



Masculinities & engaging men in Sexually Transmitted Infection (STI) prevention and care

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Current discussions on men, STI, HIV & SRH



- Masculinity: poor health seeking behavior (WHO, 2007); lack of involvement in family's SRH (Greene et al, 2006); risky sexual behaviours (Ehrhardt et al, 2009)
 - STIs - relatively similar prevalence in men and women but women have higher DALY burden (GBD 2013)
 - HIV: blind spot for men (Cornell, 2011);
 - less likely to test for HIV; disadvantage in ART rollout; less likely to continue treatment (Siu et al, 2012), death on ART more likely than women.
 - SRH: insufficient knowledge to respond to men's FP/STI needs (Sternberg et al, 2004), "forgotten 50%" (Varga, 2011)

Men's health beyond STI/HIV/ Sexual Health



- All top 10 contributors to global DALY (road traffic accidents, diabetes, cancer, Stroke) have greater burdens on men than on women (Hawkes & Buse, 2013)
- All top 10 risk factors for DALYs higher in men than women: for alcohol and tobacco, substantially higher burden in men than women – 7.4% and 3% respectively (ibid)
- Lower life expectancy in men than women (ibid)
- For young men 15-29 **interpersonal violence** is the third leading cause of death worldwide; globally men have higher rates of **occupational illnesses** and injuries, including suicide

DALY: Disability Adjusted Life Years –can be thought of as one lost year of healthy life

Engaging men



- "Engaging men" has been part of the international policy discourse for at least 20 years -- since ICPD (Cairo) 1994 -- but we are still wondering how to do it, as well as who we are doing it for.
- Many policies and programs have been implemented and evaluated, but to date there is little consensus on 'what works' and who it is working for

This brings up the questions



- What is masculinity? And masculinities?
- Why and how do masculinities affect STI and sexual risk?
- What does it mean to engage men in STI prevention and care?

What is masculinity or masculinities?



Socially constructed attitudes, roles and behaviors around manhood internalized by men (and women) within the context of existing gender norms and relations

- Constructions of masculinity in any context are likely to be **diverse**
- organized into **hierarchies** that are actively **contested** and **negotiated**,
- **intertwined with other forms of social organization** associated with ethnicity, class, sexuality, age, and nationality

RW Connell's pioneering work on masculinities

Diversified masculinities:

A case study with Mumbai slum youth



A Real Man “has a daring (personality)” or “is a darer”

- “...The one who has a daring.”
- “...[Real Man] is a person who takes on any calamity, is not afraid of anybody...The man who can face any situation with guts. And who is a darer.”
- “...He must be a fearless person.”
- “I feel the person who has a courage to face any kind of incident in life, one who never loses his heart and the one who takes up life as a challenge is the Real Man.”

Characterizations of a “real man”



A “Real Man” must be influential

- “[He] is a leader in politics and one phone call from him will make things happen.”
- “Decision-making power.”

A “Real Man” is physically strong, good looking

A “Real Man” must prove himself through sex and superiority

- “[The youth] follow women. Tease them, stare at them. When they see a good-looking woman or a girl they call her “What an item”
- “My friends challenged me. They said if you are a Real Man then engage that girl within eight days.”

A “Real Man” has responsibilities



Relationships within the family is a key element of what makes a “real man”.

Various so-called ‘Helping Behaviors’ were also identified as desirable traits for a man

“He should always come forward to help another person and without any hesitation, he should extend support to his friend.”

“Like if somebody is sinking in a well and somebody saves him, putting his life at stake, then it is certainly an act of masculinity.”

Does this extend to responsibilities to look after his health??

How do masculinities affect STI and sexual risk?



Through sexual dominance and intimate partner violence

- Women often cannot negotiate protection, including condom use, and have less say over the conditions and timing of sex—factors that put them at a disadvantage in terms of HIV/STI risk.

Hegemonic masculinity idealises men’s bodies as robust and resilient (Charles and Walters 2008) and as more amenable to self-management than to seeking help from healthcare providers (Hyde et al. 2009).

- A significant majority in India sought non-modern medicine (74%) for STI/RTI treatment over modern medicine qualified practitioners (12%) while 14% did not seek treatment.

‘Culture of silence’ and associated shame leading to lack of appropriate treatment in case of women.

Rigid and harmful masculinities are characterized by rigid attitudes and controlling behaviors



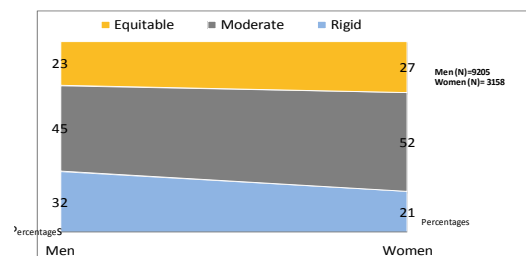
A recent UNFPA/ICRW study assessed two domains:

- Attitudes towards gender equality
- Relationship control over wife/female partner

And identified three typologies:

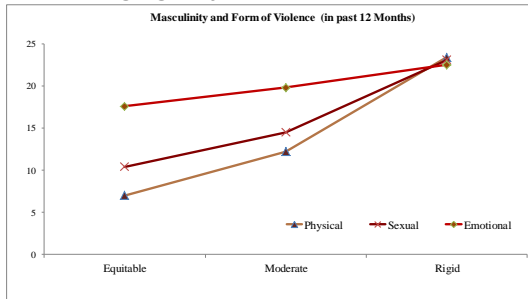
- Equitable: Those with high gender-equitable attitudes and low controlling behaviors
- Rigid: Those with low gender-equitable attitude and high controlling behavior
- Moderately Rigid: The remaining, with different combinations

Continuum of Masculinities: Rigid to Equitable

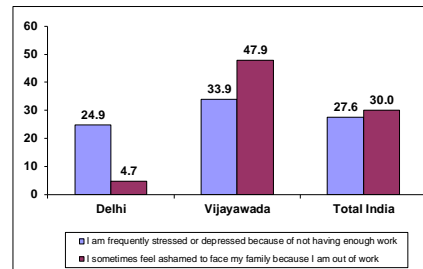


ICRW/UNFPA, 2014

Increasing rigidity increases violence (men)



Many Men Report Stress/Shame when Out of Work



IMAGES: India 2012

Gender focused migration studies provide compelling data on why and how masculinities accentuate STI or sexual risk

Masculinity in a pre-migration context

Masculine notions and predispositions often force young migrants out

- Entrepreneurship and risk-taking
- Unconscious desire to escape the 'disciplinary process' and 'to prove' themselves.
- And many dispossessed ones deciding to move out to try their destinies in more often than not unfamiliar and hostile urban areas

Masculinity in post-migration context: Case of an industrial setting, Delhi

- Harsh, isolated and often dangerous working conditions
 - Accidents and dengues.
- Most have left homes at age 15-16 and must limit their visit home to once or twice in 2-3 years
 - Workers often speak about loneliness and anxiety as a result of being away from their families
- There are few opportunities for recreation and leisure other than drinking and sex.

young men are out of the locus of 'social control' and take risks, but is the health system responding appropriately and adequately to their needs? Largely No..

'Masculinity' a key narrative to cope with harsh and isolated living conditions...

"As we stretched the steel sheets through the roller, holding it with our hands, pattis of all sizes broke and flew like bullets in different directions. That very week Krishan Nandan from my village, died of stomach injury, working next to me. Shankar was terrified and wanted to leave but other experienced workers asked him to stay, saying that he is a man, he has the responsibility of supporting his family and has no choice but to put up with the risk and stresses of work. "A man is someone brave enough to withstand the rigour of the job", (A case of Wazirpur)

Also often translates into the ideas of hyper- sexuality



Not uncommon for people to describe a "real man" as someone who

- "Faces hardships;
- Exercises excessive control in caring for family;
- Enjoys women other than wife, and
- Proves that he is a 'real man' through superiority" over others

How is engagement with men in STI prevention positioned?



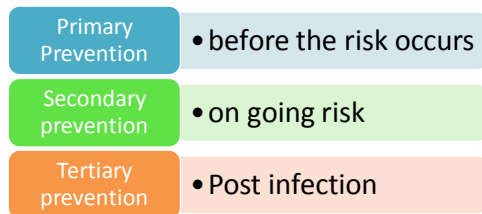
Many STI programmes are still not thinking about engaging with men and men's needs - despite the policy and programme context that should be promoting such engagement. If and when policies/programmes do engage, then the question arises as to how they engage

Instrumentalist?

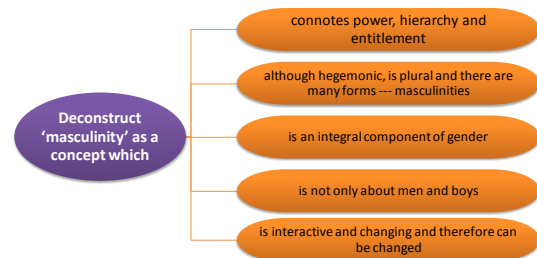
or

Transformative?

Determined by the stage at which engagement is intended



Transformative approaches



Very few programs have addressed gender norms and how they impact the lives of mobile men (and STI and HIV risk)



- Sonke Gender Justice Network and IOM
- *Yari-dosti* working with source (U.P.) and Destination (Mumbai)
- Gold mines South Africa
- Miners in Zimbabwe

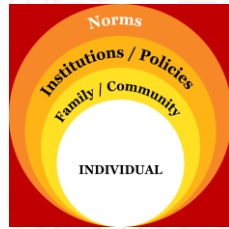
Successful interventions must include:



- Strategies that are responsive to
 - Specific economic, social and contextual concerns of the local community
 - Nuanced messages
 - Appropriate messengers
- Engagement practices should not be
 - framed as separate from the concerns of women and girls themselves or other intimate partners



Ecological Perspective:
We must change the ecosystem of a man



THANK YOU!
Obrigado!

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