

Deconstructing Gender: What is wrong with Cameroonian men?

Introduction

The estimated number of adults (aged 15–49) living with HIV&AIDS in Cameroon is 520,000¹, in a population of 16 million people. The infection rate for females (aged 15 – 49) is 6.8%, in comparison to an infection rate of males (aged 15-49) at 4.1%. For every 100 sero-positive males, there are 170 sero-positive females, giving a ratio of 1:1.7. Many contributing factors place women and girls at greater risk of contracting HIV, but the responsibility for prevention should not lie solely with them.

With funding from the Canadian Government via the Canadian International Development Agency (CIDA), VSO Cameroon and the Youth Outreach Program (YOP) are implementing the “Changemakers Project” – a project aimed at developing innovative approaches to directly involve men in addressing the effects of gender inequalities on HIV&AIDS, with a view to ultimately reduce the risk of HIV infection (and other sexually transmitted infections) among men, women, and the community-at-large.



This report contains findings of focus group discussions conducted in five urban to semi-rural towns in the Northwest and Southwest provinces of Cameroon. These discussions were conducted to assess the knowledge and beliefs of young men on issues such as masculinity, male and female sexuality, HIV&AIDS, gender equity and violence against women. These discussions will provide a basis from which to develop trainings that are tailored and responsive to the current needs of beneficiaries.

Methodology

185 young men – between the ages of 18 and 30 – were reached between September and October 2006 through designed questionnaires, while over 200 took part in recorded focus group discussions, conducted in five divisional headquarters with geographic, economic, cultural and ethnic characteristics that illustrate the highly unequal development balance in the Northwest and Southwest Provinces. The communities included three semi-rural towns (Fundong, Kumbo, and Bangem) and two working-class urban towns – (Limbe and Bamenda).

¹ National AIDS Control Committee (NACC) statistics, at the end of 2004

The semi-rural towns were chosen because the inherent socio-cultural/traditional values and practices in these areas continue to shape the way young men view themselves and women, and how they react to these perceptions. The urban towns were selected to monitor how deeply rooted these cultural/traditional values and practices continue to influence young men despite exposure to other cultures and practices via mass media and social mobility.



To collect data for the baseline, two principal methodologies were used – questionnaires and recorded focus group discussions. Young men between 18-30 years were invited to voluntarily register with YOP focal persons to participate in the focus group discussions, irrespective of educational background, activity or ethnic origin. In some communities ethnic minorities such as *Mborros* were encouraged to participate through MBOSCUDA – *Mbororo* Cultural and Development Association. Getting young men to register out of their own volition ensured that there was no coercion or ulterior motives since it was made clear from the onset that there would be no financial remuneration for participating at the end of each working day food was provided

to all who took part in the activities.

At the beginning of every session, participants were invited to ask as many questions as possible and the methods to be used in collecting information explained. Participants who were not comfortable with filling out the questionnaires were separated and one-to-one interviews conducted with them. Participants were given 1 hour to fill the questionnaires.²

Focus group discussions consisted of at most 10 persons and each session ran for 45 minutes. Focus groups discussions were selected as an ideal technique to collect information because it can lead to important insights about topics and allow the facilitator to probe a group's thinking on matters both scripted and that arise spontaneously through conversation. This feature makes it a more flexible tool than quantitative surveys. Focus groups are also advantageous when compared with conducting one-on-one interviews because they allow participants to feed off of one another's ideas and spark thoughts that may not have been captured in isolation.

The major limitations to the methods use are the honesty of the participants and number of young men interviewed. While the views reflected can be said to be representative of that of young people in the Northwest and Southwest provinces, the number of young men who participated is limited. Discussing sex openly is still a difficult issue in Cameroonian communities, although it is worth noting that most of

² See Annex 1

the participants were able to engage in frank and open discussions mostly because it was an all-male population.

During the focus group sessions an environment was maintained that encouraged honesty over posturing, support over being defensive and a process for learning. To keep the conversation moving forward we adopted a few techniques:

- Assured that the identity and views of participants would be treated with confidentiality and respect
- Ensured that everybody was able to contribute (irrespective of educational background or inability to articulate their views in particular language). Everyone was encouraged to communicate in the language (English, *pidgin*, or French) they were most comfortable with.
- People felt very comfortable disagreeing but did not attack personalities when they did so.
- As facilitators, we shared our experiences and beliefs like others instead of posing as experts.

Finally, we conducted some loosely structured interviews in public places such as bars and with hotel staff from these communities, some civil society organizations, and with locals to better understand the context for interpreting information collected.



General findings

Concepts of “Masculinity”

Young men believe strongly in the idea that men are born to be leaders and these roles cannot be changed. Most participants held the view that a boy in the house – no matter how young, was the head of the family. Only in the absence of a male figure can a woman be considered the ‘temporal head.’



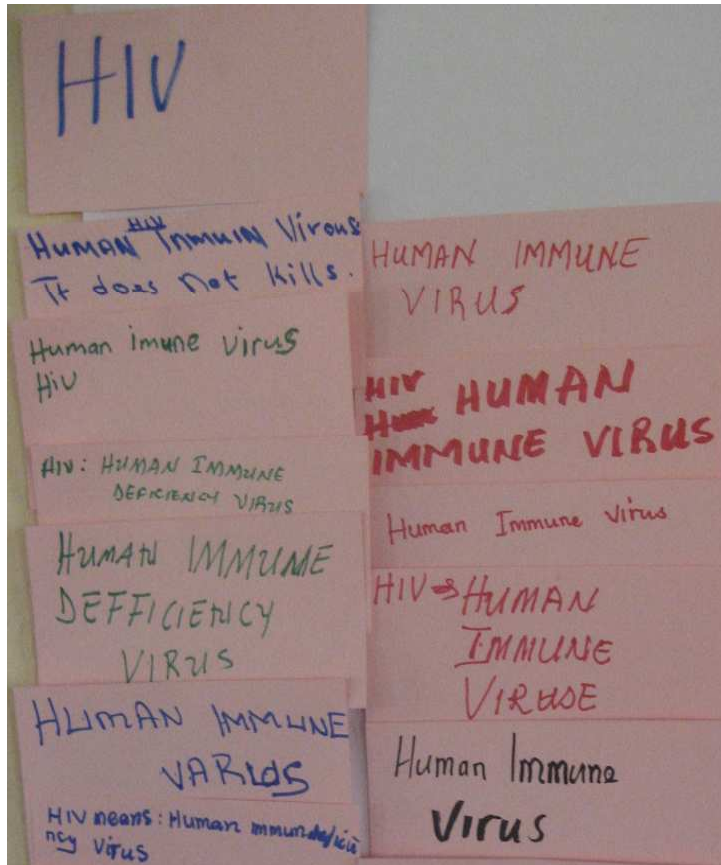
Most participants believe that men have a better deal in society than women because they hold leadership positions – Administrative (Divisional Officers, Governors etc), traditional (*fons*, *ardos* and *quarter-heads*), economic, and even religious. In addition to these leadership posts, ***“men have a choice to marry from a variety of women in society and it is only men who negotiate marriage.”*** As one

participant put it, ***“I enjoy being a man because I am respected in society and served by my girlfriends.”***

On what they disliked about “being male”, 51.2% of the participants emphasized “too many responsibilities” related to being a breadwinner of the family (including paying school fees, buying food, etc.). They felt that women do not suffer this burden. As perceived family providers, the young men see themselves as being responsible for decision making in the house or community setting. By ensuring that girls and women who are ***“emotionally weaker than men”*** are protected, they enforce the concept of being superior. ***“Women should be house wives and men bread winners”***.

Knowledge of HIV&AIDS

All of the young men who took part in the focus group discussions have heard about HIV&AIDS and have some knowledge on modes of transmission and methods of prevention. 30.8% of participants could spell out the acronym of H.I.V, but 69.2% did not know what HIV was. 46.2% of the participants could spell out the acronym of A.I.D.S, however, 53.8% did not really understand what AIDS was. Some attempts at defining AIDS included, ***“AIDS is American Initiative to deny sex in Africa because the Americans don’t want us to grow”*** or ***“Some of our parents say AIDS is witchcraft.”***



Several said they did not know of anyone who was living with HIV, or had died of AIDS. In Bangem for example, all the young men did not know of anybody in their community who was living with HIV, or had died of AIDS since the first case of HIV was discovered in Cameroon in 1986. Many still linked HIV&AIDS to witchcraft and other traditional practices.

98% of participants could not spell out V.C.T. (Voluntary Counseling and Testing), with one participant attempting the definition of: “*Veterinary Caring Techniques.*” Many did not know of places where they could access VCT or youth

friendly reproductive health services.

There was a consensus amongst the young men that the most comfortable place for them to initiate sexual encounters was in bars when they were drinking with friends, during school festivities or when they pay for sex.

On condom use, few accepted that they were using condoms consistently and regularly. Most held the view that condom use reduces sexual pleasure and was not very safe: - “*You can enjoy nature as given by God*” or “*they contain minor pores and do not cover your entire penis*” and “*instead of preventing AIDS, condoms promote promiscuity.*”

Some of the participants who had previously undergone “Life skills” training (mostly young men volunteering with YOP in the Bamenda area) acknowledged the threat of HIV&AIDS within their communities. Some statements included, “*if you are not infected, then you are affected and I have someone who is infected,*” or “*I had the mentality that having many girlfriends was pride but I have reduced the number because life is precious and sick is like dying*”, and “*my life has changed. I have decided not to have premarital sex and to work hard for the realization of my goals.*”

Understanding gender and how it is constructed

Most of the participants could not grasp the concept of “gender” and how it is constructed – 23.2% attempted to define the term, while 76.8% knew nothing about the concept. Some definitions of “gender” included: “*it means women being housewives and men being breadwinners*”, “*gender is the difference between*



females and males both biologically and physically”, and “It’s a program carried out by women to fight for their rights.”

On “gender inequality”, some of the participants understood this as “*the difference between a man and a woman*”, “*it’s*

when culture gives many powers over women in society”, “*it’s the fight between a man and a woman in a home*”, “*I think its people with gender differences either a woman or a man.*” Statements on “gender stereotypes” included, “*it’s when you refer to one sex as male or a female*” or “*it’s concentrating on one sex and forget the others completely*” and “*it’s the marginalisation of one sex either a male or female.*”

Understanding sex and sexuality

13.4% of the participants could define the term “sexuality”, while 86.6% knew nothing on the concept, though some defined it as “**the frequency in carrying out sexual activities**”. Others simply understood sexuality as “sex.”

The majority defined sexual intercourse as: - “*intercourse for a man and woman for the purposes of child bearing and pleasures*”; “*it’s the placing of the penis in a woman’s vagina*”; “*it’s when a man and woman sleep in the same bed*”; “*it refers to the reproductive organs of the males and females*”; “*it’s the coming together of the sex organs of the female and the male*”; “*I think its when the male ejaculates semen into the ovaries of the vagina*”; etc.

The majority felt that sex in most cases, is initiated by men. The process by which it is negotiated includes: “*it is negotiated in a bar*”, “*when a girl comes to visit you at your house*”, “*when the two partners are in isolation for example in a forest*”, “*when you give a girl incentives like a phone, air time [credit], buying her a nice dress as a gift and she accepts means she love you and love means sex*”, “*its negotiated when you take a girl out for a drink*”.

Considering sexual violence, 40.2% of the young men could fairly understand the definition of sexual violence while 59.8% did not understand the concept at all. Some defined sexual violence as: “*it’s a situation when sex is done without one of the partners consent*”, “*Its when a boy rapes a girl*”, “*When married men force their women into sex*”, “*when a woman rapes a man by putting him at gun point in a case where the woman has a gun and wants to have sex with a man*”.

51% of the young men say that sexual violence is caused by alcoholism, indecent dressing of some girls, and drug abuse. 55.4% indicated that it's always women and girls who fall victim to sexual violence, while 44.6% felt that men also fall victim to sexual violence especially when the young girls entice them sexually by in the way they dress: ***“The beautiful girls make the young men to be so moved in such a way that they cannot do without having sex with her”***. ***“Sometimes the bad dressing of girls who put on mini skirts and expose their thighs which greatly attracts young men’s sex drive hence raping them”***.



Participants felt that women and girls are more vulnerable to HIV infection because they are “physically and emotionally weak to resist sexual violence”, especially in cases where condoms are not used. Participants also pointed out that some cultures forbid women from refusing sexual advances from the husband or partner. Some of the participants also pointed out that some of their girlfriends prefer to go out with older men, who give them money – ***“girls go out with men who are older than them who end up manipulating them for sex without***

using a condom, because of money” – this not only places their girlfriends at risk, but also places them [the participants] at risk of contracting HIV.

Implications of general findings

Overall, most the young men have heard of HIV&AIDS, but few of them have achieved comprehensive levels of understanding about it, or its impacts on women and girls. It is evident from this study that young men in Cameroon do not have adequate prevention information and lack skills that are crucial to making informed decisions.

The dominant perceptions on masculinity and gender cut across all the communities and show that gender stereotyping amongst young men is enshrined at an early age. The views and comments of participants back popular traditional beliefs and practices in communities in the Northwest and Southwest provinces where the role of women has always been “to be seen and not heard.” Men hide behind culture and tradition because it provides a comfort zone. They are selective to what culture/tradition is, thus desperately hanging on to local tradition when it suits their purpose - especially practices that suppress the woman but at the same time resorting to “western” culture in terms of dressing and language, etc.

Disturbing are comments that indicate a negative judgment especially in describing women. Because women are not seen as equal partners even at home and by extension in the bedroom, since they are expected to be “passive” partners, the use of condoms for protection becomes the sole responsibility of the man especially in relationships with power imbalance. Most young men accept that they will not tolerate their partners to question their relationships with other girls.

More disturbing is the denial in Bangem by all participants that they are not aware of anyone in their community (family members, friends etc) with HIV&AIDS or who had died from it 20 years after it was first reported in Cameroon. In other communities they accept that they know people with HIV&AIDS, but not in their immediate families. It is evident that the inability to openly accept AIDS as a threat to the community increases the risk of not only transmission but also contracting it amongst young men. Stigma and discrimination remain key barriers to the successful implementation of prevention programmes.

The statistics indicate a wide information gap, and therefore call for comprehensive interventions that not only directly address the root causes of gender imbalance, but also empower young men with adequate tools to be able to meet the challenges of addressing gender and living responsibly in this day and age.

Strategies for involving men in addressing HIV&AIDS

To get young men play a more active role in the fight against HIV&AIDS and reduce the burden on women it will be necessary to:

Portray young men as partners who can play a positive role in the well-being of their partners, families and communities. On a daily basis all young men do care for their sisters, mothers, partners and female co-workers. Once provided with the know-how through trainings, most young men will challenge traditional practices and norms that put their health and that of their partners at risk.



Encourage men to address their personal health needs. Once young men begin to realize that some of the risks they take compromise their very own health, they will be compelled to protect themselves and also see the need to protect

partners and children.

Create more opportunities for men to learn more about gender and skills needed for protection, care and support. Nearly all gender training programmes in Cameroon focus on empowering women thus creating apathy amongst men. It is very important to have gender-training programmes targeting young men to better understand the concept and the role they can play in bringing about gender equality.

Incorporate sex education in schools curricular. Gender stereotyping starts at a very early age and becomes enshrined as young boys and girls grow through adolescence. By developing school programmes that challenge gender inequalities at an early age and educating children on Lifeskills and sexuality, a giant step will have been made in bridging the gap between men and women.

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Annex 1

EXAMPLE OF QUESTIONNAIRES

ⁱ Detailed transcripts of focus group discussions and filled questionnaires are available at YOP