

MASCULINITY IDEALS AND HIV PREVENTION: AN ANALYSIS OF  
PERCEPTIONS AMONG MALE GRADUATES OF THE TAVERN  
INTERVENTION PROGRAMME (TIP) IN GAUTENG

by

WENDY HARRIET THÖLE-MUIR

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SUPERVISOR: MR LEON ROETS

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## Declaration

I declare that EXPLORING MASCULINITY IDEALS AND HIV PREVENTION: AN ANALYSIS OF THE PERCEPTIONS OF MALE GRADUATES OF THE TAVERN INTERVENTION PROGRAMME (TIP) IN GAUTENG is my own work and that all the sources that I used and quoted have been indicated and acknowledged by means of complete references.



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W H Thöle-Muir

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## **Abstract**

In many South African communities, socially constructed masculinity norms that promote unequal gender relations and high risk sexual behaviour are key contributing factors to HIV transmission. Following a qualitative approach, using in-depth interviews, this study engaged graduates of the Tavern Intervention Programme (TIP) in Gauteng to explore and describe their perceptions of traditional and modern masculinities, as well as their experience of the TIP. The findings indicated that, while there are differences between traditional and modern men, several masculinity practices, such as unequal gender relations, inconsistent use of condoms, infrequent accessing of HIV testing opportunities and entitlement to multiple partners endure as potential barriers to HIV prevention. Additionally, peer groups reinforce and reward HIV risk behaviour among modern men. Participants did, however, report changes in perceptions and behaviour regarding gender relations and HIV prevention as a result of their participation in the TIP. This study concluded that the role the TIP played in providing these men with an environment where alternative masculinity behaviour could be explored and supported was of particular value in terms of changes in their perceptions of masculinities, gender relations and HIV prevention.

**Key words: masculinities, gender relations, HIV transmission, peer groups, alternative masculinity behaviour, HIV prevention, Gauteng**

## **Acronyms and Abbreviations**

AIDS	-	Acquired Immune Deficiency Syndrome
ART	-	Anti-retroviral Therapy
DOH	-	South African Department of Health
HEARD	-	Health Economics and HIV and AIDS Research Division
HIV	-	Human Immunodeficiency Virus
IMAGE	-	Intervention with Microfinance for AIDS and Gender Equity
MEDSA	-	Men for Development in South Africa
NSP	-	National Strategic Plan
SAB	-	South African Breweries
SABCOHA	-	South African Business Coalition on HIV and AIDS
SAPS	-	South African Police Service
STI	-	Sexually Transmitted Infections
SO	-	Strategic Objective (of the NSP)
TB	-	Tuberculosis
TIP	-	Tavern Intervention Programme
UKZN	-	University of KwaZulu-Natal
UNAIDS	-	Joint United Nations Programme on HIV/AIDS
WHO	-	World Health Organisation

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# Chapter 1: Contextualising the Research Problem

## 1.1 Introduction

The social construction of masculinities is not a singular event in the life of an individual. Developing perceptions of masculinity ideals and masculinity behaviour is a process that takes place over time within specific or multidimensional social contexts, such as urban or rural environments. The way in which masculinities and gender roles are socially constructed has both ideological and practical implications in determining a person's life experiences generally and, more specifically, their sexuality and gender relations. By conducting narrative interviews, this study engaged male participants of the Tavern Intervention Programme (TIP) in a dialogue about their perceptions of masculinities, gender relations and HIV transmission, as well as their experience as participants of the programme and how it impacted on their lives. The TIP is a joint initiative of the South African Breweries (SAB) and Men for Development in South Africa (MEDSA), as well as the South African Business Coalition on HIV and AIDS (SABCOHA). Men are recruited "through their attendance at taverns, their interest in social change initiatives or due to their known history of social or domestic difficulties" (Govender & George 2013:2). Workshops are facilitated in selected local taverns and take place on six consecutive Saturday mornings. After their graduation from the programme, graduates are encouraged to attend the monthly support group sessions. Since its inception in 2009, more than 1 000 men have completed the TIP (Govender & George 2013:2).

This was a qualitative study that focused on the participants' perceptions of masculinities, gender relations and HIV transmission in both traditional and modern contexts. The study also investigated whether participation in the TIP brought about changes in their perceptions. While the study collected the participants' subjective accounts of their participation in the programme, it did not set out to conduct a systematic evaluation of TIP in order to declare whether it was successful or not.

TIP was initiated primarily in response to alcohol abuse among men. However, perceptions of masculinities in relation to HIV transmission were also targeted as

an objective, which made the programme relevant to this study. In this context, education modules were developed specifically to address masculinity ideals, gender relations and HIV prevention (SAB (Pty) Ltd [sa]:1).

## **1.2 Background**

In this, the third decade of the HIV and AIDS pandemic, there is growing confidence that it can, in fact, be halted across the globe (UNAIDS 2014a:8). The rate of new HIV infections is in decline, substantial progress has been made in preventing HIV infection among children, more people living with HIV know their status and the number of AIDS-related deaths has been reduced (UNAIDS 2014a:9). However, despite this progress, by the end of 2013, 35 million people were living with HIV across the globe and this number is increasing as a result of greater access to treatment. Although the number of new infections worldwide is lower, it is still very high at 2.1 million new infections in 2013, 16% of which occurred in South Africa (UNAIDS 2014a:18). Of the total number of people living with HIV, 24.7 million live in sub-Saharan Africa, the most affected region. Heterosexual sex is the leading cause of transmission here and one of the fundamental contributing factors to the extent of the pandemic in this geographical area is the heightened risk of HIV infection among young women and adolescent girls (UNAIDS 2014a:18). According to the South African National HIV Prevalence, HIV Incidence and Behaviour Survey (Shisana, Rehle, Simbayi, Zuma, Jooste, Zungu, Labadarios & Onoya 2014:37, 38), which was conducted using a sample that represented the general population (not an antenatal population), total male prevalence continues to be much lower at 9.9% than female prevalence of 14.4%. This ratio is noticeable from a young age (15-19), where the prevalence rates are 0.7% for men and 5.6% for women. According to the authors, this suggests that young women are “contracting HIV by having sex with older men” (Shisana et al 2014:37). Male prevalence rates reach these levels at age 20-24 (5.1%), whereas the prevalence rate for women of this age would already have tripled to 17.4%. The highest prevalence among women is in the 30-34 years age group (36.0%), while among men it is in the 35-39 years age group at 28.8%. Prevalence among men aged 40-44 (15.8%) is significantly lower than among women of similar age (28.0%). After the age of

60, male prevalence at 4.6% exceeds female prevalence of 2.4% (Shisana et al 2014:38).

It is increasingly evident that the particular vulnerability of women and girls is “shaped by deep-rooted and pervasive gender inequalities” (UNAIDS 2014b:92). Unequal gender relations is a significantly more pronounced risk factor in countries where women have a low socio-economic and political status and, consequently, limited access to services and a reduced capacity for demanding protection against HIV transmission from their sexual partners (UNAIDS 2011:70). According to Leclerc-Madlala (2008:18), these drivers of gender inequity and HIV transmission are prevalent in most sub-Saharan African countries.

As we entered the 21<sup>st</sup> century, Drimmie (2002:2) cited Louwenson and Whiteside’s (2001) summary of the impact of HIV and AIDS as follows:

*The devastation caused by HIV/AIDS is unique because it is depriving families, communities and entire nations of their young and most productive people. The epidemic is deepening poverty, reversing human development achievements, worsening gender inequalities, eroding the ability of governments to maintain essential services, reducing labour productivity and supply, and putting a brake on economic growth. The worsening conditions in turn make people and households even more at risk of, or vulnerable to, the epidemic, and sabotages global and national efforts to improve access to treatment and care. This cycle must be broken to ensure a sustainable solution to the HIV/AIDS crisis.*

However, since these observations were made, the quality of life for people living with HIV has been substantially improved as a result of the increasing availability of antiretroviral treatment (ART). By the end of 2013, 12.9 million people around the world were receiving ART (UNAIDS 2014a:14). A notable increase in antiretroviral access has occurred since 2010, mostly among a small number of countries such as South Africa, which reports a third of the increase (UNAIDS 2014a:14). The South African Department of Health (DOH) has made HIV care, treatment and support services widely accessible to South Africans and has

succeeded in developing the largest ART programme in the world (South Africa, Department of Health 2012:2). According to the Minister of Health, Aaron Motsoaledi, the total number of people on ART increased from 923 000 in 2010 to 1.4 million in 2011; by October 2012, the DoH had reached its target of 2 million people on treatment (South Africa, Department of Health 2012:9-10). In its 2012/2013 Annual Report, the DoH stated that 612 118 people were initiated on ART in that year which means “the Department is on track to reach the target of 3 million patients on ART by 2015/2016” (South Africa, Department of Health 2013:43).

Gender relations have been identified as a key element in HIV prevention, and existing literature suggests that they do affect health outcomes in general and HIV transmission in particular. In the course of the pandemic, we have seen a large number of HIV prevention and educational programmes aimed at women. However, for HIV prevention programmes to be effective, both men and women have to develop sexual health behaviour that works mutually to prevent HIV transmission.

Engaging men effectively in HIV prevention is a vital component in reducing HIV prevalence and incidence rates. HIV prevention programming models, such as TIP, should therefore be evaluated and, where they are successful, extended. It is in this context that my study explored perceptions of traditional and modern masculinity ideals, gender relations and HIV transmission among graduates from the TIP.

### **1.3 Problem Statement**

In many South African communities, socially constructed norms of masculinities that result in unequal gender relations and high risk sexual behaviour have been identified as key contributing factors to HIV transmission. Research findings have linked gender norms, or socially accepted gender behaviour, to the increased risk of HIV transmission (Pronyk, Hargreaves, Kim, Morison, Phetla, Watts, Busza & Porter 2006:1973). The authors argue that women, and girls in particular, are vulnerable to HIV transmission as a result of masculinity norms that endorse high risk sexual behaviour. Entrenched ideas of manhood and masculinities also allow for male sexual entitlement, along with women’s low

social, economic and political power, as well as men's implicit need to control women (Jewkes 2002:1426). This is often accompanied by financial dependence, which reduces women's power to negotiate safe sexual practices and consequently increases the risk of HIV transmission. Silverman (2010:6) adds that unequal gender relations frequently find expression among men who assert their masculinity forcibly by committing intimate partner violence. These men are more inclined to engage in high risk sexual behaviour, thereby increasing the risk of HIV infection for their sexual partners.

In the context of the link between masculinity behaviour and HIV transmission, this study sought to gain a deeper understanding of participants' perceptions of masculinity ideals and the potential risks that masculinity behaviour poses for HIV transmission. On the other hand, the research also explored possible changes in their perceptions and behaviour as a result of their exposure to and participation in the TIP.

#### **1.4 Rationale for the study**

At policy level, this study would be aligned with the Strategic Objectives of the National Strategic Plan (NSP) for HIV, STIs and TB 2012-2016 (South Africa, Department of Health 2011:14). The NSP is designed to guide the national response for community-level, district, provincial and national stakeholders. Among its aims is to inform the development and implementation of HIV prevention programmes and interventions, such as the TIP. An important focus of the NSP is the improvement and quality of service delivery, building on the achievements of the previous NSPs as well as implementing new interventions (South Africa, Department of Health 2011:12).

One of the motivations for this study was to advance the NSP's four strategic objectives, which serve as the basis for all HIV, STI and TB response initiatives. The strategic objective to which this study aimed to contribute is, more specifically, Strategic Objective 1 (SO 1) which focuses on reducing the impact of the structural, social, economic and behavioural components that drive the HIV and TB epidemics (South African Department of Health [DOH] 2011:14,15). Unequal gender relations present a structural challenge to HIV prevention and, according to Jewkes, Nduna, Levin, Jama, Dunkle, Puren and Duvvury,

(2008:337), although change in gender-based sexual behaviour is fundamental in this regard, relatively little research and development have been invested in it. This study intended to respond to this imperative for further research by exploring the perceptions of masculinities and HIV prevention among graduates from the TIP with the intention of making recommendations to the TIP, and ascertaining opportunities for further research.

By conducting a further qualitative enquiry, this study also aimed to enhance the existing mixed method research that was undertaken on the TIP by Govender and George (2013). One of their recommendations was for continued research with different groups regarding the suitability of the TIP in terms of design and delivery. This study aims in response to provide some insight into this particular recommendation. In conducting a qualitative study, new considerations and a more nuanced understanding can be reached which may not be apparent in quantitative research findings (Rubin & Babbie 2008:415). This study aims to complement and strengthen the findings by Govender and George with qualitative data, or to add 'flesh to the bones', so to speak, by providing additional insight into masculinity ideals and their role in HIV transmission. This also includes the value of the TIP from the graduates' perspective.

### **1.5 Purpose Statement**

The purpose of this study was to explore the participants' perceptions of traditional and modern masculinity ideals, gender relations and HIV transmission. It also aimed to obtain the participants' perceptions of their experience of the TIP, particularly the ways in which the TIP influenced their perceptions of masculinity, gender relations and HIV prevention.

### **1.6 Research Objectives**

In this context, this study commenced with the following objectives in mind:

- 1 To explore the TIP graduates' perceptions of traditional masculinities, gender relations and HIV prevention;
- 2 To explore the TIP graduates' perceptions of modern masculinities, gender relations and HIV prevention;

- 3 To explore the TIP graduates' perceptions of their own masculinity and HIV prevention;
- 4 To explore how their participation in the TIP has possibly changed their perceptions of masculinities, gender relations and HIV prevention;
- 5 To explore ways of enhancing the TIP and identifying areas for further research.

In the light of the above research objectives, the study aimed at illuminating the following research questions:

### **1.7 Research Questions**

- 1 What are the perceptions of masculinity behaviour, gender relations and HIV prevention in the traditional context among TIP graduates?
- 2 What are the perceptions of masculinity behaviour, gender relations and HIV prevention in the modern context among TIP graduates?
- 3 What are TIP graduates' perceptions of their own masculinity behaviour, gender relations and HIV prevention behaviour?
- 4 Has their participation in the TIP brought about any changes in their perceptions of masculinities, gender relations and HIV prevention?
- 5 How could the TIP be enhanced and what areas would require further research in the context of masculinities, gender relations and HIV prevention?

### **1.8 Research Process**

This study followed a qualitative approach to exploring the participants' perceptions of masculinities, gender relations and HIV transmission, as well as to meeting the research objectives and investigating and providing insight into the research questions. Sampling was done using a purposive sampling technique. The research participants were selected according to the criteria that they completed the TIP programme and consented to participate in the study.

In-depth interviews were conducted with an open-ended interview guide as the primary method of data collection. The data was analysed using a thematic analysis process, during which the main themes were identified according to how they related to the research topic and research questions.

## **1.9 Research Assumptions**

Several assumptions were made in exploring the subjective perceptions of masculinity ideals and HIV transmission among male graduates from the TIP:

- a) This study would be conducted among men who reside in modern settings in Gauteng and have graduated from the TIP.
- b) There is a distinction between traditional and modern masculinities, and most participants have an understanding of and are able to discuss these distinctions.
- c) Most participants would have a fundamental awareness and knowledge of HIV transmission in terms of high risk sexual behaviour and HIV prevention measures.
- d) The TIP addresses, among other issues, HIV prevention in the context of masculinity behaviour and gender relations.

## **1.10 Operational Definitions**

### **1.10.1 Masculinities**

The operational definition of masculinities for this study would be behaviour identified by the participants that characterise what 'real' men do or are supposed to do; or the normative definition described by Connell (2005a:70) as "what men ought to be" in traditional and modern settings. It would include the ways in which being a man (or masculine) sets one apart from women (or what is considered feminine), the position held by men in gender relations and what the implications of these practices are for "bodily experience, personality and culture" (Connell 2005a:71) for traditional and modern men.

### **1.10.2 Inequality in gender relations**

The operational definition for inequality in gender relations was differences between men and women, especially in partnerships, such as the freedom to negotiate safe sex practices, access to family finances, and freedom in terms of time spent outside the home, as well as household and child-rearing responsibilities. Gender violence as an expression of inequality was operationalised as physical harm perpetrated by men against women in an intimate relationship (Jewkes 2002:1423). The operational definition of change in

unequal gender relations was self-reports from male participants of behaviour shifts, especially in terms of HIV prevention.

### **1.10.3 High risk sexual behaviour**

High risk sexual behaviour was operationalised as masculinity behaviour that is specifically associated with HIV transmission, such as having sexual partners outside a primary relationship, intermittent or no use of condoms, infrequent assessment of HIV testing facilities and the reduced power of women to negotiate safe sex practices (Amaro & Raj 2000:724). Operationally, the researcher based findings of changed masculinity behaviour on TIP graduates' self-reports of safe sex practices by mutual agreement with sexual partners, including fidelity, HIV testing and/or treatment, as well as condom use.

### **1.10.4 HIV transmission**

The operational definition of HIV transmission in this study was the process whereby HIV is transmitted from a male sexual partner to a female sexual partner by engaging in high risk sexual behaviour resulting in both partners living with HIV.

### **1.10.5 HIV prevention**

HIV prevention was operationalised as behaviour that prevents the transmission of HIV from a male sexual partner to a female sexual partner, including the use of condoms, regular HIV testing and negotiating safe sex practices with a female partner.

### **1.10.6 Perceptions**

Perceptions were operationalised as personal constructs that reflect an internalised model or view of concepts such as traditional and modern masculinities, or an experience, such as participating in the TIP.

### **1.10.7 Masculinity ideals**

For the purpose of this study, ideals were operationalised as the most desirable, most revered and most rewarded forms of traditional and modern masculinities.

## **1.11 Conclusion**

This chapter aimed at situating the study in its broader social context, describing the problem that was investigated and what the motivation was for conducting the research. The research questions that the study proposed to answer as well as the purpose and research objectives that it had set out to meet were listed and detailed. The research method was outlined and the operational definitions were detailed.

The following chapter, Chapter Two, explores existing literature on masculinities both more generally and as a contributing factor to HIV transmission, gender roles as a fundamental aspect and research that promotes gender equity as key to HIV prevention. Literature on programmes that have addressed these traditional gender roles was also incorporated, as well as research on men's expressions of masculinity ideals and their responses to HIV prevention programmes. This is followed by a discussion of Connell's theory of masculinities; the theoretical framework that informed this study and how it was applied to conducting the research. The relevant tenets of the theory and its methodological implications are also discussed.

Chapter Three is an overview of the research methodology for this study for which a qualitative approach was followed. The data sources, data collection and data analysis are discussed in the context of the qualitative paradigm. An account is given of the sampling technique that was used, as well as the ethical considerations of the study.

Chapter Four presents the findings of the study and, more specifically, the findings on each of the research questions. The findings were further validated by the literature reviewed in Chapter Two and Connell's theory of masculinities.

Chapter Five summarises the findings and makes recommendations to the TIP based on the findings related to participants' perceptions of traditional and modern masculinity, gender relations and HIV transmission. This chapter concludes with suggestions for further research.

## **Chapter 2: Literature Review**

### **2.1 Introduction**

As the focus of this study is on the Tavern Intervention Programme (TIP), graduates' perceptions of traditional and modern masculinities, gender relations and HIV transmission in the context of their experience of the TIP, this literature review explores work by researchers in masculinity behaviour and HIV transmission. The review also includes researchers who emphasise the need to address these masculinities as a key driver to HIV prevention, which is what TIP, among other objectives, aims to achieve. There is also a brief overview of other HIV prevention programmes that are aimed at working with men and youth on HIV prevention and redefining masculinity. Literature that explores men's experiences and responses when masculinity ideals are challenged in the South African context was included. This is followed by a discussion of Connell's theory of masculinities to provide a theoretical understanding of the topic.

### **2.2 The National Strategic Plan and HIV prevention**

According to the National Strategic Plan (NSP) for HIV, STIs and TB 2012-2016, gender inequality is one of the "structural determinants" of HIV transmission (South Africa, Department of Health [DOH] 2011:25). Their recommended actions include confronting gender roles and norms that render women more susceptible and vulnerable to contracting HIV by developing a better understanding of the challenges around traditional role expectations for men. The NSP emphasises that all sectors of society need to work together in order to meet the objectives of the NSP, "especially at the local level, where a community-centred, integrated approach is critical" (South Africa, Department of Health [DOH] 2011:25). Gupta, Parkhurst, Ogden, Aggleton and Mahal (2008:764) argue that economic, political and social factors contribute to increased HIV risk and therefore a structural approach is required that integrates prevention efforts. TIP demonstrates this integration as an initiative of the South African Breweries (SAB), Men for Development in South Africa (MEDSA) and the South African Business Coalition on HIV and AIDS (SABCOHA). The TIP operates in rural and urban communities where potential participants of the

programme are identified with the cooperation of community leaders, community policing forums, local NGOs and the South African Police Service (SAPS).

### **2.3 Addressing gender relations is a key component of HIV prevention**

Lemieux and Mohle (2002:333) describe gender relations as unequal in terms of the difference in power, privileges and status between women and men, specifically in relationships, but also in communities. In this context, Dworkin, Colvin, Hatcher and Peacock (2012:116) explain that “HIV [is] shaped extensively by gender relations, dimensions of power, and social conditions”. The authors emphasise that making men aware of the social environment that gives rise to these behaviours and attitudes is of particular importance to HIV prevention.

In urban South Africa, heterosexual sex is the leading cause of HIV transmission, while having multiple sexual partners is a central risk factor for new infections (UNAIDS 2011:56). One of the HIV risk factors in multiple partnerships is diminished condom use, which has been shown to be associated with concurrency (Mah & Halperin 2010:11).

In rural South Africa, gender inequalities and HIV transmission are exacerbated by poor access to health services and education, in addition to poverty and lack of employment (Leclerc-Madlala 2008:19). Traditionally, polygamy was a socially sanctioned framework for multiple partnerships but with the advent of migrant labour, sexual partners outside of marriage became more acceptable among men (Delius & Glaser 2004:84, 89).

Due to the heterosexual nature of transmission, gender relations are of key concern. They are, in turn, impacted by socio-economic factors such as poverty, unemployment, alcohol abuse and age-disparity (Jewkes 2002:1423; UNAIDS 2011:56). Although HIV transmission is largely driven in many higher income countries by people who inject drugs or men having sex with men, gender inequalities remain a central factor and are viewed as a key risk factor worldwide (UNAIDS 2011:70).

For a number of years it has been widely accepted that gender relations and gender inequalities need to be addressed as a central theme in developing more

successful HIV prevention programmes and policies (UNAIDS 2001:10). Greig, Peacock, Jewkes and Msimang (2008:37) argue that social ideals of male and female behaviour, or gender differences as they are at present, are grounded in historical or traditional social power inequalities; the authors consider this to be “the root problem”. They argue that, although the experience of power relations between men and women have been influenced by many social and economic factors, it has not changed the reality that a “gender order” exists which is structured by male dominance and power (Greig et al 2008:37).

With the advent of the AIDS pandemic, the need for both men and women to adopt gender behaviour that prevents HIV transmission has become a key imperative. In fact, Gupta (2002:183-184) describes inequality in gender relations as the fundamental cause of the HIV pandemic. The risk of HIV infection for both men and women increases as a result of certain socio-culturally prescribed, normative expectations of masculinities in particular (WHO 2007:6). It is not uncommon to find men and boys affirming their masculinities, in diverse contexts, by their “engagement in some risk-taking behaviour, including substance abuse, unsafe sex and unsafe driving” (WHO 2007:6).

As a result, HIV prevention policies and programmes have increasingly addressed gender relations, and Greig et al (2008:40) make several recommendations in terms of HIV prevention programming, such as suggesting that women and men would better protect themselves against HIV by changing gender role expectations. They also recommend that even the rollout of campaigns like male circumcision and condom distribution initiatives need to be contextualised in the transformation of gender perceptions and behaviour (Greig et al 2008:40). Concurring with this, Jewkes and Morrell (2010:6) argue that, in fact, it is absolutely crucial for HIV prevention and treatment programmes to include a strong focus on changing socialised gender identities and gender relations, instead of paying sole attention to individual sexual behaviour. The reason for this is that the expression of traditional and modern male gender roles sanctions behaviour that increases the risk of HIV transmission, such as having multiple sexual partners or reinforcing dominance by restricting women’s freedom to negotiate safe sexual practices.

According to the study conducted by Maharaj and Cleland (2005:24-29), this includes safer sex practices in marriages and cohabiting couples, which is reportedly low because of men's resistance to condom usage. Beksinska, Smit and Mantell (2011:51) explain that, despite the widespread availability of condoms in South Africa, usage is inconsistent and is often abandoned in long-term relationships. Heeren, Jemmott, Mandeya & Tyler (2007:9) identify trust as a potential barrier to condom use, where the suggestion of condom use by one partner implies a lack of trust. These authors suggest that young people especially are equipped with negotiation skills "in realistic contextually appropriate role-play scenarios" (Heeren et al 2007:9). Hendriksen, Pettifor, Lee, Coates and Rees (2007:1246) indicated that, inversely, increased trust and growing commitment in sexual relationships are also associated with lower levels of condom use. They explained that, in some instances, condom use is low because women are financially dependent on their male partners in these relationships and consequently lack the necessary power to request or negotiate the use of condoms should monogamy not be adhered to. Kaufman and Stavrou (2004), as cited by Leclerc-Madlala (2008:20), identified "socio-economic disadvantage" as a considerable risk factor for women which can result in their being unable to refuse sex without a condom with a sexual partner who is also their financial benefactor. These unequal power dynamics "leave women in a position where condom use and negotiating safe partnerships is difficult or, at times, impossible" (Dworkin et al 2012:98).

Hence there is a need to design HIV prevention programmes that include the social construction of alternative masculinities as a key prevention mechanism. Larkin, Andrews and Mitchells (2007:207) support this view, arguing that especially these programmes developed for younger men need to "*begin* with the exploration of alternative masculinities ... [which would] offer youth more effective prevention strategies". It is in this context that the TIP included modules addressing masculinity behaviour, gender relations and HIV prevention in their programme design. In addition to harmful use of alcohol, TIP specifically addresses men's behaviour in relation to HIV prevention, as well as relationship skills and gender-based violence (Govender & George 2013:18).

### **2.3.1 HIV prevention programmes that address masculinities and social behaviour**

There have been many initiatives that demonstrate an understanding of the necessity of advancing new ideals of masculinities and gender relations based on mutual respect, which find expression in responsible sexual behaviour (WHO 2007:4). The World Health Organisation analysed data from 58 studies on programmes for men and youth. Their findings showed that men and boys are willing and able to adopt changed attitudes and behaviour in terms of sexual health as a result of well-designed programmes. Almost a third (29%) of the programmes was effective in bringing about change in attitudes or behaviour, while 38% showed the potential to effect changes in the future. This report also showed that programmes with a specific and clear agenda to transform gender norms were more successful than programmes that merely refer to gender norms and roles without emphasising change (WHO 2007:4-5).

Silverman's (2010:6-7) view supports these findings when he says that, although there are questions about the likelihood of changing entrenched gender norms, especially those that support men's control over sex and women's lives, there is evidence to suggest that revised gender roles can be attained. In his discussion he refers specifically to the Stepping Stones programme, which is an HIV prevention programme that aims to build equality in gender relations and has been used in more than 40 countries, including South Africa. In a study of the programme, Jewkes et al (2008:506) demonstrated that the programme reduces high risk sexual behaviour in men as well as intimate partner violence. In support of Jewkes' findings in her evaluation of Stepping Stones, Greig et al (2008: 35-43) say that the programme has been effective because it addresses gender norms and equips participants with communication skills for navigating their intimate relationships better, which, in turn, leads to a reduced vulnerability to HIV.

What these studies demonstrate is that men in particular need to understand the interconnected and reciprocal relationship that exists between gender norms and HIV transmission. HIV prevention programmes for men that neglect to address the influence of masculinity expectations on HIV transmission will, at best, have limited results. The understanding should be promoted among men that revised

masculinities are fundamental to effective HIV prevention. This study, inter alia, aimed to establish the extent to which men understand this by exploring their perceptions of masculinities after their participation in the TIP.

Besides the Stepping Stones programme, there are a number of other international programmes, such as Sexto Sentido from Nicaragua, Program H from Brazil, and the Intervention with Microfinance for AIDS and Gender Equity (IMAGE) programme in South Africa. All these, like TIP, aim to change the ideals of masculinity and work towards gender equality, especially in the context of intimate relationships (Greig et al 2008:35-43). The authors argue, however, that, despite the success of these programmes in addressing gender-related vulnerabilities, more needs to be done to transform masculinities, which increases the importance of programmes like the TIP.

HIV prevention programmes also seek to increase HIV testing among men. A challenge to this objective is masculinity behaviour that creates resistance among men to the type of health-seeking behaviour that is generally more closely associated with women (Nobleman 2011:27). With this in mind, HIV prevention programmes for men should also take into account the extensive national study conducted in Kenya, which showed that most of the country's HIV-infected population are unaware of their HIV status. This represents an urgent HIV risk factor. The study's recommendation was for all HIV prevention programmes to explore new ways of approaching HIV testing to achieve increased cover (Cherutich, Kaiser, Galbraith, Williamson, Shiraishi, Ngare, Mermin, Marum & Bunnell 2007). With reference to these findings, Honermann (2014) concludes that the "vast majority of HIV transmissions take place between individuals who are unaware of their HIV status". Bunnell, Opio, Musinguzi, Kirungi, Ekwaru, Mishra, Hladik, Kafuko, Madraa and Mermin's (2008:17) study in Uganda also showed a minority awareness of HIV status and low condom usage, but the researchers found that "knowledge of HIV status, both one's own and one's partner's, was associated with increased condom use".

In terms of the TIP, a study was commissioned by the SAB to be undertaken by the Health Economics and HIV and AIDS Research Division (HEARD) of the University of KwaZulu-Natal, Durban (Govender & George 2013). The study was

conducted among TIP participants in Gauteng with an intervention group and a comparative group. The authors reported a range of positive changes among participants which resulted in improved gender relationships and self-efficacy. These changes were reported as either personal experiences or observations made of other participants (Govender & George 2013:18). The quantitative results indicated statistically significant improvements ( $p < 0.05$ ) in knowledge and attitudes towards HIV and AIDS, safe sex and condom use as well as alcohol and alcohol risk behaviour ( $p < 0.001$ ). The means scores also indicated a decrease in the perpetration of abusive behaviour by men on women in intimate relationships. The qualitative findings included a considerable improvement in attitudes toward sexual partners, beliefs about their own sexuality and sexual risk behaviour. The findings also include greater clarity on what constitutes abuse and encouraging changes in participants' undertaking to practice safer sex. HEARD's recommendations included providing participants with training, mentorship and skills development, which would enable them to train and mentor other members of their communities. Other recommendations included the need for support groups and continued evaluation of participants by introducing longer follow-up periods and providing services and opportunities for personal development (Govender & George 2013:31-33). The current study aims to build on these recommendations by providing further insights into masculinities and HIV transmission among some of the TIP graduates. In this context, permission was received from the SAB to recruit graduates of the programme for this qualitative study, which was conducted by interviewing the male volunteers.

### **2.3.2 Men's experiences and responses when masculinity ideals are challenged**

In the South African context, the plurality of masculinities is illustrated by the co-existence of the more traditional ways of being a man and an evolving, modern version of masculinity. Brown, Sorrell and Raffaelli (2005:587) argue that men's responses to social and cultural changes in masculinity expectations vary from "progressive" or "accommodating" to "reactive". In other words, men would embrace changes in masculinity expectations, tolerate them or oppose them. Walker (2005:225) argues that while there is evidence of men embracing redefined, modern masculinity norms, others respond by protectively guarding

more traditional ways of being men. She explains that modern masculinities are frequently characterised by an ambivalence that demonstrates the competing interests of traditional and modern masculinity expectations. This is demonstrated by the continued importance ascribed to initiation rites among young men in both rural and modern settings (Malisha, Maharaj & Rogan 2008:585). Although modern South African masculinities differ from the traditional versions, it does not signify a complete departure from the past. Instead, contemporary masculinity practices are rooted in history and traditional culture (Walker 2005:227). The transition from traditional to modern masculinity practices can be met with strong resistance from traditional men. Walker describes the response that some men have to challenges to prevailing gender power relations specifically as “ruthless and reactionary” (Walker 2005:226). Often violence, including violence against sexual partners, is used as an expression of masculinity or as a way for men to assert and maintain their position of dominance. Studies in this regard have suggested that sexual relationships that are characterised by traditional or stereotyped gender relations and violence, increase the risk of HIV transmission. “There is strong evidence that gender power inequity in relationships, which frequently results in intimate partner violence, places women at an increased risk of HIV infection” (Jewkes & Morrell, 2010:6). Silverman (2010:6-7) supports this proposition and urges the development of prevention programmes that focus on challenging this male behaviour. Castor, Cook, Leclerc-Madlala and Shelton (2010:1219) question the evidence that gender violence in relationships increases the risk of HIV infection in women and argue that there are too many other variables to consider, such as multiple partnering. However, they do agree that socially-defined gender behaviour plays a critical role in HIV transmission.

As a result, Connell (2005a:82) concludes that “a gender order where men dominate women [constitutes] men as an interest group concerned with defence and women as an interest group concerned with change”. This means that men are mostly active in defending the status quo and women with bringing about transformation of unequal gender relations. Thus, if gender equality is to be advanced, it would inevitably necessitate men relinquishing a measure of their traditionally-held power (Greig et al 2008:37). These authors believe that this is possible only if men can be convinced that the inequality that exists between

men and women in both traditional and modern settings is intrinsically unjust and a violation of women's human rights. They argue that accomplishing gender equity also requires focusing men's attention on the adverse consequences of exercising dominant and inflexible norms of masculinity and then "mobilis[ing] men around ... less restrictive ways of being men". Greig et al (2008:38) implore men to realise that they too experience the pressure and pain of masculine identity expectations, such as the imperative to be economically successful and the need to protect the women they love from being "harmed through the violent, controlling and risk-taking behaviour of other men". Peers play an important role in the perpetuation of harmful masculinity behaviour by rewarding other men with acceptance and value when they conform to peer group prescriptions like engaging in multiple sexual partnerships (Roets 2013:123).

In this context, Walker (2005:227) comments on the crisis of traditional South African masculinity and argues that, despite increased Constitutional rights for women, gender violence has increased since 1994. This is especially the case when poverty is present, as indicated by Jewkes (2002:1424) citing Gelles (1974), who first suggested that the link between violence and poverty could be understood in the context of masculine identity. Gelles (1974) argues that poverty makes it more difficult for men to achieve the ideals of modern masculinity and, in the consequent environment of conflict and stress, men perpetrate violence against women (Jewkes 2002:1424). This, in turn, renders women more vulnerable to HIV transmission (Jewkes & Morrell 2010:6).

Dworkin et al (2012:97) describe how the black, working class men participating in their research can be "simultaneously resistant to and embracing of changes in masculinities, women's rights, and gender relations". Furthermore, their study showed that, while there has been evidence of "backlash" reactions to transforming gender relations, they certainly came across several narratives in which men were in the process of successfully reconstructing their masculinity identities. Similarly, this study took place among black, working class South African men whose narratives articulated their perceptions of traditional and modern masculinity ideals and the revision of these as a result of their participation in the TIP.

Another driver of HIV transmission in Africa is excessive consumption of alcohol. The research conducted by Kalichman, Simbayi, Kaufman, Cain and Jooste (2007:141) among Southern African men found that “there are clear gender differences in alcohol use and sexual risks: men are more likely to drink and engage in higher risk behaviour, whereas women’s risks are often associated with their male sexual partners’ drinking”. This means that women are more at risk of HIV transmission as a result of their male sexual partner’s harmful use of alcohol, which increases the possibility of high risk sexual behaviour with a casual partner outside of his primary relationship.

TIP specifically targets men who are invited to attend workshops aimed at encouraging responsible consumption of alcohol as well as improving gender relations and HIV prevention by reducing high risk sexual behaviour.

#### **2.4 Applied theory: Connell’s theory of masculinities**

Feminist analyses of gender roles gave rise to several theories of masculinities, the most influential of these being Raewyn Connell’s theory of masculinity (Wedgwood 2009:329; Livholts 2010:266). In Connell’s book *Masculinities*, she “provides a critical feminist analysis of historically specific masculinities” (Wedgwood 2009:329). As the title indicates, she argues that there is not just one type of masculinity but rather there is a hierarchy of masculinities that function in relation to the dominant, hegemonic masculinity, situated in a unique historical and cultural setting (Connell 2005a:37).

In the words of Raewyn Connell ([sa]:1): “Masculinities are not the same as ‘men’”. She explains that a discussion of masculinities would, by its very nature, be about gender relations and not just about men. Connell’s theory of masculinities, more specifically, describes the “position of men in the gender order” and the ways in which men and women relate to that position.

Several tenets in Connell’s theory are applicable to HIV and AIDS research generally and were applied in this study more specifically. These are described, as they supported the researcher in exploring particular forms of masculinities in specific social and historical settings: traditional masculinity and modern masculinity.

Further to Connell's key concept of hegemonic masculinity, three additional aspects of her theory are discussed in the context of this study. First, there is the physical embodiment of masculinity ideals, or what the male body is expected to do, for example risk-taking behaviour (Connell 2005a:63, 65). Second, the potential for change is postulated in the theory. Connell does not view masculinity as a fixed reality but rather as constructed in a social context, therefore "it becomes less necessary to live with those articulations of masculinity that are damaging" (Moller 2007:264). Her theory states that masculinities do not precede history, nor are they outside of history, so they are able to change in the context of social processes (Wedgwood 2009:334). TIP aims to transform harmful masculinity practices that increase the risk of HIV transmission and this study explored both the men's perceptions of masculinities more generally and their own masculinity more specifically in the context of their participation in the programme.

Third, the role of violence in the masculinity narrative is briefly examined. Connell (2005a:83) argues that men frequently reinforce their dominance by using violence or threats of violence.

#### **2.4.1 The major tenets of Connell's masculinities theory**

The idea of masculinities in a plural sense was applicable to this study, where a distinction was made between traditional and modern masculinities to address the research questions and objectives. Connell (2005b:1809) comments on the transition between these two types of masculinities by explaining that, despite a well-documented history of men advocating for change in traditional masculinity behaviour, research has shown no significant shifts in attitude among modern men towards greater gender equality. In fact, there is substantial evidence of men's reluctance to adopt renewed masculinity behaviour, with opposition to more modern masculinity practices coming particularly from older men (Connell 2005b:1810). This study explored the participants' perceptions of traditional and modern masculinities, how gender relations are characterised in the two different contexts and what the possible risks are of HIV transmission as a result of these masculinity practices. This study also looked at possible changes in perception among participants as a result of their graduation from the TIP.

### **2.4.1.1 Hegemonic masculinity**

Hegemony, a central concept in the masculinities theory, is referred to as a cultural construct in a specified historical context that elevates a particular form of masculinity (Connell & Messerschmidt 2005:832). Furthermore, it perpetuates the authority of men and the subordination of women (Connell 2005a:79). Connell argues that, although there are many men who do not actively exercise dominance and control over their wives or partners, these men nevertheless receive 'patriarchal dividends' or benefits from the hegemonic masculinity pattern and in this way they are considered complicit (Connell 2005a:79). Subordinated masculinities would include both gay men and heterosexual men who are perceived to fall short of hegemonic masculinity ideals, like those who have adopted progressive masculinity practices. The relationship between hegemonic, complicit and subordinate masculinities takes place within the confines of the male "gender order" (Connell 2005a:79). This hierarchy exists within both traditional and modern masculinities, where the hegemonic, or most desirable version, of each of these masculinities occupies the dominant position in its own particular social context. Hall (2002:38) explains that this "gender order" is often perpetuated or defended by the use of force when men perpetrate violence against women as an expression of their masculinity. He cites Connell (1995) when he argues that these men regard the exercise of violence as their justifiable right which is "authorised by an ideology of supremacy" (Hall 2002:38).

For Connell ([sa]:1), the concept of masculinities is not confined to men but, she says, it should always be considered in a relational context, more specifically in terms of gender relations. Also, because hegemonic masculinity validates and sanctions the universality of women's subordinate position to men, which is a key contributing factor in HIV transmission, it is a valuable conceptual tool in research. Dunkle and Jewkes (2007:174) support this premise and suggest that masculinity is frequently conceptualised as the ability to control women and attract multiple heterosexual partners. In South Africa, this includes the desirability of having young virgin girls as sexual partners (Scorgie, Kunene, Smit, Manzini, Chersich & Preston-Whyte 2009:276). Dunkle and Jewkes argue that there is evidence in their research that masculinity ideals such as control "can place women at increased risk of HIV infection" (2007:174).

#### **2.4.1.2 Risk behaviour: the physical embodiment of masculinity ideals**

Connell explains that the social construction of hegemonic masculinity, besides being a social process, also has a distinct bodily dimension, for instance where masculinity is expressed in physical behaviour that constitutes “maleness”, from how to throw a ball that does not resemble throwing “like a girl” to taking needless risks while driving (Connell 2005a:63, 65). So the practices adopted or idealised for the male body play an important part in creating the gendered social world we live in (Connell 2005a:64).

Physical manifestations of masculinity may not always support and advance the well-being of the male body (Connell 2005a:65). In this respect Connell talks about the enactment of certain bodily practices that are harmful expressions of masculinity ideals. She refers to the practice of high risk sexual behaviour against the backdrop of an AIDS pandemic as a “sinister case in point” (Connell 2005a:65). Connell and Messerschmidt (2005:851) propose that strategies to promote health need to challenge hegemonic masculinity or facilitate the progression of men in a more gender neutral direction. Applying Connell’s theory of masculinity in this context, Nobleman (2011) conducted a study on migrant African men’s use of HIV services in London. Many of the men in the study subscribed to traditional gender roles which negatively affects their health-seeking behaviour (Nobleman 2011:27). In fact, the author also came across the phenomenon of men disengaging entirely from their AIDS treatment programmes and “embracing risk” as a way of reasserting their masculinity (Nobleman 2011:29). Dunkle and Jewkes (2007:174) emphasise that, in establishing prevention and treatment programmes for both men and women, there is an urgent imperative to transform gender norms that validate “male power, male control, male violence and men's sexual risk taking”. This study engaged the men in a narrative to find out how they perceived masculinity behaviour, including sexual risk-taking and whether or not their perceptions had changed as a result of the TIP intervention.

#### **2.4.1.3 The potential for change**

Connell’s theory disputes the idea that men cannot change (Connell 2005a:46). In fact, Connell and Messerschmidt (2005:831) point out that, even before the

women's liberation movement, researchers in Psychology and Sociology acknowledged the social construction of masculinity and hence the possibility of change in masculine behaviour patterns. They argue that new social contexts result in redefined "socially admired masculinity" (Connell & Messerschmidt 2005:846). Walker (2005:226) concurs, explaining how traditional masculinity ideals were literally rewritten in South Africa's new post-1994 Constitution, which enshrines gender equality. The findings of her study among young working class men, which uses the idea of "patriarchal dividends" from Connell's theory of hegemonic masculinity, confirm that, Constitutional changes have resulted in a reduction of "patriarchal dividends" for men, which in some cases were met with violence. This significant historical change has also "created opportunities for men to construct new masculinities" (Walker 2005:226). Similarly, HIV prevention programmes, such as TIP, need to facilitate the reconstitution of masculinity expectations and more equitable gender relations as key components for HIV prevention. Among its objectives, the TIP challenges dominant masculinity ideals and aims to equip men to transform harmful masculinity behaviour in relation to women, other men and communities, as well as high risk sexual behaviour.

Taking these aspects of the theory into consideration, this study qualitatively explored the participants' perceptions of socially-defined ideals of traditional and modern masculinities (e.g. multiple partnerships and control behaviour), gender relations and HIV transmission among graduates of the TIP.

#### **2.4.1.4 Perpetuating dominant masculinities: the role of violence**

Connell (2005a:83) argues that men, as members of the privileged gender group, often use violence, intimidation and verbal abuse as a means of enforcing their power and dominance over women. In this context, the role of gender violence and intimate partner violence more specifically, in HIV transmission, has become increasingly apparent. Jewkes and Morrell (2010:6), in research carried out by drawing on Connell's theory of hegemonic masculinity, found that power inequity in relationships which causes intimate partner violence, also increases the risk of HIV infection among women.

## **2.5 The methodological implications of Connell's theory**

According to *The Cultural Studies Reader* (2011), for Connell, the science of masculinities is not a phenomenon that can be studied in the positivist sense. She believes that the concept of masculinities extends beyond the biological differences between men and women and therefore it needs to be explored relationally from different perspectives, including from a psychoanalytic, sociological and ethnographic vantage point.

Connell explains that, because masculinity is multidimensional and dynamic, which means it changes in the course of time, she often makes use of life histories or biographical interviewing in her research and data collection on masculinities (Connell [sa]:1). The aim is to gather data of a subjective nature by means of interviews or 'conversations' (Woods 2006:13). This study, likewise, qualitatively explored perceptions of traditional and modern masculinities, gender relations and HIV prevention among graduates of the TIP programme. Instead of full-life history interviews, however, the researcher used in-depth interviews to obtain narrative data by including only the participants' perceptions of masculinities and then exploring how these have potentially changed as a result of their participation in the TIP. The objective for the in-depth interviews does, however, coincide with Connell's use of the life history method, which is to collect data that brings to life personal perceptions of masculinity and the social organisation thereof (Connell 2005a:76-81):

*Only by listening to men's voices around rights and shifting gender relations can HIV and violence interventions adequately engage men in working toward gender equality, social justice, and improved health (Dworkin et al 2012:115).*

## **2.6 Conclusion**

This chapter reflected on existing literature pertaining to this study and the application of Connell's theory of the plurality of masculinities. Of particular relevance are Connell's propositions of hegemonic masculinity and the physical embodiment of masculinity, which entails high risk behaviour, including high risk sexual behaviour. Connell's conceptualisation of masculinities as socially and historically constructed allows for ideals of masculinity to be challenged and

reconstructed. These are significant implications in the study of HIV and AIDS and particularly in the design of programmes aimed at reconstructing masculinities to advance HIV prevention. In her own words, Connell sums up her view on the change potential like this (Connell [sa]:1):

*In pop psychology, and a lot of popular belief, masculinity is set in concrete, fixed by the genes or by God, and impossible for women to influence. "Boys will be boys"; "all men are like that". Nothing could be further from the truth. There is abundant evidence that boys differ widely, masculinities are multiple, masculinities change in history - and that women have a considerable role in making them, in interaction with boys and men.*

Chapter Three is an overview of the research methodology. The data sources and data collection methods are described and the sampling method identified. A discussion of the data analysis process is followed by details on the ethical considerations of this study.

## **Chapter 3: Research Methodology**

### **3.1 Introduction**

This study used a qualitative research design which allowed the researcher to explore the experiences and subjective accounts by participants in order to gain a better understanding of the topic (Maxwell 2012:30). A qualitative methodology was selected as the researcher believed it was more appropriate than the quantitative research method to meet the research objectives and answer the research questions, which meant exploring the research participants' perceptions of masculinities, gender relations and HIV prevention. As Maxwell (2012:30) explains, qualitative research enables the researcher to obtain a rich understanding of the meaning of experiences and events from the participant's point of view. It also allowed the researcher to gain better insight into the participant's social context and how this context influenced their perspectives. In terms of the limitations of qualitative research, detractors list the possibility of bias, the anecdotal nature of data and the small scale of sampling as possible shortcomings (Anderson 2010:141). The author argues that, when qualitative research is thoroughly executed, it can produce in-depth data that is credible and can be reproduced (2010:141), which lends creditability to the study.

The qualitative methodology also allows the researcher to obtain descriptions and interpretations "in human terms rather than through quantification and measurement" (Terre Blanche, Kelly & Durrheim 2006:272). Consequently, qualitative methods were used to collect and analyse the research participants' experiences and perceptions of masculinity, gender relations and HIV prevention. In this regard, the researcher met these research objectives by conducting in-depth interviews with the research participants.

### **3.2 Research Design**

A research design is usually selected according to whether it is the best way to answer the research questions and whether it would lead the researcher to the types of conclusions the study hopes to reach (Durrheim 2006: 39, 44). This research design was aimed at generating exploratory knowledge of the

experiences of the research participants based on the purpose and objectives of the study.

Exploratory studies use open and flexible means, such as interviews, to discover new questions and a new understanding of the subject matter (Durrheim 2006:44). For this reason the researcher conducted in-depth interviews with a sample of four men who had completed and graduated from the TIP programme. The in-depth interviews allowed interviewees to talk about the topic under investigation from their own point of view and according to their “lived experience” (Hesse-Biber 2007:115). In-depth interviews are not generally used for “explanatory studies that aim to produce causal explanations” (Johnson & Rowlands 2012:101).

### **3.3 Data Sources**

In-depth interviews were conducted individually with each of the participants, and with their permission, the interviews were recorded. The recorded interviews were transcribed and electronically stored with pseudo file names created to protect the anonymity of participants.

In the course of conducting the interviews, the researcher made additional, internal field observations that were relevant to the topic and added to the depth and quality of the data collected. These observations were used as field notes and were voice recorded by the researcher for easy access during data analysis.

### **3.4 Data Collection Methods**

#### **3.4.1 In-depth interviews**

The primary data collection method for this study was in-depth interviews conducted individually with the research participants. In-depth interviews are face-to-face interviews based on the research questions which are usually of lengthy duration and conducted in such a way that a degree of trust can be achieved to facilitate self-disclosure (Johnson & Rowlands 2012:99). For this study, interviewees were thoroughly briefed well in advance of the interviews regarding the topic, the types of questions they could expect and how long the interviews would take. They were also interviewed in a completely private space

at a location where the interview would not be interrupted. The authors explain that in-depth interviewing is used to obtain information of a more personal nature for the participant and would be a reflection of “lived experience, values and decisions,...cultural knowledge or perspective” (Johnson & Rowlands 2012:100).

The in-depth interviews for this study were open-ended, which allowed the interviewer to direct to the conversation so that it remained restricted to the research questions. This also made it possible for interviewees to elaborate on their responses and introduce unprompted directions related to the topic (Cook 2008: 424). In preparation for the interviews, the researcher developed the interview guide (Appendix C) by framing four overarching questions based on the research questions, as well as the purpose and objectives of the study. These were supported by a number of follow-up questions to probe participants' responses for more in-depth discussion (Kolb 2008:141).

The steps followed during the interview process were informed by Seidman's (2012:116-119) recommendations for conducting in-depth interviews. According to the author, once the interviewing process begins, it is preferable not to commence with formal analysis until all the interviews have been completed to avoid the possibility of “imposing meaning from one participant's interviews on the next”. It was, however, useful to consider new probing questions based on the interviews that had already occurred in order to gather more in-depth data for the interviews that followed. The interviews were audio recorded, with permission from the participants, and then transcribed. By recording interviews the researcher can be certain that the material used for analysis is accurate and reflects the actual words of the interviewees, not the interviewer's interpretation of what was said. The transcription was carefully executed to reflect verbatim what was said as well as the non-verbal communications like pauses and changes in tone or volume (Seidman 2012:117).

### **3.4.2 Field notes**

Field notes are a way of preserving observations so that they can be referred to in conjunction with the transcripts and taken into consideration during data analysis (Bazeley 2013:68). The value of constructing field notes based on observations is summed up by Eisenhardt (as cited by Bazeley 2013:68): “Write

down whatever impressions occur ... to react rather than to sift out what may seem important, because it is often difficult to know what will and will not be useful in the future". Field notes reflecting observations were a valuable addition to the data, as they assisted the researcher in remembering subtleties and nuanced observations made during the interviews. Also, they augmented what the interviewees were able to express in the time allocated for the interviews and supplemented the formulation of the questions to extract accurate information (Cook 2008:423).

### **3.5 Sampling technique**

#### **3.5.1 Purposive sampling**

In qualitative research, there is less emphasis on the sample being representative and a greater focus on collecting cases that promote a deep and rich understanding in a specific social context (Neuman 2007:141). For this research, the required sample would need to have had first-hand experience of the TIP and to be available for a considerable period of time to conduct a lengthy in-depth interview. This type of sampling is known as non-probability or nonrandom sampling (Neuman 2007:141). The researcher used purposive sampling, which is a non-probability sampling technique. To recruit the male participants for this study, purposive sampling was suitable because this method is appropriate when participants are selected with a specific purpose in mind and they have to comply with specific criteria (Punch 2005:187; Neuman 2007:141). In this case there was a single criterion: they must have completed the TIP six-week programme.

The sampling universe was comprised of men who resided in this particular Gauteng community and who had participated in and completed the TIP. The researcher conducted four interviews with TIP graduates, at which point the collection of data ended because no significant new information was being added to the analysis. This is known as data saturation (Kelly 2006:290). Saturation was determined according to the sufficiency of the data in addressing the research problem and the extent to which the data elucidated the research questions. Should this level of saturation not have been reached, additional participants would have been recruited to enlarge the sample.

In qualitative research, once the researcher has decided that there is enough data, the next challenge is to know whether the data is good enough. However, “by their very nature, qualitative research systems are resistant to the imposition of uniform standards of good practice” (Kelly 2006:373). This means the decision that the data is sufficient and of good quality is subjectively made by the researcher.

### **3.6 Data analysis – thematic analysis**

The data collected was analysed using thematic analysis as a method which, according to Braun and Clarke (2006:81), “provides a flexible and useful research tool, which can potentially provide a rich and detailed, yet complex, account of data”. Thematic analysis was applied in this study to identify and analyse patterns and themes and to describe and interpret the collected data. Themes were selected based on the purpose and objectives of the study as well as whether it provided insight into the research questions. It also had to be clearly articulated by the interviewees, pervasive in the data and found in each of the participants’ accounts.

In conducting the thematic analysis, the following steps were followed, as suggested by Braun and Clarke (2006:92-99). The authors do, however, caution that this analysis method is not linear when the researcher moves from one step to the next; instead, it is “recursive..., where you move back and forth..., throughout the phases” (Braun & Clarke 2006:92).

#### **1) Becoming familiar with the data.**

During this part of the process, the researcher immersed herself in the data to become acquainted with all its aspects (Terre Blanche, Durrheim & Kelly 2006:323). This meant listening to the audio recordings and reading the transcripts several times to ensure that a picture was formed of what was contained therein. Notes were made during this phase, reflecting initial impressions and possible ideas to guide the next phase, coding.

## 2) Identifying initial codes

Coding was the foundation of theme identification and constituted anything that was of interest in the data. The coding process covered all the data that was being analysed with the aim of arranging the data into sections that could possibly be meaningful in terms of the research questions (Neuman 2007:330; Punch 2005:205). The data for this study were coded manually by highlighting segments of the transcripts in different colours pertaining to the relevant code, such as participants' views on condom usage or multiple partnerships (Terre Blanche, Durrheim & Kelly 2006:325).

## 3) Examining the data for themes

The next step was sorting the list of codes into possible themes that were directly informed by the research questions. The text extracts from the transcripts pertaining to the different codes were collated and allocated to the list of potential themes. For this part of the analysis a visual map was created where the codes were grouped with the broader themes in the data that had been identified as possibilities for analysis (Babbie 2010:402; Neuman 2007:331-332; Punch 2005:209, 211).

## 4) Revising the themes

During this phase, each preliminary theme was evaluated and either combined with another theme, developed further or abandoned. The allocation of the coded extracts to the respective themes was carefully considered to check that each grouping of codes formed a coherent whole (Braun & Clarke 2006:96). Where some of the coded material did not seem appropriate to its theme, it was allocated to a different theme or a new theme was created for the coded texts that were not suitable for the original theme allocation. The next step was to decide whether the preliminary themes accurately reflected the research topic and the research questions. Where themes were identified that did not necessarily provide insight into or support the research questions, they were removed.

## 5) Naming and defining the themes

Each theme was now analysed in detail and evaluated to see whether the themes covered the overall picture painted by the data. It was important to decide whether the research questions were adequately addressed by the themes. When themes overlapped, they were discarded and when they remained, sub-themes were identified. At this point, the themes were named and this was done in such a way that it gave a concise but clear indication of what each theme was about and which research question it addressed.

## 6) Final analysis

Once the themes were concluded, the final analysis was conducted in order to write up the findings in narrative summaries (Terre Blanche, Durrheim & Kelly 2006:326). The analysis was conducted in such a way that it would show evidence of the themes from the data, incorporate the relevant literature and theory from Chapter Two and provide an interesting description of the picture that emerged from the data. Beyond a compelling description of the data, the analysis was organised to provide a coherent argument that was applicable to the research questions.

These were the phases followed to identify themes and sub-themes and to analyse the data collected for this study (as detailed in Chapter Four).

### **3.7 Ethical considerations**

This study required participants to be interviewed on personal aspects of their lives and therefore ethical issues had to be carefully considered in the collection of this information (Punch 2005:277). The researcher paid special attention to voluntary participation, informed consent and the avoidance of harm as it applied to confidentiality and anonymity.

#### **3.7.1 Voluntary participation**

Participation in this research was strictly voluntary and nobody was expected to participate against their will. Participants were carefully briefed on the voluntary nature of their permission to be interviewed and they were assured that should they wish to withdraw from the study at any point, they would be able to do so

without consequence or penalty. Hogan (2008:953) explains that voluntary participation refers to research participants' right to exercise their free will when making a decision on their participation in a study. The author cautions researchers to be mindful of removing any pressure or persuasion, whether real or perceived, when recruiting participants. He lists the basic criteria of voluntary participation, including the fact that the participant has a choice of participating or not, there is no coercion or duress, undue influence is absent and the participant has full knowledge of all potential risks or advantages. For this study, the voluntary nature of participation was clearly communicated to the participants prior to their decision to participate and reiterated in the letter of consent (Appendix B).

### **3.7.2 Informed Consent**

Neuman (2007:55) suggests that the researcher ask participants to sign a statement of informed consent in which the specifics of the study are detailed. The statement should include an explanation of the nature, purpose and process of the study so that participants can make an informed decision on their participation. The consent document should clearly state whether there would be any material benefits or compensation for participants (in this case there was no material benefit for participation but participants would be compensated for any costs incurred, such as for transport). Another recommendation Neuman (2007:55) makes is that the statement includes an offer to provide participants with a summary of the findings of the research. Babbie (2010:66) supports this approach and defines informed consent as "a norm in which subjects base their participation ... on a full understanding of the possible risks involved". A statement requesting consent based on these ethical considerations, including specific consent for interviews to be recorded, was drawn up and signed by each participant in the study.

### **3.7.3 Confidentiality**

According to Speziale and Carpenter (2003:316), avoidance of harm applies to the guarantee of confidentiality for research participants. In this context, Neuman (2007:55) also advises that the statement of informed consent should contain an assurance of participants' anonymity and the strict adherence to confidentiality of

research records. It was therefore of critical importance to gain the participants' trust by guaranteeing confidentiality as well as anonymity where required, and to reassure participants that the interview transcripts would be protected (Weinstein 2007:357).

The objective of all the measures described here is that participants would be treated with respect and protected for the full duration of the research process (Wassenaar 2006:73). Further, the protection of anonymity and confidentiality of participants, as well as other ethical considerations, would be maintained after the research was concluded (for example, ensuring that the data would be stored responsibly in one location, not using participants' names in any of the electronic files as well as restricting access by means of a password known only to the researcher). Wassenaar (2006:73) emphasises that, in addition to protecting the confidentiality of information, the researcher needs to be especially vigilant in preventing harm to participants with research that may attract stigmatisation and discrimination; something to which research participants in the field of HIV and AIDS would be susceptible.

The statement of informed consent made it clear to participants that all research records would be protected and would not be accessible to members of the public, as they would be the property of UNISA. Furthermore, participants would remain anonymous and would not be obligated to provide details of their identity or any other personal details by which they could be identified. Additionally, it was made clear to the participants that the interviews would under no circumstances probe their HIV status and they would not be expected to make any disclosures regarding themselves or their partners.

#### **3.7.4 Debriefing**

Debriefing concludes the process of participation for the research participants. During debriefing, the researcher repeats the objectives of the study, outlines in greater detail what the results are anticipated to be and thanks the participants for their time and willingness to be part of the study. In studies such as this, where the purpose of the study and the nature of the interviewee's participation was made clear when informed consent was sought, the debriefing stage is relatively routine and uncomplicated. It is, however, important at this point to

encourage participants to ask questions and express their concerns should they have any (Patterson 2010:334). The author cites Sieber (1983): “participation in research and post-research debriefing should provide participants with new insight into the topic of research and a feeling of satisfaction in having made a contribution to society and to scientific study” (Patterson 2010:335).

### **3.8 Conclusion**

Chapter Three commenced with the motivation for the selection of a qualitative approach to the study and continued with a detailed description of the research design. As the study is exploratory, the primary data collection method was in-depth interviews conducted in an open-ended manner. The sampling technique was outlined and was followed by a discussion of the data analysis process. In closing, the chapter discussed the ethical considerations taken into account during the study, such as informed consent and confidentiality.

In Chapter Four the findings are discussed in the context of the identified themes and sub-themes.

## Chapter 4: Findings

### 4.1 Introduction

In this chapter, the data gathered during the interviews are summarised in line with the research purpose and objectives as listed in Chapter One. The findings related to each theme were integrated with the researcher's reflections, field notes, the literature reviewed in Chapter Two and Connell's theory of masculinities.

### 4.2 Research findings

#### 4.2.1 Demographic profile of participants

The participants are black South African men from a working class socio-economic background, living in a township in Gauteng. See Table 4.1 for the demographic details of each of the research participants.

**Table 1: Demographic details of research participants**

<b>Research participant</b>	<b>Age</b>	<b>Marital status</b>	<b>Employment status</b>
R	56	Married	Employed
S	27	Married	Self-employed
G	24	Single	Unemployed
W	26	Cohabiting	Employed

#### 4.2.2 Research themes

Four overall themes were identified in accordance with the research objectives and research questions, including participants' perceptions of traditional and modern masculinity norms, their own versions of masculinity behaviour and HIV transmission. The participants also described their experience of participating in the TIP and possible changes in their perceptions and behaviour regarding

masculinity practices. These main themes and their associated sub-themes are discussed in the section below.

#### **4.2.2.1 Theme One: Perceptions of traditional and modern masculinity roles as risk factors for HIV transmission**

To contextualise present masculinity behaviour, the participants were asked to reflect on previous generations and to describe traditional masculinity norms and values as they were practised historically. The participants articulated a clear distinction between older, more rural ways and current 'township' life in terms of being a modern man:

*Um, if a man is traditional, we are so what, less informed... The thing of living together [in Gauteng] is caused by ... men nowadays ... they are no longer doing what they are meant to be doing... they need to take charge of the families. (Participant S)*

*Ja, but most of them are those from homeland. Here is Gauteng. It's only those who didn't even get to school... And like I said before, it's those who are born on the rural area ... even if you explain about this [what happens in Gauteng], they say no, no, no. (Participant R)*

By distinguishing between traditional (“those from homeland”) and modern (“Here is Gauteng”) masculinities and presenting them as having, in some instances, opposing ideas of masculinity norms (“they are no longer doing what they are meant to be doing”), the participants confirm the idea of masculinities as plural. In other words, there is no singular version of masculinity. This supports the plurality proposition in Connell’s (2005a:81) masculinities theory, which states that men do not belong to one homogeneous group. She explains that there is not only one type of masculinity and that masculinities change in response to historical and cultural environments (Connell 2005a:37, 46). The participants referred to the passing of time, the increase in education and a migration to urban settings as factors that have influenced the emergence of revised, modern masculinity practices that do not necessarily replace previous versions, but coexist (Connell 2005b:1810) and add to the plurality of masculinities in the South African context. This is an important factor in this study, as HIV prevention programmes intended for men should take this

diversity among them into account and include ways of addressing masculinities in their varied manifestations.

#### **4.2.2.1.1 Traditional masculinities as influencers of modern masculinities**

The participants were asked who their male role models were when they were growing up, in order to better understand the nature of their introduction to masculinity ideals. They described the men who taught them what it means to be a man primarily as family members like their fathers and uncles, with additional references to other male figures in their communities:

*My father, my uncle and my brother and they had some friends and a few teachers at school. (Participant G)*

*It's my father and my uncle. (Participant W)*

*It's my family. (Participant R)*

*I grew up without a father, ... my father was not there, so I did not have a figure father-like where I was but there were uncles you see, neighbours which were father figure which I think they did all they can to show me what it means to be a man.(Participant S)*

Initiation schools continue to play an influencing role in terms of defining masculinity ideals and expectations (Malisha et al 2008:585). All four participants referred to the significance of this traditional rite of passage:

*You are a young man, you are going to initiation school, the reason you go there is ... because you are about to teach him how to be a man, how does a man handle his family. How does a man handle his wife. How does a man actually, generally know about what a man is, what it means to be a man.(Participant S)*

*To be a real man, it must be a circumcised. Just because if you are not circumcised, you are not a man. (Participant W)*

*And the influence of where they are getting it, where they are initiated. (Participant G)*

The impression the researcher was left with from these accounts was in keeping with a major tenet of Connell's masculinities theory, hegemonic masculinity. This concept is a cultural construct that defines a particular version of masculinity as most desirable and superior relative to other masculinities (Connell 2005a:79), for example, "...how to be a man, how does a man handle his family ... How does a man handle his wife?" The perpetuation of the authority of men over women is also ascribed to hegemonic masculinity, which is discussed, with other key tenets of Connell's masculinities theory, in Chapter Two. Connell says that, even in cases where men do not actively enact control over women, which is increasingly evident among a number of men in modern settings, they do, nevertheless, derive "patriarchal dividends", or societal advantages, that are associated with hegemonic masculinity and they are therefore considered complicit (Connell 2005a:79). The influence of the initiation schools also demonstrates what Walker (2005:225) refers to as an ambivalence among modern men about departing entirely from traditional practices.

#### **4.2.2.1.2 Gender relations in the traditional context: the roots of modern gender relations**

In discussions on traditional masculinities, Participant G and Participant W described the man's role as the head of the household, the decision-maker, provider and protector in the traditional family context:

*Men make the decision. The man is the head of the family. All the decisions go through me first. A lady should stay in the house, take care of the children ... Me, the man, I should provide for her. That's how I was raised and taught. (Participant G)*

*The leader is the man ... The wife can't take decision; the man is the one who is suppose to take decision in the house ... Even though the thieves they come and want to attack us, I am the one who is suppose to wake up and stop that thing. (Participant W)*

The subordinate position of women relative to men in the traditional context is described by Participant S as absolute:

*Yes, we don't negotiate with women. Even when we are discussing general issues, women sit on their own side and men sit on their own.*

*Women will suggest but then action is not taken sometimes even though they are the good solutions ... Men things is men things, women things is also men things. (Participant S)*

From these findings, it is clear that there are very specific expectations of women in terms of how they relate to men in traditional relationships. In the family environment, women assume the role of caretaker of the household and follow the lead of the head of the home, who would be her male partner, as expressed by Participant S: "...we don't negotiate with women". According to the participants, men expect the traditional woman to be subservient and attend to the daily physical needs of her husband, as described here by Participant R and Participant S:

*.... [S]He's taking care of everything at home, in the morning, in the night must see that we are eating. (Participant R)*

*And men, they expect to find running water, to run a bath for him, the men are treated, I would say as gods because a woman will see your man, you will see something that is beyond the human level, he's above you, he is very above you. (Participant S)*

These descriptions suggest a dichotomy whereby men are served as both a superior adult and simultaneously assisted as one would do for a dependent child.

These findings also articulate an assumption that men are intrinsically superior and that subservience is expected as a form of gratitude that women owe them in exchange for the husband's provision. The dynamics that emerge are explained by Jewkes and Morrell (2010:6) as gender power inequity, which has been shown to give rise to intimate partner violence as men's way of enforcing their dominance. Participant S reported that the use of violence to control women who do not comply with expectations is seen as an acceptable practice in traditional communities. This finding is supported by Walker (2005:226) and Connell (2005a: 83) when they argue that men assert their dominance by using violence or the threat of violence:

*But as a man, you are to fear me because I am the source of everything in your life ... We know that to be a man, to beat your wife, it's not a problem, only if the wife has wronged you or has done something ... that you can beat her up for that. Like, let's say, a woman disrespects you in any way. (Participant S)*

Jewkes et al (2010:9748) state that men who enact gender violence are also more likely to engage in multiple partnerships, which is why the presence of inequality and intimate partner violence indicate an elevated HIV risk for the women in these relationships. This correlation has been clearly demonstrated in developed and developing countries, according to Dunkle & Jewkes (2007:173-174).

The subordinate position ascribed to women does, however, seem contradictory to this traditionally-held view of women as revered:

*... but to me, I don't take it as a wife, I take it as a mother of the nation because traditionally they teach you that a woman is something that is so fragile, she is fragile emotionally and even physically because obviously you cannot fight a woman because a man is stronger than a woman so that is what they teach us. (Participant S)*

Women are described here as a cherished asset ("mother of the nation") and as physically and emotionally fragile and therefore a man cannot use his strength against her. This contradicts the previous description, in which violence against insubordinate women is considered acceptable. Thus the position ascribed to women in the comment above does not seem to protect them from violence at the discretion of men.

#### **4.2.2.1.3 Gender relations: endorsement of multiple partnerships by traditional and modern men**

In shifting the discussion to more contemporary expressions of masculinities, most participants reported acceptance and some insight among their peers that the nature of gender relations has shifted over time. The participants explained

this change in terms of gender roles by referring to decision-making more specifically:

*... nowadays, things have changed. A woman can also work and make decisions. Decisions are meant to be made together, not a man making a decision for a lady. (Participant G)*

*No, I think it will be better if we discuss it. Ja, she has got a right to say. (Participant W)*

The participants also reported awareness among men when it came to HIV preventative practices and knowledge that multiple partnerships increase the risk of HIV transmission (Mah & Halperin 2010:11). Despite these shifts and an environment where information can be readily accessed, the findings show that gender inequality and high risk sexual behaviour persist among men in modern, urban communities (Mah & Halperin 2010:13). This is demonstrated by the practice of having multiple partnerships, as described by Participant S:

*... as you see in the townships ... they just sleep around, for the sake of enjoying ... these young men in the townships are having a lot of sex ... here in the cities, there is a lot of cheating. But nowadays you find that I [say I] am committed to you only and now you are calling me, S, where are you, you know like in township, I tell you, I am in Joburg, I am lying but I know I'm with another girl, so now ... (Participant S)*

The practice of men being entitled to more than one partner was described by participants as nothing new; instead they said it is an established, accepted feature passed on as an aspect of traditional masculinity. Polygamy is an historical framework for multiple partnerships (Delius & Glaser 2004:84) and Participant R explains that it has been a recognised practice in several of South Africa's traditional cultures:

*But in the rural areas, a man will have his wife. When he sees that he feels like another one, he will have another one in the right way. You see, even you when I come to you to propose you, I will tell you straight, I have a wife, you see, you will agree to a proposal knowing that I have a wife. (Participant S)*

*You see about that, it only differ about nations. Most of those, or let me say that most of Zulus saying a man mustn't have one woman, they say it is their culture that. Xhosa, Zulu, Venda and Shangaans, they are the one who use to have two womens. (Participant R)*

An intriguing description of the traditional motivation for having more than one wife was offered by Participant S as an effective means of preventing infidelity. The assumption made by S seemed to be that it is inevitable that men would be dissatisfied with one partner and polygamy is the best way to “manage” this inevitability:

*Actually, on the traditional ways of doing things ... you are to inform the elders that I am thinking of getting another wife because you are avoiding this thing of cheating and spreading things so if you have a wife and you see that you are not satisfied with this wife, and you have got means, you see, you accept, okay go find ... a second wife, third one, up until infinity as you know, even kings doing that. The Zumas, you see. Yes, to avoid this thing of cheating. (Participant S)*

In addition to established traditional practices of polygamy, Participant S also referred to the Bible as a definitive source for the practice of men taking more than one wife. It is almost as if this is the final authority on the matter and the practice is sanctioned by God:

*So you see, ja, men is having so much love so you have to share that love, to balance the equation, you see. Ja, ja, we, there in the rural areas, we take this as the Bible things and we believe them so much because they are the right things because in the ancient times, you know the lives of King Solomon, King David, so many wives as you please. (Participant S)*

Besides the formal institution of polygamy, the acceptability of taking a sexual partner outside of marriage for men in traditional communities may have originated as a result of migrant labour patterns whereby men would transfer to cities to work and leave their wives and families in the “homelands” (Delius & Glaser 2004:89). Participant R explained that his father was a migrant worker and

he was aware that his father had at least one other relationship in the place where he worked:

*Maybe about one, not so many ... He was saying to me because he was born of Limpopo, you remember that time, way back, they were coming here with contracts and leaving their women in the Limpopo.*

*(Participant R)*

While modern men, according to the participants, also have sexual partners outside their primary relationships, it is not something that is done entirely openly. Based on this researcher's field observations, there seems to be a tacit agreement of secrecy among men who belong to the same peer group to safeguard this knowledge and to prevent partners and wives from discovering the presence of undisclosed sexual partnerships:

*Obviously my friends would know about it but my wife won't know about it 'cause sometimes as us guys sitting down having a few things, drinks, we like to boast and say, nah my wife is at home, sitting at home. I have my girlfriend with me right now, we are chilling ... if he knows your secret, he won't go to your wife and tell her, now your man is cheating on you, behind your back doing this and this. No, it's between you guys. (Participant G)*

The "conspiracy of silence" described here is a demonstration of how deeply entrenched hegemonic masculinity is as a dominant version of masculinity in this particular context. Despite the acknowledgement that infidelity is "cheating", the perpetrator is protected and even admired, which is an example of "patriarchal dividends" or the benefits accrued to men from hegemonic masculinity ideals (Connell 2005a:79). What this means in this particular context is that men are not only entitled to, but also socially rewarded with inclusion and admiration for behaviour that resembles or imitates prized acts, as they are defined within the hegemonic masculinity framework. The participants explained that the ability to attract many sexual partners is considered a status symbol in male peer groups, hence the desire to achieve the admiration of one's peers would be a motivating factor to engage in multiple sexual partnerships. Participant G describes the competition that arises among men in the same peer groups:

*It's a competition. If we go and I should invite a guy and we will go to that place we are new or say let's bet, I will come back with more ladies than you. (Participant G)*

These findings support the view of Dunkle and Jewkes (2007:174) which states that masculinity is commonly conceptualised as the ability to attract multiple sexual partners. It also reflects Roets' finding that men seek acceptance among their peers by conforming to this expectation (2013:123).

Participant S did, however, admit that many men feel there is a disconnection between the way they behave when they are among their peers and the way they truly feel when they reflect on their behaviour in private:

*But then obviously self-belief vanishes and self-respect ... The thing is we people, we do things for the sake of a[nother] person. But when you are one man, sitting there and thinking dammit, I messed up but because you are so much prove a point, you won't allow that thing to show to people that you are feeling ... (Participant S)*

This participant demonstrates the need identified by Greig et al (2008:38) for men to realise and acknowledge that they are subjected to pressure and distress as a result of masculinity identity expectations. The finding above reflects the internal conflict that the participant experienced as a result of engaging in multiple partnerships and the subsequent discomfort and dissonance that occurred when masculinity behaviour was sustained for the sake of external validation.

To establish the power dynamics that transpire around multiple partnerships in relationships, the researcher asked participants what happens when wives or partners find out that their husbands or partners are having a sexual relationship with someone else. Do they leave? The responses from Participant W and Participant S implied that, in most cases, women have very little power, often as a result of financial dependence on their partners, as well as family expectations:

*Some they stay because of poverty ... When you see something, you can't talk, you just keep quiet. Because I will tell you, just go back where you come from ... because if they go back, their parent will [say] why are you*

*back because other parents and their kids will one point, if you go back the in-laws will come here to take their money [lobola] back, sort of thing. (Participant W)*

*There is little much that she can do because she is not working, at a place when she will go back and her mother will tell her that in a marriage, you should bear the pain, that is how marriage goes. Eventually, you will change. (Participant S)*

These participants indicated how poverty restricts the choices available to women and additionally, there is strong pressure from family members to accept their position of limited power inside marriage despite their dissatisfaction with their husband's extraneous sexual relationships and the desire to leave. Staying in a relationship where additional sexual partners are present represents the risk of HIV infection to these women. The research conducted by Jewkes (2002:1423) concurs that factors such as poverty and lack of power, as described here, are some of the specific inequalities that increase women's risk of HIV transmission.

Greig et al (2008: 37) consider historical or traditional gender power inequalities, as reflected in these findings, to be "the root problem" of present day gender inequalities. In terms of gender relations, women continue to have diminished power in relationships in modern settings and as such are unlikely to influence hegemonic masculinity behaviour. According to these findings, both traditional and modern men consider themselves entitled to multiple partners and it is a more or less foregone conclusion that they will have more than one sexual partner. However, in the traditional context, the socially acceptable practice of polygamy was put in place by men for this assumption to find expression, whereas, in the modern context, the practice is largely clandestine.

#### **4.2.2.1.4 HIV prevention: condom usage among traditional and modern men**

The use of condoms does not seem to be practised consistently among men in either the traditional or the modern context (Mah & Halperin 2010:11; Beksinska et al 2011:51).

According to the participants, a factor that influences traditional masculinity views on the use of condoms is the belief that HIV and AIDS is a myth. The traditional

attitudes were described by Participant S and Participant W as sceptical and dismissive of the existence of the disease, especially when describing the time when men were first exposed to the information:

*...this thing of HIV and AIDS, initially, they don't believe in the existence of this thing. They don't believe that this thing exists ...it's in the mind (Participant S)*

*Some of them can say it's an animal disease. (Participant W)*

Participant R explains that another misconception that results in the use of condoms being deemed unnecessary for traditional men is attendance at an initiation school, or, more specifically, circumcision, which is believed to protect men from HIV transmission:

*Yes, so rural peoples, once you tell them about a condom, they say no. You see ... we men, we ... go for this thing. So you know on our culture, you have got this school ... They see like that. (Participant R)*

For men in a modern environment, the use of condoms as a method for preventing HIV transmission has been widely communicated in many awareness and condom distribution campaigns (Beksinska et al 2011:51). In commenting on how widely condoms are used in modern settings, the participants' views were somewhat contradictory and reflected a number of complexities. According to Participant R, more men are using condoms now than before, although he did qualify this by saying that men who drink are less likely to use condoms. This supports Beksinska et al's (2011:51) finding that more men used condoms at their last sexual encounter, but that usage is inconsistent:

*That's right ... there has been a change [more men are using condoms] ... but as I have said before, that is most of who won't agree with that [condom usage] ... is that ones who drink. (Participant R)*

This finding also confirms the findings by Kalichman et al (2007:141) that men are more likely than women to engage in high risk behaviour subsequent to drinking.

According to Participant G, condom usage is not generally prevalent but older men are more likely to use condoms than younger men owing to a belief among young men that their immunity is stronger, but it diminishes as one ages:

*Mostly the younger guys think their systems are still strong and they can't get infected easily ... like the older guys. (Participant G)*

Where condom usage is encouraged as an acceptable safe sex practice by traditional men, a distinction is drawn between condom usage inside and outside marriage. It appears that inside marriage, the importance of demonstrating potency and fertility outweighs the value of practising safe sex:

*So, if ever I am getting married, it's where I can't use a condom because of we must produce our child. But only ladies outside, I must be sure that each and every one that I am getting ... every one or two ... I must be sure that I am using a condom. (Participant R)*

Similarly, as explained by Participants W and S, modern men are also less likely to use condoms with their wives than with their girlfriends, even if they are engaged in concurrent relationships outside the marriage. It is also apparent that wives do not have sufficient power to protect their health in this context:

*...few will be using condoms with their girlfriends ... even less will be using with their wives. (Participant W)*

*... the thing is if you are married and then obviously we believe that ... if we came to the marriage both negative, then that means that we will remain negative. That's the perspective. We don't conceal the fact that there is a lot of cheating, it's there, actually we know it's there ... No you cannot [ask for condoms], because I am married to you, why should I use a condom whereas I am married to you? (Participant S)*

This finding correlates with those by Maharaj and Cleland (2005:24) that the use of condoms is low among married couples owing to men's resistance to using them inside marriage. This also reflects the view of Dunkle and Jewkes (2007:174), which suggests that masculinity is often equated with the ability to exercise control over women, which in turn, places women at an increased risk of HIV infection.

This is especially evident when women are financially dependent on their male partner or husband. In this context their lack of power to negotiate safer sex practices, like condom use, is exacerbated:

*Because you don't have, I'll say what, more power in deciding on whether you want to use a condom or not because ... the man is doing things for you, he is providing for you so whatever the man says, is obviously sometimes you will have no power but to give in for the sake that the man does this and that for you and to say this, the man might stop doing those things or might leave you ... you are expected now to be reasonable enough to accept whatever the man is saying because the man is the one who is financing.  
(Participant S)*

In this context, Gupta (2002:183-184) states that gender inequality, as illustrated here, is the fundamental driver of the HIV pandemic. If gender inequality is sustained in the sense that men continue to enjoy entitlement to as many sexual partners as they desire and women lack sufficient power to negotiate safer sex practices, it is a gender order that presents a significant barrier to HIV prevention.

The use of condoms in modern sexual partnerships with girlfriends (as opposed to wives) seems to correlate inversely with trust. The more trust develops, the less likely it is that using condoms will be sustained:

*At first he would agree, as time goes, the lady would gain more trust and then they will stop using a condom. (Participant G)*  
*Yes, they stop. Ahhh, we are living together, what is the use of using it? (Participant W)*

This finding supports the statement by Hendriksen et al (2007:1246) that condom usage diminishes with growing trust and commitment between sexual partners.

Trust inferences are also an obstacle to condom usage, especially within the marriage relationship. If, for example, a man had engaged in sexual activity with multiple partners and he was to suggest using a condom to his wife, it would amount to an admission of guilt as expressed here by Participant W:

*That wife will be surprised. Why now? (Participant W)*

Alternatively, as Participant G explains, if the wife insists, it becomes an accusation of infidelity on the part of her husband:

*It's a suspicion that you are cheating outside the relationship. The trust issue. She doesn't trust the man that the man is cheating or she heard some people talking that his man is cheating outside the marriage. (Participant G)*

In the worst case scenario, it is an admission of her possible infidelity. To avoid arousing these suspicions, Participant S suggests that, even if a wife knows her husband has a girlfriend, she should refrain from insisting on using a condom:

*[The husband] might think that you are, what do you call this thing? I don't know what is the right way, what do you call this? You are a magosha. Somebody that will sleep around ...to show your man that you ... only focus on him, you will not consider even talking about the condoms and the HIV ... because you know that this man is your man and that woman's man. There is only the two of you that are sharing. (Participant S)*

These findings are consistent with those by Heeren et al (2007:9) when they identified trust as a barrier to condom use and suggested that sexually active people are trained in negotiation skills to effectively navigate these difficult sexual decision-making scenarios.

Younger women as sexual partners are attractive to men due to the desirability of virgins as sexual partners. However, when there is a substantial age difference, as in intergenerational relationships, the difficulty for women in negotiating condom use is heightened:

*Here in townships, it is a status. They are counting, breaking records. I slept with so much virgins like I have broken so many girls, that's why you find out now that thirteen, fourteen, fifteen, that's where they are still virgins. That's where they are being targeted most. (Participant S)*  
*According to me, staying with a thirteen year [old] is not good ... but they are doing this ... because of taking advantage [of young girls]. (Participant W)*

This finding supports the research by Scorgie et al (2009:276) in which participants “frequently commented on the beauty and desirability of the bodies of young virgin girls”. These relationships, while they afford the older male status, present a risk factor to young girls in terms of HIV transmission, since, according to Participant S, they are likely to experience resistance from men when it comes to using condoms:

*Oh, we break up, that means mos, you are worth nothing. Why should we use a condom? Whereas I do things for you, I spend money on you, I take you places I never been, sometimes I even take you to school ...*  
(Participant S)

This finding also illustrates a more pronounced version of what Jewkes and Morrell (2010:6) described as an increased risk when men enforce their dominance and consequently restrict women’s power to protect themselves from unsafe sex practices. UNAIDS (2011:56) identified age-disparity, along with other socio-economic circumstances such as poverty, as playing an important role in HIV transmission.

Similar to the report on the sub-theme, where multiple partnerships were discussed, Participant W explained that although men are inclined to deny that they use condoms when they are among their peers, he believes that this differs from their actual behaviour in private:

*... It’s just like now, I can say, I am not using a condom but while I am in the room with that girlfriend, I am taking it and using it.*  
(Participant W)

This concurs with Connell and Messerschmitt’s (2005:832) view that, while not all men subscribe to hegemonic masculinity, in reality, it remains the most desirable version of manhood. The findings suggest that this version of hegemonic masculinity does not promote the use of condoms and hence a higher risk of HIV transmission for those men who conform to its prescriptions.

A particularly malevolent phenomenon described by three of the participants is that of men purposefully not using condoms despite knowing they are HIV infected. Their reasoning: because they “don’t want to die alone”, which attests

to the hostile nature of this behaviour and poses a significant risk of HIV infection to their sexual partners:

*They want to pass it on to everyone they have sex with. He doesn't want to die alone. Why should I bother? Be careful [he said], don't date the girlfriends that I have dated, some are [now] HIV positive. (Participant G)*

*Because some people know their status but they don't want to tell others ... They want to infect others ... Yes, because they want me or you to have that ... Yes. They want to spread it. Some people won't like to die alone. (Participant W)*

These findings also demonstrate that how HIV is transmitted is clearly understood, but, instead of this awareness being used to prevent HIV transmission to others, it is used to purposefully enact it. There seems to be an absence of empathy as well as a retribution motive against those who are not infected:

*... in the townships, we live only for ourselves and for today ... Actually in the townships, Ubuntu is dead ... we no longer look for each other ... Obviously, if I want to sleep with you, I will sleep with you, even if I am having HIV, I will do it intentionally because I want to punish you with you not having it. I am having it, why are you not having it? So have it as well and then I go home and knowing that I had it, I gave it to you. And I will celebrate that at least I won't die alone. Most of them feel like that ... a person who is HIV positive ... and they will do whatever they can to sleep with you and ... they will leave you because their point was actually just to infect you and once they have infected you, they die. (Participant S)*

This finding contradicts the findings by Bunnell et al (2002: 38) that knowing one's HIV status is associated with the increased use of condoms. It does, however, resonate with Hall's (2002:38) discussion of Connell's theory, where he argues that hegemonic masculinity implies the perpetration of violence as a permissible right "authorised by an ideology of supremacy".

#### 4.2.2.1.5 HIV prevention: HIV testing among traditional and modern men

When it came to the traditional context, the researcher expected to find resistance to HIV testing, but found contradictory responses. One of the participants confirmed the expectation that traditional men would avoid testing:

*... if a man is traditional ... we believe so much in ourselves that ja, ... man, I'm fine, man, I'm sharp, so I don't need these things because you see, something like that and... as I also explained that we don't believe so much in the extent of this thing so we won't see the need because we don't take this thing as existing so why should I go for something that is not there? (Participant S)*

Another participant, Participant W, reported something different, which suggests that HIV testing behaviour among older, more traditional men varies:

*Yes, [they] think it's okay if they can have HIV tests, because by that old time they were using one razor, cutting, see for another and another ... (Participant W)*

The researcher observed in this participant's report that there is a measure of awareness of what constitutes HIV risk and where the awareness exists, men act on it by getting tested when they believe they may have been exposed to HIV. Similarly, although modern men do not seem to go for HIV testing in large numbers, there does not appear to be any stigma associated with testing:

*And mostly in the township, every time we go there for HIV test ... and sometimes in a day it can be three or ten and in the community, there are thousands of us but at the end of the day, only twenty go for HIV test. (Participant S)*

*No, they are not shy. I use to see them, you see on the shopping complex, even now. No, they are free about that. (Participant R)*

The convenience of the testing opportunity as a consideration applies to shopping centres or the workplace, cited by two participants as a common venue for impromptu testing:

*At malls or at work, while doing their shopping. But going to a clinic is a long process, you would have to wait in a queue.  
(Participant G)*

An interesting version of “testing” was described by Participant W, which amounts to a test by proxy:

*We test with our girlfriends, if she's pregnant, it's a must, at the clinic they will test her you see. Yes, that's what we do. (Participant W)*

This method risks the health of the female partner in the relationship as the man takes no responsibility for establishing his status or acting to protect the sexual health of his partner. Instead, the female partner is used as the proverbial “canary in the coalmine”, which supports this statement by participant S:

*That's how it is ... So a woman actually are treated as objects, you see. Actually we don't consider women as human or as human as us. (Participant S)*

In the findings for Theme One, the combination of socially acceptable inequality in gender relations, violence as a means of controlling the behaviour of women, poor adherence to the use of condoms and engaging in multiple partnerships, evidenced in reports of the traditional context, creates a high risk environment for HIV transmission. Similarly, men in modern settings commonly engage in multiple partnerships, which affords them status and social rewards among their peers. These findings support the opinion of Walker (2005:227), who states that modern masculinities do not entirely represent a cessation of traditional masculinities. Rather, they have their origins in traditional masculinity practices and are consequently an extension of what went before, not a departure.

#### **4.2.2.2 Theme Two: Participants' perceptions of their own masculinity ideals**

In their descriptions of traditional, or rural and modern, or township versions of masculinities, the participants would at times punctuate the discussion with their own views on masculinity practices, which were either in agreement with their

descriptions or disclaimers that they personally felt differently from the attitudes or perceptions that they were conveying.

Participant S explained that he prefers the “traditional ways”, because it has a moral component that he values and that he believes is lacking in the city:

*... actually I will see that there is a lot of differences between the traditional ways of doing things, the rural way of doing things and the city but me I favour traditionally more than a city because the traditionally has more to do with morals. (Participant S)*

Listening to Participant S’s expectations of a man, and, by implication, of himself, it seems that the more traditional idea of the man as the leader, decision-maker, provider and protector of the household persists:

*I believe that to be a man, it’s that time, men to me, is someone who is to protect his family. You are to live for your family, you are to lead, you are to be an example, actually you are, I will say what, you are the centre of everything in the family because everything starts with you and ends with you. (Participant S)*

A concern was raised as far back as 1974 by Gelles (as cited by Jewkes 2002:1424), who first identified that. In the context of poverty, masculinity ideals are more difficult to achieve. The resulting conflict and stress lead to men committing violence against their partners, which Jewkes and Morrell (2010:6) argue in turn renders women more vulnerable to HIV.

Despite enduring ideas of men as decision-makers in the household or relationship context, there was evidence of a more egalitarian approach from two of the other participants:

*Then I must do whatever, [s]he is my full partner. Ja, the idea is we must cooperate together. If I can help to cook, then I must do that ... I must keep on helping her. (Participant R)*

Participant W indicated that being the head of the family did not mean that all his decisions should go unchallenged:

*If I am wrong, I am wrong, I must admit that, ‘cause she show me and I don’t decide that just because I am the head leader in the house. No, I*

*must understand why she says so that I will know that I am wrong when it comes to decisions. (Participant W)*

When asked about family planning, Participant W indicated a preference for a joint decision-making process:

*... I think it will be better if we discuss it and say no, we have got four kids now, those four kids, so [we] must start using condoms so that we can't get more. Ahhh, no. It's not right for someone because if that is not the right time, it's not the right time. If the right time comes, she will tell you that now is the right time, let's try. (Participant W)*

The accounts by participants in this regard bring to mind Connell's (2005a:79) perspective that, while many men deviate from the hegemonic masculinity ideal in the sense that they might not purposefully exert dominance over their wives or partners, men are nevertheless recipients of the "patriarchal dividends" referred to in Theme One. Connell explains that, although men further down the masculinity hierarchy have less power than those who conform more closely to hegemonic masculinity expectations, the broader social advantages associated with hegemonic masculinity are accessible to men in general (Connell & Messerschmidt 2005:829).

Although the terrain of condom use in both the traditional and the modern context is an environment where suspicion and conflict are commonly aroused, one of the participants reported that he would not see it this way if his wife wanted to initiate using condoms because she was concerned that he might have other partners. He said that instead he would suggest an HIV test so that his partner's concern could be addressed:

*Jaaa. I can ask him why he is thinking about other illness, first of all, there are many doctors where you can go and take a test there so that she must get satisfied. Once [s]he said to me, I must use this, the question is why, if ever she thinks I am doing some crooked things outside maybe I got some illness with me, then we can testify to a doctor ... to prove that no, I am okay ...*

*you see so that she must always get satisfied with me, you ... have to for living together. (Participant R)*

Other participants gave their views on responsibilities around the use of condoms in this way:

*Ja, it should be always use a condom. Mostly should be men but nowadays, it should be both of us because you never know who will ... come with an infection or some kind of diseases in the relationship so you should both be willing to have that [condoms] with us. (Participant G)*

*So ... if a wife says to her husband, um, can we use condoms? Ja, she has got a right to say that. [It's] Okay, according to me. If I really love my wife, I will use it. (Participant W)*

In talking about their own views on multiple partnerships, participants' beliefs varied from those of Participant G, who described coming to the realisation that it's "not the right way" to Participant W's view that the responsible way to manage extra-marital relationships is to restrict the practice to one other partner:

*I got it from seeing other people doing it [multiple partnerships] and I thought it was right, I sat down with my father and my brother and my uncle and we talked and they showed me it's not the right way, you should respect that lady ... but it's also wrong 'cause you're putting that lady into risk [her] not knowing what you do outside ... (Participant G)*

*Sometimes it happens to have an outsider because you can't always be with your wife. There must be someone who can share things, sort of. Because sometimes when the wife says, hey don't go and drink, you say, ay she is mad and go outside. Outside if you are alone; it eats you inch by inch so you must have someone outside so you can be able to discuss everything. Ay, one is fine (laughing). Some they have got more than one because they are irresponsible. (Participant W)*

*Ja, I can have maybe one girlfriend ... you see it's very hard with two ... [Because] maybe it's my wife who is getting passed [away], there's going to be a long way to get another one [partner] ... See now, I am 56, so if ever I am going to marry another woman, I must study her first and it's going to take me long then if I [already have] a partner outside, then it won't take me long to understand how does [s]he work. (Participant R)*

Participant S, expressed a view similar to one of the traditional reasons cited in Theme One for having more than one wife, which is to prevent infidelity in the marriage relationship:

*But ... for me, I think to take more than one wife, is good. The reason is that I stay married to you, you are my only wife but I am cheating on you so why don't I take two or three and build them their own houses so that you know when I am not with you, I am there, when I am not there, I am there. You know actually, to trace me. (Participant S)*

Furthermore, Participant S believes that polygamy is the correct and practical way to manage multiple partnerships and prevent HIV. His view demonstrates the assumption that men are, by definition, entitled to multiple partners and marriage is synonymous with ownership of the woman:

*Having more than one partner doesn't necessarily mean that you will be spreading HIV and AIDS because you can have more than one partner in the right way, or more than one partner in the wrong way. 'Cause the right way of having a partner is you know, you can have more than one wife and marry them and then obviously they will be yours and then other side you are having a wife and you are cheating, this is what happens with more than one partner because if you are having more than one partner, but all your partners know each other ... sometimes they even do things together like they take HIV tests, they support each other, you see in that way it is much more easier to do things.(Participant S)*

While Participant S expresses favourable views on polygamy, he does not condone having more than one sexual partner in a more casual context:

*... ever since the dating, I never ever had more than one girlfriend but I tried a lot. But I couldn't due to my upbringing because I would feel as if like I'm wasting somebody's time or I'm destroying someone's future wife. (Participant S)*

The views expressed among participants varied and certainly contained contradictions, as illustrated by Participant S. The presence of these dichotomies supports the findings in Dworkin et al's (2012:97) research that black, working class men are both resistant and accepting of changes in "masculinities, women's rights and gender relations".

#### **4.2.2.3 Theme Three: Participants' experience of their participation in the TIP**

The participants' awareness of the programme came about through various channels: one of the participants, Participant R, saw an advertisement for the TIP at his local clinic and decided to attend. Participant G heard about it from his brother, who had planned to attend and invited him along and Participant S was invited by one of the workshop facilitators:

*I find out about it [TIP] at the clinic. (Participant R)*

*My brother works for an NGO, he was going to participate in that intervention programme and he invited me. (Participant G)*

*He told me about this programme and also as we are staying like in the neighbourhood and he explained about these problems and since you are doing nothing yet, can you come and see whether you like it or not and whether it is positive or negative, you decide. But just come and then you take it from there. And then, I went there just to attend the first time and then when I attend the first time, I saw something, I saw a good initiative so I said okay, I will complete it until the end. (Participant S)*

All the participants felt that they had benefited from their attendance and that it had brought about changes in their perceptions and behaviour in terms of what it means to be a man. These accounts correlate with the findings by Govender and George (2013:18) that the participants in their study of the TIP reported a positive

impact after the programme which they had either observed in others or had experienced personally and which resulted in improved relationships:

*Um, basically, I will say what, it raised a concern, what do you call this thing to put back something? Uhh, ja, restore or restate which is taking back something. It reminded me of the values of a man, the importance of a man in society as traditionally they taught me. (Participant S)*

*It opened an eye because most of the things that they were talking about, tended to see them because I didn't pay more attention to them at first but after the intervention, I started looking at them and I saw how they do happen in the community... It was interesting and an eye opener. It made me to read more about it ... I knew half of the things, I didn't know more so I went out and find out more info about it. (Participant G)*

*Yes. A lot of things [changed]. [Before] If you are back, they must see that W is back in the house and nowadays there is no more stuff like that. Yes, I see changes [in others as well]. Mmm, some were beating their wives, you see but now they are no longer doing this. If you are a man, can't send a child to a spaza shop, can't ask a kid to buy me a beer as a parent. That means that you are not a man. Another thing, if you fight with your wife, you must take her to the bedroom and say no stop, not in front of kids. (Participant W)*

*That's right. They were not there where I am, so because I got any proof of what was happening before for me, what is happening, I couldn't change it. Even they can grade [for] themselves, no we are men now, not like before. They [the workshops] were right for me ... More. It has changed [my ideas] a lot. (Participant R)*

Participant W's account of a reduction in intimate partner violence supports the findings by Govender and George (2013:18) where they recorded lower mean scores in reports of abusive behaviour perpetrated by graduates of the TIP after a six-month interval. Behaviour changes in intimate relationships would, according to Greig et al's (2012:35-43) evaluation of the Stepping Stones

programme, be a positive indicator of the overall success of a programme, because it suggests that gender norms are addressed and participants are equipped with communication skills to manage relationships better. Dworkin et al (2012:116) explain that one of the key drivers of HIV is “gender relations, dimensions of power, and social conditions”. The authors emphasise that an important component of HIV prevention is to raise awareness among men of the social factors that give rise to these behaviours.

In terms of participants’ perceptions and behaviour regarding HIV knowledge and HIV prevention, participants also reported changes in this regard as a result of information provided by the TIP:

*They tell us about HIV peoples, we must not ignore them, they are basically like ourselves. It may be like having some food, we are eating on one dish, they explained to us that the bacteria or the illness is very small so that even if you can get cutted here and I am touching you while you are also cutted, when the blood touches together, it’s where you can catch that illness. But on eating or like kissing together, there is no problem about that. You must not isolate them, they are human beings. (Participant R)*

*... so they did raise a lot of awareness, some men were not that much informed about HIV and AIDS and about to handle people with HIV or people that are known because in most cases just because you know that I have HIV, I will treat you otherwise because I think you are going to infect me, I can’t shake hands with you. I can’t hug, I can’t kiss, this is the nature so the guys there explained it so now say you are HIV positive, firstly the symptoms you cannot see, so it will be very difficult to judge a person, or take a person or to treat another person differently when you know the person has HIV. (Participant S)*

*It opened an eye because most of the things that they were talking about ... I didn’t pay more attention to them at first but after the intervention, I started looking at them and I saw how they do happen in the community. (Participant G)*

*Yes, she [my partner] noticed, she likes to say, you see now, that helped you. (Participant W)*

These findings substantiate Govender and George's (2013:14) results of a significant improvement ( $p < 0.05$ ) in terms of HIV and AIDS and attitudes as well as safe sex and condom use as a result of participation in the TIP. What follows here are further findings that demonstrate greater awareness.

Participants were asked if their practices in using condoms were influenced by the knowledge they gained from the TIP:

*It did change my mind, things make more common sense to me than before. Practicing safe sex. Even though I sleep around, I know that I must be more careful. Sometimes ... Ja, at this time, I am more careful than before 'cause I know the after-effects of not practicing safe [sex] ... I use a condom on relationships. (Participant G)*

*... you must always use condoms. Because sex without condoms is irresponsible risk, you see, so things like that. (Participant W)*

*She can say that [that we need to use condoms]. So, okay. Ja, if she say to me, yes, must condomise. Even her too, if she can, there are condoms for women, there are condoms for men ... so it's alright. (Participant R)*

This reported increase in condom usage behaviour by participants in TIP which differs markedly from their reports on condom usage more generally in the communities where they live, supports Govender and George's (2013:14) finding of a significant improvement in attitudes to safe sex and condom use.

According to the participants, a further HIV preventative measure addressed by the TIP was the importance of monogamy. The researcher asked them if the TIP discussed the necessary precautions in the case of having more than one sexual partner. The participants indicated their awareness of the implications of multiple partners and, in some cases, responded to the TIP's intervention by changing their behaviour in terms of this practice:

*Ja, that you see, different partners is the one that causes that [HIV]. For once, I am in love with the other one, she may be shy to tell me*

*that she is HIV ... So that we must be aware of when getting be satisfied with one partner. It's your wife or it's your girlfriend ... I am not having another partners outside but I used to ... (Participant R)*

*One or more partnerships, they explained that now multiple partnerships is regarded as one of the things that is a risk in HIV. Because more than one partners, if I have more than one girlfriend, obviously then that means, with that girlfriend, I am not the only one and that guy that has got girlfriends is not the only one. So you see that makes a chain that thing, I am having you and the other one this side and someone there and that side is having someone. Exactly so that's how it goes, HIV can spread very rapidly ... Actually they [TIP] said that you are to have one partner or condomise ... I think that for you to sleep around ... I think that would mean you are an irresponsible fool. (Participant S)*

*As a man, all a man knows that they have to prevent HIV by not cheating. (Participant W)*

Participant G said that, besides his own behaviour change, he has observed a change in behaviour in other participants, where they have reduced their number of sexual partners as a result of their participation in the TIP:

*Mostly it's because they have a moral issue of what they learned at the programme than before because before they didn't have knowledge of how you get infected because in the programme they will tell us how the things you get infected. (Participant G)*

Govender and George (2013:21) also reported a growing awareness and acknowledgement among the participants in their study of the considerable HIV risk associated with multiple partners.

The participants expressed their awareness of the necessity for both partners to test regularly and know their HIV status, which is emphasised by the TIP. One participant describes his new approach to knowing his and his sexual partner's status upfront and describes some of the difficulties he has encountered:

*And when I get into a relationship, it's nowadays, it's like I encourage the lady and ask her to be tested before we go any further with that relationship. That I am showing her my trust that I am more open ... I disclose everything about me ... So that she can do the same thing. You could go together ... Most of them they like it, because it shows commitment to a relationship. But some, they don't agree with it ... Sometimes, it chases the woman away. 'Cause by me insulting her, I am thinking that she is positive. Sometimes it's a relief, because not knowing me, she doesn't want to know his status. (Participant G)*

Govender and George (2013:17) found that the TIP achieved some improvement in getting people who had tested before to re-test and a lesser result in accessing testing facilities for the first time. They also found a slight improvement in knowing the status of your sexual partner as expressed above by Participant G. Finding effective ways of encouraging HIV testing is critical for all programmes aimed at HIV prevention, as demonstrated in the study by Cherutich et al (2007) in Kenya, where they found that the majority of the research participants did not know their HIV status. They emphasised that this was a significant barrier to HIV prevention and treatment. In fact, Honermann (2014) ascribes most HIV transmissions to a lack of awareness of one's own HIV status.

The participants elaborated on how TIP had influenced their perceptions and behaviour in terms of masculinity and gender roles, which reflects a shift towards greater equality between men and women. This is in keeping with the recommendations made by Greig et al (2008:40) when they emphasised that men and women are better protected against HIV transmission when they change their gender perceptions and behaviour. Participant R gives his insights as a result of what he learnt at the TIP:

*... there is this kind of thing that we men use to take womens as our slaves. I still remember they were mentioning us that you are two at home ... actually they told us that man and woman are the same at home. Not that before that, the man is the head, inequality. I am doing it even now ... I cook, whatever ... And even about sex. My wife has got the right to tell me that today we are not having sex. I mustn't force*

*him. Before I was saying you can't tell me that, you see. (Participant R)*

Participant G explains that, as a result of his participation in the TIP, he has come to understand that some masculinity practices violate the rights of women:

*Yes, it showed me and I learnt more of how to behave as a man than a teenager. More like a teenager. Go around, go around hook up with ladies, just make sure I sleep with her, tomorrow, just friends with benefits. We met, it's over ... Go get another lady, some sort of thing. But now I have seen that it's more of a disgrace putting your name in debt because that lady will talk badly about you so my dignity means a lot. So I thought I should treat a lady with more respect and myself so my name could be cleared and I could be a good person in the community. Mostly it's because it [TIP] shows you as a guideline on life on how you behave, how to treat a person, and that person should treat you back because you won't want to be treated nicely while you treat others badly. And also about your social responsibility, alcohol usage and abuse. Because most of us we think that we are not abusing a person by hitting her ... calling her names, you are lesbian ... things ... it's also abuse. And ... when it comes to HIV and AIDS issue, how to protect yourself. If a lady wants you to do this, you can't force that lady to do that. It's your choice on how you choose to live your life. (Participant G)*

This outcome meets the recommendation made by the National Strategic Plan (NSP) for programmes to challenge gender norms and roles that contribute to HIV transmission by promoting a better understanding of the shortcomings of traditional roles for men and women (South Africa, Department of Health (DOH) 2011:25). It also correlates with Jewkes and Morrell's (2010:6) findings that HIV prevention ought to focus on changing socialised gender identities, because traditional gender roles sanction behaviour that increases the risk of HIV transmission. Additionally, these accounts support Connell's (2005a:46) disagreement with the notion that men cannot change. In fact, her theory states

that masculinities are not fixed but can be changed as a result of social processes (Wedgewood 2009:334).

#### **4.2.2.4 Theme Four: Participants' recommendations to the TIP**

It was clear from the participants' experiences that they found the information they received relevant, empowering and valuable and it had influenced their perceptions and behaviour positively. When asked what their recommendations would be to improve the TIP, most of the participants responded that they would like to see the TIP become more broadly accessible. There was almost a universal preparedness among them to act as ambassadors and advocates for the programme and its aims:

*Ja, [we need] a card, or maybe a t-shirt. Can't they sponsor us these things so that even if we can come there at the tavern, they can see here are the [TIP] people. So you must be able to advertise ... it can be a card or something that maybe the peoples can prove it that no, this man is working on it. (Participant R)*

*If I was the TIP boss, nothing I will change because TIP they operate well, they do workshop, educated us, so I will leave it like that, but somewhere somehow, try and do other people. I wish it was all over the world so that others they can see what is capable ... we encouraged others who didn't attend that workshop. If I see someone else doing something wrong, call him, no man this is how we live, not like that. (Participant W)*

*... I would spread it out, let more people know about it. Spread the word out to communities, when the programme will be held, go to the local community radio and tell the community about it because the more people know about that, the better the programme will be, more ... people will be responsible. It's a valuable thing. (Participant G)*

This finding also emerged strongly from Govender and George's (2013:26) research, where participants indicated their enthusiasm to educate members of their communities and share their acquired knowledge and experiences with them.

Another recommendation was the need for a support structure after the programme, where participants are accountable to each other and encourage each other to persevere with their intentions:

*They are willing and they want to change but it's not good to live the wrong thing. They want to change but it feels so good to be sleeping around. Change is very hard to make. I think it would help them a lot if we can continue doing these things [meet] because it is much easier to influence someone that you are with all the time. Let's say maybe we meet once or twice a month. (Participant S)*

One of the participants reported that they do, in fact, get together on their own initiative to support each other, and he described the value of doing this:

*Yes, we are doing. Ja, because they have to come there and report ...  
Yes, it's good. Some are coming; some are working so that's why that won't be able to come. But if they are off, they come. Because normally, sometimes we do it around half past five, every Wednesday, sometimes on Saturday. Some off time, those who came, just sit and talk. On Saturday, we are report to those on the last time we spoke about this and this. Because you are supposed to do an hour session but it end up being four hours. (Participant W)*

The same desire was expressed by the participants in Govender and George's (2013:26) study to initiate support groups for men who had completed the programme to give each other ongoing support. The authors' research participants also recommended that further support be afforded the graduates in the form of oversight of support groups or training of graduates in facilitation skills to reinforce and share the knowledge and experiences gained.

### **4.3 Conclusion**

In this chapter, the findings were arranged and analysed according to themes and sub-themes as informed by the research questions. The findings pertaining to each theme and sub-theme were discussed and illustrated with verbatim quotations from participants. Observations made from the researcher's field notes were included, as well as literature from other studies. The findings were

also contextualised within the theoretical framework used for the study, Connell's masculinities theory.

Chapter Five is the conclusion of the study. It presents a summary of the findings as well as programme- and research-directed recommendations.

## **Chapter 5: Conclusions and Recommendations**

### **5.1 Introduction**

The purpose of this study was to explore the perceptions by graduates of the TIP, traditional and modern masculinity ideals, gender relations and HIV transmission. A further intention was to gain insight into these masculinities and to develop recommendations for the TIP and for other HIV prevention programmes aimed at men.

To achieve the purpose of the study, a qualitative research method was selected whereby in-depth interviews were the primary data source. This method is congruent with the research methodology implications of Connell's masculinities theory, the selected theory for this study. A thematic analysis of the interviews followed where the data were coded to identify key themes as well as sub-themes as they related to the research questions listed in Chapter One.

The findings, detailed in Chapter Four, provided numerous and valuable insights into the research questions and yielded sufficient appropriate data for the research objectives to be accomplished. In answer to the research questions, the findings obtained from the participants demonstrate that, in their experience, both traditional and modern masculinity practices promote HIV transmission. Furthermore, these findings confirm the benefit of the TIP programme for the participants in this study and their desire for ongoing support.

The key findings of the study will now be summarised according to the research questions. This will be followed by recommendations for HIV prevention programmes for men generally and TIP specifically, as well as suggestions for future research.

### **5.2 Summary of findings**

#### **5.2.1 Perceptions of traditional and modern masculinities: the risks for HIV transmission**

In conversations with the participants on traditional and modern masculinity practices, it became clear that traditional assumptions of the intrinsic superiority of men have created a legacy of enduring definitions of masculinity ideals. These

continue to find expression in modern incarnations of hegemonic masculinities and expose new generations of men to the risk of HIV transmission. Articulations of male dominance in both the traditional and modern context include unequal gender relations, entitlement to multiple partners, the use of violence as a control mechanism, as well as the outlook that condom usage and HIV testing are discretionary options based on men's own assessment of the potential risks.

In the traditional context, gender roles are characterised by deeply entrenched inequalities – the participants described traditional masculinity as a position of authority and paternalism in relation to women, whereby decision-making, provision and protection fall within the man's domain. The expectation is for women to respond with clearly defined behaviour, including servitude and gratitude in a demonstration of her subservient position. Traditional masculinity endorses multiple sexual partnerships through the practice of polygamy. With the advent of migrant labour, sexual partners additional to a primary or marriage partnership became more widely accepted.

Although men in urban settings have a more informed view of HIV prevention and women's right to equality in sexual relationships, social rewards among men for behaviour such as male dominance and power, as well as having multiple partnerships continue to entrench-high risk sexual conduct. While having multiple sexual partners is not practised entirely openly, it is nevertheless admired and there is a tacit agreement among men belonging to the same peer group to be discreet in terms of what they know about each other's sexual activities. In this context, the participants also reported the desirability of taking virgins as sexual partners, which gives rise to intergenerational sexual partnerships in which gender inequalities are potentially even more pronounced. Where male partners engage in high risk sexual behaviour, women's actual power in relationships has not increased substantially as far as their ability to negotiate or enforce safe sex behaviour is concerned. The evidence strongly suggests that the inferior position assigned to women disqualifies them from challenging high risk practices by their male partners and, in fact, such a challenge could be met with socially sanctioned intimate partner violence. In this sense, the influence of hegemonic masculinities on modern gender relations has not materially changed.

Poverty is a significant enabler of unequal gender relations in townships and frequently keeps women entrapped in relationships characterised by inequality. In longer-term relationships like marriage, women are generally not in a position to leave their partners should they become aware of other sexual partners and the consequent increased risk of HIV transmission. This is often owing to their financial reliance on male partners, especially if there are dependent children for whom they might become solely responsible.

The factors associated with unequal gender roles, specifically in the context of sexual relationships, render men and their partners vulnerable to HIV transmission and when these factors are present in combination, the risk is compounded.

It is important to emphasise that, in challenging gender roles, a distinction must be made between men being at risk of HIV transmission as a result of the active role they play and women as a result of assuming a more passive role in their approach to sexuality. While men and women engage in contrasting behaviour patterns, the solution by no means lies in men and women adopting behaviour from the other's pre-existing gender frameworks. For women to become more active in their sexual behaviour on the one hand and men to embrace more passive behaviour on the other means men and women will simply be exchanging high risk behaviour. Both these gender behaviour patterns should be viewed as increasing the possibility of HIV transmission. Gender roles need to be re-imagined entirely in order to truly equip men and women to effectively prevent HIV transmission.

The prospect of safe sex practices is reduced by traditional practices such as the rite of circumcision associated with initiation schools and the assumption that men require multiple partnerships. Traditional men believe that having been circumcised protects them against HIV transmission and as a result, condoms are not widely used, with an even greater resistance to using condoms inside marriage.

A significant obstacle to the use of condoms in modern settings is that, for both men and women, insisting on condoms potentially causes interpersonal tension as it can be interpreted as an admission or accusation of infidelity, especially in the context of a long term-relationship like marriage, where condoms were not used previously. The condom as a symbol of distrust is also demonstrated by the finding that, as subjective trust grows between sexual partners, the use of condoms reportedly decreases.

An ominous phenomenon described by three of the four participants was one in which someone who is aware of his HIV status, purposefully infects his sexual partners by not using a condom in his quest to “not die alone”. This demonstrates clarity among these men not so much of the mechanism of HIV transmission but of the desire to use this knowledge to spread the disease rather than prevent it. In other words, the supposition that awareness of HIV transmission and knowledge of one’s HIV status would improve the likelihood of condom usage is not correct – knowledge about HIV transmission can, as this behaviour demonstrates, be used destructively. In the researcher’s opinion, this speaks of a new frontier in enforcing male dominance, one in which is enacted a silent and anonymous violence, presented as an act of desire or affection. The virus is wielded as a weapon which has been co-opted as an accomplice into the arsenal of gender violence.

In terms of practical preventative measures, because they are inexpensive and relatively easy to distribute, condoms remain a feasible HIV preventative measure. It would, however, be essential to go beyond availability as condom usage is fraught with complications and is highly inconsistent for reasons unrelated to access. The realities of condom usage, according to the findings of this study, remain far removed from the simple preventative solution it could potentially be, and sexually active people are not always equipped to navigate this landscape with its many inherent complexities. What the interviews revealed very clearly is that the narratives and sub-texts surrounding condom usage are multiple and remarkably intricate.

Accessing HIV testing facilities does not seem to take place in large numbers among either traditional or modern men, but there appears to be no notable resistance to testing when it is conveniently available. Testing by proxy was reported to take place when men assume their HIV status according to the status of their sexual partner, who would, for example, be tested at an ante-natal clinic. These approaches to HIV testing render men and their sexual partners vulnerable to HIV transmission, especially considering the view referred to in Chapter Two that most transmissions take place between individuals who do not know their HIV status.

So, despite an increase in knowledge among men in modern environments, HIV prevention behaviour has not become a valued component of modern hegemonic masculinity or significantly shaped masculinity expectations. According to the participants, even when men experience private doubts about the behaviour for which their peers typically reward them, the social advantages derived from these behaviours remain desirable. These social rewards function as a barrier to new versions of masculinities and discourage purposeful challenges to prevailing hegemonic masculinity narratives that promote HIV transmission.

While traditional and modern masculinities differ in many ways, there is clear evidence that modern masculinities are rooted in traditional masculinity practices and are not entirely a departure from them. While men in modern settings have adopted beliefs and behaviour that are contrary to traditional masculinities, some traditional norms have an enduring influence on the perceptions and behaviour of men in an urban setting.

### **5.2.2 Participants' perceptions of their own masculinity ideals**

Beyond traditional and modern masculinity practices, at the personal level, a dichotomy emerges in which participants do in some instances deviate from prevailing masculinity ideals, while in other cases they continue to conform to hegemonic masculinity norms. What seems to be of enduring value to them are masculinity themes aimed at meeting expectations in situations like leadership, provision and protection in spite of circumstances such as poverty, which almost certainly predetermines failure. The participants did, however, indicate a

receptive response to joint decision-making with partners in areas such as family planning and condom usage. However, their stance on multiple partners reflected an abiding view that the option remains acceptable and even desirable to them, whether in the form of a sexual partner outside a primary relationship or in the context of polygamy. In this regard, it appears difficult for men to distance themselves entirely from Connell's concept of the "patriarchal dividends" that are accrued as a result of adhering to some of the more deeply entrenched masculinity expectations.

It is also important to note that masculine conduct favouring more equitable gender relations remains at the discretion of the men themselves and there is a sense that in situations where gender relations have been adapted, it is by their concession. There does not appear to be a well-developed understanding that men and women are inherently equal or that this is guaranteed by law and is not reliant on concessions.

### **5.2.3 The impact of the TIP on participants' perceptions of masculinity and HIV prevention**

The perceived benefit to the participants of their participation in the TIP is undoubtable and what appears to have enabled the translation of raised awareness into behaviour change, especially where gender relations are concerned, is that knowledge was imparted in a human rights context which added a normative value to what was learned.

The content covered on HIV prevention was thorough and much of the information was retained and embraced by graduates, as is evidenced by their reports of adapting their own behaviour accordingly or observing changed behaviour among fellow graduates.

Their insight into HIV related issues such as stigmatisation and modes of HIV transmission was broadened and they reported an increase in HIV prevention behaviour, such as condom usage. The importance of monogamy was clearly understood as an HIV preventative measure, although on this matter it seems that to approximate monogamy is considered sufficient. Knowing their HIV status

has assumed greater importance and they demonstrated an increased commitment to more equal gender relations, especially in their own households.

The participants expressed willingness to advocate for the programme and one of their recommendations was for graduates to be equipped to share their knowledge and experiences with others, as well as to recruit men into the TIP. A further recommendation for graduates was for ongoing support structures to reinforce what they have learned and to maintain a framework of accountability.

From the participants' reports, one of the most valuable contributions made by the TIP to HIV prevention is that it offers an environment where men are encouraged and enabled to explore and discover alternative versions of masculinities. In this context, the continuity that a support group programme would provide, in whatever form, becomes critical in the sense that it provides graduates with an alternative peer group where gender equality behaviour is endorsed and men are rewarded and affirmed for sustaining new masculinity norms. The TIP creates the possibility of a new "brotherhood" with alternative values, whereby men are held accountable to masculinity norms that prevent HIV instead of allowing for its transmission.

### **5.3 Limitations of the study**

While many interesting and useful insights emerged in the course of this research, there were limitations which became apparent in conducting this study. One of the limitations relates to an inherent limitation of in-depth interview data collection as a method which necessarily narrows the number of research participants. While congruent themes emerged from all four reports, it is uncertain how representative the participants were of the population they were drawn from and to what extent the data gathered can be generalised to the population in question. For this reason, comparisons were made with the results of the TIP research conducted by HEARD from UKZN (referred to in Chapter Two), in order to validate this study's findings.

A further limitation was that the participants were all graduates of one programme (TIP) and were all resident in one province, so the findings cannot be generalised to all graduates of the TIP or participants in other HIV prevention

programmes. Further, selecting only graduates of the TIP means that the findings are not reflective of other participants who have not completed the graduation requirements.

## **5.4 Recommendations**

Two categories of recommendations are listed in the sections below:

### **5.4.1 Programme-directed recommendations**

a) The value of factual information and knowledge about HIV and related topics remains foundational to HIV prevention. In this regard, it would be important for the TIP and similar programmes to consistently update the relevance of the information contained in their modules to accurately reflect trends in current HIV and AIDS data, especially when it comes to developments in the South African context.

b) Narratives surrounding the use of condoms are numerous and complex and men need to be equipped with practical strategies for overcoming the situational barriers they encounter. Encouraging the use of condoms necessitates taking the different scenarios into consideration and addressing the numerous obstacles faced by men as targeted issues. Programme developers who adhere to the simplistic assumption that improving condom usage among men is a matter of raising awareness and increasing the availability of condoms would risk limiting the results they are able to achieve.

c) HIV testing remains a relatively low priority for men and programmes should be developed with a strong focus on this issue to elevate the importance of this practice among men. This would increase knowledge of HIV status as an HIV preventative measure.

d) Beyond raising awareness among men in an abstract sense that gender equality is a human rights imperative, they also need to be assisted in developing revised, practically applicable gender relations and alternative gender narratives through role-playing activities.

e) The TIP goes a long way in providing men with a platform to launch new masculinity behaviour with more confidence. This process would be greatly enhanced if men were more adequately prepared for applying the challenges arising from their peers to what they have learned and the new behaviour they have undertaken to adopt, which differs from the masculinity behaviour to which the group subscribes. This can be done by assisting men in preparing scripts or role-playing difficult scenarios that they might encounter in a peer group situation.

f) Ongoing support is needed for participants when a programme which initiates changes in gender relations is concluded. For men to sustain alternative masculinity behaviour and transformed gender relations, they need an environment where they are accountable for new masculinity expectations and where alternative masculinity norms are endorsed by other men of similar persuasion. Support groups could be structured in different ways. They could be designed as an extension of the programme or alternatively, programme graduates could be trained as support group facilitators. The value of this is that men have regular access to an environment where new masculinity norms are entrenched and rewarded as a counterbalance to peer groups which function as custodians of hegemonic masculinity ideals.

g) Graduates of HIV prevention programmes should be enabled to share what they have learned with their communities, and advocacy skills should be included as one of the outcomes of HIV prevention programmes for men.

i) As demonstrated by the distinction made in this study between traditional and modern masculinity, there are varied expressions of masculinities, so HIV prevention programmes aimed at men ought to take this multiplicity into account when developing programme content, instead of adopting a one-dimensional approach.

#### **5.4.2 Research-directed recommendations**

a) To develop longitudinal research designs with the aim of identifying which models of HIV prevention programmes for men are most conducive to long-term behaviour change. More specifically, there is a need for research to determine

which elements within these models are essential if significant sustained change in terms of masculinity norms, gender relations and HIV prevention practices is to take place.

b) To explore the phenomenon described by the participants whereby men living with HIV transmit the disease to their sexual partners, not as a negligent act or as the result of risk behaviour, but rather as a purposeful exploit with the intention to “not die alone”. It would be of particular interest to investigate whether these reports have a basis in fact, and, if so, how to best conceptualise it. It would also be of interest to establish how widespread this behaviour is and to gauge its contribution to HIV transmission rates.

c) To better understand whether the high rates of HIV transmission in parts of the world like sub-Saharan Africa are primarily attributable to gender behaviour, poverty and the low socio-economic and political status of women, or whether it can be better explained by other factors, such as specific characteristics of social networks or a predisposition for higher transmission rates among certain population groups.

## 6. List of sources

- Amaro, H. & Raj, A. 2000. On the margin: Power and women's HIV risk reduction strategies. *Sex roles* 42(7-8): April 723-749.
- Anderson, C. 2010. Presenting and evaluating qualitative research. *American Journal of Pharmaceutical Education* 74(8): October 141-148.
- Babbie, E. 2007. *The practice of social research*. 12<sup>th</sup> edition. Belmont: Wadsworth.
- Bazeley, P. 2013. *Qualitative data analysis*. London: Sage.
- Beksinska, M.E., Smit, J.A. & Mantell, J.E. 2011. Progress and challenges to male and female condom use in South Africa. *Sexual Health* 9(1): October 51-58.
- Braun, V. & Clarke, V. 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology* 3(2): July 77-101.
- Brown, J., Sorrell., J. & Raffaelli, M. 2005. An exploratory study of constructions of masculinity, sexuality and HIV/AIDS in Namibia. In *Culture, Health & Sexuality* 7(6): December 585-598.
- Bunnell, R., Opio, A, Musinguzi, J, Kirungi, W, Ekwaru, P., Mishra, V., Hladik, W., Kafuko, J., Madraa, E. & Mermin, J. 2008. HIV transmission risk behavior among HIV-infected adults in Uganda: Results of a nationally representative survey. In *AIDS* 12:22(5): March 617-624.
- Castor, D., Cook, S., Leclerc-Madlala, S. & Shelton, J. 2010. Intimate-partner violence and HIV in South African women. In *The Lancet* 376 (9748): October 1219.
- Cherutich, P., Kaiser, R., Galbraith, J., Williamson, J., Shiraishi, R.W., Ngare, C., Mermin, J., Marum, E. & Bunnell, R. 2007. *Lack of knowledge of HIV status a major barrier to HIV prevention, care and treatment efforts in Kenya: Results from a nationally representative study*. Accessed 12 September 2014 downloaded from <http://www.plosone.org/article/fetchObject.action?uri=info%3Adoi%2F10.1371%2Fjournal.pone.0036797&representation=PDF>.

- Cook, K.E. 2008. In-depth interview. In Given, L.M (Ed). *The Sage encyclopedia of qualitative research methods*. 2006. California: Sage. pp. 423-424.
- Connell, R.W. 2005a. *Masculinities*. 2<sup>nd</sup> edition. Los Angeles: University of California Press.
- Connell, R.W. 2005b. Change among the gatekeepers: Men, masculinities, and gender equalities in the global arena. *Signs* 30(3):1801-1825.
- Connell, R.W. & Messerschmidt, J.W. 2005. Hegemonic masculinity: Rethinking the concept. *Gender & Society* 19(6): December: 829-859.
- Connell, R.W. Sa. *Masculinities*, accessed on 8 May 2013 downloaded from [http://www.raewynconnell.net/p/masculinities\\_20.html](http://www.raewynconnell.net/p/masculinities_20.html)
- Connell, R.W. Sa. *Bio*, accessed on 30 May 2013 downloaded from [http://www.raewynconnell.net/p/about-raewyn\\_20.html](http://www.raewynconnell.net/p/about-raewyn_20.html)
- Drimmie, S. 2002. *The impact of HIV/AIDS on rural households and land issues in Southern and Eastern Africa: A background paper prepared for the Food and Agricultural Organisation, sub-regional office for Southern and Eastern Africa*. Pretoria: HSRC.
- Delius, P. & Glaser, C. 2004. The myths of polygamy: A history of extra-marital and multi-partnership sex in South Africa. *South African Historical Journal* 50(1):84-114.
- Dunkle, K.L. & Jewkes, R. 2007. Effective HIV prevention requires gender-transformative work with men. *Sexually Transmitted Infections* 83(3), June : 173-174.
- Durrheim, K. 2006. Research design, in Terre Blanche, M., Durrheim, K. & Painter, D. (eds). 2006. *Research in practice: Applied methods for the social sciences*. 2<sup>nd</sup> edition. Cape Town: UCT Press. pp. 33-59.
- Dworkin, S., Colvin, C., Hatcher, A. & Peacock, D. 2012. "Men's perceptions of women's rights and changing gender relations in South Africa: Lessons

- for working with men and boys in HIV and antiviolenace programs, in *Gender and Society* 26(1), January: 97-120.
- Govender, K. & George, G. 2013. *An evaluation of the SAB (Pty) Ltd Tavern Intervention Programme (TIP)*. Health Economics and HIV and AIDS Research Division (HEARD), University of KwaZulu-Natal, Durban.
- Greig, A., Peacock, D., Jewkes, R. & Msimang, S. 2008. Gender and AIDS: Time to act. *AIDS* 22 (Suppl 2), August:S35-S43.
- Gupta, G.R. 2002. How men's power over women fuels the epidemic. In *British Medical Journal* 324(7331), January: 183–184.
- Gupta, G.R., Parkhurst, J.O., Ogden, J.A., Aggleton, P. & Mahal, A. 2008. Structural approaches to HIV prevention. *The Lancet* 372(9640), September: 764-775.
- Hall, S. 2002. Daubing the drudges of fury: Men, violence and the piety of the 'hegemonic masculinity' thesis. *Theoretical Criminology* 6(1), February 35-61.
- Heeren, G.A., Jemmott, J.B., Mandeya, A. & Tyler, J.C. 2007. *Aids Education and Prevention* 19(1)February: 1-12.
- Hendriksen, E.S., Pettifor, A., Lee, S., Coates, T.J. & Rees, H.V. 2007. Predictors of condom use among young adults in South Africa: The Reproductive Health and HIV Research Unit National Youth Survey. *American Journal of Public Health* 97(7), July: 1241-1248.
- Hesse-Biber, S.N. 2007. The practice of feminist in-depth interviewing. In Hesse-Biber S.N. & Leavy P.L. (eds). 2007. *Feminist research practice*. London:Sage. pp. 110-149.
- Hogan, S. 2008. Voluntary participation. In Lavrakas, P.J. (ed). 2008. *Encyclopedia of survey research methods*. California:Sage. pp. 953-954.

- Honermann, B. 2014. *The boogeymen of HIV that never were*. Accessed on 2 September 2014 downloaded from <http://www.oneillinstituteblog.org/boogeymen-hiv-never/>
- Jewkes, R.K. 2002. Intimate partner violence: Causes and prevention. *The Lancet* 359(9315), April; 1423–1429.
- Jewkes, R. & Morrell, R. 2010. Gender and sexuality: Emerging perspectives from the heterosexual epidemic in South Africa and implications for HIV risk and prevention. *Journal of the International AIDS Society* 13, February: 6-17.
- Jewkes, R., Nduna, M., Levin, J., Jama, N., Dunkle, K., Puren, A. & Duvvury, N. 2008. Impact of Stepping Stones on incidence of HIV and HSV-2 and sexual behaviour in rural South Africa: Cluster randomised controlled trial. *British Medical Journal* a506, August :337-348.
- Johnson, J.M. & Rowlands, T. 2012. The interpersonal dynamics of in-depth interviewing. In Gubrium, J., Holstein, J.A., Marvasti, A.B. & McKinney, K.D. (eds). 2012. *The Sage handbook of interview research: The complexity of the craft*. 2<sup>nd</sup> edition. California: Sage, pp. 99-115.
- Kalichman, S.C., Simbayi, L.C., Kaufman, M., Cain, D. & Jooste, S. 2007. Alcohol use and sexual risks for HIV/AIDS in Sub-Saharan Africa: Systematic review of empirical findings. *Prevention Science* 8(2), June: 141-151.
- Kelly, K. 2006. From encounter to text: Collecting data in qualitative research. In Terre Blanche, M., Durrheim, K. & Painter, D. (eds). 2006. *Research in practice: Applied methods for the social sciences*. 2<sup>nd</sup> edition. Cape Town: UCT Press. pp. 285-319.
- Kelly, K. 2006. Calling it a day: Reaching conclusions in qualitative research. In Terre Blanche, M., Durrheim, K. & Painter, D. (eds). 2006. *Research in practice, Applied methods for the social sciences*. 2<sup>nd</sup> edition. Cape Town: UCT Press. pp. 370-390.
- Kolb, B. 2008. *Market research*. London: Sage.

- Larkin, J., Andrews, A. & Mitchell, C. 2007. Guy talk: Contesting masculinities in HIV prevention education with Canadian youth. *Taylor & Francis Online* 6(3): January: 207-221.
- Leclerc-Madlala, S. 2008. Age-disparate and intergenerational sex in southern Africa: The dynamics of hypervulnerability. *AIDS* 22(4), December: 17-25.
- Lemieux, D. & Mohle, M. 2002. Gender inequality in five modern societies. In Lemel, Y. & Noll, H. (eds) *Changing structures of inequality: A comparative perspective*. McGill Queen's University Press. pp. 333-368.
- Livholts, M. 2010. Writing masculinities, gender, and the politics of change: A publicly staged interview with Raewyn Connell. *Nordic Journal of Feminist and Gender Research* 18 (4) December: 266-278.
- Mah, T.L. & Halperin, D.T. 2010. Concurrent sexual partnerships and the HIV epidemics in Africa: Evidence to move forward. *AIDS and Behavior* 14 (1), February: 11-16.
- Maharaj, P. & Cleland, J. 2005. Risk perception and condom use among married and cohabiting couples in KwaZulu-Natal, South Africa. *International Family Planning Perspectives* 31(1), March: 24-29.
- Malisha, L., Maharaj, P. & Rogan, M. 2008. Rites of passage to adulthood: Traditional initiation schools in the context of HIV/AIDS in the Limpopo Province, South Africa. *Health, Risk & Society* 10(6), November: 585-598.
- Maxwell, J.A. 2012. *Qualitative research design: An interactive approach*. Los Angeles: Sage.
- Moller, M. 2007. Exploiting patterns: A critique of hegemonic masculinity. *Journal of Gender Studies* 16(3), September: 263-276.
- Neuman, W.L. 2007. *Basics of social research: Qualitative and quantitative approaches*. 2<sup>nd</sup> edition. Boston: Pearson.

- Nobleman, R. 2011. *To be a man: Exploring masculinity and HIV service needs among African men in London*. London: School of Economics and Political Science.
- Patterson, M.M. 2010. Debriefing. In Salkind, N.J. (ed). 2010. *Encyclopedia of research design*. California: Sage. pp. 334-337.
- Pronyk, P.M., Hargreaves, J.R., Kim, J.C., Morison, L.A., Phetla, G., Watts, C., Busza, J. & Porter, J.D.H. 2006: Effect of a structural intervention for the prevention of intimate-partner violence and HIV in rural South Africa: A cluster randomized trial. *The Lancet* 369(9551), November: 1973-1983.
- Punch, K.F. 2005. *Introduction to social research: Quantitative and qualitative approaches*. 2<sup>nd</sup> edition. Los Angeles: Sage.
- Roets, H.J.L. 2013. *Exploring the perceptions of pathways to manhood amongst urban young African adult men by HIV-prevention programme practitioners in Gauteng, South Africa*. Pretoria:UNISA.
- Rubin, A. & Babbie, E.R. 2008. *Research methods for social work*. 6<sup>th</sup> edition. California: Thomson Brooks/Cole.
- SAB (Pty) Ltd. Sa. *Sustainable development HIV/Aids: Contributing towards the reduction of HIV/Aids*. Accessed 20 August 2012, downloaded from [http://www.sab.co.za/sablimited/content/en/sustainable-development-listing?cat\\_id=113](http://www.sab.co.za/sablimited/content/en/sustainable-development-listing?cat_id=113).
- Scorgie, F., Kunene, B., Smit, J., Manzini, N., Chersich, M. & Preston-Whyte, E.M. 2009. In search of sexual pleasure and fidelity: Vaginal practices in KwaZulu-Natal, South Africa. *Culture, Health & Sexuality: An International Journal for Research, Intervention and Care* 11(3), April: 267-283.
- Seidman, I. 2012. *Interviewing as qualitative research: A guide for researchers in education*. New York: Teachers College.

- Shisana, O., Rehle., T., Simbayi, L.C., Zuma, K., Jooste, S., Zungu., N., Labadarios, D. & Onoya, D. 2014. *South African national HIV prevalence, incidence and behaviour survey 2012*. Cape Town: HSRC Press.
- Silverman, J.G. 2010. Key to prevent HIV in women – reduce gender based violence. *The Lancet* 376 (9734), July: 6-7.
- South Africa (Republic). Department of Health. 2011. *National Strategic Plan on HIV, STIs and TB (2012-2016)*. Pretoria: Government Printer.
- South Africa (Republic). Department of Health. 2012. *The 2011 National Antenatal Sentinel HIV & Syphilis Prevalence Survey in South Africa*. Pretoria: Government Printer.
- South Africa (Republic). Department of Health, Monitoring and Evaluation Technical Task Team of the South African National AIDS Council. 2012. *Global AIDS response progress report 2012*. Pretoria: Government Printer.
- South Africa (Republic). Department of Health. 2013. *Annual Report 2012/2013*. Pretoria: Government Printer.
- Speziale, H.J. & Carpenter, D.R. 2007. *Qualitative research in nursing*. 4<sup>th</sup> edition. Philadelphia: Lippencott Williams & Wilkins.
- Terre Blanche, M., Durrheim, K. & Kelly, K. 2006. First steps in qualitative data analysis. In Terre Blanche, M., Durrheim, K. & Painter, D. (eds). *Research in practice: Applied methods for the social sciences*. 2<sup>nd</sup> edition. Cape Town: UCT Press.320-344.
- Terre Blanche, M., Kelly, K. & Durrheim, K. 2006. Why qualitative research? In Terre Blanche, M., Durrheim, K. & Painter, D. (eds). *Research in practice Applied methods for the social sciences*. 2<sup>nd</sup> edition. Cape Town: UCT Press. 271-284.
- The Cultural Studies Reader. 2011. *The male role – gender role theory and masculinity (in R.W. Connell/Masculinities)* viewed 18 January 2012 in

<http://culturalstudiesnow.blogspot.com/2011/07/male-role-gender-role-theory-and.html>.

The Cultural Studies Reader. 2011. *R.W. Connell – "Masculinities": Science of masculinity – summary* viewed 31 May 2013 in <http://culturalstudiesnow.blogspot.com/2011/07/rw-connell-masculinities-science-of.html>

Turner, D.W. 2010. "Qualitative interview design: A practical guide for novice investigators.. *The Qualitative Report* 15 (3), May: 754-760.

UNAIDS. 2001. *Working with men for HIV prevention and care*. Geneva: Joint United Nations Programme on HIV/Aids.

UNAIDS. 2011. *Securing the future today: Synthesis of strategic information on HIV and young people*. Geneva: UNAIDS: Joint United Nations Programme on HIV/AIDS.

UNAIDS.2014a. *Global AIDS response progress reporting 2014*. Geneva: UNAIDS: Joint United Nations Programme on HIV/AIDS.

UNAIDS. 2014b. *The Gap Report*. Geneva: UNAIDS: Joint United Nations Programme on HIV/AIDS.

UNESCO. 2011. *UNESCO's strategy for HIV and AIDS*. Paris: Education Sector, Division of Education for Peace and Sustainable Development Section of Education and HIV & AIDS.

Walker, L. 2005. Men behaving differently: South African men since 1994. *Culture, Health & Sexuality* 7(3, June: 225-238.

Wassenaar, D. 2006. Ethical issues in social science research. In Terre Blanche, M., Durrheim, K. & Painter, D. (eds). *Research in practice: Applied methods for the social sciences*. 2<sup>nd</sup> edition. Cape Town: UCT Press. 60-79.

Wedgwood, N. 2009. Connell's theory of masculinity – its origins and influences on the study of gender. *Journal of gender studies* 18 (4) December: 329-339.

Weinstein, J.M. 2007. *Inside rebellion: The politics of insurgent violence*. New York: Cambridge University Press.

Woods, P. 1985. Conversations with teachers: Some aspects of life-history method. *British Educational Research Journal* 11(1): 13-26.

WHO: 2007. *Engaging men and boys in changing gender-based inequity in health: Evidence from programme interventions*. Geneva: World Health Organization and Instituto Promundo.

## **7. Appendices**

### **Appendix A: Letter of Request**

To: Sylvester Ndaba  
The South African Breweries (Pty) Ltd  
65 Park Lane  
Sandton  
Gauteng

Dear Sylvester

#### **Permission to recruit participants for my MA Social Behaviour Studies in HIV/AIDS dissertation from the Tavern Intervention Programme (TIP) graduates.**

I am currently in the process of drawing up my research proposal in advance of commencing with my dissertation in which I hope to address the topic of masculinity ideals, gender relations and HIV transmission. The main objectives of the study are to explore participants' perceptions in this regard and what their experience was of the TIP in terms of masculinity, gender behaviour and HIV transmission. In order to gather data for the dissertation, I would need to interview four research participants that have graduated from the TIP.

Participation in the study would require a two to three hour interview with each of the participants and the information gathered from these interviews would be the primary source of data for the study. Participation in the study would be strictly on a voluntary basis and participants would be able to withdraw from the study at any time should they wish to do so. The information gathered during the interviews would be treated as confidential and the identities of the participants would remain anonymous. Furthermore, there is no access to the data as the findings are part of the Masters dissertation, held by UNISA, and not for public consumption.

All the relevant details pertaining to the study and the research process would be contained in the letter of consent which each participant would be required to complete prior to their participation.

Thanking you in advance for your consideration of this request; please let me know at your earliest convenience if this proposal for participation of TIP graduates in my study would be possible.

Yours sincerely

Wendy Thöle-Muir

083 463 0275

## **Appendix B: Letter of Informed Consent**

### **To whom it may concern**

My name is Wendy Thöle-Muir and I am conducting a study to complete my dissertation in accordance with the requirements for the degree of MA Social Behaviour Studies in HIV/AIDS.

You are asked to participate in a research study called:

Masculinity ideals and HIV transmission: An analysis of perceptions among male graduates of the Tavern Intervention Programme (TIP) in Gauteng.

### **What is the research about?**

The purpose of the study is to understand the perceptions of masculinity, gender relations and HIV transmission among graduates of the Tavern Intervention Programme (TIP) regarding masculinity and HIV transmission.

### **How will it be done?**

The data will be gathered by conducting interviews with four research participants. You are invited to participate as one of the interviewees. The expected length of time of your participation is an interview of approximately two to three hours. During the course of the interview the following will occur: the researcher will interview the participant and record the interview for later reference. The interview is informal and will be conducted as a discussion without any written part. Your participation is entirely voluntary and you are free to withdraw from the study at any time.

### **What about expenses and other arrangements?**

There will be no financial benefit from taking part in this study; however all your expenses to participate in the study such as transport and refreshments will be covered by the researcher. I will make all the necessary arrangements for a suitable venue as well as transport to and from the venue. The date and time of your interview will be arranged based on your availability and what is most convenient to you.

### **What about confidentiality?**

Your identity and your answers to interview questions will be kept confidential. You will not be required to give any personal details that might identify you and all records of the interview and the research results will be protected. No participant will under any circumstance be required to disclose their HIV status or that of their partner or any other person. The research becomes the property of UNISA and access is obtained strictly by permission only. No members of the public or the media have access to UNISA's research records. Research participants will be able to obtain a copy of the results should they wish to. No participant will be identified in any further report or publication of this study. Although every effort will be made to keep research records private, there may be times when the law requires the disclosure of such records, including personal information. Although this is very unlikely, in the event that disclosure is required, UNISA will take all steps allowable to protect the privacy of personal information.

Should you require any additional information, please do not hesitate to call me or email me at the following:

Mobile: 083 463 0275

Email: [wendy@thirddoor.co.za](mailto:wendy@thirddoor.co.za)

### **My consent (permission)**

I have read the information provided above. I have had the opportunity to ask, and have had answered, all of my questions regarding this study. I voluntarily agree to participate in the study. I understand that I will receive a copy of this form after it has been signed if I request one.

---

Signature of Research Participant

---

Date

---

Printed Name of Research Participant

## **Appendix C: Interview guide**

### **Research question 1:**

Which traditional ways of being a man do you think could lead to HIV transmission?

Probing questions:

- Who was an important man in your life that taught you about being a man?
- Who makes the decisions in relationships between men and women?
- Do traditional, or rural men believe it is okay to have sexual partners outside their relationship or marriage?
- Do traditional, or rural men believe it is a good idea to use condoms?
- According to tradition, are women free to ask for protection against HIV?
- Do traditional, or rural men go to be tested for HIV?

### **Research question 2:**

Which modern ways of being a man do you think could lead to HIV transmission?

Probing questions:

- Do modern, or township men believe it is okay to have sexual partners outside their relationship or marriage?
- Are women able to leave the marriage/partnership if there are other female partners?
- Do modern, or township men believe it is a good idea to use condoms? How many men actually use condoms?
- Are women in townships free to ask for protection against HIV?
- Do modern, or township men go to be tested for HIV?

### **Research question 3:**

What would you say your views are of your own masculinity?

Probing questions:

- How are your own ways of being a man the same or different from traditional men?
- How are your own ways of being a man the same or different from modern men?

**Research question 4:**

What was your experience of your participation in the TIP?

Probing questions:

- How did you hear about the TIP?
- Did you feel you benefited from your participation? If so, how?
- What were the specific issues related to HIV and AIDS that were addressed by the TIP that you believe brought about changes in your ideas and behaviour?
- Did TIP address the necessary precautions one needs to take to prevent HIV such as multiple partnerships, condom usage and HIV testing?
- How do you think the TIP can be improved?

## Appendix D: Statement of Ethical Clearance



Department of Sociology  
College of Human Sciences  
30 January 2013 19 August 2013

3259-393-7

**Proposed Title: Exploring masculinity ideals and HIV transmission: An analysis of the subjective accounts of male graduates of the Tavern Intervention Programme (TIP) in Gauteng.**

**Principle investigator: Ms W Thole (Student number 3259 393 7)**

**Reviewed and processed as:** Class approval (see paragraph 10.7 of the Unisa Guidelines for Ethics Review).  
**Approval status recommended by reviewers:** Approved

The Higher Degrees Committee of the Department of Sociology in the College of Human Sciences at the University of South Africa has reviewed the proposal and considers the methodological, technical and ethical aspects of the proposal to be appropriate to the tasks proposed. Approval is hereby granted for the candidate to proceed with the study in strict accordance with the approved proposal and the ethics policy of the University of South Africa.

In addition, the candidate should heed the following guidelines,

- To complete and sign a Supervisor-Student Agreement form, which is a code of conduct guiding the research process,
- To start the research study only after obtaining the necessary Informed Consent,
- To carry out your research according to good research practices and in an ethical manner,
- To maintain the confidentiality of all data collected from or about research participants, and maintain safe procedures for the protection of privacy and when storing such data,
- To work in close collaboration with the assigned Supervisor and to ensure the way in which the ethical guidelines as suggested in the reviewed proposal has been implemented in your research,
- To notify the Committee immediately in writing if any change/s is proposed to the study and await approval before proceeding with the proposed change,
- To immediately notify the Committee in writing if any adverse event occurs.

Regards,

Dr. Chris Thomas  
Chair: Department of Sociology  
Tel: 0027 (0)12 429 6301

supported:  
  
21/08/2013

