncertainly and ignorance among policy makers and health professionals about how to operationalize the concept.

In addition, neither policy makers nor Information, Education and Communication (IEC) campaigns deal with the fact that sexuality and reproduction in east Africa are symbols vested with different, often opposite meanings for men and women. Consequently, informative initiatives tend to leave the public without any clear guidance. It is up to the individual to collect as well as analyze different messages given to him/her.

Based on my research both in rural Kisii and in urban Dar es Salaam there is first of all an urgent need to analyse in more detail the commonly accepted notions of male domination and women=s subordination. Such stereotypes are static and do not allow for change - they may even help to naturalize inferiority. While the patriarchal ideology may be embodied and expressed in the lives of men and women this does not mean that all men are successful patriarchs or that all women are submissive victims. On the contrary. However, even if many women in the above studies have acquired control and even

power in many spheres of their life - there is no doubt that they are exposed and victimized in their sexual relations - much more than in any other relationships. Consequently, and as argued in this paper, fundamental issues such as the impact of socio-economic change, changing male gender roles, male identity/masculinity and male sexual behaviour need to be addressed. So do contradicting and blurred norms and values and the fact that different norms and values associated with femininity and masculinity, as well as men=s and women=s sexual behaviour.

Contemporary and normative concepts of masculinity which most men strive to meet continue to be based on ancient beliefs which - in face of the profound socio-economic change in this century - cannot be legitimized today. They are 'impractical' and 'out of tune' definitions of masculinity. If these beliefs continue to persist, this reflects a stubborn rigidity of definitions that defies social change. And as long as men conform to such hegemonic masculine values and behaviours their own health is at stake. Attempts to underscore women=s empowerment may be futile, and women are left in an impossible situation with no possibility of negotiating safe sex - unless serious attempts are made to address men and their needs - on equal footing with those of women.

There is a strong need, though, not to vilify men, but to focus on issues related to male identity (contrary to that of a female). Linked to this it is crucial to keep in mind that there a not one - but many masculinities. In order to disclose the various masculinities, it is important to enter into a dialogue with men and discuss what masculinity means to them, and to underscore that being a responsible partner is masculine and gives status: it is a means to ensure the family=s future and of course in their own self interest. In earlier times, a male prerogative was to be the responsible head of household. Today, the same prerogative must be emphasised. A man who does not take responsibility for his sexual and also reproductive behavior and the consequences of it is not masculine.

Summing up, my research findings suggest theoretical as well as policy implications. First of all, there is an urgent need, both theoretically as well as policy-wise to address men in the same way as women have been addressed - not at the cost of women - but in the name of equality. This requires the following:

- Individual level studies of masculinity, male sexuality and male sexual and reproductive health and behaviour in different social and cultural contexts. This requires an indepth insight and examination of
 - 1) the underlying reasons and motivations linked to men=s multiple and serial sexual relationships.
 - 2) male sexual behaviour within a much broader context of constraints, obligations and expectations that characterize men=s lives today.
- Health services particularly aimed at catering for men's sexual and reproductive health should be developed.
- Above all, national political commitment to address men is required as well as more open international and national dialogues.

- 'Male involvement' and 'positive role models' in heath policy and practice need to be based on an understanding that there are many constructions of masculinities. All men are not the same.
- Gender equality is to the benefit not only of women but certainly also of men: it would liberate men from their 'entrapment'. Linked to this there is a need not only to be aware of the different gender interests but also to emphasize the common interests of both women and men (improved sexual and reproductive health, healthy children etc.)

Consequently, more knowledge about men, men's changed life situation and their sexual and reproductive health and behaviour need to be developed. Political commitment and support constitute prerequisites of addressing men. Unless the outlined issues are dealt with, it is unrealistic to believe that safe sex messages and other sexual and reproductive health measures to slow down the AIDS pandemic will have much effect in terms of improving sexual and reproductive health.

As noted by Baylies et al (2000:196) deeper structural changes are needed, especially transformation of gender relations. The paradox offering promise is that, although the nature and severity of its impact is a consequence of inequalities of power, AIDS can serve as a leveller of conflicting interests. Both rich and poor among those afflicted. If women are most vulnerable, men are not spared. AIDS threatens the future by claiming the lives of the young. In this sense the epidemic exerts a strong persuasive influence, illustrating the illusory nature of any vested interest in maintaining a status quo which can bring harm to so many. And most importantly, for all its destructive power, the AIDS epidemic harbours strong liberatory potential, both in respect of transforming gender relations and in encouraging greater democratic participation. To be most effective, prevention strategies, therefore, must address injustices, inequalities and human rights deficits that fuel the epidemic (ibid:197).

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