

Positive Masculinities and Femininities

Handbook for Adolescents and Young
People in Faith Communities in Nigeria



World Council
of Churches

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**World Council
of Churches**

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Handbook for Adolescents and Young People in Faith Communities in Nigeria

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Contents

<i>Foreword</i>	ix
<i>Preface</i>	x
<i>Acronyms and Glossary</i>	xiii
INTRODUCTION	xvii
CHAPTER 1: MASCULINITIES AND FEMININITIES	1
Introduction	1
Objectives	1
Background	1
What Is Masculinity?	3
Masculinity and Violence	4
What Is Femininity?	5
Gender Socialization	6
Unpacking Masculinities and Femininities	7
Questions for Reflection	9
CHAPTER 2: ADOLESCENTS, YOUNG ADULTS, AND SEXUALITY	10
Introduction	10
Objectives	11
Adolescence and Physical Development	11
Sex Education and HIV	14
Sexuality Education and Its Importance	15
Effects of Uncontrolled Sexuality Education	16
Questions for Reflection	17
CHAPTER 3: ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH	18
Introduction	18
Objectives	18
What Is Sexual and Reproductive Health?	19
Who Are the People at Risk? Why Are They Vulnerable?	21
HIV and SRH	23
Questions and Situations for Reflection	24

CHAPTER 4: GENDER ROLES IN THE FAMILY, FAITH COMMUNITY, AND SOCIETY	25
Introduction	25
Objectives	25
Roles of Fathers (Boys and Men) in the Family	26
Roles of Mothers (Girls and Women) in the Family	27
Gender Roles in Faith Communities	27
Cultural Teachings in Nigerian Indigenous Settings	29
Questions for Reflection	33
CHAPTER 5: VOICES OF YOUNG PEOPLE: IMPLIED MASCULINITIES AND FEMININITIES	35
Introduction	35
Objectives	35
Young People’s Language around Sex and Sexuality in Nigeria	35
Emerging Ideas from Sex Talk among Teens and Young Adults	38
Questions for Reflection	39
CHAPTER 6: PEER PRESSURE AND THE URGE TO BELONG	40
Introduction	40
Objectives	40
Peer Pressure	41
Parental Involvement	43
Benefits of Peer Pressure	43
How to Resist Peer Pressure?	44
Questions and Situations for Reflection	45
CHAPTER 7: THE CHALLENGES OF CHILD, FORCED, AND EARLY MARRIAGES	46
Introduction	46
Objectives	46
On Marriage	47
Factors That Lead to Child Marriage	48
Consequences of Child Marriage	50
Questions and Situations for Reflection	51
CHAPTER 8: VIEWING CENTRES AND SOCIAL MEDIA IN THE CONTEXT OF HIV AND AIDS	52
Introduction	52
Objectives	52

What Are Viewing Centres?	53
Masculinity and Viewing Centres in an HIV Context	54
Femininity and Viewing Centres in an HIV Context	54
Usefulness of Viewing Centres in an HIV Context	55
Masculinity, Femininity and Social Media in an HIV Context	56
Popular Social Media Platforms	56
Masculinity and Social Media in an HIV Context	57
Femininity and Social Media in an HIV Context	57
Usefulness of Social Media Platforms in HIV Context	58
Questions for Reflection	59
CHAPTER 9: ROLE OF CHAPLAINCIES IN THE ACCOMPANIMENT OF TEENS AND YOUNG ADULTS IN THE HIV CONTEXT	60
Introduction	60
Objectives	60
Chaplaincy	60
Spiritual Counselling and Accompaniment	64
Types of Counselling	65
Ethical Principles of Counselling	66
Qualities of a Counsellor	66
Counselling and Accompaniment: Takeaways	68
Questions for Reflection	70
CHAPTER 10: POSITIVE MASCULINITIES AND FEMININITIES FOR YOUNG PEOPLE IN AND OUT OF SCHOOL	71
Introduction	71
Objectives	71
What Is Masculinity?	72
What Is Femininity?	73
What Is Positive Masculinity (Femininity)?	75
Positive Masculinities and Femininities	77
Strategies for Promoting Positive Masculinities and Femininities	79
Questions for Reflection	80
RESOURCES FOR FURTHER READING	81

Foreword

In an effort to meet the challenges that HIV and AIDS pose to adolescents and young adults, the World Council of Churches (WCC) has produced this book on *Positive Masculinities and Femininities: Handbook for Adolescents and Young People in Faith Communities in Nigeria*. The handbook seeks to equip and scale up the engagement of faith communities with an intergenerational tool on conversations about sex, sexuality, and sexual and gender-based violence and to develop adolescents' and young adults' competence in positive masculinities and femininities in their communities.

The diversity of the chapters and issues in the handbook allows users, target groups, and stakeholders to have freedom of choice on themes according to their context and realities. The handbook endeavours to sharpen intergenerational communications skills in faith communities in a multireligious and multicultural milieu.

The WCC is grateful to all the contributors who have provided ideas and inputs that focus on a broad set of challenges faced by youth around AIDS and HIV in the Nigerian context. In particular, we are appreciative of the willingness of adolescents and youth not only to speak out and express themselves loudly and clearly regarding the challenges they encounter, but also to be part of the solutions. Together in our faith communities, schools, and society at large, we strive to amplify the voices and contributions of all age-groups in practising hope and social justice as well as upholding human dignity and rights.

The WCC is indebted to the Christian Council of Nigeria (CCN), the National Agency for the Control of AIDS (NACA), and the UNAIDS Country Office in Nigeria for their commitment and support to the staff. The council also thankfully acknowledges the financial contributions made in support of this publication project by the PEPFAR–UNAIDS Faith-Based Organizations Initiative.

The WCC values collaboration and partnership that bring added value to the Pilgrimage of Justice and Peace, in particular in building compassionate faith communities that take seriously the plight of our children, adolescents, and young adults. Adolescents and young adults are not only a precious resource in faith communities but also the seedbed on which religious institutions in the HIV response are called to build strategies in order to achieve the United Nations' Sustainable Development Goals (SDGs).

Rev. Dr Olav Fykse Tveit

General Secretary

World Council of Churches

Preface

According to UNAIDS indications, HIV infections seem to be finding a new breeding ground in children, adolescents, and young adults. The rapid and unexpected growth of the sero-prevalence rate among these segments of the population provides ample evidence that the levels of risk exposure for youth are extraordinarily high. This exacerbates and promotes inequities and the spread of HIV and other sexually transmitted infections (STIs), including human papillomavirus (HPV), which causes cervical cancer.

Facing the challenge, the World Council of Churches (WCC) has intensified its focus on adolescents and young adults, given the young demographic dividend in sub-Saharan Africa (SSA) and the increase in HIV infections, teenage pregnancies, and cases of sexual violence. Out of this, the WCC has developed methodologies of intergenerational safe-space conversation toward addressing the key drivers of the HIV epidemic. These methods have facilitated intensive listening and learning among adolescents, young adults, parents, teachers, pastors, chaplains, religious scholars, health workers, and policy makers. During the conversations, participants have contextually interrogated sacred texts, cultural beliefs, and practices in order to create life-affirming values and develop life-giving skills on preventing HIV and reducing sexual violence and child marriage.

In an effort to meet the challenges that HIV infections pose to adolescents and youth, the WCC – in partnership with the Christian Council of Nigeria (CCN), the National Agency for the Control of AIDS (NACA), and the UNAIDS Country Office in Nigeria – has facilitated the production of this Handbook on *Positive Masculinities and Femininities* for Adolescents and Young People in Faith Communities in Nigeria. Through its chapters and the variety of issues developed, this handbook will allow the adolescents and young people to build their capacity and improve their knowledge around HIV, sexual violence, child marriage, and masculinities and femininities. In this way, they can become involved, personally and collectively, in promoting respect, human dignity, and healthy sexual relationships. The handbook also calls on its users to dip into their traditions and beliefs in order to draw lessons and adapt them to the realities of teens and young adults. Finally, the handbook is a training tool that will ideally be made readily available in many faith communities to be used by adolescents, youth, teachers, faith leaders, and health workers.

Acknowledgments

The World Council of Churches is a fellowship of 350 Orthodox, Anglican, Protestant, and United churches representing over 560 million Christians in more than 110 countries. Founded in 1948, the WCC is the broadest and most inclusive expression of the modern ecumenical movement, a movement whose goal is Christian unity and public service. A primary strength of the WCC is its ability to convene churches, ecumenical organizations, and interfaith partners to address critical issues. The WCC cooperates with hundreds of faith-based organizations around the world, including national councils of churches, theological institutions, National Christian Health Associations, church-based development agencies and a plethora of interfaith platforms and partners. The WCC traces its work on health and healing back to the 1960s, when churches met to explore some of the issues facing medical missions (church-run hospitals).

Over the years, the WCC has benefited enormously from bio-medical scientific evidence and statistics on HIV and AIDS and sexual and gender-based violence from the World Health Organization, UNAIDS, and other UN agencies in its endeavour to be relevant and vigilant in the global HIV response. Given the large number of people living with and affected by HIV in sub-Saharan Africa (SSA), the WCC established the Ecumenical HIV and AIDS Initiatives and Advocacy (WCC-EHAIA) to work closely with faith communities and theological institutions to address the root causes of vulnerability and marginalization, such as gender and economic inequality, sexual and gender-based violence, cultural norms, exclusion, stigma, and discrimination.

WCC-EHAIA has intensified its focus on adolescents and young people, given the demographics in SSA and the new high rates of HIV infections, teenage pregnancies, and cases of sexual violence. Consequently, WCC-EHAIA has developed methodologies for intergenerational safe-space conversation to facilitate intensive listening and learning among adolescents, young people, pastors, chaplains, religious scholars, teachers, health workers, and parents in addressing the key drivers of the HIV epidemic. During these conversations, sacred texts, cultural beliefs, and practices were contextually interrogated to create life-affirming values and to develop life-giving skills on HIV prevention and reduction of sexual violence.

WCC-EHAIA has collaborated extensively with the International Network of Religious Leaders Living with and Personally Affected by HIV and AIDS (INERELA+, an interfaith network). In an effort to meet the challenges that HIV infection poses to young people and adolescents, WCC-EHAIA has produced this handbook on positive masculinities and femininities for adolescents and young people in faith communities in Nigeria.

The publication of this handbook was made possible through the contribution of the participants at the National Consultation on Positive Masculinities and Femininities with Adolescents and Young People in Faith Communities held in Abuja, Nigeria, 22–26 May 2018. We are grateful for the leadership

of Prof. Dr Isabel Apawo Phiri, WCC deputy general secretary. We take this opportunity to thank all the participants who provided ideas and inputs that focus on a broad set of HIV challenges to adolescents. Special mention must also go to the contributors who submitted their drafts to the WCC-EHAIA regional office. Space does not allow us to name each individually, but we know who they are, and we express our deepest thanks for their expertise.

We also thank the Christian Council of Nigeria, the National Agency for the Control of AIDS, and UNAIDS Country Office for their commitment and collaboration. Finally, we gratefully acknowledge the financial contributions made in support of this publication project by the PEPFAR–UNAIDS Faith-Based Organizations Initiative.

About This Handbook

This handbook is a resource designed to equip adolescents, young people, teachers and students, women and youth leaders, religious leaders and other stakeholders with the tools needed to respond effectively to the challenge of negative masculinities and femininities that are undoing our responses to HIV and sexual and gender-based violence among adolescents and young people.

It opens with a brief introduction of purpose and objectives. The chapters provide information on various aspects of gender with a particular emphasis on the effects of negative masculinities and femininities. It also provides information on positive masculinities and femininities and strategies for promoting these positive attitudes and behaviours in our families, faith communities, and society at large. A chapter on chaplaincy provides information on how to accompany youths and adolescents in the quest to continue to effectively respond to HIV and AIDS.

The objectives of the manual are as follows:

- to scale up the engagement of faith communities with an intergenerational tool on conversations about sex, sexuality, sexual and gender-based violence for influential faith leaders, schoolteachers, health providers, and young people;
- to promote positive masculinities and femininities through curricula and media to ensure that religious leaders buy into and support creating sustainable and comprehensive community HIV interventions;
- to promote dialogue and partnership among stakeholders so that they can effectively respond to positive masculinities and femininities;
- to encourage youth, adolescents, teachers, religious leaders, and other stakeholders to recognize the value of promoting positive masculinities and femininities;
- to develop competence in adolescents and young people around positive masculinities and femininities in their communities.

Acronyms and Glossary

acquired	Obtained through being exposed to an experience or contact with a certain environment, rather than inherited.
AIDS	Acquired immunodeficiency syndrome (AIDS is the advanced stage of the HIV infection.)
anal	From or related to the anus.
ARV	Antiretroviral (type of medicine that stops the human immunodeficiency virus from reproducing.)
AYP	Adolescents and young people
ART	Antiretroviral therapy
CCN	The Christian Council of Nigeria
CSE	Comprehensive sexuality education
CRS	Catholic Relief Service
condom	A soft sack, generally latex (rubber), worn on the penis or in the vagina during sexual intercourse.
disease linked to HIV	Stage of the infection when symptoms start to show (symptomatic stage).
femininity	The socially constructed roles given to women and girls that determine how they are expected to behave in a given society.
GBV	Gender-based violence
gender	The socially constructed definition of women and men. Gender is distinct from sex (biological characteristics of women and men). It is determined by the tasks, functions, and roles attributed to women and men in society and in public and private life. It is also used more broadly to denote a range of identities that do not correspond to established ideas of male and female.
gender role	Also known as sex roles, gender roles determine how males and females should think, speak, dress, and interact within the context of society. They are socially constructed roles encompassing a range of behaviours and attitudes that are generally considered acceptable or desirable for people based on their actual or perceived sex.

heterosexual	A person who is sexually attracted to people of the opposite sex.
HIV	Human immuno virus that invades and destroys white cells, particularly a type of white cell called lymphocytes CD4, lymphocytes T-helper, or lymphocytes T4. It is the AIDS virus.
HIV positive	Having a positive HIV test result (i.e., trace of HIV antibodies found in one’s blood). This means that the person has been in contact with the virus and is now carrying the HIV virus. The person must take precautions not to transmit the virus to others (e.g., using condom during sexual intercourse). It is opposed to HIV negative, when tests do not detect anti-HIV antibodies.
homosexual	A person who is sexually attracted to people of the same sex. Homosexual men are often called “gay,” and homosexual women are called “lesbians.”
IDU	Injecting drug users
immune deficiency	When the immune system does not have what it needs to function normally.
INERELA+	International Network of Religious Leaders Living with and Personally Affected by HIV and AIDS
lymphocyte	A type of white cell that helps the body at the cellular level in immune response. Lymphocytes T and B are two key types of lymphocytes.
lymphocyte CD4	The type of lymphocyte that is destroyed by HIV; also called lymphocyte T-helper and lymphocyte T4.
lymphocyte T	The type of lymphocyte produced by the thymus. Three classes of lymphocytes T help in the immune response: the helper, the natural killers, and the suppressors.
MSM	Men who have sex with men
masculinity	The socially constructed roles given to men and boys that determine how they are expected to behave in a given society.
NACA	National Agency for the Control of AIDS
OVCs	Orphans and vulnerable children
PEP	Post-exposure prophylaxis
PEPFAR	United States President’s Emergency Plan for AIDS Relief
PrEP	Pre-exposure prophylaxis
PMCT	Prevention of mother-to-child transmission
RH	Reproductive health

sex	The division of humans and most other living things into two main categories (male and female) on the basis of their reproductive functions or physical characteristics, genes, and hormones.
sexuality	A person’s sexual and romantic orientation. People who are attracted to others of a different sex are known as “heterosexual,” while people who are attracted to others of the same sex are known as homosexuals or lesbians. Sexuality includes how we feel about our bodies and how we experience intimacy, touch, love, compassion, joy, and sorrow.
sexually transmitted	Acquired infection by sexual contact with an infected person.
stereotype	Something conforming to a fixed pattern, or a pattern built up in our minds by the myths, values, attitudes, traditions, and practices of the culture/society we grow up in.
sexual intercourse or sexual relationship	Sexual contact between two or more persons, usually involving vaginal penetration. A relationship refers to the involvement of two or more people, and sexual relationships are such unions that may include sexual practices between the partners.
sperm	White liquid that contains reproductive cells of the man and which is ejaculated during sexual intercourse or masturbation.
SGBV	Sexual and gender-based violence
SH	Sexual health
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
STI	Sexually transmitted infections
SW	Sex worker
symptom	A physical, mental, or emotional modification that indicates that a person has a disease (e.g., fever, pain, loss of memory, depression).
syndrome	A specific combination of symptoms that indicates the presence of a sickness or a particular clinical state.
transmission	The passage of a micro-organism that causes the sickness of one person to be transferred to another.
Tuberculosis (TB)	A bacterial opportunistic infection contracted by the repeated exposure to aerial drops from an infected person with TB during coughing, sneezing singing, or talking.
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme

UNFPA	United Nations Population Fund
UNICEF	United Nations International Children’s Emergency Fund
UNODC	United Nations Office on Drugs and Crime
vaginal secretion	Liquid produced by the vaginal mucous membrane to lubricate the vagina.
violence	The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that can result in injury, death, psychological harm, or deprivation.
virus	An organism responsible for infection and which depends on a living host to reproduce. Viruses provoke an abnormal attitude in their cell.
WCC	World Council of Churches
WCC-EHAIA	World Council of Churches–Ecumenical HIV and AIDS Initiatives and Advocacy
WHO	World Health Organization

Introduction

According to statistics, the sero-prevalence rate of HIV in Nigeria is 2.8%,¹ 3.1 million people are living with HIV, and every year sees 210,000 new infections and 150,000 AIDS related deaths. Data also show that 34% of adults living with HIV and 26% of children living with HIV are on antiretroviral treatment. Nigeria's birth rate is one of the highest in the world (38.4 per 1000; 2017 statistics), and the prevalence of sexually transmitted infections (STIs), including HIV, among female adolescents in Nigeria is climbing rapidly. HIV prevalence among Nigerian youths remains one of the highest in the world. In 2016, more than 240,000 adolescents (between the ages of 10 and 19) were living with HIV. Nigeria accounts for 10% of adolescents living with HIV.²

Young women have a higher HIV prevalence and are infected earlier in life than men of the same age group. The issue of rape and sexual violence is at the heart of adolescent girls' vulnerability to HIV. According to a survey conducted by the United Nations, rape is more common in Africa than elsewhere in the world.³ The survey reports that while no continent is totally immune to violence against women, Africa has the highest rate of rape per capita in the world. More than 37% of women, more than one in three African women, have been sexually assaulted in their lifetime. In Nigeria, the majority of sexual violence cases are unreported. This is largely due to the stigmatization of victims in most communities in Nigeria and across the continent. In addition, it is estimated that at least two million girls are subjected to sexual violence each year in Nigeria. Unfortunately, these aggressions, abuses, and sexual violence often occur in contexts where the abuser is in a position of trust vis-à-vis the victim. The perpetrators are usually neighbours, parents, house helps or keepers, family members, doctors, sports coaches, religious counsellors (pastor, priest, catechist), professors, friends, or acquaintances.

A number of factors increase HIV vulnerability among young people. These include the urge to experiment, the failure to resist peer pressure, a lack of knowledge, the absence of appropriate SRH services, and, most significantly for this handbook, the continued valorization of negative masculinities and femininities in society. The statistics on HIV in Nigeria show that 58% of per-

1. UNAIDS, UNAIDS Data 2018, http://www.unaids.org/sites/default/files/media_asset/unaids-data-2018_en.pdf.

2. UNICEF, "Statistical Tables," 2018, <https://data.unicef.org>.

3. UN, The World's Women 2015, Trends and Statistics (United Nations Statistics Division), <https://unstats.un.org/unsd/gender/worldswomen.html>.

sons living with HIV are women, giving credence to the idea that HIV is a gendered virus. Indeed, one reason why so many women and girls are infected and affected by HIV is the deep roots of gender inequality in Nigerian society, culture, and law. In the most recent rankings, Nigeria was placed 122nd out of 144 for the size of its “gender gap,” meaning that its balance of power between men and women is one of the most unequal in the world. It is apparent from such statistics that responding to HIV is going to call for more strategies than simply a bio-medical response. In fact, the response to HIV cannot risk being reduced to a medical response because that would not be able to address some of the challenges posed by HIV.⁴

In July 2016, during its 38th meeting, the Coordination Council of UNAIDS insisted on the need to speed up action, increase investments, and intensify partnerships and innovation in service delivery done by communities to stop AIDS by 2030.⁵ In this regard, World Council of Churches–Ecumenical HIV and AIDS Initiatives and Advocacy (WCC-EHAIA) in collaboration with the National Agency for the Control of AIDS (NACA), the Christian Council of Nigeria (CCN), and UNAIDS Nigeria Country Office with the support of a PEPFAR-UNAIDS, launched a faith-based-organization (FBO) initiative called a National Consultation on Positive Masculinities and Femininities with Adolescents and Young People in Faith Communities in Abuja, Nigeria, 22–26 May 2018. This handbook is, therefore, the result of the intellectual contribution of participants. It also calls on its users to consider their realities and contexts in the response to HIV infection.

Finally, this handbook does not claim to answer all the challenges facing adolescents and young adults in the HIV context. It only invites us to take seriously the critical issue of HIV infection in our various faith communities and act in ways that improve the lives of those affected.

4. UNICEF, “Statistical Tables,” 2017, <https://data.unicef.org>.

5. UNAIDS, “United Nations Political Declaration on Ending Aids Epidemic Sets World on the Fast-Track to End the Epidemic by 2030” (UN, 2016), http://www.unaids.org/sites/default/files/media_asset/2016-political-declaration-HIV-AIDS_en.pdf.

CHAPTER 1

Masculinities and Femininities

Introduction

This chapter introduces the two key words in this handbook, namely “masculinities” and “femininities.” A lengthy consideration of their meaning is vital, as they are important for understanding how men and women in any given society are expected to behave. By having a clearer understanding of the role society plays in shaping ideas around what it means to be a man (“masculinity”) and a woman (“femininity”), we can develop ways of ensuring that these ideas are utilized to benefit all members of society.

Although the general pattern has been to use “masculinity” and “femininity” in the singular, there is a growing recognition that there are many different ways of expressing being male or female in a society. This has led to the use of the plural. Therefore, this handbook uses “masculinities” and “femininities” to express the diversity around how we express what it means to be male or female in a given society. This chapter will explain the general understanding of masculinities and femininities and will show the role of socialization in forming these identities.

Objectives

This chapter seeks to:

- explain the meaning of “masculinities” and “femininities”;
- make clear the role of socialization in forming masculinities and femininities in society;
- clarify the changing nature of masculinities and femininities in society.

Background

“Masculinities” and “femininities” refer to the degree to which persons see themselves as either masculine or feminine in society. What gets defined as “masculine” or “feminine” differs according to region, religion, class, culture, and other social factors. What is understood as a man’s role in one region can be found to be a woman’s role in another region. Religion also plays an important part in establishing the roles of men and women in a particular society. In many instances, religion presents the prevailing gender roles as having been prescribed by God, the ancestors, or some divine being a long time ago. In this

regard, religion gives gender roles a sacred outlook. Class also has a bearing on how a man or a woman understands his or her social role. For example, a man belonging to a higher social class might feel freer to do tasks that are associated with women than a man in a lower social class. And finally, all these ways of expressing a person’s maleness or femaleness are informed by the culture to which they belong. For example, African, European, Asian, and other cultures all have their own expectations around what men and women can and cannot do. A man can engage in what are often stereotyped as “feminine” activities, such as caring for a sick parent, cooking food for the family, and bathing a young child. This means that although society outlines the roles of men and women in society, these roles are not fixed. In many instances, men and women are able to take on roles that are often associated with the other gender.

Reflection Exercise

1. What do you understand by “masculinity” and “femininity”?
2. Identify the gender roles identified with a man or woman in your culture/ society?
3. What are the gender roles that overlap between men and women?
4. What is the understanding of being a “man” and a “woman” in your culture/community?
5. In your own opinion, who is a “man” and who is a “woman”?

Differences between gender roles and sex roles

It is often assumed that “gender” and “sex” (the latter being the biological make up of a person) mean the same thing. Although many people use these terms interchangeably, there is a clear difference between them. The “sex” of a person is mostly “given”: that is, at birth it is determined that one is biologically male or female. But gender roles are assigned by society, as illustrated above. Society determines human characteristics such as dominant, passive, aggressive, brave, timid, or emotional. For example, if a man sees a snake and the woman kills the snake, it is obvious that the woman has displayed an act of bravery – even if such characteristics are assumed to be one of the qualities of a man.

The difference between gender and sex roles can be illustrated in the table below:

Gender Role	Sex Role
Socially constructed	Biological
Can be learned	Natural
Can change over time	Does not change
Varies from society to society	Is universal

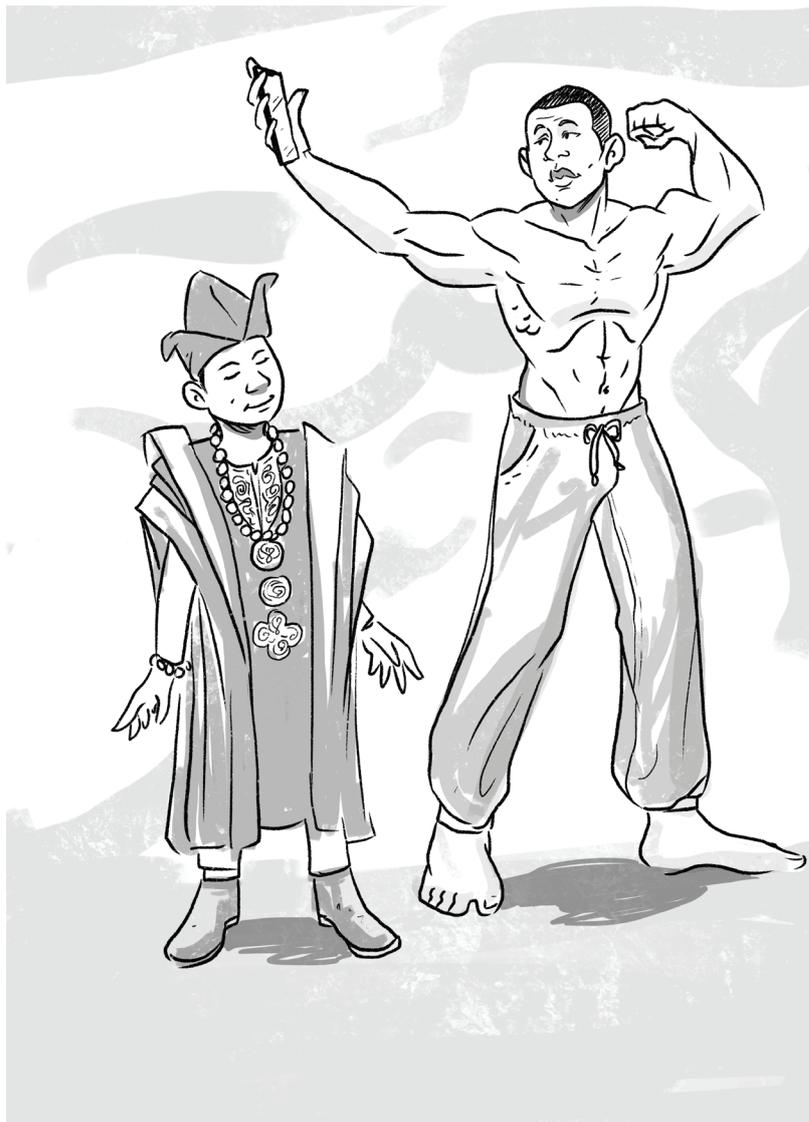
It must be acknowledged, however, that even the distinction made above is not as rigid as most people often imagine. For example, the idea that one's sex is given at birth requires careful consideration. Many people in different societies have indicated that although they were, for example, born with male characteristics, they feel that they are women (or vice versa).

What Is Masculinity?

This section probes the concept of masculinity in more detail. It seeks to draw attention to the key ideas that are associated with masculinity.

Masculinity refers to perceived notions about how men and boys should or are expected to behave in a given society or a social group. Masculinity is not a natural occurrence but is a socially constructed collective gender identity. The idea is that men and boys are supposed to act in a certain way according to certain definitions of "the ideal man."

Factors that shape masculinity include culture, age, physical attributes, occupation, status in society, sexual orientation, religion and beliefs, education,



ethnic origin, lifestyle, and geographical location. Stereotypical conceptions of masculinity (i.e., common assumptions/views) include expectations of dominance, aggression, bravery, toughness, competitiveness, orientation toward instrumental activities, focus on marital success, political and economic ambition, sexual prowess, emotional self-control, physical strength, intelligence, independence, and rationality.

Men are not born with masculinity as part of their genetic make-up. It is something they are taught and which is composed of social codes of behaviour that they learn to reproduce in culturally appropriate ways. So there is no fixed masculine essence. There are many forms of masculinity. That is, “masculinity” is composed of many “masculinities.”

Masculinity and Violence

One feature of aggressive forms of masculinity is violence. Although masculinities need not be violent in themselves, the socialization process often results in men adopting violence as a strategy of asserting their power over women and children.

Many young men identify violence as an important way of displaying power and proving their masculinity in their communities. This attitude is termed “toxic masculinity.” This occurs when violent, unemotional, and sexually aggressive norms of masculinity start having a harmful impact on society and the individual. Negative masculine traits that can lead to violence in gender relations include the tendency to impose one’s demands on others, hostility, aggression, selfishness, excessive tendency toward self-enhancement, extremely low regard for the welfare of others, and the idea of superiority.



Some factors that contribute to the emergence of negative masculinity (often expressed through violence) include the temperament or character of the individual, the mindset of male entitlement, and societal expectations. If society expects the man to be commanding, giving orders and always being obeyed, this can lead men to resort to violence. Expression of the dominant form of masculinity brings about the subordination of women. This can result in what is termed “masculinity predominance.”

Masculine domination is also exercised against other men, particularly those who find it difficult to conform perfectly to the “ideal” dominant model, which is generally unattainable. Men’s use of violence is in itself usually part of an affirmation of male norms and masculinities and also part of a power structure in which men with more power (e.g., older boys and men, men in dominant social classes) subjugate younger boys and men with violence. This is important, as the victims of men’s violence are not only women but include other men as well. Therefore, men’s violence affects the whole society.

Masculinity is not defined by violence. Boys and young men can be loving, peaceful and nonviolent.

Undue emphasis on some masculine characteristics expected of men (e.g., strength, bravery, competition, and aggression) may easily lead to violence. In their relationship with women, some men use violence to affirm their superior position, keeping women under their power and control. Some agents of socialization (e.g., the family, school, peers, mass media, and social media) may present masculine violence as a norm and in a positive light. This scenario contributes to the loss of humanness in people and disrupts human relationships.

What Is Femininity?

Femininity is the socially constructed role for women and girls that determines how they are expected to behave in a given society. Stereotypical conceptions of femininity (i.e., the dominant idea in society about women and girls) include expectations that women are passive, timid, emotional, modest, tender, cooperative, expressive, concerned with the quality of life, dependent, decorative, warm, sustaining, and exhibiting an interest towards others.

There are many forms of femininity. That is, “femininity” is composed of many “femininities.” The plural form of “femininities” suggests that there is no single way of expressing one’s mode of being female. As was highlighted regarding masculinity, different factors influence femininities. These include religion, age, class, and the geography and type (i.e., rural or urban) of area.



Girls and young women must not be trapped and limited by femininities that restrict them. They must be willing to adopt liberating femininities and achieve their dreams and goals.

Gender Socialization

Gender socialization is the process by which individuals are taught how to behave in accordance with their the gender they were assigned at birth based on their biological sex. From very early on, boys and girls receive messages on what it means to be a boy or a girl from family, friends, religion, school, the media, and other external sources.

Socialization messages that shape masculinity include the expectations that:

- boys will play socially valued masculine roles (e.g., being strong, tough, in control, athletic, muscular, and powerful).
- men talk more than women in public.
- boys avoid vulnerability and weakness.
- boys are messy and loud.
- men hide their emotions from the public.
- men engage in risk-taking practices (e.g., alcohol consumption, drug use, and unsafe sex).

- men should have the final say in the case of conflict with women.

Socialization messages that shape femininity include the expectations that:

- girls will play socially acceptable roles for girls (e.g., being tender, weak, domestically responsible, and soft).
- girls are clean and quiet.
- girls and women focus primarily on housekeeping and children.
- girls and women communicate weakness and vulnerability.
- women take care of the family even when they have full time formal jobs like men.
- women are not ambitious.

Unpacking Masculinities and Femininities

As indicated above, society seeks to present gender roles as fixed and unchanging. Religion often contributes to this by presenting gender roles as coming from God, the ancestors, or spiritual beings. However, in reality gender roles are not fixed and are constantly changing. Women often take up roles assigned to men, and men take up roles assigned to women.

Gender roles do overlap between men and women in contemporary human society. Masculinity is different from maleness and femininity is different from femaleness. So knowing that someone is male or female says very little about how their masculinity or femininity is constructed. Emotional expression does not respect gender differences in moments of crisis when both males and





females face dire circumstances, such as loss of loved ones. In fact, expressing emotions in such situations depicts courage and connection to humanity. For example, although men are expected to avoid displaying emotions in public, the death of a loved one often leaves men openly expressing their sense of loss.

Not all masculinities are entirely masculine, and not all femininities are entirely feminine. We may be able to think of ourselves as humans who construct our identities in various ways: some of these are related to ideal typical forms of masculinity and femininity, and some are not. The “dominant” male characteristics attributed to masculinity (e.g., physical strength, emotional self-control, aggression, courage, intelligence, and power) are therefore not exclusive to men, as they are also found in women.

Masculinity and femininity are becoming more fluid, and men and women are increasingly occupying a shared middle place. Evidence shows that more men are taking up roles often associated with women, and vice versa. For example:

- Men are more often responsible for the home (“house father”) while the woman goes out to work (“working mother”), changing the “breadwinner” concept associated with men.
- Women are breaking through the “glass ceiling” and attaining high positions in professions usually attributed to men, running organizations and institutions and acting “masculine.”
- Groups of young women are often seen drinking heavily and behaving in a “boyish” manner at a night clubs/bars.
- Strong men will break down and cry, seen most often in sport competitions.

- Men are increasingly becoming “fashion-conscious” and more stylish. This is a domain that was once exclusively for women.

Qualities such as love, tenderness, nurturing, competence, ambition, and assertion are human qualities that should not be labelled as masculine or feminine. These are qualities that both men and women are easily capable of expressing. It is through accepting that there is a basic humanity in both men and women that society can thrive. The idea of limiting certain traits to men or women is harmful to society.

Questions for Reflection

1. To what extent do the terms “masculinity” and “femininity” explain the differences between men and women?
2. Is “maleness” the same thing as “masculinity” or “femaleness” the same as “femininity”? Give reason(s) for your answer.
3. Can you mention a word or proverb used in describing a man or a woman in your community/culture?
4. How do we challenge gender stereotypes of masculinity and femininity in our society in order to promote social harmony and progress?

CHAPTER 2

Adolescents, Young Adults, and Sexuality

Introduction

Adolescence is the period of transition from childhood to adulthood, from around 10 to 19 years. It is a transitional stage of physical and psychological development that generally occurs during the period from puberty to legal adulthood. Adolescence is generally associated with the teenage years. The issue of sexuality cannot be ignored in any culture, given its unique role in human existence, especially in relationships and procreation. This is why it is imperative to examine the sexuality of adolescents. The quality of any society is dependent on the quality of the adolescents and the young adults in that society. It will be very difficult, if not impossible, for any nation that toils with its adolescents to make any appreciable progress, because they represent the future of every society.

The period of adolescence is a critical time, marking the physical, psychological, economic, and social transition from childhood to adulthood. At this stage, individuals face many pressures which are necessary in order for young people to become responsible adults. Adolescents' ability to wade through the transition period depends on the quality of training they receive from their family. The support made available to them will go a long way to helping them incorporate into the larger society. Adolescents generally fall into the age bracket of between 10 and 19 years, while youth or young adults fall between 15 and 24 years, though in most countries in Africa, the category of young adult ends as late as 35 years.⁶ The important thing in this crucial stage is the development of character and personality. This is when choices made may make or mar individuals and their disposition to life, which is invariably influenced by the gender expectations of society and families.

HIV infection is said to be on the decline generally. However, adolescents and youth are key populations among which new infections are rising. One of the reasons for this inconsistency is that adolescents and youth are more exposed to what is going on around them, as the whole world has become a global village where ideas, values, and symbols are shared. Without appropriate

6. Strengthening High Impact Interventions for an AIDS-Free Generation (AIDS Free) Project, *Islamic Khutbah Guide: Children and HIV* (Arlington, Va: AIDS Free Project, 2017), 5.

guidance, adolescents and youth may be receiving uncontrolled and dangerous sex education from unregulated sources. This is made possible through their exposure to mass media and fast-growing technologies that are connecting adolescents and young adults throughout the world.

Objectives

This chapter seeks to:

- highlight the essence and meaning of adolescence;
- define the meaning of sex education;
- highlight the importance of sex education for adolescents and young adults.

Reflection Exercise

1. What do you understand by adolescence?
2. Do you notice any difference between adolescents and young adults?
3. What are the notable signs to show that an individual has reached puberty stage?
4. There are many pressures faced by adolescents and youth. Mention any four you know.

Adolescence and Physical Development

During puberty, individuals experience certain changes in their body. These include changes in voice, body proportions, and secondary sex characteristics. At this stage, the desire to behave like an adult is very high. Adolescents try to imitate – and even think they know better than – their parents. The table below shows some of the changes that adolescents experience.

Girls	Boys
Growth of breasts	Deepening of voice
Onset of menstruation	Muscular development
Growth of pubic hair	Growth of facial hair
Widening of hips, thighs and buttocks	Growth of pubic hair

They develop new attitudes toward themselves and others around them. They are involved in different types of relationships with family members and friends, experimenting with romantic relationships as well. The particular attitude that they form toward life in this period may be difficult to change later

on. Adolescents resent what they feel is not good, and they try to exert their own power and influence. At this stage of their existence, many of them begin to manifest a desire for leadership by taking up responsibilities and begin to develop high-thinking faculties. Their eating habits also change: boys tend to eat more as they build up muscles, while girls eat less as they begin to worry about their body image.

Adolescence is a transitional period – a passage from one stage of development to another. During a transitional period, an individual's status is vague, resulting in confusion about the roles they are expected to play. Their sexual urges increase. Parents must guide their children in the right direction by ensuring that sex education is available to them from an early age. Adolescents who received age-appropriate sex education early on are better prepared to deal with the demands of different relationships when they reach puberty.

Boys are admired for traits like honesty, protectiveness, pleasantness, neatness, and a good sense of humour. Girls are admired for qualities like a pleasant appearance, intelligence, friendliness, and kindness.

Adolescence is a difficult time for boys and girls. Many adolescents think they have arrived at adulthood: they want to make decisions on their own without any recourse to their parents. These decisions often lack appropriate risk analysis or critical thinking. Feeling that they are independent, adolescents demand the right to cope with their own problems, regulating attempts made by parents and teachers to help them. These attempts frustrate adolescents, who think they can do things on their own.

Search for identity

Adolescence is a period when individuals are trying to discover themselves and their inherent potential. In this search for identity, adolescents seek to clarify who they are and what their role in society will be. Are they still children or are they adults? Will they be a success or a failure in life? Can they make a positive impact in their society? In ruminating over these questions, adolescents hope to bring attention to them and also want people to make encouraging comments about them.

A dreaded age

Adolescence is also a stage when individuals can become entangled in various antisocial behaviours as they experiment with their lives. This usually happens through the influence of peer groups in school or the community. Many will experiment with smoking, drugs, and sexual relationships. This transition period is usually a time of friction, arguments, and counter argument, as adolescents turn a deaf ear to the advice given to them by their parents.

The next stage to adulthood

At this stage, individuals are more cautious of their actions. They want to impress upon people that they are adults, and take on adult behaviour in how they dress, speak, and interact. They want to be free from parental dominance.

Human sexuality could be defined as the way people experience and express themselves sexually. This involves various feelings: biological, physical feelings, but also social or spiritual feelings. Sexuality refers to one's attraction for and behaviour around other people. We find some people more sexually attractive than others.

Sexuality and gender

The term "gender" is the state of being male or female (typically used with reference to social and cultural differences rather than biological ones). The word "sex" describes the body. Sex organs and sex chromosomes show what sex someone is. Gender, on the other hand, describes someone's personality or character. It reveals if someone feels or acts more like a female (feminine) or more like a male (masculine). The term *gender* is also used to draw a line of social demarcation between male and female, or men and women. There are two main genders: masculine and feminine, or men and women. Gender differences are mainly seen and promoted through different roles assigned by society to men and women.

Masculine Roles	Feminine Roles
Cutting firewood	Cooking
Representing the family publicly	Taking care of the home
Earning income outside the home	Caring for children and the sick
Doing physically demanding chores	Doing household chores

Acts of discrimination, subordination, abuse, oppression, intolerance, and injustice toward women by men, or vice versa, result in "gender imbalances" or "gender discrimination." These are acts targeted at one because of their gender. "Gender imbalance" refers to situations when men (as in our societies) see themselves as superior (i.e., greater, higher, more impressive, nobler) to women. Women are considered as inferior, supplementary, incapable, or dependent persons. We can see the issue of gender imbalance among young people in most African countries in every aspect of life: for instance, women are segregated and victimized in social, political, religious, economic, business, and educational areas of African life. At home, girls are regarded as beasts of burden. It is assumed that girls are responsible for cooking, fetching water, washing clothes, and cleaning the house. They carry this mentality to adulthood.



In most African societies, girls, alongside women and children, are excluded from discussions about major decisions affecting their socio-cultural destiny in the false belief that men know what is best for them. Gender imbalances usually lead to gender-based violence, which disproportionately affects women and girls compared to men and boys. In Nigeria, for example, women and girls are subjected to multiple forms of violence in the home, including slapping, kicking, verbal abuse, denial of financial resources, rape, torture, and death. Common cases recently cited, but which are often ignored, involve the abuse of female domestic servants and defilement of minors (especially children under the age of 6 years). Most often, these domestic servants are exploited and abused by fathers and sons.

The practice of payment of bride price is also responsible for entrenching gender imbalance or gender inequality because it has led men to think and behave as if they own their wives. The bride price symbolizes the sale of the girl and transfer of ownership from father to husband and his family. This customary law implies that a woman is the property of the man, who is thus entitled to discipline her as he deems fit. The notion of subjugation of women is so entrenched that most people in our society tend to accept violence against girls and women as justified.

Sex Education and HIV

Comprehensive sexuality education (CSE) or sexual and reproductive health education is as important as general education to the development of society. According to UNESCO:

Comprehensive sexuality education (CSE) is a curriculum-based process of teaching and learning about the cognitive, emotional, physical, and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes, and values that will empower them to: realize their health, wellbeing and dignity; develop respectful social and sexual relationships; consider how their choices affect their own wellbeing and that of others; and, understand and ensure the protection of their rights throughout their lives.⁷

CSE provides scientifically proven information to adolescents and young people related to SRH, sexuality, and behaviours. Sex education must be age-appropriate and must be started at an early age. Indeed, at every stage of development, children must be taught about relationships, responsibilities, and sexuality.

Some schools and colleges are reluctant to embark on sexuality education because they believe that it will increase promiscuous behaviour among adolescents and young adults rather than reducing it. Evidence from studies suggests this view is mistaken. This erroneous impression is shared by policy makers, public opinion leaders, and parents, who believe that withholding information about sexuality and reproduction from young people will dissuade them from becoming sexually active. In fact, good quality sexuality education does not lead to earlier or increased sexual activity among adolescents. With access to sexuality education, adolescents will have not only scientific knowledge about this issue, but also a healthy attitude toward it.

The most appropriate places to undertake and promote sexuality education among young people are the school and the family, because adolescents spend a relatively large part of their time in these environments. It is, therefore, important that, along with mainstreaming CSE within the school curriculum, parents and teachers also be equipped with requisite knowledge on sexuality education.

Sexuality Education and Its Importance

Sexuality education is an important, as well as effective, tool in the prevention of HIV and other STIs. In fact, its importance cannot be over-emphasized. The following is a list of some of the important reasons for mainstreaming CSE in our school curriculum and equipping parents with the requisite knowledge and skills to impart CSE to their children from an early age:

- CSE will help children from an early age to understand and appreciate relationships with family members, friends and peers.
- CSE will help early adolescents understand and appreciate the physical and hormonal developments they will begin to experience at this stage.

7. UNESCO, *International Technical Guidance on Sexuality Education: An Evidence Informed Approach*, Revised Edition (Paris: UNESCO, 2018).

- CSE will help adolescents understand the meaning of biological maturity, evidenced by menstruation in adolescent girls and semenarche⁸ (release of semen during sleep) in adolescent boys – especially their understanding that at this stage girls can become pregnant and boys can impregnate a girl.
- CSE will help adolescents understand and appreciate the need for respectful, caring, and loving relationships, especially those that may result in sexual practices.
- CSE will help adolescents understand the social consequences of their actions and decisions, which may include unplanned pregnancies. Such consequences affect boys and girls in different ways.

CSE will help adolescents understand the challenges they face during this period of their lives, such as the temptation to experiment with drugs and alcohol, which may impair their ability to make right decisions at appropriate times.

CSE will help adolescents understand the risks and consequences of sexually transmitted infections (STIs).

Mainstreaming CSE in our schools is thus a matter of urgency. Furthermore, by accompanying the introduction of CSE in our schools' curriculum with workshops for parents of adolescents, we can align home-based sexuality education with school-based sexuality education.

Effects of Uncontrolled Sexuality Education

When adolescents are not provided with CSE from reliable sources, such as family and school, the internet is a ready substitute. Most adolescents in our communities have access to the internet directly (through devices provided at home or by “blessers,” formerly “sugar-daddies”) or indirectly through their peers, who will inform them about information they are getting online. Unguided sexuality education can have a number of effects on adolescents:

- Access to age-inappropriate information may lead adolescents to engage in behaviour or make decisions that are inappropriate for their age.
- Unguided sexuality education can lead to a greater urge to experiment based on internet information or encouragement from peers.
- The lack of age-appropriate sexuality education may increase adolescents' vulnerability to STIs, including HIV infection, negatively affecting their development into adulthood.

In conclusion, evidence shows that a well-designed CSE curriculum can delay the onset of sexual activity, reduce the number of sexual partners, and reduce unplanned pregnancies and STIs/ HIV infections rates.

8. Promundo et al., *Program H: Working with Young Men* (Washington, DC: Institute Promundo, 2002), 28.

Adolescents and young people with the right knowledge, information and skills are a resource.

Questions for Reflection

1. Why is the adolescent stage critical? Comment on this.
2. How can young people be directed on the right path during this stage?
3. Can adolescents be influenced by their peers?
4. What role(s) can the parents, schools, and religious groups play in guiding adolescents on the right path?
5. Do you agree that non-governmental organizations (NGOs) and corporate bodies can assist in guiding adolescents on the right path?
6. How can empowerment programmes help adolescents?
7. Are you aware of any national, international, or multinational organizations that are involved in issues around adolescents and young adults? Mention them.

CHAPTER 3

Adolescent Sexual and Reproductive Health

Introduction

This chapter focuses on adolescent sexual and reproductive health (SRH). Adolescence is a very challenging period, as the bodies of both boys and girls undergo profound changes. Learning how to handle these changes requires knowledge and information. Parents, teachers, religious leaders, health service providers, and others struggle to understand that adolescent boys and girls need a lot of support during this stage of their lives. In fact, adults often fail to uphold the SRH and rights of adolescents. Religion can play a negative role by portraying the sexual feelings that adolescents develop as “wrong, dangerous, or evil.” In particular, young girls are warned to “stay away from boys” without being given the information and skills they need to fully understand their sexuality. In reality, the feelings adolescents are experiencing are natural and normal.

It is also vital that adolescents acquire knowledge and information about their bodies because of the impact of HIV and AIDS. HIV and AIDS are affecting more and more young people around the world. Fifty per cent of HIV infections occur among young people between the ages of 14 and 24, as reported by UNAIDS and UNICEF.⁹ More than 6,000 young people are infected with HIV every day. Sub-Saharan Africa is paying the highest price, with rapidly increasing rates of HIV and other STIs among young people and cases of early and unintended pregnancies. These pregnancies often result in girls and young women stopping their education and getting married before they are ready for marriage. These facts constitute a major reproductive health problem for adolescents and young adults.

Objectives

This chapter seeks to:

- discuss masculinities and femininities in the context of adolescent SRH;
- draw attention to the major SRH issues that adolescents and young people face;
- highlight key issues that service providers and adults in positions of responsibility need to pay attention to when considering adolescent SRH.

9. “HIV and AIDS in Adolescents,” UNICEF Data, July 2018.

Exercise

Questions	Yes	No
Do you believe a woman can get pregnant the first time she has sexual intercourse?		
Do you believe a woman stops growing after sexual intercourse?		
Do you believe masturbation is a serious health threat?		
Do you believe pregnancy is most likely to occur in mid-menstrual cycle?		
Some young people are forced to have sexual intercourse against their will by a relative or an older person. Has this ever happened to you? Have you approached a trusted person in authority to assist you?		
Some young people pay money or gifts in exchange for sexual intercourse. Has this ever happened to you? Have you approached a trusted person in authority to assist you?		
Do you have sexuality education in school?		

What Is Sexual and Reproductive Health?

Sexual health

Sexual health is a state of physical, mental, and social wellbeing in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence.¹⁰ Sexual health is also a personal feeling of sexual wellbeing and the absence of diseases or infections associated with sexual behaviour. This includes self-esteem, self-expression, caring for others, and cultural values.

People have good sexual health when they feel good in their bodies and minds. They are comfortable with their experience and how they express their sexuality in their society. Sexually healthy people understand and accept that others can feel and do things differently. They live in open environments that value equality and diversity and respect people, whatever their age, gender, and HIV status.

Sexuality is at the centre of our human life. It is a function of gender identity/roles, sexual orientation, eroticism, intimacy, and reproduction. It influences

10. WHO, *Sexual Health, Human Rights and the Law* (Human Reproduction Programme, World Health Organization, 2015), https://apps.who.int/iris/bitstream/handle/10665/175556/9789241564984_eng.pdf.

our thoughts, feelings, interactions, and actions and motivates us to seek sexual pleasure, love, and intimacy. It is expressed and lived through our thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles, and relationships. Our ability to live or to express all these dimensions is closely related to our situation and our environment.

Adolescent SRH refers to the physical and emotional wellbeing of adolescents. It includes their ability to remain free from unintended or unwanted pregnancy, unsafe abortion, STIs (including HIV), and all forms of sexual violence and coercion.

One of the important concerns of young people is their sexual relationships. In particular, young people need to know how they can maintain healthy personal relationships.

Reproductive health

The World Health Organization defines reproductive health as a state of complete physical, mental, and social wellbeing, and not merely the absence of reproductive disease or infirmity. Reproductive health deals with the reproductive processes, functions, and system at all stages of life. This definition suggests that people who have good reproductive health have a satisfying and protected sex life, and they have the ability to choose whether, when, and how to have children. SRH also includes maternal, newborn, and child health, which refers to the health and wellbeing of women during pregnancy and during and after delivery, and to the health of newborns and children less than five years old.



Providing adolescents with appropriate and adequate information on sexuality and reproductive health recognizes their right to information that will help them in their development. Similarly, providing health facilities that operate in confidence is also a right for adolescents given their right to privacy. Adolescents and young adults, particularly girls and young women, are often made to feel ashamed when they seek access to health services. It is critical for all people in positions of responsibility to respect the SRH and rights of adolescents and young people.

Components of Reproductive Health

- Safe motherhood
- Family planning information and services
- Prevention and management of infertility and sexual dysfunction in both men and women
- Prevention and management of complications of abortion
- Provision of safe abortion services, where the law permits
- Prevention and management of STIs, including HIV and AIDS
- Promotion of healthy sexual maturation from pre-adolescence, responsible and safe sex throughout life, and gender equality
- Elimination of harmful practices, such as female genital mutilation (FGM), child marriage, and domestic and sexual violence against girls and women
- Management of non-infectious conditions of the reproductive system, such as genital fistula, cervical cancer, and RH problems associated with menopause

Who Are the People at Risk? Why Are They Vulnerable?

All people experience risks and vulnerabilities around sexual and reproductive health and HIV at different levels. It is impossible to draw up a list of interventions to meet all the needs of a specific group, as individuals have many identities, behaviours, and vulnerabilities. People will not necessarily identify with a key population group, especially if they belong to multiple groups or if they have been stigmatized.

Young people

Young people living in remote areas and those who are stigmatized or criminalized, such as people living with HIV, often lack the knowledge and skills that would enable them to have a good SRH. If some sexual practices are stigmatized or criminalized, then it is hard for people to get information about how to reduce risk and have safe sex.

Social situations

People who may be stigmatized include HIV-positive married women, pregnant schoolgirls, men with anal STIs, boys who are attracted to boys, sex workers, and drug users. Stigma impedes access to services and lowers self-esteem. It can prevent people from making a living or staying with their family, and can also lead to violence or even suicide and death.

Gender

Gender refers to the socially and culturally defined roles for males and females. These roles are learned over time, can change from time to time, and vary widely within and between cultures. In many African societies, men and women must follow rules based on gender and are punished if they do not. Men have more power than women. Men are often considered perpetrators of violent crimes. This is obviously not always the case, but some men think that they have the right to use violence against women and men who do not behave in a masculine way. Poor boys and men are often unable to gain respect or have lasting and accepted relationships with girls and women.

Reproductive Health Challenges: Adolescent Girls

- Unprotected sex leading to STIs, including HIV and AIDS
- Unprotected sex leading to unwanted pregnancy
- Unsafe abortions due to unintended pregnancy
- Psychological trauma due to unpreparedness for motherhood or contracting of STIs
- Trauma due to the social stigma that accompanies unintended pregnancy
- Early marriage when girls are forced to marry men responsible for their pregnancy
- Health complications during delivery of baby due to underdevelopment of the girls' health reproductive system (obstructed labour, fistula)

Reproductive Health Challenges: Adolescent Boys

- Unprotected sex leading to STIs, including HIV and AIDS
- Unintended impregnating of a sexual partner
- Psychological trauma due to the unpreparedness for fatherhood or contracting of STIs
- Early marriage, when boys are forced to marry women/girls they impregnate.

HIV and SRH

Most HIV infections are sexually transmitted or associated with pregnancy, childbirth, and breastfeeding. The risk of acquiring or transmitting HIV can also be increased in the presence of some STIs. HIV and poor SRH have common root causes: these include poverty, lack of access to services and information, harmful cultural norms and practices, gender inequality, and marginalization or criminalization of vulnerable populations.

Most people think about their sexual and reproductive lives as a whole, with HIV as just one element. Considering sexual and reproductive wellbeing as a whole provides many more opportunities to prevent HIV infection and to care for people living with HIV, as well as to improve SRH. Linking SRH and HIV can strengthen and expand advocacy work, allowing it to address the root causes of vulnerability and reduce stigma and discrimination. Community-based activities such as peer outreach activities, interactive learning groups, theatre, and local advocacy can bring about changes in cultural and gender-based norms. Linking SRH with HIV also has significant benefits at the socio-economic, individual, and public health levels: it allows us to provide better quality care, increase efficiency by reducing duplication, understand social changes, address root causes of vulnerability, engage in collective action, and reduce stigma.

Key Interventions in the Areas of HIV and SRHIT

- Promoting safer sex to prevent STIs, HIV, and unwanted pregnancies
- Activities that promote a fulfilling sex life
- Increasing access to HIV counselling and testing
- Linking family planning services with HIV services
- Ensuring safe abortion and post-abortion care (where the laws allow)
- Protecting and improving fertility
- Providing HIV treatment
- Preventing HIV transmission to babies during pregnancy and during and after childbirth
- Improve maternal and newborn health
- Ensuring treatment of HIV-positive children
- Optimizing the integration between STI services and HIV services
- Providing voluntary medical male circumcision
- Preventing, diagnosing, and treating cancers related to SRH

Questions and Situations for Reflection

Adekunbi is a 15-year-old girl who dropped out of school when she was 12 years old. She is a street vendor selling cloths and other children's fabrics that her mother provides. Her father is a mechanic in an auto repair garage. Adekunbi is very concerned about her business so she moves from neighbourhood to neighbourhood to sell her articles. She is accompanied by two friends, Ami and Kadbi, who are both high school students and work well at school. At home, Ami and Kadbi talk and even play ludo with their mothers. They look like sisters. Adekunbi is a reserved girl and only sees her parents at night at dinner. One day, to her parents' surprise, she faints, and transported to the hospital, she dies. The medical staff tells her parents that Adekunbi had attempted an illegal abortion by swallowing large amounts of pills.

Questions

1. What factors might have led to Adekunbi's pregnancy?
2. What is the responsibility of Adekunbi's parents in her situation?
3. What are the potential consequences of induced abortions?
4. What are the benefits of SRH education?

Adama and Oumar have multiple sexual partners because the two friends believe that all they hear about HIV and AIDS and STIs only happen to others. They don't use preventive methods and are proud of the number of their conquests. One day, one of Oumar's girlfriends informs him that she has not had her period for the last three months. Oumar is worried and Adama thinks that Oumar's girlfriend is lying to test his love for her.

Questions

1. How could SRH help Oumar and Adama ?
2. What are the risks that the two friends run by having multiple sexual partners?
3. What are the potential consequences of their behaviour?
What can be done for these two friends and what is their own role?

CHAPTER 4

Gender Roles in the Family, Faith Community, and Society

Introduction

In spite of the socio-political and economic changes the world is witnessing, the family and faith community remain the last areas that refuse to surrender. Some families and faith communities believe that gender roles are divinely ordained and, therefore, must be upheld. The family is the heart of life. As the primary place of learning for children, it is where they are socialized into the roles expected of them by society. Young boys are taught to become real men according to their society's expectations, and young girls are taught to become ideal women according to their society's expectations. In the family, roles are assigned for fathers, mothers, daughters, and sons. Families are more likely to assign roles to men and women that meet the expectations of their faith community. In some societies, the gender roles in the family, faith community, and larger society's gender roles are similar. However, research suggests that while some countries in Africa have adopted progressive constitutional laws that seek to promote gender equality and the sharing of roles, these laws are resisted by faith communities and families.

Objectives

This chapter seeks to:

- articulate the roles of men and women within families;
- articulate gender roles within faith communities;
- articulate cultural teachings that have a bearing on gender roles.

Exercise

1. Highlight the roles and behaviours expected of boys and men in Christian and Islamic faith communities.
2. Highlight the roles and behaviours expected of girls and women in Christian and Islamic faith communities.

Roles of Fathers (Boys and Men) in the Family

In the family, different persons are expected to carry out specific roles and to behave in specific ways. This helps families to function in ways that are considered normal by the entire society or community. The “standard” family expects a father to play the following roles:

- He is the authority of the family.
- He protects his family members from all forms of harm, including forces that threaten them like drugs, bullies, criminals, and all potential disasters.
- He is the strength of the competence of his family members.
- He provides shelter, food, clothing and education for members of the family.
- He teaches respect for rightful authority and insists that his children respect and obey him, their mother, and elders.
- He provides an example of responsible masculinity for male children and a good example of a husband for female children.
- He treats his wife with love and honour.
- He defines for the family the normal things needed for their growth and development.
- He encourages and cares for the family members, and does not disrupt the stability of the home by using alcohol or drugs, gambling, or moodiness.
- He has a calming influence on the family.



- He nurtures family members and helps them develop creativity, a positive self-image, moral standards, and social skills.
- He carries out physically demanding chores.
- He makes decisions on behalf of the family without consultation and enforces such decisions for compliance by family members.

Roles of Mothers (Girls and Women) in the Family

In Nigerian society, a mother (girls and women) is expected to perform the following roles:

- She is the helpmate of the father, making her the deputy head of the family.
- She spends quality time with her husband and children separately and together, which makes her the emotional support for the home.
- She is the homemaker, making sure things bought for home use are kept orderly and intact.
- She monitors preparation of meals or prepares meals for the family with the help of daughters.
- She creates a relaxed and neat atmosphere at home.
- She spends time at home nurturing and training the children in household chores. She advises, teaches, and trains the children.
- She is the unifying factor between father and children.
- She assesses what family members wear in terms of both propriety and necessity. She ensures they are covered to protect against exposure to harsh weather and public shame, especially her daughters. Mothers are held responsible if children are not well dressed.
- She disciplines the children in the absence of the father and informs the father of children's indiscipline.
- She is polite to her husband's family, respecting both young and elderly in-laws.

Gender Roles in Faith Communities

In most African societies, families are smaller units of faith communities. But the roles they abide by are usually those promoted by the larger faith community. In Nigeria, most family units are either Islamic or Christian, with many others incorporating African Traditional Religions as well. Therefore, the roles expected of men and women are seen as roles ordained by God and Bible texts and Hadith and Quran texts. These are used mainly to justify why men and women must carry out the chores assigned to them by the faith community. While faith communities often promote gender imbalances in the context of enforcing gender roles for men and women, some religious texts also promote gender equality.

Christianity

In Christianity, one of the most cited texts on gender differences and gender roles is Genesis 2-3, which clearly makes women subordinate to men. God even states to the woman in 3:16 that the man “shall rule over you.” The woman is supposed to be man’s helper, meaning that he is superior to her. Men who come from faith communities that emphasize this reading are more prone to being dictatorial within their families than those emphasizing Genesis 1:26-28, which promotes equality of the sexes.

In some Christian communities, women cannot be ordained leaders of the faith (although many other Christian communities no longer abide by this view). According to such communities, God, upon appointing priests for Israel, called only males from the house of Levi (Lev. 8), choosing Aaron and his sons (not daughters). The calling of Jesus’ disciples is also cited as evidence against ordination of women, as Jesus called 12 males (not females) to be his disciples (Luke 6:12-16). Based on these arguments, some faith communities dictate that certain roles (e.g., celebrating eucharist or holy communion) can only be played by men and not women. Moreover, in most Christian communities, women are expected to clean the place of worship, wash materials used during worship, and prepare meals for worshipers. Women are the caregivers of the worshipping community. Young girls are trained to follow in the footsteps of their mothers. Texts such as Ephesians 5:22-26 are also widely cited to inculcate a submissive attitude among women toward men. This text, proclaiming that women must submit to their husbands, is used to teach married women or young women preparing for marriage their position in the marriage union. Women are told they are dependent on men, and counselled that although they are not equal to their husbands, they should take comfort in knowing they are the mothers of men, so can influence their sons.

Some texts, however, clearly challenge this teaching by showing that women can do what men can do. The story of the two sisters – Mary and Martha (Luke 10:38-42) – shows that while women were expected to do household chores while the men learned from Jesus, Jesus supported Mary’s choice to learn like men.

This brief survey of biblical texts shows that the Bible can be used to promote gender imbalance by entrenching separate gender roles in which men are given superior positions and women inferior. However, other texts can become resources for gender equality, allowing for all to share in the roles of the house and community.

Islam

In Islamic communities, the Quran is widely used to define gender relations between men and women. One of the central texts in understanding the relations – and by implication the roles of men and women in Islamic faith communities – is Quran 2:223, which reads, “Women are your fields: go, then, into

your fields whence you please.” A number of inferences can be drawn from this. First, women are part of the property of men, equated to fields, which men can use as they please. Second, as fields cannot negotiate with or be consulted by the owner, the same can be said of women. Men have total control over women, while women are expected to obey or face punishment for disobedience. Such texts empower men to make decisions on behalf of women without consulting them, and women are obliged to obey such decisions.

Quran 4:34 also gives men authority over women. God has made the former superior to the latter, and men spend their wealth to maintain women. “As for those from whom you fear disobedience, admonish them and forsake them in beds apart, and beat them.” Good women are obedient. They guard their unseen parts because God has guarded them. In Islam, women must dress moderately and not act in ways that will tempt men to desire carnal knowledge of them (Quran 24:31). This prohibition may be the reason why men are expected to take up chores outside the family home, while women must carry out the chores within the family home.

Character and good behaviour

In Christianity and Islam, an ideal woman has several characteristics or values to which all women of faith must aspire. The ideal woman must:

- be submissive;
- be patient and gracious;
- be dignified;
- dress modestly and respectably;
- be controlled by her husband;
- work tirelessly for her husband and family;
- not quarrel with her husband;
- be generous and compassionate.

These values are found throughout the Christian Bible; the following are some of the texts that speak to these values: Proverbs 11, 21 and 31, 1 Timothy 2 and 3. In the Quran, the following texts speak to these values as well: Quran 24, 28, 33. These values are the bedrock upon which family roles for men/boys, and women/girls are based.

Cultural Teachings in Nigerian Indigenous Settings

Birth and childhood

Male children are preferred to female in Nigerian Indigenous settings. Immediately following a child’s birth, according to Familusi, people ask about the sex of the child, ignoring the health of the mother. If the baby is a girl, the mother will be scolded and treated as lazy and good for nothing; if the child is a boy, praise will

be showered on her.¹¹ Among the Binis, females are seen as prisoners from birth, perpetuating a model of gender and class limitation.¹² Oluseye Awe has affirmed that the birth of a girl is received with mixed feelings in most African countries.¹³ The preference of sons over daughters also affects how they are treated in the family, with boys enjoying more privileges and girls being made into beasts of burden. This is one of the major drivers of gender imbalance in African societies.

Marriage

Marriage is very important in Nigerian Indigenous settings. The Yorubas believe that

*Aini obinrin ko se dake lasan
Bi a dake lasan enu nii yo ni
Eniyan ti ko l'obinrin
O to ko kawo l'ori sokun gba oja lo
Kii se oran aseju
oran asesa ko*

[Translation: A bachelor must not take the situation with levity if not, there will be trouble a man without a wife is already devastated and ruined it is not too much; it is not out of place to get married.]

Even today, remaining a bachelor or a spinster is considered problematic. For an Igbo woman, marriage is a protective armour against disrespect and verbal abuse. An unmarried woman is disparaged, even by her fellow women. For a woman, marriage is the first rung in the ladder to social recognition. People will say, “*okwa nwunye mmadu*,” meaning, she is somebody’s wife.¹⁴ In Hausa land, women’s marital status is also an important social distinction. By custom, girls marry between the ages of 12 and 14.

Despite the importance of marriage in Indigenous Nigeria to a woman’s integrity, status and dignity, however, they are still treated like the property of men. Among the Binis, a man’s wife and children are his servants. They use the term *ovhohan mwen* [my little ones], which implies subservience. In addition, polygamy is common, although educated people are trying to avoid this practice – men may keep girlfriends, but not as wives in their home.

11. O. Familusi, “African Culture and the Status of Women: The Yoruba Example,” *Journal of Pan African Studies* 5:1 (2012), 3.

12. M. Idumwonyi, “Religious and Cultural Sustenance of Patriarchy in Africa: The Bini Woman’s Dilemma,” in *Women and the Culture of Violence in Traditional Africa*, ed. D. Akintunde and H. Labeodan (Ibadan: Sefer Books, 2002), 93.

13. O Awe, “The Cultural Roots of Insecurity in the African Woman,” in *Women and the Culture of Violence in Traditional Africa*, ed. D. Akintunde and H. Labeodan (Ibadan: Sefer Books, 2002), 119.

14. Enyi oha Nd’Igbo, “Igbo Women and Social Status,” *Igbo: Culture, Tradition, History* [blog], 12 April 2011, <http://enyi-oha-one-of-naiji.blogspot.com/2011/04/igbo-women-and-social-status.html>.

Widowhood

Widowhood rites in Yoruba and Igboland are generally unfavorable to women. Women are usually treated as if they were responsible for their husbands' death. The rites in Igbo land are cumbersome and primitive compared to Yoruba land. The Yoruba widow may have to fight with family members over her husband's property, even if it was jointly owned by the couple. The women must remain poorly dressed for at least a year to mourn for the deceased. Familusi reports that in Yoruba, the woman must not bathe for 14 days,¹⁵ while there are no such rules for widowers. Today, women struggle to get fair treatment after the death of their husbands, some even going through women activists to get their rights.

Divorce

In Hausa land, once men are married, they are rarely single again, even if they divorce, because most are polygynous. Women also may divorce, but there is such pressure to be married and have children that they tend to not stay unmarried long. While being married is the epitome of success for women, being divorced is a sign of failure. It warrants the disrespect of the community, as the divorced woman is seen as someone who could not manage her family.

Divorce is a regular occurrence in Hausa land. While both men and women have a right to divorce, it is easier for men. In Bini, women are only permitted to divorce if the man is impotent, but a man can divorce a woman if she cannot cook well, perform well in bed, or objects to his marrying another wife.¹⁶ All these are still current reasons for divorce in Nigerian society.

Barrenness

Barrenness in marriage is taken very seriously. The essence of marriage in Igboland in the pre-colonial and early colonial periods was not romantic but primarily to establish a legal basis for procreation. Because of the emphasis on children, the Igbo regarded marriage as an obligation to the ancestors, based on the understanding that those born owe the debt of begetting others.¹⁷ A Yoruba proverb states: *Abiyamo ota Agan*: this means that a woman with children is an enemy to the barren. Being a prolific begetter of children is a success, while barrenness is a misfortune. According to some cultural teaching, barrenness is always the fault of the woman, although more recently in elite circles men are now also considered as possibly responsible. However, the stigma around barrenness is still so strong that people are seeking scientific solutions to it in order to avoid the shame.

15. Familusi, "African Culture and the Status of Women," 9.

16. Idumwonyi, "Religious and Cultural Sustenance," 99.

17. E. Uchendu, "Women-women Marriage in Igboland," 2006, https://www.researchgate.net/publication/273122433_WOMAN-WOMAN_MARRIAGE_IN_IGBOLAND.

Inheritance

Inheritance favours men over women in most Indigenous settings in Nigeria, although there are some exceptions across the Nigerian cultural settings. A female child in Igbo land has no hope of inheriting her father's property if she is married. Also, she will rarely inherit her husband's estates if she has no male child or if the children are still very young.¹⁸ In Yoruba land, inheritance is similarly withheld from married women; however, according to Familusi, unmarried women may share in inheritance, although the male child, no matter how young, is placed above her.¹⁹ In Bini, the eldest son is called *ehae-nodion*, meaning "sole heir." If he has no son, then the inheritance is passed on to his brother. If the son is too young, the uncle is expected to manage the property until he is mature enough to take responsibility it.²⁰ However, in Hausa culture, women, no matter the number of wives and children of her husband, are entitled to a quarter of his properties.²¹

Industries and production

Hausa women are much less active in industry behind the scenes for cultural reasons. Islamic women are mainly dependent on their husbands; therefore, they work behind the compound wall.²² To make up their dowries, they engage in sewing, and selling prepared food and jewelry.²³ In Igbo land, women are involved in basket weaving, cotton spinning, pottery, soap making, mat making, and farming. However, their farming role differs from that of men. Men primarily engage in planting yam and palm oil products, while women grow vegetables, maize, and cocoyam. Nevertheless, they both work tirelessly on the farm.²⁴

Yoruba women, like the Igbos, also farm to some extent by helping their husbands with harvest, and they weave cloth and make pottery. They also engage in trading farm produce, as well as other things they produce and prepared food. Both men and women work assiduously in Indigenous Nigerian settings, but women's work is more domestic in nature. The current industry cuts across both genders. Women have ventured into "men's industry," such as automobile repair, truck driving, transport, and engineering, and both genders have taken on professions such as medicine, banking, media, and marketing in almost the same measure. The current trend in industry is that knowledge and skills are more important than gender.

18. Kaycee, "Women and Inheritance in Igboland," obindigbo.com.ng, 16 December 2015, <http://obindigbo.com.ng/2015/12/women-and-property-inheritance-in-igboland/>.

19. Familusi, "African Culture and the Status of Women," 3.

20. Idumwonyi, "Religious and Cultural Sustenance," 101.

21. D. Levinson, *Encyclopaedia of World Cultures*, 1996, www.worldcat.org.

22. Ibid.

23. Ibid.

24. M. Duruji, D. Azuh, F. Oviasogie, and O. Ajayi, "Education and Gender Roles in Post Adjustment Igbo Society," in *Proceedings of EDULEARN 14 Conference* (Barcelona, Spain, 2014).

5. Looking at the chores for men and women, are there chores that men do that women cannot do, and are there chores that women do that men cannot do? List such chores.
6. Are there chores that can be done by men or women, but which are not done by men or women? List such chores.
7. What kind of family would you want to see in your community and why: a family that has separate chores for men and women or a family that has shared chores between men and women? List the advantages of the type of family you choose.

CHAPTER 5

Voices of Young People: Implied Masculinities and Femininities

Introduction

Teens and young adults are very dynamic and creative because of their age. They are interested in discovering life for themselves, and some of them resist solutions imposed from outside. Parents, teachers, religious leaders, politicians, and others often feel that adolescents and young people are involved in too much experimentation. Further, youth have their own way of communicating among themselves, excluding those outside their circles. With their superior knowledge of technology, youth today have thus formed their own language and subculture. Adults need to understand this language and subculture and its impact on the formation of masculinities and femininities.

Paying attention to the language adolescents and young adults use around sex and sexuality is vital. This gives those who interact with them insight into their understanding of themselves as sexual beings. Unfortunately, most adults are quick to criticize youth for using “slang” and newer terms. The impact of young musicians in forming and expressing ideas about sex and sexuality is significant. This chapter recognizes the importance of decoding the language that teens and young adults use in order to better understand their attitudes toward sex.

Objectives

This chapter seeks to:

- present the voices of adolescents and young adults around sex and sexuality;
- identify key issues from the use of age-specific language by adolescents and young adults around sex and sexuality.

Young People’s Language around Sex and Sexuality in Nigeria

Teens have discovered that when they say something about sex, they are often scolded or punished. In order to avoid this, they create their own slang to talk about sex. The following terms are some of the descriptive words adolescents use.

“Cassava”

Cassavas come in different sizes and are shaped like a penis. In Africa, the cultural taboo around teens discussing sex have led them to use this term as slang. When a teenage girl says that she needs a “big cassava,” she is talking about wanting to have sex. Some might mention the size of penis in a partner that they desire, while others who are more desperate would not refer to size. They use this slang in private discussion, but also when they are conscious of being in the presence of their parents. They also use the word freely at parties, which are very popular among teens, where one might hear such lines as “The guy who handled me yesterday has a nice cassava”; “As tall as the guy is, his cassava is too small”; “I need to eat cassava before sleeping”; or “Cassava is interesting when it is well consumed.” In all these cases, cassava is a sexual reference.

“Cucumber”

Like cassava, “cucumber” is also used as slang for the penis. Some of the teens interviewed first encountered this use of cucumber connected to the penis on the internet, where one might find such examples as: “Cucumber is consumed by all ladies”; “Cucumber contributes to rapid growth”; “No woman is complete without a cucumber”; and “Cucumber, when properly consumed, contributes to good health and normal growth.”

“Doro”

In the Yoruba lexicon, a “doro” is used to fetch water from a well. Among teens, however, the use of doro has assumed another dimension. When used in this context, doro represents male genitalia while the well from which water is fetched symbolizes female genitalia. The man’s private part (penis) in this discourse is now the fetcher, while the woman’s (private part) vagina is the well.

“Pekus”

This slang is among the crudest used by Nigerian teens. “Pekus” refers to the woman’s vulva or vagina. This particular slang is now used everywhere, at home, the market, and parties. Teens use it freely in public because they know that most people don’t know what it means. Hence, one hears such lines as, “My pekus is paining me”; “That guy hit my pekus hard yesterday”; “My pekus doesn’t smell”; “My pekus is the type every woman prays to have”; and “My pekus is designed to serve guys.” Anyone hearing this slang for the first time would find it difficult to decode.

“Chelsea”

Chelsea is a football club located in North London. Teens have adopted the name of the club as slang for breasts. If a girl’s breasts are large, they say that “her Chelsea is not bad.” A teen who is boasting about her breasts might tell her friends, “My Chelsea makes guys go crazy.” One of the reasons for using this term is the correspondence between the first three letters of “chest” and “Chelsea,” making it easy to confuse people with the slang.

“Arsenal”

The Arsenal Football Club is a professional football club based in Islington, London, England, that plays in the Premier League, the top flight of English football. Here, teens use the name of the club as slang to describe a woman’s buttocks. The use is motivated by the correspondence between the first four letters of “Arsenal” and the word “arse,” the latter being a word that teens know is improper to pronounce in public. Others hearing the word Arsenal will assume they are discussing football. The teens are aware and conscious that their parents or elders among them will find it difficult to decode this contemporary slang.

“Lizzy baby”

In some communities, lesbianism is not accepted. If two women are discovered in the sexual act, they will be seriously punished, sometimes even stoned. Using slang to communicate one’s orientation is thus preferred to keep others in the dark. Lesbians in this case call themselves “Lizzy babies.”

“Anaconda”

Using the word “anaconda” as slang for a penis has long gained global recognition. American rapper Nicki Minaj, for instance, used the slang for the title of her hit single in 2014. It is associated with the celebration of a large penis in the imagination of many adolescents and youth.

“Hangry”

This word “hangry” combines the words “hungry” and “angry.” The *Urban Dictionary* states the word appears first in 2007, but it has reappeared among teens to simply mean sex. A teen may say for instance, “I need to eat. I am seriously hangry.” Anyone sitting with them will find it difficult to know what they mean. It is a popular slang word used among teens.

“Blanket”

This word is popular slang among Nigerian teens. Blankets are used when the weather is cold. When a teen uses this slang, he or she wants to have sex with someone else: “I need a blanket to keep my body warm.”

“Bobby”

Because Nigeria culture does not allow public mention of breasts, teens use the slang “bobby” to refer to them. Teens, for instance, may say, “Her bobby is attractive”; “Her bobby is too big, I don’t like it”; “I like to suck big bobby”; or “No guy can say that he doesn’t like bobby.”

“Buranga”

“Buranga” is another word for sex. This slang is commonly used among Yoruba teens; it is used to confuse those who are not familiar with the language.

Emerging Ideas from Sex Talk among Teens and Young Adults

At face value, one might casually dismiss sex talk by adolescents and young people as simple mischief. However, we can derive some major ideas from how adolescents view the opposite sex and their own sexuality:

- Teens and young adults are sexual beings and invest a lot of time in talking about sex and sexuality.
- Many teens and young adults, including females, are having sex and are talking about it.
- Some of the masculinities and femininities that are formed in the minds of teens and young adults reduce their partners to being merely objects of sex (hence the focus on sexual organs).
- Some of the slang used by teens and young adults reinforces the dominant masculinities and femininities of our societies, such as associating large sexual organs with real men and tight sexual organs with ideal women.
- References to “Lizzy babies,” or lesbians, show that some teens and young adults are homosexuals. It is important to acknowledge this reality when interacting with young people.
- Society needs to invest in decoding and understanding what teens and young adults are saying, thinking, and doing in relation to sex and sexuality.

It is critical for parents, teachers, religious leaders, and service providers to be available to listen to teens and young adults as they negotiate the challenges of sex and sexuality.

Questions for Reflection

1. Having analyzed the language created and used by adolescents and youth to refer to sex and sexuality in Nigeria, what are the positive aspects that you can identify?
2. What are some of the negative/dangerous ideas relating to masculinities and femininities that you can identify from the informal terms that adolescents and young adults use?
3. Identify strategies that adults in positions of responsibility (parents, teachers, service providers) can use to have effective conversations with adolescents and young adults on sex and sexuality.

CHAPTER 6

Peer Pressure and the Urge to Belong

“I will sleep with AIDS itself if it gets dressed up like a woman.” Anonymous

Introduction

Adolescents and youth must constantly address the issue of peer pressure. This refers to the feeling of needing to be acknowledged or accepted by one’s age-mates. Although there is positive peer pressure (where a young person aspires to achieve what is progressive or life giving), peer pressure tends to be mostly negative. This is particularly the case in relation to sex, as many young people engage in sex because they are convinced that “everyone is doing it.” This also applies to alcohol and substance abuse. Many adolescents and youth end up using drugs because of the influence of their friends.

Peer pressure has an impact on masculinities and femininities. Adolescents and young adults often engage in activities that endanger them simply because they think that is what “a real man” or “a real woman” would do. For example, some young men have multiple sexual partners because they think this is what “a real man” is expected to do in society. It is important for young people to develop awareness of the power of peer pressure and be adequately equipped to handle it.

Objectives

This chapter seeks to:

- describe peer pressure for adolescents and young people;
- highlight the effects of pressure in the lives of adolescents and young people;
- propose strategies that adolescents and young people can use to manage peer pressure.

Exercise

1. How would you define “peer pressure”?
2. Have you experienced peer pressure?

3. Do you feel peer pressure in school?
4. In what areas do you think peer pressure is most common?
5. Give an example of how peer pressure could conflict with beliefs and values.
6. What do you think is the best way to deal with peer pressure?

Peer Pressure

Peers are people of one's age or close to it who have experiences and interests similar to one's own. We make dozens of decisions every day, and we and the people around us influence each other's choices and behaviours. As we become more independent, our peers naturally play a greater role in our lives, as we tend to spend more time with peers than with our families. We develop close friendships with some of our peers, and this makes us feel so connected to them that they are like an extended family. These peers influence us through how they dress and act, the activities they are involved in, the music they listen to, and the attitudes they show.

It is natural for people to identify with and compare themselves to their peers as they consider what they desire to be (or think they should be) or what they want to achieve. People are influenced by peers because they want to fit in, to be like peers they admire, to do what others are doing, or to have what others have.

Peer pressure is, therefore, a term describing the pressure exerted by a peer or a group that influences a person to change their attitude, behaviour, or morals to conform to theirs. Peer pressure can happen when we are influenced to do something we usually would not do or are stopped from doing something we would like to do. And it occurs because we want to be accepted by our peers.



The peer pressure environment

The environment of peer pressure includes:

- standards put in place for the agents themselves that determine the level of production effort to be provided;
- peer control efforts to detect deviations from established standards;
- sanctions to be imposed on those who do not meet these standards in case of defection or deviation.

Risk factors for peer pressure

Peer pressure is something that everyone has in common. No one can escape it: it is everywhere. No matter how popular we are, how well liked we may be, or how confident we feel, sooner or later we will have to face peer pressure. Whether it is pressure to conform to a group norm (like wearing certain types of clothes or taking part in specific activities) or pressure to act (like having sex or trying drugs or alcohol), peer pressure is something that everybody has to deal with at some point in their life.

How successfully a person handles peer pressure depends a great deal on how they feel about themselves and their place in the world. But there are certain “risk factors” for peer pressure. Some personality traits make an individual more prone to give in to peer pressure. The traits that put a person at higher risk for falling into the peer pressure trap include:

- low self-esteem or lack of confidence;
- uncertainty about one’s place within a given peer group;
- feelings of isolation from peers and/or family;
- lack of direction in life;
- depression;
- health disorders;
- poor academic abilities or performance;
- lack of strong ties to friends or feelings that friends could turn on one easily or with little reason;
- fear of one’s peers.

Socio-cultural factors

In an adolescent’s setting, sexual activity may serve as a substitute for care, love, and acceptance. In many African cultures, it is unacceptable to openly display sexual desire verbally or non-verbally. Traditionally, parents do not express sexual desire in front of their children, and because sex is taboo, a sexually neutral atmosphere is maintained among family members.

In addition to the above, the issues of poverty, promiscuity, lifestyles, the reality of single parenthood, and the constraints of dwelling place and living environment are areas that need particular attention.

Religious factors

We can take advantage of religious moral teachings and religious ethics. Greater religious involvement means that adolescents will take fewer sexual risks and have a more positive attitude toward consistently using preventive methods.

Parental Involvement

The emergence of HIV and other STIs poses significant problems for adolescent health. It has led to an upsurge of interest in what the factors are that facilitate or inhibit adolescents from taking sexual risks. Among these factors is how credible young people find their sources of information about STIs.

Parents, while among the most trusted sources, are infrequently used. Parents continue to be important, and discussions between parents and adolescents about sex and behaviour can protect teens from other influences that might encourage risky sex. These discussions about sex often result in reducing risky behaviour and the influence of peers for sex. Teens who talk with their parents about sex are also more likely to discuss sexual risk with their partners. When parents monitor teens, the latter are less likely to be involved in sexual and other risk behaviours for minority youth. On the other hand, the absence of parental monitoring has been associated with teens being diagnosed with STIs, not using preventive methods, and engaging with risky sexual partners.

Benefits of Peer Pressure

Peer pressure is not always a bad thing. Positive examples include when friends stop another friend from doing something they might later regret. Teens can share their realities, hopes, and dreams with their peer group. The presence of parents can be an obstacle to adolescents' speaking out, especially in areas of confidence about problems that are common and specific to their age group. Belonging to a peer group is an opportunity for adolescents to live together, mutually reinforce their capacities, make comparisons, learn from other members of the group, and have a shared vision of the future in a dynamic of mutual help and solidarity.

However, the permanent and gentle presence of parents also helps to prevent teenagers from falling into vices that may compromise their future



How to Resist Peer Pressure?

Young people can resist peer pressure by:

- knowing their body, health, behaviour, and its effects;
- knowing what affects their health: organically, socio-culturally, environmentally, and behaviourally;
- recognizing risky behaviours and their effects, especially addiction;
- developing personal, social, and civic skills;
- having the self-confidence to assert themselves in constructive ways;
- being autonomous and knowing how to solve problems and take decisions;
- developing verbal communication skills and daring to speak;
- having self-respect and respect for others (being civil and tolerant, and refusing prejudices and stereotypes);
- acquiring the means to critically look at the environment in order to be aware of the place and influence of prejudices and stereotypes.

HIV is the most challenging problem faced by youth and adolescents today. The suffering it has brought to thousands of families makes it one of our most pressing subjects. In this context, adolescents themselves should be the real alternatives and actors in HIV prevention.

Questions and Situations for Reflection

John: "When I was in the sixth grade, the 'greats' of fifth told me that if I did not have a girlfriend, I would not be part of their band of friends anymore. I did not want to have a girlfriend at all, and it scared me. They introduced me to a girl in my class and pushed us into the school toilet. I received my first baptism. I am proud to have overcome my difficulties, because it allowed me not to be excluded from the group of 'fifths.'"

Questions

1. Why was John proud of himself?
2. What is his courage?
3. Based on this story, what are the risks of peer groups?

Alfred and Emma are close friends. They went to school together and spent most of their time together. Their parents even knew about their relationship. They played together without any second thought, from Alfred's side especially. One day, a friend told Alfred to have sex with Emma because she was a beautiful girl that everybody desired to have. When Alfred heard this, he tricked Emma, took her into the bushes, and raped her.

Questions

1. Do you think that Alfred was fully involved in his act?
2. Do both Alfred and Emma take any risk?
3. List the risks.

It is important for adolescents and young adults to realize that each one of them has the right to live their own life, not the life chosen by others.

CHAPTER 7

The Challenges of Child, Forced, and Early Marriages

Introduction

In any process of socializing human beings, birth, marriage, and death constitute the three major events in life. However, we must recognize that marriage remains a choice. In its essence, marriage opens the doors of happiness, companionship, and usually reproduction. In most African communities, marriage is understood as a union of a man to one or more women. This union is supposed to be agreeable to all persons involved. According to the constitutions of most African countries, marriage must be between persons above 18 years of age for it to be considered legal. In most countries in Africa, marriage is not an obligation but a choice that each person must make. In other words, every person has a right to choose to marry or not to marry.

However, most communities, especially faith communities, shame persons that choose not to marry by making marriage mandatory to community members. It is mainly in faith communities that we find forms of marriage that are considered constitutionally illegal, such as child marriages, forced marriages, and early marriages, this latter of which may or may not be illegal in some countries. Our “normal” marriages have been cited as hotbeds for the spread of HIV due to the negative masculinities that are promoted in most communities. But child marriages and forced marriages are issues that can no longer be ignored because of how they are ruining the lives of those on whom the future of our societies depend. Because of the phenomenon of child and forced marriages, marriage, which is supposed to be an occasion of happiness for the man and woman (women), can in some cases become torturous, especially for young girls.

Objectives

This chapter seeks to:

- define and describe child and forced marriages;
- highlight factors that lead to child or forced marriage;
- highlight the consequences of child or forced marriage on the girl child and society.

Exercise

Chefatou, 15 years old. "I was living with my grandmother. I was in Class 6. One day, a man came to take me with him to town. Upon arrival, he told me that I had to stay with a boy that I did not know. I told him I didn't want to. They beat me and called the boy and his friends to come and pick me up. When we arrived at the boy's house, I was kept in a room with no permission to go out. And every night, the boy came and had sex with me. I shouted for help but no one came."

Question

1. What do you think is the cause of Chefatou's unfortunate experience?
2. If she were your sister, what would you do after you heard her story?
3. Is the grandmother to blame?
4. Describe some consequences of sexual abuse.
5. Provide some ways to eradicate this act.

On Marriage

Forced marriage

A forced marriage (whether religious, civil, or customary) is one in which one or more of the parties is married without their consent or against their will. Usually, the family imposes the marriage on a child or an adult without the consent of the "couple." Sometimes, physical abuse, threats of abuse, economic threats, religious threats and psychological torture are used to force the victim to agree to the marriage before it takes place. In this type of marriage, these abuses are common not only before but also after the marriage, where young women can face years of domestic abuse and rape. Forced marriages can also be between people who are legally adults but have not expressly consented to enter into the union.

Forced marriages are traumatic experiences for those forced to enter into such unions. In cases where an individual is forced, especially if she is a woman, victims lack the capacity to negotiate for safer sex, even when they know their spouse has multiple sexual partners. Such persons are at a greater risk of being infected. Our communities must not allow this harmful practice to continue, as it is not only the forced individuals who suffer, but the whole community along with them.

Child marriage

What is child marriage? Child marriage is the formal or informal union where one or both parties are under the age of 18, which is what most African countries' constitutions provide for. According to recent UNICEF data, it is estimated that 12 million girls are married every year before they reach the age

of 18.²⁶ This means 23 girls every minute – or 1 every 2 seconds – is married off too young, endangering their personal development, health, and overall wellbeing.

The practice affects girls more than boys. Six hundred and fifty million women alive today were married before their 18th birthday, compared to 156 million men. And in most cases, boys are married off to girls their age while girls are mostly married off to much older men, creating an environment of unceasing abuse to the young girls. Child marriage is widely considered a violation of human rights and a form of violence against girls.

Where does it happen? Child marriage is a truly global problem that occurs across regions, countries, and cultures. It happens in almost every country around the world and across all religions and ethnicities. Africa is not an exception; hence, we need to come together to fight this scourge. Certain countries have very high rates of burden (the percentage of the population that is married under 18) or prevalence (the number of those affected by child marriages).²⁷

Factors That Lead to Child Marriage

A number of factors can lead to child marriage in communities:

Education

The educational system is a strong indicator of whether a girl will marry as a child. Women with no education are likely to be married before 18. The majority of girls who fall into early marriage have dropped out of school.

Poverty

According to the executive director of the United Nations Population Fund (UNFPA) on early marriage, “Girl-mothers are really just victims of poverty; a certain naivety; sexual inequalities; early pregnancies.”²⁸ Most girls who are married off when still children come from poverty-stricken backgrounds. In Nigeria, this level of poverty is more prevalent in rural communities than urban communities.

26. United Nations Children’s Fund, *Achieving a Future without Child Marriage: Focus on West and Central Africa 2017* (UNICEF, 2017), <https://data.unicef.org/wp-content/uploads/2017/10/Child-Marriage-WEB.pdf>.

27. For a training manual on child marriage see Girls not Brides, *STAND UP, SPEAK OUT! Youth Activism Training – to Help You End Child Marriage* (London: Girls not Brides, 2018), https://www.girlsnotbrides.org/wp-content/uploads/2018/08/1.-GNB_Trainer_Manual_FINAL.compressed-1.pdf.

28. See B. Osotimehin, “Child Marriage Statement by Dr. Babatunde Osotimehin, UNFPA Executive Director,” UNFPA Palestine, 11 October 2015, <https://palestine.unfpa.org/en/news/child-marriage-statement-dr-babatunde-osotimehin-unfpa-executive-director>.

Ignorance of the legal instruments of protection

Child marriage arises in communities where there is poor knowledge of children's rights. If people have no easy public access to the legal texts on these rights, they cannot apply them effectively. This results in children being denied their rights and limits the scope for action to fight the practice. The practice is also sustained by local authorities' and community leaders' failure to respect the age of marriage set by law, as well as by traditional and religious customs that motivate parents to ensure the girl is a virgin when she marries.

Culture and religious beliefs

Religious beliefs play a central role in making child marriages more acceptable in many communities across the continent. Biological maturity, marked by the first menstrual period (and before the young girl experiments with her sexuality), is taken as readiness for marriage. Faith families, extremely worried about family honour, see the virginity of their daughters as one of the greatest marks of that honour, which must be guarded jealously. One way of protecting it is to marry off their daughters before they are ready for sexual relationships. Families believe that marriage will mitigate the risks of sexual deviance, the dangers of unplanned pregnancies outside of marriage, and the low social status of women.

Gender inequality

In societies where child marriage is practised, girls and women have lower status than men. In some communities, a girl is often considered a burden. Her marriage means that parents have one less mouth to feed, or that they can get rich through a dowry or a strategic alliance with another family. This is particularly the case in communities where dowry is paid by the groom's family to the bride's. Dowry is in essence a commercial transaction in which the family of the bride is compensated for their loss and through which they put a material value on their daughter. In these communities, daughters and women become property and are not treated as equal to sons and men.

Absence of a birth certificate

Millions of children in the world were not registered at birth. Girls with no legal identity cannot provide evidence of their age in order to prove the illegality of a child marriage.

Emergency situations

Precarious situations (conflicts, natural disasters, humanitarian crises) increase economic pressure on households. As a result, families that would normally never marry their daughters too young choose to do so.

Consequences of Child Marriage

Child marriage threatens youth reproductive health

Spousal age difference, when women are much younger than the men, make women more vulnerable to health risks and social isolation by creating imbalanced power dynamics. These make girls more likely to be emotionally, physically, and sexually abused. In addition, young married girls are more often illiterate and of low social status. Because they tend to have no access to financial resources and restricted mobility, they are less likely to leave home and socialize with others. This limits their ability to obtain information on reproductive health, contraception, HIV, and other STIs. This power difference also limits girls' ability to negotiate contraceptive or condom use, putting them at high risk of contracting STIs, including HIV.

Early childbearing poses serious health risks for mother and child

Marriage often signals the beginning of frequent and unprotected sexual activity. Many girls under the age of 18 (and particularly girls under the age of 15) are not physically mature and therefore not ready for sexual intercourse or childbirth. Sexual intercourse at a young age often causes physical pain and pregnancy-related complications, such as vesicovaginal fistula (VVF). Pregnancy-related health problems not only have emotional and social consequences, but are a financial burden to the household.



Child marriage compromises the future of children

Child marriage undermines parental care and reinforces the inequalities between boys and girls. Direct consequences for the girl include loss of both education and happiness. Child marriages also lead to psychological discomfort and trauma, as the girl is not prepared for a union.

Questions and Situations for Reflection

Rebecca, a girl about 12 years old, lived with her 70-year-old grandfather. The latter was known to “have eyes for” his granddaughter. He rejected his own wife to devote himself to Rebecca, to whom he gave many gifts, including a mobile phone. The old man even bought the clothes and perfume for the wedding. Rebecca said, “My grandfather often comes back late at night to sleep with me as soon as his brother leaves. He says it’s me he wants to marry . . . He went to get a product to put in the dough. According to him, if I consume it, I will fall in love with him and marry him. But I do not want it.” Rebecca eventually fled the house.

Questions

1. What factors lead to child marriages in our communities?
2. Who is most affected by child marriages and why?
3. How do negative masculinities contribute to the problem of child marriage?
4. What do you think about the behaviour of Rebecca’s grandfather?
5. Why do you think Rebecca’s grandfather rejected his wife (a woman) for a young girl like Rebecca?
6. What solutions can you propose to deal with the problem of child marriage or the abuse of young girls?

“A certain religion teaches that a girl must have her first menstruation in her parents’ home, but her second in her husband’s.”

Questions

1. What is your interpretation of this quote?
2. In your understanding of today’s girls, what is the age they marry?
3. What are the dangers of this kind of religious teaching (a) for young girls, (b) for families of both girls and boys, (c) for society as a whole?

CHAPTER 8

Viewing Centres and Social Media in the Context of HIV and AIDS

Introduction

Teens and young adults of our times experience the reality of the global village much more strongly than older people in Africa. Trends from Europe, America, the East and across the continent are instantly transmitted to all corners of our states, making our youth truly global citizens. The challenges around negative masculinities are, therefore, no longer limited to what our children learn from parents and local communities, but include input from their global peers through the internet.

Young people's desire to create real and virtual communities has led to the rise of viewing centres and social networking sites (SNS). Social media have provided various platforms for young people to virtually connect with people from all over the world, in the process creating virtual communities with peers from home and abroad. The uptake of internet connectivity has become so strong that not providing a smartphone for teens is now tantamount to "human rights abuse." A lot of good has come out of these networks – seen through the many success stories of young people who secured scholarships to study abroad or found job opportunities abroad. However, these networks have had high costs, and in some cases fatal mistakes have resulted in young people being trafficked for sexual exploitation or arrested for drug trafficking.

One unasked question around these new developments is how they relate to the concepts of masculinities and femininities that are espoused by our adolescents and young adults. Unless properly utilized, these new developments may become another platform for negative masculinities, which may increase the risk of new HIV infections among our teens and young adults.

Objectives

This chapter seeks to:

- define viewing centres;
- highlight how masculinities and femininities are perceived within viewing centres;
- highlight the role of social media in contemporary societies;
highlight how masculinities and femininities are perceived on social media.

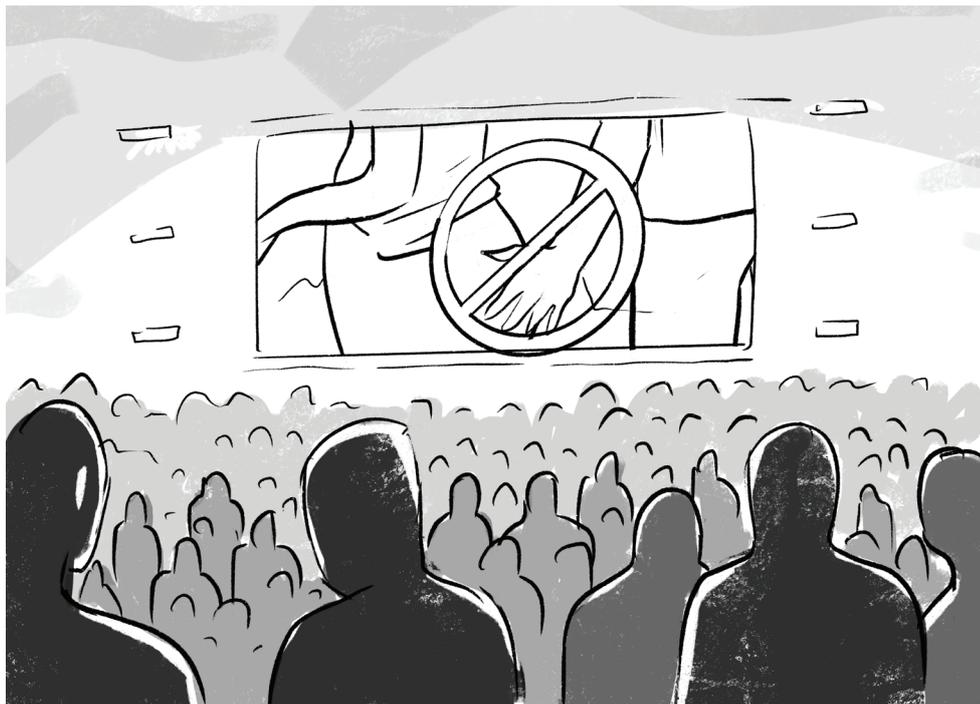
Exercise

1. What are viewing centres?
2. What are social media?

What Are Viewing Centres?

The concept of global village is demonstrated through the viewing centres that are sprouting up in many African countries, including Nigeria. Viewing centres are places of social gathering, where people from different backgrounds come to view sports and movies. Along with watching the main attractions, participants consume alcohol and drugs and even engage in sexual pursuits. Football is among the biggest pull factors to viewing centres because of the quality and stature of players involved in some international leagues, such as the English Premier League, the Spanish La Liga, the Italian Serie A, the German Bundesliga, the French Ligue 1, the UEFA Champions League, the FIFA World Cup, and the Olympics. The motivation is for people, adolescents, young people and adults alike, to watch their international superstars as well as their local heroes who will be competing in these international competitions.

Another factor in the popularity of viewing centres is the high cost of private cable television. Patrons of the centre only pay small fees or are expected to purchase beverages from the proprietors. Young and old people, both men and women, frequent these places, meaning that the issue of gender relations constantly arises. This chapter addresses what happens in these spaces and how it contributes to the entrenchment of negative masculinities, thereby creating an environment that can easily become a hotspot for new HIV infections.



Masculinity and Viewing Centres in an HIV Context

Researchers have found that sports that emphasize beauty and grace such as gymnastics, dance, and skating are often regarded as “feminine,” while sports that include elements of violence, aggression, and physical contact such as football, boxing, and combat sports are considered “masculine.” The more popular viewing centres are those that show the so-called masculine sports. The elements of aggression, violence, and physical contact attract men who are also raised to value such elements in their own lives. It is not surprising that some of the people who frequent these spaces end up engaging in violent behaviour to make a point. Adolescents and young adults who frequent these spaces are more prone to adopting these traits of negative masculinities, as they see them on display from the players and fellow patrons.

Some of the men who frequent viewing centres use drugs and consume alcohol, making them prone to risky sexual behaviours. Drug abuse and alcohol consumption are often looked upon as “activities for men,” and many youth have experimented with these in the centres. As new and inexperienced users, they are at an even greater risk of making fundamental errors of judgment once they are under the influence of these substances.

Men will refer to any male footballer not performing well during a match as a “woman.” This is a masculine predominant stereotyping of females. A player who avoids tackles, contributes to his team’s defeat, or easily surrenders possession to opponents is looked upon as feminine. Femininity is thus couched in the language of fear, defeat, and weakness. Such language entrenches negative masculinities by suggesting that men are men if they are “rough and tough.”

While viewing centres are hotbeds of negative masculinities, they also present opportune moments for engaging men about both negative and positive masculinities. Indeed, viewing centres are appropriate places for disseminating information around prevention and treatment of HIV and AIDS. Partnerships with proprietors of these viewing centres can create a platform for engaging with men on the dangers of negative masculinities and the need to adopt more positive masculinities in the response to HIV and AIDS.

Femininity and Viewing Centres in an HIV Context

Viewing centres are largely dominated by men, teeming with adolescent boys and young and older men, with only a few women participating. However, viewing centres for movies, music concerts and other, more “feminine”-inclined events tend to see a greater presence of adolescent girls and young women. These are mostly in the company of adolescent boys, young men, and in some instances older men. In short, our communities seem to acknowledge viewing centres as masculine spaces.

Qualities associated with femininity, such as an elegant, quiet, or gentle nature, are alien to what is expressed at viewing centres by most men (i.e., aggres-

sion, argumentation, confrontation, and competitiveness). Women are at risk of being molested in viewing centres. Women, whether alone or accompanied by men, are often complimented in sexist ways – with the focus on their body shape, face, or skin. Women are not viewed as supporters and interested parties, but as sexual objects for the gratification of men. Most men, knowing the sexist comments that are so acceptable in these spaces, would not dare to bring their wives, sisters, and daughters to viewing centres.

Girls or women who go to viewing centres may be sexually assaulted because they are seen as “strangers” or “loose” women. There is a tendency to label women who come to viewing centres as prostitutes or immoral since they are seen as trespassing into male territories. While there have been no explicit incidences in Nigeria, in Cologne, Germany, during 2015/2016 New Year celebrations, 24 women were raped in an environment similar to that of viewing centres. Where so many people gather, especially for nighttime events, the risk of sexual assault is accentuated for young women, especially those who also take drugs and drink alcohol.

Based on the above, then, it seems apparent that viewing centres are “no-go areas” for females, or alternatively, they are areas where women go “at their own risk.” Negative masculinities dominate these spaces, and until this is changed, women will continue to be victimized in these spaces. Especially for nighttime events, viewing centres create platforms for high-risk sexual behaviours, increasing patrons’ risk of contracting HIV. However, these spaces hold the potential to be transformed by infusing positive masculinities and making them safe spaces for both men and women.

Usefulness of Viewing Centres in an HIV Context

How can viewing centres be transformed into spaces for inculcating positive masculinities in adolescent boys and young men? The following suggested strategies largely rely on establishing a partnership between advocates and champions of positive masculinities and proprietors of viewing centres. It will not be easy to get the attention of the patrons; hence, there is need for patience and perseverance:

- Facilitators can give brief talks before the commencement of matches or during half-time if the opportunity arises.
- Viewing centres can educate viewers on HIV through distributing pamphlets, flyers, hand bands, stickers, tee-shirts, and other materials on HIV prevention, testing, and treatment.
- Viewing centres can provide of HIV testing services and encourage those who are bold enough (masculine) to get tested.

Masculinity, Femininity and Social Media in an HIV Context

The social media are forms of electronic communication or interactive computer-mediated or web-based technologies that allow people to create and share information, ideas, and personal messages through various online social networks. Users generate contents through text posts or comments, digital photos or videos, and online interactions. Social media platforms operate through dialogue, unlike traditional media which operated more as a monologue transmission. Social media differ from paper-based media (newspapers and magazines) and traditional electronic media (TV and radio) in many ways, including in their quality, reach, frequency, interaction, usability, immediacy, and performance. Evidence shows that social media interactions encourage people to represent themselves using traditional gender constructs, helping to maintain gender stereotypes.

Popular Social Media Platforms

There are many social media platforms including Facebook (and its associated Messenger), Instagram, WhatsApp, Google+, Myspace, LinkedIn, Pinterest, Snapchat, Twitter, Tumblr, Viber, WeChat, 2go, Telegram Messenger, TubeMate, and many others. These platforms have reduced the world to a village, with information sharing happening in real time across continents. But they have also created complexities for parents, who lag behind their adolescent children and other young people. Through these platforms people can:

- share photos and videos, which creates pressure on teens and young adults to present themselves as very masculine or feminine in order to be considered attractive;
- engage in video calls, chats, and voice over internet calls, allowing exchange of information in real time with people from all over the world;
- share and receive news and promote private and public business;
- share personal timelines with friends and family, so that friends can know exactly what is happening in one's life in real time.

Social media have become the biggest social movers of our time. They are both dreaded and loved in politics, business, religion, and other spheres. Politicians have been able to extend the reach of their messages through adopting social media platforms, but they have also been exposed, as their lies are posted for all to see in real time and without being censored. Religious communities have been able to advertise their services and reach out to millions through social media, but the same social media have become a platform for exposing dubious religious communities. Also worrying is that social media have become a platform for sanitizing negative masculinities and femininities among adolescents and young adults. But, at the same time, we can use these platforms to advocate and promote positive masculinities and femininities among the same groups.

Masculinity and Social Media in an HIV Context

Some argue that many men seek to validate their masculinity and be validated in the public world rather than the private world of family and relationships, and that we need to see power as something that circulates via the social web. Males prefer to portray themselves as strong, independent, and powerful. They are more likely to post pictures of objects that depict their masculinity (like cars, lions, or beautiful women they have conquered) than of themselves. They rarely change their profile pictures, using their pages more for entertainment and pragmatic purposes.

Three dimensions of masculine norms that shape men's engagement in HIV-related sexual behaviours are (1) the uncontrollable male sex drive, (2) the capacity to perform sexually, and (3) power over others. Portrayals of dominant masculinities on social media often include men proving their masculinity by having many sexual partners or discussing sexual conquests in men-only groups. Men are often quick to display their sexual behaviours on social networking services (SNSs), disclosing their sexual activity publicly. Even if these are usually fabrications, they can pressure other men into thinking that they are lagging.

Research has shown a strong relationship between masculinity and risky sexual behaviours, such as refusing to use condoms or using them inconsistently and having multiple and concurrent sex partners, which are dominant themes in male-only groups. These risky behaviours are often posted as images and videos by men on their SNSs, which attract many likes and followers – mainly adolescents and young adults. Some men post images or messages depicting sexual acts or women as weak or tools to be manipulated. This can also promote participation in risky sexual behaviours. We even see the feminization of HIV and AIDS on SNSs, with some men suggesting that they will not let fear of contracting HIV stop them from chasing beautiful women.

Femininity and Social Media in an HIV Context

Women and girls generally show more emotion online, posting more images that include themselves, friends, and things they have emotional ties to. They also more frequently change their profile pictures, which psychologists state can lead to self-objectification. We see the portrayal of negative femininities on SNSs through images objectifying women or referring to women in a demeaning or hateful manner (e.g., hostility or violence towards women), the depiction of sexual acts (e.g., fondling; vaginal, anal, or oral sex), or statements like “a woman's power lies in her looks,” which are also shared by women on social media platforms.

The exhibition of femininity on SNSs focuses on physical attractiveness and the male gaze. Most young women feel pressure to use photos that portray them as things of beauty, because society has taught them that a beautiful face is the epitome of femininity and that men are only interested in beautiful

women. Young women also post photos of their buttocks and breasts, elements that define femininity as well but that also attract sexist attitudes and behaviours from men. This exhibition of femininity encourages male interest and interactions that can trigger sexual arousal among young people. Such interaction may lead to physical contact and engaging in risky sexual behaviours that can lead to new HIV infections.

The social media have thus become hotbeds of negative masculinities and femininities among teens and young adults. They are platforms for further socialization into these negative gender stereotypes. Among the major problems of social media platforms, and especially prevalent among teens and young adults, are the following challenges:

- “Sexting” (a portmanteau of the words sex + text) is the act of sending someone explicit photographs or messages, usually via mobile phone but also via other digital devices. People can sext with or without the intention of having a personal sexual encounter.
- “Cyber bullying” is a type of bullying that takes place via electronic technology and commonly uses social media to identify and persecute the target. Electronic technology includes devices and equipment such as mobile phones, tablets, computers, and digital communication tools, including social media websites, text messages, other direct messaging systems, and websites. Cyber bullying can include sharing video and image.
- Social media platforms can be used as the platform for denial of HIV and for sexual risky behaviours that make young people want to experiment with unprotected sex.
- These platforms can also be used to shame and humiliate men and boys who choose positive ways of being men.

Usefulness of Social Media Platforms in HIV Context

Despite the above, these platforms can also be used to advocate and champion positive masculinities and femininities. In our quest to promote positive masculinities and femininities, how can we put these social media platforms to good use? Below are some of the ways in which social media platforms can become platforms for positive transformation of our gender ideas.

- Social media platforms can serve multiple purposes including disseminating and facilitating HIV awareness around prevention, testing and treatment; sharing experiences; and providing social support, since social media users are diverse in geographic location and race/ethnicity.
- SNSs, whether offline or online, have the capacity to transfer social influence when people in the network share information about attitudes or behaviours. Positive masculinities and femininities must be propagated through the same platforms that negative ones are.

- Messages, pictures, and videos of catchy stories or personal stories can be posted and shared on SNSs to targeted individuals or through created groups.
- Online support groups can be created for HIV counseling on prevention, testing, and treatment leading to “collective intelligence,” as well as support groups for men that have chosen to adopt positive masculinities.

Questions for Reflection

1. Why are viewing centres unsafe spaces for women and girls?
2. How do viewing centres become “spaces of concern” in the context of HIV and AIDS?
3. How are masculinity and femininity portrayed in most sports that attract people to viewing centres?
4. What opportunities do viewing centres or social media provide to propagate positive masculinities?
5. How have the social media contributed to the socialization of boys and girls in our communities ?

CHAPTER 9

Role of Chaplaincies in the Accompaniment of Teens and Young Adults in the HIV Context

Introduction

Even the strongest person (emotionally, spiritually, intellectually, etc.) will have moments when they require someone else to support them. Life will bring up moments that challenge a person's capacity to cope. These challenges are even more pronounced in the lives of teens and young adults, as they are still developing in life. The role of the chaplain serves to provide some of the needed support. Chaplains can accompany young people in life, enabling them to meet challenges and cope in the face of challenges like HIV and others.

Objectives

This chapter seeks to:

- describe the role of the chaplain in the lives of adolescents and people in the context of HIV;
- discuss the importance of counselling and accompaniment;
- provide key attributes of effective counselling and accompaniment.

Exercise

1. Do you have a chaplaincy in your school/university?
2. Have you visited it?
3. What experience can you share from this visit?
4. If you haven't visited it, why not?

Chaplaincy

What is chaplaincy?

Chaplaincy is a place of encounter, debate, and exchange on faith and all matters of life in the light of scriptures and doctrines. Chaplaincies are meant to be at the crossroads of the church or mosque and the family and society.

Some objectives of chaplaincy

Chaplaincy aims to be:

- **A safe place**
A safe place is a visiting and listening place, a place of wide and free welcome, a place of tolerance. People are welcomed and accepted as they are and can express themselves in complete freedom. They can assert themselves personally, with respect of the other, to be listened to, understood, and loved, and through that to live a Christian experience.
- **A place of construction**
Chaplaincy is a place to act, build projects, take part in solidarity actions, take responsibility, and learn to live together.
- **A meeting place**
Chaplaincy is a meeting place to reflect, confront ideas, and make choices. It is by walking with others that we can develop critical thinking in order to forge discernment in a world where multiple proposals can be disorienting.
- **A place of discovery**
Chaplaincy is a place that allows or helps us to discover and experience the dimensions of life through strong moments, solidarity actions, and inter-group meetings.
- **A place for listening**
Chaplaincy is a place where people can be heard without fear of reproach or condemnation, but also a place to help them feel good in their life.
- **A place of celebration**
Chaplaincy is a place of celebration, where it is possible to propose and celebrate events

Core values

The principal values of chaplaincy are:

- respect for the dignity of people and the rights of all members;
- respect for social, religious, and cultural differences;
- recognition that each member has the potential to live as a man or a woman;
- accompaniment of all members.

Fields of intervention

The principal fields of intervention are:

- spiritual support;
- emotional support;

- support related to medical concerns;
- support for mental health;
- concrete help;
- search for accommodation;
- insertion and family mediation;
- mentoring exercise.

Definition of chaplain

A chaplain is a priest, pastor, imam, nun/monk, or “lay person” sent by the church or the mosque alongside a class of people or socio-professional groups to help them overcome their problems. They are people who share the pain and joy and the projects and decisions of the members. They accompany them on the path of faith and in their choices of life, listening to them, enlightening them, and teaching them.

Role of chaplains

The role of chaplains is to:

- respond to the spiritual, religious and even material needs of people and their families in situations of distress;
- support morally and materially;
- inform and advise their counsellee, and at times their families;
- create and develop a relationship of trust and help with counsellees;
- listen to their counsellee;
- read the word of the Bible/Quran with their counsellee;
- constantly ensure a presence of support.

Profile of chaplain

In situations of HIV infection, the chaplain must:

- possess the necessary skills for pastoral support;
- understand the moods of counsellees and their loved ones;
- advise people tested positive or negative and help them in their situation;
- advise people living with HIV and those who care for them;
- advise mourners;
- show interest and respect for the person living with HIV;
- ensure a pastoral presence in care facilities, local services, and public health authorities.



- take into account physical, psychic, and social discomfort without forgetting the realities experienced by health professionals;
- propose meetings, accompaniments, prayers, and celebrations.

To provide all of this, the chaplain must be wise in their advice and master of their emotions. They must be able to show independence. For example, the chaplain is bound by professional confidence: they should know what information to communicate to others in case of need. In their spiritual mission, they should contribute effectively to identifying people going through difficult times and provide support to people experiencing psychological suffering. Trust is the key word governing the relationship between chaplain and consultee. They are a catalyst for authentic relationships between human beings in difficult environments. Chaplains carry hope. Their action has no limits.

As such, chaplaincy remains a place of struggle for health, where suffering and healing are intense. Chaplaincy activities can only be carried out through pastoral care. This accompaniment places the chaplaincy service in its place as a partner in a human service, respecting people's conscience, values, spiritual needs, and search for meaning. The chaplaincy service is thus inserted into a whole range of possible relationships with the caregivers and the families or relatives of the affected person.

Situation for Reflection

Mohamed is a 15-year-old boy. He has just learned that he has been infected with HIV since birth. His father, a PLHIV who is very committed in the struggle against HIV infection, has always refused to let his son disclose or have his status disclosed. He has just decided to talk to Mohamed because the second-line treatment seems ineffective. On the announcement of the diagnosis, Mohamed violently reproaches his father for having hidden his illness: "You realize, all those years when I was taking my treatment badly, if you had told me that it was HIV, I would have been careful. Now, it's too late."

Question

1. How would you accompany Mohamed and his father in this situation?

Spiritual Counselling and Accompaniment

Exercise

The parents of 11-year-old Gerald refuse to announce the results of the HIV test to their son. Despite all efforts to convince them otherwise, his parents are uncompromising, stating: "Gerald is too talkative; he will tell everyone." One day, his parents arrive at the health centre very concerned. Gerald's class teacher just called them because Gerald approached her with his antiretroviral ARV tablets to ask if they were HIV medication. She told him yes they were, then asked him where he had found the tablets. When Gerald told her that they were his treatment, she finally understood. She phoned his parents to tell them they should have shared the information with her. Angry, she also informed the director, who then called the parents. Gerald, for his part, said: "Because no one here knew, and the teacher knows about HIV, I thought she could tell me if I was on ARVs."

Question

1. What steps could have been taken to address Gerald's situation earlier?

Counselling and accompaniment

Counselling is an age-old activity, and no society can exist without it. Counselling involves:

- providing information and suggestions for somebody to make a decision;
- interpersonal discussion;
- confidential discourse;
- an orientation toward decision-making
- a process of guiding.

Types of Counselling

Counselling can be informal or formal/professional.

Informal counselling

Informal counselling can be done anywhere: at a hospital, restaurant, bus stop, home, etc. It is done as and when resources and time allow. when the parties have trust and confidence. For example, someone may visit a friend who has a problem. In these cases, one just plunges into counselling without preparation.

Professional or formal counselling

Formal or professional counselling is for the specialist or expert whose job it is to counsel others. A specialist is expected to have a solid background in one or more of the following disciplines: sociology, anthropology, medicine, psychoanalysis, and psychology. For example, a social worker is usually counselling oriented.

Situations that call for counselling include when someone has experienced:

- insults or bullying;
- loss or change of job or early retirement;
- issues around family and children, including divorce;
- bereavement, widowhood/orphans;
- pregnancy, infertility, and menopause;
- violence, including rape and gender-based violence, or other threats of violence;
- sexual harassment;
- PTSD or other situations of trauma;
- drug use or juvenile delinquency;
- ex-communication;
- youth and the church.

Conditions for counselling include the following:

- The counsellor and counsellee have a psychological connection.
- The counsellee is (or may be) in a state of emergency and instability.
- The counsellor is integrated into the relationship.
- The counsellor has an unconditional positive regard for the counsellee.
- The counsellor communicates to the counsellee an empathetic understanding and unconditional positive regard, at least to a minimum degree.

Counselling is geared toward attaining the following goals:

- appropriate decision making by counsellee;
- the welfare of the counsellee;
- positive behavioural change;
- awareness and self-control;
- the ability to solve problems;
- self-realization;
- ability to identify strengths and weaknesses;
- bringing of relief.

Ethical Principles of Counselling

In counselling practices, counsellors must ensure that:

- there is mutual trust: confidentiality is the cornerstone of the process;
- they respect the freedom of the counsellee: if the person does not want to open up, no force should be applied (Note that the counsellor does not give moral lessons; this is particularly important when counselling adolescents and young adults);
- they avoid power relations: counsellors never take domineering attitude toward the counsellee;
- they know their limits: they cannot know all the problems of the counsellee;
- they always observe the virtue of counsellor-client confidentiality;
- they exercise discretion for the safety and benefit of the counsellee.

Qualities of a Counsellor

A counsellor is expected to:

- be a good listener;
- be patient;
- exhibit impeccable behaviour and high moral standard;
- show empathy;
- be balanced;
- be well-informed and open;
- demonstrate transparency in all their dealings;
- exercise self-control;
- be humble;



- exude love;
- not be judgmental;
- avoid criticizing the client;
- lead the client to take initiative in their dealings;
- provide a permanent, regular relationship in order to better understand the counsellee's situation;
- be compassionate;
- be natural.

Successful counselling demonstrates the interplay of affective, cognitive, and empathetic qualities that the counsellor taps into. The affection relates to the heart, the cognitive to the intellectual engagement, and empathy moves the counsellor to identify with the counsellee, sharing in their unfortunate state. Empathy involves intellectual empathy, sympathy, genuineness, humility, simplicity, and respect.

Beginning of counselling

A person comes with doubt, wondering whether they will be helped, and how they will be received. Indeed, the client/counsellee has to be helped to overcome their problems. If this meeting fails, then everything is destroyed. This meeting should succeed, no matter the state of the client/counsellee.

In trying to get to know the client, the counsellor should gather basic information:

- name, address, and contact information (including emergency);
- age;
- marital status;
- sex;
- ethnic group/nationality/language;
- name of father/mother;
- occupation;
- educational background;
- work experience; religion;
- leisure activities and other.

When they have this information, counsellors need to:

- define their priorities;
- define their plan of action;
- plan a mid-term evaluation.

End of counselling

When definition of priorities and plan of action are successful, then a determined effort should be made to help the client/counselee to continue with their life by:

- ensuring that the client has a plan for their future;
- ensuring that all their needs are identified;
- being prepared to accompany the client.

Counselling and Accompaniment: Takeaways

With regard to attitudes and conduct, the counsellor should:

- listen carefully to the patient/counselee;
- identify their fears and reasons for concern;
- address their questions about their sexuality;
- talk with them about their agreement and the need to inform their partners in order to involve them in caring;
- help them identify the resource persons and types of support they used previously to adapt to and overcome difficult situations;
- identify with them the people they could entrust with their “secret” and how they should tell them.



The circle of family and friends can represent as much of an asset as a handicap to the good care of a counsellee living with HIV. It is, therefore, desirable that they benefit from the accompaniment process so that they can participate positively in the psycho-social care of the patient/counsellee. Taking into account, on the one hand, the relationship between the counsellee and those around them and, on the other hand, social realities and reactions, the counselor should particularly:

- make counsellees responsible for their relationships with their family or friends;
- support or create a support network within the community;
- use clear and simple language to respond to patients' questions to their friends;
- put their team and relationships to work to reduce the risk of rejection;
- not neglect taking charge of the positive cultural values of tradition and religions in the interest of all.

Chaplaincy is a valuable resource for accompanying adolescents and young adults to negotiate the challenges of life.

Questions for Reflection

1. What are the major counselling challenges that adolescents and young adults in your context face??
2. What are the major barriers to effective counselling that adolescents and young adults struggle against in your community?
3. Identify the key qualities that a counsellor working with adolescents and young adults needs to have?
4. What will be your position?

CHAPTER 10

Positive Masculinities and Femininities for Young People in and Out of School

Introduction

In earlier chapters, we observed that gender refers to the socially constructed roles, behaviours, and attitudes that society expects of men and women. Two main genders are commonly acknowledged in most African societies, that is, masculinity and femininity. Children born male are expected to act and behave in a masculine way, while children born female are expected to act and behave in a feminine way.

The spread of HIV on the African continent has been blamed on a number of factors, one of which being the type of masculinity that is widespread on the continent. We call this dominant masculinity “toxic” or negative masculinity. Negative masculinity is also known as hegemonic masculinity. In previous chapters, we have seen how these negative masculinities pervade our families, faith communities, and society at large. Our adolescent boys and young men are already exhibiting traits of negative masculinities, seen, for example, in how they perceive chores in the household and places of worship, or in how they view adolescent girls and young women as targets to be conquered.

As HIV continues to cause problems across the continent, it is clear that families, faith communities, and service providers must find new areas to invest in and contribute to the HIV response. The scourge of negative masculinities encourages men to adopt negative health-seeking behaviours and perpetuates inequalities between men and women, resulting in women having no right to protect themselves or negotiate for safer sex. Research on how to improve HIV responses across the continent has suggested promoting positive masculinities and femininities. A program to change how men and boys express their manliness is one area that could bring about sustainable positive change to our communities. This chapter, therefore, tackles the question of positive masculinities and femininities.

Objectives

This chapter seeks to:

- recap the meaning and essence of masculinity and femininity;
- define and characterize positive masculinity;
- define and characterize positive femininity;
- highlight strategies for advocating for and promoting positive masculinity and femininity.

Exercise

1. List the behaviours and attitudes of men that may be contributing to the spread of HIV in your community.
2. List the roles, attitudes, and behaviours of women that may be contributing to the spread of HIV in your community.

What Is Masculinity?

Masculinity refers to the ways that boys and men express their manliness. It expresses the ideas that are held by societies around what it means to be a man in that society: “Masculinity consists of those behaviours, languages and practices, existing in specific cultural and organizational locations, which are commonly associated with males and thus culturally defined as not feminine.”²⁹ Not all boys/men behave in the same way, but in every society, there is a dominant way in which males are expected to behave. This dominant way of being a man is called “negative masculinity.” Other boys/men may express their manliness differently, and we call this “positive masculinity.”

Society presents the dominant ways of being men as normal, natural, God-given and, unchangeable. However, as we noted earlier, masculinities are not God-given but rather society-given. Men who conform to these standards are rewarded and honoured by society. For example, in most African cultures, a “real man” is one who is married, has children, has enough material possessions to feed his family, earns more than his wife, and controls his wife and children. Or it can denote a younger man who is married, has children and more material resources than an older man who is not married, does not have children, and is poor.

Dominant and harmful masculinities tend to:

- promote exclusive male headship and dictatorship in personal relationships, in the family, and the community;
- induce negative health-seeking behaviour among boys and men;
- increase men’s vulnerability to stress and other health complications;
- influence sexual and gender-based violence by men.

This means that dominant ways of being a man have caused women to suffer from physical, emotional, psychological, and economic violence. Children have also suffered and grown up with scars because of what they have experienced and observed. Men themselves have suffered from emotional and psychological trauma as they have been trained to hide their vulnerabilities and have avoided seeking help. In the context of HIV and AIDS, negative masculinities are unsustainable and a liability in society.

29. Flourish Itula-Abumere, “Understanding Men and Masculinity in Modern Society,” *Open Journal of Social Science Research* 1:2 (2013), 42.

Some Characteristics of Hegemonic, Toxic, or Negative Masculinity

- Men must be the main providers for their families.
- Men must be able to carry out physically demanding chores or to make other men do the chores for him.
- Men must be the leader of the household and make all of the main decisions themselves.
- Men must be competitive and brave.
- Men must be assertive and demanding of others.
- Men must be capable of making women pregnant, and must father many children.
- Men must have many sexual partners.
- Men must be violent and aggressive to be respected.
- Men must not be accountable to women and children.

What Is Femininity?

Femininity refers to the ways in which girls and women express their being girls or women. It refers to a set of characteristics, roles, behaviours, and attitudes that define or identify one as a woman. Femininity is prescribed for women by most societies, meaning that while children are born females, society will train them to become “ideal women.” Since most societies are patriarchal,³⁰ the “ideal” woman is one who does not challenge the patriarchal structure of society and even perpetuates inequality, which gives power to men over women and children.

Like masculinity, femininity is not acquired at or before birth. Society inculcates it from an early age. Due to this entrenched socialization of children, most females will and do conform to this dominant way of being a woman, allowing society to present it as “normal,” “natural,” “God-given,” and “unchangeable” – even though it is learned and not acquired before birth.

These dominant femininities have contributed immensely to the spread of HIV in our communities, because the ideal women cannot negotiate for safer

30. *Patriarchy* refers to a system of organizing society, where men and boys receive unearned privileges and power over women and children. Patriarchal societies are societies in which men generally dominate women and children. However, patriarchy works alongside other issues such as race, wealth, and religion. Some men will dominate not only women and children but also other men, for example, rich men will dominate poor men as well as women and children, and in societies with racial differences, men from the preferred race or ethnicity will dominate men of other races or ethnicities as well as women.

Some Characteristics of Dominant Femininity

- Women are caregivers of their families.
- Women are responsible for most domestic chores, which are non-paying.
- Women are submissive and unassuming.
- Women are passive in relation to men.
- Women endure and persevere.
- Women are quick to forgive their partners.
- Women are weak and vulnerable.
- Women are gentle and soft.
- Women help their fathers and husbands.

Traits of Dominant Masculinities	Traits of Dominant Femininities
Showing rulership, giving commands	Behaving as a servant, obeying commands
Providing for the family financially	Caring for the family practically and emotionally
Having a job with higher social status and greater earnings than the wife	Having a job with lower social status and lower earnings than the husband or ideally being a housewife
Being tough	Being sensitive
Getting what he wants	Providing what he wants
Hiding emotions associated with vulnerability (sadness, fear, anxiety)	Showing emotions associated with vulnerability (sadness, fear, anxiety)
Being sexually interested in and active with women	Being sexually available to the husband at all times for his convenience
Being virile	Being fertile
Not being sexually attracted to men	Not being sexually attracted to women
Being a perpetrator but not a victim of violence	Being a victim but not a perpetrator of violence

sex with their partners or husbands. They are trained to tolerate their husbands to the point of surrendering their lives for their husbands' enjoyment. Society also shames women who challenge this status assigned to them, and honours those who obediently and religiously uphold their assigned status.

The accompanying table shows traits of dominant masculinities and femininities prevalent across African communities:

A society that is dominated by negative masculinities and femininities is a society that is not properly positioned to respond to HIV and AIDS or other developmental challenges that our communities face. Research suggests that we must change the ways of being men and women in our society so that we can successfully respond to the challenges of HIV and AIDS. One way of doing this is by promoting positive masculinities in our communities.

What Is Positive Masculinity (Femininity)?

Positive masculinity is the opposite of the rigid clichés of manhood like being stoic, emotionally withdrawn, and dismissive of others. Positive femininity is the opposite of the dominant way of being a woman, where in most communities, females are judged and evaluated on the basis of facial beauty and body structure rather than brains or competence. Because of their socialization, adolescent girls and young women tend to perceive themselves in these socially couched sexist terms. What this handbook seeks to achieve is to reframe the gender ideologies of our communities to a state where men and women are appreciated as full human beings, not some sexual objects. Men and boys express their masculinity in a positive way through care, love, and respect. This enhances their relationships with women and girls. Also, it helps deliver improved sexual health and rights for everyone. Men must fulfil their role as partners who seek to understand the feelings of women and girls.

Positive masculinity refers to what it means to be a boy/man in ways that are more positive and equal. There is a conviction in faith communities, both Christianity and Islam, that through the resources in sacred texts, the Bible and Quran, it is possible for boys and men to express their manliness in ways that are not harmful to girls and women or to boys and men themselves. Men and boys who exhibit positive masculinity believe and accept that they are different from but equal to girls and women, and such men respect women. In the past (and currently in some communities), boys and men who respected women were considered weak. But from now on we want to say that boys and men who respect women are strong: they are the new "real men."

In order to develop this new way of being men, we must challenge some of the gender norms and sexual norms that have made negative masculinities appear natural in our communities. Gender and sexual norms are the "rules" that are given to boys, men, girls, and women about how each person must behave and act, including how they must express themselves in sexual relationships. Children must now be taught from an early age the values of posi-

Some Characteristics of Positive Masculinity

- Men believe in the equality and equity of all people
- Men are faithful in relationships
- Men have zero tolerance of violence
- Men are accountable for their actions
- Men provide for their families with love
- Men support their partners to be the best they can be in the society (academically, career-wise, politically, in business, as mothers and partners)
- Men consult with their partners and spouses
- Men are involved in the caring for family members
- Men treat their partners (wives or girlfriends) with respect
- Men look at women as mothers and sisters
- Men express their emotions and vulnerabilities
- Men accept criticism from their spouses
- Men lead by example

tive masculinities through, for example, seeing their fathers and brothers share chores with their sisters and mothers, through receiving nonviolent toys from their parents, and through listening to sermons on positive masculinities in the places of worship.

In order for positive ways of being men to emerge sustainably, they must be supported by positive ways of being women. In many communities, young boys and men do want to adopt more positive and liberating (alternative) ways of expressing their manliness. However, they often face resistance from young girls and women, who have been trained to admire negative masculinities. Therefore, the movement toward positive ways of being boys or men can only take place in tandem with positive femininities. This is because girls and women play an important role in the socialisation of boys and men and in encouraging the expressions of manliness by boys and men. Girls and women can contribute to positive ways of being men by learning to admire and promote positive attitudes in men and not admiring harmful attitudes in men.

Positive Masculinities and Femininities

Men who exhibit positive masculinity traits are independent; ambitious; self-sufficient; organized; assertive; enterprising; and resolute. They put in all efforts to protect themselves and their family from danger. They perform acts of compassion and kindness; use diplomacy to resolve issues rather than fighting; and receive and reciprocate expressed love.

Example of positive masculinity: Abeo, a 15-year-old boy, after learning about gender and equality, went home and offered to share household chores with his sister.

When communicating with adolescents and young people, we must use inclusive language to encourage positive masculinity. For example, we can encourage them to “communicate”; assure them that “crying does not make you weak”; suggest that they “brave up” (instead of “man up”); and encourage them to “be responsible” and “be confident in who you are.” Boys and young men must not be afraid of vulnerability. It makes them fully human.

Some strengths of masculinity are identified in traditional male strengths. These include self-reliance, courage, and peacemaking. Men can be caring fathers, nonviolent negotiators, supportive spouses, and strong leaders. They have the strength to carry out tasks on behalf of others and to protect the “other.”

It would not be complete or effective to pay attention to only positive masculinity without addressing positive femininity. Women who exhibit positive femininity are not described in terms of their appearance, or using such words as sensitive, passive, weak, submissive, and helpless. Women should not be considered only as homemakers and wives. Girls and women should accept and appreciate who they are without living according to stereotypical roles.

Instead, women can enjoy what have been stereotyped as masculine traits: they can be independent individualists. They can be self-reliant and defend their beliefs. But they also have traditional feminine traits: loyalty, understanding, sensitivity to other’s needs, and compassion. They can be affectionate, thoughtful, warm, tolerant, selfless, sincere, and kind. Within a positive femininity, women can effectively juggle numerous roles at the same time, yet express the courage to be vulnerable.

We must recognize that feminine traits are simply part of human traits. All people have them, regardless of their gender. Some traits that are tagged “feminine” can also be found in men, for example, being verbal and communicative, emotional or effusive, nurturing and appreciative of beautiful or aesthetically pleasing things.

The following table shows situations in different contexts in the lives of men and women in our communities.

Sphere of Action	Dominated by negative ways of being men	Dominated by positive ways of being men
Home	<ul style="list-style-type: none"> • The man expects his wife to do the cooking, cleaning, and child care. • He makes the important decisions about family life. 	<ul style="list-style-type: none"> • The man shares household and child care responsibilities with his wife. • He takes important decisions about family life jointly with his wife. He partners with his wife in raising his children to respect and value everyone, regardless of gender identity.
School	<ul style="list-style-type: none"> • The boy child bosses and intimidates his girl child counterpart. • Books and teachers reinforce the dominance of the boy 	<ul style="list-style-type: none"> • The boy child treats his girl child counterpart with respect and dignity • Books and teachers treat all children as equal
Work	<ul style="list-style-type: none"> • Men do most of the talking at team meetings, and leave the clean up after meetings to women • Men assume that women will “take care” of the office: e.g., remembering to celebrate people’s birthdays, keeping the office clean and looking nice. • Women earn less than equally qualified men and are sometimes overlooked for promotions 	<ul style="list-style-type: none"> • Men challenge and support each other to change their behaviour in order to promote greater gender equality at the workplace (e.g., sharing the tasks that are often left to women, ensuring equal participation in staff meetings) • Men happily work under a woman who is more qualified than them • Women are promoted on merit.
Religion	<ul style="list-style-type: none"> • Girls and women are regarded as inferior/ polluted and excluded from leadership positions. • Men are promoted as exclusive heads over women at home and in the faith community. 	<ul style="list-style-type: none"> • Girls and women are regarded as having inherent value and dignity and participate meaningfully in leadership. • Women are given equal status and opportunity to serve in the leadership of the faith community.
Street/ Community	<ul style="list-style-type: none"> • Men openly stare at women’s bodies and sexually harass women (through comments, touching, etc.). • When men see other men sexually harassing women, they let it happen and don’t do anything or actually join in the harassment or justify it. 	<ul style="list-style-type: none"> • Men treat women with dignity and respect. • If they witness sexual harassment, men do what they can to stop it and support the affected woman.

Strategies for Promoting Positive Masculinities and Femininities

The need for positive masculinities and femininities can never be overstated, and that need cannot wait a day longer because our communities continue to count the costs of negative masculinities. Resources are lost as we seek to provide medical assistance to victims of physical violence, and revenue is lost because people who are supposed to be productive are hospitalized and murdered. The question is: How can we begin to make the shift toward positive masculinities in our communities? Below are some of the strategies that could be adopted in promoting positive masculinities and femininities in our communities:

- Socialising boys and girls early on around the importance of the equality of girls/women and boys/men in all aspects of life (“It is easier to raise boys and girls than to repair men and women”). We can begin by rejecting stereotypical language (e.g., boys don’t cry). We can also move away from training boys and girls to take on different chores, instead training them to do all chores.
- Alerting boys and men to the harm to society when it is dominated by toxic ways of being men. Advocates can show the link between negative ways of being men and gender-based violence, including passion-murders in our society.
- Equipping both boys and girls with life skills very early in life (e.g., ability to accomplish household chores and make decisions, a sense of justice and human rights).



- Challenging oppressive gender stereotypes wherever they occur (in school textbooks, advertisements in the media, popular music, and other settings. For example in order to promote equality between boys and girls, the government can disapprove of books that promote harmful ways of being men from being used in schools).
- Creating institutions that teach and train children (family, school, media, religion, and others) about positive ways of being men and women and how to do away with harmful ways of being men.
- Organizing platforms for reflection, sharing, and discussion on positive ways of being men and women for adolescent boys and girls within clubs and societies.
- Presenting clear, consistent, and equitable messages about gender. This can be done by mainstreaming the topic of gender in school textbooks, producing flyers to distribute in communities, and training ministers of religion to mainstream gender equality in their sermons and teachings.
- Mainstreaming positive masculinity modules or interventions in policies and service packages.
- Strengthening models of gender equality in the learning environment that is being created. This can be done through adopting images of gender equality in textbooks and other media.

Questions for Reflection

1. Why are the dominant ways of being men considered harmful? Give examples of the harm they cause to society.
2. Why are other ways of being men considered positive? Give examples of how they benefit society.
3. What should girls and women do to promote positive ways of being men?
4. Who are the people that have been teaching you to be the young man/woman that you are?
5. Where have you been taught and trained to become the person that you are?
6. What are the methods used by these teaching agents and what methods have you used to learn from these agents?
7. Have the messages from different teachers been similar or different? How has that affected you?
8. What do you think can be done to encourage boys (men) to choose more positive ways of being boys (men) at (a) home, (b) school, (c), in the faith community, (d) the workplace, and (e) society in general?

Resources for Further Reading

- DSW & Youth 2 Youth Initiative. *Sexual and Reproductive Health Training Manual for Young People*. German Foundation for World Population, 2006.
- Girls not Brides. *STAND UP, SPEAK OUT! Youth Activism Training – To Help You End Child Marriage*. London: Girls Not Brides, 2018. www.girlsnotbrides.org.
- Promundo (et al.). *Program H: Working with Young Men*. Washington, DC, Institute Promundo, 2002.
- Strengthening High Impact Interventions for an AIDS-Free Generation (AIDS-Free) Project. *Islamic Khutbah Guide: Children and HIV*. Arlington, Va: AIDS-Free Project, 2017.
- UNESCO. *International Technical Guidance on Sexuality Education: An Evidence Informed Approach*. Revised Edition. Paris: UNESCO, 2018.

This manual helps us to equip ourselves with life skills that will help our communities become healthy and inclusive for all. – Rev. Dr Olav Fykse Tveit, WCC general secretary

Given the demographics of sub-Saharan Africa and the new high rates of HIV infections, teenage pregnancies, and cases of sexual violence, the World Council of Churches has intensified its focus on adolescents and young people. Its ecumenical initiative addressing HIV and AIDS (WCC-EHAIA) has developed methodologies for intergenerational safe-space conversation. The aim is to facilitate intensive listening and learning among adolescents, young people, pastors, chaplains, religious scholars, teachers, health workers, and parents in addressing the key drivers of the HIV epidemic. Those methodologies are featured in this handbook on positive masculinities and femininities to nurture life-affirming values and to develop life-giving skills on HIV prevention and reduction of sexual violence.

This is one of four manuals on HIV and AIDS produced by the World Council of Churches' Ecumenical HIV and AIDS Initiatives and Advocacy (WCC-EHAIA) with the support of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the American President's Emergency Plan for AIDS Relief (PEPFAR).



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