

EMBARGOED!!

Our Culture, Our Behavior and Our Health: Conspiracy of Indifference

By

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Abstract.

After the ICPD of 1994, reproductive health programs respond to ways in which socially constructed ideologies have shaped women's experiences of sexual and reproductive health. There is however no commensurate attempt to understand men's perception of gender ideologies. What is known is that men are often blamed for women's reproductive health needs while no attempt is made to understand men's view on these. This study was designed to examine how socially constructed differences between men and women affect men's experience of sexual and reproductive health in South East Nigeria.

Qualitative data were generated from twenty focus group discussions, ten in-depth interviews and ten interviews with key community leaders in urban and rural areas of South East Nigeria. The group discussions and interviews were conducted among men of four age groups namely 15-24, 25-39, 40-54, and 55+. The major questions identified men's health risks, beliefs about masculine ideologies, and attitudes about vulnerability to health risks. Content analysis of the transcripts were done. Gender role theory was the theoretical framework for the study.

Although traditional masculine ideologies and practices were identified, there is evidence of a shift from traditional to non-traditional attitudes and practices among men in the area. Most of the men are aware of their health needs, but think that researchers, programmers and policy makers in Nigeria are indifferent to these needs. The findings highlight the necessity of incorporating men's sexual and reproductive health needs into existing reproductive health programs. This would promote effective male involvement in their and their partners' sexual and reproductive health. Implications of findings for future research and advocacy are discussed.

Introduction

A major turning point in the field of demography came in 1994 when the International Conference on Population and Development consensus stated the need to involve men in population health issues. Very importantly the post-Cairo idea of reproductive health stresses the reproductive health needs of all individuals, including men. Reproductive health programs that emerged from Cairo and Beijing conferences address male reproductive health as a fundamental human right (Cliquet and Thienpont 1995; Dudgeon 2003). While reproductive health needs of men have been placed squarely on the research and policy agenda, there are still many unanswered questions about issues around male sexual and reproductive health (Drennan, 1998, Mbizvo 1996, Presser and Sen 2000).

Similarly while it is generally acknowledged that gender-based customs and ideas promote men's behavior, there is a notable lack of research on men's understanding of these gender issues and how they impact on men's health especially in sub-Saharan African context (Eschen et al, 1999; Hawkes, 1998, JHUCCP, 1999, Danforth and Green, 1997, Drennan, 1998, IPPF/RHO/AVSC, 1998, AGI, 2002; Courtenay, 2000; Sabo and Gordon, 1995; Hull, 2000 and RHO, 1999). Men's studies in Nigeria and elsewhere in third world countries, however, have examined male role from the prism of deficit: *men need to do more to participate in preconceived sexual and reproductive health programs* (SSRH, 1999; Feyisetan et al 1998; Ezeh, 1993; UNFPA, 2001). Over-emphasis on male involvement in women's reproductive health has led to an oversight of men's health needs.

This study was designed to examine men's perceptions of masculinity and its consequences. Rather than understand what men believe and feel and their health problems, men have often been studied from the perspective of what we could learn about them in order to convince them to participate in preconceived women's sexual and reproductive health programs. Unless men's needs are identified, addressed and included in current reproductive health activities, there is limited scope for improving the well being of women (RHO, 1999). Done correctly, this offers an effective means of promoting male involvement in reproductive health needs of their partners and achieving

gender equity. To achieve this dual goal requires an understanding of men's knowledge of those beliefs and practices that expose them to dangers.

The overall purpose of this paper is to highlight men's knowledge of, attitudes to and perceptions of reproductive health issues with a view to formulating and implementing a comprehensive reproductive health programming. The questions asked are: What are the traditional masculine ideologies in this area? How are men's sexual and reproductive health affected by masculinity? How can sexual and reproductive health programs better serve the health needs of men?

Literature Review

Studies on men have received increased attention since after the ICPD of 1994. Most of these consider the role men play and their influence on women's reproductive decisions, their attitudes about sexual and reproductive health, and their knowledge of their own and their partner's reproductive systems (Odimegwu, 2002). The increase in study is a result of research commitment made at the International Conference on Population and Development in Cairo (UN, 1994).

Specifically some of the studies analyze men's participation and responsibility in reproductive health, including family planning and sexual health (Mundigo, 1995). Others present an update on men's involvement in reproductive health (UNFPA, 1995) or summarize aspects of reproductive behavior in different settings (AGI, 2002). Studies have also been conducted in recent times about men's sexual and reproductive health (Omideyi et al 1999, Feyisetan et al 1999, Bankole and Singh, 1998). While comprehensive review of the population field shows that it has been women-centered, men in the realm of sexual and reproductive health remain under-researched and poorly documented. Areas where men-centeredness has been lost include fears of sexual inadequacy, ignorance of reproductive processes and systems – including how contraceptives work, inaccurate knowledge of STD risks, misconceptions about safe sex;

worries about their partners becoming pregnant because they are the ones using contraception. (Davis et al 2000, Mundigo, 1998, Waldron, 1988).

UNAIDS (2001) has highlighted critical masculine ideologies that affect men's sexual and reproductive health which should be noted in programme design. Men's behavior is driven by traditional expectations about gender. For example sexual initiation among men in most part of the world is seen as a rite of passage to manhood (WHO, 2000). Men are under pressure to conform to destructive ideas about what it is to be a man. Ideas, which emphasize sexual prowess, multiple sexual partnerships and risk-taking, place both sexes at greater risk of HIV and STIs. Moreover, UNAIDS (2001) reported that masculinities are tied to hierarchy and power relations. Class, religion, sexuality and ethnicity divide men. Some male statuses are higher than others such that the higher one enjoys more benefits in the society.

While feminist scholars have made enormous advances in defining and obtaining public approval for women's sexual and reproductive health rights and needs, no such movement exists for men; rather what obtains is a counter-reaction that sees men as the enemy rather than as partners. Mundigo (1998) suggested the need to study the social norms and traditional customs that make it difficult for some men to become more directly involved in reproductive health matters or measures by their partners, arguing that discriminating against men in research can only have negative repercussions on women as the final picture that emerges will be incomplete (Sabo and Gordon, 1995; Courtenay 2000).

Though men have been used as research subjects, there are no studies to examine men and the health risks associated with men's gender. Little is known about why men engage in less healthy lifestyles and adopt fewer health-promoting beliefs and behaviors. Even in studies that address health risks more common to men than women, the discussion of men's greater risks and of the influence of men's gender is absent. Achieving gender equality and equity requires that men be understood and incorporated into programmes for gender equality and equity to be meaningful.

This study is grounded on the gender role theory, which argues that boys learn to adopt masculine behaviors that in turn heighten their susceptibility to illness or accidental death. It holds that social environments from the level of culture down to individual family and peer relationships, teach men and women to display distinct sex-typed behaviors and attitudes. Pleck (1981, 1995) posited that this teaching is accomplished through the adoption of norms and stereotypes. Norms are prescriptions for how men and women should behave, while stereotypes are generalizations about what men and women are like and can do. (Kimmel, 1996; Pleck et al 1993, Mansfield 2003).

Masculinity ideologies are ideas and concepts that individual men hold about what it means to be a man. The study of masculinity ideologies is concerned with the extent to which men endorse ideologies that emphasize self-reliance, competitiveness, emotional control, power over others, and aggression (Pleck et al 1993). For example, a man might believe that men should keep their emotions under control, and that by extensions; they should not be emotional when under stress. Alternatively, endorsement of masculine ideologies might involve a man's devotion to self-reliance in the face of hardship, a belief that competition in professional and social domains is crucial for success, a strong preference for resolving conflicts with aggression so as not to appear feminine or a desire to demonstrate dominance and power over others in social interactions (Pleck, 1995). Subscription to traditional masculinity ideologies may influence men's health-seeking patterns. For example, men with traditional masculinity ideologies may deny or refuse to seek help for pain, illness, or emotional problems in an effort to avoid being perceived as vulnerable or weak (Kaufman, 1994, Mansfield 2003). Thus adherence to traditional masculinity ideologies may be hazardous to men's health. (Mahalik et al 2003). This is the theoretical basis of the study.

Men and Women in Igboland

Among the Igbo the above theoretical framework is present. This is clearly illustrated in the popular African Literature, *Things Fall Apart*, which explores the struggle between old traditions within the Igbo community as well as Christianity. The book provides a framework of the role of women in Igbo society and how men assign and dictate these roles. In the book, women are ‘things’ to be exploited, abused and to serve as second-class citizens to the rank of male privilege. The theme of misogyny runs throughout the text, whether it is exposed by the absence of women in the text, the abuses women suffer at the hands of men, or the subtle ways in which society dictates and reinforces these negative statuses and images of women. The man is everything and the woman nothing. The ultimate show of masculinity among the Igbo is to keep women in line either through mental and physical abuse (Achebe, 1958).

Gender lines in Igbo society are strictly drawn, and the Igbo community consistently reinforces this. To be a man is to be violent, strong, bold, fearless, competitive and courageous, showing any emotion is a sign of weakness or is considered to be a female trait. In Igbo society all that is good is considered masculine and all that is bad is thought of as feminine. This is shown through the uses of both language and agriculture. The language of the Igbo is inherently sexist in nature (Mezu, 1999). Even the agricultural system of the Igbo people supported the sex-typed gender roles. The main crop is the yam and is synonymous with virility. Yam stood for manliness, and he who could feed his family on yams from one harvest season to another is a real man. The female crop is the smaller crops of cocoyam and cassava and is of less importance to the tribe. This reinforces that to be manly is to be supreme and that women are worthless and undesirable in comparison. What women are esteemed for in Igbo society is for their mere biology; they’re potential as mates and mothers.

Men in Igbo society use women for their own gain and appear to care little about them, women are seen as property of the man and the more possessions he acquires the more powerful he becomes. (Achebe, 1958; Mezu 1999; Chun, 1990).). Men are seen as the ‘head of the women’, the king and defender of women from troubles. An Igbo man is not

required to betray his emotions. Igbo is a patriarchal society. A man or woman is described as the son, daughter, wife or daughter of a man. Most policy makers are males, although there are an increasing number of females in policy institutions, which in most cases are tokenism, as women have no numerical strength to railroad their views. Nigerian constitution recognizes equality of sexes; yet male child preference is still common among the tribe (Odimegwu 1998, 1999).

Methodology.

The study was conducted in Imo State, South Eastern part of Nigeria. All of the participants are Igbo, the third largest ethnic group in Nigeria and the principal ethnic group in Imo State. Two areas were selected from the State – one urban and one rural. The urban area is Owerri the State capital while the rural area is Orsu.

Qualitative data techniques were used to collect information from the study's participants. Specifically, focus group discussions, in-depth interview and key informants were used to identify gender-based cultural norms, beliefs, attitudes and practices around reproductive health and sexuality issues among men in the study. Focus group discussion sessions were primarily organized around four age groups, which included young males (15-24), young adults (25-39), adults (40-54) and older males (55+). Participants for each group were matched on age, education and occupation in the selected research sites. Group discussions were conducted at central places to all the selected participants. Such places include community halls, school and church halls. Adolescents (15-19) were recruited from among those in and out of school. We made sure that adolescents selected were not from the same parent or family. Group facilitators were trained on how to guide the flow discussions so that all participants could contribute to the discussion.

A total of 20 group discussions were conducted, each included six to eight males. In addition, 10 in-depth interviews were conducted with an adolescent, middle-aged, and an older male as well as a health care provider in both urban and rural areas. The primary consideration for selecting an adolescent as a potential participant was that he must be

sexually experienced. Ten community leaders (five rural, five urban) were recruited as key informants.

Group discussions and in-depth interviews primarily revolved around perceptions and beliefs about masculinity and awareness of how these affect sexual and reproductive health. The issue of how to involve men in sexual and reproductive health programs was also discussed. In-depth interviews with key informants focused on the issue of community norms, and relationship of masculinity and health. Group discussions were conducted in the local language and led by research assistants, who were trained in qualitative methodological techniques. All information was tape-recorded, transcribed and translated by two of the research assistants. Each checked and double-checked by the second author who was also the project's manager. The average duration of FGD was 90 minutes and the average for in-depth interviews ranged between 90 and 120 minutes.

Data Analysis.

The transcribed data were content analysed in order to uncover themes and trends. For each issue discussed, comments were compared on the basis of age, place of residence and level of education.

Table 1: Characteristics of focus group participants, South East, Nigeria, 2005.

Participants	Number of participants	Average age
Adolescents (15-24)		
Urban 1	6	20.1
Urban 2	8	19.9
Urban 3	7	23.1
Rural 1	7	23.1
Rural 2	7	20.4
Rural 3	7	21.2
Young Adults (25-39)		
Urban 1	6	26.7
Urban 2	6	25.4
Rural 1	6	26.8

Rural 2	7	32.5
Rural 3	7	34.6
Middle-Age adults (40-54)		
Urban 1	7	45.3
Urban 2	7	45.6
Rural 1	8	45.7
Rural 2	8	46.8
Older Adults (55+)		
Urban 1	6	59.8
Urban 2	6	57.8
Rural 1	7	56.3
Rural 2	7	55.8
Urban 3	7	67.2

Findings

Masculinity and Socialization

Participants (including in-depth interviews and key informants) defined masculinity in terms of responsibility and desire for the opposite sex. To be a man is seen in terms of ones achievement. Broadly speaking, characteristics of manhood in the society include “*being able to build a house, marry and maintain a wife, contribute to community development*”. [Older male, 67, Rural]. For adolescents, being a man implies that one has reached the age of taking responsibility for his decisions. Among the Igbo, the man is the primary decision-maker and able to fend for self and family. Igbo males are expected to be social achievers. A middle-aged man expressed these ideals when he states

I see myself as somebody with many responsibilities; somebody who excels in life, who should work hard to ensure that he, maintains that superiority as a man. Igbo culture attaches much importance to being a man. So I live up to that expectation and it gives me a very bold heart to achieve whatever I want to achieve. I must go to a great extent to achieve it. So I must do everything to defend that manhood. [Mid-age, 40-54, FGD, Urban]

The responsibility of the man as protector, provider and main breadwinner is clearly expressed by one of the participants who explains that

You have to provide accommodation for your family, provide the needed protection to your family and food also, pay school fees for your children and siblings and meet up with other responsibilities. When you are doing these, people say that you are a man. [Middle aged, 40-54, FGD, Rural]

As expressed by one participant and spontaneously agreed by others, the Igbo man is the bridge between family and the external world as well as the link between past and future.

When you call me a man, it talks about the issue of a burden bearer, a man who represents his father, a continuity of his family. When you call somebody a man, you are indirectly telling the person that he is standing in between the gap of your ancestors and people to come [Older men, 55+, FGD, Rural].

Middle-aged men added “a man is not to be timid, coward, talkative, irrational. He should be strong, not emotional” (Middle-aged , 40-54, FGD, Urban)

Focus group discussants discussed the issue of becoming a man, the transition from childhood to manhood. Young adult (25-39) comments

There are certain things you do and they will tell you that you are no longer a boy but a man; that you are supposed to act with your senses, reacts to things like a man. So that reminds you that you are now growing into that manhood.

The young boy begins to understand that he is in the process of becoming a man through marked biological or physiological changes. One young adult links changes in biological make-up with changes in societal perception by stating,

Your biological make-up, your physique does tell you that you are a man: changes in your voice, hairs in your pubic areas etc. You also think about societal perception. People will begin to treat you with respect; there will be a change in the type of responsibility that is given to you in your family, noble responsibilities. These will actually suggest to you that you are gradually becoming a man and no longer a boy. [Young adults, 25-39, FGD, Urban]

The transition to manhood is also defined in terms of age. A middle-aged (40-54) participant observes that

The person is of age not lower than 21 years; he has acquired knowledge of the circumstances around him and must be able to find solutions to certain problems coming from different directions to him. He must be able to understand issues as an adult.

An older man reaffirms the notions of Igbo man being a provider, breadwinner and problem solver when he describes a man as one who is able to “handle things himself, getting married and being able to take care of the lady, and her children” [Older man, 56, IDI, Urban).

Manhood is seen as an achieved and ascribed status, as the following comment indicates

The way one knows a real man in Igbo land, the person ought to join his age grade meeting, do whatever the culture demands; some are initiated into manhood (iwa-akwa); some are made chiefs or other titles. So when a man is being honored with a chieftaincy title, gets married, is initiated into his age grade, then we know he is now a man and will be fully involved in community activities. [Older men, 55+, FGD, Rural].

One young adult adds that

A man shows he is a man by taking part in community development programs”. Men in the family bring up their children, take care of the surrounding. In the community, they make contributions to community development. [Young adults, 25-39, FGD, Urban]

As in other societies, among the Igbo, the process of becoming a man involves knowledge transfer through the process of socialization. An adult participants stresses the important role of the family by stating that

The family is the socializing outreach for both the boys and me. The boy learns a lot from the family. Sexually he is always taught and warned how to take care of this or that. He learns masculine domestic responsibilities from the home. (Men aged 35-44, Urban).

In the society it involves the schools, church and other units. The principal teacher is nature because there are certain things you will see in your body to make you know you are a man. You will need not to be told. (Men aged 45+, Rural FGD) and [Adult man, 45, IDI].

The Igbo man is expected to participate in his community and various institutions within his community play a vital role in teaching him to be a man. An adult pointed out that “in the society, it involves the schools, churches and other units”. However the importance of biological changes to manhood is endorsed when he adds “The principal teacher is nature because there are certain things you will see in your body to make you know you are a man. You need not to be told that you are of age”. [Age 45+,Rural IDI]. Older participants recounted how they were taught to be dominant over others, especially women, and not to cry over discomforts. Males are taught to strive for success, to be powerful, fearless, bold, aggressive and competitive. Inability to demonstrate these qualities results in ridicule and shame.

Perceptions of Masculine Roles

The majority of group participants are aware of the roles and ideologies associated with masculinity in Igbo land. Men are expected to engage in various activities in order to show proof of manliness. In addition to being involved in community affairs, provide for self and family and being the decision-maker in the household. Further examination of the data reveals the ability to stand by his decisions, to keep secrets; bravery, nobility, creativity, trustworthiness and ability to control one's temper are additional qualities that are considered important to manhood.

A man in Igbo land is known by the number of wives, children he has, and how he exercises leadership in his household. He must show strength of character, not emotional or irrational or allow himself to be dominated by women {Adult Man aged 55, rural, IDI}.

Equality between a husband and wife is not a traditional cultural norm among Igbo. Analyses of the data clearly illustrate that the dominant position of the man is continued to be upheld by many of those participating in-group discussions

Naturally it is the man because God has placed the man above the woman. But in some godly homes, women are often allowed to contribute to household decision-making, though most women would still allow their men to take the final decisions.

Men just as God created them are the head. There is always a head everywhere even in the office and it is the head that has the final say, even a man and wife are meant to agree but when they disagree it is what the man says that is binding because the woman is under him. The man when taking decision will make sure his decisions are for the good of the family. [Older adults, 55+, FGD, Rural]

Although the authority of the man is affirmed by many, the existence and impact of modernization cannot go unnoticed. For example, one of the participants declared

In core traditional Igbo family nobody gave the women opportunity to contribute to a decision-making process. It is the man and the man alone. But there are changes due to education and migration Women can now contribute to family decisions, and in fact make significant contribution to the family. This is being realized by most men, and it is a good omen (Adult Male, 45+, IDI).

Moreover, men prove that they are men by accumulation of many wives and exercising control over them and making contribution to the community. A male can be ridiculed in the community if he cannot control his immediate family. If a man's wife is unruly and is

seen to dictate what happens in the family, the man is ridiculed and regarded not to be a man.

That one is not a man. Is he a man? When he does whatever his wife tells him to do? [Adult male, 55+, IDI].

Societal expectations of Male Children.

Participants opined that male children are expected to learn from the old and noble men those virtues and characters that will make them to be men.

Boys are meant to emulate the characters of noble men... We all have to take examples from those who have lived before us, to see how much they have achieved their aims. They are expected to be well behaved and aim to be successful in life. [Young adults, 25-39, FGD, Rural]

Male children are taught how to be strong, tough, independent, firm and decisive. They are socialized into masculine traits that are thought to be important for his manhood. There are ways to make male children to prove their manhood.

[Physical training] *“Wrestling among boys is used to prove who is a man. Even the great hunters show their strength especially when they kill lion or have an incredible accomplishment which earn them the title “ogbu agu” (killer of lion), or when a man is able to fight for his village.” [Older Adults, 55+, FGD, Rural].*

[Leadership training] *“There are some positions that are given to full grown men like the person who holds the staff of authority in the village (ofo). At times the village can decide to confer an Nze title to someone presumed to be mature”. [Mid-age Adult, 40-54, FGD, Urban]*

[Fertility and productivity] *“Men also marry many wives to show that they are men and able to control a large family. Some men are given the title of “Osuji” because of their ability in yam cultivation, which the more yams you had, showed how rich you are.” [Young Adults, 25-39, FGD, Rural]*

[Sexual behaviors] *“How to know a man is when he has children at home and also goes out to have children from other women outside the home. Because if you committed adultery or not the child you have outside the home is still your child... A man is known when he is able to have children at home and outside the home”. [Adolescents, 15-24, FGD, Rural].*

Vulnerability to Health Risks

It is accepted that men in traditional societies and or with conservative cultural views are vulnerable to health risks (Mansfield, 2003) but participants do not think that adherence to masculine ideologies place men at risk of ill-health but endorsed the idea that certain cultural practices place them at risk for adverse health outcomes. Adolescents as well as other males agreed that engaging in risky behaviors such as smoking, alcohol consumption, drug misuse, sexual promiscuity including sex with CSWs and non-condom use are risk factors for poor health status.

Smoking can affect the lungs and causes cancer. Too much sex or masturbation affects one. These are the activities that endanger the health of adolescents. [Young Adults, 25-39, FGD, Urban]

Yes there is a connection between these. When a young man knows he is of age and he begins to drink and smoke, he will feel he is a big boy. When he does these, he will think that when he sees a lady and talk to her, she will take him as a big boy. Anybody who drinks and smokes too much will likely go out after some girls. (Young males 15-24, FGD, Urban).

Drinking and sexual promiscuity are in common. Some men feel when they are drunk; they are high and have confidence. It is then you see them going after girls, messing around with them. They believe if you don't drink or smoke, you do not belong. Some men even go to the extent of betting on their abilities to drink so many bottles of beer. After drinking they will now want a lady who they will want to use. Some girls even like guys who drink and smoke. (Adult men aged 40-54, FGD, Rural).

In both FGD sessions and in-depth interviews, the respondents pointed out that prior to the HIV/AIDS pandemic, some men had many wives and concubines. They noted that then incidence and prevalence of sexually transmitted diseases was low. They concluded that cultural expectations of men in the society drive them to engage in all manner of activities that expose them to health dangers.

Health Needs and Concerns

The men identified a number of health needs. These include STIs (gonorrhoea, syphilis, herpes, candidiasis and HIV/AIDS HIV), cancer, high blood pressure, heart failures, wet dream, premature ejaculation, male infertility, and decreased libido. Awareness of the

adverse effects from certain cultural practices is leading to behavioral changes including risk-reducing practices. Men do not marry many wives these days to show that they are men, though some engage in multi-partnership. Participants were able to describe signs and symptoms of STIs such as milky discharge, swelling and bloody urine as well as knowledge and awareness of HIV/AIDS. Health care providers who spoke on the increasing number of cases of STIs they treat on a daily basis confirmed the health concerns of group participants.

A concern with STIs has led some men to abstain from sexual intercourse or to use condoms when they do. To address existing health problems, some men go to traditional home, prayer houses or pharmacies, hospital clinics. However some men provided a number of reasons for failure to seek health care. These include the need to be independent, fear of being perceived as vulnerable, ignorance, fatalism, cost, time and type of illness, attitudes of health care providers.

Conspiracy of Indifference

They wondered why men are often neglected in health care policy and programming and unanimously agreed that government and non-governmental organizations should be concerned about men's health needs. They argued that men are indispensable in any discussion in the society or community and therefore neglecting to address their needs is 'indifference, carelessness, irresponsibility and dereliction of duty' [Middle-aged Men, 40-54, IDI, Rural and Urban). They hold that until their problems are factored into current programs (primarily addressing the needs of women and children) success of improved women's health and achievement of gender equality will be a distant reality. The desire of the participants to be included in reproductive health services is evident by the observation that

Though our culture encourages us to behave like men and we often tend to uphold masculine virtues, we should not be neglected in reproductive health care programme and delivery. (Adult men, 55+, Urban, FGD).

It is not all men that stick to these masculine ideas. There are changes in beliefs and behavior by men because of the influence of education and religion, and mass media. (Young adults, 25-39, FGD, Rural).

We are used to some of these cultural ideas and beliefs. It will take time for us to change what we have held for a long time. Daily we are learning new things, and also our children. We are now investing in the education of our daughters even our wives because we know the value of education. We are adjusting our lifestyles and beliefs, and hopefully we will get there but not to be so loose as the white men. But it is unfair to ignore us and our needs in various conferences and program. We need understanding and support not condemnation. (Middle-age 40-54, Rural FGD)

Government is unfair to us. We pay taxes shoulder family and community responsibilities, yet we are often seen as the evil that needs to be tamed for women to enjoy health and equality. We will not support the idea of equality but mutual respect between men and women in relationships. (65 year old man, IDI, Urban).

Many of the men singled out researchers, policy makers and programmers in sub-Saharan Africa as being indifferent to their problems as well. Educated young adults in the urban center questioned why international conferences have been held to address the problems of women, and none for men. They felt that adherence to masculine ideologies depends on individual convictions and objectives and demonstration of proof of manhood sometimes border on pretensions. Although barriers to health seeking behaviors was acknowledged, it is nonetheless emphasized that this is due not to the existence of masculine ideologies but on other factors because “no one wants to die in silence because of culture’.

Discussion and conclusion

This study provides empirical evidence to a range of conceptions of being a man among Igbo living in South East Nigeria. Although the participants commented on various aspects of traditional masculinity, it was pointed out that these beliefs and practices are no longer serious issues. These are changing due to a number of influences such as education, migration, knowledge and awareness of STIs, the impact of HIV/AIDS on the individual and his family. The affirmation by participants that traditional gender role ideologies promote risk-taking behaviors that generally have negative effect on health status is significant. It is clear that men are beginning to be sensitive of the impact of masculine ideologies and practices. Today many men consider multiple sexual relationships as risky.

Migration is singled out as a factor contributing to the shift from traditional to non-traditional masculinity through the diffusion of new ideas. Migrants who have moved from rural to urban areas are exposed to novel ideas, most of which are contrary to traditional ideas of masculinity. When they return home they often attempt to share these new ideas with others. Influences of the mass media cannot be ruled out too. Most religious groups are encouraging their followers to be responsible in their lifestyles. Education, modernization, globalization and mass media are contributing to changes in masculine ideas.

Studies have reported that men who hold traditional beliefs have greater risks than their peers with less traditional beliefs (Courtenay, 2000; Eisler 1995). These beliefs have been linked with unhealthy behaviors such as smoking, alcohol and drug use, and sexual practices. They are also less likely to seek help when it is needed or to utilize health services; to make health lifestyle changes following hospital discharge than their less traditional peers (Helgesson, 1994). However this study shows that men, irrespective of their beliefs, seek for health care when they are ill. It is pointed that there are other factors that affect men's utilization of health care services and these include accessibility, age of the man, type of illness, ego/pride, inferiority complex, fear of stigmatization etc. Most of the participants expressed a willingness to support and participate in reproductive health programs that are designed to address issues that are beneficial to them and their partners. Igbo males are not averse to gender equality or equity programs. They suggest that their needs be factored into such programs. There is therefore a definite to promote programs to address these issues that are dear to men.

In terms of research, multidisciplinary and interdisciplinary research framework should be conducted to understand and incorporate men's sexual and reproductive health needs into reproductive health programs which would be a step towards promoting effective male involvement in these programs. Rather than viewing men as an obstacle in women's reproductive health programs, it is necessary for researchers and programmers to focus on understanding and solving men's social and health problems. The new Nigeria Population Policy needs a review so that male health issues are given equal attention.

Thus researchers and programmers should focus on how to understand and solve men's problems too, rather than seeing men as the problems of women. The New Nigeria Population Policy needs a review so that male health issues should be given equal attention.

Although it is not possible to generalize from this study to the entire State of Imo or entire Nigerian nation, the findings provide insights into conceptualizations of masculinity and how these affect health status and health-seeking behaviors among Igbo men in South East Nigeria. The findings underscore the importance of research in providing programme personnel and policy makers with information about health needs and concerns of men. A number of areas for further research has been identified and outlined as follows:

- An evaluation of the extent to which the findings from this study can be generalized to different ethnic groups
- The identification of constructs and to assess the relationship between adherence to traditional gender ideologies about manhood and men's health.
- A comparison of the influence of risk-taking behavior on health status among men and women
- A comparison of the effects of risk-taking behavior on health status of males' adherence to traditional gender ideologies and those who are gender-sensitive.
- An assessment of men's general, sexual and reproductive nationally which could be useful in delineating any link between men's health needs and gender ideologies.

Finally, while men are expected to be responsible for their actions, as emphasized by some of the participants, they must receive support and guidance from well-informed peers, support groups and health care providers. As an elderly key informant commented

We men have been used to some of these issues; have been in positions of power and control. Hence we cherish our masculinity. Now you want us to relinquish our position. It is not easy, my son. It takes time but again, you must give us reasons why we should shift our traditional beliefs and practices as men. (66 year old, Key Informant, Rural).

These reasons should re-defined our research agenda and reproductive health programming.

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