

# Traditional Masculine Norms and Health Disparities among Boys and Men in Sanyati District Zimbabwe

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## ABSTRACT

Conventional gender norms impose expectations on men to exhibit physical strength in athletics and to refrain from displaying vulnerability due to injuries. Boys and men have some of the worst health outcomes in Zimbabwe. Therefore, the main objective of this study is to investigate traditional Masculine Norms and Health Disparities among Boys and Men in Sanyati District, Zimbabwe. Specific objectives investigated how health disparities in Sanyati District are a result of traditional masculine values, including the emphasis on toughness. A larger cultural framework that links masculinity with dominance, aggression, and emotional reserve is linked to drug misuse, violence, and the denial of help out of fear of coming across as weak. The data collection process for this study was structured around qualitative interviews and questionnaires. Twenty participants were purposely selected. Data was analysed using thematic analysis to identify recurring patterns related to traditional masculine norms, health behaviours, and sporting participation. Significant health disparities between boys and men in Sanyati are revealed by the data, especially concerning physical injuries, mental health, and access to healthcare. The findings reveal a concerning trend where adherence to traditional masculine norms leads to the underreporting of health issues and reluctance to seek medical care. Many participants equate health-seeking behaviour with weakness, which, coupled with economic barriers, creates a cycle of neglect toward personal well-being.

**Keywords:** Boys, Gender, Health disparities, Masculine, Men, Sport

## INTRODUCTION

In many African contexts, including Zimbabwe, the traditional norms surrounding male health and well-being have had a significant impact on the well-being of boys and men. These standards often highlight features such as anger, emotional control, athletic talent, and financial achievements. However, as a result of this traditional understanding of men, men's health may suffer, which leads to inequalities in both physical and mental health. A case of the interaction of male standards and health outcomes in sub-Saharan Africa is the Sanyati district in Zimbabwe, which is characterized by its rural location and strict adherence to traditional gender roles.

The health disparities of Zimbabwe's men are complex, including mental health problems, drug abuse and other dangerous health behaviours, low access to health systems, and an increase in the prevalence of preventable diseases. Most of the literature on gender and health disparities is directed at women and girls (Ackah *et al.*, 2022).

This study examines how traditional Sanyati male standards contribute to these health inequalities. It analyses relevant research on gender and health in Zimbabwe, determines the main health problems faced by rural men, and explores how traditional male norms may aggravate these problems. Public health studies generally acknowledge the relationship between gender norms and health inequalities.

The health practices and outcomes of boys and men in sub-Saharan Africa are often influenced by traditional

masculinity norms, especially in rural communities. These norms might influence access to and utilisation of health services, potentially facilitating or hindering health-promoting activities such as physical exercise. The association between masculinity, sport, and health outcomes in Zimbabwe, especially in rural regions such as Sanyati, is insufficiently researched. This study aims to bridge this gap by investigating how traditional masculine norms in the Sanyati District impact male health inequalities, particularly in the context of athletics.

## **Literature Survey**

Strength, stoicism, and avoiding vulnerability are traits that are viewed as masculine qualities in many African communities. Because men are less likely to seek medical attention, exhibit emotional fragility, or adopt health-promoting behaviours, these beliefs frequently lead to poor health outcomes (Mlambo et al., 2014). The concept of hegemonic masculinity holds that power and societal expectations are linked to the dominant form of masculinity in a society (Connell, 1995). This encourages behaviours that prioritise physical toughness over mental or emotional well-being.

In Zimbabwe's rural communities, traditional masculine ideals are particularly entrenched. Men's socialised responsibilities as protectors, providers, and community leaders frequently discourage risk-taking and help-seeking actions (Mlambo et al., 2014). Understanding how masculine norms impact health outcomes and behaviours requires an understanding of this link (Mlambo et al., 2014).

According to Connell's (1995) theory of hegemonic masculinity, these norms are promoted through socialisation processes in the media, schools, communities, and families. In many sub-Saharan African communities, particularly Zimbabwe, hegemonic masculinity is associated with economic success, domination over women, and the ability to maintain one's family. It often comes at the expense of emotional expression and health care engagement (Wallén et al., 2021).

Because of these rigid gender norms, men are more prone than women to suffer from mental health issues, substance misuse, and chronic illnesses. For example, in Zimbabwe and many other African countries, men are less likely than women to seek medical care. This is because societal ideals of toughness and independence often dissuade males from using healthcare services until their illnesses develop (Wallén et al., 2021). In rural communities like Sanyati, where access to healthcare may be restricted, this hesitation to seek treatment is especially problematic.

Furthermore, conventional masculine standards promote mental health issues. Males who encounter toxic masculinity are more likely to internalise their issues and exhibit less vulnerability, which raises their risk of substance abuse and suicide, according to research by Wallén et al., (2021). These issues are exacerbated in Zimbabwe by the stigma attached to mental health, since traditional notions of masculinity may deter men from acknowledging or addressing mental health conditions (Mlambo et al., 2021).

## **Masculine Norms and Risky Health Behaviours**

According to Addis and Mahalik (2003), traditional masculine norms also have an impact on how boys and men behave in terms of their health, particularly when it comes to risky behaviours like aggressiveness, unprotected sex, and alcohol and tobacco use. According to the World Health Organisation (WHO), men are more likely than women to participate in these behaviours in sub-Saharan Africa. These behaviours can result in a variety of health issues, such as STIs, HIV/AIDS, and injuries associated to violence (WHO, 2017). In Sanyati, where young men are encouraged to take chances by their classmates and culture to conform to gender norms, these behaviours are commonly linked to the idea of displaying one's manhood.

## **Gendered Health Disparities in Rural Zimbabwe**

In rural Zimbabwe, where traditional gender norms are sometimes more entrenched, men face unique challenges in accessing healthcare treatments. The stigma associated with vulnerability and illness deters men in rural regions from seeking medical help or going to health clinics, according to a study by Skovdal et al. (2011). These disparities are made worse by the high expense of medical care and the dearth of suitable

medical facilities in rural regions (Kevany et al., 2012). The connection between Sanyati's masculinity and access to care highlights the need for context-specific health interventions that tackle systemic barriers to care as well as cultural norms.

### **Sporting Activities as a Context for Masculine Norms**

In rural Zimbabwe, playing sports is often seen as a way to socialise boys into masculine roles. Sports like rugby and football, which are widely publicised and seen as activities that give boys and men the opportunity to demonstrate their physical strength and collaboration, serve to promote traditional ideals of masculinity (Chantell et al., 2020). However, the way these activities are designed may exacerbate health disparities, particularly for those who are unable to participate due to financial limitations or physical limitations. Sports engagement can have complex impacts in addition to enhancing health by reinforcing unfavourable masculine ideals (Chantell et al., 2020).

### **Problem Statement**

Traditional masculine standards have an impact on several facets of male identity in Sanyati District, Zimbabwe, including health-related behaviours, attitudes, and results. Boys' and men's health outcomes are significantly impacted by these standards, which frequently impose strict demands on emotional expression, physical prowess, and dominance (Kevany et al., 2012). Although these standards could be indicators of social cohesiveness in communities, they might also be a factor in health inequalities, especially when it comes to sports, which are highly prized in Zimbabwean culture as manifestations of masculinity (Kevany et al., 2012).

Despite being hailed as essential for fostering physical health, sports can unintentionally operate as platforms for the reinforcement of harmful gender stereotypes. In Sanyati, boys and men may experience social pressure to participate in competitive sports or to demonstrate exceptional physical stamina and fortitude, frequently at the price of their mental and emotional well-being (Mlambo et al., 2021). These demands can make mental health issues worse, deter people from seeking treatment, and encourage risky behaviours like substance abuse or skipping preventative medical care (Mlambo et al., 2021). Additionally, there are obstacles to proper healthcare access due to the intersection of traditional masculinity and local health systems, especially in rural areas like Sanyati where cultural norms and a lack of resources may prevent boys and men from seeking or receiving necessary treatment (Mlambo et al., 2021).

Few studies have explicitly looked at the relationship between conventional masculinity, sporting culture, and health inequities in Zimbabwe, despite the growing awareness of gender as a factor of health. By investigating how traditional masculine standards affect the health outcomes of boys and men in Sanyati, with a focus on their participation in sports, this study aims to close this disparity. By providing insights into how these norms influence health behaviours, access to care, and the general well-being of men in the area, it seeks to shed light on the intricate relationship between masculinity and health disparities (Kevany et al., 2012).

Traditional masculine norms in Zimbabwe's Sanyati District have a big influence on how boys and men behave, think, and perform in terms of their health. These standards, which are engrained in the community's culture, frequently emphasize the virtues of physical prowess, emotional fortitude, and control over weakness. Boys' and men's well-being is significantly impacted by this gendered construction of masculinity, especially concerning their participation in sports, a major cultural component that serves to further solidify these conventional norms (Kevany et al., 2012).

Much of the current research focuses on women's health or more general population-level trends, despite some acknowledgement of the significance of tackling gendered health inequities. There are few studies specifically looking at how traditional masculinity, health inequalities and sporting culture interact in rural Zimbabwe, especially in Sanyati. By examining how traditional masculine standards in Sanyati affect boys' and men's health behaviours, particularly their involvement in sports, this study seeks to close this gap. The study will advance a more thorough understanding of health disparities in this rural setting and offer insights into

potential interventions that could enhance boys' well-being by examining how these norms influence their attitudes towards health and their use of health services.

## RESEARCH METHODOLOGY

### Research design

The complex and varied ways that traditional masculinity norms impact health disparities among boys and men in the Sanyati District are best explored using qualitative study methods. Understanding the lived experiences, social settings, and cultural connotations related to masculinity and health is a good fit for this method. Qualitative research emphasises comprehending people's experiences, perceptions, and the meanings they ascribe to particular phenomena (Creswell, 2013). Leading questions are avoided. Questions are phrased neutrally so as not to influence participants' responses. Open-ended questions allow participants to provide detailed qualitative answers. Therefore, interviews and questionnaires were utilised as data collection methods. Open-ended questions are vital for research. They let people share their thoughts and experiences using their own words. This provides detailed data. These questions differ from closed questions. Closed questions limit answers to set choices. Open questions allow researchers to grasp how complex people are. They can reveal unexpected insights (Lahmar, 2022).

### Study location

The study was conducted in Sanyati, Zimbabwe, which is found in the Mashonaland West province and is among Zimbabwe's poorest districts (Mashizha and Dzvimbo, 2019). According to the 2022 census Sanyati has a population of 139,235 people. 79 202 are men and 69 031 are women. It is a rural area with poor sporting facilities. It covers an area of 2573 km<sup>2</sup>.

### Population, sample size, and sampling procedure

In this study, the population refers to the population in which the research is concerned, and from which participants were selected. According to Burns and Grove (2001: 366), "a research population is a collection of elements that have a common set of characteristics". So, the population of this study encompasses all boys and men living in Sanyati. The study is specifically directed towards boys and men, which was categorized into different age groups for more targeted data collection.

A total of 20 participants provided data through interviews and questionnaires. Interviews were conducted in person, (5 boys and 10 men between the age of 16-35, 2 Social Workers- a male and a female, and 3 Community Health Workers - two males and a female, between the age of 30-50) and they ranged from 10 minutes to 20 minutes. All interviews were audio-recorded (with participant consent) and questionnaires comprised of open-ended questions that allowed participants to provide detailed qualitative responses, which were transcribed for thematic analysis. Compared to quantitative studies, the sample size was less because of the qualitative character of the research (Campbell et al., 2020). The objective was to gather detailed, rich data from a wide range of participants, not to attain statistical generalisability. The thematic analysis allowed the researchers to identify common patterns and themes in how traditional masculine norms influenced health behaviours, focusing particularly on masculinity's impact on mental health, help-seeking behaviour, and physical health.

Purposive sampling was utilised in this study because it is a technique for discovering and choosing situations that will make efficient use of scarce research resources (Creswell, 2013) and is "used to select participants that are most likely to yield appropriate and useful information" (Kelly, 2010: 317). The rationale behind using a purposive technique is predicated on the idea that, given the goals and objectives of the research, particular types of people may have significant and divergent opinions regarding the concepts and problems under consideration, and as such, should be represented in the sample.

## Instruments of data collection

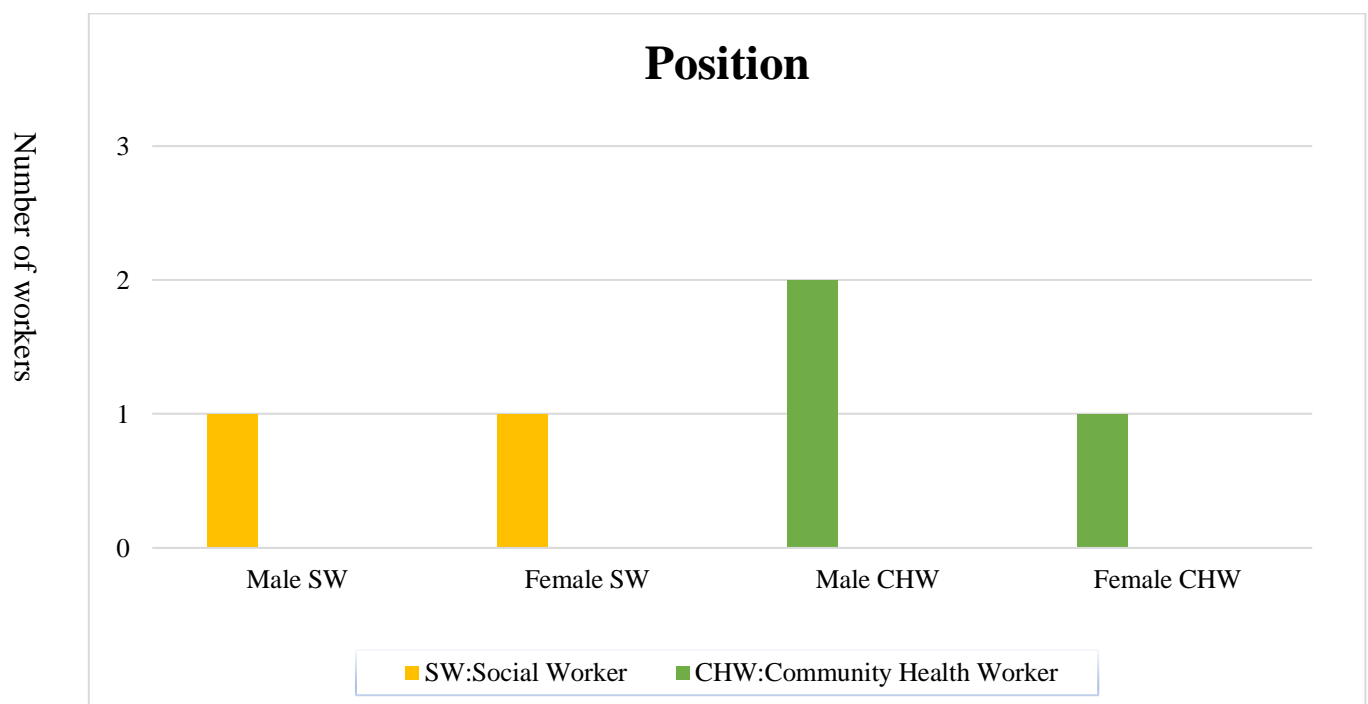
A research instrument is a device that is used to gather data (Makinde, 2024). The questionnaire and interviews were the research tools employed in this study.

## DATA ANALYSIS AND DISCUSSION

Data analysis is the process of presenting and evaluating the gathered information in a way that makes sense and provides an explanation for any observations (Soyombo, 2013). It involves examining, eliminating, altering, and modelling data to find relevant information, provide recommendations, and aid in decision-making. Analysis of the obtained raw data (responses) would not be feasible. To make them more relevant and suitable for responding to the research questions, they would need to be processed, which includes being cleaned, honed, and sorted. Data editing and data coding are essential components of data analysis (Makinde, 2024). Thematic analysis was used to assess the qualitative data that was collected.

## Findings of the study

Figure 1 shows the positions of worker participants, with more men than women involved in the study. Three male workers (one Social Worker and two Community Health Workers) and two female workers (one Social Worker and one Community Health Worker) participated.



**Figure 1 Position of worker participants**

The data shows that there are significant health disparities between boys and men in Sanyati, particularly when it comes to physical injuries, mental health, and access to healthcare. Many interviewees claimed that getting treatment for mental health issues was made more difficult by conventional masculine ideals, which strongly emphasise "toughness" and emotional control. Mental health issues such as sadness and anxiety were often underreported because individuals felt that doing so would be seen as a sign of weakness.

In terms of physical health, sports-related injuries were common, particularly those brought on by football and unauthorised street football games. Numerous boys and men continued playing despite their injuries in an attempt to live up to the stereotypes of toughness and tenacity associated with men. All boys and men in the study agreed that they do not seek medical assistance for injuries unless they are serious, indicating a major



lack of access to healthcare. Financial constraints or the belief that medical care was unnecessary unless required were often the causes of this.

### **Identity is formed through sport.**

In Sanyati, sports served as a source of physical activity and were used to socialise boys into traditional masculine roles. Football and other informal sports were popular, and participation was seen as a key sign of manhood. Respondents 1 to 13 were in agreement that peer admiration of boys who excelled in athletics was common, reinforcing the idea that physical power and competitiveness were fundamental aspects of masculine

identity. Boys who did not play sports often suffered from low self-esteem and social standing since they were perceived as less macho and were stigmatised by society.

The way that sports are employed to carry out traditional masculine norms—particularly the qualities of strength, toughness, and competitiveness—was one of the study's central themes. All 20 participants identified football (soccer) as the sport where traditional masculinity is most evident. Ten participants in the men's category narrated these behaviours as a means of exhibiting physical prowess, aggressiveness, and dominance—qualities that are highly valued in the local concept of masculinity.

### **Impact of masculine on health behaviour**

The relationship between masculine norms and health practices was evident in the reluctance to engage in health-promoting activities, such as seeking medical attention or attending health education programs. Participants (boys and men) 1,2,3,6,8,9,10,11,12, and 13 stated that their health came second to fulfilling society's expectations for power and endurance. Furthermore, all participants shared a widespread mistrust of established healthcare systems due to the widespread preference for home remedies and traditional healers.

The study's findings show that the health inequalities between boys and men in Sanyati District are significantly influenced by conventional male norms. The emphasis on toughness and stoicism raises the risks to one's physical and mental health while simultaneously encouraging personal resilience and social cohesion. In the context of sports activity, these standards both support and limit health outcomes. All worker participants male and female (Community Health Workers and Social Workers) were in sync that sports offer a venue for social interaction and physical exercise, but they can reinforce unfavourable ideas about masculinity, which may deter boys and men from receiving the treatment they require. Female worker participants shared that boys and men usually shun to be attended to by female workers.

The study also discovered that, despite the perpetuation of conventional masculine ideals, sports had a positive impact on the physical health of boys and men in society. There is a consensus amongst the participants claiming that doing sports improved their physical fitness, reduced their stress levels, and helped them live happier lives. This claim is consolidated by a female social worker and female health community workers who added their voices saying that sports participants have better physical appearances and good behaviours.

### **Implications for Initiatives in Health**

For Sanyati District health initiatives to address these health inequities, the cultural significance of masculinity must be considered. Public health advertising can address negative gender stereotypes while highlighting good masculinity that encourages emotional vulnerability, help-seeking habits, and the importance of self-care. Additional healthcare access is also required, particularly for sports-related injuries, and more inclusive sports programs that accept boys who don't fit the idealised concept of masculinity. Addressing barriers to healthcare access and utilization among boys and men, including those related to traditional norms. Healthcare infrastructure development such as clinics and community centres within reach of communities may improve the health disparities experienced by boys and men. This can be achieved through partnering with government, community leaders and non-governmental organisations.

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## **Toughness as a Masculine Ideal**

The perception of toughness was one of the study's central themes. All boys and men participants frequently remarked that "real men" do not show weakness and that they must endure physical and emotional pain without asking for help. Drug use, particularly alcohol use, was described as a way to show strength and resilience in the face of adversity. This result is in line with Connell's (2005) theory of hegemonic masculinity, which emphasises traits like stoicism, aggressiveness, and toughness in men. In this environment, drug abuse is seen as a way for males to manage their emotions, demonstrate their dominance, and uphold the traditional masculine ideal of strength.

However, this notion that men should handle difficulties without displaying evidence of vulnerability

sometimes leads to unhealthy coping mechanisms. Many of the men in the study reported using drugs and alcohol to cope with stress, marital problems, or financial hardships. This coping method is particularly concerning because it is linked to higher rates of addiction, mental health disorders, and other health issues (Mahalik et al., 2007). All worker participants indicated that addiction and mental health disorders are the biggest challenges in their day-to-day responsibilities when attending to the community.

The primary connection between drug abuse and violence was the widely held belief that men must be tough. According to the study, this presumption commonly prevents men from discussing their health problems or seeking medical help, which is a significant cause of health disparities. Many participants said they were reluctant to seek medical care for mental or physical issues because they were afraid of being perceived as weak or unmanly. Many men said they shunned counselling or therapy because they thought sadness and worry were signs of weakness. This was particularly evident in how people felt about mental health.

Toughness is also associated with higher rates of untreated physical health issues, including untreated injuries from violence and the long-term physical impacts of substance abuse. According to research by Mahalik et al. (2003), men who adhere to traditional masculine norms are less likely to take part in activities that promote health, like getting regular check-ups, seeking treatment when they are ill, or seeking mental health care. This hesitancy to seek medical assistance is in line with their findings. This resistance to interacting with healthcare systems is a direct cause of health inequalities between men and women, as well as between men who adhere to traditional masculine norms and those who do not.

## **Implications for Public Health and Interventions**

The study's findings highlight the need for gender-sensitive public health interventions that address the cultural roots of health disparities among men. The belief in toughness and the stigma around vulnerability contribute to poor mental health and risky health behaviours. Several participants indicated that their reluctance to seek medical attention, even for injuries sustained during sports, was influenced by the belief that "real men" should be able to "tough it out." This belief was strong among younger men, who were more likely to dismiss injuries as minor or unimportant. For example, one participant in his early twenties described how he continued to play football despite a knee injury because "men don't stop for pain". This behaviour often led to untreated injuries that, over time, contributed to long-term physical health issues, such as joint problems and chronic pain.

Dismantling harmful male standards and promoting healthier, alternative conceptions of masculinity that allow men to be vulnerable, seek help, and develop healthy habits should be the primary objectives of therapies. Sanyati District's health education programs for boys and young men should also challenge ingrained notions that associate masculinity with substance abuse, aggression, and emotional repression. It may be good to change these cultural attitudes by involving peers, family members, and community leaders in community-based efforts. To reduce the stigma and barriers that prevent men from receiving the care they require, programs that encourage open dialogue about mental health, healthy relationships, and emotional wellness are essential. Developing health interventions that account for the unique needs and experiences of boys and men, including those from diverse cultural backgrounds.

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## Research Implications

These findings have important implications for the development of targeted interventions aimed at promoting healthier masculinity norms and reducing health disparities among males. To mitigate the negative effects of traditional masculine norms on male health, it is essential to implement evidence-based programmes that foster positive masculinity and encourage help-seeking behaviours.

This research can help create health programmes that consider gender and question damaging ideas about masculinity. In Zimbabwe and similar societies, many men avoid doctors. They may believe that being a man means being strong and not needing help (Connell & Messerschmidt, 2005). Knowing how these beliefs affect healthcare can assist health officials. They can then create campaigns that raise awareness and improve access to care. This may lead to better health for men.

The results of this research could support the promotion of policies that encourage men to look after their health. Zimbabwean policymakers should think about adding health programmes that address gender norms into national health plans. This could help men and boys see preventive healthcare as a priority. This research shows that local groups must work to change damaging ideas about gender. Working with leaders, churches, and local groups is key. Getting the community involved can change how people see masculinity and health. This may help men make better choices for their health.

Men are often taught to hide their feelings and avoid seeking mental health support. This can result in more mental health problems, like depression and drug use that go unaddressed. This research highlights the importance of mental health services for men in Zimbabwe. These services should be tailored to the local culture. It will add to discussions about men's mental health.

This research could lead to more studies about men, money, and health. More work is needed to see how ideas about being a man affect health habits at different ages. Future research could also look at how money problems change the health choices of men in rural Zimbabwe.

This study looks at how ideas about being a man affect health in Sanyati District. It shows how these ideas can cause health problems for boys and men. The research offers useful information for planning health programmes. It can also help change policies and get communities involved. Dealing with these problems is important. It can improve men's health and make sure everyone has fair access to healthcare.

## Contributions To Scientific Community and Future Research

The study contributes to policy and practice developments across multiple sectors, including healthcare, education, and social services, to address the health disparities experienced by boys and men. It advances theoretical understanding and encourages collaboration among researchers from diverse disciplines, such as sociology, psychology, public health, and medicine, to address the complex issues surrounding traditional masculine norms and health disparities.

Ultimately, this study's findings emphasize the need for a paradigm shift in how we conceptualise masculinity and its relationship to health and for a concerted effort to promote positive masculinity norms that support the well-being of boys and men. Future research should investigate the effectiveness of interventions designed to promote positive masculinity and reduce health disparities among boys and men.

A longitudinal exploratory study of the intersections between traditional masculine norms, health disparities, and other social determinants of health such as socioeconomic status and ethnicity is needed. The study should also examine the long-term effects of traditional masculine norms on male health outcomes and identify potential points of intervention. Furthermore, future research could also develop and evaluate interventions that aim to promote positive masculinity norms and reduce health disparities among boys and men.



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## CONCLUSION

The study's findings underscore the pervasive influence of traditional masculine norms on the health outcomes of boys and men. The results have shown how traditional masculine standards, athletic pursuits, and health disparities among men and boys in Zimbabwe's Sanyati District are intricately related. Due to the prevalence of hegemonic masculinity, boys and men tend to value toughness over health, which has an impact on both physical and mental health outcomes. Gender norms must be addressed through community-based interventions that support healthy masculinity, increase access to healthcare, and enhance participation in athletics to lessen health disparities in this setting. To reduce the stigma and barriers that prevent men from receiving the care they require, programs that encourage open dialogue about mental health, healthy relationships, and emotional wellness are essential.

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