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Men, Masculinities and Sexual and Reproductive Health in Botswana

By

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ABSTRACT

This thesis investigates the role of masculinities on men's sexual and reproductive health in Botswana. Botswana is currently in the throes of a severe heterosexually driven HIV/AIDS epidemic that has eroded some of the developmental gains the country had achieved since independence. A unique feature of Botswana's HIV epidemic is the rapid and phenomenal increase in infection and prevalence rates in the face of good levels of knowledge of HIV prevention and an early and comprehensive HIV prevention strategy that guaranteed access to free HIV prevention and treatment services, including ARV treatment.

The lack of effectiveness of the country's HIV efforts and subsequent increase in infection rates have been blamed on men's risky sexual behavior and lack of support of their partners' decisions to utilize these services. In fact, quantitative studies on men's sexual behavior and HIV such as the Botswana AIDS Impact Surveys show that men are less likely to use VCT services and more likely to engage in risky sexual behavior that increases risk of HIV infection to themselves and their partners. While studies provide the evidence that implicates men in the rapid growth Botswana's HIV epidemic, the studies provide little or no explanation of factors that motivate men's behavior in reproductive health. This lack of insights on factors that motivate men's behavior leads to stereotypes about male promiscuity and may contribute to the lack of effectiveness of HIV prevention strategies.

The current HIV epidemic has thus thrust heterosexual masculinities at the centre of HIV prevention efforts and provides an opportunity for research to interrogate the role of heterosexual masculinities in reproductive health, especially HIV transmission and prevention. The thesis employs qualitative data to provide in-depth appreciation of the prevalent masculine norms and beliefs and to highlight contextual factors and processes that shape and give rise to various masculinities. It further uses quantitative data to provide measures of levels of men's masculine and gender role beliefs that may influence HIV prevention and transmission and to test the association between masculinities and men's sexual and reproductive health attitudes and practices.

The results show that men's sense of identity is socially constructed, and revolves around the notion of superiority to women, independence and having and being in control of the family. However, men face many challenges to the realization of this masculine ideal. Men's perceived difficulty or failure to live up to socially constructed notions of masculinities affects their experience of sexual and reproductive health programs, especially women's empowerment and HIV

prevention programs. By their nature, these programs tend to challenge men's dominance of women's decision on sexuality, and are therefore experienced as a threat to some men's sense of identity. Quantitative results indicate an association between masculinities and sexual and reproductive health. While men's sense of masculinities is not the overriding factor determining their sexual and reproductive health attitudes and practices, the results show a strong association traditional masculine beliefs and negative sexual and reproductive health beliefs and practices.

However, there is also strong evidence that men and masculinities are responding to contextual factors, such as the HIV epidemic, which has become a specific stress on the local construction of masculinities. In focus group discussions, many men challenged traditional masculine norms, beliefs and practices that increase their vulnerability to HIV infection and those that either encourage or condone violence within intimate relationships. Significantly high proportions of men had positive attitudes towards HIV prevention programs. It is evident that now more than ever (and thanks to the HIV/AIDS epidemic) many men are ready to question the predominant masculine norms, beliefs and practices that increase their vulnerability to infection and disease. These voices of change represent a window of opportunity for research and programs can meaningfully engage with men and masculinities on issues of sexuality, gender roles, sexual and reproductive health and HIV/AIDS prevention and transmission.

There is need for future research and interventions to move away from focusing exclusively on individual models of preventive health behaviors to more multilevel, cultural and contextual explanations. Taking account of multilevel, cultural and contextual factors that shape masculinities and men's sense of identity will ensure increased effectiveness of sexual and reproductive health programs, especially HIV/AIDS prevention programs. On the other hand, failure to account for cultural and contextual factors that shape individuals' behavior will only ensure that the shortcomings of such intervention program will continue to be blamed on the individual.

Key Words

Botswana; Masculinities; Men; Sexual and Reproductive Health; HIV/AIDS