Redesigning Masculinity in the Pursuit of Reproductive Health

by

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# Table of Contents

**Acknowledgements**  
2

**Introduction**  
3

**Chapter One:**  
Growing Populations, Reproductive Rights, and the Place of the NGO  
10

**Chapter Two:**  
Health in Namibia, EngenderHealth, and the Origins of  
the Male Engagement Initiative  
32

**Chapter Three:**  
The Masculine Subject Appears  
43

**Chapter Four:**  
An Exploration of Content: Training Manuals, Digital Stories DVD,  
and Staff Member Interviews  
66

**Conclusion**  
87

**Bibliography**  
100

**Appendix 1:**  
List of EngenderHealth’s Major Projects  
104

**Appendix 2:**  
Chart of the “Act Like a Man” Activity  
105

**Appendix 3:**  
Promotional Postcards Developed by EngenderHealth for  
the Male Engagement Initiative  
106
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Introduction

In reference to the position of men, masculinity scholar Harry Brod writes, “the unmarkedness of the superordinate is precisely the mark of their dominance.”¹ As he calls attention to the dual status of men as both the unmarked and the superordinate, Brod takes men on as an object of inquiry, simultaneously underscoring their dominance and explaining it. In the process of rendering men a discernible category, Brod signals to his readers that men have not always been assigned their own disciplinary domain; it is only recently that there has been a “critical renaissance” in the study of men and masculinity, one whose emergence is preceded by and intricately tied to a history of changing gender relations throughout the last century.² Within this history, the particular territory that figures centrally in my thesis is the place of gender in international development: specifically, the process by which development studies became engaged with reproductive health, and ultimately how masculinity became both a product and an instrument therein.

A critical history of reproductive health initiatives in international development work traces back to the formation of population control movements at the turn of the 20th century, when men’s roles in reproduction were not yet subject to scrutiny. From the time of their inception, population control programs targeted female fertility as a principal determinant of population growth, framing and reframing population agendas with this premise at the foundation. The focus on

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female fertility converged into collective action following World War II, when government officials in developed nations observed dramatic increases in birth rates worldwide. In response to increasing birth rates, the movement identified a sustainable global community as rationale for its primary focus on managing female reproduction; put simply, permitting women to control their reproductive destiny was considered a valuable exercise insofar as it helped stabilize population growth. It is only recently that development theorists, particularly those with feminist commitments, reconceptualized these dominant representations of reproductive health by claiming individuals’ rights to determine their own reproductive futures.³ Nevertheless, this restructuring around rights locates a single target: women. Many non-governmental organizations (NGOs) that work to improve reproductive health outcomes predicate their programming on the assumption that advocacy grounded in the female experience is not limited in its reach: once enabled to reproductively self-regulate, women will actively participate in family planning decisions and broader social exchange will reflect this change in the gender order. However, focusing singularly on the female subject overlooks both the fundamental involvement of men in reproductive arrangements and the cultural values embedded in gender dynamics that undermine an exclusive program of female empowerment. In order to improve reproductive health conditions and outcomes, some scholars and health organizations have recently argued the need to unearth and critically assess men’s participation in the arrangements that inform these conditions.⁴

One NGO that specifically locates men within the reproductive health framework and works to modify their involvement therein is EngenderHealth, an international reproductive health organization based in New York. EngenderHealth “empowers people to make informed choices about contraception, trains health providers to make motherhood safer, promotes gender equity, enhances the quality of HIV and AIDS services, and advocates for positive policy change.” Over the past decade, the organization has developed programming that extends beyond health education and service delivery to focus on gender relations and their influence on reproductive health. Its Men as Partners project is particularly striking in terms of the normative cultural practices it addresses and the methods it employs to construct these practices differently. With gender relations as the persistent backdrop, the project encourages men – whose heterosexuality it assumed throughout – to reflect on their relationships and health practices to uncover the ways assumptions about gender influence their behaviors. This approach informs my central questions about the origins of men’s self-perceptions and the interplay between the individually-made self and the socially-produced self in a project like Men as Partners: how do men mediate personal commitments and desires within a particular social world? Is there a certain conception of manhood that must be developed and deployed to fulfill the project’s aims? If so, what does this conception look like and how is it performed?

In pursuit of these questions, I traveled to Windhoek, Namibia for three weeks to observe the local branch of the Men as Partners project, which was renamed the Male Engagement Initiative upon its arrival in Windhoek. LifeLine/ChildLine, a local

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organization chosen as EngenderHealth’s implementing partner in Namibia in 2007, oversees the project in Windhoek. During my time there, I observed the work of the LifeLine/ChildLine staff on the Male Engagement Initiative, and four of the staff members generously granted interviews to provide further insight into the project’s functions and goals. The time I spent in Namibia prompted an additional research question about the transportation of social scientific models from one geographic and cultural space to another: once men are made as objects of social scientific inquiry in one location (New York), how do they change (or remain unchanged) as they travel to another location (Windhoek)?

These questions must be examined in the context of development policy. Chapter One therefore provides a brief history of the population control movement, tracing the ways population programs appraised differential fertility rates among developed and developing nations and responded to them. In response to the perceived crisis in population in the mid-20th century, demographers and government officials from the industrialized world proposed programs of contraception for global implementation, which translated into the widespread regulation of female reproductive activity. By the 1970s, feminist scholars and activists intervened in global reproductive health policy, reclaiming contraception as a means of encouraging reproductive autonomy and proposing alternative ways for women to participate in development reform. As the history reveals, the agenda of individual rights gained particular focus through the formation of NGOs, which provided an alternative space for enacting health reform. I investigate the funding mechanisms
and functions of NGOs as a way of framing the role of EngenderHealth in its partnership with a local organization like LifeLine/ChildLine.

This history provides a framework for describing the current conditions of health in Namibia: in particular, the prevalence of HIV/AIDS. Chapter Two situates the state of health in the colonial history of Namibia in an effort to illustrate the lingering effects of colonial rule on the organization of the nation’s economy and health system. Scholars suggest that the residual products of Namibia’s colonial period take shape in citizens’ modes of appraising and enacting health and that preventative HIV programming must therefore account for the social and cultural norms that have developed from within this history. The Male Engagement Initiative is one project that claims to attend to these norms; I move from the interplay of health and history in Namibia to document the arrival of EngenderHealth’s project in Namibia, including a detailed review of the organization’s history and practices and the logic of their focus on gender relations within health.

In Chapter Three, I consider the emergence of the Male Engagement Initiative’s principal interlocutors: men. This chapter is intended to show how masculinity became a matter of academic and social interest in the West, providing a history of the masculine subject who is later described and encouraged to change in the Male Engagement Initiative. Masculinity studies became a scholarly enterprise in the 1980s in direct response to the dictates of second wave feminism, but along the way the so-called men’s movement came to resemble feminist scholarship more than it counteracted it, figuring the masculine subject as a troubled amalgamation of political and personal motivations borrowed from the feminist movement. Men were
cast (primarily by other men) as an oppressed class, victimized and misunderstood by feminist scholars and activists, but were afforded a unique opportunity to reimagine their collective narrative. Men thereby appeared as a category of critical interest, though the category they came to occupy is distinguished by its apparent instabilities and anxieties, designating men as in need of a specific kind of consideration. The dominant framework that developed in the 1980s and 1990s to explain traditional masculine norms and behaviors is that of hegemonic masculinity, the form of masculinity used to explain men’s universal dominance over women. It is also widely used by health scholars to explain men’s unfavorable health behaviors and outcomes. My inquiry reveals hegemonic masculinity to be the underlying framework for the Male Engagement Initiative and analyzes this gender architecture to illuminate the troubling power arrangements depicted in the Male Engagement Initiative.

Hegemonic masculinity theory finds direct application in Chapter Four, in which I analyze the training manuals of the Male Engagement Initiative, as well as the interviews with staff members and a Digital Stories DVD used at training sessions for the project. This analysis locates the recurring themes in the project’s materials, delineating the path the Male Engagement Initiative envisions for men to achieve equitable relationships and positive health outcomes. I demonstrate the ways in which hegemonic masculinity represents the iconic form that the Male Engagement Initiative encourages men to move away from; the project’s materials pronounce the normative masculine values and behaviors that constitute hegemonic masculinity, and then propose a “better” masculinity, one that affords men healthier relationships and bodies.
The Male Engagement Initiative’s central commitment is to change the tide of HIV in Namibia by way of focused work with men, a group whose established power in intimate relationships scholars contend has very specific implications for health. However, this thesis calls upon the Male Engagement Initiative to demonstrate the capacity of a single social scientific apparatus to fulfill multiple projects, tied at once to a specific health agenda and to a broader vision of social change. In its call for self-scrutiny and personal transformation, the Male Engagement Initiative represents a model of emancipation, opening a particular space for men to imagine and act upon individual desires and values with the support of an invested community. The project’s training manuals and staff members tell us that with social support – “given an opportunity and given better understanding” – men are capable of enacting positive change for their families and for themselves, and that their established power makes them uniquely responsible for realizing these changes. Although the Male Engagement Initiative holds social good as its guiding principle, its capacity to stand as a tenable model for positive reform is constrained by the troubling power dynamics the project assumes as well as its claim to universality. It identifies power asymmetries between men and women as the principal impediment to desirable health and relational outcomes, but does not attend to the power differentials between masculinities, or potential inflections in the project as it moves from one location to another. This thesis aims to elucidate the masculine figure that is described and transformed in the Male Engagement Initiative, showing both what the project’s masculinity accomplishes as well as what it passes over.

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6 Interview with LifeLine/ChildLine staff member
Chapter One

Growing Populations, Reproductive Rights, and the Place of the NGO

Contemporary development theorists explain the emergence of population control as the initial linking of human procreation with the degradation of the natural and social world. This understanding of human reproductive action in terms of resource constraints is often said to originate with Thomas Malthus, who grounded his treatise *An Essay on the Principle of Population* on the assumption that “population must always be kept down to the level of the means of subsistence.” Malthus argued that the capacity for societies to subsist in accordance with the limits of natural resources was tragically undetermined, and posited the decline of the human condition with the progressive growth of the global population. His understanding of population growth as threatening not only to the fundamental survival of humankind, but also to the immediate experiences of civilized nations foreshadowed the early attitudes of contemporary approaches to population control.

Although Malthus did not explicitly attribute value to specific populations, appraising the “quality” of reproducing peoples became a concrete project in the early 20th century that initially was transparently linked to eugenics movements. Historian Matthew Connelly, one of the few scholars to comprehensively chronicle the global history of population control, maps the rise of eugenic concerns about population growth in relationship to the first major waves of immigration into developed nations in the 1920s and 1930s: dramatic increases in new populations prompted eugenicsists

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to begin to differentiate between individuals that were “fit” for citizenship and those that were not. Connelly notes that this burgeoning process of differentiation accompanied larger fears of “existential threats, such as degeneration, global famine, and uncontrolled migration,” which provided “new reasons and new ways to divide nations and divide the world, inciting ethnic conflict and raising the specter of racial, religious, or class war on a global scale.” These emergent fears informed immigration policies in the 1920s and 1930s, but only coalesced into a more tangible body of inquiry when demographic research began to demonstrate disparate rates of population growth after World War II.

The idea of differential changes in population sparked a profound conceptual remaking of the practice of measurement: numerically appraising a particular population came to represent a demonstration of assessment in and of itself, stripping the act of measurement of its presumed neutrality to imbue it with evaluative weight. This transformation in measurement practices informed the development of population control programs and policies in the mid 20th century, unfolding alongside both shifts in colonial arrangements and also improvements in public health. Concerning the latter charge, Connelly notes that advances in antibiotic drugs, vaccines, and pesticides following World War II promoted healthy populations, but some worried that progress in public health would “at the same time intensify one of the great problems in the success of the program – increases in the population of areas

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9 Ibid., 6.
already overpopulated under present economic conditions.”\(^{11}\) This concern was taken up by the Point IV program, the U.S. State Department’s first initiative to provide economic aid for “underdeveloped areas” beginning in 1949. The program arose in direct response to emerging research on population growth in countries in Asia, Africa, and Latin America where colonial rule was beginning to give way. As shifts in colonial arrangements left colonial powers uncertain of their continued sovereignty, “differential fertility between North and South came to be seen as part of a crisis in the colonial world.”\(^{12}\)

With this distinction between North and South firmly in place, Western demographers and government officials worked to formulate policies that they hoped would stabilize industrialized nations against rapid population growth abroad. In the midst of this perceived moment of crisis, United Nations (UN) officials identified an opportunity to generate broad social and political order by way of global population policy. The policy conceived population growth as an intercontinental (and therefore, shared) conflict, which enabled international institutions to “transform the old civilizing mission into a modernizing mission, taking up unfinished work in public health and education in the name of global norms.”\(^{13}\) Developed nations thereby resolved to use advancements in public health – once feared for their capacity to support population growth – as the foundation upon which to organize a global population control program. In re-conceptualizing the professed mission of international intervention under a program of health reform, population control

\(^{11}\) Connelly, *Fatal Misconception: The Struggle to Control World Population*, 120.

\(^{12}\) Ibid.

\(^{13}\) Ibid., 123.
advocates became unified by a seemingly benevolent agenda that vowed to improve conditions worldwide.

The Introduction of Contraception and Family Planning

The various parties invested in population reform officially coalesced in 1952, when American conservationists, demographers, and representatives from the International Planned Parenthood Federation (IPPF) together formed the Population Council with support from the Ford and Rockefeller foundations.\textsuperscript{14} Though each of the groups represented in the Council harbored individual goals, the group agreed that a specific health initiative could effectively dissuade population growth; the Council united behind a program of contraception for women, an as yet unutilized approach to managing the world’s population. By joining diverse interests to this end, the Population Council “became not only the world’s pre-eminent institute for policy-oriented research in demography and contraception, but also a nexus for all the other major players in the field.”\textsuperscript{15}

During this time, the UN continued to increase its projections of world population growth: in 1954 the agency projected a world population of 3.63 billion in 1980; in 1958, that number rose to 4.22 billion.\textsuperscript{16} With these upward projections, policy makers decided that contraception could prove the most promising mechanism of control. Birth control was not framed as an instrument to facilitate women’s agency, but rather was presented under the agenda of family planning as a solution to

\begin{itemize}
  \item \textsuperscript{14} Hartmann, \textit{Reproductive Rights and Wrongs: The Global Politics of Population Control and Contraceptive Choice}, 101.
  \item \textsuperscript{15} Connelly, \textit{Fatal Misconception: The Struggle to Control World Population}, 159.
  \item \textsuperscript{16} Ibid., 191.
\end{itemize}
the fundamental “problem” of overpopulation – the problem of female fertility. Population control advocates were careful in their introduction of contraception, deliberately underscoring the stabilization of birth rates as the singular aim of birth control. Advocates of population control thereby generated unity among a group whose diverse investments in the population control movement left considerable room for internal dissonance by neatly folding contraception into the family planning agenda: “There was just one way in which everyone – demographers, eugenicists, conservationists, birth controllers – could be kept happy. All might be united under the banner of family planning, provided that most of the “global family” actually wanted help in planning fewer children.”

Implicit in the move to family planning were lingering currents of colonial anxiety about disparate rates of population growth in “underdeveloped areas,” a concern originally articulated by the U.S. State Department after World War II when industrialized nations began to notice differential fertility trends. Population control representatives from Western Europe and the United States argued that industrialization, urban development, and trade were necessary preconditions for family size to begin to reduce, and therefore worried about the birth rates in agrarian societies. American demographer Frank Notestein warned the U.N.’s Population Division, “the problem is too urgent to permit us to await the results of gradual processes of urbanization.” In light of the perceived stagnancy of unindustrialized communities, population control proponents believed the family planning agenda

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17 Connelly, Fatal Misconception: The Struggle to Control World Population, 133.
19 Connelly, Fatal Misconception: The Struggle to Control World Population, 134.
required specific intervention programs in order to obtain compliance among growing populations. With this in mind, in 1952 WHO’s Expert Committee on Maternity Care determined, “advice on fertility limitation should be provided in support of national population policies.” This shift to family planning as a national priority came as a result of the World Health Organization (WHO) feeling that the speed with which birth rates were increasing necessitated a comprehensive international response to control population growth, a response that would be most effectively realized through the channels of national policy. With the effort of WHO to integrate family planning programs into national agendas, population control was no longer merely a research and policy project undertaken by individual agencies, but instead was inserted as a fundamental component of state governance.

**Debate: Family Planning as National Policy?**

WHO’s plan to implement national programs aimed at fertility reduction elicited vocal objections among religious and political representatives worldwide. Criticisms to the recommendation oscillated; the Vatican voiced fervent objections to the mere mention of contraception as an acceptable tool for regulating population growth – insisting that the ban on birth control was “divinely inspired” – while states expressed concerns about the authority of WHO to enforce programs that did not reside strictly in the realm of public health. One by one, nations such as Belgium, Italy, and Lebanon drafted resolutions insisting that global action by WHO was both unprecedented and inappropriate, maintaining that “from the purely medical

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standpoint, population problems do not require any particular action on the part of WHO at the present time.”

As a result of the widespread feeling that WHO was not equipped to develop an internationally applicable birth control program, individual governments began to develop their own population measures that relied on the delivery and use of contraceptives. With considerable financial backing from the Population Council in the 1950s, the United States, Taiwan, South Korea, Pakistan, and India began developing programs to provide women with intrauterine devices (IUDs). These programs were meant to provide a standard mode of implementation for the family planning movement by rapidly delivering the same contraceptive instruments to women throughout the world. Indigenous government programming thereby accelerated the goals of the population control movement by moving birth rate regulation from its external position as a set of interests promoted by the Population Council into the national agenda. This shift from advocacy through a private Council to national birth control programs brought a profound change in population rhetoric, as government leaders and population control advocates banded together to preach the imminence of the apparent global dilemma in reproduction. Whereas population growth had been conceptualized largely in terms of its consequences for the economic wellbeing of states, it now became configured as a matter of community health: “Scientists and activists worldwide had agreed that high fertility was to be treated as a disease, and that birth control for nations made individuals expendable.” In order to

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treat high fertility as a disease, the very nature of human reproduction needed to be understood differently; once construed as a human engagement that regulatory policies could supervise and constrain, this new rhetoric that cast fertility as a matter of wellness and illness meant that reproduction came to represent a volatile and unpredictable force that deeply threatened global subsistence.

This dramatic transformation effectively absorbed individual bodies into a geo-political script that conceived population growth as an international public health crisis. Emphasizing the urgency of this health threat, interested parties in the movement devoted significant funds to the immediate and widespread implementation of birth control programs. Throughout the 1960s, population control foundations worldwide won grants to advance research on reproductive technology and began to distribute developing technologies, most notably of IUDs. In 1967, the U.S. Congress earmarked $35 million of the United States Agency for International Development’s (USAID) budget for family planning, which was subsequently allocated to various constituents, including the Population Council and the IPPF.24 Ultimately, the filtering of funds through a constellation of differently invested groups was not considered a viable means of advancing the common goal of population control; some groups voiced concerns about the use of insufficiently tested contraceptive methods, others clung tightly to religious objections located at the very core of family planning, and many national governments resisted external intervention.25 These discordant voices came together at the 1974 U.N. World

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Population Conference in Bucharest, the first time political leaders from nearly every country joined to engage with the population control agenda.  

“Integration”: Women’s Participation in Development

Development scholar Betsy Hartmann argues that the 1974 U.N. World Population Conference “forced a reappraisal of the view that family planning alone could bring down birth rates in the absence of more basic social and economic improvements in people’s lives.” This reappraisal was born out of the conference’s plan of action that declared: “The basis for an effective solution of population problems is, above all, socioeconomic transformation.” Hartmann marks this claim as explicit acknowledgement of the link between population and development, a link that relied on simultaneously attending to the basic needs of communities (food, shelter, education, health services) while holding tight to the project of family planning. She notes, “‘Integration’ became the new buzzword: Integrate family planning with health, with women’s programs, with education.” This return to exploring the economic impact of high birth rates mirrored the concerns originally articulated by the Point IV program in the 1940s, when population control first materialized as a matter of global interest. The then consensus was that unchecked reproduction threatened the economic prosperity of communities throughout the world. However, the re-examination of the link between population growth and financial wellbeing in 1974 featured a new tactic: women’s participation in

26 Hartmann, Reproductive Rights and Wrongs: The Global Politics of Population Control and Contraceptive Choice, 126.
27 Ibid.
28 Ibid., 109.
29 Ibid., 108.
community matters could encourage lower birth rates and thereby contribute positively to the economic functioning of the state. This perspective explicitly recognized that population growth could not be understood as merely a matter of unconstrained human fertility, but rather must be negotiated in terms of its entanglement with other social, political, and economic processes.

The extension of the family planning rubric beyond the evaluation of women’s maternity practices to assess women’s economic and social conditions may be considered the initial glimmering of a feminist agenda within the population control movement. Following the U.N. World Population Conference in 1974, women’s participation in development processes became a primary area of interest for the international community. In a sweeping demonstration of their commitment to examining and improving the lived experiences of global women, the U.N. declared 1975-1985 the United Nations Decade for the Advancement of Women. As development scholars Gita Sen and Caren Grown assert, this proclamation prompted “virtually every development body – United Nations agencies, national governments, and private organizations – to develop projects and programs that would improve the economic and social positions of women.”

Figuring women’s economic and social location within their communities as principally determinant of their collective wellbeing enabled development agencies to propose fairly monolithic solutions. The underlying assumption of their efforts was that encouraging and facilitating women’s participation in commercial processes would be sufficient to improve their comprehensive experience.

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Despite the apparent broadening of the development agenda to attend to the circumstances of women, it is vital to continually return to the fundamental goal of the project as a global undertaking: to regulate world population. Those who critically interrogate the efforts of development agencies to charge women with greater economic and social influence were quick to unearth an underlying motivation for these projects of empowerment. Betsy Hartmann notes instances in the 1970s when development functioning was startlingly transparent:

The link between women’s low status and high fertility led the World Bank and Bangladesh government to launch a major women’s program in Bangladesh in 1975, which included the formation of women’s cooperatives, mothers’ clubs, and vocational training projects. Its aim was not the emancipation of women per se, but, according to the bank, “to provide alternatives to childbearing.”

These moves towards physically extracting women from the home and busying them with projects and partnerships represents an effort to integrate women into the commercial operations of their communities, and in so doing they tacitly constitute female reproduction as simply one possible activity among many. By situating childbearing within a discussion of community undertakings, development organizations and participating governments attempted simultaneously to manage female fertility and to strip it of its symbolic value as a unique female embodied practice. They at once defined reproduction as problematic and devised a solution to this problem that treated childbearing instrumentally. This apparently careless manipulation of female bodies ignited enormous backlash among feminist development activists and policymakers.

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Bringing Feminism to Bear on the Population Control Movement

In such responses to population control programs that attempted to regulate female fertility without regard for the profound personal investments of individual women or cultural understandings of childbearing, in 1984 women in the South formed the Women’s Global Network for Reproductive Rights. That same year, feminist researchers gathered in Bangalore to establish Development Alternatives with Women for a New Era (DAWN).\(^\text{32}\) In their manifesto, *Development, Crises, and Alternative Visions: Third World Women’s Perspectives*, DAWN organized its conception of population growth around a fundamentally different understanding of reproduction than that presumed by mainstream population control organizations: “By reproduction, we mean the process by which human beings meet their basic needs and survive from one day to the next.”\(^\text{33}\)

Unlike population control groups that encouraged women’s participation in commercial projects strictly as an alternative means of managing fertility, feminist development activists situated reproduction within the social, political, and economic structures that sustain population growth without suggesting that childbearing was reducible to these structures: “Since most people are part of a larger economic system – regional, national, or international – their own reproduction is not independent of the healthy functioning of that system. But the two are by no means congruent.”\(^\text{34}\) As is evident in this excerpt, DAWN complicated the question of differential fertility between industrialized and developing nations by identifying the systemic


\(^{34}\) Ibid.
arrangements that leave poor women’s needs unmet. In so doing, the group re-directed potential cultural and individual reproach to the systems that govern development, thereby allowing room for alternative understandings of population growth.

Bringing to the foreground the socioeconomic and political structures within which reproductive activities unfold, feminist development groups began to argue the matter of individual rights within reproductive decision-making. They described as well the acute collective injury experienced by women as a result of efforts at population control. They voiced these concerns in direct response to the standard blueprint of population control organizations that identified birth rate reduction as a primary goal without sufficiently examining the layered dynamics of this design. In order to demonstrate these flaws, feminist activist groups explored the visions of women in the Third World:

In this context, we believe that it is from the perspective of the most oppressed – i.e., women who suffer on account of class, race, nationality – that we can most clearly grasp the nature of the links in the chain of oppression and explore the kinds of actions that we must take.\(^{35}\)

With these goals in mind, activist groups began to organize around the development experiences of women, hoping to become a political force in population control reform. These efforts came together at the 1994 United Nations Conference on Population and Development (ICPD) in Cairo.

A central component of the ICPD’s agenda was the question of the status of women within the field of development, particularly in relationship to the underlying

goals of family planning. This was an important moment in the history of population control because it represented the first attempt to transform the very foundation of family planning: from an instrument of control to a space for promoting reproductive rights and health. Feminist advocacy groups took hold of this opportunity in preparing for the ICPD: “In the run-up to Cairo, feminist NGOs won representation in many official delegations, formed a women’s caucus, and began pushing a common program.” This common program focused on incorporating discussions of sexual health, reproductive health, reproductive rights, sexual rights, and women’s empowerment into the arena of global policy on population and health. As Connelly asserts, “Making contraception part of a rights and health agenda was the only legitimate way forward.”

However, these interests could not be seamlessly woven into the conference agenda given that the primary objective of UN organizers continued to be the mitigation of rapid population growth. A commitment to addressing the growing world population was the guiding principle of the conference, but other parties present there remained deeply invested in their own divergent programs and were vying for consideration at the conference; U.S. delegates were mainly concerned about the environmental ramifications of unrestrained population growth, while advocates from groups such as the Population Crisis Committee attacked the conference’s agenda for failing to make population control a top priority. According

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38 Presser and Sen, Women's Empowerment and Demographic Processes: Moving Beyond Cairo, 3.
40 Ibid.
to development theorists Harriet Presser and Gita Sen, the most fundamental and
insurmountable point of dissonance occurred between women’s health advocates and
representatives of the Vatican, a programmatic struggle that “will doubtless go down
in the history of population ideas as an epic battle.”

The contentious debate unraveled in response to the chapter of the ICPD
Program of Action devoted to “Gender Equality, Equity, and Empowerment of
Women.” Although much of this chapter and the consensus document that was
drafted after a weeklong standoff focused on promoting sustainable development via
education and provision of health services to women and girls, for the Vatican the
most inflammatory section was that which identified access to safe abortion as a
necessary public health measure. Papal delegates vehemently opposed the abortion
paragraph, but the feminist representatives at the conference were unwavering in their
commitment to it. The Vatican eventually ceded and the UN Program of Action was
unequivocally endorsed by 162 states. The consequence of Cairo on global
population policy cannot be overstated:

In other words, beyond reflecting a range of multidisciplinary perspectives
and promoting ambitious goals, the ICPD contained what has come to be
known as the “Cairo Paradigm,” which shifted population policy away from
fertility regulation and toward the notion of reproductive health, predicated
on the exercise of reproductive rights and women’s empowerment.

The Cairo conference may therefore be marked as the moment that international
development agencies began to map a rights agenda onto female fertility. The move

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41 Presser and Sen, Women’s Empowerment and Demographic Processes: Moving Beyond Cairo, 15.
42 Ibid., 3.
43 Connelly, Fatal Misconception: The Struggle to Control World Population, 368.
44 Mindy Jane Roseman and Laura Reichenbach, “Global Reproductive Health and Rights: Reflecting
on ICPD,” in Reproductive Health and Human Rights: The Way Forward, ed. Laura Reichenbach and
away from a program of control conveyed a shift in the figuring of the female subject as a body to be put to use to a body endowed with a distinct set of rights. This enormous conceptual shift necessitated a transformation in the collective vision of global development, one that would rely on bringing to the fore the experiences of the world’s women.

The NGO: A New Form of Political and Social Practice

To identify the diverse apparatuses through which women are made visible in global studies, literature and social science scholar John Marx examines how scholars narrate the processes of globalization. Marx weaves together various globalization theories to illuminate the ways understandings of global trends inevitably locate women as central and in so doing, provoke a necessary question: “…divergent uses of women to mark globalization’s difference, herald its accomplishments, and figure its victims suffice to identify a critical trend that is also a bit of a puzzle: What do women mean to the scholarship of globalization?”

Marx points to many instances in which globalization scholars working within development frame their inquiries in terms of the fate of the world’s women. He quotes development scholar Amartya Sen to demonstrate women’s presence in this field: “Nothing, arguably, is as important today in the political economy of development as an adequate recognition of political, economic and social participation and leadership of women.”

Contemporary feminist development activists have taken this analysis further to delineate the necessary steps that must be taken not only to recognize the

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participation and leadership of women, but also to develop programs that enable this level of engagement. In reference to the 1994 ICPD and its initiation of programmatic shifts in the arena of global health policy, Barbara Klugman asserts “the Conference released an energy around women’s health rights which was directed from a wide range of individuals and organizations towards policy-changing initiatives.”47 While the main structural shifts in health policy following the Conference occurred within national governments, alternative strategies for tackling the issue of reproductive rights and access to health services came together by way of non-governmental organizations (NGOs) and other grassroots groups.48 Anthropologist William Fisher identifies the conditions under which groups organize at this level:

In the political space created by shifting interdependencies among political actors, by the globalization of capitalism and power, and by the decline of the state, growing numbers of groups loosely identified as nongovernmental organizations (NGOs) have undertaken an enormously varied range of activities, including implementing grass-roots or sustainable development, promoting human rights and social justice, protesting environmental degradation, and pursuing many other objectives formerly ignored or left to governmental agencies.49

According to Fisher, the NGO occupies a fluid political space; NGOs do not develop in direct response to or from directly within the government agency, but instead they reconfigure conventional political practice and engage citizens in both formal and informal interactions with state agencies. As a result, the NGO effectively redraws

48 Ibid., 107.
“the line between state and non-state realms,” a process whose implications scholars and activists understand in dramatically different ways:

Whether NGOs are seen as a progressive arm of an irresistible march toward liberal democracy that marks “the end of history,” an extension of the push towards privatization, or a means to resist the imposition of Western values, knowledge, and development regimes depends on the perspective and agenda of the imaginer.

These dissonant claims about the NGO’s potentials and pitfalls indicate not only the plurality of NGO practices, but also the expectations that development practitioners, political leaders, and local organizers harbor for NGOs to act as transformative agents. Some argue that these expectations derive from a longstanding assumption that NGOs are vehicles through which people perform benevolent acts for reasons other than financial gain or politics. This idealization of the NGO as an apolitical do-gooder unfolded alongside the accumulating failures of development strategies to sufficiently address the conditions of the world’s poorest people throughout the 1980s and 1990s, both in terms of providing assistance and engaging local communities to envisage and enact their own development solutions.

The task of NGOs to act on behalf of and in coalition with indigenous communities raises the issue of accountability: whose interests is the NGO expected to represent and how do we assess their representation? Development theorists David Hulme and Michael Edwards delineate the multiple sources to which NGOs are held accountable, including their affiliated organizations, staff, and supporters, but emphasize their responsibility to advocate on behalf of the interests of local communities.

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52 Ibid., 443.
partners.  

There is an assumed relationship at the root of acts of such advocacy: the advocating party possesses insight into the interests of the silent party and uses this knowledge to develop an agenda that will benefit its constituency. However, this exchange is not predicated on a direct feedback loop between the two bodies – NGOs and recipients – due to the varying levels of recipient participation in NGO operations. According to diplomat Majid Rahnema, the frequency with which the concept of participation is applied to the interactions between states and their civilians renders claims about the participatory nature of civil society almost tautological; citizens’ participation in the functioning of civil society is often taken as a given, which means that participation comes to be seen as a fundamental component of state governance. However, many development theorists insist that participation must not be regarded as a presupposed condition of the state, but rather a fragile political apparatus that requires us to ask “in each instance in which ‘participation’ is a claimed objective, ‘what responsibilities are being devolved and to whom?’”

Development scholar Sarah Michael assesses NGOs’ responsibilities in development initiatives in Africa to consider how local NGOs may function more effectively. According to Michael, there is a power asymmetry between funding bodies and their local NGO recipients that undermines development in Africa and she therefore imagines techniques through which local NGOs may carve out their own development space. Central to her reconfiguration of power is the layered issue of

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agency, which Michael defines as “the ability of a local NGO to exert its influence over others to further its ends, rather than its ability to accrue the resources necessary to force others to comply with its will.”\textsuperscript{56} By this, she is specifically referring to the capacity of local NGOs to free themselves from the financial constraints imposed by supervising agencies, arguing for local ascendancy by way of economic self-determination. To underscore the asymmetry within NGO negotiations in Africa, Michael explains the process by which American donors acquired immense authority in the early 2000s, when development assistance became an integral part of the United States’ national security agenda. International NGOs funded by U.S. agencies were figured not as neutral participatory bodies, but came to be regarded as branches of the U.S. government itself:

Those NGOs that fail adequately to promote their links to the US government and its foreign policy could face the loss of their funding. Even for well known and well resourced international NGOs, donors at times not only pull the strings, but wield the axe.\textsuperscript{57}

Without precisely elucidating how the U.S. government envisions failure to adequately promote these links, Michael’s description suggests that the political commitments of funding agencies may powerfully determine the actions of a given NGO, which can have significant implications for the communities in which these NGOs operate.

One U.S. development agency that is particularly important to ground my inquiry is a global health initiative developed in 2003: the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), which is the body responsible for


\textsuperscript{57} Ibid., 21.
funding the Male Engagement Initiative. When the U.S. Congress conceived PEPFAR, it identified three central tenets of the program: to treat 2 million people with anti-retroviral therapy (ARV); to prevent 7 million new infections; and to provide care to 10 million people infected or affected by AIDS. In line with the numerical organization of objectives, Congress allocates 55% of PEPFAR funding towards treatment, 20% towards prevention, 15% towards care, and 10% towards orphans and vulnerable children (OVCs).\(^{58}\) Although PEPFAR offers funding to over 100 countries worldwide, the majority of its funds are apportioned to 15 focus countries: Botswana, Ethiopia, Côte d’Ivoire, Guyana, Haiti, Kenya, South Africa, Mozambique, Nigeria, Uganda, Zambia, Vietnam, Tanzania, Rwanda, and Namibia.\(^{59}\) Within each focus country, PEPFAR funds are channeled to recipient organizations (NGOs or other grassroots groups), either through intermediary organizations or directly to the in-country partner.\(^{60}\)

Research indicates that PEPFAR increasingly demonstrates positive effects on national health systems, but in its capacity as a development agency it nevertheless gestures to a principal concern of Fisher’s.\(^{61}\) Development agencies may permit an NGO to “represent” indigenous peoples at decisions taken in Washington, DC, or elsewhere, but “the selection of some NGO to stand in for people is quite different from ensuring that decisions affecting the lives and resources of indigenous people

\(^{58}\) Nandini Oomman, Michael Bernstein, and Steven Rosenzweig, "Following the Funding for HIV/AIDS: A Comparative Analysis of the Funding Practices PEPFAR, the Global Fund and World Bank Map in Mozambique, Uganda, and Zambia," (Center for Global Development, 2007), 11.


are not taken without their informed consent.\textsuperscript{62} The NGO is therefore persistently tied to the population it appears on behalf of; while it acts as a representative body in the conventional political space, it must uphold an agenda that is informed by and accountable to the desires and interests articulated by local community members.

Chapter Two

Health in Namibia, EngenderHealth, and the Origins of the Male Engagement Initiative

When the United States government announced the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) in 2003, it allocated the majority of the funds to 15 countries that were home to 80% of all people requiring AIDS treatment.\(^6\) One of the countries identified was Namibia, whose HIV prevalence rate of 13.3% in 2009 places it among the 8 countries with the highest prevalence rates in the world.\(^4\) As in many developing countries, HIV/AIDS prevention programs in Namibia have followed the knowledge-attitudes-beliefs-practices (KABP) model, which is grounded in the assumption that health-related decisions are based on individuals’ knowledge and attitudes.\(^5\) However, in recent years, researchers have observed that providing individuals with information about HIV/AIDS “is just one determinant in the complex process of bringing about behavioral change.”\(^6\) With this in mind, health scholars, activists, national governments, and NGOs have begun to expand the KABP model to discern the influence of cultural and social norms and historical context on the prevalence rate of HIV/AIDS.

In Namibia, there exists an intricate relationship between history and the current health conditions. Namibia gained its independence in 1990 after more than a

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66 Ibid.
century of colonial rule, first by Germany and later by South Africa. Scholars note that years after achieving independence, Namibia continues to carry significant markers from its colonial period, particularly in terms of the lingering effects of the economic arrangements established during colonization. As anthropologist Britt Tersbøl observes, “the South African minority rule in particular implemented highly unequal social and economic structures, disadvantaging black population groups in relation to the white minority in terms of education, employment, access to health care, and basic civil and human rights.” There are remnants of colonial rule in the organization of the nation’s labor market as well, with a high level of migration from the rural northern regions to urban areas in central and southern Namibia in recent years. This transition unfolded alongside the country’s gradual conversion from subsistence agricultural production to the development of a cash economy, which meant that “particularly men’s life worlds became stretched between the rural north and the urban industrial areas, commercial farms and mines in the south.”

Scholars suggest that changes in labor and modes of economic gain in Namibia are intimately connected to citizens’ health beliefs and behaviors. In a qualitative study of HIV prevention efforts targeted at men in Namibia, Tersbøl argues that Ohambo and Oushimba (the North and South of Namibia, respectively) “are not only geographical places, but also moral and symbolic spaces that informants

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69 Ibid., 408.
70 Ibid., 411.
associate with different values, norms and practices.” Tersbøl explains that the ways citizens in particular places are disadvantaged by the social and political structures in place dictate how they understand and practice health, placing particular emphasis on how Namibian men reconcile themselves to their social conditions through certain demonstrations of masculinity. She writes, “while men face powerlessness and lack of recognition, they exaggerate other aspects of their identities, for example their sexuality, to manifest and confirm their masculinity.”

While Tersbøl’s account of the interactions between masculinity, economic hardship, and HIV/AIDS is unique for its focused inquiry into a largely unexamined nation, her study provides an example of a recent trend in HIV prevention work. In an effort to encourage positive health behaviors, many health practitioners, social scientists, and government officials have recently begun empirical studies of the ways cultural and social values, norms, and practices unfold in terms of men’s constructions of masculinity. In Namibia, these explorations are currently quite limited; as psychologists Jill Brown, James Sorrell, and Marcela Raffaelli point out, “To date, in-depth research on masculinity, sexuality and HIV has not been conducted in Namibia.” Nevertheless, prevention programs that explore the interactions between gender and health outcomes in Namibia have begun to be implemented, many funded by government agencies and NGOs from the United States.

In August 2010, I spent three weeks in Windhoek, Namibia studying one project that works to re-imagine masculinity in the name of promoting healthier

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72 Ibid., 413.
outcomes for men and their families. I spent this time speaking with and observing the work of staff members from LifeLine/ChildLine, which is the Namibian partner of EngenderHealth for the Male Engagement Initiative. During the three weeks I spent in Windhoek, I interviewed four members of the LifeLine/ChildLine staff to gain insight into the goals and methods of the Male Engagement Initiative. These individuals have been re-named in order to preserve their privacy. The interviewees included Isaac, a Namibian man in his late twenties; Joseph, a Namibian man also in his late twenties; Anne, a middle-aged British woman who migrated to Windhoek many years ago; and Melvin, a middle-aged Namibian man. Isaac, Joseph, and Melvin are all program officers for the Male Engagement Initiative, while Anne is the director of LifeLine/ChildLine and is in charge of the project. The history that follows relies heavily on information gathered from the interviews, as well as from EngenderHealth’s website.

**EngenderHealth: History and Practice**

EngenderHealth currently serves multiple health objectives, but began in 1943 as a small volunteer collective in New York advocating for safe and legal sterilization. At its inception, the NGO considered sterilization fundamental to family planning and devoted its first 25 years to promoting voluntary access to sterilization procedures (tubal ligation and vasectomy) at a time when contraception was not legally available in the United States. EngenderHealth’s work did not extend beyond sterilization advocacy and education until the 1970s, when sterilization became legally sanctioned, thereby enabling the organization to expand its programming to
address a wider range of reproductive health needs. Having established a commitment to individual reproductive health management, EngenderHealth moved outside the sphere of domestic advocacy to attend to the reproductive health conditions of poor communities worldwide.

The group grounds its work in quality care provision predicated on informed choice and the administration of services by well-trained providers. Folded into this service-oriented approach is an active appraisal of the values put to use when individuals make decisions that are reproductively significant. Although the word play in its name suggests appreciation of the interaction of gender and health, the organization did not deploy gender as a guiding principle of its original agenda. It was not until the late 1960s when – in line with the social changes in gender relations developing at the time – EngenderHealth moved beyond sterilization advocacy and began to create curricula to assist women and men in making informed reproductive decisions with the support of respectful, well-trained providers. The organization’s programming evolved over the following forty years, and while expanding family planning programs remains paramount, EngenderHealth shifted its focus in 2001 to consider the interplay between gender and reproductive health decisions in an effort to address “the broader context of individuals’ reproductive health.”

The organization now works to interrogate the gender ideals that couple with personal, cultural, religious, and social values to govern reproductive behavior. By unearthing and assessing the gender norms that are enacted within social relations, EngenderHealth hopes to facilitate healthier reproductive practices.

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To this end, EngenderHealth has developed an extensive collection of programs over the past decade that each undertakes certain components of reproductive health. The NGO is demonstrably democratic in its orientation, foregrounding choice as a means of improving health:

EngenderHealth supports health care that is safe and responds to clients’ needs by expanding their choices. Because of our leadership in family planning and reproductive health, many governments look to us for guidance on improving their health care services. We have practical tools and solutions that we adapt to local contexts.\(^{75}\)

As this excerpt illustrates, the organization attends to individual needs as they are situated within particular locations. These locations include communities in Asia, Africa, and the Americas, though the majority of its programs operate in the Western and Southern regions of Africa.

The organization designs its projects to fulfill multiple objectives that are both action-based and conceptual in kind; they aim to elicit tangible changes in health patterns as well as alter the assumptions that inform these patterns. EngenderHealth has nine major projects whose programming addresses one or more reproductive health category.\(^{76}\) The projects incorporate the following categories: Family Planning; Maternal Health; HIV, AIDS, and STIs; Engaging Men as Partners in Reproductive Health; Partnering with Youth; Improving Clinical Quality; and Advocacy and Policy. Within each of these categories, there are subgroups that delineate the principal issues that together constitute the broader category. For example, Maternal Health is divided into sections on the Maternal Health Task Force, Fistula, Postabortion Care, Eclampsia and Pre-Eclampsia, Prevention of Mother-to-Child

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\(^{76}\) See Appendix 1 for a complete list of EngenderHealth’s major projects.
Transmission, Essential and Emergency Obstetric Care, Postpartum Hemorrhage, and Cervical Cancer.

While the majority of the projects focus on improving services and service delivery for each of the stated health categories, three of EngenderHealth’s projects explicitly call into question the gender values that contribute to reproductive health decision-making.

**Gender Projects: CHAMPION, MenEngage, and Men as Partners**

EngenderHealth has three projects that specifically address gender norms as a means of encouraging different reproductive health actions: the CHAMPION Project, a network of projects called MenEngage, and the Men as Partners (MAP) Project. The CHAMPION project operates exclusively in Tanzania and is funded by the United States Agency for International Development (USAID), a foreign assistance program formed in 1961 as part of the Kennedy administration’s Foreign Assistance Act. The project aims to increase men’s involvement in preventing HIV in Tanzania primarily by disrupting gendered arrangements of power: “Because of power imbalances in sexual relationships, women are particularly vulnerable to HIV infection…to lessen the impact of HIV on women and to improve the health of both women and men, gender-related behavior and roles need to be addressed.” The project’s agenda thereby appraises HIV infection in terms of the differential weight of gendered behaviors as they play out within intimate partnerships; women are made vulnerable to HIV infection as their male partners exert sexual decision-making.

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power, and this disparity is seen to produce negative health outcomes for both women and men. To reconfigure the alignment of power within sexual relationships and promote different outcomes, the CHAMPION project works to “reduce men’s high-risk behaviors; promote fidelity and a reduction in the number of sexual partners; eliminate gender-based violence; and increase men’s participation in health services.”

The MenEngage project of EngenderHealth is a global alliance that conducts research and crafts policy initiatives that “engage men and boys to reduce gender inequalities and promote the health and well-being of women, men, and children.” Organizations involved in this network include EngenderHealth, Promundo, Save the Children – Sweden, Sahayog, the Family Violence Prevention Fund, and the International Planned Parenthood Foundation. This global nexus employs a model of intervention to maximize male involvement in initiatives aimed at promoting gender equality and reducing gender violence. MenEngage implements three primary strategies to achieve these ends: advocacy and policy; a network of learning and leadership; and the sharing of resources by way of a “global online portal.”

EngenderHealth conceived the Men as Partners (MAP) Project in 1996 to encourage men “to play constructive roles in promoting gender equity and health in their families and communities.” The organization identifies four principal approaches of the program: to hold interactive workshops that confront harmful

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81 Ibid.
stereotypes of what it means to be a man; to enhance health care facilities’ capacity to provide men with quality care by training health care professionals to offer male-friendly services; to lead local and national public education campaigns that explore the theme of partnership; and to build national and international advocacy networks.83

As these project descriptions demonstrate, EngenderHealth uses critical inquiry into prescribed gender ideals as a sort of call-to-arms; the presumption of a direct interplay between relational configurations of gender and reproductive health decisions that proceed from within these relationships enables the organization to develop programs that simultaneously address ideological concerns and encourage alternative behaviors.

**EngenderHealth’s Funding Mechanisms and Partnerships**

EngenderHealth’s programming expanded into Namibia in 2007, when EngenderHealth entered into a contractual relationship with the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), the government agency that committed $15 billion towards HIV/AIDS prevention, care and treatment programs worldwide starting in 2003.84 This contract designated EngenderHealth a PEPFAR prime partner, marking the NGO to receive direct funding from the government agency.85 That same year, PEPFAR funded a training session in Windhoek, Namibia aimed at recruiting an in-country partner to implement EngenderHealth’s Men as Partners program. The agency sent U.S. representatives from EngenderHealth to lead the training, as well as

84 Merson et al., "The History and Challenge of HIV Prevention," 484.
representatives from its sub-partner, Promundo, a Brazilian NGO that receives allocated funds from EngenderHealth. PEPFAR identified local organizations in Windhoek that perform health-related work to invite to the training, one of which was LifeLine/ChildLine, a multi-national organization that addresses gender-based violence, educates about HIV and AIDS prevention and treatment, and provides counseling aimed at promoting emotional wellness. At the end of the training, representatives from EngenderHealth invited interested organizations to volunteer to act as the local implementing partner of the MAP project. Anne found that the training resonated with LifeLine/ChildLine’s work both thematically and methodologically, as an organization that believes in “not telling people what to do, in creating space for dialogue, where people can personalize difficult and sensitive issues for themselves and be facilitated to do so.” LifeLine/ChildLine volunteered to act as EngenderHealth’s in-country partner as a result of this shared commitment to crafting a program that was not uniformly prescriptive but rather took shape by way of client’s respective needs.

When LifeLine/ChildLine officially signed on to serve as the in-country MAP representative, it decided to name the Namibian branch of the project the Male Engagement Initiative. PEPFAR had awarded $582,269 to EngenderHealth for the 2007 fiscal year as one of its prime partners in Namibia, a portion of which was channeled to LifeLine/ChildLine for the Male Engagement Initiative. Reflecting on their decision to take on the project, Anne located in retrospect a palpable gap in the organization’s agenda that the Male Engagement Initiative was solely equipped to

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87 Ibid.
We felt that gender competence or the lack of gender competence was perhaps the biggest barrier to progress in all of our trainings, so it made sense for us to take it on in order to provide the missing pieces of the jigsaw.”

The first step to integrating the Male Engagement Initiative into the LifeLine/ChildLine agenda was to train the entire LifeLine/ChildLine staff in the program, which includes around fifteen staff members in all, including the four staff members I interviewed who operate the Male Engagement Initiative. The project itself relies on three training manuals developed by EngenderHealth, with some assistance from Promundo. The manuals are called *Engaging Men and Boys in Gender Transformation: The Group Education Manual; Engaging Men at the Community Level;* and *Engaging Men in HIV and AIDS at the Service Delivery Level: A Manual for Service Providers.* As the principal donor, PEPFAR mandates that LifeLine/ChildLine only train local organizations that are also funded by PEPFAR. As of August 2010, LifeLine/ChildLine had trained local health and HIV-related organizations such as IntraHealth, Pact, and Chamber of Mines and continues to train PEPFAR-funded organizations around Namibia. As Anne explained, their ultimate goal in disseminating the principles of the Male Engagement Initiative is to promote “a male-friendly campaign,” a campaign that affords men an opportunity to “redefine masculinity a little bit and to be stronger and better and more real men.”
Chapter Three

The Masculine Subject Appears

In his 1987 assessment of the status of men in gender scholarship, sociologist Harry Brod concludes with a quote from the introduction to *The Second Sex*. In it, Simone de Beauvoir writes: “A man would never get the notion of writing a book on the peculiar situation of the human male.” Brod contends that the fact that this claim is no longer true is one of the foremost achievements of the feminist movement. At first glance, his contention that de Beauvoir’s dismissal of man as an object of study represented a gap in feminist scholarship that has since been filled is a curious claim: as Judith Gardiner points out, “the women’s liberation movement of the 1960s and 1970s assumed an antagonism between feminism and masculinity that was reciprocated in much popular discourse.” The notion that inquiry into the nature of the male subject could prove a useful exercise for women’s liberation was considered antithetical to the movement itself until the 1980s, when psychologists and gender theorists began to re-evaluate masculinity. This deliberate naming and interrogation of the previously unmarked category of men signals the emergence of a new layer of gender studies, one that would provide unexpected insights into complicated questions of the human male.

Second Wave Feminism and the “Discovery” of Masculinity

Second wave feminists of the 1960s and 1970s largely assumed an unambiguous interplay between man the oppressor and woman the oppressed, one that was predicated on and supported by institutional structures, practices, and attitudes that upheld male dominance throughout history. While some radical feminists at the time expressed unequivocal commitment to this binary model that clearly identified the instrument of oppression and its object, liberal feminists focused their attention on the architecture that afforded men greater economic, political, and personal power and prestige.  

How particular groups of feminists chose to explain the dynamics of patriarchy dictated their conception of masculinity and its potential political utility for the agenda of women’s liberation. Feminist scholar Judith Newton explains that as feminists of the second wave began to reflect on the movement, “we were aware that an important part of its meaning lay in its effects upon those whom the movements we had been a part of had tried critically to engage.”  

In most cases, deeper investigation into the effects of women’s liberation on men meant that second wave feminists subsumed the various enactments and understandings of masculinity within one monolithic category. As Robyn Wiegman observes, “the assumption of masculinity as an undifferentiated position aided feminism’s articulation of its own political subjectivity.” Such an undifferentiated masculinity was an effective tool for the women’s liberation movement because it located a shared adversary that was

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not rife with internal idiosyncrasies with which the movement must grapple.\textsuperscript{94} With a unified category against which to organize, feminists had room to negotiate the complexities and multiplicities within their own collective.

However, illuminating the points of common struggle within one group while working tirelessly to preserve the sameness of the opposing group eventually proved unsustainable. As men, particularly straight-identified, educated white men, were faced with women’s liberation as articulated by their wives, female colleagues, friends, and the media, feminism came to represent an opportunity for introspection for them: once the “unmarked category” of masculinity was described by feminists, however bluntly, a new horizon was made visible. Identifying men as an object of study (albeit critical and often derisive study) gave men cause to engage in self-examination, to re-imagine themselves as a category just when feminist critiques of patriarchy gave articulation to masculinity that it had never had before.\textsuperscript{95} This new focus opened space for men to reflect on their participation in the social dynamics examined by feminist thinkers and recast their narratives in response to the criticisms leveled by the women’s liberation movement.

The first effect of second wave feminism on the study of men and masculinity was the dramatic proliferation of a new genre of writing, evidenced in an annotated bibliography on “the male sex role” published in 1979.\textsuperscript{96} In the 1970s and early 1980s, this new literature focused primarily on “role theory,” which put forth a dualistic vision of men and women as wholly separate yet internally homogeneous

\textsuperscript{94} Gardiner, "Introduction," 12.
\textsuperscript{96} Ibid.
groups. Role theory tended to emphasize the differences between men and women, while simultaneously downplaying differences within masculinities along ethnic, class, sexual, and national lines. This theory identified socialization as the way in which sex roles are learned and acquired, which meant that the blame was shifted from men as a mindful body of decision makers to men as shaped by and subject to powerful social and historical processes.\(^\text{97}\) As Newton observes, “because sex roles were often theorized as the primary source of gender oppression, moreover, sex role theory also tended to obscure structural power relations and men’s domination of women.”\(^\text{98}\) Role theory enabled men to see themselves as passive victims of socialization, which meant the focus moved from men’s function as power holders to men’s equal oppression by sex roles. The easy application of role theory to men as well as women enabled men to appropriate claims voiced by feminists of the second wave by deliberately embodying and understanding themselves in relationship to the *male role*. According to those who adhered to this popular theory of sex roles, society is organized by sexual differentiation such that all individuals internalize and conform to their proper roles. For men, this model of identity suggested that “the real self is squashed, strained, or suppressed”\(^\text{99}\).

The possibility that man had a real self struggling somewhere beneath the surface – one that could not break free of the role socially ascribed to him – in many ways mirrored the narratives crafted by feminist scholars who examined the constraints that conventional notions of femininity imposed on women. Feminist

\(^{97}\) Carrigan, Connell, and Lee, "Toward a New Sociology of Masculinity," 578.
\(^{98}\) Newton, "White Guys," 579.
theorists critically investigated not only the biological assumptions embedded in common ideas about gender, but also the larger social structures that informed claims about gender difference. As Brod asserts: “the contemporary feminist movement insisted that the biological distinction male/female was not equivalent to nor necessarily correlative with the social distinction masculine/feminine.”100 In a similar vein, the marking of masculinity precipitated the widespread recognition of masculinity as a constrictive and potentially damaging social construct, just as femininity carried with it a history of expectations that was deeply problematic for the feminist project. As the literature on masculinity surged throughout the 1980s and 1990s, the analogies that were at first tentatively drawn between the struggles of feminist activists and those of men forced to grapple with their masculinity began to gain considerable strength. Indeed, “through analogical reasoning masculinity studies have produced a chain of similarities between men and women that replaces mundane knowledge about gender difference: men too are victimized, oppressed, denigrated, and emotional.”101

**Masculinity in Crisis**

The emergent notion of manhood as a fragile category was supported and supplemented by the literature generated on masculinity at the end of the twentieth century, within which claims about role theory continued to linger. Masculinity theorists in the United States proclaimed a veritable “crisis of masculinity,” one incited by the strain imposed on men continually forced to embody certain roles and

100 Brod, "The New Men’s Studies: From Feminist Theory to Gender Scholarship," 181.
to perform properly as masculine figures. Many “traditional” masculine characteristics were documented in Joseph Pleck’s work on gender socialization, through which Pleck demonstrated the burdens experienced by men in the modern era striving to live up to certain role definitions. Similarly, according to psychologist Ronald Levant, “the masculinity crisis involves the collapse of the basic pattern by which men have traditionally fulfilled the code for masculine behavior, namely, the good-provider role, and the resultant intensification of gender role strain.” This new literature, produced almost exclusively by male scholars, cast men as crippled by the weight of expectation, ill equipped to balance the demands of conventional male roles in the face of a changing social world.

While Levant attributes this crisis of masculinity to men’s shared inability to live up to the roles ascribed to them, Newton argues that global restructuring was responsible for the widespread perception of a threatened masculinity in the 1980s and 1990s. She contends that multiple developments – the globalization of capitalism, the downsizing of corporations, married women’s entry into the labor force, transformations in the gender order generated by feminism and gay liberation in the United States and abroad, and the various critiques leveled at white, middle-class, heterosexual masculinity – each played a part “either to the erosion of primary

breadwinning as the foundation of dominant masculinities in the United States or to the production of a related delegitimation of patriarchy on a global scale.”  

On the crisis in masculinity Newton concludes: “The proliferation of discourse on masculinities is a product of this crisis and masculinity studies itself a part of this proliferation.”

The reciprocity Newton notes between the expanding dialogue on and study of masculinity and the so-called crisis therein resonates with literary theorist Bryce Traister’s analysis of the ways in which masculinity has come to occupy a troubling space in American history. Traister builds his critique upon the observation that “the history of American men as men now not only proceeds as a historiography of masculine crisis but collectively writes itself as an actual history of American masculinity as crisis.” To demonstrate how American men have come to self-identify as a contingency in crisis, he traces textual representations of manhood in America and links this history to the development of “heteromasculinity studies” at the end of the 20th century. Traister argues that when contemporary historians and literary critics evaluate prominent male figures, they re-imagine them as the anxious and uncertain products of social construction, overlooking the arguably more persuasive historical narrative of the American male as representative of individualism, sexual aggression, and imperial force. According to Traister, this revised account of masculinity as delicate and unstable dangerously overlooks a rich

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107 Ibid.
109 Ibid., 299.
history of male dominance, one that has been “crushed by the juggernaut of the increasingly programmatic masculine crisis.”

The history of man as privileged and commanding has been replaced by a new history of man, one that gestures to the fragility of masculinity: “American masculinity emerges in the pages of heteromasculinity scholarship as troubled, distracted, counterfeit, constructed, masked, performative, flaccid, domestic, tender, and feelingful.” Traister argues that this normalization of the uncertainty, the instability, and the constructedness of masculinity does not appropriately account for the power and advantage historically awarded to the white, heterosexual male. He insists:

While heteromasculinity may well imply a gender that is performative and constructed, it also recalls an historical gender that was anything but hobbled by its constructed status, and where a history of masculinity as construct may contest the transcendental male, it also returns our critical view to the domain of the unquestionably male.

Here Traister demonstrates that even in attempts to trace the ways masculinity is constructed through certain social interactions and expectations, such efforts inevitably point us back to the core of the inquiry itself: “the domain of the unquestionably male.” The domain to which Traister refers here, that of the unquestionably male, is one that is marked by its relationship to and differentiation from the category of women. The distinction between the categories of “men” and “women” and all of the intricate and often problematic dynamics that reside therein is precisely what Traister argues is obscured in accounts that focus on the crisis of

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111 Ibid., 284.
112 Ibid., 299.
masculinity. Specifically, as psychologist Jill Morawski observes, the theoretical and experiential analogy that masculinity studies drew between men and women from its outset "suppresses other differences, notably those of power and subjectivity, the apparently ‘unmarked’ essence of the object of psychology."  

Hegemonic Masculinity Theory: Uses and Criticisms

The asymmetry in power between men and women has come to be accepted as a historical truth, but as Traister and Morawski signal, different representations of the emergence of masculinity identify different sources from which this power materializes. In the 1980s and 1990s, the predominant theory of masculinity used to account for masculine power was hegemonic masculinity theory. The term hegemonic masculinity was coined in the mid 1980s in an effort to explain the institutionalization of men’s dominance over and subordination of women. According to sociologists Tim Carrigan, Bob Connell, and John Lee, hegemonic masculinity is “a question of how particular groups of men inhabit positions of power and wealth, and how they legitimate and reproduce the social relationships that generate their dominance.”

As the authors are quick to point out, a notable consequence of the hegemonic model is that it may only correspond to the characteristics and behaviors of a small number of men. However, the important feature of this framework is that it illuminates the historical processes and mechanisms of social organization that enable men (read: white, heterosexual men) to exert influence and authority over women. At

113 Morawski, "Men Crazy: Making Theories of Masculinity," 337.
its core then, “it would hardly be an exaggeration to say that hegemonic masculinity is hegemonic so far as it embodies a successful strategy in relation to women.”

Since its introduction in the mid 1980s, hegemonic masculinity has come to dominate the discourse of men’s studies, taking on new forms and enactments as changes in the social order arrive. Modern hegemonic masculinity is fabricated in advancing capitalist development, “a masculinity identified with rationality, control, competition, the suppression of emotion, and a more thoroughgoing individualism – as well as with the subordination of women and the stigmatization of homosexual men.” Still, in its contemporary form, hegemonic masculinity continues to represent a model of aspiration, not necessarily one of widespread attainment; hegemonic masculinity is understood as a certain pattern of practice, a set of repeated acts that enables men’s dominance over women to subsist, but continued dominance does not require that each individual man embody this idealized masculinity.

In a reassessment of hegemonic masculinity theory twenty years after its conception, masculinity scholars R.W. Connell and James W. Messerschmidt attest that hegemonic masculinity was not “assumed to be normal in the statistical sense; only a minority of men might enact it. But it was certainly normative. It embodied the currently most honored way of being a man, it required all other men to position themselves in relation to it.” In this sense, hegemonic masculinity theory served as a powerful – if somewhat elusive – platform upon which to compile research about

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116 Newton, "White Guys," 583.
Arguably one of the most important legacies of hegemonic masculinity theory is that it organized and guided the study of masculinity from the mid-1980s to the early 2000s, evolving from a “conceptual model with a fairly narrow empirical base to a widely used framework for research and debate about men and masculinities.”

The narrow application of hegemonic masculinity to the lived experiences and behaviors of the majority of men provides numerous points of entry for critics to interrogate this dominant form and imagine varying configurations of manhood. Critiques of the hegemonic masculinity model have been articulated through a number of different lenses in the past decade, though Connell and Messerschmidt identify and evaluate five principal objections that examine hegemonic masculinity in terms of: the underlying concept of masculinity; ambiguity about who the hegemonic model represents; the reification of hegemonic masculinity; hegemonic masculinity as based on an unsatisfactory theory of the masculine subject; and hegemonic masculinity’s presentation of a problematic pattern of gender relations.

The first criticism of hegemonic masculinity theory targets the concept of masculinity itself, claiming that to deploy masculinity as an isolated category of study essentializes the character of men and imposes a false unity on men as a group. Its underlying concept tends to minimize issues of power and domination in gender relations and inadvertently underscore biological theories of gender, thereby

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119 Connell and Messerschmidt, "Hegemonic Masculinity: Rethinking the Concept," 832.
overlooking the influences of cultural formations. The second criticism concerns the ambiguity of the hegemonic masculinity framework, raising the question of who represents and lives this ideal masculinity and what the very substance of hegemonic masculinity actually looks like. Once the hegemonic male is located, those advancing the third major critiques worry that in practice the concept of hegemonic masculinity reduces to a reification of power, that men’s collective dominance over women becomes naturalized and is thereby excused once there is a model that accounts for it. Another issue suggests that the concept of hegemonic masculinity rests upon a deficient theory of the masculine subject: a charge that the individual becomes lost within and is subjected to “an ideological apparatus and an innate drive for power,” which complicates the ways men come to know themselves. Finally, hegemonic masculinity theory is criticized for harboring a self-reproducing system of male dominance over women, arguing further that to “sustain a given pattern of hegemony requires the policing of men as well as the exclusion or discrediting of women.”

Connell and Messerschmidt cast these criticisms as an opportunity for extensive reflection on the formulation of hegemonic masculinity, and use them to reconfigure the model in a way that allows for more fluid interpretation and application. They contend that two features of earlier conceptions of hegemonic masculinity have not stood up to criticism and should be fully rejected from the model. First, the earliest form of hegemonic masculinity theory was born out of a single arrangement of power, namely the global dominance of men over women. The

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120 Connell and Messerschmidt, "Hegemonic Masculinity: Rethinking the Concept," 836.
121 Ibid., 839.
122 Ibid., 842.
123 Ibid., 844.
authors concede that although this understanding was necessary at the historical moment from which it appeared, it overlooks the multiple relations of power possible among and between groups of men and women. Second, Connell and Messerschmidt contend that the understanding of hegemonic masculinity as an assemblage of particular traits needs to be “thoroughly transcended,” arguing that hegemonic masculinity is not composed of a collection of identifiable characteristics, but rather that it comes to be as a pattern of practice and social interaction.\textsuperscript{124}

The fundamental feature that gives hegemonic masculinity theory its conceptual force, argue Connell and Messerschmidt, is that its very formulation requires us to think across varying masculinities, and examine the hierarchies constructed between them. As the authors write, “the concept of hegemonic masculinity presumes the subordination of nonhegemonic masculinities, and this is a process that has now been documented in many settings, internationally.”\textsuperscript{125} In other words, hegemonic masculinity theory prepares us to envision alternative arrangements and performances of masculinity alongside and in direct response to the ideal form articulated through hegemonic masculinity. While it is crucial to bring to the fore those who are excluded, misrepresented, or underserved by hegemonic masculinity theory in its original form, Connell and Messerschmidt demonstrate the textured nature of the theory, urging us to unearth the multiple masculinities that are situated within and outside of this model.

\textsuperscript{124} Connell and Messerschmidt, "Hegemonic Masculinity: Revisiting the Concept," 847. 
\textsuperscript{125} Ibid., 846.
Alternative Masculinities

In assessing the influence of masculinity studies on our understanding of how masculinities come to be, Newton remarks, “this work concurs that white, middle-class, straight-identified men construct their masculinities in relation to each other and to subordinated and marginalized masculinities as well. That is, men become masculine, to a great degree, in the company of men.”126 Newton’s observation about the claim of contemporary men’s studies that men are made in relationship to other men is a dramatic departure from the original foundation of masculinity studies, which primarily investigated how men came to represent a distinct and troubled category in so far as they diverged from women. As various scholars have observed, the simultaneous process of differentiation and analogy building between men and women not only obscured the gender dynamics of power and privilege, but also overlooked important points of resonance and dissonance within the category of men. As Morawski asserts, “it is not one hegemonic masculinity that threatens psychic wellbeing of men: masculinity takes many forms, inflected significantly by time, place, race, ethnicity, class, and age.”127

As scholars turned their attention in the mid 1990s and early 2000s to differently enacted forms of masculinity, new categories of manhood were introduced to account for the interactions between and among various groups of men. While scholars differently name the multiple forms masculinity can assume, each of them constructs a relational theory by which masculinities take shape in response to other masculine forms. Often, hegemonic masculinity provides the standard from which

126 Newton, "White Guys," 589.
alternative masculinities take shape. Psychologist Will Courtenay organizes masculine enactments in terms of compulsive, oppositional, compensatory, and protest forms. Courtenay explains that such masculinities are often embodied by marginalized men in an “attempt to compensate for their subordinated status by defying hegemonic masculinity.”¹²⁸ These alternate masculinities are configured in various ways, which as Courtenay notes, can make the deployment of these terms misleading; because relatively few men display the hegemonic masculine ideal, most masculinities that men in the United States demonstrate are oppositional or compensatory.¹²⁹ In addition, Courtenay argues that compulsive masculinity – the persistent and overt demonstration of dominant norms of masculinity – is not exercised only by certain kinds of men, but rather that “masculinity requires compulsive practice, because it can be contested and undermined at any moment.”¹³⁰ We see in his description echoes of the anxieties surrounding masculinity in earlier writings: masculinity is considered a delicate category, and only its persistent and deliberate practice ensures its continued existence.

Much of the recent literature on alternative forms of masculinity focuses heavily on protest masculinity, which sociologist Gregory Walker describes as “a gendered identity oriented toward a protest of the relations of production and the ideal type of hegemonic masculinity.”¹³¹ As such, protest masculinity is “the product of

¹²⁹ Ibid., 1392.
¹³⁰ Ibid., 1393.
intensive social control.” Walker finds this variety of masculinity to be entangled in a complex network of social relations. He explains that it is enacted primarily among working-class men to increase their group solidarity. Walker argues that in its conventional framing, protest masculinity proceeds as an exaggerated demonstration of machismo, “a product of narcissism built from deep feelings of powerlessness and insecurity.” However, he contends that it is far more nuanced than such demonstrations suggest, and that at its core protest masculinity represents an opportunity for community organizing among subordinated groups of men. Protest masculinity provides just one demonstration of how men’s masculine behaviors may diverge from traditional modes of masculinity, and shows the methods of identity building that occur among different communities of men.

Masculinity and Men’s Health

Exploration of the ways various masculinities are enacted rarely remains limited to a discussion of traits and characteristics; inquiry often extends into the causes and tangible consequences of certain masculine behaviors. When scholars interrogate the practices and behaviors that constitute masculine identities, they often investigate the relationship between these practices and the related health outcomes for men. Accounts of men’s physical and psychological wellbeing have at their foundation the statistical reality of men’s health. Scholars report startling gender differences in disease and longevity – e.g. men in the United States, on average, die seven years younger than women and have higher death rates for all 15 leading causes

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133 Ibid., 7.
of death\textsuperscript{134} – as the impetus for investigation into men’s health. Material evidence that suggests disturbing trends in men’s health imbues related social scientific research with a particular urgency that once again casts masculinity as an identity in crisis.

Psychologist Christopher Kilmartin proposes two distinct frameworks to explain the dramatic sex differences in disease and longevity: the biogenic explanation and the psychogenic explanation. Biogenic explanations are comprised of biological, genetic, or hormonal indicators of gender difference such as male chromosomal vulnerability, the damaging effects of testosterone, and the protective effects of estrogen. Contemporary gender scholars who examine differential health outcomes for men largely provide explanations that resemble Kilmartin’s psychogenic model, focusing on the social transactions that influence men’s behaviors rather than some underlying essence innate to male-bodied individuals.\textsuperscript{135} In psychogenic models, gender differences in disease and longevity are attributed primarily to psychological and social formations such as the masculine denial of vulnerability, self-destructive behaviors, dismissal of self-care, risky sexual behaviors, and the cultural expectation for men to participate in dangerous sports and in combat.\textsuperscript{136}

As Kilmartin’s psychogenic explanation demonstrates, investigations of men’s health behaviors typically focus on normative forms of masculinity that circle back to hegemonic masculinity as the model that both explains and determines how men inhabit and engage with their bodies. In the case of men’s health, adherence to the

\begin{footnote}
\textsuperscript{134} Courtenay, "Constructions of Masculinity and their Influence on Men’s Well-being: A Theory of Gender and Health," 1385.
\textsuperscript{136} Christopher Kilmartin, \textit{The Masculine Self} (New York: Sloan Publishing 2010), 195.
\end{footnote}
norms of hegemonic masculinity is often used as the explanatory principle for men engaging in behaviors that increase risk of negative health outcomes. Researchers identify certain behaviors and ideologies that seem to align with this normative masculinity: smoking, drinking excessively, not wearing seat belts, refusing to make time for self-care, and minimal utilization of preventative healthcare. Much of the literature on men’s health indicates that men’s decision-making is often guided and informed by notions of “traditional” masculinity; Kilmartin notes, “a good deal of evidence has led scholars to suggest that certain aspects of traditional masculinity are at least partially responsible for men’s problems with disease and longevity.” Additionally, James Mahalik, Shaun Burns, and Matthew Syzdek write, “recent research suggests that men who embrace these traditional constructions of masculinity are more likely to engage in risky health practices.” This research asserts a causal logic between risky behaviors and accompanying outcomes, linking each specific behavior to the health outcome it produces (habitual drinking to liver disease, etc).

Explanations that rely on the hegemonic masculinity model – and the traditional masculine behaviors that it entails – account for gender differences in both physical and psychic wellbeing. In the literature on men’s health, the norms of hegemonic masculinity that effect physical health outcomes are often documented alongside those norms that determine emotional health-seeking behaviors. Courtenay

137 Kilmartin, *The Masculine Self*, 188.
138 Ibid., 177.
140 Kilmartin, *The Masculine Self*, 188.
observes that in their exhibition of hegemonic values of health, men reinforce “strongly held cultural beliefs that men are more powerful and less vulnerable than women; that men’s bodies are structurally more efficient than and superior to women’s bodies; that asking for help and caring for one’s health is feminine.”

Regina Nobis and Inger Sandén similarly note the relationship between the expectations of hegemonic masculinity and the consequences on men’s bodies and mental health. The authors explain the difficulty men demonstrate in making the transition from health to illness in terms of the perceived efficacy of their bodies:

“Men are expected to be fit, productive, able to deal with bodily changes and capable of acting in accordance with expected roles. A man’s body is a medium for action and function, and bodily capacity is a dominant factor.” The authors additionally note the extension of hegemonic expectations into men’s discussions of health, arguing, “Masculinity, in its hegemonic form, can have the effect that men avoid talking about health problems.” As these excerpts suggest, explanations that rely on hegemonic masculinity theory and the accompanying traditional notions of masculinity dominate in the literature on men’s health behaviors and outcomes. Scholars invoke hegemonic masculinity as the theoretical framework through which to organize

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143 Ibid.
masculine stereotypes that influence how men navigate their physical and emotional health, and call upon alarming statistics in men’s health as grounds for undertaking masculinity studies.

“Hazards” of Masculinity Studies and Opportunities for Coalition

While many scholars insist that the troubling trends in men’s psychic and physical wellbeing provide sufficient justification for the study of masculinity as an identity category, significant concerns linger about the purported hazards of undertaking masculinity studies. The spectrum of critical concern is staggeringly broad, beginning at one end with overt bewilderment regarding the genesis of the category of masculinity itself. To this end, Traister remarks on the appearance of masculinity as a crisis class in the 1980s and 1990s: “However historically laughable or politically appalling we may find the newest voice of victimhood, we can no longer dismiss it simply as outrageous parody.”

Traister gestures to both the historical and political legacy of men to underscore how wholly inimical the notion of masculinity as a victimized category seems to the overall project of gender studies. Nevertheless, he concedes that the unprecedented boom in work on masculinity at the end of the twentieth century signifies that however gratuitous the project may appear, the emergent position of masculinity in academic and political dialogue cannot be discounted. In fact, its emergence requires a specific kind of engagement, which for many scholars takes the form of inquiry into the power imbalances central to gender relations and the role of masculinity studies in disrupting these imbalances.

In reflecting on the introduction of masculinity studies to the domain of
development and gender scholarship, sociologist Sarah White writes: “the danger of a
focus on ‘masculinity/ies’ is the way that its psychological or culturalist focus can
mystify the practical nitty gritty of gender relations, and the powers that they
express.”146 White argues that while feminist scholarship typically examines the
material and social relations that determine the rights and responsibilities of women,
masculinity studies takes a decidedly more individualistic approach, particularly
preoccupied with the psychology of men and with the masculine self.147 If such is the
case, White argues, then this dramatically different starting point and central mode of
inquiry threatens to overlook how male dominance is continually re-inscribed.
Sociologist Alan Petersen agrees that even male scholars who self-identity as “pro-
feminist” seem “unwilling, in the main, to engage in the kinds of interdisciplinary and
critical enquiry undertaken by feminists.”148 Furthermore, even if the scholarly
enterprise on masculinities demonstrates a certain self-awareness about the privilege
and power historically awarded men, it nevertheless threatens to exclude women from
participating in positive transformations. As Newton warns, in even the most self-
conscious men’s movements, there remains the danger “of leaving women out, of
obscuring their role as social actors.”149

146 Sarah C. White, "'Did the Earth Move?' The Hazards of Bringing Men and Masculinities into
147 Ibid., 35
148 Alan Petersen, Unmasking the Masculine: 'Men' and 'Identity' in a Sceptical Age (London: Sage
149 Judith Newton, "Masculinity Studies: The Longed for Profeminist Movement for Academic
Men?," in Masculinity Studies and Feminist Theory: New Directions, ed. Judith Kegan Gardiner (New
York: Columbia University Press, 2002), 188.
Despite these cautionary tales, many gender theorists discern possibilities for positive coalition between masculinity studies and feminist research and activist agendas. From the moment masculinity assembled as an analytic and social grouping, masculinity scholars proposed the ways in which the study of manhood could prove a beneficial exercise, a way of illuminating both sides of the so-called gender divide in new and informative ways. In fact, some masculinity scholars go so far as to assert that men’s studies perspectives “are not only compatible with, but are essential to, the academic and political projects entailed by the feminist reconstruction of knowledge initiated by women’s studies two decades ago.” While not professing to adhere to this assumption of the necessary coexistence of masculinity studies with feminism, many feminist scholars agree – if somewhat begrudgingly – that men may be construed “as persons who may have something to tell us that we may not know.”

As a result, theorists and political activists have begun to envision a new ethos for gender scholarship, one in which the study of gender constitutes a collaborative and self-aware project, preserving its original commitment to exposing the power asymmetries at the core of gender relations while simultaneously undertaking dialogue across gender communities. This particular partnership requires delicate and persistent negotiation, and the question remains: “Could masculinity studies, which in overlapping and contradictory fashion, also constitute a political community of women and men, further shape itself as such a coalition, not just through the study but

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150 Harry Brod, "Studying Masculinities as Superordinate Studies," 166.
152 Newton, "Masculinity Studies: The Longed for Profeminist Movement for Academic Men?" 179.
through the active dismantling of these traditionally masculine, and often cross-gender, ‘habits of the heart’?"\(^{153}\)

\(^{153}\) Newton, "Masculinity Studies: The Longed for Profeminist Movement for Academic Men?" 190.
Chapter Four

An Exploration of Content: Training Manuals, Digital Stories DVD, and Staff Member Interviews

EngenderHealth’s gender projects foreground coalition between men and women and the “active dismantling” of the traditionally masculine as essential to embarking upon positive transformation. To this end, EngenderHealth, with assistance from Promundo, published in 2008 three educational manuals to prepare community members to work with men to “question non-equitable views about masculinity and develop more positive attitudes to prevent unhealthy behaviors that put them and their partners and families at risk.” The three publications investigate themes related to the associations between gender and health and use interactive activities to engage participants in critical assessment of the themes in question. The four interviews that I conducted with LifeLine/ChildLine staff members focus primarily on this training methodology, as well as the norms and behaviors that the Male Engagement project addresses. In addition to the three training manuals and the interviews, LifeLine/ChildLine screens a DVD during training sessions that was developed in 2008 during a Digital Storytelling workshop held in Windhoek, Namibia. At this workshop, thirteen gender and HIV activists from various regions in Namibia were invited to share their stories, which were then compiled into a DVD to be shown at trainings for the Male Engagement Initiative and other community events related to gender and health. Chapter Four examines these three representations of the

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154 Newton, "Masculinity Studies: The Longed for Profeminist Movement for Academic Men?" 190.
Male Engagement Initiative: the training manuals, staff member interviews, and Digital Stories DVD.

In the training manuals, interviews, and DVD, there is a notable consistency in the social scientific models that are used to organize and explain the assumptions and conduct described in these materials. The Male Engagement Initiative relies on theories of socialization borrowed from psychology and sociology to account for gender-based violence, risky health behaviors, and the power asymmetry between men and women. According to the project’s materials, men are conditioned to understand themselves as masculine figures whose self-presentation and correspondent actions must align with and reinforce social norms that cast men as dominant over women. The Male Engagement Initiative takes shape in direct response to the interpersonal relationships of men and their partners and families, as well as in response to the intimate ways men come to know themselves. The theoretical basis of this project proceeds as one of transformation by way of scrupulous self-reflection; men turn inward to evaluate the ways in which they have been raised to perform in certain ways and, with the help of the Male Engagement Initiative, imagine ways to free themselves from the constraints of their traditional masculine roles to develop healthier regimens and relationships. Unlike hegemonic masculinity theory, which specifically delineates the power relations between and among men, the relations at the heart of the Male Engagement Initiative are those between men and women, as well as men’s relations to self.

In order to account for the displays of gender and masculinity in the Male Engagement Initiative, I coded the training materials for four categories. The four
codes I identified are: (1) assumptions and theories of gender; (2) norms, practices, and descriptions of gender; (3) prescriptive ideals that mark examples of “good” masculinity; and (4) gender difference. To begin, I document these categories in the principal training manual and in the Digital Stories DVD. I then analyze the content of the interviews with LifeLine/ChildLine staff members. The project’s materials and staff member interviews show how the masculine subject comes to be via this project of self-transformation.

Assumptions and Theories of Gender

In the introduction of the primary training manual, Engaging Boys and Men in Gender Transformation: The Group Education Manual, EngenderHealth establishes the logic that informs the organization’s work. The introduction opens with a question that guides the programming for the Male Engagement Initiative: “Why focus on men and boys?” The manual explains that historically “we” – presumably activists for and practitioners of gender-based health reform – have made particular assumptions about boys and men in respect to their physical and psychic wellbeing. We have assumed “that they are doing well and have fewer needs than women and girls…that they are difficult to work with, are aggressive, and are unconcerned with their health.” The authors suggest that the most productive mechanism for achieving

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156 As noted in Chapter Two, the three manuals are called Engaging Boys and Men in Gender Transformation: The Group Education Manual, Engaging Men in HIV and AIDS at the Service Delivery Level: A Manual for Service Providers, and Engaging Men at the Community Level. My analysis focuses on Engaging Boys and Men in Gender Transformation: The Group Education Manual, which is the principal training manual.


158 Ibid.
positive change is not to discard these assumptions, but rather to unearth the practices and self-understandings that produced them. In so doing, the manual puts forth its own body of assumptions grounded in the claim that men’s behaviors “are rooted in the way they are raised.”\textsuperscript{159} This means that men may be “conditioned not to express their emotions and to use violence to resolve conflicts.”\textsuperscript{160} In short, understanding men’s individual comportment and interpersonal relations requires “a more careful understanding of how men and boys are socialized.”\textsuperscript{161}

In the Male Engagement Initiative materials, socialization is the fundamental process by which boys and girls become men and women and is made visible through the enactment of certain gender roles. While never explicitly delineating the actions through which gender roles take form, the principal training manual notes an unambiguous interaction between roles and health behaviors. In addition to giving men the ability to determine reproductive health choices within their romantic partnerships, “current gender roles also compromise men’s health by encouraging them to equate a range of risky behaviors with being ‘manly,’ while encouraging them to view health-seeking behavior as a sign of weakness.”\textsuperscript{162} Gender roles therefore determine behaviors and these behaviors are construed as value-laden in particular ways; risky behaviors both induce negative health outcomes and demonstrate “manliness.” This portrait of individual behavior as a product of socialization extends beyond decision-making related to physical health and into issues of psychic turmoil. The training manual makes note of the ways peer or social

\textsuperscript{160} Ibid.
\textsuperscript{161} Ibid.
\textsuperscript{162} Ibid., 16.
pressure on boys and men to “prove their manhood” influence how boys and men communicate, understand and express themselves emotionally, and develop self-esteem.\textsuperscript{163} Gender roles place “psychological pressures” on men, which materialize as “the internal expression of the external pressure from society’s ideas about the difference between being a man and being a woman.”\textsuperscript{164}

One of the primary instantiations of society’s ideas about these differences, the manual observes, appears in the form of power imbalances between men and women in reproductive and sexual decision-making. The manual’s introduction tells us that the forms of coercion that men deploy in sexual arrangements, “reinforce unequal power dynamics in relationships.”\textsuperscript{165} This sentiment is later reiterated with specific attention to the outcomes of power asymmetries, stating “unequal power balances between men and women in intimate relationships can have serious repercussions for the risk for STIs, HIV and AIDS, and unplanned pregnancy.”\textsuperscript{166} These imbalances in power are intricately linked to the ways men assert themselves in intimate partnerships, and their interpersonal interactions are consistently traced back to their socialization. In the conclusion of a section entitled “Violence and Power,” the manual explores the widespread phenomena of violence and explains that “it happens all around the world and often stems from the way individuals, especially men, are raised to deal with anger and conflict.”\textsuperscript{167}

\textsuperscript{164} Ibid., 283
\textsuperscript{165} Ibid., 13
\textsuperscript{166} Ibid., 75
\textsuperscript{167} Ibid., 303.
The manual sets up a clear dichotomy between social learning and innate biological characteristics in respect to violent behavior: “It is commonly assumed that violence is a ‘natural’ or ‘normal’ part of being a man. However, violence is a learned behavior, and in that sense, it can be unlearned and prevented.”\textsuperscript{168} The manual consistently rejects biological explanations in favor of ones that illuminate the relations between the self and society. In a later part of the “Violence and Power” section, the manual reminds readers, “it is important to also remember that violence is not about natural aggression and that it has many causes. All forms of violence share the same fundamental causes: the use of violence to maintain or claim power and control.”\textsuperscript{169} The conditioning of violent behavior as a means of preserving power and control makes negotiations between men and women fundamentally lopsided, and has further implications for partnerships: “Social acceptance of this violence against women gives men permission to treat women as unequal and makes it harder for men to be vulnerable with their partners, wives, and female friends.”\textsuperscript{170} The expectations and roles that men internalize through the processes of socialization come together as an assemblage of specific enactments of masculinity.

\textbf{Norms, Practices, and Descriptions of Gender}

The opening pages of the primary training manual delineate several behaviors that tie men and their masculinity to particular health and relational outcomes. The introduction notes that men’s behaviors put them and their partners at risk for HIV;

\textsuperscript{169} Ibid., 313
\textsuperscript{170} Ibid., 308
men have on average more sexual partners than women; young and adult men are the ones who typically control when and under what circumstances sex takes place and whether contraception is used; men often use violence and coercion in intimate relationships; only a small number of men participate in HIV services; common perceptions among men dictate that clinics are female spaces and that “real men” do not become ill or undertake self care; men generally do not participate as fully as women do in caring for children or for family members with HIV; and gender norms place a disproportionate burden of HIV and AIDS related care giving on women.171

The manual consistently links the gendered practices it describes to “society,” a culturally non-specific entity that articulates expectations and roles. In one section, the manual introduces an activity called “Act like a Man,” in which participants are instructed to explain the different ways men and women in their communities are expected to behave. The instructions explain that through this kind of activity, “we can begin to see how society creates very different rules for how men and women are supposed to behave…these rules are sometimes called ‘gender norms’ because they define what is ‘normal’ for men and women to think, feel, and act.”172 The manual then provides a list of examples of the gender norms participants might describe during this activity. The “Act Like a Man” list consists of the following normative dictates for men: be tough; do not cry; be the breadwinner; stay in control and do not back down; have sex when you want it; have sex with many partners; get sexual pleasure from women; produce children; get married; take risks; don’t ask for help; use violence to resolve conflicts; drink; smoke; ignore pain; don’t talk about

172 Ibid., 69.
problems; be brave; be courageous; make decisions for others. The equivalent “Act Like a Woman” list provides a contrast: be passive and quiet; be the caretaker and homemaker; act sexy, but not too sexy; be smart, but not too smart; follow men’s lead, keep your man, provide him with sexual pleasure; don’t complain; don’t discuss sex; get married; produce children; be pretty; be seen, not heard.173

The manual continually couples these gender norms with associated health risks, in particular in relationship to HIV. In a section entitled “STI and HIV Prevention,” gender norms are shown to influence reproductive and sexual health decision-making. The manual reads, “A sign of manhood and success is to have as many female partners as possible…One symbol of manhood is to be sexually daring. This can mean not protecting oneself with a condom, as this would signal vulnerability and weakness.”174 Engaging in “sexually daring” behavior is a theme that is reiterated in the Digital Stories DVD, in which activists tell their own stories related to themes of gender and HIV. In one story, a man named Daniel narrates his path to activism, which was preceded by many years of “reckless living.” He explains that he and his friends “were single, carefree and enjoying life, which meant drinking…My mother’s friends always used to warn me about my drinking and the sex, but I ignored them because boys will be boys.”175

The adage “boys will be boys” takes multiple forms throughout the Male Engagement Initiative materials, sometimes identified as physical behaviors, such as substance use and sexual activity, and other times noted as the effects of masculine

174 Ibid., 222
constructs on men’s emotional wellbeing. In the “Healthy Relationships” section of the training manual, there is an exercise entitled “Expressing my Emotions.” The objective of the activity is “to recognize the difficulties men face in expressing certain emotions and the consequences for themselves and their relationships.”¹⁷⁶ In this activity, participants are instructed to rank how easily they express fear, affection, sadness, happiness, and anger, and subsequently come together as a group to discuss the results and their implications. The closing remarks to be read following the activity remind readers, “it is common for them to hide fear, sadness, even kindness, and to express anger through violence.”¹⁷⁷ This sentiment gains representation in the Digital Stories DVD, in which a man named Manfred tells a story called “Can I Cry Like a Man?” He laments, “If only I could drop the act to act like a typical man…If only I could find courage to cry and love from the heart, love will be better, life easier in every respect in part. True men would rule over stereotypes. Yes, man will be man.”¹⁷⁸

The training manual closes with a discussion of how sexual violence influences the lives of women and men. It reads, “Sexual violence and the threat of violence is an everyday fact for women. Because men do not live with the daily threat of sexual violence, they do not realize the extent of the problem women face.”¹⁷⁹ However, the manual observes, “men’s lives are damaged too by sexual violence against women. It is men’s sisters, mothers, daughters, cousins, and colleagues who

¹⁷⁷ Ibid., 196
¹⁷⁸ LifeLine/ChildLine, Male Engagement Initiative: Be a Real Man! DVD
are targeted.”

Although the manual briefly mentions that men are also subject to violence in various forms, they emphasize that most violence is committed by men, while at the same time, “sexist gender norms expect men to be the protectors of women.”

**Prescriptive Ideals: Working Towards “Good” Masculinity**

The majority of the Male Engagement Initiative’s materials are devoted to mapping out a new kind of masculine conduct, one that supports healthy decision-making and encourages equitable partnerships between men and women. Much of the rhetoric surrounding this transformed masculinity focuses on developing awareness, challenging individuals to rethink gender roles, encouraging men to seek information, and creating safe spaces for men and women to share ideas about coalition. The introduction to the primary training manual elucidates the project’s guiding principles and its vision for positive development, explaining that its purpose is to work “with men to play constructive roles in promoting gender equity and health in their families and communities.” As evidenced in the training manuals and on the EngenderHealth website, the organization works “to enhance men’s awareness and support for their partners’ reproductive health choices; increase men’s access to comprehensive reproductive health services; and mobilize men to actively take a stand for gender equity and against gender-based violence.”

The introduction closes with a particular emphasis on the importance of taking a positive approach

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181 Ibid., 330.
182 Ibid., 16.
183 Ibid.
towards working with men, recognizing that they “have the potential to be respectful and caring partners, to negotiate in their relationships with dialogue and respect, to share responsibilities for reproductive health, HIV prevention and care, and to interact and live in peace and coexistence instead of with violence.”

With these principles in mind, each of the activities in the training manual closes with a brief discussion of the ways meaningful change may unfold. The most tangible of these changes are articulated in the “Act Like a Man” activity mentioned earlier, in which participants are instructed to list current gender norms and expectations in their communities. Following this portion of the activity, the facilitator asks participants to list characteristics of men and women who are “living outside the box,” i.e. those who do not conform to the prescribed gender norms identified in the first step of the activity. Those living outside the box are named the “Transformed Man” and the Transformed Woman.” In the example provided in the manual, the lists generated under the categories of “Transformed Man” and Transformed Woman” are identical and proceed as follows: “be loving; act caring; be an assertive communicator; express emotions constructively and when appropriate; remain faithful to one partner; get tested for HIV regularly; use condoms regularly; delay sexual activities until both partners are ready; speak out in favor of gender equality; challenge others to recognize their harmful gender norms and change themselves.” We see here an interesting gesture to androgyny; before transformation, men and women are described in markedly different terms, but upon

185 See Appendix 2 for a visual representation of the “Act like a Man” activity.
transformation the qualities and behaviors of men and women align. This is the single suggestion of androgyny in the project’s materials, which continually underscore gender difference.

Each of these qualities that collectively assemble to yield a transformed man or woman are made possible by engaging in self-examination. The project does not outline specific methods by which material change is realized, but rather suggests alternative modes of conceptualizing masculinity; it encourages men to be critical about their lifestyles and the ways they put themselves at risk, to talk through their problems and seek support as a means of protecting against negative health outcomes.¹⁸⁷ This critical self-reflection and dialogue are not presumed natural for most men, and the manual emphasizes that just as gender roles are learned, re-imagining gender roles is also a learned undertaking. The manual explains: “Men need skills and support to talk with their wives and girlfriends about creating healthier relationships.” In addition, “Men need more opportunities and permission to ask for support. Men also need specific training on how to talk about their feelings and their relationships.”¹⁸⁸

The predominant message about rethinking masculinity in the name of healthy bodies and relationships is that men require support in the process of self-transformation, but also that they must account for the outcomes current constructions of masculinity permit. In the closing sections on “Violence and Power,” the manual instructs men: “In your daily lives, it is essential that you, as men, think about what

¹⁸⁸ Ibid., 179
you can do to speak out against other men’s use of violence.” The manual identifies an unambiguous link between power and responsibility, and takes note of the various ways men may wield their power and privilege toward valuable ends: “They can use this power to promote HIV prevention, and support gender equality in order to reduce women’s sexual vulnerability…In taking action on HIV, men need to listen to women, act as allies rather than protectors, and challenge sexist attitudes, behaviors, and policies.”

The Digital Stories DVD reiterates this message of social support as a means of positively engaging men while simultaneously holding them accountable:

If men are given an opportunity to improve their emotional and physical health, then health outcomes for their families will also improve. If a critical mass of men understand and want to act upon different constructions of masculinity, then the gender dynamic in Namibia can improve, which will have a huge impact on the effectiveness of HIV prevention, care and treatment.

The individuals who tell their stories on the DVD echo these sentiments in describing the realities of their relational lives. Henry testifies how he overcame social and familial pressure to demonstrate his masculinity in favor of an equitable and harmonious marriage. He explains, “I don’t have to treat my wife the same way our culture dictates. Treating my wife as an equal does not make me less of a man…I realize now, there are many things that we are taught to believe without asking ourselves why.” Other men adopt the language of gender transformation to narrate their journeys. James discusses how falling in love made him want to change, to

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190 Ibid., 324
192 LifeLine/ChildLine, Male Engagement Initiative: Be a Real Man! DVD.
challenge himself and other men to imagine new ways of interacting and forging partnerships with women. He describes the product of his critical self-inquiry: “I know now what it means to be a man. I see women for who they really are and not how they look or dress. I give respect to everyone, regardless of gender. I’m now a transformed man.”\(^{193}\)

**Gender Difference**

One of the principal goals of the Male Engagement Initiative is to help men envision ways to partner with women in the name of healthier outcomes for individuals and families. Part of the project of building partnerships is predicated on the recognition that men and women have different desires in certain arenas, or at least that they are widely presumed to. Many of the exercises in the primary training manual therefore encourage male participants to conceive of the goals and desires of the women in their lives. One activity’s closing statement notes, “There are major differences in gender that affect livelihood, as well as sexual and reproductive health.”\(^{194}\) The manual insists that these major differences “should be discussed and celebrated, rather than debated or challenged. No one gender is better than the other. These differences are based on experiences, and no one’s experiences can be denied.”\(^{195}\) This assumption of difference is in clear opposition to the suggestion of androgyny in the “Act like a Man” activity, but gender difference nevertheless dominates in the project’s materials.

\(^{193}\) Lifeline/Childline, *Male Engagement Initiative: Be a Real Man!* DVD.


\(^{195}\) Ibid.
With differences in gender as a fixed assumption, the manual prompts men to reflect on the ways women’s desires diverge from those of men and to unearth the basis of those differences. In a section on “Sexuality,” one activity closes with the observation, “Unfortunately, in many cultures, men and women receive different messages about sexuality. Men’s sexuality is seen as impulsive and uncontrollable while women’s sexuality is seen as passive and controllable.”\textsuperscript{196} Later, the manual urges men “to identify the differences between what women and men want from romantic relationships.”\textsuperscript{197} Declarations of gender difference in the project’s materials are rarely rendered in strictly biological terms; the moments where difference is asserted are consistently accompanied by suggestions for thinking through the social underpinnings of that difference. In a section on “Fatherhood,” one activity closes by taking note of perceived differences based on both biology and social learning: “If, and how, a father is involved in childcare is not linked exclusively to biological characteristics, but depends more on whether men and women were raised to believe that men can also take care of children.”\textsuperscript{198}

While the manual’s frequent assertions of gender differences contradict the androgynous model it proposed in the “Act Like a Man” section, gender difference is assumed throughout, particularly in relation to power. The asymmetrical exercise of power is emphasized in the introduction of the training manual, in which the authors frequently refer to “unequal power dynamics,” and is the subject of an entire activity

\textsuperscript{197} Ibid., 175.
\textsuperscript{198} Ibid., 286.
in the manual called “Gender and Power.” As noted earlier, a central premise of the project is that “unequal power balances between men and women in intimate relationships can have serious repercussions for the risk of STIs, HIV and AIDS, and unplanned pregnancy.” The power discrepancies between men and women guide the Male Engagement Initiative, and represent the central gender difference in the project.

**Interviews with Staff Members**

The four interviews that I conducted with the staff members of LifeLine/ChildLine, the Namibian partner organization of EngenderHealth, complemented the training manuals both in the members’ adherence to the assumptions of gender formation presented in the manuals and in their advocacy for awareness-building and dialogue. The interviews provide insight into the everyday work of the Male Engagement Initiative; staff members articulate personal understandings of and investments in the principles of Male Engagement that give a depth to the project that could not be achieved through textual representations alone. The interviews were particularly helpful given that I did not have an opportunity to observe an actual training, and therefore came to understand the project by studying the training manuals and speaking with staff members. Although the interviews vary in terms of which principles of the project staff members chose to highlight, their responses cohere into three discernible concerns: the value in focusing on men; what it means to be a “real man”; and the issue of personal transformation.

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200 Ibid., 75
**Why Men?**

In each of the interviews, staff members expressed with certitude that the Male Engagement Initiative is not merely a welcome complement to the current reproductive health work performed in Namibia, but rather that it fills the discernible and dangerous absence of men in the field, an absence that enables continued negative health outcomes for the Namibian people. For each of the staff members, just as in the training manual, the Male Engagement Initiative cannot be decoupled from HIV prevalence in Namibia, and a discussion about prevalence rate cannot proceed without marking the dramatic discrepancies in health behaviors between men and women. In my first interview, these links were made explicit within the first minute of our conversation. Responding to my inquiry into the formation of the Male Engagement Initiative, Isaac provided a brief history of HIV prevention work that started in the late 1980s. He explained that women have primarily taken responsibility for undertaking community work on HIV, and that the national testing numbers indicate, “…women test two and a half times more than men do, and that is something that needs to be addressed. This means that mostly women know their HIV status and men don’t.”

Discussions of disparities in health-seeking behaviors, particularly in relationship to HIV, are persistently traced back in each of the interviews to gender norms as the driving forces of negative health outcomes for men and their families. As Anne described in response to my question about the relationship between gender norms and health outcomes, “It’s all-encompassing, really. The harmful gender norms are around a lack of discussion about sexual and reproductive health, about sexual
activity in the first place, and the inequality in decision-making around all aspects of
sex, sexuality and sexual and reproductive health.” The power asymmetry in intimate
relationships is a gender norm underscored by each of the respondents. Isaac provided
one example of how power plays out in sexual relationships: “If you ask to women,
‘Do you wear condoms when you have sex?’ then she would probably say, ‘Yes, if he
wants to.’ So it’s clear that the power is with the men, so it definitely has an effect on
reproductive health.”

In identifying the imbalance in power and the absence of women’s voices in
decision-making about sexual and reproductive health, staff members demonstrated
the project’s vision of positively engaging men as a means of empowering their
female partners. As Joseph observed in my third interview, “In the past the focus was
predominantly around empowering women, but then we realized that men need to be
involved as well, because it’s difficult to empower women who will then step into a
patriarchal society.” Melvin described a similar trajectory of empowerment grounded
in male dominance: “…because the man is still the main person in the household, we
feel if you reach the main person, if you reach the leader in the household, it will be
much easier that this man could maybe translate it to the woman.” He went on to
explain, “If you want to reach and really improve quality for women and children, we
need to reach the men. And I think that’s the focus of our program. We’re not
excluding women, I think through reaching men, we want to empower women.”

While staff members are confident that involving men in health initiatives
promises positive results for women, they simultaneously charge equal commitment
to understanding the intricate ways men struggle and their descriptions evoke
schrödinger's depictions of the various crises in masculinity. In fact, staff members attribute the difficulties men face to the power they have been socially afforded, a power that was previously cast in terms of men’s greater capacity to make decisions and determine the course of intimate relationships. As Melvin explained, “Given the ultimate responsibility, he also gets tired and sick because maybe he struggles to make good decisions, maybe he feels incompetent…they must not say that they cannot make decisions or they struggle because they're the ones that have all this power.” Often, Anne insisted, women are complicit in and blind to the daily struggles of their male partners and men are not given the same opportunities as women to openly discuss their concerns and troubles. She explained that women have “never understood the stress that men are under to provide, to solve problems in the family, financial and otherwise, the huge amount of pressure that they’re under.” Anne went on to frame the Male Engagement Initiative as a mutually respectful process by which women learn that “they also have a role in releasing men from the gender box.” Releasing men from the gender box is ultimately a matter of imagining anew what constitutes a “real man.”

Rethinking the Properties of the “Real Man”

In the colorful postcards developed for the Male Engagement Initiative, EngenderHealth urges: “Be a real man!”201 Isaac explained that this catchphrase originated in an effort to encourage men to rethink masculinity in ways that diverge from “mainstream definitions.” He explained that the goal in deploying this refrain is

201 See Appendix 3 for print representations of the project’s “Real Man” postcards.
to develop “a healthier, synthesized idea of masculinity, a masculinity that means that
a real man can be caring, can spend a lot of time with his children, can feed them, can
bathe them, can be an equal partner to his wife.” Each of the staff members I
interviewed chronicle similar features of the re-imagined real man, emphasizing that
to become a real man is not a matter of joining a radical social movement, but rather a
process of redefining masculinity in a way that is both personally meaningful and
wholly non-threatening to one’s existing sense of self. Anne insisted, “What we’re
offering is an opportunity for men just to rethink masculinity. It’s not to say that you
have to be completely changed and be some completely different being who’s all soft
and, you know, fluffy.” Rather, Anne continued, “We’re saying you can be a man and
you can use your masculinity in a different way…you can say, well actually I’m even
more of a real man if I stand up against violence against women, if I stand up to be
tested for HIV.” Isaac affirmed the process as apolitical, reiterating that the men
involved “don’t have to be part of any movement, they don’t have to march
anywhere, they don’t have to be a champion for anything, but they are putting the
health outcomes for themselves and their families first through adopting healthier
norms.” The staff members emphasized that the Male Engagement Initiative is not a
program of imposition, but rather a facilitation process through which men have the
opportunity to define change for themselves and for their families. With this in mind,
Anne explained, “We felt it was really, really important to have a male-friendly kind
of campaign that didn’t buy into the blame thing, but that gave men an opportunity,
just as I say, to redefine masculinity a little bit and to be stronger and better and more
real men.” Before they are able to facilitate this process, the staff members
foreground the importance of challenging themselves to rethink masculinity in ways that hold personal relevance and utility.

*The Male Engagement Initiative as Personal Transformation*

In the Male Engagement Initiative’s training manuals, the rhetoric surrounding the aims and desired outcomes of the project is one of transformation. The manuals delineate the features of the “transformed man,” and trace the ways in which his transformation enables good health for himself and for his family. Similarly, the staff members with whom I conducted interviews allowed access to their personal journeys to transformation, and their feeling that to effectively implement the Male Engagement Initiative requires putting the principles of the project to use in personal practice. Joseph, who told his story for the Digital Stories DVD, explained how the preliminary workshop he attended before joining the staff of LifeLine/ChildLine provided an important space for him to examine his own relationships: “I feel I was on a journey to perfect my personal intimate relationships that it led me to query a lot of these things and to start opposing some of the beliefs that you are exposed to in our daily lives.” Melvin similarly described the necessity of personal transformation and his experience with it: “You cannot ask someone else to do something if you don’t do it for yourself…I have to be transformed especially how I grew up, because the culture I’m coming from and the household I’m coming from was basically, men need to be respected.”
Conclusion

The Male Engagement Initiative is predicated on the belief that men have the capacity to forge their own paths to positive transformation. The project puts forth a model of emancipation: men are socially conditioned to enact certain roles that may lead to unfavorable health outcomes for themselves and their families, but have the capacity to break free of learned masculine constructs in order to modify their relational arrangements and personal health practices for the better. At first glance, this liberatory self-help model appears both widely applicable and beneficial, but wrapped up in its formulation are questions about the development and constitution of the masculine figure; the universality of this new masculinity; and the assumed power arrangements of this masculinity.

The way the masculine subject is defined in the Male Engagement Initiative assumes a smooth transition from man as a product of socialization to man as a willfully crafted individual, capable of articulating and acting upon his unique impulses and desires. Yet the project’s model conflicts with a dominant understanding of masculinity: as historian Michael Roper notes, “Masculinity is still viewed, by and large, more as a matter of social or cultural construction than as an aspect of personality.”202 The materials of the Male Engagement Initiative adhere to this understanding of masculinity as socially and culturally produced, rather than as an inherent component of the individual’s personality: the project consistently foregrounds socialization processes as integral to development of certain gendered attitudes, behaviors, and practices. While underscoring the formative power of

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socialization, however, the project works at the same time to uncover the personal commitments and aspirations of individual men. The question, then, is twofold: does masculinity take shape as a result of social learning or is it an additional aspect of one’s personality? Can it be both at once?

Roper’s analysis provides clues to the place of the subject in the study of masculinity. He finds that the current study of gender discourses “has largely displaced the study of subjectivity understood in terms of emotional states and experience, and yet where historians simultaneously make ambitious claims about the efficacy of cultural approaches in furnishing insights about these ‘inner’ aspects.”²⁰³ In other words, men’s emotional states are not considered influential in subject formation, but the moment scholars try to gain access to these states, they deploy social and cultural explanations in lieu of turning to the constitution of the male psyche itself. Applied to the Male Engagement Initiative, Roper’s observation suggests that the path to personal transformation may not be as direct as the materials and the project’s interlocutors propose. The present state of gender discourse proposes that emotional states and experiences are often informed by the social and cultural landscape, which implies that it may be difficult for men to discard their socially learned practices in favor of enacting their individual desires. Demarcating where culture and society end and where the individual begins is a troubling and longstanding problem for social scientists, and one that is implicitly yet persistently at play in the Male Engagement Initiative. The possibility lingers in the project’s literature that “shaped by myriad social forces, the individual is a fragmented being,

²⁰³ Roper, "Slipping out of View: Subjectivity and Emotion in Gender History," 61.
not only susceptible to dissociations or splitting but also to being compelled by the
demands of others – by the demands of the external or social world.” This portrait
of the individual straining to reconcile social demands with individual aspirations
resonates with the reasoning put forth by the Male Engagement Initiative and its staff
members. As Isaac asserted in my first interview, “At the end of the day, men and
women more or less want the same things…both just want to be loved, and want to be
understood, and want to be in a healthy relationship, and want to be happy.” In spite
of these harmonious desires, the project tells us that somewhere along the way, men’s
core inclinations and values are interrupted by and become entangled with various
social scripts and expectations. The way to surmount these social forces on
masculinity is, the project shows, through deliberate self-inquiry and dialogue.

In addition to the double masculinity – man as both socially-made and capable
of self-making – proposed in the Male Engagement Initiative, the project assumes
that its model is universal. In all of the literature for the Male Engagement Initiative,
there lies an embedded assumption that the project’s framework of personal and
collective transformation is applicable across geographic and cultural boundaries. The
training manuals are used for each location in which there is a Men as Partners
program, or in the case of Namibia, an equivalent program in the form of the Male
Engagement Initiative. In addition to Namibia, there are Men as Partners programs
offered in Côte d’Ivoire and South Africa, as well as a similar one in Tanzania. The
manuals for these projects were designed by staff members in the U.S. office of
EngenderHealth, along with staff members from Promundo, a Brazilian health

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organization. In spite of the vast range of voices included in the production of the materials, the project assumes fluid transportation of the values, norms, and practices described in the training manuals. The possibility of culturally specific norms and traditions is nowhere acknowledged in the manuals, except in a brief note in which facilitators are instructed to ask participants about the most difficult aspects of being a man or a woman in Namibia. The manual reminds facilitators, “Remember to use the name of the country in which you are conducting the training whenever a country is mentioned.”

In contrast to the universality assumed in the Male Engagement Initiative, some social scientists suggest that such presumed universals actually become marked as they travel from one place and are co-opted in another. Masculinity theorists Robert Morrell and Lahoucine Ouzgane propose that scholars attend to these markings and their consequences, and they use the case of Africa to demonstrate how slippages in conceptualizing cultural specificity occur. The authors explain that the autonomy African nations secured in the years of decolonization following World War II provided some basis for making a credible argument about the existence of “Africa” as a geopolitical reality. This argument, however, helped advanced the notion of some kind of conceptual unity for Africa. A belief in the conceptual unity of Africa falsely assembles the religious, linguistic, topographic, economic, governmental, and cultural particularities of the continent into a unified whole. The authors use this example to demonstrate how layers of specificity (cultural and

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otherwise) get lost when scholars presume sameness. This concern is addressed in the testimonies of the Male Engagement Initiative’s staff members.

Of the four staff members I interviewed, Anne, Isaac, and Melvin underscored the universal applicability of the materials developed by EngenderHealth even in spite of local differences. As Anne attested, the project is “certainly not trying to impose Western-type thinking on sexual and reproductive health…The agenda is more about basic rights, which are interpreted in a Namibian context.” Isaac agreed that even though the manuals were developed by American and Brazilian organizations, he does not think that “they reflect those societies,” but rather that the project “reflects very global trends of what gender is about.” In reference to the relevance of the manuals to Namibian cultures, Melvin observed that the manuals “serve our cultures very well.” Out of the four interviews, Joseph was the only staff member who noted some participants’ reluctance to adopt the principles of the training manuals, observing that there has been “a bit of resistance,” which stems from “people saying that what you're telling us is Western, this is not our culture, this isn't how we were brought up.” It is interesting to note that even while Anne, Isaac, and Melvin insisted on the project’s global relevance, each of their responses gestured to the possibility of cultural difference. It is in Joseph’s observation of tension between participants’ experiences and those described in the training materials, however, that cultural difference is seen to threaten the actual viability of implementing the Male Engagement Initiative in Namibia.
The possibility that local traditions and commitments govern the project’s reception in a particular community suggest that we should carefully consider the content of the gender model that is being transported. As social scientific templates are carried across geographic lines, it is possible not only that the relevance of the framework is uncertain upon its arrival, but also that particular dynamics are brought to the fore; specifically, masculinity scholar Charlotte Hooper suggests that power differentials in the gender order become visible. Mapping gender relations requires more than a “standard analysis of masculinism and its focus on the admittedly powerful masculine/feminine dichotomies which construct and naturalize gender differences and inequalities.”\(^{207}\) Her call to move beyond a “standard analysis of masculinism” implicates hegemonic masculinity, marking it both as the dominant model for conceptualizing modern masculinity and as the entry point for conceiving alternative forms of masculinity. Hooper’s inquiry into hegemonic masculinity signals a gap in the framework of the Male Engagement Initiative.

When the gender model used in the project’s training manuals is compared with that of hegemonic masculinity theory, it becomes clear that hegemonic masculinity provides the foundation for the Male Engagement Initiative. The project assumes that men aspire to the ideal hegemonic form, and it is therefore this masculinity that the project urges male participants to re-imagine. The training manuals document the normative forms of masculinity throughout, noting that men are encouraged to “be tough, take risks, drink, smoke, ignore pain, stay in control and

Similarly, scholars who chronicle the attributes of the elusive archetype of hegemonic masculinity describe him as heterosexual, dominant, and persistently at work legitimating and reproducing the social relationships that generate his dominance. Above all, hegemonic masculinity is a condition of power, “a question of how particular groups of men inhabit positions of power and wealth.” These qualities are echoed in the Male Engagement Initiative’s depiction of all the things a man should not be if he desires healthy outcomes for himself and his family. The training manuals refer to the risky behaviors men take to demonstrate their “manliness,” and in particular, men’s undisputed positions of power in intimate relationships. At first glance, the qualities that the Male Engagement Initiative considers hazardous to men’s health are identical to those recorded in the theory of hegemonic masculinity.

However, upon closer analysis of power in these models, the remarkable alignment of hegemonic masculinity theory with the Male Engagement Initiative falters. As Connell and Messerschmidt note in their reassessment of hegemonic masculinity theory, “certain masculinities are more socially central, or more associated with authority and social power, than others. The concept of hegemonic masculinity presumes the subordination of nonhegemonic masculinities.” Power in this form is seen as differentially situated between different masculine contingencies: those that achieve hegemonic male dominance and those that are rendered subordinate to it. Hooper similarly contends that there are “power struggles not only

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210 Ibid.
211 Connell and Messerschmidt, "Hegemonic Masculinity: Rethinking the Concept," 846.
between men and women, but also between different groups of men as they jostle for position and control; articulating and re-articulating the relationship between masculinity and power as they go.” As evidenced in these explorations of hegemonic masculinity theory, power differentials play out not only between men and women, but also between groups of men. Interrogating the power asymmetries between masculinities is essential to the framework of hegemonic masculinity; as Newton notes, “Every author, moreover, agrees that a central, if not the central, dynamic in hegemonic masculinity is the subordination of gay masculinity.” The Male Engagement Initiative assumes its participants’ heterosexuality throughout – only mentioning different forms of sexuality in one section of the nearly four hundred page training manual – and never engages in discussion of the power imbalances sexuality entails. The conceptual weight of the explanations of power in hegemonic masculinity theory lies in its illumination of myriad disparities in masculine power in terms of sexuality and along ethnic, national, social, class, and generational lines.

While the Male Engagement Initiative adheres to hegemonic masculinity theory in the qualities and practices that it marks as problematic, it thoroughly overlooks the differential power relations between masculinities, a principal dynamic in hegemonic masculinity theory. This is a troubling omission, for in passing over the complex interactions between various masculine forms, the Male Engagement Initiative at once fails to appreciate the distinct vulnerabilities of certain masculinities and also underappreciates the power arrangements between certain groups of men and women.

212 Hooper, Manly States, 60.
213 Newton, "White Guys," 589.
In cataloguing the assumptions of masculinity deployed in the Male Engagement Initiative, the assumed global applicability of its model, and its assumed power dynamics, a question endures: how did men get added to – or become participants in – the conversation to begin with? Tracing the evolution of men as an object of study is at once a matter of revisiting the methods and claims originally put forth in the feminist movement, intertwined stories whose resemblances I documented in Chapter Three. As that exploration demonstrated, the apparent masculinity crisis at the end of the 20th century was, but was not simply, “all about men.” When we extract the similarities between the rhetoric that accompanied the development of masculinity studies with that employed in feminist scholarship, not only are the borrowed tactics of masculinity work exposed, but also revealed is the central parallel between the two disciplinary endeavors. Much like feminist studies in the 1960s and 1970s did for femininity, masculinity studies “seeks to reveal a hitherto invisible, not to say closeted, history of the constructed masculine subject.” It is this masculine subject that is simultaneously made and transformed on the pages of the Male Engagement Initiative’s training manuals and whose constitution is explored by project staff members. However, the analogy between the making of masculinity and the troubled history of femininity circles back much further than this comparison suggests.

When population increase became established as a matter of global concern following World War II, it was not long before demographers and population control advocates claimed to identify female fertility as the driving force behind growing

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populations. As discussed in Chapter One, government officials joined population controllers in devising and disseminating reproductive technologies to regulate female fertility in the hopes of stabilizing birth rates. Before feminist activists and scholars intervened to co-opt contraception and transform it from an instrument of control to an instrument of female agency and proposed alternative ways for women to productively assist in development efforts, the female body represented the fundamental problem to development. According to many development theorists and policy makers, including women in the social and economic operations of their communities would distract women from procreating, thereby rendering women active participants in local and global development. Nowhere in this conversation were men’s bodies implicated.

Looking ahead to the end of the 20th century, the logic originally used to undertake policy initiatives based on women’s reproductive capacities becomes replicated and mapped onto the male body with the emergence of HIV. A range of factors – men’s power in intimate relationships with women, sexual risk-taking among men, men’s adherence to the norms of hegemonic masculinity, alcohol abuse among men, and men’s restricted emotionality – have contributed to the consensus that HIV is in large part, a problem of men. As Brown, Sorrell, and Raffaelli attest, “Men have been identified as both ‘the solution’ and the origin of the problem – in one author’s words, ‘the HIV epidemic is fuelled by men.’”216 The simultaneous charge of men as both responsible for the epidemic and responsible for preventing it plays out in subtler terms in the Male Engagement Initiative. It locates the roots of the

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HIV epidemic in men’s universal dominance, power, and risky behaviors, but its work does not end there.

In the process of identifying men’s bodies as problematic in reproductive arrangements, the Male Engagement Initiative promotes a new technology of masculinity. This technology marks men’s bodies as objects of inquiry and landmarks for change, but somewhere along the way, men become other kinds of projects as well. They are also charged with encouraging gender equity, embarking on healthy relationships, acting as engaged and supportive fathers, and advocating for equal partnerships between men and women. As men’s bodies are troubled, then, masculinity becomes a site for social change, but the chosen route to this destination is through a double kind of masculinity; the training manuals remind us that men are socialized to behave the ways that they do, but underscore that through support and access to services, men may be transformed. The Male Engagement Initiative thereby presents on the one hand, a man who is wholly subject to his social making, but on the other, a man capable of self-making towards favorable ends. Perhaps this simultaneous vision of men as vulnerable subjects and as powerful change makers is precisely what enables the multiple gains envisioned in the Male Engagement Initiative: men are presented with the unique opportunity to take advantage of the focus leveled on them and engage in deliberate self-making, heartened with the knowledge that the right kind of self-making will extend positive outcomes beyond themselves and into their communities. However, as much as the project of self-making implicates the individual, self-making in the name of social change (health-related and otherwise) is never a matter of the individual alone.
The Male Engagement Initiative identifies the individual man as a locus for reform, regardless of the location of that man or his relationship to other men. At its inception, masculinity studies followed a similar logic by foregrounding the particular struggles of “men as men” without attention to internal discord therein.\footnote{Michael S. Kimmel, \textit{Manhood in America: A Cultural History} (Oxford: Oxford University Press, 2006), 1.} Gradually, though, masculinity scholars began to document the ways masculinities diverge from one another and the different conditions of power masculine forms hold. It seems, however, that the Male Engagement Initiative has not yet moved beyond the original model of masculinity studies that queried the collective status of “men as men,” universally dominant over women and equally powerful one to the other. As Kimmel asserts, modern masculinity studies and activism grounded in the experience of the masculine subject must be “capable of embracing differences among men” in order to stand up for justice and equality.\footnote{Ibid., 254.} Yet the promise that masculinity scholars proclaimed for men’s participation in gender scholarship and activism is not fully realized in the Male Engagement Initiative; the project fails to record the social ordering of masculinities as well as the marks they acquire in traveling from one geographic and cultural space to another, claiming a universal model of emancipation without appraising the complexities of the men who comprise that model.

Reappraisal of the Male Engagement Initiative does not require that its premises be discarded, but rather that we “convert these aspirational and prescriptive commitments to hypotheses.”\footnote{Janet Halley, \textit{Split Decisions: How and Why to Take a Break from Feminism} (Princeton: Princeton University Press, 2006), 8.} In so doing, the Male Engagement Initiative becomes one possible site for change among many, rather than an assemblage of qualities and

\begin{thebibliography}{9}
\bibitem{Ibid2006} Ibid., 254.
\end{thebibliography}
exercises that together prescribe “good” masculinity. As legal theorist Janet Halley notes, if we apply social theories prescriptively, thereby rendering the theory *itself* emancipatory, then it might appear that “taking a break from it is to give up on emancipation.” But Halley shows that it is not necessarily about giving something up; if instead we hold the Male Engagement Initiative as a single hypothesis for the deployment of masculinity in the name of changing health arrangements and outcomes, locating gaps in the project’s logic actually aids in its development. My analysis of the Male Engagement Initiative has involved bracketing its promises and its limits, taking a break in order to assess the place of the project and its new masculinity in the realm of reproductive health.

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Bibliography


Oomman, Nandini, Michael Bernstein, and Steven Rosenzweig. "Following the Funding for HIV/AIDS: A Comparative Analysis of the Funding Practices
PEPFAR. "PEPFAR: Fiscal Year 2007 Namibia Partners."
Appendix 1: List of EngenderHealth’s Major Projects

The APHIA-Nyanza Project: works to improve the reproductive health of the people in Nyanza, a province in western Kenya, and focuses on HIV and AIDS, family planning, and many other areas.

The ACQUIRE Tanzania Project: (ATP) expands access to quality family planning services, with an emphasis on long-acting and permanent methods. ATP also increases access to comprehensive post-abortion care and prevention of mother-to-child HIV transmission services.

AWARE II: advances family planning, reproductive health, maternal and neonatal health, and HIV and AIDS prevention, care, and treatment throughout West Africa.

The CHAMPION Project: increases men’s involvement in preventing the spread of HIV in Tanzania, by taking a holistic approach to HIV prevention and addressing the underlying gender issues that drive HIV transmission.

Fistula Care: is the largest U.S. government-funded effort to date to focus on treatment and prevention of obstetric fistula.

The Maternal Health Task Force Project: brings together existing maternal health networks and engages new organizations to facilitate global coordination of maternal health programs.

The Male Circumcision Consortium: improves and expands access to voluntary medical circumcision services in Kenya as part of an overall strategy to reduce HIV infections in men.

The R3M Project: (Reducing Maternal Mortality and Morbidity) supports family planning and long-term and permanent contraceptives in Ghana.

The RESPOND Project: aims to increase access to a range of contraceptives, with particular focus on long-acting and permanent methods. These effective methods (implants, IUDs, and male and female sterilization) remain underutilized in many developing countries, even though they are safe, convenient, and cost-effective.

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## Appendix 2: Chart for the “Act like a Man” Activity

Gender and Power

### Resource Sheet 2:
Example of Flipcharts for Act Like a Man/Woman

<table>
<thead>
<tr>
<th>Act Like a Man</th>
<th>Act Like a Woman</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Be tough</td>
<td>• Be passive and quiet</td>
</tr>
<tr>
<td>• Do not cry</td>
<td>• Be the caretaker and homemaker</td>
</tr>
<tr>
<td>• Be the breadwinner</td>
<td>• Act sexy, but not too sexy</td>
</tr>
<tr>
<td>• Stay in control and do not back down</td>
<td>• Be smart, but not too smart</td>
</tr>
<tr>
<td>• Have sex when you want it</td>
<td>• Follow men’s lead</td>
</tr>
<tr>
<td>• Have sex with many partners</td>
<td>• Keep your man, provide him with sexual pleasure</td>
</tr>
<tr>
<td>• Get sexual pleasure from women</td>
<td>• Don’t complain</td>
</tr>
<tr>
<td>• Produce children</td>
<td>• Don’t discuss sex</td>
</tr>
<tr>
<td>• Get married</td>
<td>• Get married</td>
</tr>
<tr>
<td>• Take risks</td>
<td>• Produce children</td>
</tr>
<tr>
<td>• Don’t ask for help</td>
<td>• Be pretty</td>
</tr>
<tr>
<td>• Use violence to resolve conflicts</td>
<td>• Be seen, not heard</td>
</tr>
<tr>
<td>• Drink</td>
<td></td>
</tr>
<tr>
<td>• Smoke</td>
<td></td>
</tr>
<tr>
<td>• Ignore pain</td>
<td></td>
</tr>
<tr>
<td>• Don’t talk about problems</td>
<td></td>
</tr>
<tr>
<td>• Be brave</td>
<td></td>
</tr>
<tr>
<td>• Be courageous</td>
<td></td>
</tr>
<tr>
<td>• Make decisions for others</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transformed Men</th>
<th>Transformed Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Be loving</td>
<td>• Be loving</td>
</tr>
<tr>
<td>• Act caring</td>
<td>• Act caring</td>
</tr>
<tr>
<td>• Be an assertive communicator</td>
<td>• Be an assertive communicator</td>
</tr>
<tr>
<td>• Express emotions constructively and when</td>
<td>• Express emotions constructively and when</td>
</tr>
<tr>
<td>appropriate</td>
<td>appropriate</td>
</tr>
<tr>
<td>• Remain faithful to one partner</td>
<td>• Remain faithful to one partner</td>
</tr>
<tr>
<td>• Get tested for HIV regularly</td>
<td>• Get tested for HIV regularly</td>
</tr>
<tr>
<td>• Use condoms regularly</td>
<td>• Use condoms regularly</td>
</tr>
<tr>
<td>• Delay sexual activities until both partners</td>
<td>• Delay sexual activities until both partners</td>
</tr>
<tr>
<td>are ready</td>
<td>are ready</td>
</tr>
<tr>
<td>• Speak out in favor of gender equality</td>
<td>• Speak out in favor of gender equality</td>
</tr>
<tr>
<td>• Challenge others to recognize their harmful</td>
<td>• Challenge others to recognize their harmful</td>
</tr>
<tr>
<td>gender norms and change themselves</td>
<td>gender norms and change themselves</td>
</tr>
</tbody>
</table>

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Appendix 3: Promotional Postcards Developed by EngenderHealth for the Male Engagement Initiative