

Masculinity in African Culture: A necessary Paradigm shift for Sustainable Health and Wellbeing

Introduction

Masculinity is a set of manliness attributes, behaviors, and roles associated with boys and men in most society but more entrenched in sub-Saharan African culture. These practices, roles and behaviour confer on men unchecked dominance in virtually all meaningful areas of life including tenure rights (to property), social power (religion seats not exempted), and sexual related authorities (Amoo, Igbino, et al., 2017), all of which are fundamental contributors to challenges in women's health and wellbeing. In sub-Saharan Africa (SSA), women's access to reproductive health services, access to education or employment revolve around their husbands or fathers, who traditionally are the breadwinners, the decision-takers (Hoffman, 2011; Richter et al., 2012) and the dominance gender. Specifically, men's culturally permissive sexual behaviour and practices are important contributors to the burden of diseases (Williams, 2003; Wellings, Collumbien, Slaymaker, Singh, Hodges, Patel & Bajos, 2006), and also represents a fundamental factor in population dynamics and events (Bingenheimer, 2010; Mah & Halperin, 2010; Watts & May, 1992; Harrison, Cleland & Frohlich, 2008).

While different development goals, including the recent SDG-3, have focused on improvement of the wellbeing of women, a non-change in the cultural masculinity paradigm could pose a threat to the pursuance of improved wellbeing among women and African health-for-all agenda. In the same vein, the goal of gender equality (SDG-5) and inclusive societies (SDG-16) (Inter-Agency and Expert Group on SDG Indicators (IAEG-SDGs), 2016; Sustainable Development Solution Network, 2015), could also be threatened if these cultural practices remain unchecked.

Masculinity alternatively called boyhood, manhood or manliness is a set of socially and biologically defined attributes, roles, practices and behaviors exhibited by boys and men (Lemme & Mishkind, 1989; Galdas, Cheater & Marshall, 2005; Berkowitz, 2004). Masculinity carries traditionally traits of boldness, dominance, power, permissive sexual latitude among men. Masculinity is pivoted upon beliefs, and behaviour (inherited or inherent within the society) (Griffith, Gilbert, Bruce & Thorpe, 2016)., notwithstanding, the consequences of such practices and behaviour. Most often, the issue of masculinity is viewed as a static concept, its interconnectedness to health, and especially the sustainable development aspiration of economies has not been conspicuously explored or discussed. Specifically, while masculinity is generally agreed to be rooted in social norms and cultural belief, and manifest in men's behaviour with respect to multifaceted life spheres, and that these beliefs and social norms are vital forces in health and wellness (Courtenay, 2003, 2009; Griffith et al., 2016; Moynihan, 1998; Smiler, 2004), it is expected that most studies on men's health would incorporate masculinity as important element in the pursuit of wellness and the drive to a sick-free society. There is therefore the need to explore the understanding of masculinities in relation to men's health and illnesses.

Methods and materials

The research adopted a systematic review and in-depth interviews to assess the linkages between masculinity attributes that could impact on men health towards achievement of balanced health-

for-all in sub-Saharan Africa (SSA). In the review, databases search were from Web of Science, Google-Scholar, Medline, Scopus, PubMed and covered only studies related to sub-Saharan African. For the grey areas, searches were conducted using Google. The analyses are descriptive in nature, supported with graphs and charts. A number of databases were used in the search for relevant academic published articles including Scopus, PubMed, Web of Knowledge and Business Source Premier. Searches for grey literature on the topic area were conducted using Google. The articles reviewed were drawn from peer-reviewed journals, conference papers, research by recognised independent institutions. The search terms include, men health, masculinity, men's health seeking behavior, sexual behaviour, sub-Saharan Africa, and sustainable development. The in-depth interview was only conducted in Nigeria. The country is selected as typical representative of other countries sub-Saharan considering her populous nature among other considerations. Only men leaders (both at the community and official levels) were selected in a local government within a state in Nigeria. Specific questions range from their perspective on manliness, and in relationship to some aspect of society, namely: family, health, academic, position, and so on.

Inclusion and exclusion

Due to the breadth of subjects covered, the literature review concentrates on research published from **1970 to 2019** to underscore the practices that are relatively old and those that are currently on-going. Besides, the period could also be regarded as pre-and-post several international developmental agenda such as ICPD, Beijing Conference, and so on. All studies were men-specific. The study excluded research published before 1970 and also excluded non-English language publications.

Findings

From the on-going analysis, evidences from the in-depth interviews conducted revealed two specific types of masculinity or manliness in sub-Saharan African communities. Overall responses indicated that there is a different between a traditional African man and a modern African man. While a traditional man lives with do and don't as customs, norms and values dictate, a modern African man is an epitome of urbane, elite-like that always attempting to interject customs with modern ideas. They are absolutely not cut off from the traditional norms and rites but watch afar off, interested but only stand aloof to watch. Notwithstanding, other specific typologies are identified as below but not in any order of importance. These as identified in the literature were discussed in relationship to health and wellbeing.

Type 1 defines masculinity as strength, dominance, toughness, and courage. This type of men exercise headship in and around them especially in their communities and they are often respected as community leaders. Manliness is conquering. Notwithstanding, in some of their decision, it is not uncommon to perceive callousness. This type if adapted into the sexual relationship could push this category of men to be capable of engaging in risky practices (Jewkes & Morrell, 2010; Khunou, 2013; Mahalik, Burns, & Syzdek, 2007; Mathewson, 2009), that often associated with aggression, violence, and disregard for safety (Jewkes & Morrell, 2010; Khunou, 2013; Mahalik et al., 2007; Mathewson, 2009), with adverse effects on their health. The dominance, toughness, and respect accord the community leaders provide impunity or sexual

latitude such as having as many wives as possible, including other men involving in multiple concurrent sexual relationships.

Type 2 considers masculinity as related to a self-sufficient intelligent being who can create his own world even if found in a wilderness. Men are mysterious, genius who build families/cities or blazes his own path. Masculinity of this nature could encourage poor-health seeking habit. Such men could claim self-sufficiency in medicine and prevent family members from seeking external medical assistance.

Type 3 viewed manliness to portend politeness, gentleness and caring and winning relationship though such type of manliness often lacks toughness and be oblivious of interrelationship between the immediate environment and the outside world. Notwithstanding, men in this group could attend clinic with their spouses, support health seeking and services for them.

Another type (perhaps **Type 4**) is ascribed to principled and visionaries. This type of manliness is liking to extrovert or a man with proficiency in oration and civic-minded. However, such individual could be proud and ego-centric. By implication, this category of men lives and acts based on the faith and values they have held onto. They hardly change their positions or opinion on anything. Thus, modern campaigns, appeals and initiatives may not go down well with them, except by enforceable policy intervention.

In addition, from both the literature and in-depth interview, there are no popular objections to a man having an extramarital affair despite already having one or two wives, in sub-Saharan African communities. There are also masculinity related practices such as polygyny (having multiple female partners/spouses), wife inheritance, concubinage, co-habitation, and inter-generational sex. Other behavior that are rooted in manliness include reckless driving, alcohol and drug use, risky sexual behaviour, high-risk sport (Griffith et al., 2016, 2011; Peterson, 2009), that are all rooted in masculinity.

The review shows that men cultural norms and behaviour reinforces the health behaviour of men and that the experiences of certain diseases or illnesses by men are often perceived as un-masculine (Courtenay, 2009, 2011; Odimegwu, Okemgbo, & Pallikadavath, 2005; Sabo & Gordon, 1995a, 1995b). For example, men that are impotent, infertile or experience erectile dysfunction are not often accorded respect as men in traditional sub-Saharan societies (Inhorn, 2002, 2003). Certain studies also indicated that in sub-Saharan Africa, men are more likely to die early than women, even from the early infancy all throughout the rest of their year lived. Perhaps, due to the masculinity, men engage in numerous behaviors and activities that impact negatively on their health. These include but not limited to stress and unhealthy behaviors (e.g. reckless driving, risky sexual behavior (e.g. unsafe sex), high-risk sports, and risky leisure activities). Others major traditional masculine activities in sub-Saharan Africa cultures include risk-taking and adventure, excessive drinking of alcohol, drug abuse, excessive consumption of convenience foods and meat, and involvement in violence or communal wars. Most of these behaviors are exhibited in order to fulfill certain social expectations of manliness. Almost 25% of men (aged 45-60) do not have a personal physician, and mostly have increasing risk of death from heart disease, reported that men (aged 25-65 years) are reported to be four times more

likely to die from cardiovascular disease or diagnosed with a terminal illness compared to their female counterparts, due to their poor health seeking behavior.

In the etiology of the leading causes of death among men, Griffith, Gilbert, Bruce and Thorpe (2016) asserted that men's health behaviour play a dominant role. They also indicated that men are more likely to engage in several health risk practices that can undermine their health in terms of injury, morbidity and death (Courtenay, 2003; Griffith, Gilbert, Bruce, & Thorpe, 2016; Griffith, Gunter, & Allen, 2011). This also include the way in which men respond to social norms and pressure, stress and unhealthy behaviours such as

Conclusion and Recommendations

As tentative conclusion, the result revealed that there are traits of masculinity in family, marriage, academic, health care and generally in most spheres of African society. The result highlighted the specific male-dominant behaviour that have changed or not. There were information on health seeking and sexual behavior but there are little published evidences on how masculinity interfere with men health especially in SSA environment that is dominated by patriarchal and masculinity. Most evidences of the linkage between masculinity and health could be described as assumptions, no medical examination was conducted. The findings could enhance suggestion of necessary framework or approach to effect change in those behaviour that could be inimical to realization of Goal-3 of sustainable development goals. There could be need for health programme and policy interventions that would be gender sensitive and treat masculinities in relation to health and illnesses and diseases.

Keywords: Masculinity, men, manliness; sexual behaviour, sub-Saharan Africa, health-for-all, SDG, health