

Masculinity and gendered power relations: involvement of young men in fertility control in a rural context of Ethiopia

Extended Abstract

Background

Increasing research and policy attention is paid to men's involvement in the reproductive domain. This thesis focuses on young men's engagement in fertility control in a rural context of Ethiopia. Fertility control is a broad field entailing aspects such as sexual abstinence, contraception and induced abortion, and is in the present work explored and analyzed based on prevailing societal norms, perceptions and practices. The theoretical framing draws on perspectives from masculinity and gender theory.

Fertility is a sequence of events that begins with union formation, first birth, second birth, and so on. The events can be broken down to even more refined steps, beginning with the age at first sexual intercourse, conception, pregnancy, and birth (Poston and Micklin, 2005, p. 431). *Fertility control* refers to patterns of human behavior that have the prevention of unwanted pregnancies and births as their primary objective. Individuals and couples adopt these patterns in accordance with their cultural values, reinforced by formal or informal social pressures (Sills, 1968, p. 382).

Men's involvement in reproductive relations and processes has been recognized by global actors (ICPD, 1994; FWCW, 1995) but remains understudied at local levels (Bayissa et al., 2016; Fekede et al., 2014; Lingerh et al., 2014). Connell (2002) emphasized that masculinity studies benefit in three ways: increasing understanding, solving practical problems, and guiding long-term change. Studies reveal that involving men in traditionally defined as women's domain areas of life such as reproductive matters is very important for multifaceted reasons. Men do have reproductive health concerns of their own health status and health-related behavior that also affect women's reproductive health. Such concerns include family planning; prevention and treatment of sexually transmitted diseases (STDs); sexuality; sexual dysfunction; and infertility (PATH, 1997).

Understanding the role of male involvement in preventing premarital pregnancy is vital as it helps to mitigate gender stereotypes that shape expectations about sexual behavior (Wildsmith et al., 2013). Men can also constructively engage in the sexual and reproductive lives of women as clients, partners, and agents of change in improving health outcomes, reducing gender-based violence, and achieving gender equality (Robles and Aditi Krishna, 2010). Their involvement in reproductive health matters must moreover be considered as a strategy of addressing gender inequalities (Kabagenyi, et al., 2014). Therefore, explicit inclusion of men in gender domestic spheres like fertility control is of substantial value (Edstrom et al., 2014) for the health concerns of both men themselves and for women (Berhan, 2006).

The overarching research question of this study is: How do perceptions and practices pertaining to young men's involvement in the reproductive domain – contraception, pregnancy and abortion – play out in the broader cultural and gendered normative context in a rural Ethiopian setting? The

specific research questions include: (1) How do gendered power relations and hegemonic masculine dominance manifest in institutional settings and practices? (2) How do young men involve in love and sexual relations before and after marriage? (3) What fertility related social norms prevail and how do they shape the involvement of young men in contraceptive use, pregnancy and abortion related issues?

Methods

Weberian-oriented and ethnographic-based qualitative research, with in-depth interviews, focus group discussions, and ethnographic observations as research methods, were employed in the generation and analyses of the material. The study participants consisted of community members; young men, (some) young women, religious leaders and community leaders and health workers. The main fieldwork was carried out for about fourteen months from June 2017 to July 2018 in Nadhi Gibe District of Jimma Zone in Oromia, Ethiopia.

Study findings

The study found that cultural and religious norms reinforce each other creating dynamics that work towards the maintaining of gender inequality compromising the involvement of young men in fertility control, and hence indicate manifestations of hegemonic masculinity. The most pronounced norms on fertility control encountered, concerned avoiding premarital sex and premarital pregnancy. Simultaneously strong social norms disapproving fertility control in premarital (and marital) relations were found. The involvement of young men in fertility control vary within the various aspects of fertility control. Young men are engaged in the establishing of love, sexual, and marital relations, but are less preoccupied with contraceptive use and abortion. They largely violate the restrictive social norms against premarital sexual relations and consider fertility control as the domain of women.

Disapproving norms against contraceptive use are encountered in parallel with more approving norms and discourse that open for the use of preventive methods. Among young men the perceptions and practices pertaining to contraception differed substantially. However, there seems to be a move towards increasing tolerance and acceptance for contraceptive use. Induced abortion is strongly disapproved normatively, but is exceptionally accepted with reference to diverse arguments, ranging from saving the mother's life to family's economic problems. The Abortion Law of Ethiopia (2005) remains relatively restrictive, but it is permissive procedurally through clinical guidelines developed to assist health workers in their abortion supportive work. Access to abortion care is partly constrained among others by health care providers' tendency to refuse abortion services without the involvement of the male partner. Young men's strategies in cases of unwanted pregnancies of their girlfriends range from supportive approaches through marriage or providing abortion costs, to non-supportive approaches such as forcing their girlfriends to abort or denying fatherhood.

Formal and informal social institutions in Ethiopia are gendered in their structures, programs, and practices, the effects of which are manifested in men-women relationships pertinent to fertility control. The nomenclature of *The Ministry of Women and Social Affairs of Ethiopia* and respective structures through lower administrative structures is a typical example of emphasized femininity where men are invisible. The Health Extension Program of Ethiopia is another example. In both cases, the involvement of men is overlooked in ways men and women are disadvantaged. Male dominance over women is evident in the family, religious, leadership, school and health service settings. Men are the primary decision makers in family lives, as well as sexual and reproductive relations. Men play key leading roles in religious practices and formal sectors. For example, all households, school principals and most sectors' leaders are men in the district. Some healthcare workers provide women's contraception and abortion services in favor of men at the cost of women's needs, interests, and choices.

Conclusion

The agenda of gender inequality has been disoriented and mismanaged in Ethiopia, and that resulted not in gender equality but another form of gender inequality in which people rhetorically appreciate men-women equality for political correctness whereas most of them practically live up to the expectations of men's dominance over women. The dominance is clearly evident in significantly shared men-women lives, as infertility control, particularly in contraception and abortion. Male dominance is reinforced not only through men and masculinity but also through women and femininity. The cumulative effect of over-emphasizing or under-emphasizing men or women in activities related to fertility control is male dominance.

Features of hegemonic masculinity are manifested not only in most socio-cultural norms, institutional rules and practices but also in young men's and women's behavioral patterns of love, sexual and marital relations, pregnancy, contraceptive use, and seeking induced abortion. They are moreover manifested in indoctrinated religious support for masculinity and gendered power relations in teachings and rituals which justify the prevailing gender inequalities. Schools and health service facilities endorse the pro-men cultural and religious dominant views in their daily practices. Young men adapt the pro-men dominant views and practices in such a complex way that they maintain hegemonic masculinity but contravene age-specific and marriage-based sexual and reproductive norms. Young men's limited involvement in reproductive matters resulted in poorly controlled fertility.

Rethinking structural and programmatic frameworks, empowering women, educating men and women, and fully involving male-gender-related matters are commendable ways of ensuring the desired gender equality and fertility control. This in turn needs to properly comprehend how gender is constructed and practiced at different levels and in different contexts. Understanding the power of hegemonic masculinity as an 'ideal type of masculinity' in explaining contextual men-women relations and building on emerging positive masculinity among the few educated young men are the potential means of improving the involvement of young men in fertility control. However, given masculinity in any form is socially constructed, positive masculinity comes true only along

with significant social changes about gender norms whereby the involvement of men is a crucial factor. Hegemonic masculinity remains among the most important theoretical framework in gender studies, given its superior analytical power. Yet, considering other evolving and diverse forms of masculinity as supplementary tools is unquestionably important.

The study indicates that there continues to be severe restrictions on young men involvement in fertility control. However, there are a number of signs of opposition against prevailing restrictive regimes, and of young people's agency to act against these restrictive normative and practical orders. Involvement of young men in preventing premarital pregnancy and contraceptive use as partners are strongly supportive and increasingly progressive, respectively, whereas their involvement in abortion is minimal, marginal and defective. Currently, men's constructive engagement in abortion is an exception than rule. Exceptions to this are emerging views that demand young men's sharing responsibility in all events of fertility control including abortion. However, young men's involvement as changing agents for fertility control seems yet to emerge.

Key words: fertility control; involvement of young men; gendered relations; hegemonic masculinity; norms of fertility; sexuality; contraception; induced abortion;