



PRACTICE

The Burden of Breadwinning

Transformative Masculinities in the Context of HIV,
Violence against Women and Gender Inequality

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Introduction

Since the Fourth World Conference on Women in Beijing in 1995, gender mainstreaming has become a widespread strategy for changing unequal social and institutional structures which discriminate against women and girls, with the goal of achieving gender equality. Much has changed for women since 1995: they have become more visible as actors in society, economy and politics. Public awareness regarding their discrimination has increased. However, most societies remain based on patriarchy and male hegemony. Patriarchal structures and institutions cannot easily be changed and the struggle for gender equality is still far from being won.

For a long time, at least in the field of development cooperation, gender has been regarded as an issue that concerns mainly women. Consequently, gender mainstreaming efforts have been characterised by a focus on women. However, a one-sided focus on women usually fails to analyse the situation of both women and men; neither does it take account of existing gender roles and power relations between gender groups. The aim of any gender approach is to establish equal gender relations. This can only be done by involving both women and men. Like many women, men also feel under pressure to live up to the expectations of the societies in which they live. The image of the competent male as the breadwinner and protector of the family is as much a stereotype as that of the emotional and helpless woman.

Gender stereotyping creates violence and fear and can easily lead to HIV infection. Existing gender-based power relations and related values and behaviours have stereotyped men and women. Both are assigned certain characteristics, qualities and abilities that are supposedly typical but in opposition to each other. Consequently, men and women are perceived as opposite poles and the resulting gender concept is based on a strictly binary understanding. Any deviations which challenge the dominant images of masculinity and femininity are perceived as a threat to the established system of power. This situation fosters gender-based violence, mostly against women and girls. Frequently in the domestic context, a trigger for men to use violence can be when food is not on the table on time or when women insist on condom use in a long-term relationship or are tested HIV-positive during pregnancy. Rather than speaking openly about expectations of each other and the risks of becoming infected with HIV, men mostly assume that their partner has been

unfaithful and has brought HIV into the partnership or family. Violence against women also puts women at a much higher risk of an HIV infection. Gender inequality remains one of the driving factors for the spread of HIV.

Gender stereotyping also frequently determines attitudes towards people of different gender identity and sexual orientation. They are often considered a threat to the established masculine power system. This threat is counterbalanced by homophobia, discrimination, criminalisation and human rights violations. Since homosexuality is criminalised in many countries, men who have sex with men (MSM) are also harder to reach through prevention programmes and this puts them at a much higher risk of being infected with HIV.

Initiatives that support men who are searching for other ways of being men, for transformative masculinities, represent an important step in the right direction. Masculinity should no longer be conceptualised as a manifestation of hegemony but as a transformative force for gender equality and societies based on the realisation of human rights. In this context, it is important to realise that masculinity can be expressed in different ways, that there is not just one masculinity but diverse masculinities.

Why would men voluntarily give up power and privilege?

Gender-sensitive work with men has become an important issue in the context of HIV and AIDS and gender-based violence. The complex inter-linkages between HIV and AIDS, gender inequality and gender-based violence demand mainstreaming approaches that address the root causes and effects of HIV and AIDS as well as unequal gender-based power relations and resulting gender-based violence. There has been growing awareness in the development community that men and boys play a crucial role in creating meaningful change in gender-based power relations. Bread for the World's partner organisations such as PADARE in Zimbabwe or EHAIA in Sub-Saharan Africa have been exploring the concept of 'real manhood' with men and boys for many years now. Also, in several Latin American countries, the male staff members of partner organisations have been invited to participate in masculinity workshops facilitated by the Costa Rica-based Instituto Wem. The Nicaraguan organisation CANTERA is another organisation which has addressed men and discussed masculinity issues in the context of gender equality.

Focusing on gender as part of their identity has often been a disturbing but revealing exercise for many men willing to address the issue. The realisation that the patri-

archal system which dominates most societies is not only disadvantageous for women but also for men, has encouraged numerous men and boys to critically analyse gender-based power relations, identities and roles and how they determine their lives. They have become aware of the fragility of masculine power which is threatened as soon as a man does not conform to the image of what it means to be a man, the 'hegemonic masculinity' in a given society. The pressure to conform alienates men from their emotions and sensitivity and thus from their children, partners, friends and other people around them. It also puts them at a higher risk of being infected with HIV, as many societies associate manliness with virility and having concurrent sexual relationships.

An increasing number of men want to change this situation by searching for transformative masculinities. It is, therefore, vital for men and boys to leave behind the oppressive notions of what it means to be a man. In their search for transformative masculinities men and boys can learn how to embrace more harmonious, respectful and tolerant ways of being men. As a result, they can change their understanding of who they are and how they relate to women, children and other men.



In workshops at the Instituto WEM in Costa Rica men are analysing male roles and identities in their society and developing new ways of communicating with each other and their families.

Why do men die younger than women?

Of particular interest in recent years has been the health or rather non-health seeking behaviour of men. Men's life expectancy globally is lower than that of women and men are more likely to die of cardiovascular diseases or diabetes. They are also more likely than women to die of AIDS-related illnesses. This again has to do with dominant hegemonic masculinity concepts which see men as strong, invincible and not wanting to bother a doctor with what men themselves often regard as minor ailments. The dominant concept of masculinity does not include the notion of vulnerability. Thus, men try to cope without medical help. There is, therefore, a tendency to wait until a problem can no longer be ignored. Even then, many doctors report that it is a female partner who 'drags the man' along. This leads to men presenting themselves at a late stage of a disease and this holds true both for general health problems as well as HIV infection. The latest UNAIDS data show that global coverage of anti-retroviral treatment is 10 percent higher for women than for men while the estimated number of people living with HIV (PLHIV) is approximately the same for both women and men. In Sub-Saharan Africa, men's access to treatment is 11 percent lower than that of women. In 2013, there were an estimated 730,000 AIDS-related deaths among men, and 600,000 AIDS-related deaths among women, which clearly shows that there are obvious problems with men accessing and staying on treatment.

Furthermore, most countries do not offer preventive healthcare for men. Women in many countries are asked to consult health services on a regular basis, especially for ante- and post-natal care. In addition, there is breast cancer awareness in many countries and women are taught to examine their breasts for cancer. No such awareness programs exist for men. When a man is diagnosed with breast cancer, he feels he is suffering from a woman's disease. Being less aware of health issues makes men more vulnerable to succumb to serious illnesses.

In a workshop with partner organisations from Southern Africa and Asia in 2015, participants explored the reasons why men do not make use of health services in good time. Lack of socialisation into health services was given as one reason why men do not usually go for check-ups. It was also mentioned that men generally do not cope well with bad news about their health. In addition, many men said that they feel uncomfortable in health facilities where they are being examined by female nurses or asked personal questions. It is also very difficult for MSM to talk about their sexual practices in

health facilities due to the attitude of many health workers towards MSM. The situation becomes even more difficult in countries where same-sex relationships are criminalised.

Some suggested solutions were having clinics for men only or adjusting opening hours to late at night or weekends when men have time to consult health services. Also, many men would prefer to have male health personnel attend to them. Health facilities should, therefore, strive to employ male and female staff. Health workers also need to be well informed about MSM. Some men favour the idea of inviting medical service providers, including voluntary counselling and testing services (VCT), to places where they work or spend time. In order to involve more men, some health facilities have shortened waiting periods for couples who come for HIV counselling and for men who accompany their wives for ante-natal care. It was also felt that men should be encouraged to take care of their own health as well as that of their spouse and family.



Like this man in the Congo, many men prefer male health care staff over female nurses and doctors.

Sexuality – a taboo subject?

In many societies in the world sexuality is not talked about openly. Yet the HIV epidemic has shown that there will be little progress in terms of prevention if sexuality is not spoken about, since the virus is predominantly transmitted sexually. It has also become clear that it is necessary to talk about all forms of sexuality, not just heterosexuality.

The ABC concept (Abstinence, Be faithful, use Condoms) has shown limited impact in preventing further HIV infections. Long-term abstinence is not practised by many people. It is good to delay sexual debut in adolescents but sooner or later people become sexually active and need to know how they can enjoy healthy sexual lives and prevent sexually transmitted diseases. Being faithful is a good moral concept but to prevent HIV it is important to know one's own HIV status, as well as that of one's partner. Condoms are an effective tool for preventing sexually transmitted infections but they are barely used in long-term relationships and so, many women who were abstinent until marriage find themselves being infected and living with HIV afterwards.

In workshops, during which men and women are asked about what they expect from each other, women often say that they want to enjoy their sexual relationship and not just be treated as if they only have to satisfy their partner's needs. But when partners cannot openly discuss what each one of them likes, how can satisfying sexual relationships be established? Many women in Sub-Saharan Africa feel as if 'lobola', the bride price paid to seal a marriage, makes them a part of their husband's family without any decision-making power in matters regarding sexuality or family planning. In Asia, it is often the mother-in-law who decides on matters to do with children. As long as women and men are not equal partners in a relationship, it will be very difficult to make real advances in sexual health, in developing satisfying relationships and in matters regarding family planning.

For people with sexual orientations that differ from the dominant heterosexual orientation, it is often extremely difficult to access information, to obtain good health care and to live according to their sexual orientation. Same-sex relationships are still criminalised in 76 countries worldwide. Such a situation makes it difficult for MSM to access HIV prevention and treatment services. Consequently, MSM and transgender people have a much higher risk of an HIV infection than heterosexuals. The vulnerability of a group increases when their rights are abrogated. For a man to bring a male partner to a clinic when he suffers from a sexually transmitted infec-



Acknowledging the diversity of sexual orientations is important in addressing and reducing vulnerability to HIV.

tion is difficult, as health personnel often have their own prejudices and misconceptions about non-heterosexual people. Stigma and discrimination are often rampant in societies. Laws against same-sex relationships force people concerned to live a double life. Many get married and have sexual relationships with the same-sex clandestinely. This increases their risk of an HIV infection as well as that of their sexual partners.

Thus, transformative masculinities must embrace greater diversity and inclusiveness and the acceptance of non-heterosexual sexual orientations.

A journey towards change

Change has to start with each one of us. Many methods and exercises are therefore aimed at involving people on a personal level with a view to changing attitudes regarding gender and HIV. It is through personal reflection that we may decide to change our attitudes and eventually our behaviour. For transformative masculinity to work, it needs courageous men who 'step out of line' of what society expects them to do. By behaving differently and seeing women and men as equals they set an example for others.

There are a number of individual and group methods and exercises to address issues related to transforming notions of 'hegemonic masculinity'. Some are presented here:

Personal reflections

Remembering our fathers, mothers, guardians

This is a group exercise where participants discuss their socialisation as girls and boys

- in the family,
- in the community,
- in school,
- in religious circles, and
- in the media.

The discussion usually shows that girls and boys are socialised differently: Girls play with different toys than boys. Girls are expected to perform household chores; boys are expected to help outside the home, e.g. in herding cattle, etc. The education system, religious institutions and the media confirm prevailing gender roles and stereotypes. 'Traditional' gender roles are often played out in the lesbian, gay, transsexual, bisexual and intersex (LGBTI) community as well.

The exercise helps to clarify that it is not only men who perpetuate masculine power structures and relations but women as well. It is usually mothers or mothers-in-law who make sure that the young women of the family live up to the prevailing female role model. Thus, men and women have to change attitudes and behaviours in order to achieve transformative masculinities and gender equality.

The importance of family

Participants are asked to go back in time and think about their parents, grandparents, aunts and uncles or other

family members. After some moments of reflection, participants are asked to share the happiest memory about their families with the next person. Or they may be asked what was good about their upbringing and what they would do differently with their own children.

This exercise raises awareness about the importance our family has for our lives. Every day, we deposit something into the memory banks of our children. We must remember that many of the values we hold at present were transmitted by our families. If we want to change our perception about gender, we need to change the upbringing of our children. It is the past that informs the present and influences the future.

Individual safari - remembering when we were young

This exercise also helps to make participants aware of their adolescent years, the emotional turmoil they might have experienced and thus it furthers better understanding of



All over the world an increasing number of men are becoming involved in looking after their children.



At a workshop in Cameroon representatives of partner organisations of Bread for the World practise the fish bowl exercise to discuss society's expectations of them as men and women and their vulnerability to HIV.

present-day adolescents. Participants are asked to close their eyes and remember the time when they were between 15 and 19 years old. The facilitator suggests that they think of their home, their school, their family and friends, their daily life, the thoughts that they had about themselves, their feelings and relationships and the conversations they had with others. All participants should immerse themselves in the past for a while. If they want, they can share their thoughts with the group afterwards.

Experiencing discrimination

The dot game

Participants are asked to close their eyes while the facilitator puts a green, red or yellow dot on each participant's forehead. After opening their eyes, the participants see the other persons' dots but not their own. The facilitator points out that the participants with the green dots are their best friends. They are very popular and everybody wants to socialise with them. The people with yellow dots are neither friends nor foes. The red dots mark people nobody wants to associate with. Participants then mingle and have to establish groups on the basis of the assumed colour of their dot by seeing how other people react to them. They are then asked by the facilitator to share how they felt during the game. The exercise lends itself to personally experiencing what stigma and discrimination feel like.

Personal testimonies or panel discussions

It has proven helpful to invite PLHIV and/or people belonging to a sexual minority who are willing to talk about their lives to workshops and seminars. Personal testimonies or panel discussions can be used to learn about particular situations and experiences of discrimination or stigma.

By bringing people together it is often possible to rectify some of the misconceptions they have of each other and develop some common ground of understanding. In this regard, it is beneficial to invite religious leaders as well as political or community leaders to take part in such exchanges and discussions. It opens up people's understanding of the realities of PLHIV and LGBTI when they meet at a personal level. Also, religious members of the LGBTI communities around the world wish to be able to live their faith within their religious communities and are looking for ways to establish contact and enter into discussions regarding their situation.

Addressing gender and HIV

Fish bowl

Female and male participants are asked to sit in two circles - women in the interior circle, men around them in an exterior circle. The facilitator first asks the women the questions listed below. They discuss the questions among

themselves and talk about their personal situation while the men listen without commenting. When the facilitator has the impression that every woman has had a chance to share what she wanted to say, he/she moves on to the next question.

Questions (the particular questions used in the exercise can be modified to suit the setting):

- What do you find the most difficult thing about being a woman/man in your country?
- How at risk do you feel of becoming infected with HIV as a woman/man or of being sexually abused?
- What do you think men/women need to better understand about women/men?
- How can men support women to reduce women's vulnerability to HIV?
- What can you do to reduce your own vulnerability as a woman/man?

After the women have finished the discussion, the roles are reversed and the men are asked to sit in the interior circle while the women form an exterior circle and listen to the discussion. The discussion among the men follows the same facilitation pattern.

After the exercise, all the participants get together and share what they learnt from each other during the discussions. The final discussion should focus on how gender equality can be achieved by taking into consideration the different strengths and vulnerabilities of both women and men.

Gender groups discussing HIV vulnerability

In order to explore the vulnerabilities of men and women to HIV, groups of men and women are formed. It often works well to have men slip into the shoes of women and women to slip into the shoes of men and to imagine the socio-cultural factors which make the opposite sex vulnerable to an HIV infection. Each group discusses and lists the vulnerabilities they can think of. Then the groups are brought together again and present their findings. Women and men then have a chance to add further vulnerability factors they experience and which the opposite sex may not have thought of.

This exercise can be further modified by establishing many more groups and by looking into the vulnerabilities not only of heterosexual men and women but also of men having sex with men (MSM) and women having sex with women (WSW), the vulnerabilities of transgender women

or men, etc. When the context permits, it is often helpful to have people with a non-heterosexual sexual orientation present who can assist a particular group in coming up with the vulnerabilities of MSM, women having sex with women (WSW) and transgender people. Again, after the groups have had enough time to come up with a list of vulnerabilities, the groups are brought together again. Each group presents the results and the others can add further vulnerability factors.

Contextual Bible Studies

A Biblical text is chosen by the facilitator, photocopied and distributed among participants. Some participants are asked to read the text aloud. This can be repeated until everyone has fully understood the text.

Participants are then asked to say how they feel about the story they have read: did it make them feel happy, sad, angry, depressed? Participants then have to come up with a headline, as if they had to write a newspaper article about it. The answers are captured on a flip chart. The facilitator, who should ideally be a theologian, might have to give some background to the story at this stage and explain certain practices or customs of Biblical times in order to understand the original meaning of the text. This helps participants for the group work exercise.

Groups are then formed and each group is asked to discuss a number of questions. If time permits, the groups can also be asked to capture the essence of the story in pictures.

Possible questions for group work (the questions should be adjusted to the story):

- Who are the main characters in this story? What do we know about them?
- What are the different masculinities we encounter in this text?
- Do we have men like... in our community today? How are they viewed?
- What can we do in our families, religious groups or communities to produce more men like... who act responsibly and sensitively?

The Bible Study may end with the group discussions or, as a further step, the groups may get together again to share their discussions in plenary.

Challenges

Competition between women's and men's organisations

It is important that more men become involved in the search for transformative masculinities and the realisation of gender equality. Men who are interested in these issues often consider themselves to be advocates of gender issues. Some of them have joined women's organisations in order to work for transformative masculinities and run the risk of being regarded as 'strange' by people outside the organisation. In other cases, men have formed their own organisations to promote transformative masculinities and gender equality. In the last few years, a number of 'men as partners' organisations have been formed. This presents opportunities for alliances of women and men (and their organisations) in order to promote gender equality. However, some women's organisations see such developments with scepticism and stress the importance of an independent women's movement.

Funding is another area of concern. The fear harboured by women's organisations that they increasingly have to compete with men's organisations for scarce funding for gender equality is justified. It is important for donors to recognise that work with men for transformative masculinities needs funding of its own. Work with men must not result in reduced funding for women's empowerment.

The danger of favouring men

In order to motivate men to accompany their wives for HIV tests or antenatal care, many health facilities have abolished waiting periods for couples. In some countries, the requirement that women should be accompanied by their partners has led to the malpractice of women being accompanied by boda-boda drivers who are presented as husbands/partners. Thus, this well-meant requirement does not fulfil the purpose of getting men to take an HIV test with their wives or taking responsibility as husbands and fathers. Since women usually are expected to wait long hours at health facilities, some women and especially single mothers feel that the special treatment of couples is a sign of favouring men over women. Such feelings need to be avoided by establishing gender-responsive health systems which make people who frequent them feel at ease.

Consideration of intersectionality

Gender is just one category of social differentiation. Gender overlaps or intersects with other categories such as age, economic class, sexual orientation, HIV/health status and religion, resulting in many different manifestations of inequality and discrimination. Men's health, for example, is determined by gender but also by social categories such as class or sexual orientation. In order to fully understand and analyse the situation of discriminated and marginalised groups, the intersecting categories have to be taken into account. However, such complex forms of analysis still represent a considerable challenge.

For further reading

<http://www.padare.org.zw/>

<http://www.genderjustice.org.za/>

<https://www.oikoumene.org/en/what-we-do/ehaia>

<https://www.engenderhealth.org/our-work/gender/men-as-partners.php>

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