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Toxic Masculinity and Mental Health in Zimbabwe : A Social Ethics Perspective

In:

Manyonganise, Molly ; Gunda, Masiwa Ragies ; Naicker, Linda ; Kügler, Joachim (Eds.), Religion, Gender and Masculinities in Africa : Essays in Honour of Ezra Chitando, Bamberg : University of Bamberg Press, p. 465-487. 2025. DOI: 10.20378/irb-105140

Bookpart - Published Version

DOI of the Article: 10.20378/irb-106059

Date of Publication: 23.01.2025

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24 Toxic Masculinity and Mental Health in Zimbabwe

A Social Ethics Perspective

Clemence Makamure

Abstract

Toxic masculinity compels men to use dominance, violence, and control to assert their power and superiority. Societies tell boys to “man up” when they feel upset or justifying abusive and inappropriate behavior with the phrase “boys will be boys.” Such calls from societies make boys and men aggressively compete and dominate others and encompasses the most problematic proclivities. This paper is set to implore the socio-cultural-ethical perspective in looking at the effects of toxic masculinity to the mental health of men in Zimbabwe. The paper shall disentangle the social effects of toxic masculinity like violence, drug-related crime, anti-social behaviors, drug overdoses, lack of accountability and suicides. The paper shall also try to unravel how stigma and societal pressures, make men to refrain from seeking mental health treatment. The paper argues that toxic masculinity does not allow males to fully express themselves and their emotional needs because people may view it as a sign of weakness or vulnerability. The Afrocentric theory shall be used to probe the social cultural ethical beliefs of the African on the character and nature of boys and men. Document analysis, interviews and personal observations shall be used to glean data in this paper.

Keywords: Masculinity, toxic masculinity, mental health, ethics, social ethics, Zimbabwe

Introduction

The agility to depict virility is the supreme assignment of every man and boy the world over. Both traditional and modern societies have come up with various expectations on what it means to be a man. As a result, the behavior that men and boys always assume is set out by the societal expectations. From traditional to modern societies, men have been thought to be unemotional, power-hungry, narcissistic, and violent (Baughner &

Gazmararian, 2015). Men have been labeled as protectors, breadwinners, leaders, being quick to anger, selfish, and aggressive. All these explain what it means to be a man today. Such beliefs based on unproven biases, pressure boys and men to try to measure up to them thereby ultimately harming themselves and others in the process. Toxic masculinity compels men to use dominance, violence, and control to assert their power and superiority. Societies tell boys to “man up” when they feel upset or justifying abusive and inappropriate behavior with the phrases like “boys will be boys.” (Baugher & Gazmararian, 2015). Such calls make societies make boys and men aggressively compete and dominate others and encompasses the most problematic proclivities. This paper is set to implore the social cultural ethical perspective in looking at the effects of toxic masculinity to the mental health of men in Zimbabwe. The paper disentangles the social effects of toxic masculinity like violence, drug-related crime, anti-social behaviors, drug overdoses, lack of accountability and suicides. The paper also tries to unravel how stigma and societal pressures, make men to refrain from seeking mental health treatment. The paper argues that toxic masculinity does not allow males to fully express themselves and their emotional needs because people may view it as a sign of weakness or vulnerability. The Afrocentric theory was used to probe the social cultural ethical beliefs of the Africans on the character and nature of boys and men. Document analysis, interviews and personal observations were used to glean data in this paper. The paper begins by giving finer definitions of the term masculinity, toxic masculinity, and mental health before moving on to give a synopsis on the construction of gender in human communities. Secondly, the paper delves into the issue of toxic masculinity and its traits. The paper ends by giving the effects of toxic masculinity to men’s health and the corrective measures that could be taken to rectify the problem of toxic masculinity.

Research Methodology

This research adopted the qualitative research paradigm which quite neatly fits an investigation on socio-cultural ethics and behaviours that contribute to the construction of toxic masculinity in Zimbabwe. Chikungwa (2013:76) defined qualitative research as a method of achieving insights through discovering meanings, not through establishing causality, but through improving one’s comprehension of the whole. Polit

and Beck (2004) in Chikungwa (2013) said that qualitative research is a means of exploring depth, richness, and complexity inherent in the phenomenon. Creswell (2009) said that qualitative research is used to explore and understand the meaning groups or individuals give to a human or social problem. Merriam (2009) in Davis (2012) reiterated that qualitative research is usually used to permit individuals to tell their stories, and researchers use this method as they are interested to know how their subjects interpret their experiences, construct their words and form meaning from the experiences. Qualitative research seeks to explore the experience of others within the context of a specific topic, and it is not concerned with gathering statistics (Alaogun & Fatoki, 2009). This implies that qualitative research develops multiple perceptions to understand the complexity of the participants' reality and how meaning is constructed (Easterby et al., 2008).

The qualitative research paradigm was handy in situating the issue of toxic masculinity and mental health and it provided in-depth knowledge on meaningful insights about the construction of masculinity in societies in both the traditional and modern societies. It was also helpful in navigating the socio-cultural ethical perspectives in looking at the effects of toxic masculinity to the mental health of men in Zimbabwe. The qualitative research method was informative in unlocking the social effects of toxic masculinity and how such masculinities create stigma and societal pressures which make men to refrain from seeking mental health treatment. The freedom enabled by qualitative research methods allows for a relaxed interaction between the researcher and the participants, thereby allowing the participants to reveal more information. The qualitative research method was chosen because it allowed the researcher to find out how people in different contexts feel, think, behave, and express themselves in response to the issue of masculinity (Bellenger et al, 2011). On the same note, Bogdan and Taylor (1975), cited in Marable (2011:47), said that qualitative research produces descriptive data, that is, people's own written or spoken words and observable behaviour. Such data cannot be obtained when using other research designs that do not give time for the researcher to mingle with the participants. The method allowed the researcher to mix with the participants and understand how participants respond to questions and the meaning they give to some words and actions. Words and actions are very important in understanding what participants are saying, hence the qualitative research design was a plus in this study. According to Polkinghome (2005), qualitative research methods are useful in the

generation of categories for understanding human phenomenon, and the investigation of the interpretation and meaning that people give events they experience. The researcher had the opportunity to obtain feedback on the study's findings from participants since the qualitative research design is human centered. The qualitative research design allowed the researcher to source data and seek participants' opinions on findings about the issue of masculinity. The study comprised of twenty participants who were chosen from various areas in Zimbabwe which include Mbare, Budiro, Dzivarasekwa and Kadoma. These areas were selected on the basis of activities like farming, mining, and informal trading. The reason for such activities was that they are normally associated with hard working which in turn prompt the abuse of drugs to cope with the hard work. The selected participants were labelled A to T. The participants were selected using the snowball approach.

This research is anchored on the lenses of the Afrocentric theoretical framework which is also called Afrocentricity. The theory calls for the study and examination of phenomena from the standpoint of Africans as subjects rather than objects (Asante, 1998). The theory pleads for "collective consciousness" among African people (Asante 1998, 2007; Johnson 2001:408). The theory regards history, ethics, culture, and philosophy of African people as critical in shaping one's slant to reality and understanding of the world. The Afrocentric theory is helpful in exploring toxic masculinity in Zimbabwe and situating its effects to men's mental health in so far as it tries to understand life settings of the Africans and their way of socialisation. The Afrocentric theory is advantageous in this research because it can stand as "both a corrective and a critique" (Asante 2007:27) to the attitudes and actions of current and future generations pertaining to toxic masculinity and mental health. As a critique, the Afrocentric theory could challenge Africans to express their agency through seeking home-grown solutions tailored to the mental health needs and predicaments of the African continent at large. Afrocentricity challenges the male superiority complex which places men at the centre, whilst the legacy of women is marginalised. The theory is an attempt to "obliterate the mental, physical, cultural and economic dislocation of African people by thrusting Africans as centered, healthy human beings in the context of African thought" (Asante 2007:120).

Conceptual Analysis

As a way of trying to bring the main purpose of this research to the fore, there is need to come to terms with the meaning of the concepts like masculinity, toxic masculinity, and mental health.

Masculinity

The term masculinity, like any social concept, cannot be defined with exactitude. The term is multifaceted in so far as manhood as a practice is different across time, cultures, and individuals. The meaning of masculine as Kimmel (2000b) pointed out, vary from one society or culture to another over time. The term masculinity has its roots in many thousands of years ago, when early *homo sapiens* used strength, to exert dominance or take charge of a particular area or territory (Hoffman, 2001). During that time, the most successful male *homo sapiens* were those who could fight and hunt. In those times, aggression, ruthlessness, and physical strength constituted the most desirable characteristics (Hoffman, 2001). As history continued, these behaviours spelt how dominant male rulers were to gain power by conquering others. Masculinity is defined as a configuration of practices that are organized in relation to the structures of gender identities and relations (Connell, 1987). According to Good, Sherrod and Dillon, (2000), the term masculinity refers to the roles, behaviours and attributes seen as appropriate for boys and men in each society. In short, masculinity refers to society's expectations of males. Kimmel (2001) stated that masculinity refers to the social roles, behaviors, and meanings prescribed for men in any society at any time. This implies that every society has got its own expectations on males and such expectations define what it means to be a man or boy. Kimmel further defined masculinity as qualities and attributes regarded as characteristic of men. Connell (1995:115) identified four different types of masculinity which are hegemonic, subordinate, complacent and marginal. Masculinity is socially constructed from childhood. As a boy grows up particularly in African countries, he is told that "a man is a sheep; he does not cry," (Hossain et al., 2014). This means that he should be brave and resilient. As reiterated by one interviewee, African societies believe that "a man is a black iron" (Hossain et al., 2014). This means that he is physically strong. The African communities are replete with statements like "When a man has got hold of a female animal"—circumlocution for a girl or a woman "he does not let it go"; "a man is the sky, he covers what he has seen," i.e., he is secre-

tive; “a man hides his limp,” i.e., he does not show his weaknesses (Hossain et al., 2014). By implication these proverbs suggest that women, through whom men are defined, are timid, physically weak, and vulnerable, passive, and unreliable since they are not secretive.

Men fear to be labelled a woman. There is nothing more demeaning and contemptuous than portraying a man as a woman among the Africans (Berke and Zeichner, 2016). In African perspectives, a man can only become a man by not becoming a woman, who is fainthearted, powerless, emotional, and weak (Berke and Zeichner, 2016). From this analysis then it suffices to define masculinity as a gendered category or identity that feeds on the differences in what women and men within a particular culture can or cannot do (Berke and Zeichner, 2016). Masculinity can also be perceived as the sum of men’s socially fabricated and gendered characteristic practices at work, with their families, in their communities, in groups and institutions (Edley & Wetherell, 1995:95). Due to its association with culture, masculinity is averse to universalistic categorizations. Be that as it may, there are many masculinities as there are many cultures, classes, times and places, and their contours change over time (Morrell, 1998:607). The notion of masculinity is susceptible to power and this power aspect finds expression in what is called hegemonic masculinity. Hegemonic masculinity, according to Morrell (1998:609), is a form of masculinity that is dominant in society. As Morrell (1998:608) further suggests, hegemonic masculinity is renowned for its predilection for the oppression of women, as well as the subordination of other versions of masculinity, while bestowing power and privilege on men who embrace it.

Masculinity is a belief that there are some essential or natural features that characterises the categories of men and women. As Connell (2005) noted the same categories are attached to social and symbolic meanings, which are rooted in social structures and in cultural and religious ideologies of most communities. Chitando (2008:51) states that ‘while being male is a biological factor, the process of expressing manhood is informed by social, cultural, and religious factors. It is thus vital to mention that masculinities form a recurrent subject in the writings of Chitando. As a way of trying to deal with the dangers of masculinity, Chitando (2008) critically examined the issue of unsafe sexual practices perpetuated by men in some of his writings. He challenges men to adopt more humane practices and encouraged solidarity with women as something that both African Traditional Religions and Christianity have to offer, and which is a necessity for the transformation of masculinities in Africa. Other relevant

works include “Patriarchy and the Political Economy of the Biblical Culture” (2010) in which Chitando discussed the patriarchal culture that produced the Bible; how biblical resources and religion have been used to maintain patriarchy; and finally, how certain Bible passages can be used to reconstruct masculinities. These ideas were further developed in *Challenging Masculinities: Religious Studies, Men and HIV in Africa* (co-authored with S. Chirongoma, 2008); in the introduction to *Redemptive Masculinities* (co-edited with S. Chirongoma, 2012) and “Religion and Masculinities in Africa: Opportunity for Africanization” (2013) Chitando further interrogates the issue of masculinity. Rather, Chitando has analyzed masculinity in relation to a variety of issues. Some of these include sexuality, HIV & AIDS, violence, fatherhood, history, health, religion, culture, education, power, conflict, and violence, as well as issues relating to theory. So, “masculinities,” represents a broader and more abstract concept, they go beyond men’s bodies or physiology (manhood) to include masculine expressions by females. This means that masculinity is socially and psychologically constructed.

Toxic Masculinity

The term toxic masculinity has been gaining traction in the past few years. This term refers to the dominant form of masculinity wherein men use dominance, violence, and control to assert their power and superiority (Connell, 1995). The term points to a particular version of masculinity that is unhealthy for the men and boys who conform to it, and harmful for those around them. Toxic masculinity is represented by qualities such as violence, dominance, emotional illiteracy, sexual entitlement, and hostility to femininity (Sheppard, 2023). Curtis, (2019) clearly stated that in modern society, people often use the term toxic masculinity to describe exaggerated masculine traits that many cultures have widely accepted or glorified. This harmful concept of masculinity also places significant importance on ‘manliness’ based on strength, lack of emotion, self-sufficiency, dominance, and sexual virility. Connell (1995:116) stated that toxic masculinity refers to the notion that some people’s idea of “manliness” perpetuates domination, homophobia, and aggression. This shows that toxic masculinity involves cultural pressures for men to behave in a certain way that is likely to affect boys and men in some fashion. Toxic masculinity is a concept used to define unhealthy and often traditional characteristics or attributes associated with men (Curtis, 2019). Toxic mascu-

linity has also been defined as an attitude or set of social guidelines stereotypically associated with manliness that often have a negative impact on men, women, and society in general (Sheppard, 2023).

The term toxic masculinity has had many variations. In the works of Chitando, (2008, 2010) terms like transformative, liberating, and redemptive masculinities, are generally used as opposites to dangerous and harmful masculinities. For Chitando (2010) “transformative masculinities” refers to an undertaking to produce masculinities that can transform the world into a gender equitable one. “Liberating Masculinities” implies masculinities that are freeing subjects of patriarchy, and it is capable of freeing men from the negativity that characterises their behaviour (Chitando, 2008). The term “redemptive masculinities” is said to distinguish masculinities that promote or give life in the face of harsh conditions (Chitando, 2010). So, the meanings of these concepts overlap and in this research all the terminologies are understood as opposites to the phrase ‘toxic masculinity’.

Toxic masculinity thus refers to hegemonic masculinities which have projected men as having power over women and children. It is a social construction which poses men as more powerful than women (Messer, 2004:78). Rather, through social engineering, facilitated by religion and culture, men have been portrayed as leaders across various cultures and this presents us with toxic masculinity. Toxic masculinity is thus a concept used to define unhealthy and often traditional characteristics or attributes associated with men. Men are often defined by outdated and unfounded stereotypes like being unemotional and power-hungry, being narcissistic and violent. All these create an unhealthy and unrealistic understanding of what it means to be a man today. Men resist help so as not to appear weak or to waste others’ time with “minor” issues (O’Brien et al., 2005). This was also expressed by most of the small-scale gold miners in Kadoma during interviews.

For many men, identifying with and fulfilling a breadwinner role is a crucial part of how they demonstrate their masculinity. For example, maintaining one’s role as a worker and breadwinner was an expressed goal of male workers in mining areas of Shurugwi, Kadoma and Kwekwe during the data collection period. The same was expressed by aging farm workers in local farming areas in Kadoma.

Mental Health

The World Health Organization (WHO) (2004) states that mental health is more than just the absence of mental disorders or disabilities. WHO (2004) also emphasizes that preserving and restoring mental health is crucial individually and at a community and society level. WHO (2004) intellectualizes mental health as a state of well-being where in the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to his or her community (World Health Organization, 2004). The Centre for Diseases Control and Prevention (2021) posited that mental health includes our emotional, psychological, and social well-being. This shows that mental health affects how we think, feel, and act. Mental health also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood. This infers that when one experiences mental health problems, one's thinking, mood, and behavior would be affected. Rather, it can be inferred from the definition that mental health is all about how people think, feel, and behave. WHO (2022) defined mental health as a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. This surmises that mental health is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Keyes (2014) identifies three components of mental health which are emotional well-being, psychological well-being, and social well-being. For him, emotional well-being includes happiness, interest in life, and satisfaction; psychological well-being includes liking most parts of one's own personality, being good at managing the responsibilities of daily life, having good relationships with others, and being satisfied with one's own life. Social well-being, for Keyes, refers to positive functioning and involves having something to contribute to society, feeling part of a community (social integration), believing that society is becoming a better place for all people (social actualization), and that the way society works makes sense to them (social coherence) (Keyes, 2014).

Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community (Slade, Amering, Farkas et al., 2014). It is an integral component of health and well-being that underpins indi-

vidual and collective human abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right which is crucial to personal, community and socio-economic development (Slade, Amering, Farkas et al., 2014). According to Gross and Muñoz (1995), mental health is more than the absence of mental disorders and it exists on a complex continuum, which is experienced differently from one person to the next, with varying degrees of difficulty and distress and potentially very different social and clinical outcomes. This implies that mental health conditions go beyond mental disorders and psychosocial disabilities to include other mental states associated with significant distress, impairment in functioning, or risk of self-harm. People with mental health conditions in most cases are more likely to experience lower levels of mental well-being.

There are various determinants of mental health such as emotional skills, substance use and genetics. Exposure to unfavourable social, economic, geopolitical, and environmental circumstances including poverty, violence, inequality, and environmental deprivation increases people's risk of experiencing mental health conditions. Even though mental health risks can manifest themselves at all stages of life, those that occur during developmentally sensitive periods, particularly early childhood, are predominantly detrimental. The way men and boys are socially constructed in African communities is one of the chief determinants of possible mental health in their lives (Keyes, 2014). The construction would create toxicity which would in turn affect the way men and boys behave and perceive life. Failure to neatly fit in the spectrum expected of a man or boy greatly affects the mental health and in most cases the detriments are sour.

So, as Lamers, Westerhof, Bohlmeijer, et al (2011) said, mental health is a dynamic state of internal equilibrium which enables individuals to use their abilities in harmony with universal values of society. For them the basic cognitive and social skills; ability to recognize, express and modulate one's own emotions, as well as empathize with others; flexibility and ability to cope with adverse life events and function in social roles; and harmonious relationship between body and mind characterise imperative mechanisms of mental health which contribute, to varying degrees, to the state of internal equilibrium. Heinz & Kluge (2011) rightly said that the basic ability to function in social roles and to participate in meaningful social interactions is an important aspect of mental health and particularly contributes to resilience against distress.

Toxic Masculinity, social ethics, and mental health in Zimbabwe

Growing up in the cultural and ethical values of Zimbabwe entails assuming certain behavioural patterns which the various societies have prescribed and labelled as proper. Most communities in Zimbabwe, like any other African communities, have their own expectations when it comes to being male. There are basic traits that are expected from a boy as well as from men. Such cultural and ethical expectations spell out what it means to be male. At the same time there are basic traits that are expected to be exhibited by every girl and woman as they navigate the communities in their day-to-day life experiences (Keyes, 2014). Men have long been shown as strong, aggressive, and emotionally incompetent, tough, daring, heterosexual and dominant. The expectations of manhood are instilled at an early age, and they spell out the African social ethics. Directions like “man up,” “grow a pair,” “don’t be like a woman”, “be a real man” and “don’t cry” constitute the social ethics of the Africans and are ingrained in boys’ psyche, instilling a fear of looking weak or cowardly (Keyes, 2014). All these provide a characterization of what masculinity is expected to be. As a way of making sure that these attributes manifest in boys and men, they are enforced through socialisation, media, peers, and a host of other knowledge imparting models in Africa in general and Zimbabwe in particular. Resultantly, such social ethical values play an important role in influencing the behavioural pattern of many boys and men. In some instances, the different expectations for what being a man or boy entails can often leave someone feeling lost and confused about how they should act. In fact, a male who does not display enough of the set traits may fall short of being a ‘real man’ (Messer, 2004:79). Expectations of masculinity may come from parents, teachers, and peers through socialisation or social ethics. While the intent is usually without malice, these sentiments plant a seed of social misalignment. The men who genuinely internalize the idea of masculine expectations can face some troubling issues in life after failing to sustain the same expectations. Rather, failure to fit into the expectation box often creates isolation, frustration, and emotional toll in boys and men. In most cases it leads to suicide, violence, drug and substance abuse, depression, rejection, and self-denial.

The other aspect which creates toxic masculinity in Zimbabwe is sexual potency which is often associated with masculinity across various cultures. Men have been socialized to associate the state of manhood with

competence in sexual matters. Many men are “under social pressure to behave in a domineering and sexually aggressive way” (Walker, Reid, and Cornell, 2004:24). The “becoming” moment of most men is defined in terms of the first sexual encounter with a woman. Unfortunately, failure to prove and maintain sexual potency would make men to engage in acts like violence, rape, and sexual coercion. So, the link between masculinities and heterosexual performance is deep seated. Men’s failure to live up to the societal expectation of the “breadwinner” tag drives men to resort to violence; ‘drinking substances which get them to ‘sticking`, abuse of drugs and substances as well as participating in all sorts of ills as a way of brushing off the thinking about their failure.

According to Dolan (2011); Creighton & Oliffe (2010), men due to toxic masculinity are more likely than women to engage in risky activities, such as smoking, alcohol overuse and unsafe sexual practices. Berger et al., (2005; see also Addis & Mahalik, 2003) argued that toxic masculinity makes men to be less likely than women to engage in health seeking and health promotion behaviours. In the same vein, O’Brien et al. (2005) reveal that men are less likely to attend to serious health and body symptoms and more likely to believe that it is necessary to endure high degrees of pain and conceal mental health issues because of toxic masculinity.

Data presentation

There are various effects of toxic masculinity and in most cases, they affect the mental health of men and boys in Zimbabwe.

Need for control

Toxic masculinity encourages men to assert their power and dominance. We see this often in domestic relationships. Boys and Men believe that they should always have the final say in their relationship, and boys and men believe that they deserve to know where their girlfriends or wives are and who they spend time with always (Levant & Wilmer, 2011). During the interviews Participant C said that *ini semurume ndine mvumo yekuziva kwaswera musikana wangu kana mudzimai nekuti ndinogona kufunga kuti ndini ndoga paari iye aine zvikomba kunze* (As a man I have the right to know where my girlfriend or wife is because I may think that I am the only person in her life while she has other lovers beside me). Participant B said, it is the duty of a man to know where his wife is and who she

spends time with because women can easily be led astray by friends or boyfriends. A man is a man when he can control his wife said participant D. Participant D further said that *murume haafanirwi kupindwa muhomwe nemukadzi. Kana murume akangodheererwa chete mukadzi anohura ari pamba pako* (a man should not be overruled by a woman. Once the woman rules over a man, she will prostitute while at the homestead of the man). So, one of the detrimental effects of toxic masculinity is the eager and zeal to control women. Failure to perform up to this expectation would cause men and boys to be violent to their wives or girlfriends. The violence would be the last resort to force the woman to be under men's control.

Promiscuity

Toxic masculinity praises men for having multiple sexual partners while expressing disgust at women who do the same. In the interview, Participant A in Dzivarasekwa in Harare said *murume ibhuru uye bhuru rinonekwa nemavanga pamwe nekugona kutunga* (a man is bull and bull must be recognized by having scars as well as being aggressive). This implies that due to toxic masculinity, a man is a man when he has many lovers. In the same way, a bull may have multiple lovers, so is a man expected to behave in African communities. To show manhood, one must have many wives or lovers, and no one should ask why. Interviewee H said *murume asingahuri mukadzi* (a man who is not promiscuous is a woman). Interviewee M said *bhuru rinotunga rinoonekwa nemuware* (an aggressive bull is seen by wounds). This suggests that to show his manhood, a man can even get sexually transmitted diseases and it is not a problem. This shows that toxic masculinity makes men to participate in promiscuous behaviour to prove their manliness. In turn, such behaviour would have dangerous effects on their mental health. They would feel obliged to prostitute and have many wives/sexual partners because the inclination to prove manhood is always a man's prime action.

Refusing to help with household duties

Toxic masculinity makes men and boys to reject roles traditionally considered "women's work." There is a strong belief in many communities in Zimbabwe that boys shouldn't be taught things like cooking, cleaning, and childcare. These duties are feminine in nature. Any man or boy seen doing these duties would be regarded as a woman. In some cases, men who do household chores are said to have been given love portions (*kudyiswa*). Toxic masculinity does not allow or tolerate *kudyiswa* (given love

portion). If a man is thought to have been given a love portion, they would try to find an antidote to make him vomit the portion for him to become a normal man. So, a normal man according to toxic masculinity, is one who does not help in household chores or childcare. When a baby is crying, they would say the mother should take care of the child. In Shona we have a statement which men normally say when a child is crying- *mwana haana mai here uyo* (does the child not have a mother). This further suggests that toxic masculinity has totally removed men from the household chores and childcare. This implies that the mental faculty of man has been greatly affected by the spells of social construction that men should not be involved in household chores and childcare. Anyone seen doing them is regarded to be mentally disturbed by the love portion.

Risk-taking

Taking risks and suppressing fear is another feature of toxic masculinity. As a result, men are more likely to abuse drugs, drive dangerously, gamble, and engage in violence. Boys and men are less likely to engage in a “helping behavior” – They cheer up when they witness bullying. When other men are fighting- even when animals fight men cheer up. When a man is beating up a woman, cheerful word like *rova hure iro, uraya kuti asakudherera, yaaa ajaira kutonga varume, rova* (beat the prostitute, kill her so that she will not disrespect men, they are used to overrule men at home) are pronounced. Men and boys take pride and cheer when they watch animals like bulls fighting. For them watching animals fighting is synonymous to men being able to swallow challenges and stand to the expectations of the African social ethical values of a man. Toxic masculinity causes men to be reckless with their behaviour, action and even language. Men feel they have the freedom to make sexual comments when a woman passes by, they think they are inclined to say vulgar words amidst women even at work. When men fail to live up to the expectations of what being a man is, they may start abusing drugs and substances. During my visits to the drug abuse ‘bases’ in Mbare and Budiriro in Harare, the drug abusers (Interviewees E-M) echoed the same sentiments that, *kuti ukangamwe nhamo dzeupenyu unobva wangomwa zvinodhaka wobva wasticker* (becoming unconscious) *zvako* (For a man to forget the hardships of life, you just must take drugs and then you become unconscious). The phenomenon of “sticking” is becoming so rampant among the youths today in Zimbabwe. This has been attributed to failures to make ends meet in

the harsh economic conditions in the country. To opiate the harsh conditions the youths spent more time under drugs. They have even created the so-called 'bases' where they recruit many other youngsters and influence them to abuse drugs and substance. At the 'bases' there is also sexual abuse and violence, and they spend most of the time quarrelling and fighting. They do not bathe, and the surroundings are dirty. This exposes men and youths to health hazards. The interviewees at the camp in Budiriro said *pano ndopamusha pedu, tikaova mogo redu toswera takasticker kana nzara hatiinzwi* (this camp is our home, once we take drugs, we become unconscious, and we will not even feel hungry since we will be under the influence of drugs). Participant N further said that *ndikaenda kumba ndonetswa kuti enda unotsvaga basa, vanofunga kuti ndoriwana kupi* (when I go home, I will be told to go and find employment, where do they think I will get it). In the drug 'bases' manhood is seen in being able to take more toxic substances and drugs. They call this 'dry bonding'. The phrase was taken from the field of construction where it means building without mortar. In their language at the 'base' it means taking strong staff or drugs without diluting them. Men and boys are more likely to dress unprofessionally than women and girls because of the risk-taking behaviour of men and boys caused by toxic masculinity.

Sexual aggression toward women

Men who have been influenced by toxic masculinity are more likely to believe they are entitled to women's bodies, leading to sexual comments and harassment toward women and a higher likelihood of believing rape myths (Kiss et al., 2015). Men think they are free to loudly comment on the dressing, structure, or shape of a woman. When a woman or girl passes by and is wearing a mini skirt, men and boys feel free to shout words like *hure* (*prostitute*), *ende une gumbo wena* (*you have nice legs*), *hona gumbo iro* (see how nice her legs are). Such inclinations are a result of toxic masculinity which has spelt out that men have freedom of speech, expression, and language.

Stoicism

A cornerstone idea of toxic masculinity is that showing emotion is weak and feminine. Men are expected to be mentally and physically tough without breaking. Boys and men encourage each other or the self to "man up" or "power through pain" (Assante, 2007). When a man realises that his woman has been unfaithful, he is likely to commit a crime for example,

killing himself, the woman, or the partner etc. Such an act shows manhood. They brave up when in a tough situation due to toxic masculinity.

Violence

Toxic masculinity encourages men to use aggression and violence to assert their dominance and masculinity. Men can use violence to get respect. In early childhood, violence and aggression are used to express emotions and distress (Levant and Wilmer, 2011). As males grow up, aggression shifts to asserting power over another, particularly when masculinity is threatened (Pellegrini & Bartini, 2001). Masculine ideals, such as the restriction of emotional expression and the pressure to conform to expectations of dominance and aggression, heighten the potential for boys and men to engage in acts of violence like bullying, assault, and physical and verbal aggression (Feder, Levant, & Dean, 2010).

As Berke et al. (2016) puts it, aggression can result when a man or a boy experiences stress stemming from self-perceived failure to live up to masculine or social ethics expectations or when they maintain normative masculine expectations. The resultant experience of discrepancy and dysfunction in men and boys is the expression of negative venerated characteristics of masculinity, such as violence toward others (Pleck, 1995; Richmond & Levant, 2003). Males who are involved in intimate partner violence (IPV), clearly show a prime example of dysfunction, and reflects the feelings of distress they experience in situations that threaten their idealized masculine identity (Baugher & Gazmararian, 2015). Understanding the connection between negative social ethics, toxic masculinity and violence clearly shows that there is need to retool the concept of social ethics to ensure males' mental health is addressed (Dworkin, Treves-Kagan & Lippman, 2013).

Glorification of Unhealthy Habits

The other effect of toxic masculinity and social ethics in Zimbabwe is the glorification of unhealthy habits. This glorification brings the conception that "self-care is for women" and men should treat their bodies like machines by skimping on sleep, working out even when they're injured, and pushing themselves to work beyond their physical limits to provide food on the table. Toxic masculinity discourages men from seeing doctors and seeking medication early when they are sick (Kimmel, 2000b). Toxic masculinity may also stress that it's inappropriate for men to talk about their feelings. Avoiding conversations about problems or emotions has often

evoked feelings of isolation and loneliness in men and in the process affecting their mental health. The moment men actively avoid vulnerability, act on homophobic beliefs, ignore personal traumas, or exhibit prejudice behaviours against women, many larger societal problems come into play. So, masculinity becomes fragile through its rigidity. When masculinity fails to hold the panoply of gender expressions, sexual cultural orientations, or feminine strength intrinsic to any society, it will lash out, or risk crumbling under the weight of its own culturally constituted expectations (Abramsky et al., 2011). Men are perceived as more violent than women. Most violent criminal offenses are committed by men. As mental health experts always say, every behaviour is connected to a need, men often become violent to protect their vulnerability. The impact of toxic masculinity is far-reaching. It can lead to more violence against women, as men may feel entitled or validated in their abusive behavior. Unhealthy masculinity is also incredibly detrimental to men. Men who display traits of toxic masculinity are more likely to experience isolation, poor health, and unhappiness.

Inability to Express Vulnerability

Unfortunately, many men aren't taught how to be vulnerable, how to overcome trauma, or how to embrace every aspect of themselves (American Psychological Association, 2018). Society often puts pressure on men to "be men" in the traditional sense, rather than simply be human. For men, vulnerability is often neglected, dismissed, or combated. When men push down emotions, ignore feelings, or dismiss their feminine traits, their mental health will suffer.

Drug and Substance Abuse

Activities like smoking and drinking are associated with men. They are leaders of drug abuse 'bases' today. When men realise that they have failed to live to the expected standards of being a man, they may start abusing drugs to pacify the thinking about the failure. Some of the failures men fear include: failure to excel in education; failure to secure employment; failure to secure a firm relationship etc. These were expressions of most 'base' members in Budiriro during data gathering.

A desire to demonstrate self-reliance may also influence men's request for and acceptance of assistance in relation to their health and safety needs. Williams indicates that men are less likely to comply with medical treatments (Williams, 2003) while Courtney argues that men resist medical attention as a display of "toughness" and self-reliance (Courtenay,

2000). Similarly, Charles and Walters argue that dominant norms of masculinity influence men's perceptions regarding their health, risk surveillance and medical management strategies (Charles & Walters, 2008). During the face-to-face interviews with some men in Highfields in Harare it was highlighted that men are tough and can endure pain hence they should almost always man up. To help them become more of men, they abuse drugs and substances.

From what has been submitted so far in this research, toxic masculinity from a social ethics perspective can affect the mental health of a man who does not meet the expected 'phantom' masculinity claims but feels pressure to do so. Traditionally, the pursuit of mental health treatment by men has received minimal support. Expectations of strength or stoic expression may prevent men from reaching out to a mental health professional when they need it. Men and boys forced to cling to these traits often experience adverse effects and may face mental problems, such as:

Depression – Failure to fit into the masculinity toolbox causes boys and men to experience a constant low mood and loss of interest in activities and events that they previously enjoyed (anhedonia) (Hoffman, Borders, & Hattie, 2000). They can feel prolonged periods of sadness or extreme sadness. The Mbare drug 'base' has many boys and men in this category. At times they go for days without food while under the influence of drugs.

Poor social function – Boys and men who are affected by toxic masculinity and are involved in drug and substance abuse would become antisocial (Barker, Ricardo, & Nascimento, 2007). In most cases, they withdraw from the mainline society and form what they call 'bases.' Here they spend most of the time smoking and abusing drugs and substance. Their ability to socialise with others would be totally extinguished. They would be seeming to be lifeless (sticking) most of the time.

Stress – Toxic masculinity may also lead to stress as one fails to meet the standard expectations of being masculine. Too much stress would in turn lead the boys and men to be involved in crimes, abuse of drugs and at times they become violent.

Ways of Combating Toxic Masculinity and Mental Health

There is need for modern society to sludge towards breaking the stigmas that perpetuate toxic masculinity. Other possible ways include recognizing that masculine ideals of the past are not permanent and infallible, seek out opportunities to help and heal, advocate for change and helping to create a more inclusive society by supporting women. Teach and model accurate gender roles and responsibilities; lead our families and communities effectively; creating marketing campaigns to change social and cultural norms around masculinity; educating parents on the damage that physical punishment and humiliation techniques do to kids; educating parents on the importance of creating safe and nurturing environments; educating parents on the importance of teaching kids to regulate their emotions and promoting healthy relationships that are free of abuse and violence.

Since toxic masculinity has a great effect to the mental health of the males in Zimbabwe, there is need to combat mental health problems. According to Assante (2007), the best possible way would be to get professional help when need is necessary, connecting with others, staying positive, getting physically active, helping others, getting enough sleep. The other ways include deepening the value given to mental health by individuals, communities and governments; and matching that value with commitment and engagement, reshape the physical, social and economic characteristics of environments in homes, schools, workplaces and the wider community so as to better protect mental health and prevent mental health conditions; and strengthen mental health care so that the full spectrum of mental health needs is met through engaging with boys and men on the dangers of toxic masculinity.

Conclusion

The idea of becoming man enough has been and is still the main goal of every boy child from birth. A sheer hearing of the phrase 'man up' has helped much to exert pressure on boys and men to act in certain ways which may be detrimental in their lives. The zeal to portray virility has made men to embrace toxic masculinity and this has had major effects to the mental and physical health of men. Men in both traditional and modern societies have often been defined by unfounded stereotypes, which create unhealthy and unrealistic characteristics and behaviours. Men have

been thought to be unemotional, power-hungry, narcissistic, and violent (World Health Organization, 2017). Men have been dubbed as protectors, breadwinners, leaders, being quick to anger, selfish, and aggressive. All these explain what it means to be a man today. Such beliefs based on unproven stereotypes, pressure boys and men to try to measure up to them thereby ultimately harming themselves and others in the process. Toxic masculinity compels men to use coercion, force, violence, and control to assert their power and superiority. Societies tell boys to “man up” when they feel upset or justifying abusive and inappropriate behavior with the phrase “boys will be boys.” The assumption of toxic masculinities often leads boys and men to engage in such activities like drug and substance abuse, overworking to prove that they are strong, becoming violent and abusive to their female counterparts. Other effects of toxic masculinity include depression, being anti-social, stress and many others. Toxic masculinity is seen through homophobia, craving for unwarranted control over others, promiscuity, risk taking and failure to uphold household chores. All these have had a great impact on men’s mental health. Hence, there is a close relationship between toxic masculinity and mental health.

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