Endorsement of Traditional Masculinity Ideology among Students at a State University in Zimbabwe

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Abstract

Traditional masculinity ideology has shaped the way men think and behave over the years. This study sought to examine masculine norms and assess traditional masculinity ideology among university students. The male role norms inventory (short form) (MRNI-SF) was administered to 190 students online. Participants had a mean (±SD) age of 34.61 (±9.98) years, of which 55.79% were male. The researchers used descriptive statistics. Male students in the MRNI-SF had a total mean total score (±SD) of 4.05 (±1.18) scoring above the midpoint of the 7-point scale. Female's total mean score (±SD) of 2.91 (±0.92) scoring way below the midpoint. Male more than female students significantly, (p<0.001) endorsed traditional masculinity ideology. The study established that males generally conformed to the norms in the dimensions of "avoidance of femininity", "negativity towards sexual minorities", "self-reliance through mechanical skills", "toughness" and "importance of sex". The research also established that females conformed to "negativity towards sexual minorities" and "self-reliance through mechanical skills". Based on these findings, the researchers recommend a multi-sectorial approach to redefining masculine norms, and an increased access to psychological services as well as further research on masculinity.

Keywords: masculine norms, traditional masculine ideology, endorsement, dimensions

Introduction

"*Boys don't cry! Men do not shed tears! Boys are strong!*" are popular phrases which are meant to express how males are expected to behave by society, especially in challenging situations where they are expected to remain tough (Ezeugwu & Ojedokun, 2020). This kind of socialisation of men has led to a debate in the field of health with some arguing against the dangers of such beliefs on the mental health and well-being of men. This debate has revealed that conformity to traditional masculine norms results in many men battling with mental illnesses in silence. On the other hand, some have observed that traditional masculine norms have resulted in men frequently negotiating social status and power with their health behaviours which can promote health within this scope of negotiation (Courtenay, 2010). To back this argument, statistics show that women are consistently at greater risk of mental illnesses such as depression (Albert, 2015). However, this argument is also based on biased statistics since men, in conformity to the traditional masculine norms, are less likely to seek treatment; thus, the burden of depression among men is likely underestimated (Albert, 2015). Interestingly, statistics show that the prevalence of depression among women is about twice that in men, however, suicide rates among men are significantly higher (Bachmann, 2018). The American

Psychology Association (2019) has noted that men are 3.5 times more likely to die by suicide than women. This shows that men are affected by depression but may regard their symptoms as incompatible with their masculine self-image and they are therefore reluctant to seek help which in turn increases the risk of suicide (Kilian et al., 2020).

Generally, masculine norms are often similar across cultures the world over, with common masculine norms including heterosexual presentation, risk taking, emotional restraint, power over women, dominance, self-reliance, and winning (Iwamoto et al., 2012). It is these norms that have been associated with adverse mental health occurrences in men with several studies having proved this to be true globally (Iwamoto et al., 2012). Studies of college students in the United States of America showed an association of traditional masculinity and suicidal ideation (Coleman, 2015). Psychological evaluations done on young men who had died by suicide in Norway indicated that unattainable masculine ideals were the biggest risk factor in these suicides and death by suicide was theorised to show an act of masculinity that would compensate for the supposed failure to attain the ideal masculine standards (King et al., 2020).

In Africa, a study by Fast et al. (2020) in Tanzania and Kenya showed that men are often overwhelmed by their thoughts and expectations of masculinity. These expectations cause psychological warfare as economic, political, and social uncertainty hinder their ability to fulfil them. Fast et al. (2020) further stated that, when men are unable to fulfil their expected fantasies designed by the society such as provide for the family and pay all the bills including but not limited to rents and fees, the sense of failure overwhelms them, and they may resort to drug and alcohol use and abuse which bolster their depressive symptoms and suicidal ideation.

In South Africa, Gibbs et al. (2019) examined the associations between traumatic experiences and HIV-risk taking behaviours among young men in South Africa. They found that the structural system of poverty and gender inequalities that supports gender role culminates in traumatic experiences that eventually predispose young men to engage in HIV-risk taking behaviour. Gibbs et al. (2019) then advocated for "the eradication of poverty as a way to reduce risky behaviour and mental health challenges among men." The study however noted that this strategy would significantly reduce mental health challenges, "only if there is a conscious effort to transform gender norms which place too much burden on men." Furthermore, the study indicated the extent to which men suffer both cognitive and behavioural dysfunctions that most

times go unreported due to masculine norms that stigmatise them as weak when they seek mental health support (Gibbs et al., 2019).

Traditional masculinity is a Western concept of manliness that relies or over relies on stoicism, dominance, aggression, and competitiveness. From an African perspective, there are multiple definitions of traditional masculinity that are culturally specific and are socially constructed (Everitt-Penhale & Ratele, 2015). Males and females both play an important role in socially constructing masculinity. Masculinity in modern Zimbabwe is used to describe a socio-cultural model that is passed from generation to generation (Mtutu, 2005). Similar to the Western traditional masculine norms, masculinity in modern Zimbabwe dictates attitudes, values, and behaviour that men should have in order to be considered a "man". It is built on the premise that men are naturally superior (dominant) physically, intellectually, and sexually and this has been inculcated in both men and women (Mtutu, 2005).

There is therefore strong evidence to support the association of strong traditional masculinity beliefs and negative outcomes (Stephanie, 2019). The more men cling to the rigid views of masculinity, the more likely they are to be lonely and depressed (Stephanie, 2019). Negative outcomes such as the rise in male suicide has been linked to a high level of traditional masculinity ideology. Despite evidence showing that some masculine behaviours have been associated with detrimental effects on physical and mental health of men, few studies have been done to assess the levels of conformity to traditional masculine norms globally (King et al., 2020). Because we are living in an era where traditional gender norms are being challenged, the researchers found it to be of great importance to investigate these traditional norms among university students. Prior to this study, the researchers did not find any studies assessing the endorsement of traditional masculinity ideology among males and females in Zimbabwe. Knowing how much people conform to traditional masculine norms could help to accurately inform awareness programs.

Objectives

i) To measure the dimensions of traditional masculine norms among university students

ii) To compare conformity to traditional masculine norms in different dimensions between male and female students

iii) To determine the endorsement of traditional masculinity ideology among male and female students.

Conceptualising traditional masculine norms

Conceptualisations of masculinity have shifted away from the notion of a singular masculinity, toward recognition of a multiplicity of masculinities (Connell, 2005). Among these multiple masculinities, there exists an idealised or hegemonic masculinity that represents the currently accepted ideal (Connell, 2005). The norms of masculinity are contestable. This means they are shifting across time, space, and context, as well as relational, that is, hierarchically positioned and performed in relation to femininity and non-hegemonic masculinities (Connell, 2005). Consistent with this, there is evidence that conformity to masculine norms varies by age and that conformity to masculinity is most strongly endorsed by younger males (Rice et al., 2011). The social norms that define appropriate masculine roles and behaviours are assimilated from a young age (Bourgois, 1996). The pressure to conform to masculine ideals can be immense and there are often social penalties for boys and men who deviate from normative masculine roles and behaviours (Connell, 2005). Confinement to the set of behaviours considered to appropriately affirm masculinity can also severely delimit healthy behaviours and emotional responses that might otherwise buffer young males during the often stressful period of adolescence (Rice et al., 2011).

The concept of masculinity must be studied and understood from the perspectives of both males and females. Focusing on men only can lead to implicit essentialism (Whorley & Addis, 2006). Studies to differentiate masculinity ideology in men and women have shown that men tend to endorse masculinity ideology much more than women (Levant & Richmond, 2007)

In countries like Australia where there are many cultural and historical influences shaping masculine identities for adolescent males, the physical practice of masculinity is principally located in two key domains: sexuality and sport (Connell, 2005). Sport provides an arena for ritualised combat, camaraderie, and strength. Heterosexuality is central to normative Australian masculinity, and sport has traditionally been a key setting for the display of hetero-masculinity (Connell, 2005). This is the case with many western countries where physical strength, toughness and competitiveness, and heterosexual prowess are central to adolescent masculine norms (Kågesten et al., 2016). In Africa, such masculinity can be expressed through issues such as male fertility, responsibility to family, dominance over the family and even social status. As noted by Boahene (2013), African society values proverbs as the source of cultural and social wisdom, the basis upon which socially construct gender roles are cognitively fixed.

Methodology

The researchers made use of the descriptive cross sectional study design where data was collected during the months of September and October 2022. The study population was adult male and female students from a state university in Masvingo. These were students registered for either part time or full-time studies during the 2022-2023 academic year. The participants of the study were sampled using cluster random sampling technique. Using a population size of 18036, a 5% margin of error, 95% confidence level and 0.5 measure of variability, a sample size of 385 was calculated using an online sample size calculator.

The MRNI-SF is a validated tool developed in the western society (Levant et al., 2013). The researchers sought permission to use and contextualise the tool. Some questions were therefore modified to fit the setting. After pretesting on 30 students, the modified questionnaire was found to be reliable and valid.

Data analysis

The researchers used descriptive statistics to describe the study subjects. In the research, the means and standard deviations were reported for continuous variables which were normally distributed. In addition, the study used frequencies and proportions to report gender, level of education, residential area, and categorical variables. The researchers calculated mean scores from the MRNI-SF for each of the seven dimensions. Student t-test was used to compare mean scores of male and female students obtained in each dimension. A p-value less than 5% was considered statistically significant. A total mean score was calculated from the means of the different dimensions to get a traditional masculinity ideology factor. The mean scores were categorised to show level of support for traditional masculinity ideology. In this study, researchers used Stata statistical software (Version 16) for data analysis.

Ethical considerations

Ethical approval was sought from the University Research and Postgraduate Office. Participants gave informed consent before proceeding with the online questionnaire. The online questionnaire had a preamble explaining the study outline and purpose, participant rights and time expected to complete the questionnaire.

Results

A total of 190 students participated in the study, providing a response rate of 49%. The greater proportion (55.79%) of participants were male. The mean (±SD) age was 34.61 (±9.98) years.

Postgraduate level students made up the majority (52.63%) of participants. Just over half (56.84%) of participants were married or staying with a partner. The majority (88.95%) lived in urban areas.

Table 1: Socio-demographic details

Variable	Category	*(N=190)* n	%
Gender	Male	106	55.79
	Female	84	44.21
Age	18 - 25	51	26.84
	26 - 30	17	8.95
	31 -40	72	37.89
	40+	50	26.32
Race	Black	188	98.95
	Coloured	1	0.53
	Asian	1	0.53
Marital Status	Single	70	36.84
	Married	108	56.84
	Widowed/divorced	12	6.32
Religion	Christianity	186	97.89
	Islam	1	O.53
	None	3	1.58
Level of study	Undergraduate	90	47.37
	Postgraduate	100	52.63
Residence	Urban	169	88.95
	Rural	21	11.05

Table 2: Dimensions of masculinity ideology, mean scores among male and female university students

Dimension	Males Mean (±SD)	Females Mean (±SD)	P-value
Avoidance of femininity	3.78 (1.54)	2.77 (1.41)	<0.001
Negativity towards sexual minorities	4.58 (1.85)	3.72 (1.72)	0.0013
Self-reliance through mechanical skills	5.29 (1.41)	4.85 (1.35)	0.03
Toughness	4.38 (1.77)	2.96 (1.65)	<0.001
Dominance	2.78 (1.59)	1.56 (0.80)	<0.001
Importance of sex	3.58 (1.62)	2.67 (1.63)	<0.001
Restrictive emotionality	3.94 (1.27)	1.84 (0.97)	<0.001
TMI			
Masculinity factor	4.05 (1.18)	2.91 (0.92)	<0.001

TMI - Traditional Masculinity Ideology

The researchers calculated the total mean scores (±SD) for the seven dimensions. Students with a total mean score at or above the midpoint of 3.5 endorsed TMI and those who scored below the midpoint rejected TMI. Table 2 shows that male students had an average TMI mean score (±SD) of 4.05 (1.18) and females had 2.91 (0.92). There was a statistically significant (p<0.001) difference in the mean scores of TMI between male and female students.
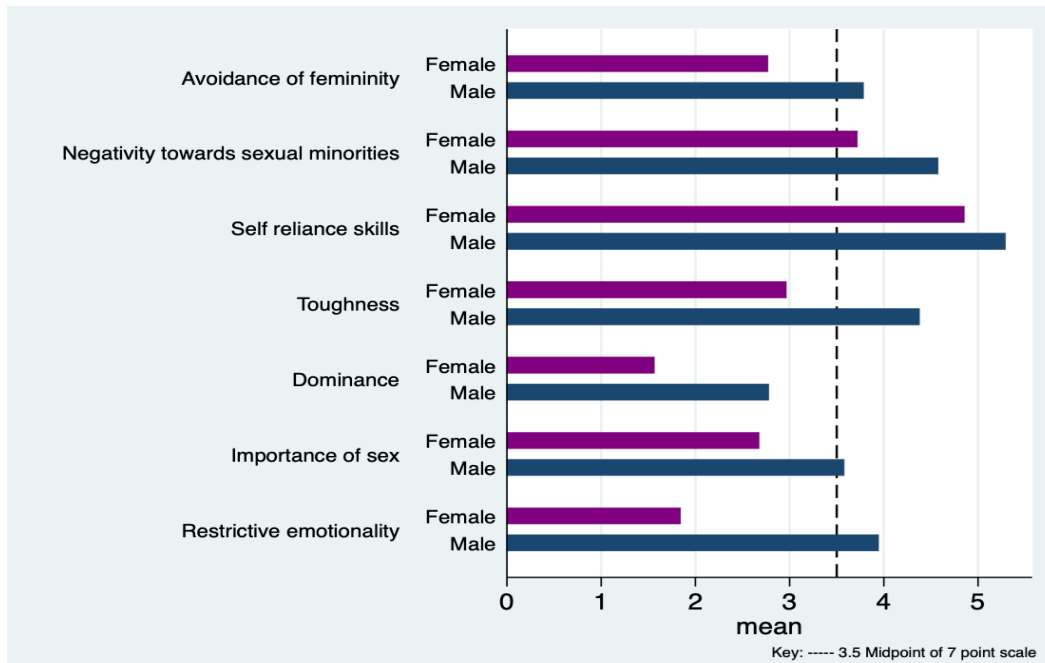

Figure 1: Dimensions of masculinity ideology

Figure 1 shows "self-reliance through mechanical skills" is the dimension most conformed to by both male and females. "Negativity towards sexual minorities" is next with both males and females conforming to the norms in this dimension. The students however scored below the midpoint for the dimensions such as *avoidance of femininity* - 3.34 (±1.56), *dominance* - 2.24 (±1.66), *importance of sex* - 3.18 (±1.69), and *restrictive emotionality* - 3.01 (±1.55). This shows that the students generally disagreed with the traditional norms in these dimensions. The dimension least conformed to by both male and female students is that of "male dominance".

Table 3: Proportions of students who endorse/reject TMI by demographics

	Males N=106		Females N=84	
	TMI		TMI	
	Reject	**Endorse**	**Reject**	**Endorse**
Age	**n (%)**	**n (%)**	**n (%)**	**n (%)**
18 - 25	4 (10.53)	25 (36.76)	14 (23.73)	8 (32.0)
26 - 30	5 (13.16)	6 (8.82)	6 (10.17)	0
31 - 40	15 (39.47)	12 (17.66)	33 (55.93)	12 (48.0)
41+	14 (36.84)	25 (36.76)	6 (10.17)	5 (20.0)
Marital status				
Married	27 (71.05)	33 (48.53)	35 (59.32)	13 (52.0)
Single	11 (28.95)	31 (45.59)	19 (32.20)	9 (36.0)
Divorced/widowed	0	4 (5.88)	5 (8.48)	3 (12.0)
Level of study				
Undergraduate	19 (50.0)	32 (47.06)	27 (45.76)	12 (48.0)
Postgraduate	19 (59.0)	36 (52.94)	32 (54.24)	13 (52.0)

Table 3 shows the proportions of the male and female students that endorsed or rejected TMI in relation to demographics. Of the 68 males that endorsed TMI, 25(36.76%) of them were aged 18 to 25 and another 25(36.76%) were aged 41years and above. Just over half 36(52.94%) of the male students that endorsed TMI were postgraduate students. The greater proportion 12 (48.0%) of females who endorsed TMI were aged 31 to 40 years.

Discussion
Dimensions of traditional masculinity ideology
Male students conformed to the norms in the dimension of "*avoidance of femininity*" while females did not. These results are in line with findings from other studies (Levant & Rankin, 2013), and suggest that the males reject being feminised. Men's feminisation was perceived as a threat to masculine gender status quo (Iacoviello et al., 2021). This notion supports the findings that males conform to norms of "avoidance of femininity". Other studies (Martin & Van Wijk, 2020) have however found contrary results where men did not endorse "*avoidance of femininity*". The researchers note with concern how conformity by male students to these norms may pose a risk in their psychological health. Conformity to "*avoidance of femininity*" has been said to hurt the males that mostly believe it (Barber et al., 2019). According to Barbieri et al. (2021), men who adhere to anti-femininity norms are more likely to avoid talking about and seeking help for mental health issues. Avoiding talking about mental health issues leads to depression (Barbieri et al., 2021).

This study further observed conformity to norms in the "*negativity towards sexual minorities*" in both male and female students. Even though both genders conformed, males conformed much more than females. The inability to accept different cultural groups leads to biases which hinder strategies to improving men's mental health. These findings reflect the stigma that exists towards sexual minorities and possibly due to cultural biases that are anchored on masculine norms of heterosexuality in our Zimbabwean culture. Males and females both play an important role in socially constructing masculinity according to the social construction theory and, as such, findings in this study showed both genders to conform to these norms. These findings pose a risk to the mental health of males that are seen to deviate from the norms.

Findings gathered in this study showed both female and males greatly conformed to the norms in the dimension "*self-reliance through mechanical skills*". Males strongly agreed with norms in this dimension when compared to females. Similarly, in their study, Martin and Van Wijk (2020) found that South African navy men conformed greatly to self-reliance norms. Traditional masculinity ideology believes men should be independent and take care of things on their own. Conformance to self-reliance can be viewed as positive as it presents opportunities for growth and self-development. Coleman (2015) however postulates that the problem arises when men only focus on being self-reliant and fail to seek help. The researchers noted with interest that the highest mean scores for both genders were recorded for this dimension. This reflects the importance placed on these norms by participants. The researchers postulate that the norms in this dimension are linked to the male role theory which, according to Kelly (2018), are a set of duties, roles, and behaviours that an individual must exhibit consistently because of socially defined hierarchies. Males and females have societal expectations. As shown in this study, students expect men to be self-reliant, fix their own things, repair things around the home and have home improvement skills. Being a provider for the family can be linked to "*self-reliance*" dimension in a Zimbabwean context. This implies that, in a Zimbabwe context, a man as a provider, is expected to provide under the harsh economic environment where little employment opportunities exist, and inflation rates are high. The challenge with this "role play" assumption is that it does not consider behavioural or emotional exhaustion of men, which exposes them to role conflict and decreased psychological well-being (Ogueji et al., 2020). Role conflict is said to occur when work or social role demands are incongruent with the family anticipated role (Ogueji et al., 2020). It is this strain that can then lead some of the men to commit suicide after prolonged depression, anxiety, and stress

(Fast et al., 2020). The students in this study seemed to rigidly adhere to these masculine norms. The masculine dysfunction strain theory describes how rigid adherence to traditional masculine norms creates dysfunction and may result in negative health consequences such as depression and anxiety. Berm (1979) adds that individuals develop psychological discomfort and more negative feelings about themselves when they are unable to perform roles prescribed by their gender roles.

However, both male and female students did not conform to the "*dominance*" dimension, with females disagreeing more to the norms in these dimensions. Similarly, studies in the United States found low conformity to "*dominance*" among females (Levant & Rankin, 2013). Non-conformity to male dominance norms could be due to higher levels of gender empowerment for women in Zimbabwe. University students are also likely to be empowered and will know gender equality rights and this could be the reason why students did not subscribe to the traditional view of masculine norms that presupposes dominance over women. The findings are contrary to the African masculinity view that presupposes dominance over the family by men (Boahene, 2013).

Males conformed to the dimension of "*importance of sex*". Interestingly, total mean score was just above the midpoint. One would expect the students to have scored high in this dimension. Females did not conform to norms in this dimension. The assumption would be that university students should conform to norms placing importance to sex given that most of them are in their reproductive ages and are young. Other studies also found that males conform more to norms in this dimension when compared with females (Levant & Rankin, 2013).

Male students conformed to the norms in the dimension of "*toughness*" while females did not. These findings are in line with the traditional western view that places an importance on physical strength, toughness, and competitiveness (Kågesten et al., 2016). The study carried out close to Zimbabwe also found South African men conform to the norms that support the "*toughness*" dimension.

The dimension "*restrictive emotionality*" is of great relevance to this study as it has been associated with depression among males (American Psychology Association, 2019). Male students in this study were found to conform to these norms while females did not. Although males conformed to the norms, they did not strongly agree with them. This may mean

psychological intervention programs are likely to succeed. Similar findings were found in other studies (Levant & Rankin, 2013; Martin & Van Wijk 2020, Wong et al., 2012). Adherence to norms of emotional control is more likely to make men avoid talking about and seeking help for mental health issues (Barbieri et al., 2021).

Traditional masculinity ideology

More male participants conformed to traditional norms than women (*masculinity factor*: 4.05 vs 2.91, $p < 0.001$). These findings are consistent with the results of previous studies on the subjects that established that men conform to traditional masculinity ideology more than women (Ezeugwu & Ojedokun, 2020; Levant & Rankin, 2013). In their study, Ezeugwu and Ojedokun (2020) found that some African men often conform to traditional masculine norms; however, the internalisation of these norms among men has been reported to make them more susceptible to mental health problems. The fact that most male students have shown to conform more to the norms measured in this study is a cause for concern. Traditional masculine norms are considered hegemonic, contributing to men's feelings of superiority in the gender hierarchy (Iacoviello et al., 2021). One would think that with an advancement in knowledge and newer and more progressive norms being taught, traditional masculinity would fade away gradually. Research however clearly shows that traditional masculine norms are still prevalent (Duckworth & Trautner, 2019; Messerschmidt, 2019) and this is in line with findings in this study where conformity to traditional masculine norms has been found to be prevalent.

Conclusion

This study found that students conformed to norms such as *dominance, restrictive emotionality*, *negativity towards sexual minority* and *avoidance of femininity*. These norms tend to perpetuate negative mental health outcomes in men. Male students generally conformed to the norms of traditional masculinity. Females generally rejected the masculine norms; however, they have a significant influence in the social construction of masculinity as observed in some of the dimensions that they conformed to such as *self-reliance* and *negativity towards sexual minorities*. This study therefore brings to light some of the traditional masculine norms that are still strongly embedded in our society.

Recommendations

Having a deeper appreciation and understanding of masculinity itself is a good place to start to promote men's mental health. The researchers therefore call for a shift from some harmful traditional masculine norms to modern forms of masculinities which are culturally specific.

This would allow men to behave congruously with themselves and have better mental health as they are not constantly being forced to conform to ideologies which may be harmful to them.

Engaging both females and males in the deconstruction of harmful masculinities is essential as females have also been shown in the findings to conform to some traditional masculine norms. Psychologists may do this on a multi-sectorial level where different disciplines work together through implementing policies that create an environment conducive to changing norms that promote harmful traditional masculinity.

Mental health workers ought to work on bias reduction through awareness campaigns and mental health education. The study noted high levels of conformity to negativity towards sexual minorities in both genders. This is to create culturally competent citizens who behave accordantly and thus help reduce mental health issues. This study also recommends further research on issues of masculinity specific and relevant to the Zimbabwean context.

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