

*Sub-Saharan Africa. Behav-  
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in Review 1994; 15(2): 185-*

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## The Forgotten Fifty Per Cent: A Review of Sexual and Reproductive Health Research and Programs Focused on Boys and Young Men in Sub-Saharan Africa

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### ABSTRACT

This paper reviews existing literature on sexual and reproductive health research and programming among boys and young men in sub-Saharan Africa. While there is growing body of literature on adolescent and young adult women, much less is known about male sexual and reproductive health and its potential connection to well being, and in particular the risk of contracting and spreading HIV/AIDS. The author's premise is that both societal and individual vulnerability to HIV/AIDS infection are heavily influenced by socio-cultural factors and societal norms, and that gender and sexuality are among the most powerful of these elements. In keeping with this perspective, potential gaps in the literature are identified using a modification of Dixon-Mueller's framework, which illustrates how sexuality and gender influence reproductive health outcomes. The framework focuses on several interrelated elements of sexuality — sexual partnerships, sexual acts, sexual meaning, sexual drives and enjoyment, and sexual knowledge and awareness. (*Afr J Reprod Health* 2001; 5[3]:175-195)

### RÉSUMÉ

**Le cinquante pourcent oublié: un examen des recherches et des programmes de la santé sexuelle et reproductive concentrés sur les garçons et les jeunes hommes en Afrique subsaharienne.** Cet article passe en revue la documentation actuelle de la recherche et la programmation sur la santé sexuelle et reproductive chez les garçons et les jeunes hommes en Afrique subsaharienne. Alors que le corpus de la documentation sur les adolescents et les jeunes femmes adultes s'accroît, on connaît très peu de la santé sexuelle et reproductive des hommes et son rapport potentiel avec le bien-être et surtout par rapport au risque de contracter et de propager le VIH/SIDA. L'auteur tient à affirmer que la vulnérabilité de la société et de l'individu à l'infection VIH/DISA est beaucoup influencées par les facteurs socio-culturels et les normes sociétales et que les sexes et la sexualité sont parmi les plus forts de ces éléments. En conformité avec cette perspective, les lacunes potentielles dans la documentation sont identifiées à l'aide du cadre Dixon-Mueller modifié qui démontre comment la sexualité et les sexes influencent les issues de la santé reproductive. Le cadre concentre sur plusieurs éléments de la sexualité qui sont étroitement liés - l'association sexuelle, les actes sexuels, la signification sexuelle, la pulsion et la jouissance sexuelles, et la connaissance et la conscience sexuelles. (*Rev Afr Santé Reprod* 2001; 5[2]:175-195)

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KEY WORDS: *Sexual, Reproductive Health, sub-Saharan Africa, boys, youngmen*

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## Introduction

Along with the ever-increasing sophistication of how we understand the dynamics surrounding HIV/AIDS has come recognition of the need to more fully involve men in working to stop its spread. This is evident in the current theme of the World AIDS Campaign, *Men Make a Difference*. In keeping with this thematic emphasis, this paper provides a broad overview of existing work on sexual and reproductive health (S/RH) issues among boys and young men<sup>k</sup> in sub-Saharan Africa. Its purpose is to serve as a basis for the development of male youth-focused messages relating to the campaign itself, as well as foster greater attention to boys and young men in regional research, programs and policies.

There are many compelling reasons to focus on men in HIV prevention efforts. First, while men's health issues are important, they are often overshadowed by an emphasis on female health concerns. Such neglect may stem partly from the fact that in many, if not most, societies men perceive the need for treatment or advice as a sign of weakness and thus delay seeking health care. Further, as discussed in greater detail below, both research and programming have traditionally been dominated by the assumption that sexual and reproductive health issues are primarily female concerns. This is certainly not the case. For example, studies in Tanzania, Kenya, Zimbabwe and Zambia have demonstrated that men take a keen interest in sexual and reproductive health services, articulate their sexual and reproductive health needs, and have very specific recommendations for improving male S/RH services.<sup>1,2</sup> In this respect, it is also important to recognise the importance of male sexual and reproductive health both in and of itself, as well as a means towards improving women's well being. For example, male involvement is a necessary component of HIV and other sexually transmitted disease (STD) prevention. It is well known that in order for STD infection to be effectively curtailed both partners must be treated. Moreover, none of the female contraceptive methods currently available safeguards against HIV infection; only male-con-

trolled or assisted means provide adequate protection. Thus, focus on men is absolutely vital in ensuring the sexual and reproductive health of both partners.

Another motivation for increased attention to men is the fact that they are equally or more likely than women to behave in ways that place both themselves and their partners at risk for sexual and reproductive health complications. By some estimates, one in four men worldwide engages in behaviours such as unsafe sexual practices and substance abuse, which increase the risk for HIV and STD infection. Moreover, there is growing evidence worldwide that many men engage in both (unprotected) homosexual and heterosexual intercourse; and that in developing countries adolescent homosexual experimentation (and preference) is more common than previously believed.<sup>1</sup> In their book, *Boy-Wives and Female Husbands*, Murray and Roscoe<sup>3</sup> went far to debunk the myth that homosexuality does not exist in sub-Saharan Africa. This sexual networking pattern means that for such men both their male and female partners are at risk for HIV/STD infection.

In the African context, for these and other reasons there is an undeniable need for a greater focus on boys and young men in the realm of sexual and reproductive health and HIV prevention. Across the continent over 10 million men are infected with HIV/AIDS, with a significant proportion of these individuals below 25 years of age.<sup>4</sup> While the reasons behind HIV spread on the continent are complex, the tendency among African boys and young men toward risky sexual behaviour and poor knowledge and attitudes surrounding S/RH issues certainly contributes to the epidemic's foothold in the youth population. Research in the region suggests that in general, boys engage in riskier sexual practices than girls. Boys report initiating sex earlier than girls, they have more sexual partners and intercourse more often, and are more likely to report having had an STD infection.<sup>6-8</sup> Moreover, as in many parts of the world, because gender norms dictate that men (appear to) be more knowledgeable and sexually experienced than women, boys

<sup>k</sup>For purposes of this review, the terms "young men", "boys", "youth" and "adolescents" are used interchangeably, and refer to individuals between the ages of 10 and 24 years.

<sup>4</sup>Studies suggest that such partnering patterns may be due to men's attempts to hide their homosexual preferences by maintaining an overtly heterosexual relationship.<sup>10,14</sup>

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increased attention to equally or more likely ways that place both men and women at risk for sexual and reproductive infections. By some estimates, worldwide engages in heterosexual practices and substance use, the risk for HIV and other STDs is growing everywhere. There is growing evidence that men engage in both heterosexual and homosexual practices in both developed and developing countries. Adolescent men (and preference) is not as widely believed.<sup>1</sup> In their *Husbands*, Murray and Schrimmer debunk the myth that homosexual men in sub-Saharan Africa are at risk for

for these and other reasons, a greater focus is needed in the realm of sexual and reproductive health and HIV prevention. Across the continent, millions of men are infected. A significant proportion of these are young men of years of age.<sup>4</sup> While the epidemic on the continent are young African boys and their sexual behaviour and poor understanding of S/RH issues are the epidemic's foothold in the region, research in the region suggests that young men engage in riskier sexual practices, report initiating sex earlier, have more sexual partners and are more likely to re-infect.<sup>6-8</sup> Moreover, as a result, because gender norms tend to be more knowledgeable than women, boys

interchangeably, and refer to individual preferences by maintaining an

are also probably less likely than girls to admit ignorance of sexual and reproductive matters or to seek help in getting appropriate information.<sup>4,9,10</sup> At the same time, while the situation may be changing in some countries, a large proportion of young African men still do not view themselves at risk for HIV or other STD infection, and/or do not wish to know their HIV status.<sup>11-13</sup>

Socio-cultural factors also affect African male youths' risk for HIV infection. Writing of men in general, Martin Foreman notes that men who engage in risky sexual behaviour do so less from conscious choice than because that is how men are expected to behave. Most boys grow up believing, implicitly or explicitly, that their identity as men, and therefore as individuals, is defined by their sexual prowess.<sup>14</sup> This characterisation is especially appropriate to African boys and male adolescents, among whom gender-specific expectations of sexuality and practice largely dictate sexual behaviour. Bledsoe and Cohen note that throughout Africa, for male youth contemporary media and rumor present male power as entailing an active and varied sexual life with multiple partners. A study among Zimbabwean secondary school students revealed that in contrast to girls, boys were allowed and even expected to have many sexual partners.<sup>9,3</sup>

However, gender norms can also "trap" boys through social pressure to conform, and thus increase their vulnerability to HIV infection.<sup>16,17</sup> For example, while Zulu boys in South Africa associate masculinity with sexual performance and advocate the demonstration of male social success through sexual prowess, it appears that a significant minority prefers abstinence, but feel compelled to be sexually active for fear of social rejection. Moreover, girls seem as likely as boys to expect and even condone such masculine ideals.<sup>12,18</sup> Further, given the stigma attached to homosexuality in most African societies it is likely that young men with such preferences practice in secret, without the information and supplies necessary to protect them from

infection. Foreman concludes that as long as men, and women, are influenced by such concepts of masculinity, HIV will continue to spread.<sup>14</sup>

Researchers and planners are only just beginning to recognise the importance of considering how developmental psycho-emotional and sexual experiential factors affect the sexual and reproductive health needs of adolescents in developing country settings. Given that even less is known about African boys and male adolescents than youth in general, these factors should be considered in attempting to understand their behaviour and S/RH needs. Adolescence is a critical developmental period for gender role formation, and a time during which notions of appropriate sexual comportment, awareness and understanding of such issues are shaped.<sup>18</sup> Early sexual experiences and the environment in which they take place can significantly influence later attitudes, behaviour and even risk for certain sexual and reproductive health complications. Dixon-Mueller<sup>5</sup> cites research indicating that girls who are subjected to physical or sexual abuse as children are more likely to initiate intercourse early and have more sex partners as well as experience S/RH problems such as STD infection and cervical cancer. It is likely that boys' subsequent sexual and reproductive health status is similarly influenced by early childhood experiences. In Hughes and McCauley's<sup>19</sup> review of factors necessary to improve the "fit" between adolescents' needs and S/RH programs, a major recommendation is consideration of how adolescents' level of sexual and reproductive experience affects their health needs.<sup>9</sup> For example, the needs of those who have not yet become sexually active may be more generic, and confined to (life) skills and information; whereas young people who are sexually active may be more in need of contraceptive supplies and clinical services. Thus, in order to use available resources efficiently, as well as meet young people's needs, the link between needs and experience should be given special consideration.

<sup>14</sup> See also Heise et al.<sup>15</sup> for both international and Africa-specific references to the relationship between masculinity, sexual performance and coercion.

<sup>15</sup> See also Shire's<sup>20</sup> rendering of growing up in Zimbabwe, discussed later in this paper. An important point arising from this work is the instrumental role played by women in reinforcing appropriate male gender roles and appropriate social comportment in African society.

<sup>16</sup> The authors divide adolescents into three groups: (1) those who are not yet sexually active; (2) those who are sexually active but have not experienced S/RH problems; and (3) those who are sexually active and have experienced S/RH problems.

With regard to African youth, recognition of the critical link between sexual behaviour, gender norms and the period of childhood and early adolescence has led sexual health educators, life skills trainers and those involved in behavioural intervention in countries such as South Africa and Uganda<sup>21</sup> to advocate work with very young children. Moreover, the rapidity of certain psycho-emotional and physiological changes during puberty suggests that conventional demographic categorisation of adolescents (i.e., 11-14 or 15-19) may obscure fundamental differences in sexual health and reproductive needs. Research among boys in Kenya provides an apt illustration of Hughes and McCauley's point concerning the importance of sexual experience in determining (in this case African male) adolescents' needs. The study revealed that while pre-teen boys were particularly concerned with issues such as "wet dreams", older male adolescents wanted information on sexual relationships and how to avoid STD infection.<sup>9</sup> As a result, the recommendation was that program planners divide young men by age groupings of no more than one to two years. Thus, in order to be effective, research, programming, and policy surrounding African boys and young men's sexual health needs should begin considering the developmental heterogeneity within this group and how variation in sexual experience affects boys' needs and capabilities.

What makes a developmental approach particularly important in understanding the S/RH needs and behaviour of African boys and young men is the fact that adolescence as a concept is relatively new in most African societies. Indeed, adolescence has been described as an epiphenomenon of modern, industrialised societies.<sup>18</sup> Traditionally, adolescence, the extended period of psycho-emotional and social maturation between childhood and young adulthood, was not a clearly defined period in the African social context.<sup>18,19,21</sup> Rather, extended families and social institutions incorporating puberty rites and sexuality education were responsible for guiding boys in making the transition to manhood in a relatively short period of time. While some African societies may not be entirely "modern" or "industrialised", many factors make the notion of adolescence pertinent for contemporary African youth. Traditional social structures have begun to give way to nuclear and single

parent households. In addition, the emphasis on education, and increasingly higher education, in order to secure employment means the period during which young people remain in school has been radically extended; resulting in a prolonged period of psychological and material dependence on family, prolonged social maturation, and delayed marriage.<sup>18,19</sup> This new system has also left a void in young people's sexuality and life skills education; one filled only to varying degrees by the formal education system in most African countries.<sup>21</sup> Thus, without reliable and accurate sources of guidance and information as they make the transition to manhood, African boys are especially vulnerable regarding sexual and reproductive knowledge and gender-specific socialisation concerning sexual comportment; all factors that significantly affect their own and their partners' risk for HIV infection.

Finally, without a focus on boys and male adolescents there is a risk of "sexism" in HIV/AIDS prevention efforts,<sup>22</sup> which ultimately oppresses both young men and women. Such a skewed means of addressing HIV prevention also keeps men marginalised – out of choice or necessity – and perpetuates their vulnerability to HIV infection either through ignorance, awkwardness or self-perceived risk. This point has been mentioned in this introduction and will be further addressed below. Moreover, by channeling HIV prevention efforts exclusively toward women while excluding men, the risk exists of reinforcing notions that women are "responsible" for (un)safe sex; and by extension for the HIV pandemic. This is a predominantly female-focused approach hazards allowing men to abnegate their responsibility for HIV prevention.<sup>22</sup> Further, while there is a growing African literature linking gender inequalities and power dynamics to risky sexual practices and poor sexual and reproductive health outcomes including HIV/AIDS,<sup>11,23-26</sup> this situation cannot be balanced unless greater efforts are made to involve men as part of the solution, not the problem.<sup>4,10,17</sup>

#### *Growing Interest in Involving Young African Men in Sexual and Reproductive Health?*

The last decade has witnessed growing recognition of the need to involve men in sexual and reproductive health initiatives and to understand their needs. The 1994 International Conference on

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