

The Effects of Masculinity on Reproductive and Sexual Health

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ABSTRACT: *Research on males and masculinities, as well as programmes aimed at changing societal norms about aggressive or gender inequitable conceptions of masculinity, are discussed in this chapter. In Sexual and reproductive health (SRH) and HIV prevention paradigms, a gender lens has been utilized to highlight the vulnerabilities and lack of empowerment of women and girls. It is common for researchers in the reproductive health field to collect data on sexual and reproductive health exclusively from women and to use a gender lens to focus on women's disadvantages while ignoring the role of masculinity in contributing to gender inequities and putting male partners at risk. Men and masculinities offer a more nuanced picture of both men's and women's health needs and rights, and this chapter aims to bring this viewpoint in. This strategy was predicated on the idea that women were in monogamous heterosexual marriages and were thus the primary regulators of their own reproductive health. This vision does not include anything about sexuality. HIV prevention initiatives, on the other hand, have prioritized sexuality and the variety of sexual interactions that people engage in from the start.*

KEYWORD: *Empowerment, Masculinity, Reproductive Health, Sexual Health.*

1. INTRODUCTION

For this reason, interventions and policies in the public health arena tend to emphasize the vulnerabilities and disempowerment of women and girls, while men and boys are stereotyped as either uninterested, reckless, sexual predators, or always in charge of heterosexual relationships according to research [1]. Reduced gender disparity is critical to improving sexual and reproductive health and decreasing HIV, as has been shown very successfully in recent years. The number of children a couple has, how well they protect themselves from illness, and whether or not women have access to health care are all factors that males control when cultural and economic circumstances favor their power over resources. Human rights activists campaigned for acknowledgment of women's human rights, such as the freedom to decide whether, when and with whom to have children and the freedom to decide whether, with whom and under what conditions to engage in sexual relations. Feminist campaigners fought for these rights. Extensive study and action on women's inferior position in most cultures inspired the 1994 Cairo ICPD Programme of Action [2].

Gender equality rhetoric must be translated into a more comprehensive approach to sexual and reproductive health and rights, which is a continuing issue. Men (and to some degree young men and boys) have increasingly been included in public health programmes that target sexuality, reproductive health, and HIV prevention in recent years. Each of these initiatives is unique in terms of its scope, strategy, and overall effectiveness. However, services geared at women (and, more recently, girls) as well as "social change" activities aimed at women or girls are still the rule rather than the exception [3].

When we focus only on the health of women and men, we lose chances to catalyze societal change and enhance the health of both genders. This limiting view of 'gender' ignores how gender norms negatively affect the health of males. That men are critical to the concept of 'gender,' and that eradicating negative gender norms that damage health needs the involvement of all people, benefits both sexes, is our claim[4].

1.1 Gender-Related Barriers:

First and foremost, despite progress in other areas, girls and women continue to be constrained by sexism and misogyny. Increased enrollment in public education, reduced early marriage, and economic empowerment for women have been at the center of global debate on women's empowerment. However, even in areas where progress has been made toward attaining these objectives, women and girls continue to face obstacles. The enrollment of girls frequently surpasses that of boys in secondary school throughout Latin America and the Caribbean, but many young women there are subjected to harassment and unwelcome sexual approaches, which

have a negative impact on their health and academic performance [5]. According to Kenyan studies, schools where female pupils said that instructors and administrators did not treat girls and boys equally - perpetuating social prejudice – significantly raised the odds of females dropping out. Girls at coeducational schools in Sub-Saharan Africa and South Asia report being harassed and sexually assaulted by male students and instructors in comparable numbers. While girls and women are empowered and encouraged to study and work, little is being done to involve men and boys in order to build workplaces free of harassment and abusive behaviour[6].

1.2 Sexual and Reproductive Health Programmes:

Many men have unfavorable preconceptions about themselves, such as the idea that they are uninterested, don't care about sexual and reproductive health (which they consider a woman's domain), and don't see the point of participating in programmes that are geared at them. That males are inherently predatory in their sexual interactions is another myth that has to be busted. Third, males believe they have complete control over sexual relationships and are unwilling to cede any of that power... To put it another way, men's proclivity for taking risks leads to the perception that they are careless and unconcerned about their own or others' health. Others worry that integrating men and boys would weaken gender equality because males may seem "politically correct" while yet holding onto their positions of authority and privilege in society [7].

If all guys were as bad as these clichés suggest, engaging them would be pointless. Thankfully, this is not the case. Numerous qualitative and quantitative studies looking at men's sexual behaviors, attitudes, and lived experiences have shown wide variations in men's reactions to their cultural settings and attitudes about their sexual lives. Many people seem ready to challenge strict gender conventions if given the chance. In spite of this, there is much doubt over whether males and masculinities can change fast and substantially enough to have an impact on the next generation of women and girls.

1.3 Males and Females as Per Law:

Despite popular belief, gender equality isn't necessarily a losing proposition for men and boys. However, there is a prevalent mindset in the industry that sees gender as a zero-sum game. A more equal distribution of domestic duties, as well as outside-the-home job activities, as well as equal compensation to go along with that equality of division, benefits both men and women. For many men, it is becoming more clear that seeing their sexual and personal relationships more equitably is a win-win situation. Giving up power and privilege is never easy, but the males in these studies were willing to give up part of their authority once they saw the astronomically high costs of uneven power distribution [8].

Men's participation in reproductive health programmes has both dangers and advantages for women's autonomy, privacy, and health. Therefore, it is important to consider how men are involved in these programmes. To address these genuine concerns, the area of sexual and reproductive health must find ways to engage men and boys in gender equality without depleting already limited resources for women's and girls' empowerment. Family planning must continue to meet women's demands as an essential source of empowerment and for physiological and social reasons. Men in service delivery may discourage women from seeking services, increase workloads, and divert limited resources away from women. But studies have shown that programmes and policies that include a comprehensive gender perspective may double the value of every dollar invested[9].

1.4 Sexual and Reproductive Risks Faced by Women:

Historically, the dominant gender narrative has downplayed men's sexual and reproductive vulnerabilities because they are seen as secondary or in competition with women's. For sexual and reproductive health, a 'relational' starting point is to recognize women's higher vulnerabilities as a group and to comprehend males as subjects of rights who may and do become susceptible due to existing gender norms. Men may believe they are invincible due to problematic norms that postpone seeking health care and convince them that unprotected, unplanned sex is more exciting than safer sex, or that they need many sexual partners to meet physical and societal standards, causing them to delay seeking treatment.

Even while sexual and reproductive health is a concern for males, the truth is that women are the ones who suffer the brunt of the financial and emotional burdens associated with questionable sexual and reproductive practices and poor reproductive health. Women face higher health risks from sexual activity and reproduction than males, according to research. Men are mostly responsible for spreading sexually transmitted diseases.

There are several important data that indicate how far we still have to go in including men in sexual and reproductive health, and they also hint to the potential health benefits of changing gender norms in general. Male contraceptive techniques have improved, yet women still carry the majority of the burden of family planning throughout the globe. A recent WHO-sponsored research found that 30–50% of women across the globe had been physically abused by a male partner at least once. In the U.S. alone, about 600,000 women die each year from illnesses linked to their mothers' health, most of them avoidable. Girls and women are more susceptible to HIV infection, as shown by current statistics showing that 75% of HIV-positive African 15- to 24-year-old women are female, as well as 70% of Caribbean and almost 70% of Middle Eastern and North African young people.

Men and boys need to be encouraged to think critically about strict forms of socialization and authority, yet negative gender stereotypes still pose significant public health problems. Involving males in the support and care of their female loved ones might be done better[10].

1.5 Programmes to Combat Gender Inequality:

There has been significant progress achieved across the globe in tackling gender inequality, particularly as it relates to sexual and reproductive health and the prevention of HIV/AIDS. An 'echo boom' of assessments has coincided with an increase in men-engaging programmes during the last 15 years. Men and boys participating in gender-specific, appropriate programmes has been linked to better health and other advantages, according to a growing body of research. Research on programme models implemented by various institutions shows that men's and boys' involvement can lead to increased condom use, lower rates of sexually transmitted infections, and greater uptake by men of voluntary counselling and testing (VCT). It also increases collaboration between couples on sexual and reproductive health issues.

59 assessment studies of programmes aiming to involve men and boys in health interventions in sexual and reproductive health, HIV/AIDS prevention, gender-based violence, paternity as well as maternity and child health have recently been evaluated by WHO and Promundo.¹ Programs were categorized according to how much they challenged negative gender stereotypes and also rated according to their overall efficacy. This was done by evaluating whether the influence was on behaviour, attitudes or knowledge and combining it with the rigor of assessment design.

Few programmes aimed at men and boys survive longer than two to three years or are expanded up beyond the pilot level. They are seldom successful. These studies show that working with men and boys may lead to beneficial changes in their attitudes and behaviors about sexual and reproductive health, HIV, mother-and-child health, involvement in their children's lives, use of violence and whether they seek medical attention.

Programs that aim to create more gender-equitable interactions between men and women, as well as those that target the societal environment rather than simply the individual males, are more successful at changing behaviour. In comparison to programmes that just recognize or mention gender norms and roles, those that deliberately address gender and masculinities and the advantages of changing them seem to be more successful.

In order to have the most impact, programmes should include both individual men's involvement and community mobilization or media-based messaging. It makes sense that programmes targeting men and boys in their social contexts, such as relationships, social institutions, gatekeepers, community leaders, and so on, would have a significant impact given that the ultimate goal of this work is to help men understand their choices and behaviors in a broader social context. Because of well-designed and regularly implemented group education and community initiatives, researchers have found reduced STI rates, higher rates of condom usage, and a greater care for one's own and one's partner's health[11].

The caring and responsible responsibilities that men may currently perform in their families may be respected and affirmed in programmes. Men's participation was already strong in Turkey because of the lack of support for withdrawal in favor of 'modern' and 'successful' birth control techniques employed by women. Male-female interactions may be transformed by helping men acquire parenting and negotiation skills, for instance. Programs can help men rethink their limiting conceptions of masculinity and change the foundation. Men who take a more active role in their families' health tend to be healthier and have better connections with the people in their homes as a result. Some studies have shown that young males whose primary motivation is to see their children succeed are less likely to engage in risky behaviour.

Programs that increase men's confidence in their masculinity will help them better comprehend and interact with women. Men who defy conventional masculinity may be tough to support, yet doing so has significant benefits. As an example, the Society for the Integrated Development of the Himalayas in India looks for and helps men who are the exceptions to the disengaged norm, such as those who have more favorable attitudes of women and take an active part in parenting. When presented with good options and the chance to reexamine their upbringing's narrow definitions of masculinity, men are frequently eager to change their behaviour[12].

2. DISCUSSION

A great deal of the creative work that's been done recently to get men to rethink harmful gender stereotypes that damage health has taken place as part of programmes. Now is the time to step up the ante and take our effort to the next level: policy. The adoption of policies, legal frameworks, or legislation to involve males in attaining gender equality is critical, particularly in developing countries.

Good initiatives for involving men and boys are brought to scale thanks to policies and national guidelines. They specify methods and improve programme coherence around men's health goals and tactics. Coordination across sectors may be made easier via the formulation and implementation processes. Male involvement helps to avoid considering men as reproductive health customers on the basis of their participation in a purely clinical mandate.

Governments have a propensity to support gender equality globally, but have little to say about males and their potential responsibilities in attaining it in national development programmes. One or two countries are starting to talk about men's vulnerabilities and the need of enlisting men in particular ways in order to achieve gender equality and stop violence against women. Even if policy implementation lags behind policy declarations, involving males has been part of the gender equality agenda in South Africa, for example[13].

Some European nations' paternity leave laws indicate that fathers are becoming more involved in child-rearing and are taking advantage of paid paternity leave more often than they did in the past. Costa Rica's Responsible Paternity Law is an example of a middle-income nation policy that incorporates public awareness-raising efforts and assistance for women who seek DNA testing from their partners. Nearly a third of Costa Rican children were raised without ever knowing their biological dads, with all the ramifications this has for their identity, financial support, and inheritance. Men's responsibilities extend beyond biological paternity to include social and cultural fatherhood under the groundbreaking Law of Responsible Fatherhood passed by the United States government in 2001. As a result of the legislation, the percentage of children whose father was never identified dropped from 29.3% in 1999 to 7.8% in 2003.

One of the main reasons for the spread of HIV and high maternal mortality in Cambodia was a lack of reproductive health and HIV knowledge among males, according to an alliance of Cambodian non-governmental organizations (NGOs). They collaborated with the Ministry of Health for over two years to create Male Involvement Guidelines and push for their inclusion in the 2006–2010 Cambodia Reproductive Health Strategic Plan.

Most nations' military services are composed of men who have a strong sense of masculinity, are willing to take risks, and have a huge impact on the areas where they are stationed, for better or worse. HIV/AIDS was curbed by UNFPA and nine country government agencies working in partnership with UNFPA in nine nations. Researchers have found that dealing with a captive audience of young males in places like Benin and Botswana in Africa, Ecuador in Latin America, and Mongolia in Asia has tremendous potential. UNFPA reported on the project by highlighting improvements to government institutions that are likely to maintain efforts to engage with males in the future. Future innovation and research must prioritize studying the effect of policy change in order to decrease gender inequalities at the society-wide level.

3. CONCLUSION

In institutions and cultural practices, people's experiences of health are linked directly to social expectations about men and women's acceptable roles and behaviors and the replication and reinforcement of these norms. This is especially true when it comes to HIV/AIDS and sexual and reproductive health. Gendered societal limitations to health are now being addressed by programme designers in their work with both men and women.

The role of non-governmental organizations (NGOs) in involving men and boys has grown in recent years, although the scope of their work is still restricted. One option is to create a network of non-governmental organizations (NGOs) to bring together all of the parties involved in this effort. We are presently strengthening the ability of organizations of all shapes and sizes by enabling the exchange of diverse experiences through MenEngage - a worldwide coalition to engage boys and men in gender equality. MenEngage discussions across Eastern and Southern Africa, South Asia, and India have brought together 75 like-minded NGOs. Southeast Asia and Latin America will host more consultations, and the network is expanding its membership in the region. There are probably hundreds more NGOs eager to engage with men and boys, whose experiences may offer a foundation for scaling up gender-equitable initiatives with men and boys. Other than helping women and girls themselves, many of these NGOs also collaborate with other organizations that do.

According to these programming initiatives, poor sexual and reproductive health and HIV transmission are caused by harmful gender norms. These standards also offer a huge potential to enhance people's health and well-being because of their positive influence. Next, we'll see a revolution at the policy level, which is already happening in a few areas. The mechanisms of societal change outlined here benefit both men and women tremendously.

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